

## BOARD AND COMMITTEE MEETING NOTICE AND AGENDA

The Speech-Language Pathology & Audiology & Hearing Aid Dispensers Board (Board), the Speech-Language Pathology Practice Committee, and the Hearing Aid Dispensing Committee will hold a Meeting in person in accordance with Government Code section 11123, subdivision (a) on

***Friday, October 16, 2026, from 9:00 a.m. to 5:00 p.m.***

### **MEETING LOCATION:**

Orange Coast College  
Legacy Hall 101  
2701 Fairview Rd,  
Costa Mesa, CA 92626 [map](#)

### **IMPORTANT NOTICE TO THE PUBLIC:**

To observe the meeting without the ability to provide public comment, a live stream of the Board Meeting will be available during each day of the meeting at <https://thedcapage.blog/webcasts/>

Please consider submitting written comments by 5:00 pm, Tuesday, October 13, 2026, to [speechandhearing@dca.ca.gov](mailto:speechandhearing@dca.ca.gov) for consideration.

**Discussion and action may be taken on any agenda item. Items may be taken out of order to facilitate the effective transaction of Board business.**

**Friday, October 16, 2026, beginning at 9:00 a.m.**

**Board Members**

Gilda Dominguez, Speech-Language Pathologist, Board Chair  
Amy White, Dispensing Audiologist, Board Vice Chair  
Tod Borges, Hearing Aid Dispenser  
Tamara Chambers, Otolaryngologist, Public Member  
Maya Chupkov, Public Member  
Francis David, Speech-Language Pathologist  
Charles Sanders, Dispensing Audiologist  
VACANT, Hearing Aid Dispenser  
VACANT, Public Member

**Full Board Meeting Agenda**

**OPEN SESSION**

1. Call to Order / Roll Call / Establishment of Quorum
2. Welcome and Thank You to Orange Coast College and their Speech-Language Pathology Assistant Associate Degree Program Staff and Students
3. Public Comment for Items Not on the Agenda  
*(The Committee 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))*

***Recess to Committee Meeting Business***

**Speech-Language Pathology Practice Committee Members**

Gilda Dominguez, Speech-Language Pathologist, Committee Chair  
Tamara Chambers, Otolaryngologist, Public Member  
Francis David, Speech-Language Pathologist  
Maya Chupkov, Public Member

**Speech-Language Pathology Practice Committee Agenda**

1. Call to Order / Roll Call / Establishment of Quorum
2. Public Comment for Items Not on the Agenda  
*(The Committee 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. Discussion on Speech-Language Pathology Assistant Course of Study and Curriculum as Stated in Business and Professions Code section 2538.3 and in Title 16, CCR sections 1399.170.6, 1399.170.10 and 1399.170.11
4. Adjournment

## ***Upon Adjournment of the Speech-Language Pathology Practice Committee Meeting***

### **Hearing Aid Dispensing Committee Members**

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

### **Hearing Aid Dispensing Committee Agenda**

1. Call to Order / Roll Call / Establishment of Quorum
2. Public Comment for Items Not on the Agenda  
*(The Committee 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. Discussion on the Creation of Educational Materials to Increase Consumer Awareness of OTC Hearing Aids as Part of the Board's 2025-28 Strategic Plan.
4. Adjournment

## ***Upon Adjournment of the Hearing Aid Dispensing Committee***

### **Board Members**

Gilda Dominguez, Speech-Language Pathologist, Board Chair  
Amy White, Dispensing Audiologist, Board Vice Chair  
Tod Borges, Hearing Aid Dispenser  
Tamara Chambers, Otolaryngologist, Public Member  
Maya Chupkov, Public Member  
Francis David, Speech-Language Pathologist  
Charles Sanders, Dispensing Audiologist  
VACANT, Hearing Aid Dispenser  
VACANT, Public Member

### **Full Board Meeting Agenda**

### **RECONVENE IN OPEN SESSION**

4. Call to Order / Roll Call / Establishment of Quorum
5. Review and Possible Approval of the July 17, 2026, Board Meeting Minutes
6. Department of Consumer Affairs (DCA) Update – DCA Board and Bureau Relations

7. Board Chair's Report
  - a) Board and Committee Meeting Calendar
  - b) Board Committee Reports
    - i. Legislative and Regulatory Ad Hoc Committee
    - ii. Enforcement Ad Hoc Committee
    - iii. Speech-Language Pathology Practice Committee
    - iv. Hearing Aid Dispensing Committee
8. Executive Officer's Report
  - a) Administration Update
  - b) Outreach Update
  - c) Budget Report
  - d) Regulations Report
  - e) Licensing Report
  - f) Practical Examination Report
  - g) Enforcement Report
9. Acknowledgement of Ms. Karen Chang's Service to the Board
10. Discussion and Possible Action to refer to the Audiology Practice Committee for research the Public Comment Raised at the July 17, 2026 Board Meeting Regarding Central Auditory Processing Disorder (CAPD), CAPD diagnostic pathways and the role of audiologists and educational audiologists in diagnosing CAPD, and future potential for interagency collaboration to clarify scope-of-practice issues regarding CAPD assessment and diagnosis
11. Review and Discussion of the August 2026 DCA Office of Professional Evaluation Services' Review of the Educational Testing Service Praxis Speech-Language Pathology Test

## **BREAK 12:45 – 1:45 pm (Time Approximate)**

12. Update on the Board's 2026 Sunset Bill
13. Legislative Report: Update on Proposed Legislation
  - a. Legislative Calendar and Deadlines
  - b. Bills with Position Taken by the Board
    - i. Assembly Bill (AB) 1775 (Ward) Veterans
    - ii. AB 1811 (Rogers) Health professionals
    - iii. AB 2233 (Ta) Behavioral health treatment plans.
    - iv. Senate Bill (SB) 1130 (Reyes) Crimes: invasion of privacy: wearable recording devices.
    - v. SB 1368 (Wahab) Speech-language pathologists, audiologists, and hearing aid dispensers.
  - c. Bills on Watch Status
    - i. AB 322 (Ward) Precise geolocation information.
    - ii. AB 346 (Nguyen) In-home supportive services: licensed health care professional certification.
    - iii. AB 410 (Wilson) Bots: disclosure.
    - iv. AB 485 (Ortega) Labor Commissioner: unsatisfied judgments: nonpayment of wages.
    - v. AB 667 (Solache) Professions and vocations: license examinations: interpreters.
    - vi. AB 1542 (Ward) Sensitive personal information.
    - vii. AB 1564 (Ahrens) Employer-employee relations: confidential communications.

- viii. AB 1652 (Patterson) State agencies: regulations and legislation: nondisclosure agreements.
- ix. AB 1803 (Lowenthal) Employment: sexual harassment training and education: anti-hate speech training.
- x. AB 1979 (Bonta) Health care services: artificial intelligence.
- xi. AB 2195 (Rodriguez, Celeste) Child support: license suspensions.
- xii. AB 2360 (Arambula) State agencies: governmental linguistics.
- xiii. AB 2412 (Ta) State agencies or departments: public communications.
- xiv. AB 2414 (Nguyen) Developmental services: direct support professionals.
- xv. AB 2575 (Ortega) Health care services: artificial intelligence.
- xvi. SB 435 (Wahab) California Consumer Privacy Act of 2018: sensitive personal information.
- xvii. SB 923 (Becker) Consumer privacy requests: deletion request records and request submission methods.
- xviii. SB 1050 (Ashby) False advertising: synthetic performers.
- xix. SB 1146 (Gonzalez) Health-related consumer products and services: digital replicas and synthetic performers.
- xx. SB 1159 (Cabaldon) Artificial intelligence: transparency and governance.
- xxi. SB 1204 (Ochoa Bogh) Administrative regulations.
- xxii. SB 1391 (Wahab) Department of Consumer Affairs: retired category licenses.

14. Discussion and Possible Action to Review and Revise the Board's Administrative Procedure Manual

15. Review and Discussion of the Board's Regulatory Package Priorities

16. Regulatory Report: Update, Review, and Possible Action on Board Regulation Packages
- a) Update on Regulations Regarding Hearing Aid Dispensers Trainee and Temporary Licensee Supervision as Stated in Title 16, CCR sections 1399.102 and 1399.115 through 1399.119
  - b) Update on Regulations Regarding General Application Requirements and Hearing Aid Dispensers and Dispensing Audiologists Examination Requirements as Stated in Title 16, CCR sections 1399.112, 1399.120, 1399.121, 1399.122, and 1399.152.4
  - c) Update on Regulations Regarding Approved Institutions as Stated in Title 16, CCR section 1399.152
  - d) Update on Regulations Regarding Fingerprinting Requirements as Stated in Title 16, CCR sections 1399.112, 1399.151.2, and 1399.170.14

17. Discussion of Potential Dates for Board Meetings in 2027

18. Solicitation of Future Agenda Items

**CLOSED SESSION**

19. The Board Will Meet in Closed Session Pursuant to Government Code Section 11126(c)(3) to Discuss Disciplinary Matters Including Proposed Decisions, Stipulated Decisions, Defaults, Petitions for Reductions in Penalty, Petitions for Reconsideration, and Remands.

**OPEN SESSION**

20. Adjournment

Agendas and materials can be found on the Board's website at [www.speechandhearing.ca.gov](http://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. In the event a quorum of the board is unable to attend the meeting, or the board is unable to maintain a quorum once the meeting is called to order, the members present may, at the Chair's discretion, continue to discuss items from the agenda and make recommendations to the full board at a future meeting. 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) 287-7915 or making a written request to Michael Magat, Assistant Executive Officer, 1601 Response Road, Suite 260, Sacramento, California 95815. Providing your request at least five (5) business days before the meeting will help ensure availability of the requested accommodation.*

*For information about the meeting contact Michael Magat, Assistant Executive Officer, 1601 Response Road, Suite 260, Sacramento, California 95815; (916) 287-7915*

# MEMORANDUM

|         |                                                                                                                                                                                                                                     |
|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DATE    | September 7, 2026                                                                                                                                                                                                                   |
| TO      | Speech-Language Pathology Practice Committee                                                                                                                                                                                        |
| FROM    | Cherise Burns, Executive Officer                                                                                                                                                                                                    |
| SUBJECT | Agenda Item 3: Discussion on Speech-Language Pathology Assistant Course of Study and Curriculum as Stated in Business and Professions Code (BPC) section 2538.3 and Title 16, CCR sections 1399.170.6, 1399.170.10, and 1399.170.11 |

## **Background**

At its December 2025 meeting, Board member Francis David requested that the Board consider international education for speech-language pathology assistant (SLPA) licensure.

The Speech-Language Pathology Practice Committee (Committee) met in July 2026 to discuss current laws and regulations related to education or course of study required for SLPA licensure and asked Board staff to provide additional information on how other healing art board handles internationally educated applicants and if there is a shortage of or need for SLPAs.

Attachment A is a short list of other healing arts board requirements for internationally educated applicants. Most of the boards listed have a pathway for internationally educated applicants, except for the Respiratory Care Board and Board of Optometry. There is also no pathway for international applicants to become an Occupational Therapy assistant, and pathways for international applicants to become Registered Dental Assistants or Qualified Medical Assistants may also be limited.

While data regarding the shortage of or need for additional SLPAs across California or in specific workplaces are not available, there is some limited data from the Department of Health Care Access and Information (HCAI) on retirement estimates for SLPAs, geographic distribution index of the current SLPA workforce compared to the CA population, as well as supply projections of the future SLPA workforce provided in their [Healthcare Workforce Research Data Center Annual Report to the Legislature \(January 2026\)](#). Due to the voluminous nature of the report, the data related to retirement estimates, geographic distribution index, and supply projections are provided below.

Please note the following related to definitions used in the data provided below:

- “The distribution index describes the magnitude of difference between a region’s share of the state’s licenses and its share of the state’s population.”
- “To project supply for the Allied Health workforce, each license type within the group was individually modelled with a 95% confidence interval.”

**Table C-5: Retirement Estimates: Allied Health**

| License Name                        | 0-2 years   | 3 - 5 years | 6 - 10 years | 11+ years    |
|-------------------------------------|-------------|-------------|--------------|--------------|
| Advanced Practice Pharmacist        | 0.5%        | 5.0%        | 9.0%         | 85.6%        |
| Audiologist                         | 5.3%        | 12.8%       | 14.4%        | 67.5%        |
| Chiropractor                        | 4.8%        | 15.4%       | 21.9%        | 58.0%        |
| Doctor Of Podiatric Medicine        | 5.9%        | 15.2%       | 15.6%        | 63.3%        |
| Hearing Aid Dispenser               | 2.3%        | 11.6%       | 15.1%        | 71.0%        |
| Hearing Aid Dispenser - Trainee     | 1.4%        | 0.0%        | 6.5%         | 92.1%        |
| Licensed Acupuncturist              | 3.6%        | 13.8%       | 20.4%        | 62.3%        |
| Occupational Therapist              | 3.2%        | 7.5%        | 11.3%        | 78.0%        |
| Occupational Therapy Assistant      | 2.5%        | 6.3%        | 11.5%        | 79.7%        |
| Optometrist                         | 4.6%        | 12.7%       | 16.1%        | 66.6%        |
| Pharmacy Technician                 | 1.8%        | 5.8%        | 9.3%         | 83.1%        |
| Physical Therapist                  | 3.4%        | 9.4%        | 13.6%        | 73.5%        |
| Physical Therapist Assistant        | 2.6%        | 7.7%        | 12.2%        | 77.6%        |
| Registered Contact Lens Dispenser   | 3.3%        | 10.3%       | 13.2%        | 73.2%        |
| Registered Pharmacist               | 3.7%        | 9.4%        | 12.5%        | 74.4%        |
| Registered Spectacle Lens Dispenser | 2.3%        | 9.0%        | 13.1%        | 75.7%        |
| Respiratory Care Practitioner       | 3.3%        | 7.7%        | 11.4%        | 77.6%        |
| Speech Pathologist                  | 3.2%        | 8.8%        | 10.8%        | 77.3%        |
| Speech-Language Pathology Assistant | 1.3%        | 3.0%        | 5.7%         | 90.1%        |
| <b>Allied Health Group</b>          | <b>3.1%</b> | <b>8.6%</b> | <b>12.3%</b> | <b>76.1%</b> |

Note: Polysomnographic Technologists, Polysomnographic Technicians, Polysomnographic Trainees, and Registered Psychological Testing Technicians are excluded from survey-based data tables due to insufficient sample sizes resulting from a lack of online licensure renewals.

**Table C-15: Distribution Index: Allied Health**

| License Name                                | Central Coast | Greater Bay Area | Inland Empire | Los Angeles County | Northern & Sierra | Orange County | Sacramento Area | San Diego Area | San Joaquin Valley |
|---------------------------------------------|---------------|------------------|---------------|--------------------|-------------------|---------------|-----------------|----------------|--------------------|
| Advanced Practice Pharmacist                | 0.39          | 0.86             | 0.69          | 1.32               | 0.42              | 2.09          | 1.11            | 1.04           | 0.50               |
| Audiologist                                 | 0.87          | 1.36             | 0.53          | 0.93               | 0.45              | 1.29          | 1.28            | 1.53           | 0.48               |
| Chiropractor                                | 1.25          | 1.18             | 0.59          | 1.01               | 1.02              | 1.64          | 0.85            | 1.10           | 0.49               |
| Doctor Of Podiatric Medicine                | 0.88          | 1.24             | 0.68          | 1.11               | 0.85              | 1.36          | 1.00            | 0.85           | 0.66               |
| Hearing Aid Dispenser                       | 1.24          | 0.95             | 1.07          | 0.79               | 1.22              | 1.39          | 1.17            | 1.01           | 0.89               |
| Hearing Aid Dispenser - Trainee             | 1.17          | 1.25             | 1.22          | 0.83               | 0.96              | 1.03          | 0.89            | 0.78           | 0.86               |
| Licensed Acupuncturist                      | 1.04          | 1.46             | 0.37          | 1.29               | 0.56              | 1.55          | 0.40            | 1.19           | 0.11               |
| Occupational Therapist                      | 1.11          | 1.24             | 0.65          | 1.10               | 0.62              | 1.34          | 0.98            | 1.20           | 0.42               |
| Occupational Therapy Assistant              | 0.58          | 0.24             | 1.45          | 1.24               | 0.74              | 1.67          | 1.32            | 1.37           | 0.65               |
| Optometrist                                 | 0.82          | 1.31             | 0.75          | 1.01               | 0.58              | 1.63          | 0.94            | 0.98           | 0.54               |
| Pharmacy Technician                         | 0.75          | 0.80             | 1.18          | 1.11               | 0.88              | 0.92          | 1.09            | 0.97           | 1.11               |
| Physical Therapist                          | 1.22          | 1.17             | 0.67          | 0.90               | 0.93              | 1.34          | 1.15            | 1.35           | 0.56               |
| Physical Therapist Assistant                | 0.95          | 0.68             | 1.29          | 0.98               | 1.30              | 1.25          | 0.97            | 1.12           | 0.96               |
| Polysomnographic Technician                 | 1.90          | 0.83             | 1.73          | 0.52               | 1.56              | 0.31          | 1.41            | 0.35           | 1.72               |
| Polysomnographic Technologist               | 1.41          | 1.30             | 0.90          | 0.50               | 1.05              | 1.37          | 2.07            | 0.67           | 0.87               |
| Polysomnographic Trainee                    | 0.92          | 0.52             | 2.67          | 0.43               | 0.38              | 2.94          | 1.64            | 0.23           | 0.42               |
| Registered Contact Lens Dispenser           | 1.09          | 0.95             | 1.34          | 0.81               | 0.82              | 0.96          | 1.22            | 1.07           | 1.01               |
| Registered Pharmacist                       | 0.59          | 1.10             | 0.65          | 1.02               | 0.52              | 2.05          | 1.24            | 1.00           | 0.63               |
| Registered Psychological Testing Technician | 1.09          | 0.66             | 0.62          | 0.81               | 0.77              | 1.37          | 0.45            | 3.82           | 0.25               |
| Registered Spectacle Lens Dispenser         | 0.93          | 0.90             | 1.27          | 0.97               | 0.74              | 1.08          | 1.08            | 1.18           | 0.83               |
| Respiratory Care Practitioner               | 0.67          | 0.68             | 1.74          | 0.95               | 0.88              | 0.88          | 1.27            | 0.99           | 1.03               |
| Speech Pathologist                          | 1.15          | 1.01             | 0.83          | 0.91               | 0.89              | 1.32          | 1.14            | 1.30           | 0.78               |
| Speech-Language Pathology Assistant         | 0.62          | 0.33             | 1.47          | 1.32               | 0.63              | 1.68          | 1.28            | 0.60           | 0.94               |
| <b>Allied Health Group</b>                  | <b>0.87</b>   | <b>0.97</b>      | <b>0.96</b>   | <b>1.04</b>        | <b>0.80</b>       | <b>1.35</b>   | <b>1.10</b>     | <b>1.09</b>    | <b>0.77</b>        |

■ Low Under-Distribution (0.95-0.75)     ■ No Maldistribution (0.95-1.05)     ■ Low Over-Distribution (1.05-1.25)  
■ Medium Under-Distribution (0.75-0.50)     ■ Medium Over-Distribution (1.25-1.50)  
■ High Under-Distribution (0.50 or less)     ■ High Over-Distribution (1.50 or more)

**Table C-16: Supply Projections: Allied Health**

| License Name                        | 2022           | 2023           | 2024           | 2025           | 2026           | 2027           |
|-------------------------------------|----------------|----------------|----------------|----------------|----------------|----------------|
| Advanced Practice Pharmacist        | 1,018          | 1,136          | 1,286          | 1,410          | 1,535          | 1,664          |
| Audiologist                         | 1,501          | 1,505          | 1,551          | 1,606          | 1,623          | 1,653          |
| Chiropractor                        | 10,719         | 10,759         | 10,694         | 10,709         | 10,681         | 10,671         |
| Doctor Of Podiatric Medicine        | 2,016          | 2,040          | 2,074          | 2,089          | 2,119          | 2,145          |
| Hearing Aid Dispenser               | 1,121          | 1,052          | 1,088          | 1,121          | 1,122          | 1,122          |
| Hearing Aid Dispenser - Trainee     | 141            | 168            | 168            | 145            | 133            | 131            |
| Licensed Acupuncturist              | 9,703          | 9,639          | 9,627          | 9,585          | 9,518          | 9,472          |
| Occupational Therapist              | 13,741         | 14,217         | 14,789         | 15,254         | 15,779         | 16,287         |
| Occupational Therapy Assistant      | 3,556          | 3,752          | 3,930          | 4,058          | 4,213          | 4,376          |
| Optometrist                         | 7,182          | 7,289          | 7,368          | 7,450          | 7,496          | 7,566          |
| Pharmacy Technician                 | 65,016         | 62,887         | 61,613         | 62,783         | 62,439         | 61,796         |
| Physical Therapist                  | 25,238         | 25,966         | 26,752         | 27,616         | 28,360         | 29,180         |
| Physical Therapist Assistant        | 7,603          | 7,981          | 8,441          | 8,836          | 9,242          | 9,650          |
| Polysomnographic Technician         | 144            | 144            | 152            | 161            | 175            | 182            |
| Polysomnographic Technologist       | 569            | 529            | 560            | 555            | 564            | 563            |
| Registered Contact Lens Dispenser   | 1,204          | 1,284          | 1,359          | 1,432          | 1,514          | 1,592          |
| Registered Pharmacist               | 39,812         | 40,290         | 40,771         | 41,015         | 41,421         | 41,823         |
| Registered Spectacle Lens Dispenser | 3,064          | 3,172          | 3,234          | 3,328          | 3,423          | 3,514          |
| Respiratory Care Practitioner       | 19,212         | 19,484         | 19,837         | 20,178         | 20,587         | 21,001         |
| Speech Pathologist                  | 16,033         | 16,375         | 17,165         | 18,267         | 18,916         | 19,549         |
| Speech-Language Pathology Assistant | 4,227          | 4,398          | 4,908          | 5,239          | 5,516          | 5,838          |
| <b>Allied Health Group</b>          | <b>232,820</b> | <b>234,067</b> | <b>237,367</b> | <b>242,837</b> | <b>246,376</b> | <b>249,775</b> |

Note: Cells shaded in light orange are predictions based on the Workforce Supply Model (see Figure C-16).

However, there is data on the shortage of or need for speech-language pathologists (SLPs):

- Attachment B is the Health Resources and Services Administration (HRSA) [National Center for Health Workforce Analysis Workforce Projections](#) for SLPs. For 2026, they report the demand for SLPs in California being 20,400 with no SLP shortage nationwide. For 2038, they report the demand for SLPs in California being 20,610 with no SLP shortage nationwide. SLP supply by State is not reported due to HRSA data limitations. *Note: [May 2025 Occupational Employment and Wage Statistics](#) by the U.S. Bureau of Labor Statistics reported 16,930 SLPs employed in California. However, this excludes self-employed, owners and partners in unincorporated firms, household workers, or unpaid family workers.*
- Attachment C is the New Waivers Issued from the Commission on Teacher Credentialing (CTC) from the CTC's Data Dashboard for [Other Educator Supply: Services Credentials](#). On average, over 190 waivers are issued on an annual basis for SLP Services Credentials for California schools. Waivers are issued as a final option when school districts cannot find a fully credentialed SLP.

### **Action Requested**

Board staff recommend the Committee review and discuss the materials provided on the supply of SLPAs in California and how other healing arts boards handle internationally educated applicants. The Committee may wish to determine whether the available data demonstrates a shortage of SLPAs in California, whether further research and discussion of developing workforce shortage data specific

to California is necessary, and whether further discussion of inclusion of international education programs for SLPA licensure is warranted.

Attachment A: Requirements of Other Healing Arts Boards for Degrees Obtained Outside the United States

Attachment B: HRSA 2026 Workforce Projections for SLP

Attachment C: CTC New Waivers Issued for SLP

Attachment D: Laws and Regulations Related to SLPA Course of Study and Curriculum

## Requirements of Other Healing Arts Boards for Degrees Obtained Outside the United States

| Healing Arts Board                                                             | International Degree Requirements                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <a href="#"><u>Medical Board</u></a>                                           | <p>International graduates are required to submit an Educational Commission for Foreign Medical Graduates (ECFMG) verification or certification. Federation Credentials Verification Service (FCVS) primary source ECFMG verification is acceptable. (see Business and Professions Code (BPC) section 2084)</p> <p><i>Note: There may be pathway for internationally educated or trained <a href="#"><u>Medical Assistants</u></a> to be “qualified” in California through a board approved medical assistant certifying organization.</i></p>                                                                                                                                                                                       |
| <a href="#"><u>Board of Registered Nursing</u></a>                             | <p>Applicants must submit a Breakdown of Educational Program and a transcript in English or a "certified English translation" transcript. (see BPC section 2736(b))</p> <p>When the Board has reasonable doubt of an applicant's ability to comprehend the English language to a degree sufficient to permit them to discharge their duties as a Professional Nurse in this State with safety to the public, the Board shall require them to pass an examination to demonstrate such ability such as the Test of English as a Foreign Language (TOEFL).</p> <p><i>Note: Certified Nurse Assistants (CNAs) are regulated and certified by the California Department of Public Health (CDPH) rather than a healing arts board.</i></p> |
| <a href="#"><u>Board of Vocational Nursing and Psychiatric Technicians</u></a> | <p>International nursing transcripts must be evaluated by a nationally accredited credentialing agency to determine program equivalency. The credentialing reports from the credentialing agency must be received in the unopened business envelope of the credentialing agency and include the credentialing agencies course by course report and evaluation results, as well as a copy of the original transcript and a copy of the envelope the transcript was received in by the credentialing agency. The board will not accept an evaluation report that was received by the credentialing agency from an unofficial transcript. (see BPC section 2872.1)</p>                                                                  |

| Healing Arts Board                           | International Degree Requirements                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <a href="#">Board of Behavioral Sciences</a> | <p>For Marriage and Family Therapists, see BPC section 4980.74 and 4980.76. Applicants must obtain an evaluation of the degree by a foreign credential evaluation service to determine equivalency with California's requirements. The evaluation service must be a member of the National Association of Credential Evaluation Services.</p> <p>For Licensed Educational Psychologists, see BPC section 4989.20. Applicant must have the education evaluated to determine equivalency by a foreign credential evaluation service that is a member of the National Association of Credential Evaluation Services. The applicant is also required to submit an official transcript.</p> <p>For Licensed Clinical Social Worker, see BPC section 4996.18. Applicants must obtain a comprehensive evaluation of the degree in order to determine equivalency to a master's from a program accredited by the Council on Social Work Education (CSWE). The evaluation must be performed by the CSWE or a CSWE-approved agency.</p> <p>For Licensed Professional Clinical Counselors, see BPC section 4999.40. Applicants must obtain an evaluation of the degree by a foreign credential evaluation service to determine equivalency with California's requirements. The evaluation service must be a member of the National Association of Credential Evaluation Services. The applicant is also required to submit an official transcript, and a syllabus for each course they believe will help the Board determine whether the degree qualifies (must be translated if not in English).</p> |
| <a href="#">Dental Board</a>                 | <p>An international dental school must have been approved by the Dental Board of California (Board) or successfully completed the international consultative and accreditation process with the Commission on Dental Accreditation of the American Dental Association (CODA) or a comparable accrediting body approved by the Board. (see BPC section 1628)</p> <p><i>Note: There may be a pathway for international educated or trained <a href="#">Dental Assistant</a> to be registered though work experience and completion of specified courses, or certified through completion of specified courses.</i></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

| Healing Arts Board                            | International Degree Requirements                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-----------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <a href="#">Board of Psychology</a>           | Applicants using doctoral degrees earned outside the United States or Canada must have their international doctoral degree evaluated by an approved international credential evaluator. (see BPC section 2914)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <a href="#">Physical Therapy Board</a>        | <p>Internationally educated applicants require certification of educational equivalency from one of the recognized credential evaluation agencies. (see BPC sections 2651 and 2653)</p> <p>In addition, unless exempt, they must demonstrate English proficiency by passing the internet-based Test of English as a Foreign Language (TOEFL iBT) administered by the Educational Testing Services (ETS) in a single administration. The PTBC does not permit the substitution of other examinations for the TOEFL iBT.</p> <p>An applicant who are exempt from the English proficiency requirement are those awarded a bachelor's degree or higher in a physical therapist educational program from a college, university, or professional training school in Australia, any part of Canada other than Quebec, Ireland, New Zealand, the United Kingdom, or the United States.</p> <p><i>Note: Requirements are the same for both Physical Therapists and <a href="#">Physical Therapist Assistants</a>.</i></p> |
| <a href="#">Board of Occupational Therapy</a> | <p>Occupational therapists trained outside of the United States are required to complete the educational and supervised fieldwork requirements set forth in the Occupational Therapy Practice Act (OTPA) section 2570.6 and successfully complete the entry-level certification examination administered by NBCOT. (see BPC section 2570.15)</p> <p>There are no occupational therapy assistant programs recognized by the World Federation of Occupational Therapists. Only US graduates of occupational therapy assistant programs can take the NBCOT certification examination. Additionally, by law, before the Board can issue a license, the applicant must have a US Social Security Number.</p>                                                                                                                                                                                                                                                                                                          |

| Healing Arts Board | International Degree Requirements                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|--------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Board of Optometry | <p>None, there is no Board pathway to licensure for international graduates as they have not met the educational requirements in BPC Section 3046. As a result of Assembly Bill 1708, effective January 1, 2018, the Board can no longer provide National Board of Examiners in Optometry (NBEO) sponsorships to take the national examination since passage of the examination alone doesn't lead to licensure. Applicants must contact NBEO for more information and may contact accredited schools/colleges of optometry who may offer NBEO sponsorship and Advanced Standing International Programs to help meet the educational requirements, these schools/colleges of optometry are provided in the Board's <a href="#">Frequently Asked Questions (FAQ): Optometry License Application</a> on their website.</p> |

Projected Supply and Demand of Healthcare Workers Through 2038

All Health Workforce

Allied Health

Behavioral Health

Long Term Care

Oral Health

Primary Care

Women's Health

Allied Health

Allied Health professionals and selected other occupations deliver health or related services pertaining to the identification, evaluation, and prevention of diseases and disorders; dietary and nutrition services; and rehabilitation and health systems management, among others.

Speech-Language Pathologists

Treat and assess persons of all ages with various speech, language, and swallowing problems.

2026

Year

Speech-Language Pathologists

Occupation

U.S. Map

Supply and Demand Trends

What If? Scenarios

State supply, surplus/shortage, and percent adequacy data are not available for the selected occupation.

Speech-Language Pathologists  
National Data

Surplus/Shortage 2026

1,440

Percent Adequacy 2026

101%

Speech-Language Pathologists  
Surplus/Shortage By State, 2026

Map Variable  
Surplus/Shortage

© 2026 Mapbox © OpenStreetMap

Value Range

Speech-Language Pathologists  
Supply and Demand by State (for occupations with state detail available)

| State             | Supply ⓘ | Demand ⓘ | Surplus/Shortage ⓘ | Percent Adequacy ⓘ |
|-------------------|----------|----------|--------------------|--------------------|
| All United States | 188,310  | 186,870  | 1,440              | 101%               |
| Alabama           |          | 2,980    | N/A                | N/A                |
| Alaska            |          | 410      | N/A                | N/A                |
| Arizona           |          | 4,030    | N/A                | N/A                |
| Arkansas          |          | 1,780    | N/A                | N/A                |
| California        |          | 20,400   | N/A                | N/A                |

Date created: August 31, 2026

Source: Department of Health and Human Services, Health Resources and Services Administration, Health Workforce Projections.  
Available at <https://bhwh.hrsa.gov/data-research/review-health-workforce-research>

Click to navigate to alternate table view.

Projected Supply and Demand of Healthcare Workers Through 2038

All Health Workforce

Allied Health

Behavioral Health

Long Term Care

Oral Health

Primary Care

Women's Health

Allied Health

Allied Health professionals and selected other occupations deliver health or related services pertaining to the identification, evaluation, and prevention of diseases and disorders; dietary and nutrition services; and rehabilitation and health systems management, among others.

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Treat and assess persons of all ages with various speech, language, and swallowing problems.

2038

Year

Speech-Language Pathologists

Occupation

U.S. Map

Supply and Demand Trends

What If? Scenarios

State supply, surplus/shortage, and percent adequacy data are not available for the selected occupation.

Speech-Language Pathologists  
National Data

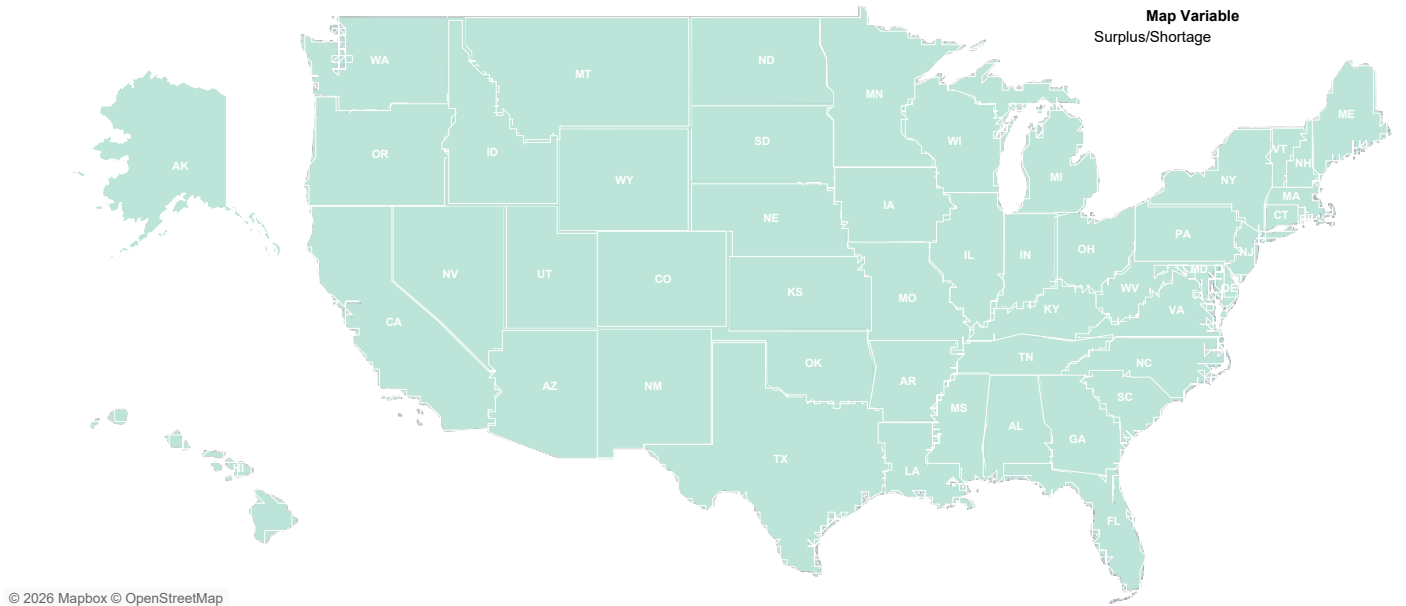
Surplus/Shortage 2038

12,120

Percent Adequacy 2038

106%

Speech-Language Pathologists  
Surplus/Shortage By State, 2038



© 2026 Mapbox © OpenStreetMap

Value Range

Speech-Language Pathologists  
Supply and Demand by State (for occupations with state detail available)

| State             | Supply ⓘ | Demand ⓘ | Surplus/Shortage ⓘ | Percent Adequacy ⓘ |
|-------------------|----------|----------|--------------------|--------------------|
| All United States | 211,310  | 199,190  | 12,120             | 106%               |
| Alabama           |          | 3,050    | N/A                | N/A                |
| Alaska            |          | 420      | N/A                | N/A                |
| Arizona           |          | 4,590    | N/A                | N/A                |
| Arkansas          |          | 1,790    | N/A                | N/A                |
| California        |          | 20,610   | N/A                | N/A                |

Date created: October 6, 2026

Source: Department of Health and Human Services, Health Resources and Services Administration, Health Workforce Projections.  
Available at <https://bhwh.hrsa.gov/data-research/review-health-workforce-research>

Click to navigate to alternate table view.

Clinical or Rehabilitative Services Credentials Issued

Click the tabs below to view data by new credentials, credentials issued as renewals, or new waivers.

Go back to summary data

New Credentials Issued

Credentials Issued as Renewals

New Waivers Issued

Data below display the number and percent change of new Clinical or Rehabilitative Services waivers, including by specialty area, issued in the last five years. When a school district cannot find a fully credentialed holder with authorizations in a services area to fill a position, waivers are the final option to address the school district's staffing needs. Waivers are issued or denied based upon the criteria and factors such as the school district's continuing needs; the support the school district will provide to the applicant; or extenuating, extraordinary and unanticipated circumstances.

Use the drop down menus below to search data by year, county and/or school district. Click or hover over the maps and table for more details.

Select Fiscal Year  
All

Select County  
All

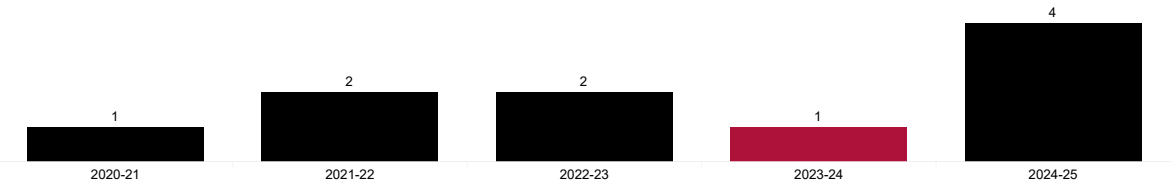
Select School District  
All

Number of New Waivers Issued

Click the figure for the View Data table or hover over the tooltip for the percent change from prior year.

Color Legend of Percent Change from the Prior Year for Number of New Waivers Issued

-300.0% 300.0%

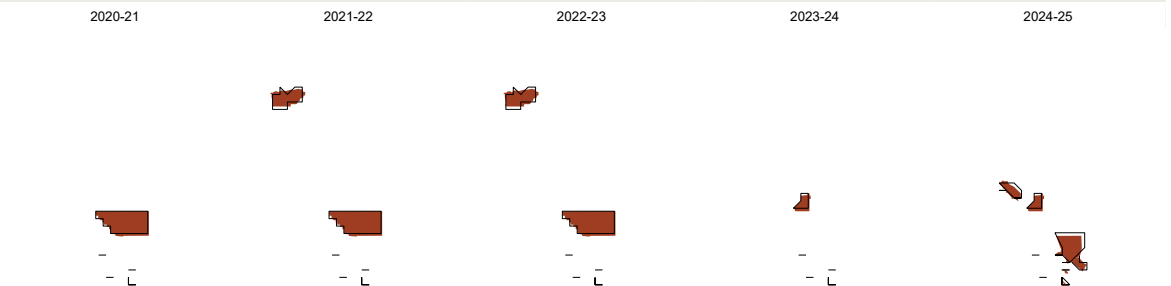


Maps of New Waivers Issued by County

Click the figure for the View Data table or hover over the tooltip for the total and percent change from prior year.

Color Legend of Total for Maps of New Waivers Issued by County

1



Number of Waivers Issued by Specialty Area

The table below displays the number of specializations issued on a waiver. The number of specializations is more than the total number of waivers issued as some individuals qualified for more than one specialization on their waiver.

Click the table for the View Data table or hover over the tooltip for the percent change from prior year.

| Specialty Area           | 2020-21 | 2021-22 | 2022-23 | 2023-24 | 2024-25 |
|--------------------------|---------|---------|---------|---------|---------|
| Grand Total              | 1       | 2       | 2       | 1       | 4       |
| Audiology                | 1       | 1       | 1       |         |         |
| Orientation and Mobility |         | 1       | 1       | 1       | 4       |

Speech-Language Pathology Services Credentials Issued

Click the tabs below to view data by new credentials, credentials issued as upgrades, renewals, or new waivers.

Go back to summary data

New Credentials Issued

Clear Credentials Issued as Upgrades or Renewals

New Waivers Issued

Data below display the number and percent change of new Speech-Language Pathology Services waivers, including by specialty area, issued in the last five years. When a school district cannot find a fully credentialed holder with authorizations in a services area to fill a position, waivers are the final option to address the school district's staffing needs. Waivers are issued or denied based upon the criteria and factors such as the school district's continuing needs; the support the school district will provide to the applicant; or extenuating, extraordinary and unanticipated circumstances.

Use the drop down menus below to search data by year, county and/or school district. Click or hover over the maps and table for more details.

Select Fiscal Year  
All

Select County  
All

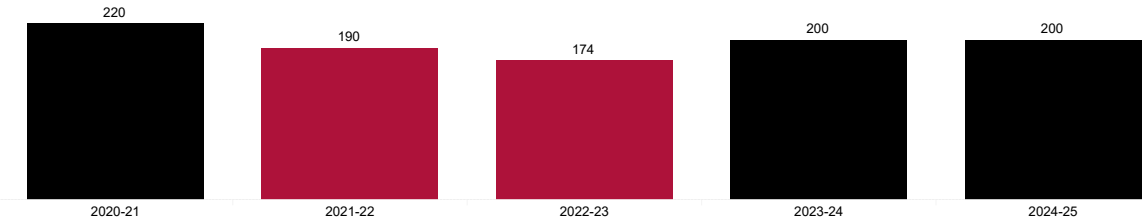
Select School District  
All

Number of New Waivers Issued

Click the figure for the View Data table or hover over the tooltip for the percent change from prior year.

Color Legend of Percent Change from the Prior Year for Number of New Waivers Issued

-14.9% 14.9%

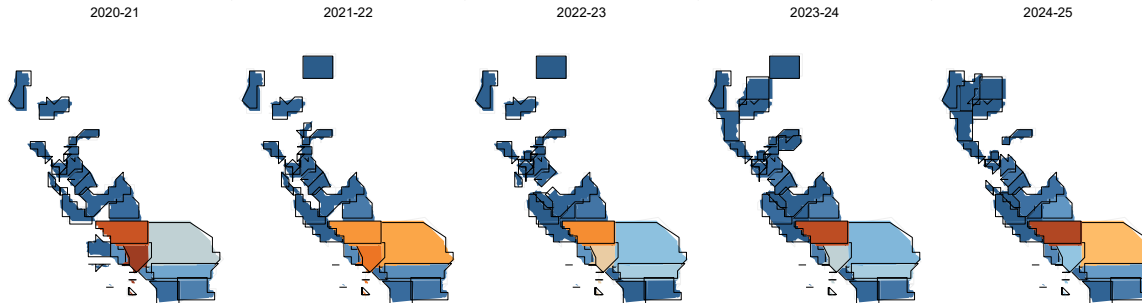


Maps of New Waivers Issued by County

Click the figure for the View Data table or hover over the tooltip for the total and percent change from prior year.

Color Legend of Total for Maps of New Waivers Issued by County

1 53



Number of Waivers Issued by Specialty Area

The table below displays the number of specializations issued on a waiver. The number of specializations is more than the total number of waivers issued as some individuals qualified for more than one specialization on their waiver.

Click the table for the View Data table or hover over the tooltip for the percent change from prior year.

| Specialty Area               | 2020-21 | 2021-22 | 2022-23 | 2023-24 | 2024-25 |
|------------------------------|---------|---------|---------|---------|---------|
| Grand Total                  | 219     | 189     | 173     | 200     | 200     |
| Language, Speech and Hearing | 219     | 189     | 173     | 200     | 200     |

## **Laws and Regulations Related to Speech-Language Pathology Assistant Course of Study and Curriculum**

### **Business and Professions Code (BPC) section 2538.1.**

- (a) The board shall adopt regulations, in collaboration with the State Department of Education, the Commission on Teacher Credentialing, and the Advisory Commission on Special Education, that set forth standards and requirements for the adequate supervision of speech-language pathology assistants.
- (b) The board shall adopt regulations as reasonably necessary to carry out the purposes of this article, that shall include, but need not be limited to, the following:
- (1) Procedures and requirements for application, registration, renewal, suspension, and revocation.
  - (2) Standards for approval of Associate Degree Speech-Language Pathology Assistant training programs based upon standards and curriculum guidelines established by the National Council on Academic Accreditation in Audiology and Speech-Language Pathology, or the American Speech-Language-Hearing Association, or equivalent formal training programs consisting of two years of technical education, including supervised field placements. The board may impanel site review committees to conduct onsite evaluations, inspections, and investigations of a speech-language pathology assistant training program and to assess the training program's compliance with the board's laws and regulations. The members of the site review committee shall receive no compensation but shall be reimbursed for their actual travel and per diem expenses by the institution that is the subject of the evaluation, inspection, or investigation.
  - (3) Standards for accreditation of a Speech-Language Pathology Assistant training program's institution by the Accrediting Commission for Community and Junior Colleges of the Western Association of Schools and Colleges or the Senior College Commission of the Western Association of Schools and Colleges, or equivalent accreditation.
  - (4) The scope of responsibility, duties, and functions of speech-language pathology assistants, that shall include, but not be limited to, all of the following:
    - (A) Conducting speech-language screening, without interpretation, and using screening protocols developed by the supervising speech-language pathologist.
    - (B) Providing direct treatment assistance to patients or clients under the supervision of a speech-language pathologist.
    - (C) Following and implementing documented treatment plans or protocols developed by a supervising speech-language pathologist.
    - (D) Documenting patient or client progress toward meeting established objectives, and reporting the information to a supervising speech-language pathologist.
    - (E) Assisting a speech-language pathologist during assessments, including, but not limited to, assisting with formal documentation, preparing materials, and performing clerical duties for a supervising speech-language pathologist.

(F) When competent to do so, as determined by the supervising speech-language pathologist, acting as an interpreter for non-English-speaking patients or clients and their family members.

(G) Scheduling activities and preparing charts, records, graphs, and data.

(H) Performing checks and maintenance of equipment, including, but not limited to, augmentative communication devices.

(I) Assisting with speech-language pathology research projects, in-service training, and family or community education.

The regulations shall provide that speech-language pathology assistants are not authorized to conduct evaluations, interpret data, alter treatment plans, or perform any task without the express knowledge and approval of a supervising speech-language pathologist.

(5) The requirements for the wearing of distinguishing name badges with the title of speech-language pathology assistant.

(6) Minimum continuing professional development requirements for the speech-language pathology assistant, not to exceed 12 hours in a two-year period. The speech-language pathology assistant's supervisor shall act as a professional development advisor. The speech-language pathology assistant's professional growth may be satisfied with successful completion of state or regional conferences, workshops, formal in-service presentations, independent study programs, or any combination of these concerning communication and related disorders.

(7) Minimum continuing professional development requirements for the supervisor of a speech-language pathology assistant.

(8) The type and amount of direct and indirect supervision required for speech-language pathology assistants.

(9) The maximum number of assistants permitted per supervisor.

(10) A requirement that the supervising speech-language pathologist shall remain responsible and accountable for clinical judgments and decisions and the maintenance of the highest quality and standards of practice when a speech-language pathology assistant is utilized.

### **BPC section 2538.3.**

A person applying for approval as a speech-language pathology assistant shall have graduated from a speech-language pathology assistant associate degree program, or equivalent course of study, approved by the board. A person who has successfully graduated from a board-approved bachelor's degree program in speech-language pathology or communication disorders shall be deemed to have satisfied an equivalent course of study.

### **California Code of Regulations (CCR) § 1399.170.6. Requirements of the Sponsoring Institution.**

- (a) Responsibilities of the sponsoring institution and of each field work site shall be clearly established by formal agreement or memorandum of understanding.
- (b) The sponsoring institution shall assume primary responsibility for receiving and processing applications for student admissions, curriculum planning, selection of course content, coordination of classroom teaching and supervised field work, appointment of faculty, and granting the completion certificate or degree, or otherwise documenting satisfactory completion of the program.
- (c) Student records including admission, enrollment, academic performance directed observation, field work clock hours, and demonstration of field work competencies shall be maintained by the sponsoring institution according to its policies. Grades and credits for courses must be recorded on students' transcripts and shall be maintained by the sponsoring institution. Hours for field work experiences and supervision shall be recorded and documented by supervisory staff.
- (d) The program director of the sponsoring institution shall be responsible for ensuring that the scope of responsibilities delegated to students during field work experiences are appropriate to the training received and the clients assigned, and consistent with the American Speech-Language-Hearing Association's Guidelines for the Training, Credentialing, Use, and Supervision of Speech-Language Pathology Assistants (1996, Spring), incorporated herein by reference, and that all approved criteria for speech-language pathology assistant training has been met

**CCR § 1399.170.10. Required Curriculum.**

- (a) A program's curriculum shall not be implemented or revised until it has been approved by the Board.
- (b) The curriculum shall be designed so that a speech-language pathology assistant who completes the program will have the knowledge and skills necessary to function in accordance with the minimum standards set forth in Section 2538.1(b)(3) of the Business and Professions Code.
- (c) The curriculum shall consist of not less than sixty (60) semester units or ninety (90) quarter units, which shall include the following:
  - (1) Twenty (20) to thirty (30) semester units or thirty (30) to forty-five (45) quarter units in general education requirements, including but not limited to, basic communication skills, knowledge of mathematics, liberal arts, and biological, behavioral, and health sciences.
  - (2) Thirty (30) to forty (40) semester units or forty-five (45) to sixty (60) quarter units in course work that satisfies the competencies defined in the American Speech-Language-Hearing Association's Guidelines for the Training, Credentialing, Use, and Supervision of Speech-Language Pathology Assistants Appendix C -- Speech-Language Pathology Assistant Suggested Competencies (1996, Spring) including the following observation and field work experiences:
    - (A) A minimum of fifteen (15) clock hours of directed observation; and
    - (B) A minimum of one hundred (100) clock hours of field work experience.
  - (d) The course of instruction shall be presented in semester or quarter units under the following formula:
    - (1) One (1) hour of instruction in theory each week throughout a semester or quarter equals one (1) unit.

(2) Three (3) hours of field work practice each week throughout a semester or quarter equals one (1) unit.

**CCR § 1399.170.11. Qualifications for Registration as a Speech-Language Pathology Assistant.**

To be eligible for registration by the Board as a speech-language pathology assistant, the applicant must possess at least one of the following qualifications:

(a) An associate of arts or sciences degree from a speech-language pathology assistant program accredited by the Accrediting Commission for Community and Junior Colleges, Western Association of Schools and Colleges, and approved by the Board; or

(b) Evidence of completion of a bachelor's degree program in speech-language pathology or communication disorders from an institution listed in the "Accredited Institutions of Postsecondary Education" handbook issued by the American Council on Education, and completion of the field work experience as required in Section 1399.170.10(c)(2)(B) from a Board-approved program, or completion of a minimum of one hundred (100) hours of field work experience or clinical experience equivalent to that required in Section 1399.170.10(c)(2)(B) in a bachelor's degree program as recognized in this subsection.

(1) The equivalent field work hours or clinical experience completed in a bachelor's degree program in speech-language pathology or communication disorders shall be evaluated for verification by the current training program director.

(A) In the event that the field work experience or clinical experience completed in the bachelor's degree program is deemed deficient by the authorized representative of a board-approved speech-language pathology assistant training program, the applicant may petition the Board for reconsideration.

(B) In lieu of completion of the one-hundred (100) hours of field work experience or clinical experience in a bachelor's degree program as defined in subsection (b) above, the Board may consider the completion of thirty-six (36) weeks of full-time work experience performing the duties of a speech-language pathology assistant enumerated in paragraph (4) of subsection (b) of Section 2538.1 of the Business and Professions Code as equivalent to the required clinical training.

(c) Evidence of completion of an equivalent speech-language pathology assistant associate of arts or science degree program, which includes the competencies listed in the American Speech-Language-Hearing Association's Guidelines for the Training, Credentialing, Use, and Supervision of Speech-Language Pathology Assistants, Appendix C -- Speech-Language Pathology Assistant Suggested Competencies (1996, Spring).

## MEMORANDUM

|         |                                                                                                                                                                                   |
|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DATE    | October 16, 2026                                                                                                                                                                  |
| TO      | Hearing Aid Dispensing Committee                                                                                                                                                  |
| FROM    | Michael Magat, Assistant Executive Officer                                                                                                                                        |
| SUBJECT | Agenda Item 3 : Discussion on the Creation of Educational Materials to Increase Consumer Awareness of Over-the-counter Hearing Aids as Part of the Board's 2025-28 Strategic Plan |

### **Background**

At the July 17, 2026 Hearing Aid Dispensers Committee (Committee) meeting, the Committee discussed the need to increase consumer awareness and understanding of over-the-counter (OTC) hearing aids and to clarify how these devices differ from prescription hearing aids. The Committee agreed that educational materials should help consumers identify where to seek assistance if the issue arises and should reduce confusion about jurisdiction, legal remedies, and refund policies.

Key points from the Committee discussions included:

- Creation of a webpage integrating California-specific information with a link to the U.S. Food and Drug Administration (FDA) OTC hearing aid resources, ensuring all relevant information is accessible in one location without recreating existing federal materials.
- Inclusion of California-specific consumer protection information, reflecting that OTC hearing aids are not preempted by federal law and may involve unique complaint pathways through the Attorney General's Office.
- Integrating and updating the Mail/Internet Order Hearing Aid webpage on the Board's website, including clarifying refund policies (30-day vs. 45-day) and differentiating between OTC and prescription hearing aids.

### **Action Requested**

Review and approve the proposed consumer-facing webpage on OTC hearing aids for consideration by the full Board at a future Board meeting. Additional educational materials requested will be brought to future Hearing Aid Dispensing Committee meetings for review and approval.

Attachment A: Proposed Board Webpage on OTC Hearing Aids Consumer Fact Sheet

## Over-The-Counter (OTC) vs. Prescription Hearing Aids

This fact sheet integrates California law, Federal Drug Administration (FDA) regulations, and consumer-protection guidance to help Californians make more informed decisions when considering hearing aids purchased online, over-the-counter, or through licensed professionals.

### OTC Hearing Aids vs. Prescription Hearing Aids Comparison

| Feature                                  | OTC Hearing Aids                                                                         | Prescription Hearing Aids                                                                                                                                                            |
|------------------------------------------|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Who They're For                          | Adults 18+ with <b>perceived mild to moderate</b> hearing loss                           | Individuals of any age, including children; all levels of hearing loss (mild to profound)                                                                                            |
| How They're Purchased                    | <b>No prescription</b> required; available online or in retail stores                    | Must be obtained through a <b>licensed dispensing audiologist or hearing aid dispenser</b>                                                                                           |
| Fitting & Adjustment                     | Self-fitting; user adjusts settings with buttons, tools, tests, or apps                  | <b>Professionally fitted</b> and programmed based on a hearing test/evaluation                                                                                                       |
| Customization Level                      | Limited ability to fine-tune; may not meet individualized or complex needs               | Highly customizable; includes advanced features, fine-tuning, and medical oversight                                                                                                  |
| Medical Oversight                        | None required; not appropriate for medically complex cases                               | Clinicians can identify underlying conditions and refer to a physician for <a href="#">red-flag symptoms</a>                                                                         |
| Severity of Hearing Loss Addressed       | Only mild to moderate, <b>not suitable</b> for severe or profound loss                   | Suitable for <b>all degrees</b> of hearing loss, including severe or profound                                                                                                        |
| Regulatory Requirements                  | Must meet FDA OTC rules for Outside the Box Labeling as well as safety and output limits | Sellers and dispensers must be California-licensed; device must be programmed by a licensed provider to the unique hearing needs of the user, unless purchased online or via catalog |
| Return & Refunds                         | XX-day<br>[NOTE: Legal clarification needed]                                             | <b>45-day</b>                                                                                                                                                                        |
| Appropriate for Children?                | ✗ No                                                                                     | ✓ Yes                                                                                                                                                                                |
| Appropriate for Medically Complex Cases? | ✗ No                                                                                     | ✓ Yes                                                                                                                                                                                |

### Understanding OTC Hearing Aids

OTC hearing aids are FDA-regulated medical devices intended **only for adults (18+)** with **perceived mild to moderate hearing loss**. They:

- Can be purchased online or in stores without a prescription, hearing test, or medical examination.
- Must allow users to adjust settings themselves (through buttons, tools, tests, apps).
- Are required to display clear packaging information, including warnings, [red-flag symptoms](#) of when to see a doctor, return policies, battery information, and whether the device is used or rebuilt.
- Are **not appropriate for severe or profound hearing loss**, medically complex conditions, sudden changes in hearing, dizziness, ear drainage, or symptoms in only one ear—these require medical evaluation.

### California Requirements for OTC Hearing Aids

- Sellers do not need to be licensed.  
*Note: if a seller is a licensed dispensing audiologist or hearing aid dispenser, they are required to comply with the Board's laws and regulations regardless of if they only sell OTC hearing aids*
- Consumers have a **XX-day right to return [NOTE: Legal clarification needed]** hearing aids for a full refund or exchange. If the seller offers a longer period, they must honor it.

---

## Understanding Prescription Hearing Aids

Prescription hearing aids include **all devices that do not qualify as OTC**. They:

- Require fitting, programming, and dispensing by a **licensed dispensing audiologist or hearing aid dispenser**.
- Are appropriate for **any age**, including children, and can treat **all degrees of hearing loss**, from mild to profound.
- Include advanced customization, fine-tuning, and professional follow-up care.
- Allow the clinician to screen for underlying medical conditions and refer to a physician, ear-nose-throat (ENT) doctor, when needed.

### California Requirements for Prescription Hearing Aids

- Sellers must be licensed.
- Consumers have a **45-day right to return** hearing aids for a full refund or exchange. If the seller offers a longer period, they must honor it.
- The law also requires that, prior to purchasing a hearing aid through **mail order or the internet**, you must provide a statement signed by a California-licensed physician, audiologist, or hearing aid dispenser that verifies direct examination of your ear.
- A licensed hearing aid dispenser must have a recommendation for a hearing aid from both a board-certified, or a board-eligible physician specializing in

otolaryngology, and by a state licensed audiologist within the preceding six months before selling a hearing aid to a **person 16 years of age or younger**.

- Advertisements for hearing aid fitting or sales must include the **business address, office hours**, and the **name and license number of all licensed dispensers** at the location—unless this information is provided on a website, with a link included in the ad
  - Upon sale, the licensee must provide a receipt to include date of sale, make, model, and serial number, statement if the device is used or reconditioned, terms of any guarantee or warranty.
- 

## After You Buy an OTC Hearing Aid

- Expect an adjustment period—regular use helps you adapt.
  - If the device is not improving your hearing, consult a licensed hearing professional.
  - Report injuries or malfunctions to FDA MedWatch
- 

## Protecting Yourself from Misleading OTC Hearing Aid Claims

- Be skeptical of devices marketed as “FDA Registered” or “FDA Certified” —these terms do **not** indicate FDA approval.
  - Beware of unlicensed sellers or unusually low prices that may indicate a scam.
- 

## Be Aware of Potential Risks Associated With OTC Hearing Aids

- To work effectively, hearing aids must fit right. If a hearing aid transaction does not involve personal contact with a licensed dispenser, then you may not benefit without proper fitting.
  - Follow-up evaluation, which is important to ensure the hearing aid is working appropriately and meeting your needs, probably isn't available.
- 

## Filing Complaints

**For issues with a licensed hearing aid dispenser or dispensing audiologist:**

- Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board:  
<https://www.speechandhearing.ca.gov>

**For misleading advertising, unlicensed sales, or fraudulent online sellers of OTC devices:**

- California Attorney General Complaint Portal: <https://oag.ca.gov/report>

**For OTC device injuries or malfunctions:**

- FDA MedWatch: <https://www.fda.gov/medwatch>
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## **Key Takeaway**

OTC hearing aids increase access and affordability for adults with simple, mild-to-moderate hearing loss who can manage their own adjustments. However, prescription hearing aids remain the appropriate option for children, individuals with complex or moderate-to-severe hearing loss, or anyone experiencing red-flag medical symptoms. California maintains additional consumer protections and licensing requirements for all hearing aid sellers licensed with the Board, including those offering OTC devices.

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## **Additional Information and Resources:**

[FDA's OTC Hearing Aids: What You Should Know](#)

[Attorney General Office's Consumer Alert on Hearing Aids Sold Online or Over-the Counter](#)



# MEMORANDUM

|         |                                                                                           |
|---------|-------------------------------------------------------------------------------------------|
| DATE    | Septmeber 16, 2026                                                                        |
| TO      | Speech-Language Pathology and Audiology and<br>Hearing Aid Dispensers Board               |
| FROM    | Maria Liranzo; Legislation, Regulation and Budget Analyst                                 |
| SUBJECT | Agenda Item 5: Review and Possible Approval of the July 17, 2026 Board<br>Meeting Minutes |

## **Background**

Attached is a draft of the meeting minutes from the July 17, 2026 Board meeting.

## **Action Requested**

Staff recommend the Board review and discuss the materials provided. The Board may wish to determine whether or not to approve the July 17, 2026 Board meeting minutes.

Attachment:            July 17, 2026 Board Meeting Minutes

**BOARD MEETING MINUTES - DRAFT**  
**Teleconference – Sacramento, Glendora, and San Francisco**  
**Friday, July 17, 2026**

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

Gilda Dominguez, Board Chair, called the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board (Board) meeting to order on Friday, July 17, 2026, at 9:00 a.m. Ms. Dominguez called roll; seven members of the Board were present and thus a quorum was established.

**Board Members Present**

Gilda Dominguez, Speech-Language Pathologist, Board Chair  
Amy White, Dispensing Audiologist, Board Vice Chair  
Tod Borges, Hearing Aid Dispenser  
Tamara Chambers, Otolaryngologist, Public Member  
Maya Chupkov, Public Member  
Francis David, Speech-Language Pathologist  
Charles Sanders, Dispensing Audiologist

**Staff Present**

Cherise Burns, Executive Officer  
Michael Magat, Assistant Executive Officer  
Maria Liranzo, Legislation, Regulation and Budget Analyst  
Shelley Ganaway, DCA Legal Counsel  
Jorrelle Abutin, DCA Webex Moderator

2. Swearing in New Board Member and Appointment to Board Committees

Ms. Dominguez swore in Maya Chupkov as a member of the Board, whereupon Ms. Chupkov took the oath of office administered by Ms. Dominguez.

Ms. Dominguez appointed Ms. Chupkov to the following committees: Speech-Language Pathology Practice Committee, Audiology Practice Committee, Hearing Aid Dispensers Practice Committee, and Legislative and Regulatory Ad Hoc Committee

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

3. Public Comment for Items Not on the Agenda

Ms. Dominguez asked for public comment for items not on the agenda.

Alexander Hobby commented on a critical systemic gap regarding how auditory processing deficits are handled within California public schools and asked the Board to place this topic on a future agenda or establish a joint task force with the California Department of Education to ensure school children have a legal medical pathway to licensed audiologists.

Sunny Kim, Interim Associate Dean for the University of California, Santa Barbara Professional and Continuing Education Department, commented on allowing post-baccalaureate speech-language pathology assistant (SLPA) certificate programs for SLPA licensure and asked the Board to review their request to be a SLPA training program.

Board recessed at 9:15 a.m. to conduct committee meetings.

**HEARING AID DISPENSING COMMITTEE – DRAFT**  
**Teleconference – Sacramento, Glendora, and San Francisco**  
**Friday, July 17, 2026**

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

Tod Borges, Committee Chair, called the Hearing Aid Dispensing Committee (Committee) meeting to order on Friday, July 17, 2026, at 9:16 a.m. Mr. Borges called roll; four members of the Committee were present and thus a quorum was established.

**Committee Members Present**

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

**Staff Present**

Cherise Burns, Executive Officer  
Michael Magat, Assistant Executive Officer  
Maria Liranzo; Legislation, Regulation and Budget Analyst  
Shelley Ganaway, DCA Legal Counsel  
Jorrelle Abutin, DCA Webex Moderator

1. Public Comment for Items Not on the Agenda

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

2. Discussion on the Creation of Educational Materials to Increase Consumer Awareness of Over-the-Counter Hearing Aids as Part of the Board's 2025-28 Strategic Plan.

Tod Borges invited Michael Magat to discuss the creation of educational materials to increase consumer awareness of over-the-counter (OTC) hearing aids as part of the Board's 2025-2028 Strategic Plan. Mr. Magat provided background information on OTC hearing aids and discussion questions the Committee should consider.

Mr. Borges said that a separate webpage should be created if there is information unique to California otherwise a link to the United States Food and Drug Administration (FDA) would be acceptable if there is no unique information. Cherise Burns said that consumer protection laws and legal remedies will be different because there is no preemption for OTC hearing aids. Mr. Borges said that California specific information is much smaller and wouldn't require recreation of the FDA's information.

Dr. Charles Sanders asked if OTC hearing aids follow the same rules as prescription hearing aids and said it would be the consumer's responsibility to figure it out similar to if they wanted to return a television they bought. Ms. Burns said that some consumers may have difficulty and would not know where to go to complain about the store or online seller. Ms. Burns and Maria Liranzo said that consumers will come to the Board even if it's not within the Board's jurisdiction because the Board licenses hearing aid dispensers. Ms. Liranzo said that this affects vulnerable populations, like the elderly who may not know the information or how to find it and noted that Board staff often direct the public to the law or to seek legal advice from a legal counsel for these types of questions.

Mr. Borges said that if a webpage is going to be created then it should be one complete set of information so that people are not going link after link to find information. Mr. Borges further said it doesn't have to be extensive because the FDA webpage covers a lot of these issues and it could be a couple of paragraphs on California specific information. Dr. Amy White expressed agreement to not recreate information that already exists and said the FDA's information is comprehensive. Dr. White further said that it's important to have information specific to California on the Board's website, and the most important of where to go with a complaint.

Mr. Borges suggested it would be a webpage with a link to the FDA information and California specific information on top or bottom of it. Dr. White suggested the webpage page could focus on California specific information and where to go or call if they had issues.

Mr. Borges asked for public comment on the first two discussion questions. There were no comments from the public, outside agencies, or associations.

Mr. Borges said the Attorney General's consumer alert on OTC hearing aids could include information about where consumers would go if they had issues. Ms. Burns noted the original alert was before the regulation became effective. Ms. Liranzo noted that the consumer alert does state that they could file a complaint with the Attorney General's office if they purchased an OTC hearing aid from a business that misrepresented its claims. Mr. Borges asked if that is accurate. Ms. Liranzo said that Attorney General's office handles consumer complaints if it's not handled by the business. Dr. White said that the consumer alert was great and feels neutral about an updated version. Ms. Burns mentioned maybe adding what warranty law sections do apply now that the federal regulations were finalized.

Mr. Borges said the Hearing Loss and Hearing Aids Consumer Facts booklet mentions OTC hearing aids but it's outdated. Dr. White asked where this booklet is located. Ms. Burns said it's a PDF on the Board's website and physical copies are at the Board office. Dr. White asked where the physical copies go. Ms. Burns said that they are taken to outreach events when there are in-person events or Board meetings and that licensees can order them to have in their office. Dr. Sanders asked how many are ordered. Ms. Burns said that she doesn't know but can ask DCA.

Mr. Borges suggested updating the information about OTC hearing aids in the current consumer facts booklet and not a separate booklet. Dr. White suggested that it can also have information for consumers who would need to know about where they would go if they had issues. Dr. White expressed agreement that OTC hearing aids should not have a separate booklet and suggested that the electronic version of the consumer facts booklet be updated

with no physical copies printed if it's not being requested by licensees. Dr. White said that if the Board wants to have something physical it should be a one-page handout with a link or QR code to it. Mr. Borges suggested adding information regarding induction loop system and Auracast. Dr. White asked if he was talking about telecoil (T-coil). Mr. Borges said that it's related but should be separate. Dr. Tamara Chambers expressed agreement with an electronic version and no physical copies being the best way to go since the technology in this area moves so quickly and would become outdated frequently.

Dr. White suggested that the Committee establish a regular review interval cycle for the consumer facts booklet. Ms. Burns said that Board staff can recommend a review schedule.

Mr. Borges asked for public comment on the discussion questions 3 and 4. There were no comments from the public, outside agencies, or associations.

The Committee then discussed the Board's mail/internet order hearing aid webpage expressed agreement to update the information. Ms. Burns asked if it should be kept separate or integrated with the OTC hearing aids information. Committee members expressed agreement to update and integrate it with the OTC hearing aids information. Mr. Borges asked why the refund is thirty (30) days and not forty-five (45) days and asked if it's because it's mail ordered. Ms. Liranzo said she believed so, but Board staff would have to look into it. Dr. Sanders said that the Attorney General's consumer alert says 45 days. Ms. Burns stated that there are a lot of information that needs to be broken down and clarified to say what rules apply to which and when they apply. Ms. Liranzo noted that with how they are marketed it can be difficult to determine whether or not a hearing aid is an OTC with online sellers. Dr. White said that some do make it clear and noted that there are tele-audiology dispensers who are providing prescription hearing aids.

Dr. White said that the information on the website would have to be clearly identified to distinguish OTC vs prescription hearing aids. Mr. Borges asked if there should be information regarding potential risks and the need to get a current hearing test to ensure the device is programmed to their specific current hearing loss. Ms. Liranzo suggested the FDA disclaimers can be added here. Dr. White said that it does note that a statement signed by a California-licensed physician, audiologist, or hearing aid dispenser that verifies direct examination of the consumer's ear is required prior to the purchase of a hearing aid through mail order or the internet. Mr. Borges mentioned that we should be clear about the need for a hearing test, rather than saying an examination, as someone could have examined their ear but not had a hearing test performed. Dr. Chambers said that she would like consumers to know that they should get their hearing evaluated before purchasing an OTC hearing aid but balance that with needing an evaluation could limit their ability to purchase them. Ms. Burns mentioned that many of the online sellers of OTC hearing aids have an online hearing test, but there are other issues that could be causing a problem with their hearing. Mr. Borges suggested that the statement could say that it is to your benefit to be tested by a license professional to make sure the self-assessment test is accurate. Dr. White and Dr. Sanders commented on online hearing tests and providing a warning to consumers about any sudden hearing loss in the last 72 hours should be checked by a medical professional.

Mr. Borges asked for public comment on discussion question 5. There were no comments from the public, outside agencies, or associations.

Dr. White said that the items previously mentioned for consumers were the only educational

material that needed to be updated or created. Mr. Borges and Dr. Chambers expressed agreement with the consumer educational material.

Ms. Burns said that there is a need for educational materials for licensees and it could be a one-or two- page handout regarding the sale of hearing aids and the sale of OTC hearing aids as a licensee and suggested a FAQ for newly licensed dispensers. Dr. Sanders commented on CE requirements for dispensing audiologists who do not sell hearing aids. Mr. Borges suggested the FAQ can have information regarding continuing education. Dr. White said it could highlight what is being presented at association meetings and suggested separating certain information such as information related to OTC hearing aids from the licensure requirements. Dr. White also suggested it be high-level information and not too long. Mr. Borges suggested the FAQ can cover areas where most of the violations of the Board's laws occurs and should be no more than ten (10) items. Mr. Borges asked if a link to the specific code of law and regulations could be provided with each response. Ms. Liranzo recommended not including links to the regulations as they do not work after a revision or update, which is not a problem with the links to the statutes, and noted there are a number of webpages for hearing aid dispensers such as continuing education, advertising, and FAQ. Dr. Chambers asked if licensees get an email from the Board when their license is issued and recommended the FAQ can be included with it. Ms. Burns said that licensees receive a letter but with limited information about renewal and continuing education and expressed agreement with the recommendation to include the FAQ with this letter.

Mr. Borges asked for public comment on the discussion questions 6 and 7. There were no comments from the public, outside agencies, or associations.

### 3. Adjournment

The meeting adjourned at 10:05 a.m.

## **SPEECH-LANGUAGE PATHOLOGY PRACTICE COMMITTEE – DRAFT Teleconference – Sacramento, Glendora, and San Francisco Friday, July 17, 2026**

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

Gilda Dominguez, Committee Chair, called the Speech-Language Pathology Practice Committee (Committee) meeting to order on Friday, July 17, 2026, at 10:05 a.m. Ms. Dominguez called roll; four members of the Committee were present and thus a quorum was established.

#### **Committee Members Present**

Gilda Dominguez, Speech-Language Pathologist, Committee Chair  
Tamara Chambers, Otolaryngologist, Public Member  
Maya Chupkov, Public Member  
Francis David, Speech-Language Pathologist

#### **Staff Present**

Cherise Burns, Executive Officer  
Michael Magat, Assistant Executive Officer  
Maria Liranzo; Legislation, Regulation and Budget Analyst

Shelley Ganaway, DCA Legal Counsel  
Navdeep “Deepi” Miller, DCA Regulatory Counsel  
Jorrelle Abutin, DCA Webex Moderator

## 2. Public Comment for Items Not on the Agenda

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

## 3. Discussion and Possible Action to Make a Recommendation to the Board to Amend Regulations Regarding Scope of Responsibility, Duties, and Functions of Speech-Language Pathology Assistants Related to Feeding and Swallow Therapy as Stated in Title 16, California Code of Regulations (CCR) sections 1399.170.1, 1399.170.2, and 1399.170.3

Ms. Dominguez invited Maria Liranzo to discuss possible action to amend regulations regarding speech-language pathology assistant (SLPA) scope of responsibility, duties, and functions related to swallow therapy. Ms. Liranzo provided a background on the proposed regulatory changes and summary of changes to the proposed text.

Ms. Liranzo asked if the committee wishes to accept Board staff changes to CCR section 1399.170.3, which will make the first sentence two separate prohibited activities. The Committee expressed agreement with the recommended changes. Francis David asked if “express knowledge and approval” has to be verbal or should it be written. Ms. Liranzo said it would be either, because it’s not specified in the regulations, and would be up to the supervisor.

Ms. Dominguez asked if there was a way to specify in CCR section 1399.170.1 that the screening and assessments is the “knowledge of” and not the “performance of.” Cherise Burns asked if the phrase should be added before the list of assessments or the entire sentence and noted that this section is the education requirements, and it is generally understood to mean the knowledge of the information. Ms. Dominguez said she doesn’t want licensees to confuse it as being allowed to be performed if they are taught the information. Ms. Liranzo said that adding the phrase before the list of assessments is a suitable place since SLPAs can perform screenings and deferred to the Board’s regulatory counsel. Navdeep “Deepi” Miller expressed agreement with the placement of the phrase as it’s already implied that it is the knowledge of.

**Tamara Chambers moved to recommend the regulatory text for Title 16, CCR Sections 1399.170.1, 1399.170.2, and 1399.170.3 to the Board to initiate the rulemaking process, as amended, and direct Board staff to prepare the regulatory text for Board review and approval.**

**Francis David seconded the motion.**

**The motion carried 4-0.** (Ayes: Dominguez, Chambers, Chupkov, David)

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

## 4. Discussion on Speech-Language Pathology Assistant Course of Study and Curriculum as

Stated in Business and Professions Code section 2538.3 and in Title 16, CCR sections 1399.170.6, 1399.170.10, and 1399.170.11

Ms. Dominguez invited Cherise Burns to discuss SLPA course of study and curriculum requirements. Ms. Burns provided a background on regulatory and statutory requirements for SLPA course of study and curriculum.

Mr. David said that there is a shortage of clinicians in California and he wanted the Board to have a discussion on the possibility of allowing foreign bachelor's degree programs to qualify for SLPA licensure. Mr. David further said that most foreign countries require a bachelor's degree to become a speech-language pathologist (SLP) and are completing 200 to 500 clinical hours. Ms. Liranzo asked if the hours are to become a SLP or SLPA. Mr. David said it would be to become an SLP in their native country. Ms. Burns said that these hours would not count because the hours are for the practice of speech-language pathology and not performing the duties and functions of a SLPA.

Maya Chupkov asked if the SLPA license is a steppingstone to become a SLP. Mr. David said that it is not for all SLPAs and some will remain a SLPA their entire career. Mr. David noted that there are no SLPA programs in other countries. Ms. Dominguez said that one would think their intent is to be an SLP in the United States if they were a SLP in a foreign country.

Ms. Chupkov said that she is not aware of the need for SLPAs but if there is a need it would be worth looking into. Mr. David said that enrollment in SLPA programs in community colleges is limited and often times foreign educated people can't get into them. Ms. Chupkov asked if there is a shortage of SLPAs. Ms. Burns said that she does not have data about a shortage of SLPAs and noted there is significant growth in the number of licenses issued, and none of this addresses the need for additional SLPs that would do the assessments and supervision of these SLPAs if they were to become licensed. So it is a small piece of a bigger issue, but it impacts a specific group of people differently than others.

Ms. Dominguez asked how other professions handle foreign educated applicants and mitigating this issue at all. Ms. Burns said that the Board of Psychology requires applicants to get their education evaluated by an approved evaluator and meet any other licensing requirements. Ms. Liranzo noted that one board does not accept foreign education.

Ms. Dominguez asked clarification regarding what the Board staff needs from the Committee. Ms. Burns provided some options for the Committee to consider, and asked what the Committee would like Board staff to prepare for the next discussion. The Committee asked for more information on how other boards handle foreign educated applicants. Dr. Tamara Chambers asked for more information on the need and the current state of affairs for SLPAs and would it really help get the State to where it needs to go in terms of outcomes, and is there a perceived problem or a real problem.

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

## 5. Adjournment

The meeting adjourned at 10:52 a.m.

**BOARD MEETING MINUTES - DRAFT**  
**Teleconference – Sacramento, Glendora, and San Francisco**  
**Friday, July 17, 2026**

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

Gilda Dominguez, Board Chair, called the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board (Board) meeting to order on Friday, July 17, 2026, at 11:07 a.m. Ms. Dominguez called roll; seven members of the Board were present and thus a quorum was established.

**Board Members Present**

Gilda Dominguez, Speech-Language Pathologist, Board Chair  
Amy White, Dispensing Audiologist, Board Vice Chair  
Tod Borges, Hearing Aid Dispenser  
Tamara Chambers, Otolaryngologist, Public Member  
Maya Chupkov, Public Member  
Francis David, Speech-Language Pathologist  
Charles Sanders, Dispensing Audiologist

**Staff Present**

Cherise Burns, Executive Officer  
Michael Magat, Assistant Executive Officer  
Maria Liranzo, Legislation, Regulation and Budget Analyst  
Shelley Ganaway, DCA Legal Counsel  
Navdeep “Deepi” Miller, DCA Regulatory Counsel  
Jorrelle Abutin, DCA Webex Moderator

**Guest Present**

Sierra Sharpe, International Hearing Society  
Christine Seitz, International Hearing Society

5. Public Comment for Items Not on the Agenda

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

6. Review and Possible Approval of the April 3, 2026, Board Meeting Minutes

Ms. Dominguez opened the discussion on the review and possible approval of the minutes. Ms. Liranzo provided a summary of the minutes.

Ms. Dominguez asked if her last name could be corrected in the second sentence of the second and fourth paragraphs on page 4 of 18. Ms. Liranzo noted the changes.

Francis David asked if the third sentence in the third paragraph on page 3 of 18 could read “they are physically in the room.” Ms. Liranzo noted the change.

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

**Charles Sanders moved to approve the April 3, 2026 Meeting minutes as amended.**

**Amy White seconded the motion.**

**The motion carried 7-0.** (Ayes: Dominguez, White, Borges, Chambers, Chupkov, David, Sanders)

7. Update and Discussion on the Hearing Aid Dispensers (HAD) Examination, as Referenced in BPC Section 2538.5, Including the International Hearing Society's (IHS) Presentation on the International Licensing Examination (ILE) for Hearing Healthcare Professionals.

Ms. Dominguez invited Michael Magat to provide an update on public comment regarding the recommendation to adopt IHS's ILE and practical examination and invited Sierra Sharpe and Christine Seitz from IHS to present to the Board on their licensing examinations for hearing aid dispensers.

Ms. Sharpe provided a presentation on IHS licensing examinations for hearing aid dispensers and covered their written examinations, the ILE, and their practical examination including examination development, format, content, delivery method, fees, scoring, and reciprocity. Ms. Sharpe said she provided a copy of the presentation and additional handouts to Board members and staff.

Tod Borges asked how many proctors are in the test room. Ms. Sharpe said that the recommendation is two (2) and, if it is convenient to the Board, the test subject may serve as the second proctor.

Mr. Borges asked about the length of the test and the difference between a two (2) hour test and a four (4) hour test. Ms. Sharpe said that it depends on how well the applicant has prepared for the test and noted that states are advised to impose a two and a half (2.5) to three (3) hour time limit if they wish to impose one. Mr. Borges clarified if the Board wished to limit it to two (2) hours it could do so. Ms. Sharpe said that was correct.

Mr. Borges asked if the questions in the written examination are written in the negative or positive. Ms. Sharpe said that questions are never built in the negative.

Mr. Borges asked how the jurisprudence examination would alter the scores. Ms. Sharpe said that they would be scored separately from questions provided by the Board and delivered back-to-back with the written examination. Mr. Borges asked if a person fails the whole test when they pass one examination and fail the other and how a pass/fail is decided in that regard. Ms. Sharpe said the scores are separate and they would only be required to complete the examination they failed.

Dr. Charles Sanders asked whether there was a time frame in between each examination. Ms. Sharpe said that those restrictions and other restrictions, such as the number of times a person can take the examination or how long they must wait before they can retake an examination, are left to the state.

Mr. Borges asked whether the examinations can be tailored for each state and noted that tympanometry is outside the scope for hearing aid dispensers in this state. Ms. Sharpe said

that the ILE cannot be altered and noted the question will ask for the interpretation of tympanograms, which are covered in the recommended study materials listed in the provided handouts. Mr. Borges asked if the practical examination can be altered. Ms. Sharpe said that generally it cannot be altered but there is a state that didn't want to test their candidates on verification and noted that this is not psychometrically sound and not recommended.

Mr. Borges asked how the fees for the practical examination are collected. Ms. Sharpe said that fees are collected by the Board, which is two hundred (200) dollars, and paid to IHS and noted they are exploring how they can remove the burden of administration from the states. Mr. Borges asked what the cost is for the written examination. Mr. Sharpe said that it is two hundred sixty (260) dollars paid directly to IHS.

Dr. Sanders asked what the qualifications are for proctors. Mr. Borges and Dr. Amy White said that whoever is proctoring now would qualify. Mr. Borges asked what type of training is provided. Ms. Sharpe said there are pre-recorded videos that proctors can watch and zoom training can be provided upon request at no cost to the Board.

Dr. Tamara Chambers asked what the requirements are for the Board to participate in this. Ms. Sharpe said that there are two (2) contracts, a no-cost contract for the written examination and a procurement-based contract for the practical examination, that would be executed and noted that the Board would still have to handle the scheduling, reasonable accommodation requests, and proctor recruitment and training. Ms. Sharpe said that, according to the Board's meeting last year, that a study must be conducted comparing the current examination with IHS's examination. Cherise Burns said the Board would have to conduct an examination analysis to determine if IHS's examination meets the linkage study requirements and if a jurisprudence examination is required. Ms. Burns said that the Board could be required to write and rewrite a jurisprudence examination similar to how it does it for its written examination.

Mr. Borges asked if the Board would save time and money. Ms. Burns said that it's a redirection of some costs as the Board would no longer be incurring the cost of the written examination, but it would incur costs for a jurisprudence examination if required. Ms. Burns noted that the law requires the fee to be the actual cost of preparing, grading, analyzing, and administering the examinations.

Ms. Liranzo asked if IHS would collect the fee for the jurisprudence examination or if that would be the Board's responsibility. Ms. Sharpe said that typically the state would collect the fee, but it could be something IHS can explore if a jurisprudence examination is required. Ms. Burns said that the Board collects the fees for its written examination and pays PSI through a contract and noted the Board does not collect examination fees for speech-language pathology and audiology applicants and that it is paid directly to the company.

Dr. Sanders asked if applicants are considered consumers under the Board's consumer protection mandate. Ms. Liranzo said that the economic impact on applicants is considered and included in the rulemaking. Dr. White said that access to examinations is potentially improved with national examinations. Ms. Burns said that is if the jurisprudence examination is not required and noted that not all states are using IHS's practical examination.

Ms. Burns asked about the safety stops and if there are critical-fail points in the practical examination. Ms. Sharpe said that there are no critical-fail points as that is not psychometrically sound. Ms. Sharpe also said that the otoblock size and position is weighed

heavily in the final score and has to be checked by the proctor before the applicant can insert any ear impression material in an ear. Ms. Sharpe further said that the proctor will insert the proper otoblock if the candidate fails to do so, which is reflected in the final score. Ms. Sharpe noted that a lot of states are moving away from ear impression on actual people due to liability and safety and are moving toward mannequins or rubber ears.

Mr. Borges asked about the bridge-and-brace technique and said the study materials have techniques that are considered unsafe in this state. Ms. Sharpe said that it is an element included in the scoring, but it's not defined in the study guide. Ms. Sharpe also said that the Board can have a state specific study guide if the technique is specific in California and asked for feedback on the bridge-and-brace technique the Board looked into for consideration in the next edition of the IHS distance learning course.

Dr. White asked what the next step for the Board is. Ms. Burns said that the Board will have to decide whether or not it would like OPES to conduct a linkage study and the Board would need to have the funding necessary for that study.

Dr. White expressed concerns on area of practice not allowed in this state to be done by hearing aid dispensers, like tympanometry, that is in IHS's examination and how it might cause confusion on the scope of practice in this state for new licensees.

Ms. Dominguez asked if the total IHS fee is four hundred and sixty (460) dollars plus shipping and handling as well as the Board having to incur the costs for administering the practical examination. Ms. Sharpe said that is correct. Ms. Burns said that the Board's current fee is two hundred and twenty-five (225) dollars for the written examination and five hundred (500) dollars for the practical examination and noted the proposed regulatory changes that would increase them to two hundred fifty (250) dollars and six hundred (600) dollars, respectively. Ms. Sharpe said that some of those fees would be redirected to IHS if the Board were to use IHS's examination and noted that IHS can keep the Board informed of any changes to its practical examination that would reduce the Board's workload and cost to administer it itself.

Dr. Sanders said that there is unrealized cost such as the analysis that occur every five (5) to seven (7) years that the Board would not be getting from the fees paid directly to IHS. Ms. Burns said that IHS fees would have to be part of the Board's fee, and the applicant would be required to pay the Board a fee that covers the development and administration of the examination which would include the IHS fees. Ms. Burns also said that it would be less burdensome to the applicant if they paid a fee to the Board instead of some fees to IHS and the rest with the Board. Ms. Sharpe said IHS can accommodate a procurement type contract for both examinations if that is what the Board wishes.

Dr. White commented that she likes to focus on making it simpler to move from state to state for licensees dispensing hearing aids and asked how this will allow for more flexibility in portability. Ms. Burns said that it has the potential to increase flexibility and portability and noted a jurisprudence test may be required. Ms. Sharpe said that just changing one examination can make a meaningful difference to applicants.

Ms. Dominguez asked if other states provided feedback or complaints about the process. Ms. Sharpe said that IHS has made a lot of updates based on feedback in recent years, including that some states want a separate organizations other than the licensing agency to conduct the practical examination and some that don't want to determine who is eligible for the

examination. Ms. Sharpe further said that recent changes include providing test results directly to the applicants and noted it was a meaningful and positive change for both the licensing agency and applicants. Ms. Sharpe said that recent changes also include requiring candidates to bring a laptop, hearing aid, and any connector to program a hearing aid and noted it has not been a barrier since it was launched.

Ms. Liranzo asked for the pass and fail rate for their examination. Ms. Sharpe said the first-time pass rate for the practical is ninety (90) percent and first-time pass rate for the written is around sixty (60) to sixty-five (65) percent and the overall pass rate for the written is around fifty-eight (58) to sixty-two (62) percent.

Ms. Burns said the Board can take an action on this matter at a future meeting and noted the copy of the presentation and additional handouts will be posted on the Board website after the meeting.

Ms. Dominguez asked for public comments.

Donna Eskwitt asked if (1) an out-of-state applicant would only need to take the jurisprudence examination if they passed the ILE and is there additional cost to take that part or would they need to take the entire ILE, (2) the Board would have to accept less applicants for a practical examination if its two (2) or more hours to complete, and (3) an audiologist would be required to take the ILE instead of the California written examination and why the praxis examination is not comparable to ILE. Ms. Eskwitt expressed concern about ear impressions and the possibility of using mannequins or rubber ears with no ear canal instead of real subjects and said that, while they are trainees, they are tested on their competency to make an ear impression on patients and should be able to demonstrate that on a real person.

Ms. Sharpe said that an out-of-state applicant would only need to take the jurisprudence examination if they passed the ILE and there would be an additional cost to take that part and deferred to the Board about the number of applicants accepted for an examination. Ms. Sharpe also said that there are mannequins with ear canals that the Board could consider and noted it would be something for IHSto consider if they administered the practical examination themselves. Ms. Sharpe further said that an audiologist would be required to take the ILE instead of the California written examination if the Board adopts the ILE and noted the ILE would not be equivalent to the praxis because one focuses on hearing aid dispensing and the scope of practice for that and the other focuses on the practice of audiology and the scope of practice for that.

Melissa Garafalo-Culmer, Clinical Audiologist at California State University, Northridge, expressed concerns about requiring audiologists who are dispensers to take the ILE when they have to take the praxis and the financial impact on recent graduates who have to pay fees and students loans, and the use of mannequins to make an ear impression instead of a real person.

## 8. Board Chair's Report

Ms. Dominguez reported on the Board meeting calendar including upcoming dates and locations. Ms. Burns said the next meeting will be on October 15<sup>th</sup> and 16<sup>th</sup>.

Ms. Dominguez reported on committee assignment and noted the following committee

assignments for Maya Chupkov: Speech-Language Pathology Practice Committee, Audiology Practice Committee, Hearing Aid Dispensers Practice Committee, and Legislative and Regulatory Ad Hoc Committee

Ms. Dominguez asked for updates on Committee discussion

Mr. Borges reported on discussions from the Hearing Aid Dispensers Committee.

Ms. Dominguez reported on discussions from the Speech-Language Pathology Practice Committee.

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

## 9. Executive Officer's Report

Ms. Dominguez invited Ms. Burns to provide the Executive Officer's report.

Ms. Burns provided an administration update and said that all funded positions are filled.

Ms. Burns reported on outreach efforts including meetings with the California Speech Language Hearing Association, California Academy of Audiology, and Hearing HealthCare Providers/California, and a presentation to students at the San Francisco State University Audiology and Speech-Language Pathology program.

Ms. Burns reported on the budget including augmentation for Attorney General (AG) and Office of Administrative Hearing (OAH) costs, and fund condition.

Ms. Burns provided a brief report on the Board's regulations and said that the Board does not have any rulemaking packages in the official rulemaking process because Board staff have been working on the disciplinary guidelines.

Ms. Burns reported on licensing, including processing times.

Ms. Burns reported on hearing aid dispensing practical examination results.

Ms. Burns reported on Board enforcement including complaints and subsequent arrest notifications, citations and fines, formal discipline cases pending at the AG, probation monitoring, AG outcomes adopted by the Board, and continuing education (CE) and continuing professional development (CPD) audits. Ms. Burns noted the enforcement statistics included in the meeting materials.

Dr. Sanders asked what is driving the increase in complaints. Ms. Burns said that there is an increase in internal complaints such as CE and CPD audits or limited liability company noncompliance issues, consumer/patient harm complaints, complaints from arrest and subsequent arrest notifications, and anonymous complaints related to unlicensed activities. Ms. Burns also said that the number of Board complaints received is coming back to pre-pandemic levels.

Mr. Borges asked why the numbers do not add up for the CE and CPD audits. Ms. Burns said

that there are exemption requests under review that haven't received approval.

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

#### 10. Update on the Board's 2026 Sunset Bill

Ms. Dominguez invited Ms. Burns to provide an update on the Board's 2026 Sunset Bill. Ms. Burns provided background on the Sunset Review process and updates on the Board's Sunset. Ms. Burns said that the Board was notified of amendments submitted to Senator Wahab by the Hearing Healthcare Providers/California to its Sunset Bill and noted the Board's response in the memo and a copy of the proposed amendment included in the meeting material.

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

#### 11. Discussion and Possible Action on the Public Comment Raised at the April 3, 2026 Board Meeting Regarding the Creation of a Database to Support Language Access for Licensees

Ms. Dominguez invited Ms. Burns to discuss possible action on a public comment raised at the April 3, 2026 Board meeting regarding the creation of a database to support language access for its licensees. Ms. Burns provided a background on the Medical Board's Physician Survey and said that the language appears on each licensee's online license history but is not a search feature in DCA's license verification database. Ms. Burns also said that it would require statutory changes to collect and share this type of information and working with DCA to explore the possibility of a language search feature on the DCA's license verification database, or making a directory available on the Board's website.

Dr. White asked if a person wouldn't be able to search by a specific language. Ms. Burns said that is true because the bill authorized the Medical Board to collect the information for data collection purposes and the information may be placed online at their discretion.

Mr. Borges asked if the Board would be able to have a searchable directory on its website. Ms. Burns said the Board would have to engage DCA to explore what is available to the Board on its new website platform or a language search feature on the DCA's license verification database.

Dr. White said that having or using a translator is reasonable in many cases for the practice of audiology or in hearing aid dispensing and asked how the practice of speech-language pathology handles speech services when you don't speak the language of the client. Ms. Dominguez said that there are resources for translation or access to trained and skilled interpreters and noted that American Speech-Language-Hearing Association (ASHA) has a language search feature. Mr. David commented on ASHA's language search feature.

Dr. White asked if these translation resources or services impact the patient's ability to progress or be successful when the speech-language pathologist doesn't speak their patient's native language. Mr. David commented on his experience with translators and their training and skills. Ms. Dominguez commented on the challenges of working with an interpreter and communicating with the patient. Mr. David and Ms. Dominguez expressed agreement that it

could be a barrier to care if the translator is not experienced. Ms. Dominguez asked how translation resources or services impact the patient's ability to progress or be successful in the services provided in the practice of audiology. Dr. White said that she hasn't found it to be as impactful to the patient's ability to progress or be successful and commented on how services in audiology differ from speech-language pathology. Ms. Dominguez said that the services are optimized if the patient can connect directly with their provider in their native language and that the family benefits as well if they are taking care of the patient and need training and information.

Mr. Borges commented on consumers wanting information about providers that speak their language and wanting the information directly. Dr. White asked what the next steps would be. Ms. Burns said that Board staff can prepare the language for Board approval at a future meeting and work with DCA on exploring options.

Maya Chupkov asked if any other information can be collected such as insurance accepted and if services are provided in-person. Ms. Burns said that the Board can further discuss additional information it would like to collect. Shelley Ganaway, Board Legal Counsel, said that there could be some potential legal liability for the Board when providing insurance information as they become outdated quickly and recommended not collecting that information. Ms. Burns commented on the information the Medical Board collects and displays, including areas of practice, practice activities, practice location, language fluency, and race and cultural background. Dr. White said the area of practice would be helpful information.

Ms. Dominguez said the information can be outdated quickly and asked how and when the information will be collected. Dr. White said that it could be part of renewal. Ms. Dominguez said speech-language pathologist renew every two years. Dr. Sanders and Mr. Borges said it could be when they change their primary location or business. Ms. Burns said that speech-language pathologists have an address of record that doesn't have to be their primary place of practice or business location. Ms. Ganaway asked if there is a process for an address change and suggested a form could be created to change the information. Ms. Burns said that there is and noted that there is no section to add additional information like language in the data system the Board uses and may need to be stored somewhere else. Ms. Burns also said that the last updated date may be included if it's part of the renewal so that the consumer knows the information could be almost two (2) years old. Ms. Dominguez expressed agreement with the last updated date being provided with the information.

Ms. Chupkov asked if there could be an alternative way to state if insurance is accepted. Ms. Burns suggested collecting website information so consumers can contact the licensee directly about accepted insurance. Ms. Ganaway said that it sometimes requires the consumer calling their insurance provider to determine which licensee they can see. Dr. White and Mr. Borges commented on licensees not putting insurance information on their websites because it is constantly changing. Ms. Ganaway suggested adding a disclaimer to contact the licensee or insurance provider to prevent legal liability for the Board while informing the public of information they should consider. Ms. Dominguez and Dr. White expressed agreement with the suggestion to add a disclaimer regarding insurance information.

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

## 12. Legislative Report: Review, Discussion, and Possible Action on Proposed Legislation

Ms. Dominguez invited Maria Liranzo to provide the legislative report. Ms. Liranzo reported on the legislative calendar and deadlines, bills with positions, and bills on watch status. Ms. Liranzo said that fifteen (15) bills died due to failure to meet the legislative deadlines and one (1) bill is being prepared for the Governor to sign or veto.

Ms. Liranzo reported bills with position recommendations. Ms. Liranzo provided a background on Assembly Bill (AB) 1775 regarding veterans and said that Board staff recommended an Opposed Unless Amended position to allow for delayed implementation of at least six (6) months to make the necessary changes to our online applications. The Board expressed agreement with Board staff's recommendations.

Ms. Dominguez asked for public comments on AB 1775. There were no comments from the public, outside agencies, or associations.

**Charles Sanders moved to approve an Opposed Unless Amended position on AB 1775 regarding Veterans and direct Board staff to draft and submit a letter to the author and, if any, committee to allow for delayed implementation of at least six (6) months to make the necessary changes to our online applications.**

**Tod Borges seconded the motion.**

**The motion carried 7-0.** (Ayes: Dominguez, White, Borges, Chambers, Chupkov, David, Sanders)

Ms. Liranzo provided a background on AB 1811 regarding health professionals, and said that Board staff recommended an Opposed Unless Amended position to allow for delayed implementation of at least six (6) months to make the necessary changes to our online applications. The Board expressed agreement with Board staff's recommendations.

Ms. Dominguez asked for public comments on AB 1811. There were no comments from the public, outside agencies, or associations.

**Charles Sanders moved to approve an Opposed Unless Amended position on AB 1811 regarding Health professionals and direct Board staff to draft and submit a letter to the author and, if any, committee to allow for delayed implementation of at least six (6) months to make the necessary changes to our online applications.**

**Amy White seconded the motion.**

**The motion carried 7-0.** (Ayes: Dominguez, White, Borges, Chambers, Chupkov, David, Sanders)

Ms. Liranzo reported bills with watch status recommendation and noted that three (3) bills died due to failure to meet the legislative deadlines.

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

13. Update on Board and DCA Progress to Improve the Board's Website to Increase

## Accessibility and User Friendliness

Ms. Dominguez invited Michael Magat to provide an update on Board and DCA progress to improve the Board's website. Mr. Magat provided an update to increase accessibility and user friendliness of the Board's website, including moving to a new website platform. Ms. Burns noted that updates will be available in August 2026.

Dr. White asked if DCA provides staff who know website accessibility. Ms. Burns said that DCA's website design team are trained in website accessibility and take care of that for the Board.

Dr. Sanders asked if an update on the Board's website should be added to the presentation for the upcoming outreach events. Ms. Burns said that she can add it to the presentation.

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

### 14. Regulatory Report: Update, Review, and Possible Action on Board Regulation Packages

Ms. Dominguez invited Ms. Liranzo to present on Board regulation packages. Ms. Liranzo provided an update on Board regulation packages and noted no changes to the report since the Board's April 2026 meeting.

Ms. Dominguez asked for Board discussion. There was no Board discussion.

Ms. Dominguez asked for public comments.

Melissa Garafalo-Culmer, California State University, Northridge, asked if there is timeline for when the General Application Requirements and Hearing Aid Dispensers and Dispensing Audiologists Examination Requirements rulemaking documents will be prepared and said that this is a frequently asked question. Ms. Liranzo noted that all the rulemakings on the report had been presented to the Board for approval and are on hold due to other pressing rulemakings and said that there is no exact timeline for that reason. Ms. Burns said that she hopes that it can move forward next year.

### 15. Solicitation of Future Agenda Items

Ms. Dominguez asked for future agenda items.

Mr. Borges asked for discussion and board action on IHS licensing examinations.

Dr. White asked for discussion on the public comment regarding how central auditory processing disorders are handled within California public schools.

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

### 16. The Board Will Meet in Closed Session Pursuant to Government Code Section 11126(c)(3) to Discuss Disciplinary Matters Including Proposed Decisions, Stipulated Decisions, Defaults, Petitions for Reductions in Penalty, Petitions for Reconsideration, and Remands.

The Board did not meet in closed session.

#### 17. Adjournment

The meeting adjourned at 3:28 p.m.

DRAFT

# MEMORANDUM

|         |                                                                          |
|---------|--------------------------------------------------------------------------|
| DATE    | October 5, 2026                                                          |
| TO      | Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board |
| FROM    | Gilda Dominguez, Board Chair                                             |
| SUBJECT | Agenda Item 7: Board Chair's Report                                      |

The Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board (Board) Chair will provide a verbal update on Board and Committee activities and assignments.

## a. Board and Committee Meeting Calendar

### 2026

#### April 3, 2026

##### Teleconference

- [Agenda](#)
- [Materials](#)
- [Hand Carry – Agenda Item 5](#)
- [Hand Carry – Agenda Item 12](#)
- [Hand Carry – Agenda Item 13](#)
- [Webcast \(external link\)](#)

#### July 17, 2026

##### Teleconference

- [Agenda](#)
- [Materials](#)
- [Hand Carry – Agenda Item 7 – IHS Presentation and Materials](#)
- [Webcast \(external link\)](#)

#### October 16, 2026

Orange Coast College,  
Costa Mesa, CA

- [Agenda](#)

#### December 3–4, 2026

Sacramento, CA

## b. Board Committee Reports

The Legislative and Regulatory Ad Hoc Committee, Enforcement Ad Hoc Committee, Hearing Aid Dispensing Committee, and Speech-Language Pathology Practice Committee will provide a verbal report regarding their committee meetings.

## Standing Committees

Standing Committee composition and leadership are determined by the Board President and are fully within the scope of the Open Meetings Act. Standing Committee meetings are often held in conjunction with regularly scheduled Board Meetings.

### SLP Practice Committee

Addresses changes in practice patterns and recommends position statements and/or scope of practice amendments for consideration.

| Name            | Position | Profession |
|-----------------|----------|------------|
| Gilda Dominguez | Chair    | SLP        |
| Francis David   | Member   | SLP        |
| Tamara Chambers | Member   | ORL/Public |
| Maya Chupkov    | Member   | Public     |

### Audiology Practice Committee

Addresses changes in practice patterns and recommends position statements and/or scope of practice amendments for consideration.

| Name            | Position | Profession |
|-----------------|----------|------------|
| Amy White       | Chair    | DAU        |
| Charles Sanders | Member   | DAU        |
| Tamara Chambers | Member   | ORL/Public |
| Maya Chupkov    | Member   | Public     |

### Hearing Aid Dispensers Practice Committee

Addresses changes in practice patterns and recommends position statements and/or scope of practice amendments for consideration.

| Name         | Position | Profession |
|--------------|----------|------------|
| Tod Borges   | Chair    | HAD        |
| Vacant       | Member   | HAD        |
| Maya Chupkov | Member   | Public     |

### Hearing Aid Dispensing Committee

Provides policy and regulatory guidance with respect to hearing aid dispensing practices and recommends scope of practice amendments for consideration.

| Name            | Position | Profession |
|-----------------|----------|------------|
| Tod Borges      | Chair    | HAD        |
| Vacant          | Member   | HAD        |
| Charles Sanders | Member   | DAU        |
| Amy White       | Member   | DAU        |
| Tamara Chambers | Member   | ORL/Public |

## Ad Hoc Committees

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Ad Hoc Committees may be established by the Board President as needed. Composition and leadership will be appointed by the Board President. Ad Hoc Committees may include the appointment of non-Board members at the Board President's discretion. Ad Hoc Committees are not fully within the scope of the Open Meetings act, however all recommendations made by Ad Hoc Committees must be reviewed and voted on by the Board in a public Board Meeting.

### Sunset Review Ad Hoc Committee

Develop for the Board's review the Board's Sunset Review Report to the California Legislature.

| Name            | Position | Profession |
|-----------------|----------|------------|
| Gilda Dominguez | Chair    | SLP        |
| Amy White       | Member   | DAU        |

### Enforcement Ad Hoc Committee

Review and recommend to the Board proposed revisions to the laws, regulations, and policies related to the Board's enforcement of the Boards Practice Act.

| Name            | Position | Profession |
|-----------------|----------|------------|
| Gilda Dominguez | Chair    | SLP        |
| Tod Borges      | Member   | HAD        |

### Legislative and Regulatory Ad Hoc Committee

Review and recommend to the Board proposed positions on legislation impacting the Board, its licensees, and the Board's Practice Act, and recommend prioritization of regulatory priorities to improve the Board's responsiveness to high priority issues.

| Name            | Position | Profession |
|-----------------|----------|------------|
| Maya Chupkov    | Chair    | Public     |
| Gilda Dominguez | Member   | SLP        |

### Legend:

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- DAU – Dispensing Audiologist
- SLP – Speech–Language Pathologist
- ORL/ENT – Otolaryngologist/Ear, Nose & Throat
- HAD – Hearing Aid Dispenser
- AU – Dispensing Audiologist

# **Hand Carry Item**

Agenda Item 8:  
Executive Officer's Report

# Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board - 0376

## FY 2025-26 BUDGET REPORT - FM 13

October 16, 2026 Board Meeting

| OBJECT DESCRIPTION                                     | FY 2023-24                              | FY 2024-25                              | FY 2025-26                      |                                            |            |                            |                         |
|--------------------------------------------------------|-----------------------------------------|-----------------------------------------|---------------------------------|--------------------------------------------|------------|----------------------------|-------------------------|
|                                                        | ACTUAL<br>EXPENDITURES<br>(Prelim FM13) | ACTUAL<br>EXPENDITURES<br>(Prelim FM13) | GOVERNOR'S<br>BUDGET<br>2025-26 | CURRENT YEAR<br>EXPENDITURES<br>07.31.2026 | %<br>SPENT | PROJECTIONS<br>TO YEAR END | UNENCUMBERED<br>BALANCE |
| <b>PERSONNEL SERVICES</b>                              |                                         |                                         |                                 |                                            |            |                            |                         |
| Salary & Wages (Staff)                                 | 809,790                                 | 887,678                                 | 970,000                         | 945,655                                    | 97%        | 945,655                    | 24,345                  |
| Statutory Exempt (EO)                                  | 111,479                                 | 107,634                                 | 114,000                         | 114,000                                    | 100%       | 114,000                    | 0                       |
| Temp Help                                              | 4,749                                   | 0                                       | 1,000                           | 0                                          | 0%         | 0                          | 1,000                   |
| Board Member Per Diem                                  | 2,400                                   | 2,050                                   | 6,000                           | 1,900                                      | 32%        | 1,900                      | 4,100                   |
| Overtime/Flex Elect/Lump Sum                           | 75,927                                  | 45,100                                  | 5,000                           | 29,808                                     | 596%       | 29,808                     | (24,808)                |
| Staff Benefits                                         | 581,545                                 | 582,291                                 | 673,000                         | 665,324                                    | 99%        | 665,324                    | 7,676                   |
| <b>TOTALS, PERSONNEL SVC</b>                           | <b>1,585,890</b>                        | <b>1,626,803</b>                        | <b>1,769,000</b>                | <b>1,756,687</b>                           | <b>99%</b> | <b>1,756,687</b>           | <b>12,313</b>           |
| <b>OPERATING EXPENSE AND EQUIPMENT</b>                 |                                         |                                         |                                 |                                            |            |                            |                         |
| General Expense                                        | 54,010                                  | 57,831                                  | 66,000                          | 44,600                                     | 68%        | 50,036                     | 15,964                  |
| Printing                                               | 86,218                                  | 40,540                                  | 27,000                          | 37,010                                     | 137%       | 65,250                     | (38,250)                |
| Communication                                          | 1,725                                   | 1,525                                   | 13,000                          | 3,191                                      | 25%        | 3,501                      | 9,499                   |
| Postage                                                | 4,943                                   | 9,000                                   | 15,000                          | 10,088                                     | 67%        | 10,088                     | 4,912                   |
| Insurance                                              | 23                                      | 23                                      | 0                               | 0                                          | 0%         | 0                          | 0                       |
| Travel In State                                        | 15,534                                  | 35,339                                  | 27,000                          | 28,787                                     | 107%       | 28,787                     | (1,787)                 |
| Training                                               | 0                                       | 8                                       | 11,000                          | 0                                          | 0%         | 0                          | 11,000                  |
| Facilities Operations                                  | 143,422                                 | 143,498                                 | 148,000                         | 146,405                                    | 99%        | 146,405                    | 1,595                   |
| C & P Services - Interdept.                            | 0                                       | 0                                       | 24,000                          | 0                                          | 0%         | 0                          | 24,000                  |
| <b>Attorney General</b>                                | <b>151,478</b>                          | <b>372,624</b>                          | <b>307,000</b>                  | <b>233,703</b>                             | <b>76%</b> | <b>233,703</b>             | <b>73,297</b>           |
| <b>Office Admin. Hearings</b>                          | <b>24,708</b>                           | <b>48,520</b>                           | <b>102,000</b>                  | <b>67,980</b>                              | <b>67%</b> | <b>67,980</b>              | <b>34,020</b>           |
| C & P Services - External                              | 103,164                                 | 141,852                                 | 116,000                         | 117,993                                    | 102%       | 141,670                    | (25,670)                |
| DCA Pro Rata                                           | 441,400                                 | 749,862                                 | 531,000                         | 497,727                                    | 94%        | 497,727                    | 33,273                  |
| DOI - Investigations                                   | 7,262                                   | 6,806                                   | 108,000                         | 94,921                                     | 88%        | 94,921                     | 13,079                  |
| Interagency Services                                   | 633                                     | 519                                     | 1,000                           | 622                                        | 62%        | 622                        | 378                     |
| IA w/ OPES                                             | 46,414                                  | 61,923                                  | 28,000                          | 46,024                                     | 164%       | 82,148                     | (54,148)                |
| Consolidated Data Center                               | 23,517                                  | 7,081                                   | 29,000                          | 7,873                                      | 27%        | 7,873                      | 21,127                  |
| Information Technology                                 | 8,928                                   | 15,334                                  | 17,000                          | 22,834                                     | 134%       | 22,835                     | (5,835)                 |
| Equipment                                              | 1,239                                   | 5,470                                   | 0                               | 2,324                                      | 0%         | 2,561                      | (2,561)                 |
| Other Items of Expense                                 | 462                                     | 620                                     | 15,000                          | 776                                        | 0%         | 776                        | 14,224                  |
| <b>TOTALS, OE&amp;E</b>                                | <b>1,115,687</b>                        | <b>1,698,352</b>                        | <b>1,585,000</b>                | <b>1,362,858</b>                           | <b>86%</b> | <b>1,456,883</b>           | <b>128,117</b>          |
| <b>TOTAL EXPENSE</b>                                   | <b>2,630,237</b>                        | <b>3,325,155</b>                        | <b>3,354,000</b>                | <b>3,119,545</b>                           | <b>93%</b> | <b>3,213,570</b>           | <b>140,430</b>          |
| Reimbursements                                         |                                         | 33,000                                  | 0                               |                                            |            | 33,000                     | (33,000)                |
| Budget Letter 24-20: Vacancy Reduction                 |                                         | 29,000                                  | 0                               | 0                                          |            | 0                          | 0                       |
| Budget Letter 24-24: 7.95% Budget Efficiency Reduction |                                         | 21,000                                  | 0                               | 0                                          |            | 0                          | 0                       |
| <b>NET APPROPRIATION</b>                               |                                         | <b>3,253,815</b>                        | <b>3,321,000</b>                | <b>3,119,546</b>                           | <b>94%</b> | <b>3,180,570</b>           | <b>140,430</b>          |
| <b>SURPLUS/(DEFICIT):</b>                              |                                         |                                         |                                 |                                            |            |                            | <b>4.23%</b>            |

0376 - Speech-Language Pathology and Audiology and Hearing Aid Dispensers Fund  
Analysis of Fund Condition  
(Dollars in Thousands)  
2026 Budget Act with 2025-26 FM 13 Actuals

Prepared 9.14.2026

|                                                                                  | Actuals<br>2025-26 | CY<br>2026-27 | BY<br>2027-28 | BY +1<br>2028-29 |
|----------------------------------------------------------------------------------|--------------------|---------------|---------------|------------------|
| <b>BEGINNING BALANCE</b>                                                         | \$ 1,920           | \$ 2,137      | \$ 2,139      | \$ 2,047         |
| Prior Year Adjustment                                                            | \$ -               | \$ -          | \$ -          | \$ -             |
| Adjusted Beginning Balance                                                       | \$ 1,920           | \$ 2,137      | \$ 2,139      | \$ 2,047         |
| <b>REVENUES, TRANSFERS AND OTHER ADJUSTMENTS</b>                                 |                    |               |               |                  |
| Revenues                                                                         |                    |               |               |                  |
| 4121200 - Delinquent fees                                                        | \$ 45              | \$ 37         | \$ 37         | \$ 37            |
| 4127400 - Renewal fees                                                           | \$ 2,573           | \$ 2,505      | \$ 2,505      | \$ 2,505         |
| 4129200 - Other regulatory fees                                                  | \$ 89              | \$ 37         | \$ 37         | \$ 37            |
| 4129400 - Other regulatory licenses and permits                                  | \$ 714             | \$ 765        | \$ 765        | \$ 765           |
| 4163000 - Income from surplus money investments                                  | \$ 98              | \$ 86         | \$ 86         | \$ 78            |
| 4171400 - Escheat of unclaimed checks and warrants                               | \$ 4               | \$ -          | \$ -          | \$ -             |
| Totals, Revenues                                                                 | \$ 3,523           | \$ 3,430      | \$ 3,430      | \$ 3,422         |
| <b>TOTALS, REVENUES, TRANSFERS AND OTHER ADJUSTMENTS</b>                         | \$ 3,523           | \$ 3,430      | \$ 3,430      | \$ 3,422         |
| <b>TOTAL RESOURCES</b>                                                           | \$ 5,443           | \$ 5,567      | \$ 5,569      | \$ 5,469         |
| Expenditures:                                                                    |                    |               |               |                  |
| 1111 Department of Consumer Affairs (State Operations)                           | \$ 3,164           | \$ 3,122      | \$ 3,216      | \$ 3,312         |
| 9892 Supplemental Pension Payments (State Operations)                            | \$ -               | \$ -          | \$ -          | \$ -             |
| 9900 Statewide General Administrative Expenditures (Pro Rata) (State Operations) | \$ 142             | \$ 306        | \$ 306        | \$ 306           |
| <b>TOTALS, EXPENDITURES AND EXPENDITURE ADJUSTMENTS</b>                          | \$ 3,306           | \$ 3,428      | \$ 3,522      | \$ 3,618         |
| <b>FUND BALANCE</b>                                                              |                    |               |               |                  |
| Reserve for economic uncertainties                                               | \$ 2,137           | \$ 2,139      | \$ 2,047      | \$ 1,851         |
| Months in Reserve                                                                | 7.5                | 7.3           | 6.8           | 6.0              |

- NOTES:**
1. Assumes workload and revenue projections are realized in BY+1 and ongoing
  2. Expenditure growth projected at 3% beginning BY+1.
  3. 2026-27 revenue and expenditure figures are derived from the 2026 Budget Act.

Speech-Language Pathology & Audiology & Hearing Aid Dispensers Board  
Licensing Report 2026-27

| LICENSES ISSUED               | FY<br>18/19  | FY<br>19/20  | FY<br>20/21  | FY<br>21/22  | FY<br>22/23  | FY<br>23/24  | FY<br>24/25  | FY<br>25/26  | FY<br>26/27  |
|-------------------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
|                               |              |              |              |              |              |              |              |              | <b>QTR 1</b> |
| AIDE                          | 32           | 44           | 22           | 44           | 52           | 60           | 53           | 46           | 13           |
| AU                            | 63           | 63           | 71           | 79           | 51           | 89           | 98           | 99           | 43           |
| DAU                           | 35           | 31           | 23           | 28           | 26           | 33           | 31           | 41           | 9            |
| AUT                           | 4            | 3            | 1            | 4            | 1            | 0            | 2            | 0            | 0            |
| PDP                           | 15           | 5            | 13           | 14           | 10           | 29           | 19           | 21           | 8            |
| RPE                           | 977          | 1,059        | 1,039        | 1,177        | 1,095        | 1,469        | 1,305        | 1,360        | 767          |
| SLP                           | 1,446        | 1,444        | 1,621        | 1,782        | 1,664        | 2,129        | 2,296        | 1,979        | 519          |
| SPT                           | 0            | 0            | 0            | 1            | 1            | 4            | 3            | 1            | 0            |
| SLPA                          | 602          | 615          | 505          | 649          | 640          | 914          | 821          | 805          | 217          |
| HAD                           | 135          | 95           | 55           | 108          | 83           | 145          | 139          | 129          | 19           |
| HAD Trainee                   | 156          | 116          | 93           | 124          | 142          | 173          | 153          | 122          | 46           |
| HAD Licensed in Another State | 17           | 12           | 11           | 22           | 7            | 13           | 13           | 19           | 3            |
| HAD Branch                    | 333          | 312          | 249          | 263          | 162          | 256          | 247          | 232          | 59           |
| TRP (Military Temporary)      | N/A          | N/A          | N/A          | N/A          | N/A          | 0            | 1            | 0            | 0            |
| TSA (Military Temporary)      | N/A          | N/A          | N/A          | N/A          | N/A          | 2            | 0            | 0            | 1            |
| TSP (Military Temporary)      | N/A          | N/A          | N/A          | N/A          | N/A          | 6            | 0            | 0            | 0            |
| <b>TOTAL LICENSES ISSUED</b>  | <b>3,783</b> | <b>3,755</b> | <b>3,681</b> | <b>4,251</b> | <b>3,934</b> | <b>5,322</b> | <b>5,181</b> | <b>4,854</b> | <b>1,704</b> |

| LICENSEE POPULATION           | FY<br>18/19   | FY<br>19/20   | FY<br>20/21   | FY<br>21/22   | FY<br>22/23   | FY<br>23/24   | FY<br>24/25   | FY<br>25/26   | FY<br>26/27   |
|-------------------------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
|                               |               |               |               |               |               |               |               |               | <b>QTR 1</b>  |
| AIDE                          | 245           | 273           | 290           | 306           | 310           | 344           | 295           | 234           | 245           |
| AU                            | 831           | 837           | 830           | 869           | 840           | 869           | 907           | 896           | 926           |
| DAU                           | 1,334         | 1,384         | 1,375         | 1,416         | 1,453         | 1,487         | 1,505         | 1,529         | 1,541         |
| <i>Both License Types</i>     | <i>2,165</i>  | <i>2,221</i>  | <i>2,205</i>  | <i>2,285</i>  | <i>2,293</i>  | <i>2,356</i>  | <i>2,412</i>  | <i>2,425</i>  | <i>2,467</i>  |
| AUT                           | 4             | 7             | 8             | 8             | 7             | 7             | 8             | 1             | 1             |
| PDP                           | 178           | 165           | 160           | 152           | 141           | 160           | 161           | 153           | 152           |
| RPE                           | 1,364         | 1,595         | 1,626         | 1,740         | 1,871         | 2,304         | 1,656         | 2,217         | 2,521         |
| SLP                           | 21,374        | 22,527        | 23,309        | 24,894        | 25,929        | 27,403        | 28,956        | 29,989        | 30,389        |
| SPT                           | 0             | 0             | 0             | 1             | 1             | 5             | 5             | 6             | 6             |
| SLPA                          | 4,822         | 5,297         | 5,538         | 5,962         | 6,260         | 6,825         | 7,215         | 7,657         | 7,749         |
| HAD                           | 1,380         | 1,407         | 1,398         | 1,439         | 1,399         | 1,429         | 1,479         | 1,457         | 1,462         |
| HAD Trainees                  | 214           | 237           | 243           | 267           | 297           | 314           | 227           | 261           | 279           |
| HAD Licensed in Another State | 31            | 42            | 47            | 66            | 59            | 66            | 72            | 45            | 35            |
| HAD Branch Office             | 1,347         | 1,401         | 1,411         | 1,429         | 1,267         | 1,297         | 1,256         | 1,231         | 1,268         |
| TRP (Military Temporary)      | N/A           | N/A           | N/A           | N/A           | N/A           | 0             | 1             | 0             | 0             |
| TSA (Military Temporary)      | N/A           | N/A           | N/A           | N/A           | N/A           | 2             | 0             | 0             | 1             |
| TSP (Military Temporary)      | N/A           | N/A           | N/A           | N/A           | N/A           | 4             | 0             | 0             | 0             |
| <b>TOTAL LICENSEES</b>        | <b>32,879</b> | <b>34,899</b> | <b>35,945</b> | <b>38,243</b> | <b>39,834</b> | <b>42,516</b> | <b>43,743</b> | <b>45,676</b> | <b>46,575</b> |

\* Data as of October 1, 2026

Legend:

AID = Speech-Language Pathology/Audiology / HTL = Hearing Aid Dispenser Temporary (1-year)

AU = Audiologist HT = Hearing Aid Dispenser Trainee

DAU = Dispensing Audiologist BR = Hearing Aid Dispenser Branch

AUT = Audiologist (6-month Temporary)

PDP = Continuing Education Provider

RPE = Required Professional Experience

SP = Speech-Language Pathologist

SPT = Speech-Language Pathologist (6-Month

SPA = Speech-Language Pathology Assistant

HAD = Hearing Aid Dispenser

TIA = Military Spouse/Domestic Partner 1- Year Temporary AID

TAU = Military Spouse/Domestic Partner 1- Year Temporary AU

TRP = Military Spouse/Domestic Partner 1- Year Temporary RPE

TSP = Military Spouse/Domestic Partner 1- Year Temporary SP

TSA = Military Spouse/Domestic Partner 1- Year Temporary SPA

THA = Military Spouse/Domestic Partner 1- Year Temporary HAD

THT = Military Spouse/Domestic Partner 1- Year Temporary HT

## Speech-Language Pathology & Audiology & Hearing Aid Dispensers Board Enforcement Report

| <b>COMPLAINTS AND<br/>CONVICTIONS</b> | <b>FY<br/>2019-20</b> | <b>FY<br/>2020-21</b> | <b>FY<br/>2021-22</b> | <b>FY<br/>2022-23</b> | <b>FY<br/>2023-24</b> | <b>FY<br/>2024-25</b> | <b>FY<br/>2025-26</b> | <b>FY 2026-27<br/>Q1</b> |
|---------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--------------------------|
| Complaints Received                   | 164                   | 91                    | 79                    | 89                    | 80                    | 198                   | 245                   | 51                       |
| Convictions Received                  | 103                   | 45                    | 48                    | 60                    | 67                    | 71                    | 84                    | 21                       |
| Average Days to Intake                | 1                     | 5                     | 7                     | 4                     | 5                     | 4                     | 3                     | 17                       |
| Closed                                | 17                    | 2                     | 0                     | 0                     | 0                     | 0                     | 0                     | 0                        |
| Pending                               | 1                     | 6                     | 0                     | 0                     | 4                     | 0                     | 3                     | 0                        |

| <b>INVESTIGATIONS</b>    | <b>Desk</b> | <b>FY<br/>2019-20</b> | <b>FY<br/>2020-21</b> | <b>FY<br/>2021-22</b> | <b>FY<br/>2022-23</b> | <b>FY<br/>2023-24</b> | <b>FY<br/>2024-25</b> | <b>FY<br/>2025-26</b> | <b>FY 2026-27<br/>Q1</b> |
|--------------------------|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--------------------------|
| Assigned                 |             | 260                   | 131                   | 131                   | 151                   | 148                   | 270                   | 282                   | 71                       |
| Closed                   |             | 189                   | 193                   | 178                   | 143                   | 113                   | 192                   | 207                   | 51                       |
| Average Days to Complete |             | 222                   | 380                   | 598                   | 289                   | 185                   | 224                   | 198                   | 154                      |
| Pending                  |             | 260                   | 198                   | 132                   | 130                   | 149                   | 237                   | 338                   | 359                      |

| <b>INVESTIGATIONS</b>    | <b>DOI</b> | <b>FY<br/>2019-20</b> | <b>FY<br/>2020-21</b> | <b>FY<br/>2021-22</b> | <b>FY<br/>2022-23</b> | <b>FY<br/>2023-24</b> | <b>FY<br/>2024-25</b> | <b>FY<br/>2025-26</b> | <b>FY 2026-27<br/>Q1</b> |
|--------------------------|------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--------------------------|
| Assigned                 |            | 9                     | 0                     | 1                     | 0                     | 8                     | 10                    | 11                    | 0                        |
| Closed                   |            | 10                    | 8                     | 6                     | 1                     | 8                     | 4                     | 1                     | 2                        |
| Average Days to Complete |            | 770                   | 839                   | 1,409                 | 150                   | 207                   | 139                   | 262                   | 490                      |
| Pending                  |            | 19                    | 11                    | 2                     | 1                     | 6                     | 13                    | 22                    | 20                       |

| <b>ALL TYPES OF INVESTIGATIONS</b> | <b>FY<br/>2019-20</b> | <b>FY<br/>2020-21</b> | <b>FY<br/>2021-22</b> | <b>FY<br/>2022-23</b> | <b>FY<br/>2023-24</b> | <b>FY<br/>2024-25</b> | <b>FY<br/>2025-26</b> | <b>FY 2026-27<br/>Q1</b> |
|------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--------------------------|
| Closed w/o Discipline Referral     | 181                   | 187                   | 178                   | 140                   | 104                   | 189                   | 196                   | 51                       |
| Cycle Time - No Discipline         | 251                   | 368                   | 491                   | 285                   | 147                   | 185                   | 179                   | 203                      |

| <b>CITATIONS/CEASE &amp; DESIST</b> | <b>FY<br/>2019-20</b> | <b>FY<br/>2020-21</b> | <b>FY<br/>2021-22</b> | <b>FY<br/>2022-23</b> | <b>FY<br/>2023-24</b> | <b>FY<br/>2024-25</b> | <b>FY<br/>2025-26</b> | <b>FY 2026-27<br/>Q1</b> |
|-------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--------------------------|
| Citations Issued                    | 11                    | 6                     | 7                     | 6                     | 4                     | 36                    | 38                    | 14                       |
| Avg Days to Citation & Fine         | 336                   | 429                   | 1,138                 | 439                   | 211                   | 128                   | 54                    | 42                       |
| Cease & Desist Letters Issued       | 0                     | 2                     | 0                     | 1                     | 0                     | 0                     | 0                     | 0                        |

| <b>ATTORNEY GENERAL CASES</b>                | <b>FY<br/>2019-20</b> | <b>FY<br/>2020-21</b> | <b>FY<br/>2021-22</b> | <b>FY<br/>2022-23</b> | <b>FY<br/>2023-24</b> | <b>FY<br/>2024-25</b> | <b>FY<br/>2025-26</b> | <b>FY 2026-27<br/>Q1</b> |
|----------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--------------------------|
| Pending at the AG                            | 23                    | 21                    | 10                    | 3                     | 10                    | 5                     | 5                     | 5                        |
| Accusations Filed                            | 8                     | 8                     | 5                     | 1                     | 4                     | 2                     | 6                     | 2                        |
| Statement of Issue (SOI) Filed               | 1                     | 2                     | 0                     | 0                     | 0                     | 1                     | 1                     | 0                        |
| Accusation Withdrawn, Dismissed,<br>Declined | 1                     | 0                     | 1                     | 3                     | 0                     | 0                     | 0                     | 0                        |
| SOI Withdrawn, Dismissed,<br>Declined        | 1                     | 0                     | 0                     | 0                     | 0                     | 1                     | 0                     | 0                        |
| Average Days to Discipline                   | 824                   | 2,245                 | 1,362                 | 1,221                 | 405                   | 1428                  | 1225                  | NA                       |

## Speech-Language Pathology & Audiology & Hearing Aid Dispensers Board Enforcement Report

| <b>ATTORNEY GENERAL<br/>FINAL OUTCOMES</b> | <b>FY<br/>2019-20</b> | <b>FY<br/>2020-21</b> | <b>FY<br/>2021-22</b> | <b>FY<br/>2022-23</b> | <b>FY<br/>2023-24</b> | <b>FY<br/>2024-25</b> | <b>FY<br/>2025-26</b> | <b>FY 2026-27<br/>Q1</b> |
|--------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--------------------------|
| Probation Only                             | 5                     | 1                     | 1                     | 4                     | 2                     | 3                     | 3                     | 0                        |
| Surrender of License                       | 3                     | 3                     | 2                     | 0                     | 0                     | 2                     | 4                     | 0                        |
| License Denied (SOI)                       | 1                     | 0                     | 1                     | 0                     | 0                     | 0                     | 1                     | 0                        |
| Suspension & Probation                     | 0                     | 0                     | 2                     | 0                     | 0                     | 0                     | 1                     | 0                        |
| Revocation-No Stay of Order                | 3                     | 2                     | 4                     | 1                     | 0                     | 3                     | 0                     | 0                        |
| Public Reprimand/Reproval                  | 0                     | 0                     | 0                     | 0                     | 0                     | 0                     | 0                     | 0                        |
| Total Disciplinary Actions Taken           | 12                    | 6                     | 10                    | 5                     | 2                     | 8                     | 9                     | 0                        |

Note: All data provided prior to FY 2022-23 uses complaint open date as the start to any "Days to" data provided in this report.

# MEMORANDUM

|         |                                                                                                                                                                                                                                                                                                                                                                                                       |
|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DATE    | October 7, 2026                                                                                                                                                                                                                                                                                                                                                                                       |
| TO      | Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board                                                                                                                                                                                                                                                                                                                              |
| FROM    | Michael Magat, Assistant Executive Officer                                                                                                                                                                                                                                                                                                                                                            |
| SUBJECT | Agenda Item #10: Discussion and Possible Action on the Public Comment at the July 17, 2026 Board Meeting Regarding Central Auditory Processing Disorder (CAPD), CAPD Diagnostic Pathways and the Role of Audiologists and Educational Audiologists in Diagnosing CAPD, and Future Potential for Interagency Collaboration to Specify Scope-of-Practice Issues Regarding CAPD Assessment and Diagnosis |

## **Background**

At its July 17, 2026 Board meeting, the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board received a public comment (Attachment A) expressing concerns about longstanding practices in K-12 public schools regarding the identification and management of suspected Central Auditory Processing Disorder (CAPD). The commenter described significant personal and educational harm resulting from being labeled with an “auditory processing delay” in school without receiving an appropriate clinical evaluation by a licensed audiologist. Because no formal diagnosis was made during childhood, the individual reported substantial barriers in higher education, including difficulty in obtaining disability accommodations and severe academic disruptions.

The Board currently has information on its website related to CAPD (Attachment B), which was revised and approved at the Board’s February 2020 Board Meeting. At that meeting, the Board updated the information on its website at the time, and was doing so in response to a public comment received at its July 2019 Board Meeting from an audiologist.

## **Discussion Questions**

1. Should the Board discuss at a future meeting the topic of CAPD diagnostic pathways in public schools and the role of educational audiologists in those diagnostic pathways? To the extent to which misidentification or lack of referral for suspected CAPD may cause consumer harm, the issue relates to consumer protection.

2. Is additional clarification from the Board needed on CAPD diagnoses, scope of practice boundaries related to auditory processing assessments in general and in public schools? Is this an area that needs additional clarification in general or only within the area of assessments in public schools?
3. Are there opportunities for the Board to create and/or share additional information with other agencies that would help support and improve CAPD diagnostic pathways in public schools? Are there currently opportunities for collaboration with educational agencies that could be better engaged or would these need to be developed?

### **Action Requested**

Staff recommend the Board review and discuss the materials provided and determine whether this issue should be referred to the Audiology Practice Committee for further research, discussion, and to develop recommendations for potential future Board action.

Attachment A: Public Comment Received at the July 17, 2026 Board Meeting

Attachment B: Current Board's Website Content on CAPD

**From:** [Alexander Hobby](#)  
**To:** [SpeechandHearing@DCA](mailto:SpeechandHearing@DCA)  
**Subject:** Public Comment for July 17 Meeting - Educational Audiology and CAPD Diagnostics  
**Date:** Tuesday, July 14, 2026 8:07:37 PM

---

Dear Board President and Members of the Board,

Please accept this written submission as a formal public comment for the upcoming board meeting on July 17th, 2026. I am writing to request the Board's urgent attention regarding a systemic issue in California public schools that impacts student welfare, professional scopes of practice, and adult transitions.

I am bringing this to your attention not just as an advocate, but as someone whose adult life and career were deeply derailed by this system.

As a K-12 student in California public schools, I was identified as having an "auditory processing delay" and attended speech therapy. While this helped with my communication, I was never referred to a licensed audiologist for a formal, clinical evaluation for Central Auditory Processing Disorder (CAPD) during my childhood.

This practice caused me immense, long-term harm. Because I graduated with no official medical diagnosis from a licensed audiologist, post-secondary institutions were not able to provide me accommodations. Navigating higher education without official clinical documentation caused me severe emotional and financial hardship. Most critically, **I almost failed out of dental school** due to unmanaged and undocumented CAPD.

School psychologists and speech-language pathologists lack the specialized equipment and clinical scope of practice necessary to evaluate or manage central auditory disorders. This complex diagnostic work belongs strictly within the scope of audiology. To solve this, California must prioritize the implementation and funding of dedicated educational audiologists within our public school systems to ensure students get a proper medical pathway before adulthood.

Because this Board is tasked with protecting California consumers and upholding professional standards, I respectfully request the following actions:

1. **Future Agenda Item:** Place the topic of K-12 CAPD diagnostic pathways and the role of educational audiologists on the agenda for an upcoming Board meeting.
2. **Inter-Agency Collaboration:** Initiate a dialogue or joint task force with the California Department of Education (CDE) to clarify scope-of-practice boundaries regarding auditory processing assessments in public schools.

Thank you for your leadership, your time, and your consideration of my personal testimony.

Sincerely,

Alexander Hobby

State of  
California

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SPEECH-LANGUAGE PATHOLOGY  
AND AUDIOLOGY AND HEARING  
AID DISPENSERS BOARD

# CAPD

CAPD, a distinct and defined diagnosis (ICD-10CM Code: H93.25), refers to deficits in the processing of information in the central auditory nervous system (CANS). CAPD is an umbrella term that covers a variety of difficulties in processing auditory input due to the interactions of the auditory periphery and the CANS. After sound is decoded in the cochlea or inner ear, it travels via the VIIIth cranial nerve to the brainstem and ultimately to higher areas of the brain. There are a number of relay points along the pathway that contribute to the complex neural activities of decoding, analysis along frequency, intensity and time domains, distribution, and interpretation of the incoming auditory signal. Current research has been directed at determining the likely, abnormal neural activity that may underlie deviations in auditory perception, as well as methods and strategies for remediation of these conditions.

CAPD is a condition found in children and adults that typically presents with normal hearing. The classic, direct symptoms of CAPD involve difficulty recognizing speech in the presence of background noise or other competing signals, and difficulty recognizing rapidly presented speech. Associated difficulties (e.g., ADHD, dyslexia,

language impairment) can lead to additional symptoms including: resistance to remediation for reading deficits and other auditory-based learning, difficulty listening in quiet, difficulty following simple or complex auditory directions, difficulty maintaining auditory attention and frequent requests for repetitions.

Behavioral central auditory tests and electrophysiological procedures reveal deficits in specific neurobiological activities underlying auditory processing dysfunction. Following the basic audiological evaluation that establishes hearing sensitivity, an audiologist then determines which specific auditory process to examine. These processes include: auditory discrimination, temporal resolution, temporal sequencing of pitch patterns, binaural integration, binaural separation, auditory figure ground (i.e., auditory closure), neural synchronization and related functions.

In order to evaluate these process areas, a test battery approach is thought to be more effective, since one test is not likely to maximize the accuracy of differential diagnosis and management considering the heterogeneity of CAPD. In fact, due to the complexity of the peripheral and central auditory system, and their interdependency, it is necessary to have a battery of deficit-specific CAPD tests that are implemented based on patient complaints and behavioral observation. Data continues to be accumulated that demonstrate the validity of central auditory test procedures that are based on confirmed disorders of individuals with neurologically auditory based lesions. Behavioral CAPD test batteries, with high sensitivity and specificity, as well as electrophysiological procedures, have been evolving over several decades. The design of these test batteries is primarily to identify selected deficits tied to the CANS for which specific remediation can be provided. The tests used are evidenced-based and employ

simple speech and tonal stimuli. While specific tests may vary, the assessment of the auditory processes themselves are evaluated based upon the specific, unique needs of the patient, the case history, multidisciplinary input, and the audiologist's expertise.

CAPD assessment typically results in appropriate diagnoses of the specific auditory process or processes that are deficient. Only the expertise of the audiologist's CAPD evaluation can determine the individual's specific deficit profile and which deficit-specific interventions are indicated. Audiologists' test batteries account for neural maturation of the child, and for cognitive and language variables. CAPD assessment and treatment is in an audiologist's scope of practice, and they typically work with their peers including speech-language pathologists, educational specialists, occupational therapists and others to provide the comprehensive care that is indicated. Only audiologists who have undergone extensive training in this professional area should undertake the evaluation and diagnosis of CAPD.

In terms of remediation, based on the notion that understanding targeted CANS dysfunction and the associated auditory-based behavioral deficits, a number of evidence-based strategies and therapies have been developed that have led to effective remediation of a number of functional deficits manifested in individuals diagnosed with specific processing deficits associated with CAPD.

In summary, significant strides have been made in understanding the central auditory nervous system, as well as a number of the neurobiological underpinnings of CAPD in both children and adults. The investigation of CAPD is an evolving aspect of the profession of Audiology with a

growing body of evidence, from several disciplines including audiology, speech-language pathology, auditory neuroscience and others, that the successful diagnosis and treatment of specific deficits of CAPD are achievable. In terms of diagnosis, a test battery approach, using behavioral tests with high sensitivity and specificity, and possibly electrophysiological tests as well, are favored. In addition, it should be appreciated that CAPD may occur with concomitant neurologically-based auditory deficits and/or deficits in language learning and cognition. In conclusion, it is essential that remediation of aspects of CAPD be prescribed by the audiologist, based upon assessment and tailored to the specific deficits demonstrated, as well as the learning and language needs of a given individual. Audiologists often call upon support from speech language pathologists, educational specialists, occupational therapists, and other professionals in the management of CAPD in children. Patients with CAPD can be helped by the strides made in identification and treatment of CAPD.

## Alerts

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Amber Alert

Flex Alert

## Campaigns

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California Grants Portal

## MEMORANDUM

|         |                                                                                                                                                                                                 |
|---------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DATE    | October 7, 2026                                                                                                                                                                                 |
| TO      | Speech-Language Pathology and Audiology and<br>Hearing Aid Dispensers Board                                                                                                                     |
| FROM    | Cherise Burns, Executive Officer                                                                                                                                                                |
| SUBJECT | Agenda Item #11: Review and Discussion of the August 2026 DCA Office of<br>Professional Evaluation Services' Review of the Educational Testing Service<br>Praxis Speech-Language Pathology Test |

### **Background**

Business and Professions Code (BPC) Section 139 and Department of Consumer Affairs (DCA) policy require that California state licensing boards conduct regular occupational analysis (OA) of the professions as a fundamental part of each licensure program. In addition, BPC Section 139 and DCA policy also require a review of any national examination program used by a California licensing board as part of its licensure program.

In 2024, the Board requested assistance from DCA's Office of Professional Examination Services (OPES) to conduct the OA for the practice of speech-language pathology (SLP). OPES gathered information from literature and telephone interviews and conducted workshops and a statewide questionnaire to identify tasks and knowledge required to practice SLP in California. The result of the OA was a February 2025 written report by OPES titled Occupational Analysis of the Speech-Language Pathologist Profession that covers:

- The process used to develop the OA;
- Questionnaire response rate and demographics of questionnaire participants;
- The rating scales employed to analyze the responses from the questionnaire;
- A list of tasks and knowledge statements for the practice of SLP and their ratings; and
- A copy of the questionnaire.

This report was provided to the Board at its August 2025 Board meeting.

Following the completion of the OA, the list of tasks and knowledge statements were then used to review the national examination program the Board uses for SLP licensure, which is the Praxis SLP test developed and administered by the Educational Testing Service. The purpose of the OPES review is to evaluate the suitability of the Praxis SLP test for continued use in the California licensure process for speech-language pathologists.

The Review of the Educational Testing Service Praxis Speech-Language Pathology Test was conducted by OPES and completed in August 2026 and includes the following findings:

- After comprehensive evaluation of Praxis SLP test documentation, OPES confirms that the Praxis SLP test program components below meet the professional guidelines and technical standards:
  - occupational analysis;
  - examination development;
  - passing scores;
  - test administration;
  - examination scoring and performance;
  - information available to candidates; and
  - test security procedures.
- However, OPES's review identified two issues related to the Praxis SLP test:
  - To fully comply with DCA Policy OPES 20-01 Participation in Examination Development Workshops (Policy OPES 20-01), OPES recommends that ETS incorporate more non-faculty member licensees, including entry-level licensees, into the examination development processes. OPES also recommends phasing out or limiting the service of educators in these processes.
  - Pursuant to DCA Policy 22-01 Licensure Examination Validation (Policy OPES 22-01), OPES does not recommend allowing remote proctoring for high-stakes examinations due to an increased risk of item harvesting and examination subversion.
- OPES also convened a linkage study to compare the content of the Praxis SLP test with the description of practice for California speech-language pathologists based on the OPES 2025 Occupational Analysis. The linkage study results indicate that the Praxis SLP test adequately assesses the knowledge and skills required for competent entry-level practice of speech-language pathologists in California.
- OPES supports the Board's continued use of the Praxis SLP test for licensure as an SLP in California.

### **Action Requested**

This item is for informational purposes only; no action is required.

- Attachment A: DCA Office of Professional Evaluation Services' August 2026 Review of the Educational Testing Service Praxis Speech-Language Pathology Test
- Attachment B: Business and Professions Code Section 139
- Attachment C: OPES 22-01 Licensure Examination Validation Policy
- Attachment D: OPES Informational Series No. 10: Review of National Licensure Examinations
- Attachment E: OPES List of Materials for Required for Review



**SPEECH-LANGUAGE PATHOLOGY  
AND AUDIOLOGY AND HEARING  
AID DISPENSERS BOARD**

REVIEW OF THE EDUCATIONAL TESTING SERVICE  
PRAXIS SPEECH-LANGUAGE PATHOLOGY TEST



SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY AND  
HEARING AID DISPENSERS BOARD

REVIEW OF THE EDUCATIONAL TESTING SERVICE  
PRAXIS SPEECH-LANGUAGE PATHOLOGY TEST



August 2026



OFFICE OF PROFESSIONAL EXAMINATION SERVICES

Maria Avalos, MA, Research Data Specialist II

Amy Welch Gandy, PhD, OPES Chief

This report is mandated by California Business and Professions Code (BPC) § 139 and by DCA *Policy OPES 22-01 Licensure Examination Validation*.

## EXECUTIVE SUMMARY

Licensing boards and bureaus within the California Department of Consumer Affairs (DCA) are required to ensure that examination programs used in California licensure comply with psychometric and legal standards. To become a licensed speech-language pathologist in California, a candidate must:

1. hold a master's degree or equivalent in speech-language pathology from an accredited educational institution;
2. have completed 300 hours of supervised clinical practicum in three different clinical settings;
3. have completed 36 weeks of full-time or 72 weeks of part-time supervised Required Professional Experience (RPE) while holding an RPE temporary license; and
4. pass the national Praxis Speech-Language Pathology test (Praxis SLP test) administered by Educational Testing Service (ETS) with a minimum score of 162. The exam must not be more than five years old.

According to the 2021 *The Praxis Study Companion*:

Recognized as the national examination in speech-language pathology, the [Praxis SLP] test is one of several requirements for the Certificate of Clinical Competence issued by the American Speech-Language-Hearing Association (ASHA). The test is also used by state boards that license speech-language pathologists, and by state agencies that license speech-language pathologists to work in school settings (p. 5).

The Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board (Board) requested that DCA's Office of Professional Examination Services (OPES) complete a comprehensive review of the Praxis SLP test. The purpose of the OPES review was to evaluate the suitability of the Praxis SLP test for continued use in the California licensure process for speech-language pathologists.

ETS develops and administers the Praxis SLP test, which measures knowledge important for independent practice as a speech-language pathologist in schools, hospitals, clinics, private practice, and other employment settings. The Praxis SLP test assesses foundational knowledge, knowledge of professional

practice, and specialized knowledge as it is applied across practice, ranging from screening and assessment to treatment and treatment evaluation. The content of the Praxis SLP test is based on a practice and curriculum analysis commissioned by ASHA: a national survey of speech-language pathologists in both clinical and educational settings (2021 *The Praxis Study Companion*).

OPES, in collaboration with the Board, received and reviewed documents provided by ETS. Follow-up email communications were conducted to clarify the procedures and practices used to validate and develop the Praxis SLP test. OPES performed a comprehensive evaluation of the documents to determine whether the following test program components meet professional and technical standards: (a) occupational analysis; (b) examination development; (c) passing scores; (d) test administration; (e) examination scoring and performance; (f) information available to candidates; and (g) test security procedures.

OPES found that the procedures used to establish and support the validity and defensibility of the components listed above appear to meet professional guidelines and technical standards as outlined in the *Standards for Educational and Psychological Testing* (2014 *Standards*) and in California Business and Professions Code (BPC) § 139. However, to comply with DCA Policy OPES 20-01 *Participation in Examination Development Workshops* (Policy OPES 20-01), OPES recommends phasing out the service of educators in examination development processes. Additionally, as stated in DCA Policy 22-01 *Licensure Examination Validation* (Policy OPES 22-01), remote proctoring is not recommended for high-stakes examinations due to an increased risk of item harvesting and examination subversion.

In addition to reviewing documents provided by ETS, OPES convened a linkage workshop of licensed California speech-language pathologists in September 2025. The speech-language pathologists served as subject matter experts (SMEs) who reviewed the content of the Praxis SLP test. The SMEs were selected to represent the profession in terms of geographic location, experience, and practice specialty. The purpose of the review was to compare the content of the Praxis SLP test with the description of practice for California speech-language pathologists based on the OPES 2025 *Occupational Analysis of the Speech-Language Pathologist Profession*. During this workshop, the SMEs linked the tasks and knowledge statements from the 2025 description of practice to the content

of the Praxis SLP test. The results of the linkage study indicate that the Praxis SLP test adequately assesses the knowledge and skills required for competent entry-level practice of speech-language pathologists in California. Given the findings, OPES supports the Board's continued use of the Praxis SLP test for licensure in California.

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## CHAPTER 1 | INTRODUCTION

### PURPOSE OF THE COMPREHENSIVE REVIEW

Licensing boards and bureaus within the California Department of Consumer Affairs (DCA) must ensure that examination programs used in California licensure comply with psychometric and legal standards. The public must be reasonably confident that an individual passing a licensure examination has the requisite knowledge and skills to practice safely and competently in California.

The Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board (Board) requested that DCA's Office of Professional Examination Services (OPES) complete a comprehensive review of the Praxis Speech-Language Pathology test (Praxis SLP test) administered by Educational Testing Service (ETS).

The Praxis SLP test measures knowledge important for independent practice as a speech-language pathologist in schools, hospitals, clinics, private practice, and other employment settings. The Praxis SLP test is taken by candidates who are in or who have completed a master's degree program. The test is one of several requirements for the Certificate of Clinical Competence issued by the American Speech-Language-Hearing Association (ASHA). The Praxis SLP test is also used by state boards that license speech-language pathologists, and by state agencies that license speech-language pathologists to work in school settings (2021 *The Praxis Study Companion*).

According to the 2021 *The Praxis Study Companion*:

The 132 selected-response [Praxis SLP] test questions assess foundational knowledge, knowledge of professional practice, and specialized knowledge as it is applied across practice ranging from screening and assessment to treatment and treatment evaluation. The questions test knowledge and its application across the “big nine” areas of practice: speech sound production; fluency; voice, resonance, and motor speech; receptive and expressive language; social aspects of communication, including pragmatics; cognitive aspects of communication; augmentative and alternative communication; hearing; and feeding and swallowing. The content of the test is based on a practice and curriculum analysis commissioned by ASHA: a national survey of speech-language pathologists in both clinical and educational settings (p. 5).

The OPES review had three purposes:

1. to evaluate the suitability of the Praxis SLP test for continued use in California;
2. to determine whether the Praxis SLP test meets the professional guidelines and technical standards outlined in the *Standards for Educational and Psychological Testing* (2014 *Standards*) and in California Business and Professions Code (BPC) § 139; and
3. to identify any areas of California practice that the Praxis SLP test does not assess.

OPES recognizes that evaluating the suitability of the Praxis SLP test involves complex analysis. As noted in the 2014 *Standards*:

Evaluating the acceptability of a test ... does not rest on the literal satisfaction of every standard, ... and the acceptability of a test or test application cannot be determined by using a checklist. Specific circumstances affect the importance of individual standards, and individual standards should not be considered in isolation. Therefore, evaluating acceptability depends on (a) professional judgment that is based on a knowledge of behavioral science, psychometrics, and the relevant standards in the professional field to which the test applies; (b) the degree to which the intent of the standard has been satisfied by the test developer and user; (c) the alternative measurement devices that are readily available; (d) research and experiential evidence regarding the feasibility of meeting the standard; and (e) applicable laws and regulations (p. 7).

OPES, in collaboration with the Board, requested documentation from ETS to determine whether the following examination program components meet professional guidelines and technical standards as outlined in the 2014 *Standards* and BPC § 139: (a) occupational analysis (OA);<sup>1</sup> (b) examination development and scoring; (c) passing scores<sup>2</sup> and passing rates; (d) test administration and score reporting; and (e) test security procedures.

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<sup>1</sup>An occupational analysis is also known as a job analysis, practice analysis, or task analysis. For clarity and consistency, this report uses the term “occupational analysis” to refer to the type of analysis that supports the claim that an examination assesses the skills and knowledge required for safe and effective practice at entry level (2014 *Standards*).

<sup>2</sup>A passing score is also known as a pass point or cut score.

The OPES evaluation of the Praxis SLP test is based solely on its review of the documentation provided by ETS. OPES did not seek to independently verify the claims and statements made by ETS.

## CALIFORNIA LAW AND POLICY

BPC § 139 (a) states: “The Legislature finds and declares that occupational analyses and examination validation studies are fundamental components of licensure programs.”

BPC § 139 further requires that DCA develop a policy to address the minimum requirements for psychometrically sound examination validation, examination development, and OAs, including standards for the review of state and national examinations.

*DCA Policy 22-01 Licensure Examination Validation (Policy OPES 22-01)* specifies the 2014 *Standards* as the most relevant technical and professional standards to be followed to ensure that examinations used for licensure in California are psychometrically sound, job related, and legally defensible.

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## CHAPTER 2 | OCCUPATIONAL ANALYSIS

Unless otherwise noted, the sources for the information in this chapter are the ASHA 2017 *Speech-Language Pathology Practice and Curriculum Analysis: Report* submitted to California DCA Office of Professional Examination Services (2017 SLP Practice and Curriculum Analysis); the ASHA 2024 *Speech-Language Pathology Practice and Curriculum Analysis: Report* purchased by California DCA Office of Professional Examination Services (2024 SLP Practice and Curriculum Analysis); and the additional information provided by ETS.

### OCCUPATIONAL ANALYSIS STANDARDS

The following standard is most relevant to conducting OAs for licensure examinations, as referenced in the 2014 *Standards*:

#### **Standard 11.13**

The content domain to be covered by a credentialing test should be defined clearly and justified in terms of the importance of the content for credential-worthy performance in an occupation or profession. A rationale and evidence should be provided to support the claim that the knowledge or skills being assessed are required for credential-worthy performance in that occupation and are consistent with the purpose for which the credentialing program was instituted (pp. 181–182).

The comment to Standard 11.13 emphasizes its relevance:

**Comment:** Typically, some form of job or practice analysis provides the primary basis for defining the content domain. If the same examination is used in the credentialing of people employed in a variety of settings and specialties, a number of different job settings may need to be analyzed. Although the job analysis techniques may be similar to those used in employment testing, the emphasis for credentialing is limited appropriately to knowledge and skills necessary for effective practice. ...

In tests used for licensure, knowledge and skills that may be important to success but are not directly related to the purpose of licensure (e.g., protecting the public) should not be included (p. 182).

BPC § 139 requires that each California licensure board, bureau, and program report annually on the frequency of its OA and the validation and development of its examinations. *Policy OPES 22-01* states:

Generally, an occupational analysis and examination outline should be updated every five years to be considered current; however, many factors are taken into consideration when determining the need for a different interval. For instance, an occupational analysis and examination outline must be updated whenever there are significant changes in a profession's job tasks and/or demands, scope of practice, equipment, technology, required knowledge, skills and abilities, or laws and regulations governing the profession (p. 4).

## OCCUPATIONAL ANALYSIS DESCRIPTION, PURPOSE, AND TIME FRAME

In 2024, ASHA completed an OA of the speech-language pathologist profession. The results were documented in the *2024 SLP Practice and Curriculum Analysis*. Additional information about this study was obtained through documentation provided by ETS.

The purpose of the 2024 OA was to define the speech-language pathologist practice to accumulate validity evidence in support of the Praxis SLP test. ASHA conducted a practice analysis using a multi-method approach that included a literature review; the use of an SME panel consisting of educators, clinical supervisors, and clinical service providers; and a large-scale survey administered to clinical service providers, educators, and clinical supervisors.

**Finding 1:** The OA was completed in 2024. The OA was conducted within a time frame considered to be current and legally defensible.

**Finding 2:** The Council for Clinical Certification (CFCC) conducts practice and curriculum reviews for speech-language pathologists as needed, typically when there are significant changes in the field or when updates to certification standards or test blueprints are required.

## OCCUPATIONAL ANALYSIS SURVEYS, SAMPLING PLAN, AND RESPONSE RATE

ASHA prepared materials for the 2024 *SLP Practice and Curriculum Analysis* and sent them to a panel of 16 SMEs that included educators, clinic directors and supervisors, and clinical service providers from a variety of practice settings. The SMEs were from 10 states and were represented by gender, race or ethnicity, and geographic region. The SMEs updated the domain of clinical activity statements and knowledge areas.

To conduct the review, the SMEs used the 2017 *SLP Practice and Curriculum Analysis*, relevant professional literature, and their knowledge and experience as ASHA-certified speech-language pathologists and members of the CFCC and the Council on Academic Accreditation (CAA). The updated domain consisted of 84 ratable clinical activity statements and 91 ratable knowledge areas. ASHA sent a link to a web-based survey in their communications with their membership, including CFCC and CAA members.

Responses were received from 1,824 speech-language pathologists. However, 939 responses were excluded because respondents did not complete the minimum number of required questions for any part of the survey. Data was used if the demographics and one other part of the survey was completed. After eliminating these responses, a final total of 885 surveys were used in part or in whole in the analysis. There were 71 respondents from California, which is 8% of the final sample. The final sample size was sufficient to conduct the analyses. All clinical activity statements and knowledge areas were rated to be part of the performance domain of a newly licensed speech-language pathologist and were covered in the survey.

**Finding 3:** The procedures used by ASHA to develop and distribute the survey are consistent with professional guidelines and technical standards.

## OCCUPATIONAL ANALYSIS – DEVELOPMENT OF TEST PLANS

The 2024 *SLP Practice and Curriculum Analysis* commissioned by ASHA for the speech-language pathology profession describes the academic and clinical standards for the profession, as well as the content and weighting of the Praxis SLP test.

**Finding 4:** The processes used to establish a link between critical tasks and major content domains identified by the 2024 OA as required for entry-level practice and the test plans demonstrate a sufficient level of validity.

## CONCLUSIONS AND RECOMMENDATIONS

The 2024 OA and the development of the test plan for the Praxis SLP test appear consistent with professional guidelines and technical standards.

OPES recommends completing a practice analysis to review test specifications every 5 to 7 years.

## CHAPTER 3 | EXAMINATION DEVELOPMENT AND SCORING

Unless otherwise noted, the sources for the information in this chapter are ETS 2014 Licensure and Credentialing Research: *Multistate Standard-Setting Technical Report* (2014 *Multistate Standard-Setting Technical Report*); ETS 2025 *Technical Manual for the Praxis Tests and Related Assessments*; ETS 2025 *Validity for Licensing Tests: A Brief Orientation*; and the additional information provided by ETS.

Examination development includes many steps, from developing an examination outline to scoring and analyzing items after the administration of an examination. Several specific activities involved in the examination development process are evaluated in this section. The activities include developing examination content, linking examination content to the test plans, and developing scoring criteria and examination forms.

### EXAMINATION DEVELOPMENT STANDARDS

The following standards are most relevant to examination development for licensure examinations, as referenced in the 2014 *Standards*:

#### **Standard 2.3**

For each total score, subscore, or combination of scores that is to be interpreted, estimates of relevant indices of reliability/precision should be reported (p. 43).

#### **Standard 4.7**

The procedures used to develop, review, and try out items and to select items from the item pool should be documented (p. 87).

#### **Standard 4.10**

When a test developer evaluates the psychometric properties of items, the model used for that purpose (e.g., classical test theory, item response theory, or another model) should be documented. The sample used for estimating item properties should be described and should be of adequate size and diversity for the procedure. The process by which items are screened and the data used for screening, such as item difficulty, item discrimination, or differential item functioning (DIF) for major examinee groups, should also be documented. When model-based

methods (e.g., IRT) are used to estimate item parameters in test development, the item response model, estimation procedures, and evidence of model fit should be documented (pp. 88–89).

#### **Standard 4.12**

Test developers should document the extent to which the content domain of a test represents the domain defined in the test specifications (p. 89).

#### **Standard 4.20**

The process for selecting, training, qualifying, and monitoring scorers should be specified by the test developer. The training materials, such as the scoring rubrics and examples of test takers' responses that illustrate the levels on the rubric score scale, and the procedures for training scorers should result in a degree of accuracy and agreement among scorers that allows the scores to be interpreted as originally intended by the test developer. Specifications should also describe processes for assessing scorer consistency and potential drift over time in raters' scoring (p. 92).

#### **Standard 4.21**

When test users are responsible for scoring and scoring requires scorer judgment, the test user is responsible for providing adequate training and instruction to the scorers and for examining scorer agreement and accuracy. The test developer should document the expected level of scorer agreement and accuracy and should provide as much technical guidance as possible to aid test users in satisfying this standard (p. 92).

The following laws and policies are relevant to the integrity of the examination development process:

- BPC § 139 requires DCA to develop a policy regarding examination validation which includes minimum requirements for psychometrically sound examination development.
- *Policy OPES 20-01* specifies that board members, committee members, and instructors should not serve as expert consultants in the licensure examination development process. This is due to potential conflict of interest, undue influence, and security considerations.

## EXAMINATION DEVELOPMENT – PARTICIPATION OF SUBJECT MATTER EXPERTS

Examination development for the Praxis SLP test is performed by an SME panel consisting of educators, clinical supervisors, and clinical service providers. SMEs are recruited by ETS, ASHA, or National Advisory Committee (NAC) members and approved by ASHA. All SMEs who participate in the examination development process are required to sign an ETS security agreement.

**Finding 5:** Two-thirds of the SMEs who participate in the Praxis SLP test examination development processes are educators and clinical supervisors, which is not compliant with *Policy OPES 20-01*. However, the use of SMEs is consistent with professional guidelines and technical standards.

**Recommendation:** To be fully compliant with *Policy OPES 20-01*, OPES recommends that ETS incorporate more non-faculty and non-supervisor licensees, including entry-level licensees, into examination development processes. Phasing out or limiting the service of educators and supervisors is also recommended.

## EXAMINATION DEVELOPMENT – LINKAGE TO TEST PLANS

As part of the examination development process, all test items are linked to the test plan. As part of the ETS quality control process, test development committees trained by ETS test developers write, review, and revise test items to align with the defined specifications reinforcing the job-relatedness of the test content. The process continues with a review of each item by ETS test developers to confirm linkages to test specifications.

**Finding 6:** The methods used to establish a link between test content and the competencies necessary for entry-level practice appear consistent with professional guidelines and technical standards.

## EXAMINATION DEVELOPMENT – ITEM DEVELOPMENT AND PRETESTING

ETS recruits external content experts to develop test items that are written to show evidence that test takers are competent to begin practice. An internal ETS team then performs an extensive content review to ensure compliance with *ETS Standards for Quality and Fairness* guidelines, resulting in items that are ready for use on a test form.

According to the ETS 2025 *Technical Manual for the Praxis Tests and Related Assessments*, ETS pretests items and analyzes test data from the administration to verify that items are functioning as intended and present no concerns about the intended answers or impact on subgroups.

**Finding 7:** The procedures used to develop, review, and pretest new items appear consistent with professional guidelines and technical standards.

## EXAMINATION DEVELOPMENT – EXAMINATION FORMS

According to the ETS 2025 *Technical Manual for the Praxis Tests and Related Assessments*:

ETS test developers assemble a test form(s) using items that have been reviewed and approved by content experts, fairness [reviews], and [editors]. A preview of the items selected to be used in a form is then generated for test developers to check for quality. Before a test is certified by test developers and the test coordinator as ready to be administered, it receives a content review to verify that every item has a single best answer, which can be defended, and that no item has more than one possible key. The reviewer must understand the purpose of the test and be prepared to challenge the use of any item that is not important to the job of the beginning practitioner or is not a match to the test specifications. If any changes are made to the items, they are documented in the electronic assembly unit record.

The test coordinator then confirms all changes have been made correctly and verifies that the standards documented in the program's Standard Operating Procedures (SOPs) have been met.

When content reviews of a test form have been completed, test developers perform multiple checks of the reviewers' keys against the official key and address each reviewer's comment. Once test developers deem the test ready, test coordinators then check that all steps specified in the SOPs have been followed. They must certify that the test is ready for packaging; that is, the test is ready to be administered to test takers (p. 16).

**Finding 8:** The procedures used to construct the Praxis SLP test appear consistent with professional guidelines and technical standards.

## EXAMINATION DEVELOPMENT – EXAMINATION SCORING

The Praxis SLP test is computer based and has a selected-response format for which candidates select one or more answers from a list of choices or, for example, click on a sentence in a text. The test assesses candidate knowledge in 3 content areas consisting of 44 questions each for a total of 132 scorable questions. According to the 2014 *Multistate Standard-Setting Technical Report*, the reporting scale for the Praxis SLP test ranges from 100 to 200 scaled-score points.

According to the ETS 2025 *Technical Manual for the Praxis Tests and Related Assessments*:

When a new selected-response form is introduced, a Preliminary Item Analysis (PIA) of the test items is completed before other analyses are conducted. Items are evaluated statistically to confirm that they perform as intended in measuring the desired knowledge and skills for [entry-level speech-language pathologists].

A differential Item Functioning (DIF) Analysis is conducted to verify that the test questions meet ETS's standards for fairness. DIF analyses compare the performance of subgroups of test takers on each item. ...

Items that show very high DIF statistics are reviewed by a fairness panel of content experts, which often include representatives of the subgroups used in the analysis. The fairness panel decides if a test taker's performance on any item is influenced by factors not related to the construct being measured by the test. Such items are then excluded from the test scoring. ...

Test developers consult with content experts or content advisory committees to determine whether all items in new test forms meet ETS's standards for quality and fairness. Their consultations are completed within days after the administration of the test.

Statistical equating and scaling are performed on each new test approximately two weeks after the test administration window has been completed.

Scores are sent to test takers and institutions of higher education two to three weeks after the test administration window has closed.

A Final Item Analysis (FIA) report is completed once sufficient test taker responses have been acquired. The final item-level statistical data is provided to test developers to assist them in the construction of future forms of the test (p. 23).

**Finding 9:** The scoring criteria for the Praxis SLP test is applied equitably, and the examination scoring process appears consistent with professional guidelines and technical standards.

## CONCLUSIONS AND RECOMMENDATIONS

The examination development activities conducted by ETS appear to meet professional guidelines and technical standards regarding the use of item development and examination construction, the linkage of each item to the examination content outline, pretesting, the development of new examination forms, and scoring. The steps taken to score the examinations appear to provide a fair and objective evaluation of candidate performance.

To be fully compliant with *Policy OPES 20-01*, OPES recommends that ETS incorporate more non-faculty member licensees, including entry-level licensees, into examination development processes. OPES also recommends phasing out or limiting the service of educators in these processes.

## CHAPTER 4 | PASSING SCORES AND PASSING RATES

Unless otherwise noted, the sources for the information in this chapter are the ETS 2014 Licensure and Credentialing Research: *Multistate Standard-Setting Technical Report (2014 Multistate Standard-Setting Technical Report)*; the ETS 2025 *Technical Manual for the Praxis Tests and Related Assessments*; and additional information provided by ETS.

### PASSING SCORE STANDARDS

The passing score of an examination is the score that represents the level of performance that divides those candidates for licensure who are minimally competent from those who are not competent.

The following standards are most relevant to passing scores, cut points, or cut scores for licensure examinations, as referenced in the 2014 *Standards*:

#### **Standard 5.21**

When proposed score interpretations involve one or more cut scores, the rationale and procedures used for establishing cut scores should be documented clearly (p. 107).

#### **Standard 11.16**

The level of performance required for passing a credentialing test should depend on the knowledge and skills necessary for credential-worthy performance in the occupation or profession and should not be adjusted to control the number or proportion of persons passing the test (p. 182).

The supporting commentary on passing or cut scores in the 2014 *Standards*, Chapter 5—*Scores, Scales, Norms, Score Linking, and Cut Scores* states that the standard-setting process used should be clearly documented and defensible. The qualifications and the process of selection of the judges involved should be part of the documentation. A sufficiently large and representative group of judges should be involved, and care must be taken to ensure that judges understand the process and procedures they are to follow (p.101).

In addition, the supporting commentary in the 2014 *Standards*, Chapter 11—*Workplace Testing and Credentialing* states that the focus of tests used in

credentialing is on “the standards of competence needed for effective performance (e.g., in licensure this refers to safe and effective performance in practice)” (p. 175). The supporting commentary further states: “Standards must be high enough to ensure that the public, employers, and government agencies are well served, but not so high as to be unreasonably limiting” (p. 176).

*Policy OPES 20-01*, as mandated by BPC § 139, specifies that board members, committee members, and instructors should not serve as expert consultants (SMEs) in the licensure examination development process. This is due to potential conflict of interest, undue influence, and security considerations.

## STANDARD-SETTING METHODOLOGY

According to the *ETS Technical Manual for the Praxis Tests and Related Assessments* (2014, 2025): “Standard-setting methods are selected based on the characteristics of the Praxis test. Typically, a modified Angoff method is used for selected-response ... items.” (*ETS Technical Manual* 2025, p. 21).

The standard-setting process for the Praxis SLP test was performed by an expert panel of 17 speech-language pathologists from 16 states. The panelists participated in a standard-setting study for the purpose of recommending a passing score. The process began with a review and discussion of the content areas of the test. The panelists identified the knowledge and skills that differentiate a just qualified candidate from a not quite qualified candidate.

Each panelist judged each item on the likelihood ... that the just qualified candidate would answer the item correctly. Panelists made their judgments using the following rating scale: 0, .05, .10, .20, .30, .40, .50, .60, .70, .80, .90, .95, 1. The lower the value, the less likely it is that the just qualified candidate would answer the item correctly because the item is difficult. ... The higher the value, the more likely it is that the just qualified candidate would answer the item correctly. (*ETS Technical Manual* 2014, p. 5)

After two rounds of judgments and discussion during the second round, panelists were allowed to refine their judgments based on item-level data provided by ETS staff.

“Each panelist’s judgments [were] summed across ... items to calculate the panelists’ individual passing scores; the mean of the panelists’ passing scores [was] reported [, resulting in] the recommended passing score of the panel.” (ETS *Technical Manual* 2025, p. 22)

As part of a final evaluation survey, panelists were asked to evaluate the quality of the standard-setting process and how comfortable they were with the recommended passing score. Additionally, they rated the passing score as either too high, too low, or about right. Panelists agreed that the instructions were clear, the process was easy to follow, and that the recommended passing score was about right (ETS *Technical Manual* 2014, pp. 20–22).

**Finding 10:** The participation of SMEs in setting the passing standard meets professional guidelines and technical standards.

**Finding 11:** The methods used to set the passing standard for the Praxis SLP test appear consistent with professional guidelines and technical standards.

## PASSING RATES

The passing rate for the Praxis SLP test was provided for 2023–2024. ASHA publishes the passing rates on its website. The overall passing rate for the 2023–2024 administration was 81.1%. The California passing rate for the 2025–2026 administration was 85.17%.

**Finding 12:** The methods used to determine the cut score, and the resulting candidate pass rates, appear consistent with professional guidelines and technical standards.

## CONCLUSIONS

The passing score methods used by ETS to set the passing standards for the Praxis SLP test demonstrate a sufficient degree of validity, thereby appearing to meet professional guidelines and technical standards.

The passing rates for the Praxis SLP test indicate that candidates tend to perform well. The passing rates are consistent with other licensure programs with similar education and experience requirements.

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## CHAPTER 5 | TEST ADMINISTRATION AND SCORE REPORTING

Unless otherwise noted, the sources for the information in this chapter are the ETS 2021 *The Praxis Study Companion: Speech-Language Pathology* (2021 *The Praxis Study Companion*); the ETS 2025 *Technical Manual for the Praxis Tests and Related Assessments*; the ETS 2025–26 *The Praxis Tests Information Bulletin*; the ETS website: <https://praxis.ets.org>; and additional information provided by ETS.

### TEST ADMINISTRATION STANDARDS

The following standards are most relevant to the test administration process for licensure examinations, as referenced in the 2014 *Standards*:

#### **Standard 3.4**

Test takers should receive comparable treatment during the test administration and scoring process (p. 65).

#### **Standard 4.15**

The directions for test administration should be presented with sufficient clarity so that it is possible for others to replicate the administration conditions under which the data on reliability, validity, and (where appropriate) norms were obtained. Allowable variations in administration procedures should be clearly described. The process for reviewing requests for additional testing variations should also be documented (p. 90).

#### **Standard 4.16**

The instructions presented to test takers should contain sufficient detail so that test takers can respond to a task in the manner that the test developer intended. When appropriate, sample materials, practice or sample questions, criteria for scoring, and a representative item identified with each item format or major area in the test's classification or domain should be provided to the test takers prior to the administration of the test, or should be included in the testing material as part of the standard administration instructions (p. 90).

**Standard 6.1**

Test administrators should follow carefully the standardized procedures for administration and scoring specified by the test developer and any instructions from the test user (p. 114).

**Standard 6.2**

When formal procedures have been established for requesting and receiving accommodations, test takers should be informed of these procedures in advance of testing (p. 115).

**Standard 6.3**

Changes or disruptions to standardized test administration procedures or scoring should be documented and reported to the test user (p. 115).

**Standard 6.4**

The testing environment should furnish reasonable comfort with minimal distractions to avoid construct-irrelevant variance (p. 116).

**Standard 6.5**

Test takers should be provided appropriate instructions, practice, and other support necessary to reduce construct-irrelevant variance (p. 116).

**Standard 8.1**

Information about test content and purposes that is available to any test taker prior to testing should be available to all test takers. Shared information should be available free of charge and in accessible formats (p. 133).

**Standard 8.2**

Test takers should be provided in advance with as much information about the test, the testing process, the intended test use, test scoring criteria, testing policy, availability of accommodations, and confidentiality protection as is consistent with obtaining valid responses and making appropriate interpretations of test scores (p. 134).

## TEST ADMINISTRATION – INFORMATION AND INSTRUCTIONS TO CANDIDATES

The ETS website informs candidates of the structure and purpose of the Praxis SLP test. Information includes:

- specific information about taking the Praxis SLP test process;
- examination scoring and provision of score reports;
- examination accommodations;
- examination site reporting, check-in, and security procedures; and
- security procedures and security breach information.

ETS provides free, low-cost test preparation materials, including interactive practice tests, study companions, and videos. Candidates can download preparation materials or order them from the ETS website.

**Finding 13:** The directions and instructions provided to candidates are straightforward. The information available to candidates is detailed and comprehensive.

## TEST ADMINISTRATION – CANDIDATE REGISTRATION

The ETS 2025 *Praxis Tests Information Bulletin* provides candidates with information regarding test administration and registration. The bulletin is available on the ETS website, where candidates can also register to take the Praxis SLP test by creating a Praxis account. Registration may be done online or by phone. The Praxis SLP test is administered through an international network of test centers, which includes Prometric test centers and Strategic Testing Networks (STNs) located in colleges and universities. Candidates in the United States and Canada may take the Praxis SLP test online from home. ETS provides remote proctoring.

The ETS website provides detailed instructions and information about the application and registration process, including:

- examinee license application requirements and qualifications;
- schedule of examination fees;
- examination application, registration, and scheduling; and
- rescheduling or canceling a test appointment.

**Finding 14:** The ETS registration process is straightforward. The information available to candidates is detailed and comprehensive. The candidate registration process meets professional guidelines and technical standards.

**Finding 15:** ETS offers remote proctoring which is not compliant with *Policy OPES 22-01*. Remote proctoring is not recommended for high-stakes examinations due to an increased risk of item harvesting and examination subversion.

## TEST ADMINISTRATION – ACCOMMODATION REQUESTS

ETS complies with the Americans with Disabilities Act (ADA) and provides reasonable accommodations to candidates who have documented disabilities or health-related needs.

Candidates must register with ETS Disability Services for approval before scheduling a test. Candidates can find detailed information in the *ETS Bulletin Supplement for Test Takers with Disabilities or Health-Related Needs*, which is available on the ETS website.

**Finding 16:** The ETS accommodations procedures are consistent with professional guidelines and technical standards.

## TEST ADMINISTRATION – TEST CENTERS

ETS test centers follow procedures to ensure the fairness and security of the test administration. Candidates who fail to follow the instructions of test center staff are not allowed to test. Violations of security procedures during the test may result in dismissal from the test center and/or cancellation of test scores.

Candidates must verify their identity and complete and sign the Confidentiality and Regulations Agreement. Candidates are allowed 30 minutes of practice time for the tutorial and other untimed sections prior to the test and have 150 minutes to complete the test. Test administrators provide information about personal items that are allowed in the room. Test administrators closely monitor the testing session, and any occurrences of testing irregularities such as cheating on a test are documented.

## TEST ADMINISTRATION – STANDARDIZED PROCEDURES AND TESTING ENVIRONMENT

Candidates who are tested at test centers and at colleges or universities use the same type of equipment under identical conditions. All candidates are assessed on identical examination content, format, and on-screen experience at test centers. The test is available seven days a week.

Candidates who are testing at home take the test on their own computer in a secure location, and they are monitored online by a human proctor. The proctors are trained and follow standards and fair testing practices to provide uniform testing conditions. The ETS website provides candidates with instructions to ensure that standardized administration procedures are followed at home.

**Finding 17:** The procedures established for the Praxis SLP test administration process and the testing environment are consistent with professional guidelines and technical standards.

## SCORING SYSTEM AND SCORE REPORTING

Praxis test scores are determined based on the structure of the specific Praxis test being administered. For tests containing selected-response questions, each correct answer is worth one raw point. The total raw score is the number of questions answered correctly on the full test. The scaled score is computed from the total raw-point number to adjust for question difficulty. Candidates have the opportunity to see their unofficial score on screen immediately after the testing session. Scores for tests that contain constructed-response questions or essays are not available immediately due to the scoring process involved.

Official score reports for tests are sent to candidates and the institutions and agencies they selected during registration approximately two to three weeks after the testing window has closed. Candidates can also access their test score by logging in to their Praxis account on the ETS website. An email will notify them when the information is available.

## CONCLUSIONS AND RECOMMENDATIONS

The test administration protocols established by ETS are consistent with professional guidelines and technical standards. However, as stated in *Policy OPES 22-01*, remote proctoring is not recommended for high-stakes examinations due to an increased risk of item harvesting and examination subversion.

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## CHAPTER 6 | TEST SECURITY

Unless otherwise noted, the sources for the information in this chapter are the ETS 2025–26 *The Praxis Tests Information Bulletin* and the additional information provided by ETS.

Test security is a critical component of examination development and test administration. It directly affects the integrity and validity of test score interpretations and the costs associated with test development (2014 *Standards*).

### TEST SECURITY STANDARDS

The following standards are most relevant to test security for licensure examinations, as referenced in the 2014 *Standards*:

#### **Standard 6.6**

Reasonable efforts should be made to ensure the integrity of test scores by eliminating opportunities for test takers to attain scores by fraudulent or deceptive means (p. 116).

#### **Standard 6.7**

Test users have the responsibility of protecting the security of test materials at all times (p. 117).

#### **Standard 8.9**

Test takers should be made aware that having someone else take the test for them, disclosing confidential test material, or engaging in any other form of cheating is unacceptable and that such behavior may result in sanctions (p. 136).

#### **Standard 9.21**

Test users have the responsibility to protect the security of tests, including that of previous editions (p. 147).

## TEST SECURITY – EXAMINATION MATERIALS AND CANDIDATE INFORMATION

ETS test centers ensure that the Praxis SLP test is administered fairly and securely. On the day of the test, ETS provides candidates with a video on what to expect during their test center experience, as well as information on the process, from checking in to completing the test. ETS also provides step-by-step video tutorials about at-home/remote testing that cover pretest procedures, testing guidelines, the check-in process, and how to access results.

Candidates must complete and sign the Confidentiality and Regulations Agreement. ETS staff are trained in procedures for handling secure materials and are required to comply with ETS policies on confidentiality.

The ETS website lists the following security procedures:

### **Test center testing**

- Candidates must provide a current and valid government-issued photo ID to take the test. The name on the ID must match the name on the admission letter, the photo must be recognizable as the person that the ID was issued to, and the candidate must keep their ID with them at all times.
- Candidates are prohibited from leaving the examination area.
- Candidates have the option to take a short unscheduled break.
- Candidates are only allowed to communicate with proctors during the examination.
- Candidates are prohibited from requesting information from proctors and examiners about the examination.
- Candidates are prohibited from bringing cell phones, electronic devices, study materials, books, pens, pencils, briefcases, or personal belongings into an examination area.

### **At-home/remote testing**

- Candidates must use a hand-held mirror or cell phone to show their computer screen.
- Candidates must use the camera on the computer to show a 360-degree view of the room and the tabletop surface.
- Candidates are not permitted to take breaks.

**Finding 18:** The security procedures practiced by ETS regarding the handling of examination materials and managing candidates appear to meet professional guidelines and technical standards.

## TEST SECURITY – TEST SITES AND REMOTE TESTING

Test center staff and proctors are trained in procedures for maintaining security of Praxis SLP test materials at test sites and during remote testing.

At test sites, candidates are required to provide current and valid government-issued identification to sit for an examination. An administrator or supervisor checks in candidates and assigns them a seat.

The ETS website lists items that candidates are prohibited from bringing into secure testing areas. Prohibited items include, but are not limited to, outside books or reference materials, electronic devices, and accessories. Candidates are responsible for storing personal items not permitted in the testing room.

During the test, candidates may only use scratch paper provided by the test administrator, and all scratch paper must be returned to test center staff.

The ETS website also describes examination security procedures, including the consequences of examination subversion or falsification of information.

During candidate check-in, examination proctors perform visual inspections to check for recording devices and other prohibited items. All testing sessions are monitored by staff at the test site.

For at-home/remote testing, candidates receive a link and instructions to check in for the test. A human proctor takes a photo of the candidate and records and monitors the entire testing session. Candidates must share their computer screen with the proctor. The proctor must be able to view the candidate's face from forehead to chin at all times via video camera.

**Finding 19:** The security procedures practiced by ETS at test sites are consistent with professional guidelines and technical standards.

## CONCLUSIONS AND RECOMMENDATIONS

The test security protocols established by ETS for handling examination materials and candidate information meet professional guidelines and technical standards. However, as stated in *Policy OPES 22-01*, remote proctoring is not recommended for high-stakes examinations due to an increased risk of item harvesting and examination subversion.

## CHAPTER 7 | COMPARISON OF THE PRAXIS SLP TEST CONTENT WITH THE 2025 CALIFORNIA SPEECH-LANGUAGE PATHOLOGIST DESCRIPTION OF PRACTICE

### PARTICIPATION OF SUBJECT MATTER EXPERTS

OPES convened a one-day teleconference linkage study workshop on September 24, 2025 to evaluate Praxis SLP test content and to compare it with the 2025 California Speech-Language Pathologist Description of Practice from the OPES 2025 *Occupational Analysis of the Speech-Language Pathologist Profession*.

OPES worked collaboratively with the Board to recruit six SMEs to participate in the workshop. The SMEs represented the profession in terms of license type, years of experience, and geographic location in California. All SMEs worked as speech-language pathologists in various settings.

### LINKAGE STUDY WORKSHOP PROCESS

Before the workshop, the SMEs completed OPES' security agreement, self-certification, and personal data (demographic) forms. At the beginning of the workshop, the OPES test specialist explained the importance of, and the guidelines for, security during and outside the workshop.

Next, the OPES test specialist gave a presentation on the purpose and importance of an OA, validity, content validity, reliability, test administration standards, examination security, and the role of SMEs. The OPES test specialist also explained the purpose of the workshop.

The SMEs were instructed to evaluate and link each task of the 2025 California Speech-Language Pathologist Description of Practice to the topic areas included on the Praxis SLP test plan. The SMEs worked as a group to evaluate and link all of the tasks.

The content categories of the Praxis SLP test are provided in Table 1, and the content areas of the corresponding 2025 California Speech-Language Pathologist Description of Practice are provided in Table 2.

TABLE 1 – CONTENT CATEGORIES OF THE EDUCATIONAL TESTING SERVICE  
PRAXIS SPEECH-LANGUAGE PATHOLOGY TEST

| CONTENT CATEGORY                                           | APPROXIMATE<br>PERCENT WEIGHT |
|------------------------------------------------------------|-------------------------------|
| I. Foundations and Professional Practice                   | 33.3                          |
| II. Screening, Assessment, Evaluation, and Diagnosis       | 33.3                          |
| III. Planning, Implementation, and Evaluation of Treatment | 33.3                          |
| Total                                                      | 100                           |

TABLE 2 – CONTENT AREAS OF THE 2025 CALIFORNIA SPEECH-LANGUAGE  
PATHOLOGIST DESCRIPTION OF PRACTICE

| CONTENT AREA                                       | CONTENT AREA DESCRIPTION                                                                                                                                                                                                                                                          | PERCENT WEIGHT |
|----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| 1. General Competencies                            | This area assesses a candidate's knowledge of linguistic and cultural awareness, applicable regulations, and professional and ethical standards related to core areas of practice across clients, disorders, and treatment settings.                                              | 15             |
| 2. Assessment                                      | This area assesses a candidate's knowledge of identifying and evaluating speech, language, social communication, cognition, voice, and swallowing disorders.                                                                                                                      | 25             |
| 3. Diagnosis, Goal Setting, and Treatment Planning | This area assesses a candidate's knowledge of interpreting and analyzing assessment information for accurate diagnosis and developing treatment plans and interventions.                                                                                                          | 25             |
| 4. Treatment Intervention and Procedures           | This area assesses a candidate's knowledge of delivering culturally relevant treatment interventions and procedures based on assessment and diagnostic information that are measurable, objective, and consistent with the client's readiness and ability to engage in treatment. | 25             |
| 5. Treatment Outcomes and Effectiveness            | This area assesses a candidate's knowledge of interpreting data to determine client progress and treatment efficacy in relation to goals and of modifying treatment plans as appropriate.                                                                                         | 10             |
| Total                                              |                                                                                                                                                                                                                                                                                   | 100            |

## LINKAGE RESULTS

The SMEs linked the tasks of the 2025 California Speech-Language Pathologist Description of Practice to the Praxis SLP test plan and determined that the Praxis SLP test assesses all areas with the exception of California-specific laws and regulations. However, the SMEs did not feel that this lack of coverage supported the development of a California-law examination.

## CONCLUSIONS

The SMEs concluded that the content of the Praxis SLP test adequately assesses the knowledge and skills required for competent entry-level practice of speech-language pathologists in California.

## CHAPTER 8 | CONCLUSIONS AND RECOMMENDATIONS

OPES completed a comprehensive analysis and evaluation of the documents provided by ETS.

OPES finds that the procedures used to establish and support the validity and defensibility of the Praxis SLP test (i.e., OA, examination development and scoring, passing scores and passing rates, test administration and score reporting, and test security procedures) appear to meet professional guidelines and technical standards as outlined in the 2014 *Standards* and in BPC § 139.

However, OPES finds that including the service of educators in examination development processes is not compliant with *Policy OPES 20-01*. OPES recommends phasing out the service of educators as SMEs. Additionally, as stated in *Policy OPES 22-01*, remote proctoring is not recommended for high-stakes examinations due to an increased risk of item harvesting and examination subversion.

Given the findings regarding ETS, OPES supports the Board's continued use of the Praxis SLP test.

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## CHAPTER 9 | REFERENCES

American Educational Research Association, American Psychological Association, National Council on Measurement in Education. (2014). *Standards for Educational and Psychological Testing*.

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## Business and Professions Code Section 139

(a) The Legislature finds and declares that occupational analyses and examination validation studies are fundamental components of licensure programs. It is the intent of the Legislature that the policy developed by the department pursuant to subdivision (b) be used by the fiscal, policy, and sunset review committees of the Legislature in their annual reviews of these boards, programs, and bureaus.

(b) Notwithstanding any other provision of law, the department shall develop, in consultation with the boards, programs, bureaus, and divisions under its jurisdiction, and the Osteopathic Medical Board of California and the State Board of Chiropractic Examiners, a policy regarding examination development and validation, and occupational analysis. The department shall finalize and distribute this policy by September 30, 1999, to each of the boards, programs, bureaus, and divisions under its jurisdiction and to the Osteopathic Medical Board of California and the State Board of Chiropractic Examiners. This policy shall be submitted in draft form at least 30 days prior to that date to the appropriate fiscal, policy, and sunset review committees of the Legislature for review. This policy shall address, but shall not be limited to, the following issues:

- (1) An appropriate schedule for examination validation and occupational analyses, and circumstances under which more frequent reviews are appropriate.
- (2) Minimum requirements for psychometrically sound examination validation, examination development, and occupational analyses, including standards for sufficient number of test items.
- (3) Standards for review of state and national examinations.
- (4) Setting of passing standards.
- (5) Appropriate funding sources for examination validations and occupational analyses.
- (6) Conditions under which boards, programs, and bureaus should use internal and external entities to conduct these reviews.
- (7) Standards for determining appropriate costs of reviews of different types of examinations, measured in terms of hours required.
- (8) Conditions under which it is appropriate to fund permanent and limited term positions within a board, program, or bureau to manage these reviews.

(c) Every regulatory board and bureau, as defined in Section 22, and every program and bureau administered by the department, the Osteopathic Medical Board of California, and the State Board of Chiropractic Examiners, shall submit to the director on or before December 1, 1999, and on or before December 1 of each subsequent year, its method for ensuring that every licensing examination administered by or pursuant to contract with the board is subject to periodic evaluation. The evaluation shall include (1) a description of the occupational analysis serving as the basis for the examination; (2) sufficient item analysis data to permit a psychometric evaluation of the items; (3) an assessment of the appropriateness of prerequisites for admittance to the examination; and (4) an estimate of the costs and personnel required to perform these functions. The evaluation shall be revised and a new evaluation submitted to the director whenever, in the judgment of the board, program, or bureau, there is a substantial change in the examination or the prerequisites for admittance to the examination.

(d) The evaluation may be conducted by the board, program, or bureau, the Office of Professional Examination Services of the department, the Osteopathic Medical Board of California, or the State Board of Chiropractic Examiners or pursuant to a contract with a qualified private testing firm. A board, program, or bureau that provides for development or administration of a licensing examination pursuant to contract with a public or private entity may rely on an occupational analysis or item analysis conducted by that entity. The department shall compile this information, along with a schedule specifying when examination validations and occupational analyses shall be performed, and submit it to the appropriate fiscal, policy, and sunset review committees of the Legislature by September 30 of each year. It is the intent of the Legislature that the method specified in this report be consistent with the policy developed by the department pursuant to subdivision (b).

# DEPARTMENTAL POLICY



|                             |                                                                |                    |             |
|-----------------------------|----------------------------------------------------------------|--------------------|-------------|
| <b>TITLE</b>                | <b>LICENSURE EXAMINATION VALIDATION POLICY</b>                 |                    |             |
| <b>POLICY OWNER</b>         | OFFICE OF PROFESSIONAL EXAMINATION SERVICES                    |                    |             |
| <b>POLICY NUMBER</b>        | OPES 22-01                                                     | <b>SUPERSEDES</b>  | OPES 18-02  |
| <b>ISSUE DATE</b>           | November 23, 2022                                              | <b>EFFECTIVE</b>   | IMMEDIATELY |
| <b>DISTRIBUTE TO</b>        | ALL EMPLOYEES                                                  |                    |             |
| <b>ORIGINAL APPROVED BY</b> | *Original Signature on File<br>Kimberly Kirchmeyer<br>Director |                    |             |
| <b>NUMBER OF PAGES</b>      | 1 of 11                                                        | <b>ATTACHMENTS</b> | NONE        |

## POLICY

It is the policy of the Department of Consumer Affairs (DCA) that occupational analyses and examination development studies are fundamental components of licensure programs. Licensure examinations with substantial validity evidence are essential in preventing unqualified individuals from obtaining professional licenses. To that end, licensure examinations must be:

- Developed according to an examination outline that is based on a current occupational analysis.
- Regularly evaluated.
- Updated when tasks performed or prerequisite knowledge in a profession change, or to prevent overexposure of test questions.
- Reported annually, in terms of validation activities, to the Legislature.

## APPLICABILITY

This policy applies to all employees, governmental officials, contractors, consultants, and temporary staff of DCA; and any of its divisions, bureaus, boards, and other constituent agencies. Within this policy, the generic acronym “DCA” applies to all of these entities. For purposes of this policy, “board” shall refer to all boards, bureaus, or committees.

## PURPOSE

The purpose of this policy is to meet the mandate of Business and Professions (B&P) Code section 139 (a) and (b) directing DCA to develop a policy regarding examination development and validation, and occupational analyses; and B&P Code section 139 (c)

and (d) directing DCA to evaluate and report annually to the Legislature the methods used by each regulatory entity for ensuring that their licensing examinations are subject to periodic evaluations.

On September 30, 1999, the Office of Professional Examination Services (OPES) completed and distributed to its clients an internal publication “Examination Validation Policy” in compliance with B&P Code section 139 (a) and (b). In 2000, DCA policy “*Licensing Examinations – Reporting Requirements*” (OER-00-01) was established to meet the mandate of B&P Code section 139 (c) and (d). OER-00-01 has since been abolished. This new policy addresses the provisions of all four subsections of B&P Code section 139: (a), (b), (c), and (d).

## **AUTHORITY**

- Business and Professions Code section 139 (a), (b), (c), and (d).
- Business and Professions Code section 101.6.
- Government Code section 12944 (a) of the Fair Employment and Housing Act.
- *Uniform Guidelines on Employee Selection Procedures (1978)*, adopted by the Equal Employment Opportunity Commission, Civil Service Commission (EEOC), Department of Labor, and Department of Justice.
- Civil Rights Act of 1964, as amended.

## **DEFINITIONS**

**Content domain** is the realm of behaviors, knowledge, skills, abilities, or other characteristics that a particular test is intended to measure, as reflected by its examination outline, and about which the scores are generally intended to be generalized.

**Content-related evidence of validity** is the evidence that shows the extent to which the content of a selection procedure is a representative sample of work-related personal characteristics, work performance, or other work activities or outcomes.

**Criterion-referenced passing score** is a specified point in a distribution of scores at or above which candidates are considered successful in the selection process. By definition, the criterion-referenced passing score is related to a minimally acceptable competence criterion and is the same for all applicant groups.

**Entry level in licensure testing** refers to newly licensed individuals. In relation to examination development workshops, licensees 0-5 years post-licensure are generally considered sufficiently close to “entry level” to provide substantive information about this area.

**Examination development specialists** are individuals who are trained, experienced, and skilled in licensure-related occupational analysis; licensure-related examination planning, development, validation, administration, scoring, and analysis; and the professional and technical standards, laws, and regulations related to these tasks.

**Examination outline** is organized around the content domains drawn directly from the results of an occupational analysis. The content domains are comprised of the knowledge, skills, and abilities that have been determined to be the essential elements of competency for the occupation being assessed. In addition to the listing of content domains, the examination outline specifies the number or proportion of items that are planned to be included on each test form for each content domain. These proportions reflect the relative importance of each content domain to competency in the occupation. They are sometimes also referred to as test specifications, test plans, or test blueprints.

**Minimum acceptable competence** is the minimum level of knowledge, skill, and ability required of newly licensed individuals that, when the profession is performed at this level, would not cause harm to the public health, safety, or welfare.

**Occupational analysis** is a method used to gain an understanding of the work behaviors and activities required, or the worker requirements (i.e., knowledge, skills, abilities, and other personal characteristics), and the context or environment in which an organization and individual may operate. For occupational licensing, the term occupational analysis is preferred over job analysis or practice analysis because the scope of analysis is across a profession, not an individual job.

**Reciprocity review of a licensure examination** is an analysis of an occupational licensure examination accepted by another state. The purposes of the review are (1) to evaluate whether professional testing standards are being met and (2) to determine whether the examination is comparable (i.e., substantially similar) to the examination(s) used in California to meet initial licensure requirements. If an examination meets technical standards and professional guidelines, and if the examination is comparable to California examination(s), licensees who pass that examination may be deemed competent to practice in California.

**Reliable measurement/reliability** is the degree to which scores for a group of candidates are consistent over one or more potential sources of error (e.g., time, raters, items, conditions of measurement, etc.) in the application of a measurement procedure.

**Review (Audit) of a national licensure examination** is an analysis of a nationally developed and administered licensure examination for a profession. The goals of the review are (1) an assessment of whether professional testing standards are being met and (2) the identification of any critical aspects of the profession that are practiced in California and should be (but is not) tested nationally.

**Subject matter experts (SMEs)** are licensees who have a thorough knowledge of the work behaviors, activities, and responsibilities of job incumbents and the knowledge, skills, abilities and other characteristics needed for effective performance on the job. To participate in examination development workshops, SMEs should be practitioners currently possessing an active license in good standing and who are active in their profession. When contracting for their services, DCA refers to SMEs as Expert Consultants.

**Validation** is the process by which evidence of content accuracy is gathered, analyzed, and summarized.

**Validity** is the “degree to which accumulated evidence and theory support specific interpretations of test scores entailed by proposed uses of a test.” Validity is not a property inherent in a test; it is the degree to which the decisions based on that test are accurate. For licensing examinations, validity is interpreted as correctly differentiating between persons who are qualified to competently and safely practice a profession from those who are not.

## **PROVISIONS**

### **A. VALIDATION TOPICS**

B&P Code section 139 (b) requires OPES to address eight specific topics, plus any other topics necessary to ensure that licensing examinations conducted on behalf of DCA are validated according to accepted technical and professional standards.

#### **1. AN APPROPRIATE SCHEDULE FOR EXAMINATION VALIDATION AND OCCUPATIONAL ANALYSIS AND CIRCUMSTANCES UNDER WHICH MORE FREQUENT REVIEWS ARE APPROPRIATE**

##### **Occupational Analysis Schedule**

Generally, an occupational analysis and examination outline should be updated every 5 years to be considered current; however, many factors are taken into consideration when determining the need for a different interval. For instance, an occupational analysis and examination outline must be updated whenever there are significant changes in a profession’s job tasks and/or demands, scope of practice, equipment, technology, required knowledge, skills and abilities, or laws and regulations governing the profession. The board is responsible for promptly notifying the examination development specialist of any significant changes to the profession. This is true both for California-specific and national licensure examination-related occupational analyses.

##### **Examination Validation Schedule**

New forms of a licensure examination assist in the legal defensibility of the examination, prevent overexposure of test items, and keep the examination current. The decision to create an examination, or new forms of an examination, is made by the board responsible for the license in consultation with the examination development specialist. The creation of new examination forms depends on the needs of the testing program and the number of people taking the examination.

#### **2. MINIMUM REQUIREMENTS FOR PSYCHOMETRICALLY SOUND EXAMINATION VALIDATION, EXAMINATION DEVELOPMENT, AND OCCUPATIONAL ANALYSES, INCLUDING STANDARDS FOR SUFFICIENT NUMBER OF TEST ITEMS**

Boards have the ultimate responsibility to ensure that a licensure examination meets technical, professional, and legal standards and protects the health, safety, and welfare of the public by assessing a candidate's ability to practice at or above the level of minimum acceptable competence.

The inferences made from the resulting scores on a licensing examination are continuously validated. Gathering evidence in support of an examination and the resulting scores is an ongoing process. Each examination is created from an examination outline that is based upon the results of a current occupational analysis that identifies the job-related critical tasks, and related knowledge, skills, and abilities necessary for safe and competent practice. Examinations are designed to assess those knowledge, skills, and abilities. To ensure that examinations are job-related, SMEs must participate in all phases of examination development.

All aspects of test development and test use, including occupational analysis, examination development, and validation, should adhere to accepted technical and professional standards to ensure that all items on the examination are psychometrically sound, job-related, and legally defensible. These standards include those found in *Standards for Educational and Psychological Testing*, referred to in this policy as the *Standards*; and the *Principles for Validation and Use of Personnel Selection Procedures*, referred to in this policy as the *Principles*.

The *Standards* and *Principles* are used as the basis of all aspects of the policies contained in this document. The EEOC *Uniform Guidelines on Employee Selection Procedures* (1978) provide direction on the legal defensibility of selection-related examinations.

Other professional literature that defines and describes testing standards and influences professionals is produced by the following organizations:

- *American Educational Research Association (AERA)*
- *American Psychological Association (APA)*
- *Council on Licensure, Enforcement, and Regulation (CLEAR)*
- *Equal Employment Opportunity Commission (EEOC)*
- *Institute for Credentialing Excellence (ICE)*
- *National Council of Measurement in Education (NCME)*
- *Society for Industrial and Organizational Psychology (SIOP)*

### **Minimum Requirements for Psychometrically Sound Occupational Analysis**

The minimum requirements for a psychometrically sound occupational analysis are as follows:

- Adhere to a content validation strategy or other psychometrically sound examination development method as referenced in a recognized professional source.
- Develop an examination outline from the occupational analysis.

- Gather data from a sample of current licensees in the State of California that represents the geographic, professional, and other relevant categories of the profession.

### **Minimum Requirements for Psychometrically Sound Examination Development and Validation**

The minimum requirements for psychometrically sound examination development and validation are as follows:

- Adhere to the *Standards* and *Principles*.
- Document the process following recommendations in the *Standards* and *Principles*.
- Conduct with a trained examination development specialist in consultation with SMEs.
- Use an examination outline and psychometrically sound item-writing guidelines.
- Follow established security procedures.

### **Standards for Sufficient Number of Test Items**

The number of items in an examination should be sufficient to ensure content coverage and provide reliable measurement. Both empirical data and the judgment and evaluation by SMEs should be used to establish the number of items within an examination. The empirical data should include results from an occupational analysis, item analysis, and test analysis.

The item bank for a licensure examination should contain a sufficient number of items such that: 1) at least one new form of the examination could be generated if a security breach occurred; and 2) items are not exposed too frequently to repeating examinees. Boards should develop an examination retake policy that minimizes the overexposure of test items.

## **3. SETTING PASSING STANDARDS**

Passing score standards for licensure examinations must:

- Follow a process that adheres to accepted technical and professional standards.
- Adhere to a criterion-referenced passing score methodology that uses minimum competence at an entry level to the profession.

An arbitrary fixed passing score or percentage, such as 70%, does not represent minimally acceptable competence. Arbitrary passing scores are not legally defensible.

If a board has an appeals process for candidates who are not successful in their examination, once a criterion-referenced passing score has been determined for a multiple-choice examination, the board shall not change a candidate's score without consultation with the examination development specialist.

#### **4. STANDARDS FOR REVIEW OF STATE AND NATIONAL EXAMINATIONS**

All licensure examinations appropriated for use in California professions regulated by DCA should be validated according to accepted technical and professional standards, as described elsewhere in these provisions. At a minimum, the following factors must be considered in a review of state and national examination programs:

- Right to access information from all studies and reports from test vendors (local or national).
- Right of state agency to review recent examination.
- Description of methodology used to establish content-related validity.
- Occupational analysis report and frequency of updates.
- Method to ensure standards are set for entry level practice.
- Examination outline and method to link to the occupational analysis.
- Information about the sample of practitioners surveyed.
- Item development process (experts used, editing methods, etc.).
- Sufficient size of item banks.
- Pass-point setting methodology.
- Examination security methods; examination administration processes.
- Examination reliability.
- Pass–fail ratio.
- Statistical performance of examinations.

The suitability of an occupational analysis conducted on a national level to validate a national exam that is/could be used in California and for use in examination development in California for a California-only examination must be determined by: (1) a review of the methodology of the occupational analysis, including the demographics of the practitioners upon which it is based to ensure California practice is appropriately represented; and (2) a comparison study between a current California occupational analysis of the profession and the national occupational analysis to assess the validity of the national examination content for California practice.

#### **Reciprocity**

Reciprocity refers to the mutual recognition, endorsement, and acceptance by the State of California of licenses granted by other jurisdictions. Reciprocity agreements often include a waiver of certain California licensing requirements, such as a practice-based examination. Licensure examinations accepted in California as part of reciprocity agreements are not used for licensure in California, but individuals passing them may be qualified to practice in California without fulfilling all California licensure requirements. These examinations should be validated according to technical and professional standards to ensure that they are legally defensible. Before a licensure examination is accepted under a reciprocity

agreement, a comparison study must be performed to verify that the examination meets professional standards for validity, that the scope of practice measured by the examination is substantially similar to the California scope of practice, and that the examination is a sufficient measure of the critical competencies required for practice in California. The study should carefully evaluate differences in the scope of practice or competencies measured by the examination, and the study should determine whether waiving the California licensure examination would endanger the public. The board should consult with OPES to conduct this study.

### **Additional Considerations for Reciprocity**

In addition to conducting a comparison study of the licensure examination, the board should evaluate the equivalency of education and experience requirements set by the jurisdiction for initial licensure within the license category requesting reciprocity. The board should set other relevant criteria, such as requiring a minimum number of years licensed and that the license must be in good standing. The board should also determine whether licensees seeking reciprocity should be required to pass a California-specific examination, e.g., a jurisprudence examination.

## **5. APPROPRIATE FUNDING SOURCES FOR EXAMINATION VALIDATIONS AND OCCUPATIONAL ANALYSES**

Budget line items should be designated exclusively for examination development and occupational analyses projects. To assure validity, maintain consistency, preserve security, and ensure the integrity of the examination program, the budget line items need to be continuous appropriations.

Boards should budget for costs associated with examination and occupational analysis development; contracting with a computer-based testing vendor for electronic examination administration; and projecting for expenses associated with travel and per diem for SMEs who participate in examination development and occupational analysis workshops. Boards that administer examinations by paper and pencil should also consider the expense of examination proctors, including their travel and per diem expenses; examination site rental; additional security resources; and printing costs for the preparation guides and examination booklets.

Boards must have the budgetary flexibility to adapt to unexpected or additional program needs. For example, the potential for catastrophic incidents such as a security breach and the cost to replace the compromised examination should be considered in determining overall examination-related costs.

Boards contract via intra-agency contracts (IACs) with OPES for examination-related services. Currently, boards request OPES' services and submit a Budget Change Proposal (BCP) to obtain expenditure authority if they do not already have a budget line item for these expenditures. Boards are then charged, and OPES is reimbursed through the IACs for occupational

analyses, national examination reviews, and ongoing examination development, evaluation, construction, and publication services. Consulting and psychometric expertise and test scoring and item analysis (TSIA) services, among others, continue to be funded by distributed administrative costs (pro rata).

## **6. CONDITIONS UNDER WHICH BOARDS SHOULD USE INTERNAL AND EXTERNAL ENTITIES TO CONDUCT THESE REVIEWS**

A board may choose to use external and/or internal resources for licensure examination development and/or review of state and national licensure examinations, and must determine the most logical application of those resources.

OPES is the internal resource for examination review and California-specific examination development services for DCA. OPES also conducts reviews of national examination programs to ensure compliance with California requirements.

If OPES is unable to provide the requested service, external development and review may occur. External examination development or review of a national licensure examination occurs when the board contracts with a qualified private testing firm.

## **7. STANDARDS FOR DETERMINING APPROPRIATE COSTS OF REVIEWS OF DIFFERENT TYPES OF EXAMINATIONS, MEASURED IN TERMS OF HOURS REQUIRED**

The *Standards* provide “a basis for evaluating the quality of testing practices.” These criteria can be used to identify tasks that must be performed in the development and validation of a licensure examination. Costs are applied to the performance of each task, based on its difficulty, available technology, and the complexity of the profession.

OPES has a defined fee schedule that is based on the number of hours to complete each phase of the project. An occupational analysis and an examination development project will require different tasks to be performed; therefore, the number of hours varies from one phase to another. The time and tasks required depends on the profession, type of exam, number of forms, frequency of administration, technology resources, and other factors.

## **8. CONDITIONS UNDER WHICH IT IS APPROPRIATE TO FUND PERMANENT AND LIMITED-TERM POSITIONS WITHIN A BOARD TO MANAGE THESE REVIEWS**

Because examinations are critical to the mandate for consumer protection, it is necessary that if a board provides an examination, it should maintain examination support staff. The number of support staff needed is determined by each board’s examination requirements and secured through the budget process.

Factors that may affect change in the number of needed staff support include, but are not limited to the following:

- An increase in the number of times an examination is offered.
- A change of method by which an examination is administered, for example:
  - From paper to computer-based testing administration.
  - From oral panel to written examination format.
  - From written-only to the addition of a practical examination.
- A change of examination administration, for example:
  - From a national to a California-based examination, or vice versa.
  - A change in examination administration vendors.
- A unique circumstance such as a breach of examination security.
- A change in legislative mandates.

## **B. YEARLY REPORTING REQUIREMENTS**

**B&P Code section 139 (c)** specifies that every regulatory board shall submit to DCA on or before December 1 of each year its method for ensuring that every licensing examination is subject to periodic evaluation. These evaluations must include four components:

1. A description of the occupational analysis serving as the basis for the examination.
2. Sufficient item analysis data to permit a psychometric evaluation of the items.
3. An assessment of the appropriateness of prerequisites for admittance to the examination.
4. An estimate of the costs and personnel required to perform these functions.

**B&P Code section 139 (d)** states that the evaluation specified in section 139 (c) may be conducted either by the Board, Bureau, Committee, OPES, or a qualified private testing firm.

OPES compiles this information annually into a report for the appropriate fiscal, policy, and review committees of the Legislature. This report is consolidated into DCA's Annual Report.

## **VIOLATIONS**

Validation ensures that licensing examinations are psychometrically sound, job-related, and legally defensible. Failure to follow the provisions of this policy may result in licensing persons who do not meet the minimum level of competency required for independent and safe practice, exposing California consumers and DCA's regulatory entities to considerable risk of harm by unqualified licensees.

## **REVISIONS**

OPES is responsible for determining whether this policy needs revision; questions regarding revision should be directed to OPES at (916) 575-7240. Specific questions regarding the status or maintenance of this policy should be directed to the Division of Programs & Policy Review at [DPPR@dca.ca.gov](mailto:DPPR@dca.ca.gov).

## **RELATED DOCUMENTS**

Departmental Policy Memorandum “Examination Security”: OPES 22-01

Departmental Policy “Participation in Examination Workshops”: OPES 20-01

# REVIEW OF NATIONAL LICENSURE EXAMINATIONS

## MANDATE

It is the policy of the Department of Consumer Affairs (DCA) that “all [national] licensure examinations appropriated for use in California professions regulated by DCA should be validated according to accepted technical and professional standards” (DCA Policy OPES 22-01). This validation includes a review of the examination’s development, administration, and security procedures, as well as a review of the examination content to assess its applicability to California practice.

## REVIEW

If a national examination is used as part of the requirements for California licensure, the national examination program must be reviewed. This includes a review of the occupational analysis (OA) used as the basis for the national examination, including the percentage of California participants. To determine the suitability of the national examination content for California practice, a California-specific OA is conducted. The results of the California OA are compared with the results of the national OA.

In a review of a national examination program, the following factors must be considered:

- Methodology used to establish content-related validity.
- OA methodology, including sampling and the percentage of California participants.
- OA frequency.
- Method used to construct the examination outline.
- Method used to ensure that standards are set for entry-level practice.
- Item development process (subject matter experts (SMEs) used, editing methods, etc.).
- Size of item banks.
- Pass-point setting methodology.
- Examination security methods.
- Examination administration procedures.
- Examination reliability.
- Examination passing rates.
- Statistical performance of examinations.

DCA’s Office of Professional Examination Services (OPES) provides consulting services and technical assistance to DCA boards, bureaus, and committees to meet the validation requirements for licensure examinations.

## STANDARDS

All aspects of licensure examination use, including occupational analysis, examination development, and validation, should adhere to accepted technical (psychometric) standards and professional guidelines (e.g., *Standards for Educational and Psychological Testing* (2014)).

# REVIEW OF NATIONAL LICENSURE EXAMINATIONS (CONTINUED)

## PROCEDURE

First, the DCA licensing entity and OPES hold a planning meeting to discuss the national examination review. The discussion covers time lines, costs, roles, responsibilities, and expectations. Second, OPES develops an intra-agency contract. Third, the DCA licensing entity contacts the group developing the national examination; licensing entity staff will often have a relationship with this group. The licensing entity explains the nature of, and reasons for, the review; introduces OPES; and requests that the national examination developers identify a primary contact for the review. Finally, OPES contacts the national examination developers to begin the review.

## LINKAGE STUDY

OPES performs a linkage study to compare the content of the national examination with the results of the California-specific occupational analysis. The purpose of the linkage study is to determine the extent to which the content of the national examination reflects critical California practice. When an occupational analysis is conducted on a national level, California practice must be appropriately represented in the analysis for the results to be valid for use in California.

## SECURITY

The linkage study also determines whether a state-specific examination is recommended. If there is sufficient state-specific content, OPES will work with SMEs to develop an examination outline based on the California-specific content (e.g., state laws and regulations). The outline will minimize overlap with the national examination. The overall goal is to ensure assessment of critical entry-level knowledge without duplicating content and creating an unnecessary burden to examinees.

## TIME LINE

OPES has a process in place to protect the security of the information necessary for the review. OPES will provide a nondisclosure agreement to be reviewed and approved by the national examination provider. If the national provider requests changes to the agreement, the changes are negotiated between the national provider and the DCA Legal Affairs Division. Upon project completion, OPES will prepare a report summarizing the results of the review.

National examination reviews typically take six to nine months to complete. Various factors affect the time line. The most common delays are nondisclosure agreement negotiations and the time necessary for the national provider to compile the requested information for OPES.

## CONTACT

To learn more about these and other examination-related services, please contact OPES at (916) 575-7240.



### **List of Materials for Required for Review**

1. Most recent occupational analysis report
2. Frequency of occupational analysis studies and/or test revisions
3. Test specifications
  - a. Detailed content outline (test blueprint)
  - b. Description of content outline development method and processes
  - c. Test length and item format
  - d. Time allowed for testing
  - e. Instructions to test users
  - f. Procedures and materials for administering tests
  - g. Instructions for and training of test administrators
  - h. Procedures for scoring tests and scoring criteria
  - i. Procedures for reporting scores
  - j. Security and confidentiality procedures
4. Item development and review
  - a. Detailed description of procedures used to write, review, and pretest items
    - i. Use of SMEs, criteria for selection of SMEs who participate
    - ii. Item writing and reviewing guidelines, if used
    - iii. SME training procedures
    - iv. Pretesting procedures
  - b. Measures, protocols, and procedures to ensure the security and confidentiality of items during item development
5. Test construction and evaluation
  - a. Extent of SME involvement
  - b. Criteria for selection and inclusion of items on a test form
  - c. Methods and procedures for developing parallel or equivalent forms
  - d. Size of item banks
6. Standard setting
  - a. Level of SME involvement and criteria for selection of SMEs
  - b. Method used to set passing scores
  - c. Description of processes and procedures used to implement the passing score setting method, including any data analysis procedures
  - d. Security procedures and confidentiality
7. Statistical performance data (test and item) for recent test forms (i.e., test and item analysis reports)
8. Pass rate
9. If available, information about the examination from recent studies conducted by test vendors (local or national)

# MEMORANDUM

|         |                                                                          |
|---------|--------------------------------------------------------------------------|
| DATE    | October 8, 2026                                                          |
| TO      | Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board |
| FROM    | Cherise Burns, Executive Officer                                         |
| SUBJECT | Agenda Item 12: Update on the Board's Sunset Bill                        |

## **Background**

Each year, the Assembly Business and Professions Committee and the Senate Business, Professions, and Economic Development Committee hold joint Sunset Review oversight hearings to review the boards and bureaus under the Department of Consumer Affairs (DCA). The Sunset Review process provides the opportunity for DCA, the Legislature, the boards and bureaus, and stakeholders to discuss the performance of the boards and bureaus, make recommendations for improvements, and extend the sunset date of a board or bureau. The Board's sunset date and provisions can be found in Business and Professions Code section 2531.

## **Update**

The sunset review process culminates in the creation of a bill that updates the Board's sunset date and Practice Act, which is Senate Bill (SB) 1368 (Wahab). Since the Board's last meeting in July, the Executive Officer has worked with Assembly and Senate Committee staff to incorporate Board-requested changes into SB 1368, as well as make additional technical clean-up to language identified by Committee staff and Legislative Counsel.

The Executive Officer provided testimony in support of SB 1368 when it was heard before the Senate Business, Professions, and Economic Development Committee on April 20, 2026 and the Assembly Business and Professions Committee on June 30, 2026. There were no substantive questions asked by individual legislators about the Board's Sunset Review Report or Board operations during the two hearings.

Since the Board's July meeting, SB 1368 has been approved by both houses of the legislature and signed by the Governor on September 14, 2026. The Board's new sunset date of January 1, 2031 and the changes to its Practice Act go into effect on January 1, 2027.

Now that SB 1368 is chaptered, Board staff are working on an implementation plan to ensure all necessary steps are taken to update board licensees on the changes, make necessary changes to Board and DCA processes, and update applications, forms, and website information. Board staff will provide additional information on implementation activities at the December 2026 Board Meeting.

**Action Requested**

This item is for informational purposes only; no action is required.

Attachment A: SB 1368 (Chapter 234, Statutes of 2026) Speech-language pathologists, audiologists, and hearing aid dispensers.

**SECTION 1.** Section 2530.2 of the Business and Professions Code is amended to read:

**2530.2.** As used in this chapter, unless the context otherwise requires:

(a) “Board” means the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board.

(b) “Person” means any individual, partnership, corporation, ~~limited liability company,~~ or other organization or combination thereof, except that only individuals can be licensed ~~or~~ *registered* under this chapter.

(c) A “speech-language pathologist” is a person who practices speech-language pathology.

(d) The practice of speech-language pathology means all of the following:

(1) The application of principles, methods, instrumental procedures, and noninstrumental procedures for measurement, testing, screening, evaluation, identification, prediction, and counseling related to the development and disorders of speech, voice, language, or swallowing.

(2) The application of principles and methods for preventing, planning, directing, conducting, and supervising programs for habilitating, rehabilitating, ameliorating, managing, or modifying disorders of speech, voice, language, or swallowing in individuals or groups of individuals.

(3) Conducting hearing screenings.

(4) Performing suctioning in connection with the scope of practice described in paragraphs (1) and (2), after compliance with a medical facility’s training protocols on suctioning procedures.

(e) (1) Instrumental procedures referred to in subdivision (d) are the use of rigid and flexible endoscopes to observe the pharyngeal and laryngeal areas of the throat in order to observe, collect data, and measure the parameters of communication and swallowing as well as to guide communication and swallowing assessment and therapy. Passage of these instruments without the presence of a physician and surgeon is subject to paragraph (2).

(2) Nothing in this subdivision shall be construed as a diagnosis. Any observation of an abnormality shall be referred to a physician and surgeon.

(f) (1) A licensed speech-language pathologist shall not perform a flexible fiber optic transnasal endoscopic procedure unless they have received written verification from one otolaryngologist certified by the American Board of Otolaryngology – Head and Neck Surgery that the speech-language pathologist has performed a minimum of 25 supervised flexible fiber optic transnasal endoscopic procedures and they are competent to perform these procedures. Of these 25 procedures, the first 10 procedures shall be supervised by a licensed physician and surgeon who performs nasal endoscopy as part of their practice and the subsequent 15 procedures shall be supervised by either a licensed physician and surgeon who performs nasal endoscopy as part of their practice or by another licensed speech-language pathologist who is verified as competent in performing flexible fiber optic transnasal endoscopic procedures. The speech-language pathologist shall have this written verification on file and readily available for inspection upon request by the board. A speech-language pathologist with a verification on file shall pass a flexible fiber optic transnasal endoscopic instrument only upon the orders of a licensed physician and surgeon. The order by a physician and surgeon is deemed to allow a speech-language pathologist with verification, in accordance with this paragraph, to perform fiber optic transnasal endoscopic procedures at a location based on the patient’s medical needs that complies with procedures specified in paragraph (1) of subdivision (g).

(2) A licensed speech-language pathologist who holds a written verification pursuant to this subdivision that was issued before January 1, 2023, shall be deemed to meet the requirements described in paragraph (1).

(g) (1) A licensed speech-language pathologist shall only perform flexible endoscopic procedures described in subdivision ~~(e)~~ (f) in the following settings that requires the facility to

have protocols for emergency medical backup procedures, including a physician and surgeon or other appropriate medical professionals being readily available.

(A) A clinic, as defined in Section 1200 of the Health and Safety Code.

(B) A facility described in Chapter 2.5 (commencing with Section 1440) of Division 2 of the Health and Safety Code.

(C) A health facility, as defined in Section 1250 of the Health and Safety Code.

(D) A hospice facility licensed pursuant to Chapter 8.5 (commencing with Section 1745) of Division 2 of the Health and Safety Code.

(E) A medical group practice, including a professional medical corporation, as defined in Section 2406, another form of corporation controlled by physicians and surgeons, a medical partnership, a medical foundation exempt from licensure, or another lawfully organized group of physicians and surgeons that provides health care services.

(2) A licensed speech-language pathologist performing flexible fiber optic transnasal endoscopic procedures on patients who have contraindications to the procedure shall consult and document clearance with the physician and surgeon that the licensed speech-language pathologist can safely perform the procedure. For purposes of this paragraph, contraindications for these procedures may include, but are not limited to, cases of bilateral obstruction of nasal passages, refractory epistaxis, cardiac disorder with acute risk of vasovagal episode and bradycardia, history of vasovagal episodes, facial trauma, recent trauma to the nasal cavity, or surrounding tissue and structures secondary to surgery or injury, severe bleeding disorders, severe movement disorders, severe agitation, and inability to cooperate with the examination.

(h) "Speech-language pathology aide" means any person meeting the minimum requirements established by the board, who works directly under the supervision of a speech-language pathologist.

(i) (1) "Speech-language pathology assistant" means a person who meets the academic and supervised training requirements set forth by the board and who is approved by the board to assist in the provision of speech-language pathology under the direction and supervision of a speech-language pathologist who shall be responsible for the extent, kind, and quality of the services provided by the speech-language pathology assistant.

(2) The supervising speech-language pathologist employed or contracted for by a public school may hold a valid and current license issued by the board, a valid, current, and professional clear clinical or rehabilitative services credential in language, speech, and hearing issued by the Commission on Teacher Credentialing, or other credential authorizing service in language, speech, and hearing issued by the Commission on Teacher Credentialing that is not issued on the basis of an emergency permit or waiver of requirements. For purposes of this paragraph, a "clear" credential is a credential that is not issued pursuant to a waiver or emergency permit and is as otherwise defined by the Commission on Teacher Credentialing. Nothing in this section referring to credentialed supervising speech-language pathologists expands existing exemptions from licensing pursuant to Section 2530.5.

(j) An "audiologist" is one who practices audiology.

(k) "The practice of audiology" means the application of principles, methods, and procedures of measurement, testing, appraisal, prediction, consultation, counseling, and instruction related to auditory, vestibular, and related functions and the modification of communicative disorders involving speech, language, auditory behavior, or other aberrant behavior resulting from auditory dysfunction; and the planning, directing, conducting, supervising, or participating in programs of identification of auditory disorders, hearing conservation, cerumen removal, aural habilitation, and rehabilitation, including hearing aid recommendation and evaluation procedures, including, but not limited to, specifying amplification requirements and evaluation of the results thereof, auditory training, and speech reading, and the ~~selling~~ fitting of hearing aids.

- (l) A “dispensing audiologist” is ~~a person~~ *an audiologist* who is authorized to sell hearing ~~aids pursuant to their audiology license.~~ *aids.*
- (m) “Audiology aide” means any person meeting the minimum requirements established by the board who works directly under the supervision of an audiologist. The board may by regulation exempt certain functions performed by an industrial audiology aide from supervision provided that their employer has established a set of procedures or protocols that the aide shall follow in performing these functions.
- (n) “Medical board” means the Medical Board of California.
- (o) A “hearing screening” performed by a speech-language pathologist means a binary puretone screening at a preset intensity level for the purpose of determining if the screened individuals are in need of further medical or audiological evaluation.
- (p) “Cerumen removal” means the nonroutine removal of cerumen within the cartilaginous ear canal necessary for access in performance of audiological procedures that shall occur under physician and surgeon supervision. Cerumen removal, as provided by this section, shall only be performed by a licensed audiologist. Physician and surgeon supervision shall not be construed to require the physical presence of the physician, but shall include all of the following:
- (1) Collaboration on the development of written standardized protocols. The protocols shall include a requirement that the supervised audiologist immediately refer to an appropriate physician any trauma, including skin tears, bleeding, or other pathology of the ear discovered in the process of cerumen removal as defined in this subdivision.
  - (2) Approval by the supervising physician of the written standardized protocol.
  - (3) The supervising physician shall be within the general vicinity, as provided by the physician-audiologist protocol, of the supervised audiologist and available by telephone contact at the time of cerumen removal.
  - (4) A licensed physician and surgeon may not simultaneously supervise more than two audiologists for purposes of cerumen removal.

**SEC. 2.** Section 2530.3 of the Business and Professions Code is amended to read:

**2530.3.** (a) A person represents themselves to be a speech-language pathologist when they hold themselves out to the public by any ~~title~~ *title, business name*, or description of services incorporating the words “speech pathologist,” “speech pathology,” “speech therapy,” “speech correction,” “speech correctionist,” “speech therapist,” “speech clinic,” “speech clinician,” “language pathologist,” “language pathology,” “logopedics,” “logopedist,” “communicology,” “communicologist,” “aphasiologist,” “voice therapy,” “voice therapist,” “voice pathology,” or “voice pathologist,” “language therapist,” or “phoniatrist,” or any similar titles; or when they purport to treat stuttering, stammering, or other disorders of speech.

(b) A person represents themselves to be an audiologist when they hold themselves out to the public by any ~~title~~ *title, business name*, or description of services incorporating the terms “audiology,” “audiologist,” “audiological,” “hearing clinic,” “hearing clinician,” “hearing therapist,” or any similar titles.

**SEC. 3.** Section 2530.5 of the Business and Professions Code is amended to read:

**2530.5.** (a) Nothing in this chapter shall be construed as restricting hearing testing conducted by licensed physicians and surgeons or by persons conducting hearing tests under the direct supervision of a physician and surgeon.

(b) Nothing in this chapter shall be construed to prevent a licensed hearing aid dispenser from engaging in testing of hearing and other practices and procedures used solely for the fitting and selling of hearing aids nor does this chapter restrict persons practicing their licensed profession and operating within the scope of their licensed profession or employed by someone operating within the scope of their licensed professions, including persons fitting and

selling hearing aids who are properly licensed or registered under the laws of the State of California.

(c) Nothing in this chapter shall be construed as restricting or preventing the practice of speech-language pathology or audiology by personnel holding the appropriate credential from the Commission on Teacher Credentialing as long as the practice is conducted within the confines of or under the jurisdiction of a public preschool, elementary, or secondary school by which they are employed and those persons do not either offer to render or render speech-language pathology or audiology services to the public for compensation over and above the salary they receive from the public preschool, elementary, or secondary school by which they are employed for the performance of their official duties.

(d) Nothing in this chapter shall be construed as restricting the activities and services of a student or speech-language pathology intern in speech-language pathology pursuing a course of study leading to a degree in speech-language pathology at an accredited or approved college or university or an approved clinical training facility, provided that these activities and services constitute a part of their supervised course of study and that those persons are designated by the title as "speech-language pathology intern," "speech-language pathology trainee," or other title clearly indicating the training status appropriate to their level of training.

(e) Nothing in this chapter shall be construed as restricting the activities and services of a student or audiology intern in audiology pursuing a course of study leading to a degree in audiology at an accredited or approved college or university or an approved clinical training facility, provided that these activities and services constitute a part of their supervised course of study and that those persons are designated by the title as "audiology intern," "audiology trainee," or other title clearly indicating the training status appropriate to their level of training.

(f) Nothing in this chapter shall be construed as restricting the practice of an applicant who is obtaining the required professional experience specified in subdivision (c) of Section 2532.2 or subdivision (b) of Section 2532.25 and who has been issued a temporary license pursuant to Section 2532.7. The number of applicants who may be supervised by a licensed speech-language pathologist or a speech-language pathologist having qualifications deemed equivalent by the board shall be determined by the board. The supervising speech-language pathologist shall register with the board the name of each applicant working under their ~~supervision, and shall submit to the board a description of the proposed professional responsibilities of the applicant working under their~~ supervision. The number of applicants who may be supervised by a licensed audiologist or an audiologist having qualifications deemed equivalent by the board shall be determined by the board. The supervising audiologist shall register with the board the name of each applicant working under their ~~supervision, and shall submit to the board a description of the proposed professional responsibilities of the applicant working under their~~ supervision.

(g) Nothing in this chapter shall be construed as restricting hearing screening services in public or private elementary or secondary schools so long as these screening services are provided by persons registered as qualified school audiometrists pursuant to Sections 1685 and 1686 of the Health and Safety Code or hearing screening services supported by the State Department of Health Care Services so long as these screening services are provided by appropriately trained or qualified personnel.

(h) Persons employed as speech-language pathologists or audiologists by a federal agency shall be exempt from this chapter.

(i) Nothing in this chapter shall be construed as restricting consultation or the instructional or supervisory activities of a faculty member of an approved or accredited college or university for the first 60 days following appointment after the effective date of this subdivision.

**SEC. 4.** Section 2530.6 of the Business and Professions Code is amended to read:

**2530.6.** (a) Speech-language pathologists and audiologists supervising speech-language pathology or audiology aides shall register with the board the name of each aide working under their supervision.

(b) The number of aides who may be supervised by a licensee shall be determined by the board.

(c) The supervising audiologist or speech-language pathologist shall be responsible for the extent, kind, and quality of services performed by the aide, consistent with the board's designated standards and requirements.

(d) A speech-language pathology and audiology aide registration shall expire every two years and is subject to the renewal requirements in Article 6 (commencing with Section 2535).

(e) At the time of registration renewal, the speech-language pathologist or audiologist supervising the speech-language pathology or audiology aide shall update the board on the duties the aide performs while assisting the supervisor in the practice of speech-language pathology or audiology, and the training program and assessment methods the supervisor is utilizing to ensure the aide's continued competency.

*(f) An aide shall not advertise or otherwise represent that they hold a license as a speech-language pathologist, speech-language pathology assistant, or audiologist.*

**SEC. 5.** *Section 2530.8 is added to the Business and Professions Code, to read:*

**2530.8.** *Every person holding a license or registration under this chapter shall display it conspicuously in their primary place of practice or business.*

**SEC. 6.** *Section 2530.9 is added to the Business and Professions Code, to read:*

**2530.9.** (a) *An aide or a required professional experience license holder shall not be the sole proprietor of, manage, or independently operate a business that engages in the practice of speech-language pathology or audiology.*

(b) *A speech-language pathology assistant shall not be the sole proprietor of, manage, or independently operate a business that engages in the practice of speech-language pathology.*

**SEC. 7.** Section 2531 of the Business and Professions Code is amended to read:

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

(b) This section shall remain in effect only until January 1, ~~2027~~, ~~2031~~, and as of that date is repealed.

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

**SEC. 8.** Section 2531.3 of the Business and Professions Code is repealed.

~~**2531.3.** The board shall examine every applicant for a speech-language pathology license or an audiology license at the time and place designated by the board in its discretion, but at least once in each year; and for that purpose may appoint qualified persons to give the whole or any portion of the examination, who shall be designated as commissioners on examination. A commissioner on examination need not be a member of the board, but shall be subject to the same rules and regulations and shall be entitled to the same fee as if he or she were a member of the board.~~

~~The board shall perform all examination functions, including but not limited to, participation in uniform examination systems.~~

**SEC. 9.** Section 2531.4 of the Business and Professions Code is repealed.

~~2531.4. The board shall have full authority to investigate and to evaluate each and every applicant applying for a license to practice speech-language pathology or a license to practice audiology and to determine the admission of the applicant to the examination, if administered by the board, or to issue a license, in conformance with the provisions of, and qualifications required by, this chapter.~~

**SEC. 10.** Section 2531.5 of the Business and Professions Code is amended to read:

**2531.5.** The board shall issue, suspend, and revoke licenses *or registrations* and approvals to practice speech-language ~~pathology and audiology~~ *pathology, audiology, and hearing aid dispensing* as authorized by this chapter.

**SEC. 11.** Section 2531.75 of the Business and Professions Code is amended to read:

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

(b) This section shall remain in effect only until January 1, ~~2027~~, *2031*, and as of that date is repealed.

**SEC. 12.** Section 2532 of the Business and Professions Code is amended to read:

**2532.** No person shall engage in the practice of speech-language pathology or audiology or represent themselves as a speech-language pathologist or audiologist unless they are licensed in accordance with this ~~chapter~~. *article*.

**SEC. 13.** Section 2532.2 of the Business and Professions Code is amended to read:

**2532.2.** Except as required by Section 2532.25, to be eligible for licensure by the board as a speech-language pathologist or audiologist, the applicant shall possess all of the following qualifications:

(a) Possess at least a master's degree in speech-language ~~pathology~~ *pathology, communication disorders, communication sciences and disorders, communicative disorders, speech, language, and hearing sciences*, or audiology from an educational institution approved by the board or qualifications deemed equivalent by the board.

(b) (1) Submit evidence of the satisfactory completion of supervised clinical practice with individuals representative of a wide spectrum of ages and communication disorders. The board shall establish by regulation the required number of clock hours, not to exceed 375 clock hours, of supervised clinical practice necessary for the applicant.

(2) The clinical practice shall be under the direction of an educational institution approved by the board.

(c) *(1)* Submit evidence of no less than 36 weeks of satisfactorily completed supervised professional full-time experience or 72 weeks of professional part-time experience obtained under the supervision of a licensed speech-language pathologist or audiologist or a speech-language pathologist or audiologist having qualifications deemed equivalent by the board. This experience shall be evaluated and approved by the board. The required professional experience shall follow completion of the requirements listed in subdivisions (a) and (b). Full time is defined as at least 36 weeks in a calendar year and a minimum of 30 hours per week. Part time is defined as a minimum of 72 weeks and a minimum of 15 hours per week.

~~(d) (1) Pass an examination or examinations approved by the board. The board shall determine the subject matter and scope of the examinations and may waive the examination upon evidence that the applicant has successfully completed an examination approved by the board. Written examinations may be supplemented by oral examinations as the board shall~~

~~determine. An applicant who fails their examination may be reexamined at a subsequent examination upon payment of the reexamination fee required by this chapter.~~

(2) A speech-language pathologist or audiologist who holds a license from another state or territory of the United States or who holds equivalent qualifications as determined by the board and who has completed no less than one year of full-time continuous employment as a speech-language pathologist or audiologist within the past three years is exempt from the supervised professional experience in ~~subdivision (c).~~ *paragraph (1).*

*(d) Pass an examination or examinations approved by the board.*

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

**SEC. 14.** Section 2532.25 of the Business and Professions Code is amended to read:

**2532.25.** (a) An applicant seeking licensure as an audiologist shall possess a doctorate in audiology earned from an educational institution approved by the board. The board may, in its discretion, accept qualifications it deems to be equivalent to a doctoral degree in audiology. The board shall not, however, accept as equivalent qualifications graduation from a master's program that the applicant was enrolled in on or after January 1, 2008.

(b) In addition to meeting the qualifications specified in subdivision (a), an applicant seeking licensure as an audiologist shall do all of the following:

(1) Submit evidence of the satisfactory completion of supervised clinical practice with individuals representative of a wide spectrum of ages and audiological disorders. The board shall establish by regulation the required number of clock hours of supervised clinical practice necessary for the applicant. The clinical practice shall be under the direction of an audiology doctoral program at an educational institution approved by the board.

(2) Submit evidence of no less than 12 months of satisfactorily completed supervised professional full-time experience or its part-time equivalent obtained under the supervision of a licensed audiologist or an audiologist having qualifications deemed equivalent by the board. This experience shall be completed under the direction of an audiology doctoral program at an educational institution approved by the board.

(3) Pass an examination or examinations approved by the board. ~~The board shall determine the subject matter and scope of the examination or examinations and may waive an examination upon evidence that the applicant has successfully completed an examination approved by the board. Written examinations may be supplemented by oral examinations as the board shall determine. An applicant who fails an examination may be reexamined at a subsequent examination upon payment of the reexamination fee required by this chapter.~~

(c) This section shall apply to applicants who graduate from an approved educational institution on and after January 1, 2008.

**SEC. 15.** Section 2532.4 of the Business and Professions Code is amended to read:

**2532.4.** (a) The board ~~may~~ *shall* direct applicants to be examined for knowledge in whatever theoretical or applied fields in speech-language pathology or audiology it deems appropriate. It ~~may~~ *shall* examine the applicant with regard to their professional skills and their judgment in the utilization of speech-language pathology or audiology techniques and methods.

(b) The ~~examination may be written or oral or both. The examination shall be given at least once a year at the time and place and under such supervision as the board may determine.~~ *The board* ~~board~~ shall determine what ~~shall constitute~~ *constitutes* a passing grade. *An applicant who fails an examination may be reexamined at a subsequent examination.*

*(c) The board, at its discretion, may waive the examination or examinations when in the judgment of the board the applicant has already demonstrated competence in areas covered by the examination or examinations.*

~~(c) (d) The board shall keep an accurate recording of any oral examination and keep the recordings as well as any written examination as part of its records for at least two years following the date of examination.~~ *examination or examinations required by the board for a license under this article may be conducted by the board or by a public or private organization specified by the board. The examination or examinations may be conducted under a uniform examination system, and for that purpose, the board may make arrangements with organizations furnishing examination or examinations materials as may, in its discretion, be desirable. All aspects of the examination or examinations shall be in compliance with Section 139.*

**SEC. 16.** Section 2532.5 of the Business and Professions Code is repealed.

~~**2532.5.** Every person holding a license under this chapter shall display it conspicuously in their primary place of practice.~~

**SEC. 17.** Section 2532.6 of the Business and Professions Code is amended to read:

**2532.6.** (a) The Legislature recognizes that the education and experience requirements of this chapter constitute only minimal requirements to assure the public of professional competence. The Legislature encourages all professionals licensed and registered by the board under this chapter to regularly engage in continuing professional development and learning that is related and relevant to the professions of speech-language pathology and audiology.

(b) The board shall not renew any license or registration pursuant to this ~~chapter~~ *article* unless the applicant certifies to the board that they have completed in the preceding two years not less than the minimum number of continuing professional development hours established by the board pursuant to subdivision (c) for the professional practice authorized by their license or registration.

(c) (1) The board shall prescribe the forms utilized ~~for~~ and the number of hours of required continuing professional development for persons licensed ~~or registered~~ under this ~~chapter.~~ *article.*

(2) The board shall have the right to audit the records of any applicant to verify the completion of the continuing professional development requirements.

(3) Applicants shall maintain records of completion of required continuing professional development coursework for a minimum of two years and shall make these records available to the board for auditing purposes upon request.

(d) The board shall establish exceptions from the continuing professional development requirements of this section for good cause as defined by the board.

*(e) (1) The continuing professional development services shall be obtained from any of the following:*

*(A) Accredited institutions of higher learning.*

~~(e) (B) (1) Organizations~~ *The continuing professional development services shall be obtained from accredited institutions of higher learning, organizations* approved as continuing education providers by either the American Speech-Language-Hearing ~~Association~~ *Association*, the American Academy of Audiology, the California Medical Association's ~~Institute for Medical Quality~~ Continuing Medical Education Program, ~~or other entities or organizations approved as continuing professional development providers by the board, in its discretion.~~ *the California Academy of Audiology, the California Speech-Language-Hearing Association, or the American Medical Association.*

*(C) A federal, state, or local governmental entity.*

*(D) Other entities or organizations approved as continuing professional development providers by the board, in its discretion.*

- (2) No hours shall be credited for any course enrolled in by a licensee that has not first been approved and certified by the board, if the board has sufficient funding and staff resources to implement the approval and certification process.
- (3) The continuing professional development services offered by these entities may, but are not required to, utilize pretesting and posttesting or other evaluation techniques to measure and demonstrate improved professional learning and competency.
- (4) An accredited institution of higher learning, an organization approved as continuing education providers by either the American Speech-Language-Hearing ~~Association~~ ~~or Association~~, the American Academy of Audiology, ~~and~~ the California Medical Association's ~~Institute for Medical Quality Continuing Education Program~~ *Continuing Education Program, the California Academy of Audiology, the California Speech-Language-Hearing Association, or the American Medical Association, or a federal, state, or local governmental entity* shall be exempt from any application or registration fees that the board may charge for continuing education providers.
- (5) Unless a course offered by entities listed in paragraph (4) meets the requirements established by the board, the course may not be credited towards the continuing professional development requirements for license renewal.
- (6) The licensee shall be responsible for obtaining the required course completion documents for courses offered by entities specified in paragraph (1).
- (f) The board, by regulation, shall fund the administration of this section through professional development services provider and licensing fees to be deposited in the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Fund. The fees related to the administration of this section shall be sufficient to meet, but shall not exceed, the costs of administering the corresponding provisions of this section.
- (g) The continuing professional development requirements adopted by the board shall comply with any guidelines for mandatory continuing education established by the Department of Consumer Affairs.

**SEC. 18.** Section 2532.8 of the Business and Professions Code is amended to read:

- 2532.8.** (a) The board shall, until January 1, ~~2027~~, *2031*, deem a person who holds a valid Certificate of Clinical Competence in Speech-Language Pathology issued by the American Speech-Language-Hearing Association's Council for Clinical Certification to have met the educational and experience requirements set forth for speech-language pathologists in Section 2532.2.
- (b) The board shall, until January 1, ~~2027~~, *2031*, deem a person who holds either a valid Certificate of Clinical Competence in Audiology issued by the American Speech-Language-Hearing Association's Council for Clinical Certification or a valid American Board of Audiology certificate issued by the American Academy of Audiology to have met the educational and experience requirements set forth for audiologists in Section 2532.2 and 2532.25.
- (c) If an applicant qualifying for licensure under this section has obtained any equivalent qualifications in violation of the laws and regulations governing the practices of speech-language pathology or audiology or has not met the requirements for licensure, the applicant shall correct the deficiency to qualify for licensure. If the deficiency is not cured within one year from the date of the deficiency notice, the application for licensure is deemed abandoned.

**SEC. 19.** *Section 2532.9 is added to the Business and Professions Code, to read:*

- 2532.9.** *(a) The board shall issue, upon an application prescribed by the board and payment of the fee described in Sections 2534.2 and 2538.57, a retired license to a licensed speech-language pathologist, speech-language pathology assistant, audiologist, hearing aid dispenser, or dispensing audiologist who meets the following criteria:*

- (1) *The licensee holds a license that is current and active or a license that is inactive, and the license is not suspended, revoked, surrendered, or subject to disciplinary action under this chapter.*
- (2) *The licensee does not have an accusation filed against their license by the Attorney General's office nor is confirmed by an internal investigation report signed by the executive officer to be under investigation by the board.*
- (b) *The holder of a retired license issued pursuant to this section shall not engage in any activity for which an active license is required or represent that they have an active license.*
- (c) *A retired license shall not be subject to renewal.*
- (d) *The holder of a retired license may apply once to restore their license to active status if the holder of a retired license meets all of the following requirements:*
- (1) *Has not committed an act or crime constituting grounds for denial, revocation, or discipline of a license.*
- (2) *Pays the renewal fee required.*
- (3) *Completes the required continuing education as specified in subdivision (e).*
- (4) *Complies with the fingerprint submission requirements established by the board in regulation.*
- (5) *Either of the following apply:*
- (A) *The retired license was issued less than three years from the date of issuance.*
- (B) *The retired license was issued more than three years from the date of issuance, but the holder has continuously maintained a current, valid, active, and clear license in the same profession in another state or territory within the United States.*
- (e) *A holder of a retired license requesting to restore their license to active status pursuant to subdivision (d) shall complete continuing education equivalent to that required for a single license renewal period. Continuing education shall be completed in accordance with Section 2532.6 or 2538.18 except that all hours may be completed through self-study, as defined by the board in regulation.*
- (f) *The board shall issue a retired license for a second time pursuant to subdivision (a). A license shall remain on retired status after it has been placed on retired status for the second time.*
- (g) *The holder of a retired license shall apply for and obtain a new license if they have been on retired status for more than three years from the date of issuance, unless the holder continuously maintains a current, valid, active, and clear license in the same profession in another state or United States territory.*
- (h) *The holder of a retired license shall be permitted to use the title "retired." The designation of retired shall not be abbreviated in any way.*

**SEC. 20.** Section 2533 of the Business and Professions Code is amended to read:

**2533.** The board may refuse to issue, or issue subject to terms and conditions, a license *or registration* on the grounds specified in Section 480, or may suspend, revoke, or impose terms and conditions upon the license *or registration* of any licensee *or registrant* for any of the following:

- (a) Conviction of a crime substantially related to the qualifications, functions, and duties of a speech-language pathologist or audiologist or hearing aid dispenser, as the case may be. The record of the conviction shall be conclusive evidence thereof.
- (b) Securing a license *or registration* by fraud or deceit.
- (c) (1) The use or administering to themselves of any controlled substance.
- (2) The use of any of the dangerous drugs specified in Section 4022, or of alcoholic beverages, to the extent or in a manner as to be dangerous or injurious to the ~~licensee,~~ *licensee or registrant,* to any other person, or to the public, or to the extent that the

use impairs the ability of the licensee *or registrant* to practice speech-language pathology or audiology *or hearing aid dispensing* safely.

(3) More than one misdemeanor or any felony involving the use, consumption, or self-administration of any of the substances referred to in this section.

(4) Any combination of paragraph (1), (2), or (3).

The record of the conviction shall be conclusive evidence of unprofessional conduct.

(d) Engaging in any act in violation of Section 650.

(e) Advertising in violation of Section 17500. Advertising an academic degree that was not validly awarded or earned under the laws of this state or the applicable jurisdiction in which it was issued is deemed to constitute a violation of Section 17500.

(f) Committing a dishonest or fraudulent act that is substantially related to the qualifications, functions, or duties of a ~~licensee~~ *licensee or registrant*.

(g) Incompetence, gross negligence, or repeated negligent acts.

(h) Other acts that have endangered or are likely to endanger the health, welfare, and safety of the public.

(i) Use by a hearing aid dispenser of the term “doctor” or “physician” or “clinic” or “audiologist,” or any derivation thereof, except as authorized by law.

(j) The use, or causing the use, of any advertising or promotional literature in a manner that has the capacity or tendency to mislead or deceive purchasers or prospective purchasers.

(k) Any cause that would be grounds for denial of an application for a ~~license~~ *license or registration*.

(l) Violation of Section 1689.6 or 1793.02 of the Civil Code.

(m) Violation of a term or condition of a probationary order of a license *or registration* issued by the board pursuant to Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code.

(n) Violation of a term or condition of a conditional license *or registration* issued by the board pursuant to this section.

(o) Disciplinary action taken by any public agency in any state or territory for any act substantially related to the practice of speech-language pathology, audiology, or hearing aid dispensing.

(p) Aiding or abetting any person to engage in the unlicensed practice of speech-language pathology, audiology, or hearing aid dispensing.

(q) Violating or attempting to violate, directly or indirectly, any of the provisions of this chapter.

**SEC. 21.** Section 2533.1 of the Business and Professions Code is amended to read:

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

**SEC. 22.** Section 2533.4 of the Business and Professions Code is amended to read:

**2533.4.** Whenever a person other than a ~~licensed speech-language pathologist, audiologist, or hearing aid dispenser~~ *person licensed or registered under this chapter* has engaged in an act or practice which constitutes an offense under this chapter, a superior court of any county, on application of the board, may issue an injunction or other appropriate order restraining the

conduct. Proceedings under this section shall be governed by Chapter 3 (commencing with Section 525) of Title 7 of Part 2 of the Code of Civil Procedure. The board may commence action in the superior court under this section on its own motion.

**SEC. 23.** Section 2533.6 of the Business and Professions Code is amended to read:

**2533.6.** (a) A person whose license ~~or registration~~ has been ~~revoked or~~ ~~revoked~~, suspended, or ~~surrendered~~, or who has been placed on probation, may petition the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board for reinstatement or modification of penalty, including modification or termination of probation, after a period of not less than the following minimum period of time has elapsed from the effective date of the decision ordering that disciplinary ~~action:~~ ~~action or surrender of license:~~

(1) At least three years for reinstatement of a license ~~or registration~~ revoked for unprofessional ~~conduct,~~ ~~conduct or surrendered~~, except that the board may, for good cause shown, specify in a revocation order that a petition for reinstatement may be filed after two years.

(2) At least two years for early termination or one year for modification of a condition of probation of three years or more.

(3) At least one year for reinstatement of a license ~~revoked or~~ ~~registration revoked or surrendered~~ for mental or physical illness, or for modification of a condition, or termination of probation of less than three years.

(b) The petition shall be on a form provided by the board and shall state any facts and information as may be required by the board, including, but not limited to, proof of compliance with the terms and conditions of the underlying disciplinary order. The petition shall be verified by the petitioner who shall file an original and sufficient copies of the petition, together with any supporting documents, for the members of the board, the administrative law judge, and the Attorney General.

(c) The petition may be heard by the board, with the matter presided over by an administrative law judge. After a hearing on the petition, the administrative law judge shall provide a decision as determined by the board which shall be acted upon in accordance with the Administrative Procedure Act.

(d) The board or the administrative law judge hearing the petition may consider all activities of the petitioner since the disciplinary action was taken, the offense for which the petitioner was disciplined, the petitioner's activities during the time the license ~~or registration~~ was in good standing, and the petitioner's rehabilitative efforts, general reputation for truth, and professional ability. The hearing may be continued, as the board or the administrative law judge finds necessary.

(e) The administrative law judge when hearing a petition for reinstating a ~~license,~~ ~~license~~ or ~~registration,~~ or modifying a penalty, may recommend the imposition of any terms and conditions deemed necessary.

(f) No petition shall be considered while the petitioner is under sentence for any criminal offense, including any period during which the petitioner is on court-imposed probation or parole. No petition shall be considered while there is an accusation or petition to revoke probation pending against the petitioner. The board may deny, without a hearing or argument, any petition filed pursuant to this section within a period of two years from the effective date of the prior decision following a hearing under this section.

(g) The board may deny, without a hearing or argument, any petition for termination or modification of probation filed pursuant to this section for any of the following:

(1) The petitioner has failed to comply with the terms and conditions of the disciplinary order.

(2) The board is conducting an investigation of the petitioner while they are on probation.

(3) The petitioner has a subsequent arrest that is substantially related to the qualifications, functions, or duties of the licensee or registrant and this arrest occurred while on probation.

(4) The petitioner's probation with the board is currently tolled.

(h) Nothing in this section shall be deemed to alter Sections 822 and 823.

**SEC. 24.** Section 2534.2 of the Business and Professions Code is amended to read:

**2534.2.** The amount of the fees prescribed by this chapter is that established by the following schedule:

- (a) (1) The application fee and renewal fee for speech-language pathologists and nondispensing audiologists shall be established by the board in an amount that does not exceed one hundred fifty dollars (\$150) but is sufficient to support the functions of the board that relate to the functions authorized by this chapter, excluding Article 9 (commencing with Section 2539.1).
- (2) The application fee and renewal fee for dispensing audiologists shall be established by the board in an amount that does not exceed two hundred eighty dollars (\$280) but is sufficient to support the functions of the board that relate to the functions authorized by this chapter.
- (b) The delinquency fee shall be twenty-five dollars (\$25).
- (c) The reexamination fee shall be established by the board in an amount that does not exceed seventy-five dollars (\$75).
- (d) The registration fee and renewal fee of an aide shall be established by the board in an amount that does not exceed thirty dollars (\$30).
- (e) A fee to be set by the board of not more than one hundred dollars (\$100) shall be charged for each application for approval as a speech-language pathology assistant.
- (f) A fee of one hundred fifty dollars (\$150) shall be charged for the issuance of and for the renewal of each approval as a speech-language pathology assistant, unless a lower fee is established by the board.
- (g) The duplicate wall certificate fee is twenty-five dollars (\$25).
- (h) The duplicate renewal receipt fee is twenty-five dollars (\$25).
- (i) The application fee and renewal fee for a temporary license is thirty dollars (\$30).
- (j) The fee for issuance of a license *or registration* status and history certification letter shall be established by the board in an amount not to exceed twenty-five dollars (\$25).
- (k) The fee for a retired license is seventy-five dollars (\$75).*

**SEC. 25.** Section 2535 of the Business and Professions Code is amended to read:

- 2535.** (a) All licenses ~~issued as of January 1, 1992, or registrations issued under Sections 2530.6, 2532, and 2538~~ shall expire at 12 a.m. of the last date of the birth month of the licensee *or registrant* during the second year of a two-year ~~term~~ *term*, if not renewed.
- ~~(b) All licenses issued under this chapter, except those licenses issued pursuant to subdivision (a), shall expire at 12 a.m. of the last date of the birth month of the licensee during the second year of a two-year term, if not renewed.~~
- ~~(c)~~ *(b)* To renew an unexpired ~~license,~~ *license or registration*, the licensee *or registrant* shall, on or before the date of expiration of the ~~license,~~ *license or registration*, apply for renewal on a form provided by the board, accompanied by the prescribed renewal fee.

**SEC. 26.** Section 2535.2 of the Business and Professions Code is amended to read:

**2535.2.** Except as provided in Section 2535.3, a license *or registration* that has expired may be renewed at any time within five years after its expiration upon filing of an application for renewal on a form prescribed by the board and payment of all accrued and unpaid renewal fees. If the license *or registration* is not renewed on or before its expiration, the ~~licensee,~~ *licensee or registrant*, as a condition precedent to renewal, shall also pay the prescribed delinquency fee. Renewal under this section shall be effective on the date on which the application is filed, on the date on which all renewal fees are paid, or on the date on which the delinquency fee is paid, whichever last occurs. If so renewed, the license *or registration* shall continue in effect through the expiration date provided in Section 2535, after

the effective date of the renewal, when it shall expire and become invalid if it is not again renewed.

**SEC. 27.** Section 2535.4 of the Business and Professions Code is amended to read:

**2535.4.** A person who fails to renew their license *or registration* within the five years after its expiration may not renew it, and it may not be restored, reissued, or reinstated thereafter, but that person may apply for and obtain a new license *or registration* if they meet all of the following requirements:

- (a) Have not committed any acts or crimes constituting grounds for denial of licensure *or registration* under Division 1.5 (commencing with Section 475).
- (b) Take and pass the examination or examinations, if any, that would be required of them if an initial application for licensure *or registration* was being made, or otherwise establishes to the satisfaction of the board that, with due regard for the public interest, they are qualified to practice as a speech-language pathologist or audiologist, as the case may be.
- (c) Pays all of the fees that would be required if an initial application for licensure *or registration* was being made. In addition, the board may charge the applicant a fee to cover the actual costs of any examination that it may administer.

**SEC. 28.** Section 2538.1 of the Business and Professions Code is amended to read:

- 2538.1.** (a) The board shall adopt regulations, in collaboration with the State Department of Education, the Commission on Teacher Credentialing, and the Advisory Commission on Special Education, that set forth standards and requirements for the adequate supervision of speech-language pathology assistants.
- (b) The board shall adopt regulations as reasonably necessary to carry out the purposes of this article, that shall include, but need not be limited to, the following:
- (1) Procedures and requirements for application, registration, renewal, suspension, and revocation.
  - (2) Standards for approval of ~~Associate-Degree~~ Speech-Language Pathology Assistant *associate degree* training programs based upon standards and curriculum guidelines established by the ~~National~~ Council on Academic Accreditation in Audiology and Speech-Language Pathology, or the American Speech-Language-Hearing Association, or equivalent formal training programs consisting of two years of technical education, including supervised field placements. The board may impanel site review committees to conduct onsite evaluations, inspections, and investigations of a speech-language pathology assistant training program and to assess the training program's compliance with the board's laws and regulations. The members of the site review committee shall receive no compensation but shall be reimbursed for their actual travel and per diem expenses by the institution that is the subject of the evaluation, inspection, or investigation.
  - (3) Standards for accreditation of a Speech-Language Pathology Assistant *associate degree* training program's institution by the Accrediting Commission for Community and Junior Colleges of the Western Association of Schools and Colleges or the Senior College Commission of the Western Association of Schools and Colleges, or equivalent accreditation.
  - (4) The scope of responsibility, duties, and functions of speech-language pathology assistants, that shall include, but not be limited to, all of the following:
    - (A) Conducting speech-language screening, without interpretation, and using screening protocols developed by the supervising speech-language pathologist.
    - (B) Providing direct treatment assistance to patients or clients under the supervision of a speech-language pathologist.
    - (C) Following and implementing documented treatment plans or protocols developed by a supervising speech-language pathologist.

- (D) Documenting patient or client progress toward meeting established objectives, and reporting the information to a supervising speech-language pathologist.
- (E) Assisting a speech-language pathologist during assessments, including, but not limited to, assisting with formal documentation, preparing materials, and performing clerical duties for a supervising speech-language pathologist.
- (F) When competent to do so, as determined by the supervising speech-language pathologist, acting as an interpreter for non-English-speaking patients or clients and their family members.
- (G) Scheduling activities and preparing charts, records, graphs, and data.
- (H) Performing checks and maintenance of equipment, including, but not limited to, augmentative communication devices.
- (I) Assisting with speech-language pathology research projects, in-service training, and family or community education.

The regulations shall provide that speech-language pathology assistants are not authorized to conduct evaluations, interpret data, alter treatment plans, or perform any task without the express knowledge and approval of a supervising speech-language pathologist.

- (5) The requirements for the wearing of distinguishing name badges with the title of speech-language pathology assistant.
- (6) Minimum continuing professional development requirements for the speech-language pathology assistant, not to exceed 12 hours in a two-year period. The speech-language pathology assistant's supervisor shall act as a professional development advisor. The speech-language pathology assistant's professional growth may be satisfied with successful completion of state or regional conferences, workshops, formal in-service presentations, independent study programs, *courses offered by entities listed in paragraph (1) of subdivision (e) of Section 2532.6*, or any combination of these concerning communication and related disorders. *Coursework from a master's degree that would qualify an applicant for licensure as a speech-language pathologist pursuant to Section 2532.2 shall not be used to satisfy this requirement.*
- (7) Minimum continuing professional development requirements for the supervisor of a speech-language pathology assistant.
- (8) The type and amount of direct and indirect supervision required for speech-language pathology assistants.
- (9) The maximum number of assistants permitted per supervisor.
- (10) A requirement that the supervising speech-language pathologist shall remain responsible and accountable for clinical judgments and decisions and the maintenance of the highest quality and standards of practice when a speech-language pathology assistant is utilized.

**SEC. 29.** Section 2538.3 of the Business and Professions Code is amended to read:

**2538.3.** A person applying for approval as a speech-language pathology assistant shall have graduated from a speech-language pathology assistant associate degree program, or equivalent course of study, approved by the board. A person who has successfully graduated from a board-approved bachelor's degree program in speech-language ~~pathology or communication~~ *pathology, communication disorders, speech, language, and hearing sciences, communication sciences and disorders, or communicative* disorders shall be deemed to have satisfied an equivalent course of study.

**SEC. 30.** Section 2538.5 of the Business and Professions Code is amended to read:

**2538.5.** This article shall not be construed to limit the utilization of a speech aide or other personnel employed by a public school working under the direct supervision of a credentialed speech-language pathologist as set forth in subdivision (c) of Section 3051.1 of Title 5 of the California Code of ~~Regulations.~~ *Regulations so long as the speech aide or other personnel is*

*not performing the scope of responsibility, duties, and functions of a speech-language pathology assistant as described in paragraph (4) of subdivision (b) of Section 2538.1.*

**SEC. 31.** Section 2538.7 of the Business and Professions Code is amended to read:

**2538.7.** (a) No person who is not registered as a speech-language pathology assistant shall utilize the title speech-language pathology ~~assistant or~~ *assistant, SLP assistant, or the letters "SLPA," or* a similar title that includes the words speech or language when combined with the term assistant.

(b) No person who is not registered as a speech-language pathology assistant shall perform the duties or functions of a speech-language pathology assistant, except as provided by this ~~chapter.~~ *article.*

**SEC. 32.** *Section 2538.8 is added to the Business and Professions Code, to read:*

**2538.8.** *A speech-language pathology assistant shall not advertise or otherwise represent that they hold a license as a speech-language pathologist.*

**SEC. 33.** Section 2538.10 of the Business and Professions Code is amended to read:

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

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

(b) *"License" means a license to engage in the practice of fitting or selling hearing aids to an individual or individuals with impaired hearing.*

~~(b)~~ (c) *"License" "Licensee"* means a ~~hearing aid dispenser~~ *person holding a* license issued pursuant to this article and includes a ~~temporary~~ *permanent, temporary,* or trainee license.

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

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

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

**SEC. 34.** Section 2538.11 of the Business and Professions Code is amended to read:

**2538.11.** (a) "Practice of fitting or selling hearing aids," as used in this article, means those practices used for the purpose of selection and adaptation of hearing aids, including direct observation of the ear, testing of hearing in connection with the fitting and selling of hearing aids, taking of ear mold impressions, fitting or sale of hearing aids, and any necessary postfitting counseling.

The practice of fitting or selling hearing aids does not include the act of concluding the transaction by a retail clerk.

When any audiometer or other equipment is used in the practice of fitting or selling hearing aids, it shall be kept properly calibrated and in good working condition, and the calibration of the audiometer or other equipment shall be checked at least annually.

(b) A ~~hearing aid dispenser~~ *licensee* shall not conduct diagnostic hearing tests when conducting tests in connection with the practice of fitting or selling hearing aids.

(c) Hearing tests conducted pursuant to this article shall include those that are in compliance with the Food and Drug Administration Guidelines for Hearing Aid Devices and those that are specifically covered in the licensing examination prepared and administered by the board.

**SEC. 35.** Section 2538.13 of the Business and Professions Code is amended to read:

**2538.13.** In fitting hearing aids, a ~~hearing aid dispenser~~ licensee shall not take facial measurements or fit, adjust, or adapt lenses or spectacle frames, except that a ~~hearing aid dispenser~~ licensee may replace the temple or temples of a person's spectacle frames with a temple or temples incorporating hearing aid components.

**SEC. 36.** Section 2538.14 of the Business and Professions Code is amended to read:

**2538.14.** "Hearing aid dispenser," as used in this article, means a person ~~engaged in the practice of fitting or selling hearing aids to an individual with impaired hearing.~~ *who is issued a permanent license pursuant to this article.*

**SEC. 37.** Section 2538.18 of the Business and Professions Code is amended to read:

**2538.18.** All ~~holders of licenses to sell or fit hearing aids~~ *hearing aid dispensers* shall continue their education after receiving ~~the~~ *their* license. The board shall provide by regulation, as a condition to the renewal of a license, that ~~licensees~~ *the hearing aid dispenser* shall submit documentation satisfactory to the board that they have informed themselves of current practices related to the fitting of hearing aids by having pursued courses of study satisfactory to the board or by other means defined as equivalent by the board. Continuing education courses shall be subject to monitoring to ensure compliance with the regulations adopted by the board pursuant to this section.

**SEC. 38.** Section 2538.23 of the Business and Professions Code is amended to read:

**2538.23.** (a) Hearing aids may be sold *online*, by ~~catalog~~ *catalog*, or direct mail provided that:

(1) The seller is licensed as a hearing aid dispenser in this ~~state.~~ *state or is a temporary licensee who does not require supervision.*

(2) There is no fitting, selection, or adaptation of the instrument and no advice is given with respect to fitting, selection, or adaptation of the instrument and no advice is given with respect to the taking of an ear impression for an earmold by the seller.

(3) The seller has received a statement which is signed by a physician and surgeon, audiologist, or a hearing aid dispenser, licensed by the State of California which verifies that Section 2538.36 and subdivision (b) of Section 2538.49 have been complied with.

(b) A copy of the statement referred to in paragraph (3) of subdivision (a) shall be retained by the seller for the period provided for in Section 2538.38.

(c) A ~~licensed~~ hearing aid ~~dispenser who~~ *dispenser, or temporary licensee who does not require supervision, who* sells a hearing aid under this section shall not be required to comply with subdivision (b) of Section 2538.49.

**SEC. 39.** Section 2538.26 of the Business and Professions Code is amended to read:

**2538.26.** The board shall issue a license to all applicants who have satisfied this ~~chapter,~~ *article*, who are at least 18 years of age, who possess a high school diploma or its equivalent, who have not committed acts or crimes constituting grounds for denial of licensure under Section 480, and who have paid the fees provided for in Section 2538.57. No license shall be issued to any person other than an individual.

**SEC. 40.** Section 2538.28 of the Business and Professions Code is amended to read:

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

- (b) The board shall adopt regulations setting forth criteria for its refusal to approve a hearing aid dispenser to supervise a trainee licensee, including procedures to appeal that decision.
- (c) A trainee license issued pursuant to this section is effective and valid for six months from date of issue. The board may renew the trainee license for an additional period of six months. Except as provided in subdivision (d), the board shall not issue more than two renewals of a trainee license to any applicant. Notwithstanding subdivision (d), if a trainee licensee who is entitled to renew a trainee license does not renew the trainee license and applies for a new trainee license at a later time, the new trainee license shall only be issued and renewed subject to the limitations set forth in this subdivision.
- (d) A new trainee license may be issued pursuant to this section if a trainee license issued pursuant to subdivision (c) has lapsed for a minimum of three years from the expiration or cancellation date of the previous trainee license. The board may issue only one new trainee license under this subdivision.

**SEC. 41.** Section 2538.33 of the Business and Professions Code is amended to read:

- 2538.33.** (a) Before engaging in the practice of fitting or selling hearing aids, each licensee shall notify the board in writing of the address or addresses where they are to engage, or intend to engage, in the practice of fitting or selling hearing aids, and of any changes in their ~~place of business~~ *address or addresses* within 30 days of engaging in that practice.
- (b) If ~~a street address~~ *the address or addresses provided pursuant to subdivision (a)* is not the address *or addresses* at which the licensee receives mail, the licensee shall also notify the board in writing of the mailing address for each location where the licensee is to engage, or intends to engage, in the practice of fitting or selling hearing aids, and of any change in the mailing address ~~of their place or places of business~~ *or addresses*.

**SEC. 42.** Section 2538.34 of the Business and Professions Code is amended to read:

- 2538.34.** (a) Every ~~licensee who~~ *hearing aid dispenser, or temporary licensee who does not require supervision, who* engages in the practice of fitting or selling hearing aids shall have ~~and maintain~~ an established retail business address ~~to engage in that fitting or selling~~, routinely open for service to customers or clients. The address of ~~the licensee's~~ *that* place of business shall be registered with the board as provided in Section 2538.33.
- (b) Except as provided in subdivision (c), if a ~~licensee maintains~~ *hearing aid dispenser, or temporary licensee who does not require supervision, engages in the practice of fitting or selling hearing aids at* more than one place of business within this state, they shall apply for and procure a ~~duplicate~~ *branch office* license for each branch ~~office maintained~~ *place of business*. The application shall state the name of the person and the ~~location~~ *address* of the place or places of business for which the ~~duplicate~~ *branch office* license is desired.
- (c) (1) A hearing aid ~~dispenser~~ *dispenser, or temporary licensee who does not require supervision,* may, without obtaining a ~~duplicate license for a branch office~~ *branch office license*, engage on a temporary basis in the practice of fitting or selling hearing aids at ~~the primary or branch location of another licensee's~~ *another* business or at a location or facility that they may use on a temporary basis, provided that the hearing aid ~~dispenser~~ *dispenser, or temporary licensee who does not require supervision,* notifies the board in advance in writing of the dates and addresses of those businesses, locations, or facilities at which they will engage in the practice of fitting or selling hearing aids.
- (2) *For purposes of paragraph (1), "temporary basis" means a limited and short period of time that is not intended to occur repeatedly.*

**SEC. 43.** Section 2538.37 of the Business and Professions Code is amended to read:

**2538.37.** No hearing aid shall be sold by an individual licensed under this ~~chapter,~~ *article,* to a person 16 years of age or younger, unless within the preceding six months a recommendation for a hearing aid has been made by both a board-certified, or a board-eligible physician specializing in otolaryngology, and by a ~~state-licensed~~ *state-licensed* audiologist. A replacement of an identical hearing aid within one year shall be an exception to this requirement.

**SEC. 44.** Section 2538.38 of the Business and Professions Code is amended to read:

**2538.38.** A ~~licensee~~ *hearing aid dispenser, or temporary licensee who does not require supervision,* shall, upon the consummation of a sale of a hearing aid, keep and maintain records in the licensee's office or place of business at all times and each record shall be kept and maintained for a seven-year period. All records related to the sale and fitting of hearing aids shall be open to inspection by the board or its authorized representatives upon reasonable notice. The records kept shall include:

- (a) Results of test techniques as they pertain to fitting of the hearing aid.
- (b) A copy of the written notice and the written receipt required by Section 2538.35 and the written recommendation and receipt required by Section 2538.36 when applicable.
- (c) Records of maintenance or calibration of equipment used in the practice of fitting or selling hearing aids.

**SEC. 45.** Section 2538.48 of the Business and Professions Code is amended to read:

**2538.48.** It is unlawful to engage in the practice of fitting or selling hearing aids in this state without having at the time of so doing a valid, unrevoked, and unexpired ~~license or temporary~~ license.

**SEC. 46.** Section 2538.49 of the Business and Professions Code is amended to read:

**2538.49.** It is unlawful for a ~~licensed hearing aid dispenser~~ *licensee* to fit or sell a hearing aid unless they first do all of the following:

- (a) Comply with all provisions of state laws and regulations relating to the fitting or selling of hearing aids.
- (b) Conduct a direct observation of the purchaser's ear canals.
- (c) Inform the purchaser of the address and office hours at which the licensee shall be available for fitting or postfitting adjustments and servicing of the hearing aid or aids sold.

**SEC. 47.** Section 2538.50 of the Business and Professions Code is amended to read:

**2538.50.** It is unlawful to advertise by displaying a sign or otherwise or hold themselves out to be a person engaged in the practice of fitting or selling hearing aids without having at the time of so doing a valid, unrevoked ~~license or temporary~~ license.

**SEC. 48.** Section 2538.51 of the Business and Professions Code is amended to read:

**2538.51.** It is unlawful to engage in the practice of fitting or selling hearing aids without the ~~licensee having and maintaining~~ *hearing aid dispenser, or temporary licensee who does not require supervision, having* an established business address, routinely open for service to their clients.

**SEC. 49.** Section 2538.53 of the Business and Professions Code is amended to read:

**2538.53.** (a) A license issued under this article expires at midnight on its assigned renewal date.

(b) To renew an unexpired *permanent* license, the ~~licensee~~ *hearing aid dispenser* shall, on or before the date of expiration of the license, apply for renewal on a form provided by the board, accompanied by the prescribed renewal fee.

(c) ~~Temporary Trainee~~ license holders shall renew their ~~licenses~~ *license* in accordance with Section ~~2538.27, 2538.28~~ and apply for that renewal on a form provided by the board, accompanied by the prescribed renewal fee for ~~temporary licenses~~ *a trainee license*.

(d) Each ~~duplicate~~ license issued for a branch office shall expire on the same date as the permanent license of the hearing aid dispenser to whom the ~~duplicate~~ *branch office* license was issued. ~~These duplicate licenses~~ *A branch office license* shall be renewed according to subdivision (b).

**SEC. 50.** Section 2538.57 of the Business and Professions Code is amended to read:

**2538.57.** The amount of fees and penalties prescribed by this article shall be those set forth in this section unless a lower fee is fixed by the board:

(a) The fee for applicants applying for the first time for a license is seventy-five dollars (\$75), which shall not be refunded, except to applicants who are found to be ineligible to take an examination for a license. Those applicants are entitled to a refund of fifty dollars (\$50).

(b) The fees for taking or retaking the written and practical examinations shall be amounts fixed by the board, which shall be equal to the actual cost of preparing, grading, analyzing, and administering the examinations.

(c) The initial temporary *or trainee* license fee is one hundred dollars (\$100). The fee for renewal of a ~~temporary trainee~~ license is one hundred dollars (\$100) for each renewal.

(d) The initial permanent license fee is two hundred eighty dollars (\$280). The fee for renewal of a permanent license is not more than two hundred eighty dollars (\$280) for each renewal.

(e) The initial branch office license fee is twenty-five dollars (\$25). The fee for renewal of a branch office license is twenty-five dollars (\$25) for each renewal.

(f) The delinquency fee is twenty-five dollars (\$25).

(g) The fee for issuance of a replacement license is twenty-five dollars (\$25).

(h) The continuing education course approval application fee is fifty dollars (\$50).

(i) The fee for official certification of licensure is fifteen dollars (\$15).

*(j) The fee for a retired license is seventy-five dollars (\$75).*

**SEC. 51.** Section 2539.1 of the Business and Professions Code is amended to read:

**2539.1.** (a) (1) ~~On and after January 1, 2010, in~~ *In* addition to satisfying the licensure and examination requirements described in Sections 2532, 2532.2, and 2532.25, no licensed audiologist shall sell hearing aids unless they complete an application for a dispensing audiology license, pay all applicable fees, and pass an examination, approved by the board, relating to selling hearing aids.

(2) The board shall issue a dispensing audiology license to a licensed audiologist who meets the requirements of paragraph (1).

~~(b) (1) The On and after January 1, 2010, a licensed audiologist with an unexpired license to sell hearing aids pursuant to Article 8 (commencing with Section 2538.10) may continue to sell hearing aids pursuant to that license until that license expires pursuant to Section 2538.53, and upon that expiration the licensee shall be deemed to have satisfied the requirements described in subdivision (a) and may continue to sell hearing aids pursuant to their audiology license subject to this chapter. Upon the expiration of the audiologist's license to sell hearing aids, the board shall issue them a dispensing audiology license pursuant to paragraph (2) of subdivision (a). This paragraph shall~~ *board shall* not prevent an audiologist who also has a hearing aid dispenser ~~license~~ *license, issued pursuant to Article 8 (commencing with Section 2538.10)*, from maintaining dual or separate licenses if they choose to do so.

~~(2) A licensed audiologist whose license to sell hearing aids, issued pursuant to Article 8 (commencing with Section 2538.10), is suspended, surrendered, or revoked shall not be authorized to sell hearing aids pursuant to this subdivision and they shall be subject to the requirements described in subdivision (a) and the other provisions of this chapter.~~

(c) A licensed hearing aid dispenser who meets the qualifications for licensure as an audiologist *described in Sections 2532, 2532.2, and 2532.25* shall be deemed to have satisfied the requirements of paragraph (1) of subdivision (a) for the purposes of obtaining a dispensing audiology license.

(d) For purposes of subdivision (a), the board shall provide the hearing aid dispenser examination provided by the former Hearing Aid Dispensers Bureau until the next examination validation and occupational analysis is completed by the Department of Consumer Affairs pursuant to Section 139 and a determination is made that a different examination is to be administered.

**SEC. 52.** Section 2539.2 of the Business and Professions Code is amended to read:

**2539.2.** (a) Hearing aids may be sold *online*, by ~~catalog~~ *catalog*, or direct mail provided that:

(1) The seller is licensed as an audiologist in this state and is authorized to sell hearing aids pursuant to Section 2539.1.

(2) There is no fitting, selection, or adaptation of the instrument and no advice is given with respect to fitting, selection, or adaptation of the instrument and no advice is given with respect to the taking of an ear impression for an earmold by the seller.

(3) The seller has received a statement which is signed by a physician and surgeon, audiologist, or a hearing aid dispenser, licensed by the State of California which verifies that Section 2539.6 has been complied with.

(b) A copy of the statement referred to in paragraph (3) of subdivision (a) shall be retained by the seller for the period provided for in Section 2539.10.

**SEC. 53.** Section 2539.6 of the Business and Professions Code is amended to read:

**2539.6.** (a) Whenever any of the following conditions are found to exist either from observations by the licensed *dispensing* audiologist or on the basis of information furnished by the prospective hearing aid user, a licensed *dispensing* audiologist shall, prior to fitting or selling a hearing aid to any individual, suggest to that individual in writing that the individual's best interests would be served if they consult a licensed physician and surgeon specializing in diseases of the ear or, if none are available in the community, a duly licensed physician and surgeon:

(1) Visible congenital or traumatic deformity of the ear.

(2) History of, or active, drainage from the ear within the previous 90 days.

(3) History of sudden or rapidly progressive hearing loss within the previous 90 days.

(4) Acute or chronic dizziness.

(5) Unilateral hearing loss of sudden or recent onset within the previous 90 days.

(6) Significant air-bone gap (when generally acceptable standards have been established).

(7) Visible evidence of significant cerumen accumulation or a foreign body in the ear canal.

(8) Pain or discomfort in the ear.

(b) No referral for medical opinion need be made by any licensed *dispensing* audiologist in the instance of replacement only of a hearing aid that has been lost or damaged beyond repair within one year of the date of purchase. A copy of the written recommendation shall be retained by the licensed *dispensing* audiologist for the period provided for in Section 2539.10. A person receiving the written recommendation who elects to purchase a hearing aid shall sign a receipt for the same, and the receipt shall be kept with the other papers retained by the licensed *dispensing* audiologist for the period provided for in Section 2539.10. Nothing in this section required to be performed by a licensed *dispensing* audiologist shall mean that the licensed *dispensing* audiologist is engaged in the diagnosis of illness or the practice of medicine or any other activity prohibited by the provisions of this code.

**SEC. 54.** Section 2539.8 of the Business and Professions Code is repealed.

~~2539.8. No hearing aid shall be sold by an individual licensed as an audiologist under this chapter to a person 16 years of age or younger, unless within the preceding six months a recommendation for a hearing aid has been made by both a board-certified, or a board-eligible physician specializing in otolaryngology, and by a state-licensed audiologist. A replacement of an identical hearing aid within one year shall be an exception to this requirement.~~

**SEC. 55.** Section 2539.12 of the Business and Professions Code is amended to read:

**2539.12.** A licensed *dispensing* audiologist who is the owner, manager, or franchisee at a location where hearing aids are fit or sold, shall be responsible for the adequacy of the fitting or selling of any hearing aid fit and sold by any licensee or licensees at that location.

**SEC. 56.** Section 2539.14 of the Business and Professions Code is amended to read:

**2539.14. (a)** *A licensed dispensing audiologist who satisfies the requirements of Section 2539.1 is authorized to sell hearing aids pursuant to the requirements in Article 8 (commencing with Section 2538.10).*

*(b)* The provisions of subdivisions (b) and (c) of Section 2538.11 ~~and the provisions of Section 2538.12~~ or Sections 2538.12, 2538.14, 2538.37, 2538.53, 2538.54, 2538.55, and 2538.56 do not apply to a licensed audiologist who satisfies the requirements of Section 2539.1.

**SEC. 57.** Section 2539.15 is added to the Business and Professions Code, to read:

**2539.15.** *All dispensing audiologists shall continue their education after receiving their license. The board shall provide by regulation, as a condition to the renewal of a license, that the dispensing audiologist shall submit documentation satisfactory to the board that they have informed themselves of current practices related to audiology and the fitting of hearing aids by having pursued courses of study satisfactory to the board or by other means defined as equivalent by the board.*

*Continuing education courses shall be subject to monitoring to ensure compliance with the regulations adopted by the board pursuant to this section.*

**SEC. 58.** Section 2539.16 is added to the Business and Professions Code, to read:

**2539.16. (a)** *A license issued under this article expires at midnight on its assigned renewal date.*

*(b)* *To renew an unexpired license, the licensee shall, on or before the date of expiration of the license, apply for renewal on a form provided by the board, accompanied by the prescribed renewal fee.*

**SEC. 59.** Section 2539.17 is added to the Business and Professions Code, to read:

**2539.17.** *Except as otherwise provided in this article, an expired license may be renewed at any time within three years after its expiration on filing of an application for renewal on a form prescribed by the board, and payment of all accrued and unpaid renewal fees. If the license is renewed after its expiration, the licensee, as a condition precedent to renewal, shall also pay the delinquency fee prescribed by this article. Renewal under this section shall be effective on the date on which the application is filed, on the date on which the renewal fee is paid, or on the date on which the delinquency fee, if any, is paid, whichever last occurs. If so renewed, the license shall continue in effect through the date provided in Section 2539.16 which next occurs after the effective date of the renewal, when it shall expire if it is not again renewed.*

**SEC. 60.** Section 2539.18 is added to the Business and Professions Code, to read:

**2539.18. (a)** *A license which has been suspended is subject to expiration and shall be renewed as provided in this article but renewal does not entitle the holder of the license, while it remains suspended and until it is reinstated, to engage in the fitting or selling of hearing aids,*

*or in any other activity or conduct in violation of the order or judgment by which the license was suspended.*

*(b) A license that has been revoked is subject to expiration, but it shall not be renewed. If it is reinstated after its expiration, the licensee, as a condition precedent to its reinstatement, shall pay a reinstatement fee in an amount equal to the renewal fee in effect on the last regular renewal date before the date on which it is reinstated, plus the delinquency fee, if any, accrued at the time of its revocation.*

**SEC. 61.** *Section 2539.19 is added to the Business and Professions Code, to read:*

**2539.19.** *A license that is not renewed within three years after its expiration may not be renewed, restored, reissued, or reinstated thereafter, but the holder of the expired license may apply for and obtain a new license if all of the following apply:*

*(a) They have not committed acts or crimes constituting grounds for denial of licensure under Section 480.*

*(b) They pay all of the fees that would be required if they were applying for a license for the first time.*

*(c) They take and pass the examination that would be required if they were applying for a license for the first time or otherwise establish to the satisfaction of the board that, with due regard for the public interest, they are qualified to practice as a dispensing audiologist.*

**SEC. 62.** *No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.*



# MEMORANDUM

|         |                                                                          |
|---------|--------------------------------------------------------------------------|
| DATE    | October 1, 2026                                                          |
| TO      | Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board |
| FROM    | Maria Liranzo; Legislation, Regulation and Budget Analyst                |
| SUBJECT | Agenda Item 13: Legislative Report: Update on Proposed Legislation       |

## a) Legislative Calendar and Deadlines

- August 3 – Legislature reconvenes from Summer Recess.
- August 14 – Last day for fiscal committees to meet and report bills.
- August 17-31 – Floor Session. No committee except for bills referred to the Rules Committee pursuant to Assembly Rule 77.2, and Conference Committees.
- August 21 – Last day to amend bills on the Floor.
- August 31 – Last day for each house to pass bills. Final Recess begins upon adjournment.
- September 30 – Last day for Governor to sign or veto bills passed by the Legislature before September 1 and in the Governor's possession on or after September 1.
- October 2 – Bills enacted on or before this date take effect January 1, 2027.
- November 30 – Adjournment sine die at midnight.

## b) Bills with Position Taken by the Board

### i. Assembly Bill (AB) 1775 (Ward) Veterans.

**Status:** This bill was approved by the Governor and chaptered by Secretary of State (Chapter 467, Statutes of 2026).

**Summary:** This bill would additionally require boards to expedite, and authorize them to assist, the initial licensure process for an applicant who were discharged or received a discharge solely as a result of a specified executive order. This bill would extend the requirement and authorization for the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board to commencement on June 1, 2027.

Current law requires boards to expedite, and authorizes them to assist, the initial licensure process for an applicant who supplies satisfactory evidence to the board that the applicant has served as an active duty member of the Armed Forces of the United States and was honorably discharged.

**Position:** Neutral

ii. **AB 1811 (Rogers) Health professionals.**

**Status:** This bill was approved by the Governor and chaptered by Secretary of State (Chapter 549, Statutes of 2026).

**Summary:** This bill would additionally require workforce data to be collected by boards at the time of electronic license or registration issuance. This bill would require additional information to be collected by boards including, among other things, the hours worked in inpatient care, hours worked in outpatient care, and whether the licensee or registrant offers a formal sliding fee scale. This bill would instead require each board to provide licensee and registrant data on a monthly basis to the Department of Health Care Access and Information. This bill would extend the requirement and authorization for the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board to commencement on July 1, 2027.

Current law requires workforce data to be collected by boards at the time of electronic license or registration renewal. Current law requires the workforce data collected to include specified information, including, among others, the type of employer or classification of primary practice site. Current law requires each board to provide licensee and registrant data on a quarterly basis. Current law prohibits a licensee or registrant from being required to provide the information as a condition for renewal and prohibits licensees or registrants from being subject to discipline for not providing the information. Current law requires the boards and the Department of Health Care Access and Information to maintain the confidentiality of licensee and registrant information collected and authorizes release of the information only in aggregate form.

**Position:** Neutral

iii. **AB 2233 (Ta) Behavioral health treatment plans.**

**Status:** This bill was approved by the Governor and chaptered by Secretary of State (Chapter 591, Statutes of 2026).

**Summary:** This bill would prohibit a health care service plan or health insurer from imposing restrictions on the utilization of authorized treatment hours within the treatment plan's 6-month authorization period. This bill would require authorized hours to remain available for use throughout the authorization period if the use of the hours is consistent with the treatment plan and clinical guidelines and is documented in the treatment plan and progress reports.

Current law requires a health care service plan contract or health insurance policy to provide coverage for behavioral health treatment for pervasive developmental disorder or autism under a prescribed treatment plan that is reviewed no less than every 6 months by the qualified autism service provider and modified whenever appropriate.

**Position:** Support

iv. **Senate Bill (SB) 1130 (Reyes) Invasion of privacy: wearable recording devices.**

**Status:** This bill was vetoed by the Governor.

**Summary:** This bill would additionally prohibit a person from operating a wearable recording device to capture sound or video of any other person in any area within a place of business where the person has a reasonable expectation of privacy unless the person operating the device has the explicit consent of that person to capture sound or video of that person. This bill would prohibit a person from disabling any light or other device on a wearable recording device that indicates that the device is capturing sound or video. This bill would exempt from these provisions the use of hearing aids, augmentative and alternative communication devices, and similar devices by persons afflicted with impaired hearing or communication disorders when used for the purpose of overcoming the impairment or disorder to permit the hearing of sounds ordinarily audible to the human ear or to support communication with the person or by persons with a disability if the device or technology is used for the purpose of enabling a person's access to, or participation in, activities of daily living or to support a person's functional needs related to the disability or condition. This bill would make a violation of these provisions punishable by a fine not exceeding \$1,500, by imprisonment as a misdemeanor, or by both that fine and imprisonment, and would make the exemptions from the provisions described above applicable to violations of this bill's prohibitions.

The bill would, commencing on January 1, 2028, prohibit a person or entity from manufacturing, selling, delivering, holding, or offering for sale in commerce a wearable recording device without a light, sound, or other indicator that is sufficiently prominent so that a reasonable person in the vicinity would be alerted to the capturing activity. This bill would also prohibit a person or entity from manufacturing, selling, delivering, holding, or offering for sale in commerce any technology that enables a person to disable any light or other device on a wearable recording device that indicates that the device is capturing sound or video and would prohibit a person from purchasing, trading for, otherwise acquiring, or using that technology. This bill would make a knowing violation of these provisions punishable by a civil penalty not exceeding \$2,500 per violation.

Current law prohibits the intentional use of an electronic amplifying or recording device to eavesdrop upon or record a confidential communication without the consent of all parties to the communication; and wiretapping, eavesdropping, intercepting or recording, or assisting with the interception or reception of a communication without the consent of all parties, and prohibits trespassing on property for the purpose of committing or attempting to commit a violation of those prohibitions. A violation of those provisions is punishable by a fine not exceeding \$2,500, by imprisonment as either a misdemeanor or a felony, or by both the fine and imprisonment, unless otherwise exempted. If that person has previously been convicted of a violation of any of those provisions, a violation of any of those provisions is punishable by a fine not exceeding \$10,000, by imprisonment as either a misdemeanor or a felony, or by both the fine and imprisonment.

**Position:** Neutral

**Veto Message:** Among other changes to the law, this bill would make it a misdemeanor to operate a wearable recording device to capture sound or video of any other person in

any area within a place of business where the person has a reasonable expectation of privacy.

Wearable technology is rapidly advancing, with articles that closely resemble ordinary eyewear and other accessories containing cameras, microphones, and artificial intelligence systems. These devices can record audio and video, process information in real time, and livestream to an audience. Reports of disturbing, invasive, and potentially dangerous behavior utilizing this technology have surfaced and demand a legislative response.

While I support the author's attempt to meet that demand, we must approach this issue with precision and care. This measure defines several terms too broadly or imprecisely. For example, the bill's definition of "wearable recording device" could include certain smartwatches or other worn devices widely used in public spaces and capable of recording, which could lead to significant confusion and unintended consequences.

Furthermore, although this bill seeks to prohibit visual and audio recording in a place of business where an individual has a reasonable expectation of privacy, existing law already makes it a crime to use an electronic device to record a person in any area in which the occupant has a reasonable expectation of privacy, as well as the recording of confidential communications without consent.

**v. SB 1368 (Wahab) Speech-language pathologists, audiologists, and hearing aid dispensers.**

**Status:** This bill was approved by the Governor and chaptered by Secretary of State (Chapter 234, Statutes of 2026).

**Summary:** This bill would extend the operation of the board until January 1, 2031. This bill would specify a person also holds themselves out to the public as a speech-language pathologist or audiologist by using a business name with those titles. This bill would delete the requirement that requires a supervising speech-language pathologist or supervising audiologist to submit to the board a description of the proposed professional responsibilities of an applicant who is issued a temporary license as a speech-language pathologist or audiologist working under their supervision. This bill would prohibit a speech-language pathology or audiology aide from advertising or representing that they hold a license as a speech-language pathologist, speech-language pathology assistant, or audiologist. This bill would prohibit a speech-language pathology or audiology aide, a professional experience license holder, or a speech-language pathology assistant from being the sole proprietor of, or managing or independently operating, a business that engages in the practice of speech-language pathology or audiology. This bill would replace examination requirements to instead require an applicant to pass an examination approved by the board, which may be conducted by the board or by an organization specified by the board. This bill would expand the list of degrees that would satisfy that requirement to include at least a master's degree in communication disorders, communication sciences and disorders, communicative disorders, or speech, language, or hearing science. This bill would revise the list of authorized continuing education providers to also include federal, state, or local governmental entities. This bill would require the board, upon payment of a \$75 fee, to issue a retired license to a licensed speech-language pathologist, speech-

language pathology assistant, audiologist, hearing aid dispenser, or dispensing audiologist who holds a license that is current and active or a license that is inactive, and whose license is not suspended, revoked, surrendered, or is subject to disciplinary action. This bill would prohibit coursework from a master's degree that would qualify an applicant for licensure as a speech-language pathologist from being used to satisfy those continuing professional development requirements. This bill would expand the list of degrees that would satisfy those requirements to include a bachelor's degree in communication disorders, speech-language and hearing sciences, communication sciences and disorders, or communicative disorders. This bill would clarify that speech aide or other personnel employed by a public school working under the supervision of a speech-language pathologist are not performing the responsibilities, duties, and functions of a speech-language pathology assistant. This bill would prohibit a person who is not registered as a speech-language pathology assistant from using the title "SLP assistant" or the letters "SLPA", and would prohibit a speech-language pathology assistant from advertising or otherwise representing that they hold a license as a speech-language pathologist. This bill would authorize hearing aids to be sold online subject to requirements similar to hearing aids sold by catalog or direct mail. This bill would specify that some of those provisions apply to hearing aid dispensers instead of licensees, and would change some of those provisions so they apply to an address or addresses instead of a place of business. This bill would instead require a hearing aid dispenser engaged in the practice of fitting or selling hearing aids at more than one place of business to apply for and procure a branch office license. This bill would define "temporary basis" for the purpose of branch office license. This bill would expand the list of restrictions and requirements applicable to licensed hearing aid dispensers that licensed dispensing audiologists are exempt from to include, among other things, provisions prohibiting a licensed hearing aid dispenser from making or seeking referrals for testing, fitting, or dispensing of hearing aids in connection with the conduction of hearing screenings. This bill would revise and recast certain provisions required of dispensing audiologist. This bill would make other definitional, technical, and conforming changes, including defining "hearing aid dispenser" as a person who is issued a permanent license pursuant to these provisions, revising the definitions of "license" and "licensee" under Article 8.

Current law establishes the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board within the Department of Consumer Affairs for the licensure and regulation of speech-language pathologists, speech-language pathology aides, speech language speech-language pathology assistants, audiologists, dispensing audiologists, and hearing aid dispensers until January 1, 2027.

**Position:** Support

### **c) Bills on Watch Status**

#### **i. AB 322 (Ward) Precise geolocation information.**

**Status:** This bill died in the Senate Appropriations Committee on Suspense File.

**Summary:** This bill would require a business that collects precise geolocation information to prominently display a notice to the consumer whose information is being collected in a manner and for the reasons specified in this bill. This bill would prohibit a

business that collects precise geolocation information from retaining the information longer than necessary to provide the goods or services requested by the consumer or longer than one year after the consumer's last intentional interaction with the business, whichever is earlier.

Current law, known as the California Consumer Privacy Act of 2018 (CCPA), grants a consumer various rights with respect to personal information that is collected by a business including the right to direct a business that collects sensitive personal information about the consumer to limit its use. Current law defines "sensitive personal information" to mean personal information that reveals a consumer's precise geolocation, among other things.

ii. **AB 346 (Nguyen) In-home supportive services: licensed health care professional certification.**

**Status:** This bill died in the Senate Appropriations Committee on Suspense File.

**Summary:** This bill would define "licensed health care professional" to mean individual licensed in California by the appropriate California regulatory agency, acting within the scope of their license or certificate, as defined in the Business and Professions Code, including a physician or surgeon, physician assistant, podiatrist, dentist, or nurse practitioner.

Current law defines a licensed health care professional to mean an individual licensed in California by the appropriate California regulatory agency, acting within the scope of their license or certificate as defined in the Business and Professions Code. Current law also defines supportive services to include those necessary paramedical services that are ordered by a licensed health care professional for purposes of the IHSS program. Current law requires an applicant for, or recipient of, IHSS services obtain a certification from a licensed health care professional declaring that the applicant or recipient is unable to perform some activities of daily living independently, and that without services to assist the applicant or recipient with activities of daily living, the applicant or recipient is at risk of placement in out-of-home care.

iii. **AB 410 (Wilson) Bots: disclosure.**

**Status:** This bill died in the Senate Appropriations Committee on Suspense File.

**Summary:** This bill would redefine "bot" to mean an automated online account or application that a reasonable person could believe is a human being and with respect to which substantially all of the actions or posts of that account or application are the outputs of generative artificial intelligence. This bill would require a person who uses a bot to autonomously communicate with another to ensure that the bot discloses to any person with whom the bot communicates when the bot first communicates with the person that the bot is a bot and not a human being, answer truthfully any query from a person regarding its identity as a bot or a human, and refrain from attempting to mislead a person regarding its identity as a bot. This bill would define "generative artificial intelligence" to mean artificial intelligence that can generate derived synthetic content, including text, images, video, and audio that emulates the structure and characteristics of the system's training data. This bill would also define "artificial intelligence" to mean

an engineered or machine-based system that varies in its level of autonomy and that can, for explicit or implicit objectives, infer from the input it receives how to generate outputs that can influence physical or virtual environments. This bill would exempt a person who uses a bot that is required to comply with a more prescriptive disclosure scheme. This bill would remove the definition of online platform and exemption for service providers of online platforms. This bill would permit the Attorney General, a district attorney, a county counsel, a city attorney, or a city prosecutor to bring an action against a person who violates this law to obtain either an injunctive relief or a civil penalty of one thousand dollars (\$1,000) per violation.

Current law makes it unlawful for any person to use a bot to communicate or interact with another person online, in this state, with the intent to mislead the other person about its artificial identity for the purposes of knowingly deceiving the person about the content of the communication in order to incentivize a purchase or sale of goods or services in a commercial transaction or to influence a vote in an election, unless the person using the bot discloses that it is a bot. Current law defines a “bot” as an automated online account where all or substantially all of the actions or posts of that account are not the result of a person.

**iv. AB 485 (Ortega) Labor Commissioner: unsatisfied judgments: nonpayment of wages.**

**Status:** This bill died in the Senate Appropriations Committee on Suspense File.

**Summary:** This bill would require any state agency to deny a new license or permit or the renewal of an existing license if the applicant, licensee, or registrant is in violation of Section 238 of the Labor Code regarding unpaid wages. This bill would also require the Labor Commissioner to notify the state agency of any licensees or registrants who are in violation of Section 238 of the Labor Code. This bill would repeal similar provisions applicable to employers in the long-term care industry and instead would permit the State Public Health Officer to exempt a hospital employer from this bill’s requirements upon a determination that a denial, suspension, or revocation of the hospital’s license, permit, or renewal could have imminent or substantial adverse effects upon public health or safety or would violate constitutional law.

Current law generally prohibits an employer with an unsatisfied final judgment for nonpayment of wages from continuing to conduct business in California, unless that employer has obtained a bond from a surety company and filed that bond with the Labor Commissioner. Current law requires the State Department of Public Health or the State Department of Social Services to deny a new license or the renewal of an existing license if an employer who is required to obtain a license from such department has violated this law. Current law requires the Labor Commissioner to notify those departments upon finding that an employer in the long-term care industry is violating this law.

**v. AB 667 (Solache) Professions and vocations: license examinations: interpreters.**

**Status:** This bill died on the Senate Floor, Inactive File.

**Summary:** This bill would require boards under the jurisdiction of the Department of Consumer Affairs to include an additional section in a license application that asks an applicant to identify their preferred written, spoken, and signed languages by January 1, 2027. This bill would require each board to conduct an annual review of applicants' language preferences that are collected from license applications beginning July 1, 2027. This bill would require each board to determine whether there is a substantial number of non-English-speaking applicants who require the services of an interpreter by July 1, 2027, and report the determinations to the Legislature by January 1, 2028. This bill would require each board to annually report to the Senate Business, Professions, and Economic Development and the Assembly Business and Professions Committees on language preference data collected from license applications beginning January 1, 2029.

Current law establishes the Department of Consumer Affairs, which is composed of various boards that license and regulate various professions.

vi. **AB 1542 (Ward) Sensitive personal information.**

**Status:** This bill was vetoed by the Governor.

**Summary:** This bill would prohibit a business, service provider, or contractor from selling or sharing sensitive personal information to a third party except as specified.

Current law allows a consumer to have the right, at any time, to direct a business that collects sensitive personal information about the consumer to limit its use of the consumer's sensitive personal information to that use that is necessary to perform the services or provide the goods reasonably expected by an average consumer who requests those goods or services, to perform the services set forth by the law. Current laws require a business that uses or discloses a consumer's sensitive personal information for purposes other than those specified by the law to provide notice to consumers that their information may be used, or disclosed to a service provider or contractor, for additional, specified purposes and that consumers have the right to limit the use or disclosure of their sensitive personal information. Current laws require a business that has received direction from a consumer not to use or disclose the consumer's sensitive personal information, except as authorized by law to not use or disclose the consumer's sensitive personal information for any other purpose after its receipt of the consumer's direction unless the consumer subsequently provides consent for the use or disclosure of the consumer's sensitive personal information for additional purposes. Current laws require a service provider or contractor that assists a business in performing the purposes authorized by the law to not use the sensitive personal information after it has received instructions from the business and to the extent it has actual knowledge that the personal information is sensitive personal information for any other purpose. A service provider or contractor is only required to limit its use of sensitive personal information received pursuant to a written contract with the business in response to instructions from the business and only with respect to its relationship with that business. Current laws do not require that sensitive personal information collected or processed without the purpose of inferring characteristics about a consumer to be not subject to this law or be treated as personal information.

**Veto Message:** This bill prohibits businesses that are subject to the California Consumer Privacy Act (CCPA) from selling or sharing a consumer's sensitive personal information.

While I support the author's goal of protecting the sensitive personal information of Californians, a categorical ban on sharing that information is a step too far. Under state law, companies are required to provide California consumers with the option to limit the sharing of such information, and I worry there may be unintended consequences if consumers are removed entirely from the decision process.

Further, because this bill would apply to businesses broadly, its implementation and enforcement would result in significant costs not included in the 2026 Budget Act. In partnership with the Legislature this year, my administration has enacted a balanced budget that recognizes the challenging fiscal landscape our state faces while maintaining our commitment to working families and our most vulnerable communities. With significant fiscal pressures and the federal government's hostile economic policies, it is vital that we remain disciplined when considering bills with significant fiscal implications that are not included in the budget, such as this measure.

**vii. AB 1564 (Ahrens) Employer-employee relations: confidential communications.**

**Status:** This bill died in the Senate Appropriations Committee on Suspense File.

**Summary:** This bill would prohibit a public employer from questioning a public employee, a representative of a recognized employee organization, or an exclusive representative regarding communications made in confidence between an employee and an employee representative in connection with representation relating to any matter within the scope of the recognized employee organization's representation. This bill would also prohibit a public employer from compelling a public employee, a representative of a recognized employee organization, or an exclusive representative to disclose those confidential communications to a third party. This bill would not apply to a criminal investigation or when a public safety officer is under investigation and certain circumstances exist.

Current law governs the labor relations of public employees and employers, including prohibiting employers from taking certain actions relating to employee organization. Current law further prohibits denying to employee organizations the rights guaranteed to them by the law.

**viii. AB 1652 (Patterson) State agencies: regulations and legislation: nondisclosure agreements.**

**Status:** This bill was approved by the Governor and chaptered by Secretary of State (Chapter 130, Statutes of 2026).

**Summary:** This bill would prohibit an elective or appointive officer of a state agency acting in their official capacity from entering into, or requesting that another party enter into, a nondisclosure agreement relating to the drafting, negotiation, or discussion of a proposed regulation or legislation. This bill would also make any nondisclosure agreement relating to the drafting, negotiation, or discussion of a proposed regulation or

legislation entered into by an elective or appointive officer of a state agency acting in their official capacity after the effective date of this bill void and unenforceable. This bill would provide an exception for nondisclosure agreements, or portions thereof, that prevent only the disclosure of trade secrets, private financial information, or proprietary information.

Current law prohibits Members of the Legislature from entering into, or requesting that another party enter into, a nondisclosure agreement relating to the drafting, negotiation, or discussion of proposed legislation, and makes any nondisclosure agreement relating to the drafting, negotiation, or discussion of proposed legislation void and unenforceable. Current law provides an exception for nondisclosure agreements, or portions thereof, that prevent only the disclosure of trade secrets, financial information, or proprietary information as specified by the law.

**ix. AB 1803 (Lowenthal) Employment: sexual harassment training and education: anti-hate speech training.**

**Status:** This bill was approved by the Governor and chaptered by Secretary of State (Chapter 547, Statutes of 2026).

**Summary:** This bill would additionally require an employer having five or more employees to include anti-hate speech training as a component of the training and education regarding sexual harassment.

Current law requires an employer having five or more employees to provide at least two hours of classroom or other effective interactive training and education regarding sexual harassment to all supervisory employees and at least one hour of classroom or other effective interactive training and education regarding sexual harassment to all nonsupervisory employees in California.

**x. AB 1979 (Bonta) Health care services: artificial intelligence.**

**Status:** This bill was approved by the Governor and chaptered by Secretary of State (Chapter 854, Statutes of 2026).

**Summary:** This bill would require a health facility, clinic, physician's office, or office of a group practice to take reasonable steps to ensure a licensed health care professional, acting within their scope of practice, retains the ability to exercise independent professional judgment in their care of a patient whenever that care is informed by the output of a clinical decision support system. The bill would prohibit a health facility, clinic, physician's office, or office of a group practice from using or deploying a tool, system, or device that includes artificial intelligence to independently perform any clinical function that is required by law to be performed by a person with a professional license. The bill would authorize a violation to be subject to specified enforcement mechanisms including the appropriate professional licensing board to pursue an injunction or restraining order to enforce these provisions to the extent that a violation constitutes the practice of a health care profession without a license. This bill would not apply to the use of automated decision systems for documentation and communication that does not involve the application of professional judgment, including, but not limited to, automated messages to inform patients of updates to their health records.

Current law deems specified business to be a provider of health care only for the purpose of subjecting them to the requirements of the Confidentiality of Medical Information Act. Current law makes a violation that results in economic loss or personal injury to a patient punishable as a misdemeanor. Current law requires a health facility, clinic, physician's office, or office of a group practice that uses generative artificial intelligence to generate written or verbal patient communications pertaining to patient clinical information to ensure that those communications include both a disclaimer that indicates to the patient that a communication was generated by generative artificial intelligence, as specified, and clear instructions describing how a patient may contact a human health care provider, employee, or other appropriate person, except as specified.

**xi. AB 2195 (Rodriguez, Celeste) Child support: license suspensions.**

**Status:** This bill was approved by the Governor and chaptered by Secretary of State (Chapter 291, Statutes of 2026).

**Summary:** This bill would prohibit an obligor from being included on the list sent to the Department of Motor Vehicles for purposes of denying, withholding, or suspending a noncommercial driver's license, if the support obligor's annual income is 70% or less of the median income for a household of one person within the applicable county. This bill would entitle a support obligor to relief from denying, withholding, or suspending any license, other than a noncommercial driver's license issued by the Department of Motor Vehicles, if they provide proof to the local child support agency that their income is at or below that threshold. The bill would make these provisions operative on January 1, 2027, or on the date the Department of Child Support Services notifies the Legislature that the California Child Support Enforcement System can perform the necessary automation to implement these changes, whichever is later.

Current law prohibits Department of Motor Vehicles from receiving a list of persons subject to an order or judgment for the payment of child support and that these persons are not in compliance with the order or judgment if the annual household income of the person is at or below 70 percent of the median income for the county in which the department or the local child support agency believes the person resides, based on the most recent available data published by the Department of Housing and Community Development pursuant to Section 6932 of Title 25 of the California Code of Regulations or successor regulation thereto.

**xii. AB 2360 (Arambula) State agencies: governmental linguistics.**

**Status:** This bill died in the Senate Appropriations Committee on Suspense File.

**Summary:** This bill would require state agency to write each document that it produces after January 1, 2027, either digitally or in print, in plain, plain language, avoiding technical terms as much as possible, and using a coherent and easily readable style using standards created by the Office of Data and Innovation that identify how a state agency incorporates plain language principles and practices. This bill would require, within existing personnel resources, the head of each state agency to designate one or more senior officials to oversee implementation of its plain language policy,

communicate the requirements to the employees, establish a process for overseeing the ongoing compliance of these requirements.

Current law requires state entities to write each document that it produces in plain, straightforward language, avoiding technical terms as much as possible, and using a coherent and easily readable style.

**xiii. AB 2412 (Ta) State agencies or departments: public communications.**

**Status:** This bill died in the Senate Committee on Committee on Privacy, Digital Technologies, and Consumer Protection.

**Summary:** This bill would instead require the disclaimer described below when a state agency or department uses generative artificial intelligence (GenAI) to directly communicate with the public and would define “directly communicate” to mean to use GenAI, instead of a natural person, to communicate directly with a specific member of the public or to communicate a general public announcement communicates with the public.

Current law requires a state agency or department that utilizes GenAI to directly communicate with a person regarding government services and benefits to ensure that those communications include a disclaimer that indicates to the person that the communication was generated by GenAI. .

**xiv. AB 2414 (Nguyen) Developmental services: direct support professionals.**

**Status:** This bill was approved by the Governor and chaptered by Secretary of State (Chapter 603, Statutes of 2026)..

**Summary:** This bill would change the title of direct service professionals to instead be direct support professionals and define it as an individual who receives compensation to provide direct support to children or adults with intellectual and developmental disabilities, is employed by a service provider receiving regional center funding, and spends at least 50% of their working time completing direct support tasks The bill would also make various technical, conforming changes and incorporate additional changes proposed by AB 175 or SB 175 to be operative only if this bill and AB 175 or SB 175 are both enacted and this bill is enacted last.

Current law finds and declares that direct service professionals are critical to the provision of services and support to individuals with intellectual and developmental disabilities and their families; and additional training and development will enhance the services they provide and foster a more sustainable workforce. Current law requires the State Department of Developmental Services to develop or utilize existing curriculum to implement enhanced direct service professional training that promotes services that are person centered and culturally and linguistically sensitive, and that improve outcomes for individuals with intellectual and developmental disabilities.

**xv. AB 2575 (Ortega) Health care services: artificial intelligence.**

**Status:** This bill vetoed by the Governor.

**Summary:** The bill would prohibit an employer from retaliating or discriminating against a worker providing patient care. The bill would authorize a worker who is subject to retaliation or discrimination in violation of these provisions to file a complaint with the Labor Commissioner against an employer. The bill would require the Labor Commissioner to enforce these provisions. This bill would prohibit a defendant who developed, modified, selected, or deployed a clinical decision support system that is alleged to have harmed the plaintiff from asserting a defense that the failure of a licensed health care professional or other health care worker to override an output of the clinical decision support system is a superseding cause severing the defendant's liability for the alleged harm.

Current law charges the Labor Commissioner with enforcement of various labor laws, including investigation of employee complaints. Current law provides that everyone is responsible not only for the result of their willful acts, but also for an injury occasioned to another by their want of ordinary care or skill in the management of their property or person; and prohibits a defendant who developed, modified, or used artificial intelligence from asserting a defense that the artificial intelligence autonomously caused the harm to the plaintiff.

**Veto Message:** This bill would authorize a worker providing direct patient care to override the output of a clinical decision support system if, in the judgment of the worker acting within their scope of practice, an override is necessary to meet the applicable standard of care or comply with applicable law. In addition, the bill would prohibit employers from retaliating against workers providing direct patient care solely for relying on or overriding a clinical decision support system.

While I commend the author's commitment to ensure that artificial intelligence (AI) technologies deployed in clinical settings support safe patient care and preserve professional standards, including the ability of healthcare workers to exercise their professional judgment, it is essential that new laws in this area be practical and enforceable in their implementation to achieve their intended goals.

This bill's anti-retaliation provisions do not protect workers as intended. By prohibiting adverse actions based solely on the employee's override of, or reliance on, a clinical decision support system, this bill ties the Labor Commissioner's hands in establishing a violation - a higher bar than other retaliation protections, which simply prohibit action because of a protected activity.

More importantly, linking anti-retaliation protections to a scope-of-practice determination puts the Labor Commissioner in the position of adjudicating the standard of care for patients - something the Labor Commissioner does not have the medical expertise or skill to do. Without that requisite specialized knowledge, the Labor Commissioner cannot effectively and fairly enforce the bill's anti-retaliation provisions as the author intends.

xvi. **SB 435 (Wahab) California Consumer Privacy Act of 2018: sensitive personal information.**

**Status:** This bill died in the Assembly Appropriations Committee on Suspense File.

**Summary:** This bill would revise that part of the definition of “publicly available” by removing the condition that the business have a reasonable basis to believe the information is lawfully made available. This bill would remove from the definition of “publicly available” part that the information made available by a person to whom the consumer has disclosed the information if the consumer has not restricted the information to a specific audience.

Current law defines “publicly available” to include 3 types of information. One type is information that a business has a reasonable basis to believe is lawfully made available to the general public by the consumer or from widely distributed media.

**xvii. SB 923 (Becker) Consumer privacy requests: deletion request records and request submission methods.**

**Status:** This bill was approved by the Governor and chaptered by Secretary of State (Chapter 482, Statutes of 2026).

**Summary:** This bill would deem a business that has obtained personal information about a consumer from a source other than the consumer, to be in compliance with a consumer’s request to delete that data pursuant to the law if it retains a record of the deletion request and the minimum data necessary for the purpose of ensuring the consumer’s personal information remains deleted from the business’s records and is not being used for any other purpose.

Current law requires a business that receives a verifiable consumer request from a consumer to delete the consumer’s personal information pursuant to the law to delete the consumer’s personal information from its records, notify any service providers or contractors to delete the consumer’s personal information from their records, and notify all third parties to whom the business has sold or shared the personal information to delete the consumer’s personal information unless this proves impossible or involves disproportionate effort. Current law allows a business to maintain a confidential record of deletion requests solely for the purpose of preventing the personal information of a consumer who has submitted a deletion request from being sold, for compliance with laws or for other purposes, solely to the extent permissible under the law.

**xviii. SB 1050 (Ashby) False advertising: synthetic performers.**

**Status:** This bill was approved by the Governor and chaptered by Secretary of State (Chapter 246, Statutes of 2026).

**Summary:** This bill would make it unlawful for a person to create and cause to be published in an advertising medium an advertisement that prominently includes a synthetic performer without a clear and conspicuous disclosure that the advertisement includes a synthetic performer. This bill would prohibit an advertising medium from transmitting, distributing, displaying, airing, or otherwise making available an advertisement containing a synthetic performer if a court of competent jurisdiction has issued an order finding that the advertisement violates this bill’s provisions or enjoining the creator from publishing the advertisement, and the advertising medium is served with the order.

Current law makes it a misdemeanor for a person or a firm, corporation, or association, or any employee thereof, to engage in advertising that is untrue or misleading.

**xix. SB 1146 (Gonzalez) Advertisement claims: health-related consumer products and services: digital replicas and synthetic performers .**

**Status:** This bill died in the Assembly Appropriations Committee on Suspense File.

**Summary:** This bill would require a person who creates or causes to be created an advertisement that includes a digital replica or synthetic performer depicted as a health care provider to promote the sale of a health-related consumer product or service to include a clear and conspicuous disclosure that the health care provider is depicted in the advertisement was generated or substantially altered by artificial intelligence or that no human health care provider is depicted. This bill would provide that a violation of its provisions constitutes a violation of specified unfair competition and false advertising laws. This bill would authorize a natural person whose digital replica is used in an advertisement to bring a civil action to enforce these provision. This would provide specify that a violation of this bill does not constitute a misdemeanor under provisions regulating healing arts licensees.

Current law makes it a misdemeanor for a person or a firm, corporation, or association, or any employee thereof, to engage in advertising that is untrue or misleading.

**xx. SB 1159 (Cabaldon) Artificial intelligence: transparency and governance.**

**Status:** This bill was approved by the Governor and chaptered by Secretary of State (Chapter 863, Statutes of 2026).

**Summary:** This bill would specify that the terms “person,” “interested person,” “participant,” “member of the public,” and any other similar terms referring to those who may engage with governmental agencies do not include artificial intelligence systems, autonomous agents, robots, or other nonhuman entities, whether physical or digital, for the purpose of specified acts including the California Public Records Act, the Bagley-Keene Open Meeting Act, the Administrative Procedure Act. The bill would authorize governmental agencies to use a disclosure verification tool to determine if artificial intelligence is present. The bill would prohibit a person from knowingly using artificial intelligence to falsely represent that a natural person appeared before, submitted information to, or otherwise engaged with a governmental agency.

Current law allows the public to engage with governmental agencies.

**xxi. SB 1204 (Ochoa Bogh) Administrative regulations.**

**Status:** This bill was approved by the Governor and chaptered by Secretary of State (Chapter 104, Statutes of 2026).

**Summary:** This bill would require the Office of Administrative Law to report a disapproval and the reasons for disapproval to the Legislature within 60 days of returning a regulation to the adopting agency.

Current law requires the Office of Administrative Law to return to the adopting agency a regulation it disapproves within the 30-day period accompanied by a notice specifying the reasons for disapproval. Current law requires the Office of Administrative Law to provide the adopting agency with a written decision detailing the reasons for disapproval within seven calendar days of the issuance of the notice. Current law prohibits a regulation from being disapproved except for failure to comply with the standards set forth in the law or for failure to comply with the law.

**xxii. SB 1391 (Wahab) Department of Consumer Affairs: retired category licenses.**

**Status:** This bill died in the Senate Appropriations Committee with recommendation to the Consent Calendar.

**Summary:** This bill would additionally require a board that offers a retired category of licensure to disclose that information on its internet website.

Current law permits any of the boards, bureaus, or commissions within DCA to establish, by regulation, a system for a retired category of licensure for persons who are not actively engaged in the practice of their profession or vocation.

**Attachments:**

1. AB 1775 (Ward) Veterans.
2. AB 1811 (Rogers) Health professionals.
3. AB 2233 (Ta) Behavioral health treatment plans.
4. SB 1368 (Wahab) Speech-language pathologists, audiologists, and hearing aid dispensers.
5. AB 1652 (Patterson) State agencies: regulations and legislation: nondisclosure agreements.
6. AB 1803 (Lowenthal) Employment: sexual harassment training and education: anti-hate speech training.
7. AB 1979 (Bonta) Health care services: artificial intelligence.
8. AB 2195 (Rodriguez, Celeste) Child support: license suspensions.
9. AB 2414 (Nguyen) Developmental services: direct support professionals.
10. SB 923 (Becker) Consumer privacy requests: deletion request records and request submission methods.
11. SB 1050 (Ashby) False advertising: synthetic performers.
12. SB 1159 (Cabaldon) Artificial intelligence: transparency and governance.
13. SB 1204 (Ochoa Bogh) Administrative regulations.

## AB 1775 Amends The Law: Chaptered 9/26/2026

**SECTION 1.** Section 115.4 of the Business and Professions Code is amended to read:

**115.4.** (a) Notwithstanding any other law, *and except as provided in subdivision (e)*, on and after July 1, 2016, a board within the department shall expedite, and may assist, the initial licensure process for an applicant who supplies satisfactory evidence to the board that the applicant has served as an active duty member of the Armed Forces of the United States and was honorably ~~discharged~~ *discharged or received a discharge solely as a result of Executive Order No. 14183 issued on January 27, 2025*.

(b) Notwithstanding any other law, on and after July 1, 2024, a board within the department shall expedite, and may assist, the initial licensure process for an applicant who supplies satisfactory evidence to the board that the applicant is an active duty member of a regular component of the Armed Forces of the United States enrolled in the United States Department of Defense SkillBridge program as authorized under Section 1143(e) of Title 10 of the United States Code.

(c) A board may adopt regulations necessary to administer this section in accordance with the provisions of Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code.

(d) For purposes of this section, the term “applicant” refers to an applicant for an individual license and does not refer to applicants for business or entity licenses.

*(e) The requirement pursuant to subdivision (a) involving those who received a discharge solely as a result of Executive Order No. 14183 issued on January 27, 2025, shall begin on June 1, 2027, for the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board.*

**SEC. 2.** Section 115.8 of the Business and Professions Code is amended to read:

**115.8.** The Department of Consumer Affairs shall compile information on military and spouse licensure into an annual report for the Legislature, which shall be submitted in conformance with Section 9795 of the Government Code. The report shall include all of the following for each license type of each board:

(a) The number of applications for a temporary license submitted by military spouses per fiscal year, pursuant to Section 115.6.

(b) The number of applications for expedited licenses received from honorably discharged military members and military ~~spouses~~ *spouses, or those who received a discharge solely as a result of Executive Order No. 14183 issued on January 27, 2025*, pursuant to Sections 115.4 and 115.5.

(c) The number of licenses issued and denied per fiscal year pursuant to Sections 115.4, 115.5, and 115.6.

(d) The number of licenses issued pursuant to Section 115.6 that were suspended or revoked per fiscal year.

(e) The number of applications for waived renewal fees received and granted pursuant to Section 114.3 per fiscal year.

(f) The average length of time between application and issuance of licenses pursuant to Sections 115.4, 115.5, and 115.6.

**SEC. 3.** Section 885 of the Military and Veterans Code is amended to read:

**885.** (a) The department shall establish the Veteran’s Military Discharge Upgrade Grant Program to help fund service providers who, ~~for free or at low~~ *at no* cost, will educate veterans about discharge upgrades and assist qualifying veterans in filing discharge upgrade applications.

(b) The department shall develop criteria, procedures, and accountability measures as may be necessary to implement the grant program. The department ~~may~~ *shall* prioritize veteran ~~recipients of the services, such as prioritizing those~~ *recipients, regardless of discharge status*, who are able to demonstrate their less than honorable characterization of service was connected to a ~~mental~~ *behavioral* health condition, traumatic brain injury, sexual assault or harassment, or sexual ~~orientation.~~ *orientation or who are able to demonstrate their characterization of service was connected to gender identity.*

(c) Funding for the grant program is subject to appropriation by the Legislature.

*(d) The department may adopt regulations as necessary to implement this section.*

**SEC. 4.** *Section 886 is added to the Military and Veterans Code, to read:*

**886.** *(a) The department shall establish the Veteran's Housing and Supportive Services Grant Program to help fund service providers who, for at no cost, will provide housing supports for veterans.*

*(b) The department shall develop criteria, procedures, and accountability measures as may be necessary to implement the grant program. The department shall prioritize veteran recipients, regardless of discharge status, who are able to demonstrate their less than honorable characterization of service was connected to a behavioral health condition, traumatic brain injury, sexual assault or harassment, or sexual orientation or who are able to demonstrate their characterization of service was connected to gender identity.*

*(c) Funding for the grant program is subject to appropriation by the Legislature.*

*(d) The department may adopt regulations as necessary to implement this section.*

## AB 1811 Amends The Law: Chaptered 9/27/2026

**SECTION 1.** Section 502 of the Business and Professions Code is amended to read:

**502.** (a) Notwithstanding any other law, both of the following apply:

(1) The Board of Registered Nursing, the Board of Vocational Nursing and Psychiatric Technicians of the State of California, the Physician Assistant Board, and the Respiratory Care Board of California shall collect workforce data from their respective licensees and registrants as specified in subdivision (b) for future workforce planning at ~~least biennially.~~ *the time the license or registration is issued and at least biennially thereafter.* The data shall be collected at the time of electronic license or registration *issuance and* renewal for those boards that utilize electronic *issuances and* renewals for licensees or registrants.

(2) *(A)* All other boards that are not listed in paragraph (1) that regulate healing arts licensees or registrants under this division shall request workforce data from their respective licensees and registrants as specified in subdivision (b) for future workforce planning at ~~least biennially.~~ *the time the license or registration is issued and at least biennially thereafter.* The data shall be requested at the time of electronic license or registration *issuance and* renewal for those boards that utilize electronic *issuances and* renewals for licensees or registrants.

*(B) Notwithstanding subparagraph (A) and until July 1, 2027, the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board is not required to request workforce data at the time the license or registration is issued. On and after July 1, 2027, the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board shall request the workforce data at the time the license or registration is issued.*

(b) In conformance with specifications under subdivision (d), the workforce data collected or requested by each board about its licensees and registrants shall include, at a minimum, all of the following information:

(1) Anticipated year of retirement.

(2) ~~Area~~ *Primary and secondary area* of practice or specialty.

(3) City, county, and ZIP Code of practice.

(4) Date of birth.

(5) Educational background and the highest level attained at time of licensure or registration.

(6) Gender or gender identity.

(7) Hours spent in direct patient care, including telehealth hours as a subcategory, training, research, and administration.

*(8) Hours worked in inpatient care.*

*(9) Hours worked in outpatient care.*

~~(8)~~ *(10)* Languages spoken.

~~(9)~~ *(11)* National Provider Identifier.

*(12) Hours worked providing direct outpatient primary care services.*

~~(10)~~ *(13)* Race or ethnicity.

~~(11)~~ *(14)* Type of employer or classification of primary practice ~~site among the types of practice sites specified by the board,~~ *site*, including, but not limited to, clinic, hospital, managed care organization, or private practice.

*(15) Whether the licensee or registrant accepts Medicaid.*

*(16) Whether the licensee or registrant offers a formal sliding fee scale.*

~~(12)~~ *(17)* Work hours.

~~(13)~~ *(18)* Sexual orientation.

~~(14)~~ *(19)* Disability status.

(c) Each board shall maintain the confidentiality of the information it receives from licensees and registrants under this section and shall only release information in an aggregate form that cannot be used to identify an individual other than as specified in subdivision (e).

(d) The Department of Consumer Affairs, in consultation with the Department of Health Care Access and Information, shall specify for each board subject to this section the specific information and data that will be collected or requested pursuant to subdivision (b). The Department of Consumer Affairs' identification and specification of this information and data shall be exempt until June 30, 2023, from the requirements of the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code).

(e) Each board, or the Department of Consumer Affairs on its behalf, shall, beginning on July 1, 2022, and ~~quarterly~~ *monthly* thereafter, provide the individual licensee and registrant data it collects pursuant to this section to the Department of Health Care Access and Information in a manner directed by the Department of Health Care Access and Information, including license or registration number and associated license or registration information. The Department of Health Care Access and Information shall maintain the confidentiality of the licensee and registrant information it receives and shall only release information in an aggregate form that cannot be used to identify an individual.

(f) A licensee or registrant shall not be required to provide the information listed in subdivision (b) as a condition for license or registration renewal, and licensees or registrants shall not be subject to discipline for not providing the information listed in subdivision (b).

(g) This section does not alter or affect mandatory reporting requirements for licensees or registrants established pursuant to this division, including, but not limited to, Sections 1715.5, 1902.2, 2425.3, and 2455.2.

**SEC. 1.1.** Section 502 of the Business and Professions Code is amended to read:

**502.** (a) Notwithstanding any other law, both of the following apply:

(1) The Board of Registered Nursing, the Board of Vocational Nursing and Psychiatric Technicians of the State of California, the Physician Assistant Board, and the Respiratory Care Board of California shall collect workforce data from their respective licensees and registrants as specified in subdivision (b) for future workforce planning at ~~least biennially.~~ *the time the license or registration is issued and at least biennially thereafter.* The data shall be collected at the time of electronic license or registration *issuance and* renewal for those boards that utilize electronic *issuances and* renewals for licensees or registrants.

(2) (A) All other boards that are not listed in paragraph (1) that regulate healing arts licensees or registrants under this division shall request workforce data from their respective licensees and registrants as specified in subdivision (b) for future workforce planning at ~~least biennially.~~ *the time the license or registration is issued and at least biennially thereafter.* The data shall be requested at the time of electronic license or registration *issuance and* renewal for those boards that utilize electronic *issuances and* renewals for licensees or registrants.

*(B) Notwithstanding subparagraph (A) and until July 1, 2027, the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board is not required to request workforce data at the time the license or registration is issued. On and after July 1, 2027, the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board shall request the workforce data at the time the license or registration is issued.*

(b) In conformance with specifications under subdivision (d), the workforce data collected or requested by each board about its licensees and registrants shall include, at a minimum, all of the following information:

(1) Anticipated year of retirement.

(2) ~~Area~~ *Primary and secondary area* of practice or specialty.

(3) City, county, and ZIP Code of practice.

(4) Date of birth.

(5) Educational background and the highest level attained at time of licensure or registration.

(6) Gender or gender identity.

(7) Hours spent in direct patient care, including telehealth hours as a subcategory, training, research, and administration.

*(8) Hours worked in inpatient care.*

*(9) Hours worked in outpatient care.*

~~(8)~~ (10) Languages spoken.

~~(9)~~ (11) National Provider Identifier.

*(12) Hours worked providing direct outpatient primary care services.*

~~(10)~~ (13) Race or ethnicity.

~~(11)~~ (14) Type of employer or classification of primary practice ~~site among the types of practice sites specified by the board,~~ *site*, including, but not limited to, clinic, hospital, managed care organization, or private practice.

*(15) Whether the licensee or registrant accepts Medicaid.*

*(16) Whether the licensee or registrant offers a formal sliding fee scale.*

~~(12)~~ (17) Work hours.

~~(13)~~ (18) Sexual orientation.

~~(14)~~ (19) Disability status.

(c) Each board shall maintain the confidentiality of the information it receives from licensees and registrants under this section and shall only release information in an aggregate form that cannot be used to identify an individual other than as specified in subdivision (e).

(d) The Department of Consumer Affairs, in consultation with the Department of Health Care Access and Information, shall specify for each board subject to this section the specific information and data that will be collected or requested pursuant to subdivision (b). The Department of Consumer Affairs' identification and specification of this information and data shall be exempt until June 30, 2023, from the requirements of the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code).

(e) Each board, or the Department of Consumer Affairs on its behalf, shall, beginning on July 1, 2022, and ~~quarterly~~ *monthly* thereafter, provide the individual licensee and registrant data it collects pursuant to this section to the Department of Health Care Access and Information in a manner directed by the Department of Health Care Access and Information, including license or registration number and associated license or registration information. The Department of Health Care Access and Information shall maintain the confidentiality of the licensee and registrant information it receives and shall only release information in an aggregate form that cannot be used to identify an individual.

(f) A licensee or registrant shall not be required to provide the information listed in subdivision (b) as a condition for license or registration renewal, and licensees or registrants shall not be subject to discipline for not providing the information listed in subdivision (b).

(g) This section does not alter or affect mandatory reporting requirements for licensees or registrants established pursuant to this division, including, but not limited to, Sections 1715.5, 1902.2, 2425.3, and 2455.2.

*(h) (1) Pursuant to the workforce data collection requirement in paragraph (2) of subdivision (a), the Medical Board of California shall, by April 1, 2027, request all of the following, as applicable, from a licensed midwife in the form and manner prescribed by the board:*

*(A) The licensed midwife's eligibility to serve as a clinical preceptor for student midwives enrolled in a midwifery education program approved by the Medical Board of California, including whether they have met the minimum requirements to become a clinical preceptor.*

*(B) If the licensed midwife responds that they are eligible to serve as a clinical preceptor pursuant to subparagraph (A), both of the following:*

*(i) Whether the licensed midwife is currently available, or anticipates becoming available within the next two years, to serve as a clinical preceptor for student midwives.*

(ii) The primary practice setting or settings in which the licensed midwife would offer to serve as a clinical preceptor, including, but not limited to, home births, freestanding birth centers, hospital-based or integrated maternity settings, rural or frontier community settings, or federally qualified health centers, as defined by Section 1396(d)(1)(2) of Title 42 of the United States Code.

(C) If the licensed midwife responds that they are currently available pursuant to subparagraph (B), the maximum number of student midwives the licensed midwife is currently able to supervise concurrently and the county or counties in the state in which the licensed midwife currently practices and within which they would be available for clinical preceptorship.

(D) If the licensed midwife responds that they are not currently available pursuant to subparagraph (B), the primary reason or reasons for their unavailability.

(2) (A) The Medical Board of California shall maintain the confidentiality of the information it receives from licensed midwives under this subdivision and shall only release information in an aggregate form that cannot be used to identify an individual other than as specified in subparagraph (B).

(B) The Medical Board of California shall quarterly provide the individual licensed midwife data it collects pursuant to this subdivision to the Department of Health Care Access and Information in a manner directed by the Department of Health Care Access and Information for the purpose of statewide midwifery workforce planning, analysis, and public reporting. The Department of Health Care Access and Information shall maintain the confidentiality of the licensed midwife information it receives and shall only release information in an aggregate form that cannot be used to identify an individual licensed midwife.

(C) On or before June 30, 2029, the Department of Health Care Access and Information shall submit a report to the Legislature, pursuant to Section 9795 of the Government Code, detailing the findings of the Department of Health Care Access and Information based on the information received pursuant to subparagraph (B).

(3) A licensed midwife shall not be required to provide the information requested in this subdivision as a condition for license renewal, and a licensed midwife shall not be subject to discipline for not providing the information requested in this subdivision.

(i) This section shall become inoperative on June 30, 2029, and, as of January 1, 2030, is repealed.

**SEC. 1.2.** Section 502 is added to the Business and Professions Code, to read:

**502.** (a) Notwithstanding any other law, both of the following apply:

(1) The Board of Registered Nursing, the Board of Vocational Nursing and Psychiatric Technicians of the State of California, the Physician Assistant Board, and the Respiratory Care Board of California shall collect workforce data from their respective licensees and registrants as specified in subdivision (b) for future workforce planning at the time the license or registration is issued and at least biennially thereafter. The data shall be collected at the time of electronic license or registration issuance and renewal for those boards that utilize electronic issuances and renewals for licensees or registrants.

(2) (A) All other boards that are not listed in paragraph (1) that regulate healing arts licensees or registrants under this division shall request workforce data from their respective licensees and registrants as specified in subdivision (b) for future workforce planning at the time the license or registration is issued and at least biennially thereafter. The data shall be requested at the time of electronic license or registration issuance and renewal for those boards that utilize electronic issuances and renewals for licensees or registrants.

(B) Notwithstanding subparagraph (A) and until July 1, 2027, the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board is not required to request workforce data at the time the license or registration is issued. On and after July 1, 2027, the Speech-Language

*Pathology and Audiology and Hearing Aid Dispensers Board shall request the workforce data at the time the license or registration is issued.*

*(b) In conformance with specifications under subdivision (d), the workforce data collected or requested by each board about its licensees and registrants shall include, at a minimum, all of the following information:*

*(1) Anticipated year of retirement.*

*(2) Primary and secondary area of practice or specialty.*

*(3) City, county, and ZIP Code of practice.*

*(4) Date of birth.*

*(5) Educational background and the highest level attained at time of licensure or registration.*

*(6) Gender or gender identity.*

*(7) Hours spent in direct patient care, including telehealth hours as a subcategory, training, research, and administration.*

*(8) Hours worked in inpatient care.*

*(9) Hours worked in outpatient care.*

*(10) Languages spoken.*

*(11) National Provider Identifier.*

*(12) Hours worked providing direct outpatient primary care services.*

*(13) Race or ethnicity.*

*(14) Type of employer or classification of primary practice site, including, but not limited to, clinic, hospital, managed care organization, or private practice.*

*(15) Whether the licensee or registrant accepts Medicaid.*

*(16) Whether the licensee or registrant offers a formal sliding fee scale.*

*(17) Work hours.*

*(18) Sexual orientation.*

*(19) Disability status.*

*(c) Each board shall maintain the confidentiality of the information it receives from licensees and registrants under this section and shall only release information in an aggregate form that cannot be used to identify an individual other than as specified in subdivision (e).*

*(d) The Department of Consumer Affairs, in consultation with the Department of Health Care Access and Information, shall specify for each board subject to this section the specific information and data that will be collected or requested pursuant to subdivision (b). The Department of Consumer Affairs' identification and specification of this information and data shall be exempt until June 30, 2023, from the requirements of the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code).*

*(e) Each board, or the Department of Consumer Affairs on its behalf, shall, beginning on July 1, 2022, and monthly thereafter, provide the individual licensee and registrant data it collects pursuant to this section to the Department of Health Care Access and Information in a manner directed by the Department of Health Care Access and Information, including license or registration number and associated license or registration information. The Department of Health Care Access and Information shall maintain the confidentiality of the licensee and registrant information it receives and shall only release information in an aggregate form that cannot be used to identify an individual.*

*(f) A licensee or registrant shall not be required to provide the information listed in subdivision (b) as a condition for license or registration renewal, and licensees or registrants shall not be subject to discipline for not providing the information listed in subdivision (b).*

*(g) This section does not alter or affect mandatory reporting requirements for licensees or registrants established pursuant to this division, including, but not limited to, Sections 1715.5, 1902.2, 2425.3, and 2455.2.*

*(h) This section shall become operative on June 30, 2029.*

**SEC. 2.** *Section 30 is added to the Health and Safety Code, to read:*

30. (a) *Notwithstanding any other law, and for purposes of this code and any other state law or regulation, "health professional shortage area" means all of the following:*

*(1) A health professional shortage area currently designated or recognized by the United States Department of Health and Human Services.*

*(2) An area designated or recognized as a health professional shortage area by the United States Department of Health and Human Services on January 1, 2025, regardless of whether that area remains designated or recognized by the United States Department of Health and Human Services as a health professional shortage area.*

*(3) An area determined by the Department of Health Care Access and Information to have a shortage of health professionals.*

*(b) The Department of Health Care Access and Information may revoke a designation of a health professional shortage area described in paragraph (2) or (3) of subdivision (a).*

*(c) Notwithstanding any other law, and for purposes of this code and any other state law or regulation, any reference to a health professional shortage area, including, but not limited to, references qualified as referring to health professional shortage areas designated or recognized by a federal agency, shall be deemed to refer to the definition in subdivision (a).*

*(d) This section shall remain in effect only until January 1, 2035, and as of that date is repealed.*

**SEC. 3.** *The Legislature finds and declares that Sections 1, 1.1, and 1.2 of this act, which amend Section 502 of the Business and Professions Code, impose a limitation on the public's right of access to the meetings of public bodies or the writings of public officials and agencies within the meaning of Section 3 of Article I of the California Constitution. Pursuant to that constitutional provision, the Legislature makes the following findings to demonstrate the interest protected by this limitation and the need for protecting that interest: In order to protect the privacy of licensees and registrants, while also gathering useful workforce data, it is necessary that some information collected from licensees and registrants only be released in aggregate form.*

**SEC. 4.** *Sections 1.1 and 1.2 of this bill incorporate amendments to Section 502 of the Business and Professions Code proposed by both this bill and Senate Bill 1271. Those sections of this bill shall only become operative if (1) both bills are enacted and become effective on or before January 1, 2027, (2) this bill amends Section 502 of the Business and Professions Code and Senate Bill 1271 amends, repeals, and adds Section 502 of the Business and Professions Code, and (3) this bill is enacted after Senate Bill 1271, in which case Section 1 of this bill shall not become operative.*

**SECTION 1.** Section 1374.73 of the Health and Safety Code is amended to read:

**1374.73.** (a) (1) Every health care service plan contract that provides hospital, medical, or surgical coverage shall also provide coverage for behavioral health treatment for pervasive developmental disorder or autism no later than July 1, 2012. The coverage shall be provided in the same manner and is subject to the same requirements as provided in Section 1374.72.

(2) Notwithstanding paragraph (1), as of the date that the proposed final rulemaking for essential health benefits is issued, this section does not require any benefits to be provided that exceed the essential health benefits that all health plans will be required by federal regulations to provide under Section 1302(b) of the federal Patient Protection and Affordable Care Act (Public Law 111-148), as amended by the federal Health Care and Education Reconciliation Act of 2010 (Public Law 111-152).

(3) This section does not affect services for which an individual is eligible pursuant to Division 4.5 (commencing with Section 4500) of the Welfare and Institutions Code or Title 14 (commencing with Section 95000) of the Government Code.

(4) This section does not affect or reduce any obligation to provide services under an individualized education program, as defined in Section 56032 of the Education Code, or an individual service plan, as described in Section 5600.4 of the Welfare and Institutions Code, or under the federal Individuals with Disabilities Education Act (20 U.S.C. Sec. 1400 et seq.) and its implementing regulations.

(b) Every health care service plan subject to this section shall maintain an adequate network that includes qualified autism service providers who supervise or employ qualified autism service professionals or paraprofessionals who provide and administer behavioral health treatment. A health care service plan is not prevented from selectively contracting with providers within these requirements.

(c) (1) A health care service plan contract issued, amended, or renewed on or after January 1, 2026, shall not require an enrollee previously diagnosed with pervasive developmental disorder or autism to receive a rediagnosis to maintain coverage for behavioral health treatment for pervasive developmental disorder or autism.

(2) This subdivision does not prohibit or restrict a treating provider from reevaluating an enrollee for purposes of determining the appropriate treatment. The treatment plan shall be made available to the health care service plan upon request.

(3) This subdivision does not prohibit a treating provider from prescribing a rediagnosis at the discretion of the physician licensed pursuant to Chapter 5 (commencing with Section 2000) of Division 2 of the Business and Professions Code or a psychologist licensed pursuant to Chapter 6.6 (commencing with Section 2900) of Division 2 of the Business and Professions Code.

(4) A health care service plan shall not discontinue or delay existing treatment while waiting for a rediagnosis to be completed.

(5) This subdivision does not prohibit a health care service plan from requiring utilization review. For the purpose of this section, utilization review is distinct from a rediagnosis.

(d) For the purposes of this section, the following definitions shall apply:

(1) "Behavioral health treatment" means professional services and treatment programs, including applied behavior analysis and evidence-based behavior intervention programs, that develop or restore, to the maximum extent practicable, the functioning of an individual with pervasive developmental disorder or autism, and that meet all of the following criteria:

(A) The treatment is prescribed by a physician and surgeon licensed pursuant to Chapter 5 (commencing with Section 2000) of, or is developed by a psychologist licensed pursuant to Chapter 6.6 (commencing with Section 2900) of, Division 2 of the Business and Professions Code.

(B) The treatment is provided under a treatment plan prescribed by a qualified autism service provider and is administered by one of the following:

- (i) A qualified autism service provider.
- (ii) A qualified autism service professional supervised by the qualified autism service provider.
- (iii) A qualified autism service paraprofessional supervised by a qualified autism service provider or qualified autism service professional.

(C) The treatment plan has measurable goals over a specific timeline that is developed and approved by the qualified autism service provider for the specific patient being treated. The treatment plan shall be reviewed no less than once every six months by the qualified autism service provider and modified whenever ~~appropriate, and shall~~ *appropriate. A health care service plan shall not impose restrictions on the utilization of authorized treatment hours within the six-month authorization period, including weekly caps or limitations that result in the forfeiture of unused hours, if the use of the hours is reasonably consistent with the treatment plan and clinical guidelines, and is documented in the treatment plan and progress reports. Authorized hours shall remain available for use throughout the authorization period to ensure the enrollee may fully access their approved treatment if the use of the hours is reasonably consistent with the treatment plan and clinical guidelines, and is documented in the treatment plan and progress reports.* The treatment shall be consistent with Section 4686.2 of the Welfare and Institutions Code pursuant to which the qualified autism service provider does all of the following:

- (i) Describes the patient's behavioral health impairments or developmental challenges that are to be treated.
- (ii) Designs an intervention plan that includes the service type, number of hours, and parent participation needed to achieve the plan's goal and objectives, and the frequency at which the patient's progress is evaluated and reported.
- (iii) Provides intervention plans that utilize evidence-based practices, with demonstrated clinical efficacy in treating pervasive developmental disorder or autism.
- (iv) Discontinues intensive behavioral intervention services when the treatment goals and objectives are achieved or no longer appropriate.

(D) The treatment plan is not used for purposes of providing or for the reimbursement of respite, daycare, or educational services and is not used to reimburse a parent for participating in the treatment program. The treatment plan shall be made available to the health care service plan upon request.

(2) "Qualified autism service provider" means an individual described in Section 4999.200 of the Business and Professions Code.

(3) "Qualified autism service professional" means an individual who meets all of the criteria set forth in Section 4999.201 of the Business and Professions Code.

(4) "Qualified autism service paraprofessional" means an unlicensed and uncertified individual who meets all of the criteria set forth in Section 4999.202 of the Business and Professions Code.

(5) "Rediagnosis" means a subsequent undertaking by any method, device, or procedure, whether gratuitous or not, to ascertain or establish if a person is suffering from a physical or mental health disorder, pursuant to Section 2038 of the Business and Professions Code.

"Rediagnosis" also means prescription of a subsequent diagnosis of pervasive developmental disorders or autism to ascertain or establish if a person is suffering from a pervasive developmental disorder or autism.

(6) "Utilization review" means utilization review or utilization management functions that prospectively, retrospectively, or concurrently review and approve, modify, or deny, based in whole or in part on medical necessity to cure and relieve, treatment recommendations by physicians licensed pursuant to Chapter 5 (commencing with Section 2000) of Division 2 of the Business and Professions Code before, after, or concurrent with the provision of medical

treatment services. "Utilization review" refers to an evaluation of existing treatment to ensure an enrollee receives the proper care at the proper time.

(e) This section does not apply to either of the following:

(1) A specialized health care service plan that does not deliver mental health or behavioral health services to enrollees.

(2) A health care service plan contract in the Medi-Cal program (Chapter 7 (commencing with Section 14000) of Part 3 of Division 9 of the Welfare and Institutions Code).

(f) This section does not limit the obligation to provide services under Section 1374.72.

(g) As provided in Section 1374.72 and in paragraph (1) of subdivision (a), in the provision of benefits required by this section, a health care service plan may utilize case management, network providers, utilization review techniques, prior authorization, copayments, or other cost sharing.

**SEC. 2.** Section 10144.51 of the Insurance Code is amended to read:

**10144.51.** (a) (1) Every health insurance policy shall also provide coverage for behavioral health treatment for pervasive developmental disorder or autism no later than July 1, 2012. The coverage shall be provided in the same manner and is subject to the same requirements as provided in Section 10144.5.

(2) Notwithstanding paragraph (1), as of the date that the proposed final rulemaking for essential health benefits is issued, this section does not require any benefits to be provided that exceed the essential health benefits that all health insurers will be required by federal regulations to provide under Section 1302(b) of the federal Patient Protection and Affordable Care Act (Public Law 111-148), as amended by the federal Health Care and Education Reconciliation Act of 2010 (Public Law 111-152).

(3) This section does not affect services for which an individual is eligible pursuant to Division 4.5 (commencing with Section 4500) of the Welfare and Institutions Code or Title 14 (commencing with Section 95000) of the Government Code.

(4) This section does not affect or reduce any obligation to provide services under an individualized education program, as defined in Section 56032 of the Education Code, or an individual service plan, as described in Section 5600.4 of the Welfare and Institutions Code, or under the federal Individuals with Disabilities Education Act (20 U.S.C. Sec. 1400 et seq.) and its implementing regulations.

(b) Pursuant to Article 6 (commencing with Section 2240) of Subchapter 2 of Chapter 5 of Title 10 of the California Code of Regulations, every health insurer subject to this section shall maintain an adequate network that includes qualified autism service providers who supervise or employ qualified autism service professionals or paraprofessionals who provide and administer behavioral health treatment. A health insurer is not prevented from selectively contracting with providers within these requirements.

(c) (1) A health insurance policy issued, amended, or renewed on or after January 1, 2026, shall not require an insured previously diagnosed with pervasive developmental disorder or autism to receive a rediagnosis to maintain coverage for behavioral health treatment for pervasive developmental disorder or autism.

(2) This subdivision does not prohibit or restrict a treating provider from reevaluating an insured for purposes of determining the appropriate treatment. The treatment plan shall be made available to the insurer upon request.

(3) This subdivision does not prohibit a treating provider from prescribing a rediagnosis at the discretion of the physician licensed pursuant to Chapter 5 (commencing with Section 2000) of Division 2 of the Business and Professions Code or a psychologist licensed pursuant to Chapter 6.6 (commencing with Section 2900) of Division 2 of the Business and Professions Code.

(4) A health insurer shall not discontinue or delay existing treatment while waiting for a rediagnosis to be completed.

(5) This subdivision does not prohibit a health insurer from requiring utilization review. For the purpose of this section, utilization review is distinct from a rediagnosis.

(d) For the purposes of this section, the following definitions shall apply:

(1) "Behavioral health treatment" means professional services and treatment programs, including applied behavior analysis and evidence-based behavior intervention programs, that develop or restore, to the maximum extent practicable, the functioning of an individual with pervasive developmental disorder or autism, and that meet all of the following criteria:

(A) The treatment is prescribed by a physician and surgeon licensed pursuant to Chapter 5 (commencing with Section 2000) of, or is developed by a psychologist licensed pursuant to Chapter 6.6 (commencing with Section 2900) of, Division 2 of the Business and Professions Code.

(B) The treatment is provided under a treatment plan prescribed by a qualified autism service provider and is administered by one of the following:

(i) A qualified autism service provider.

(ii) A qualified autism service professional supervised by the qualified autism service provider.

(iii) A qualified autism service paraprofessional supervised by a qualified autism service provider or qualified autism service professional.

(C) The treatment plan has measurable goals over a specific timeline that is developed and approved by the qualified autism service provider for the specific patient being treated. The treatment plan shall be reviewed no less than once every six months by the qualified autism service provider and modified whenever ~~appropriate, and shall~~ *appropriate. A health insurer shall not impose restrictions on the utilization of authorized treatment hours within the six-month authorization period, including weekly caps or limitations that result in the forfeiture of unused hours, if the use of the hours is reasonably consistent with the treatment plan and clinical guidelines, and is documented in the treatment plan and progress reports. Authorized hours shall remain available for use throughout the authorization period to ensure the insured may fully access their approved treatment if the use of the hours is reasonably consistent with the treatment plan and clinical guidelines, and is documented in the treatment plan and progress reports. The treatment shall* be consistent with Section 4686.2 of the Welfare and Institutions Code pursuant to which the qualified autism service provider does all of the following:

(i) Describes the patient's behavioral health impairments or developmental challenges that are to be treated.

(ii) Designs an intervention plan that includes the service type, number of hours, and parent participation needed to achieve the plan's goal and objectives, and the frequency at which the patient's progress is evaluated and reported.

(iii) Provides intervention plans that utilize evidence-based practices, with demonstrated clinical efficacy in treating pervasive developmental disorder or autism.

(iv) Discontinues intensive behavioral intervention services when the treatment goals and objectives are achieved or no longer appropriate.

(D) The treatment plan is not used for purposes of providing or for the reimbursement of respite, daycare, or educational services and is not used to reimburse a parent for participating in the treatment program. The treatment plan shall be made available to the insurer upon request.

(2) "Qualified autism service provider" means an individual described in Section 4999.200 of the Business and Professions Code.

(3) "Qualified autism service professional" means an individual who meets all of the criteria set forth in Section 4999.201 of the Business and Professions Code.

(4) "Qualified autism service paraprofessional" means an unlicensed and uncertified individual who meets all of the criteria set forth in Section 4999.202 of the Business and Professions Code.

(5) "Rediagnosis" means a subsequent undertaking by any method, device, or procedure, whether gratuitous or not, to ascertain or establish if a person is suffering from a physical or mental health disorder, pursuant to Section 2038 of the Business and Professions Code. "Rediagnosis" also means prescription of a subsequent diagnosis of pervasive developmental disorders or autism to ascertain or establish if a person is suffering from a pervasive developmental disorder or autism.

(6) "Utilization review" means utilization review or utilization management functions that prospectively, retrospectively, or concurrently review and approve, modify, or deny, based in whole or in part on medical necessity to cure and relieve, treatment recommendations by physicians licensed pursuant to Chapter 5 (commencing with Section 2000) of Division 2 of the Business and Professions Code before, after, or concurrent with the provision of medical treatment services. "Utilization review" refers to an evaluation of existing treatment to ensure the insured receives the proper care at the proper time.

(e) This section does not apply to either of the following:

(1) A specialized health insurance policy that does not cover mental health or behavioral health services or an accident-only, specified disease, hospital indemnity, or Medicare supplement policy.

(2) A health insurance policy in the Medi-Cal program (Chapter 7 (commencing with Section 14000) of Part 3 of Division 9 of the Welfare and Institutions Code).

(f) This section does not limit the obligation to provide services under Section 10144.5.

(g) As provided in Section 10144.5 and in paragraph (1) of subdivision (a), in the provision of benefits required by this section, a health insurer may utilize case management, network providers, utilization review techniques, prior authorization, copayments, or other cost sharing.

***SEC. 3. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.***

**SECTION 1.** Section 2530.2 of the Business and Professions Code is amended to read:

**2530.2.** As used in this chapter, unless the context otherwise requires:

(a) “Board” means the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board.

(b) “Person” means any individual, partnership, corporation, ~~limited liability company,~~ or other organization or combination thereof, except that only individuals can be licensed ~~or~~ *registered* under this chapter.

(c) A “speech-language pathologist” is a person who practices speech-language pathology.

(d) The practice of speech-language pathology means all of the following:

(1) The application of principles, methods, instrumental procedures, and noninstrumental procedures for measurement, testing, screening, evaluation, identification, prediction, and counseling related to the development and disorders of speech, voice, language, or swallowing.

(2) The application of principles and methods for preventing, planning, directing, conducting, and supervising programs for habilitating, rehabilitating, ameliorating, managing, or modifying disorders of speech, voice, language, or swallowing in individuals or groups of individuals.

(3) Conducting hearing screenings.

(4) Performing suctioning in connection with the scope of practice described in paragraphs (1) and (2), after compliance with a medical facility’s training protocols on suctioning procedures.

(e) (1) Instrumental procedures referred to in subdivision (d) are the use of rigid and flexible endoscopes to observe the pharyngeal and laryngeal areas of the throat in order to observe, collect data, and measure the parameters of communication and swallowing as well as to guide communication and swallowing assessment and therapy. Passage of these instruments without the presence of a physician and surgeon is subject to paragraph (2).

(2) Nothing in this subdivision shall be construed as a diagnosis. Any observation of an abnormality shall be referred to a physician and surgeon.

(f) (1) A licensed speech-language pathologist shall not perform a flexible fiber optic transnasal endoscopic procedure unless they have received written verification from one otolaryngologist certified by the American Board of Otolaryngology – Head and Neck Surgery that the speech-language pathologist has performed a minimum of 25 supervised flexible fiber optic transnasal endoscopic procedures and they are competent to perform these procedures. Of these 25 procedures, the first 10 procedures shall be supervised by a licensed physician and surgeon who performs nasal endoscopy as part of their practice and the subsequent 15 procedures shall be supervised by either a licensed physician and surgeon who performs nasal endoscopy as part of their practice or by another licensed speech-language pathologist who is verified as competent in performing flexible fiber optic transnasal endoscopic procedures. The speech-language pathologist shall have this written verification on file and readily available for inspection upon request by the board. A speech-language pathologist with a verification on file shall pass a flexible fiber optic transnasal endoscopic instrument only upon the orders of a licensed physician and surgeon. The order by a physician and surgeon is deemed to allow a speech-language pathologist with verification, in accordance with this paragraph, to perform fiber optic transnasal endoscopic procedures at a location based on the patient’s medical needs that complies with procedures specified in paragraph (1) of subdivision (g).

(2) A licensed speech-language pathologist who holds a written verification pursuant to this subdivision that was issued before January 1, 2023, shall be deemed to meet the requirements described in paragraph (1).

(g) (1) A licensed speech-language pathologist shall only perform flexible endoscopic procedures described in subdivision ~~(e)~~ (f) in the following settings that requires the facility to

have protocols for emergency medical backup procedures, including a physician and surgeon or other appropriate medical professionals being readily available.

(A) A clinic, as defined in Section 1200 of the Health and Safety Code.

(B) A facility described in Chapter 2.5 (commencing with Section 1440) of Division 2 of the Health and Safety Code.

(C) A health facility, as defined in Section 1250 of the Health and Safety Code.

(D) A hospice facility licensed pursuant to Chapter 8.5 (commencing with Section 1745) of Division 2 of the Health and Safety Code.

(E) A medical group practice, including a professional medical corporation, as defined in Section 2406, another form of corporation controlled by physicians and surgeons, a medical partnership, a medical foundation exempt from licensure, or another lawfully organized group of physicians and surgeons that provides health care services.

(2) A licensed speech-language pathologist performing flexible fiber optic transnasal endoscopic procedures on patients who have contraindications to the procedure shall consult and document clearance with the physician and surgeon that the licensed speech-language pathologist can safely perform the procedure. For purposes of this paragraph, contraindications for these procedures may include, but are not limited to, cases of bilateral obstruction of nasal passages, refractory epistaxis, cardiac disorder with acute risk of vasovagal episode and bradycardia, history of vasovagal episodes, facial trauma, recent trauma to the nasal cavity, or surrounding tissue and structures secondary to surgery or injury, severe bleeding disorders, severe movement disorders, severe agitation, and inability to cooperate with the examination.

(h) "Speech-language pathology aide" means any person meeting the minimum requirements established by the board, who works directly under the supervision of a speech-language pathologist.

(i) (1) "Speech-language pathology assistant" means a person who meets the academic and supervised training requirements set forth by the board and who is approved by the board to assist in the provision of speech-language pathology under the direction and supervision of a speech-language pathologist who shall be responsible for the extent, kind, and quality of the services provided by the speech-language pathology assistant.

(2) The supervising speech-language pathologist employed or contracted for by a public school may hold a valid and current license issued by the board, a valid, current, and professional clear clinical or rehabilitative services credential in language, speech, and hearing issued by the Commission on Teacher Credentialing, or other credential authorizing service in language, speech, and hearing issued by the Commission on Teacher Credentialing that is not issued on the basis of an emergency permit or waiver of requirements. For purposes of this paragraph, a "clear" credential is a credential that is not issued pursuant to a waiver or emergency permit and is as otherwise defined by the Commission on Teacher Credentialing. Nothing in this section referring to credentialed supervising speech-language pathologists expands existing exemptions from licensing pursuant to Section 2530.5.

(j) An "audiologist" is one who practices audiology.

(k) "The practice of audiology" means the application of principles, methods, and procedures of measurement, testing, appraisal, prediction, consultation, counseling, and instruction related to auditory, vestibular, and related functions and the modification of communicative disorders involving speech, language, auditory behavior, or other aberrant behavior resulting from auditory dysfunction; and the planning, directing, conducting, supervising, or participating in programs of identification of auditory disorders, hearing conservation, cerumen removal, aural habilitation, and rehabilitation, including hearing aid recommendation and evaluation procedures, including, but not limited to, specifying amplification requirements and evaluation of the results thereof, auditory training, and speech reading, and the ~~selling~~ fitting of hearing aids.

- (l) A “dispensing audiologist” is ~~a person~~ *an audiologist* who is authorized to sell hearing ~~aids pursuant to their audiology license.~~ *aids.*
- (m) “Audiology aide” means any person meeting the minimum requirements established by the board who works directly under the supervision of an audiologist. The board may by regulation exempt certain functions performed by an industrial audiology aide from supervision provided that their employer has established a set of procedures or protocols that the aide shall follow in performing these functions.
- (n) “Medical board” means the Medical Board of California.
- (o) A “hearing screening” performed by a speech-language pathologist means a binary puretone screening at a preset intensity level for the purpose of determining if the screened individuals are in need of further medical or audiological evaluation.
- (p) “Cerumen removal” means the nonroutine removal of cerumen within the cartilaginous ear canal necessary for access in performance of audiological procedures that shall occur under physician and surgeon supervision. Cerumen removal, as provided by this section, shall only be performed by a licensed audiologist. Physician and surgeon supervision shall not be construed to require the physical presence of the physician, but shall include all of the following:
- (1) Collaboration on the development of written standardized protocols. The protocols shall include a requirement that the supervised audiologist immediately refer to an appropriate physician any trauma, including skin tears, bleeding, or other pathology of the ear discovered in the process of cerumen removal as defined in this subdivision.
  - (2) Approval by the supervising physician of the written standardized protocol.
  - (3) The supervising physician shall be within the general vicinity, as provided by the physician-audiologist protocol, of the supervised audiologist and available by telephone contact at the time of cerumen removal.
  - (4) A licensed physician and surgeon may not simultaneously supervise more than two audiologists for purposes of cerumen removal.

**SEC. 2.** Section 2530.3 of the Business and Professions Code is amended to read:

**2530.3.** (a) A person represents themselves to be a speech-language pathologist when they hold themselves out to the public by any ~~title~~ *title, business name*, or description of services incorporating the words “speech pathologist,” “speech pathology,” “speech therapy,” “speech correction,” “speech correctionist,” “speech therapist,” “speech clinic,” “speech clinician,” “language pathologist,” “language pathology,” “logopedics,” “logopedist,” “communicology,” “communicologist,” “aphasiologist,” “voice therapy,” “voice therapist,” “voice pathology,” or “voice pathologist,” “language therapist,” or “phoniatrist,” or any similar titles; or when they purport to treat stuttering, stammering, or other disorders of speech.

(b) A person represents themselves to be an audiologist when they hold themselves out to the public by any ~~title~~ *title, business name*, or description of services incorporating the terms “audiology,” “audiologist,” “audiological,” “hearing clinic,” “hearing clinician,” “hearing therapist,” or any similar titles.

**SEC. 3.** Section 2530.5 of the Business and Professions Code is amended to read:

**2530.5.** (a) Nothing in this chapter shall be construed as restricting hearing testing conducted by licensed physicians and surgeons or by persons conducting hearing tests under the direct supervision of a physician and surgeon.

(b) Nothing in this chapter shall be construed to prevent a licensed hearing aid dispenser from engaging in testing of hearing and other practices and procedures used solely for the fitting and selling of hearing aids nor does this chapter restrict persons practicing their licensed profession and operating within the scope of their licensed profession or employed by someone operating within the scope of their licensed professions, including persons fitting and

selling hearing aids who are properly licensed or registered under the laws of the State of California.

(c) Nothing in this chapter shall be construed as restricting or preventing the practice of speech-language pathology or audiology by personnel holding the appropriate credential from the Commission on Teacher Credentialing as long as the practice is conducted within the confines of or under the jurisdiction of a public preschool, elementary, or secondary school by which they are employed and those persons do not either offer to render or render speech-language pathology or audiology services to the public for compensation over and above the salary they receive from the public preschool, elementary, or secondary school by which they are employed for the performance of their official duties.

(d) Nothing in this chapter shall be construed as restricting the activities and services of a student or speech-language pathology intern in speech-language pathology pursuing a course of study leading to a degree in speech-language pathology at an accredited or approved college or university or an approved clinical training facility, provided that these activities and services constitute a part of their supervised course of study and that those persons are designated by the title as "speech-language pathology intern," "speech-language pathology trainee," or other title clearly indicating the training status appropriate to their level of training.

(e) Nothing in this chapter shall be construed as restricting the activities and services of a student or audiology intern in audiology pursuing a course of study leading to a degree in audiology at an accredited or approved college or university or an approved clinical training facility, provided that these activities and services constitute a part of their supervised course of study and that those persons are designated by the title as "audiology intern," "audiology trainee," or other title clearly indicating the training status appropriate to their level of training.

(f) Nothing in this chapter shall be construed as restricting the practice of an applicant who is obtaining the required professional experience specified in subdivision (c) of Section 2532.2 or subdivision (b) of Section 2532.25 and who has been issued a temporary license pursuant to Section 2532.7. The number of applicants who may be supervised by a licensed speech-language pathologist or a speech-language pathologist having qualifications deemed equivalent by the board shall be determined by the board. The supervising speech-language pathologist shall register with the board the name of each applicant working under their ~~supervision, and shall submit to the board a description of the proposed professional responsibilities of the applicant working under their~~ supervision. The number of applicants who may be supervised by a licensed audiologist or an audiologist having qualifications deemed equivalent by the board shall be determined by the board. The supervising audiologist shall register with the board the name of each applicant working under their ~~supervision, and shall submit to the board a description of the proposed professional responsibilities of the applicant working under their~~ supervision.

(g) Nothing in this chapter shall be construed as restricting hearing screening services in public or private elementary or secondary schools so long as these screening services are provided by persons registered as qualified school audiometrists pursuant to Sections 1685 and 1686 of the Health and Safety Code or hearing screening services supported by the State Department of Health Care Services so long as these screening services are provided by appropriately trained or qualified personnel.

(h) Persons employed as speech-language pathologists or audiologists by a federal agency shall be exempt from this chapter.

(i) Nothing in this chapter shall be construed as restricting consultation or the instructional or supervisory activities of a faculty member of an approved or accredited college or university for the first 60 days following appointment after the effective date of this subdivision.

**SEC. 4.** Section 2530.6 of the Business and Professions Code is amended to read:

**2530.6.** (a) Speech-language pathologists and audiologists supervising speech-language pathology or audiology aides shall register with the board the name of each aide working under their supervision.

(b) The number of aides who may be supervised by a licensee shall be determined by the board.

(c) The supervising audiologist or speech-language pathologist shall be responsible for the extent, kind, and quality of services performed by the aide, consistent with the board's designated standards and requirements.

(d) A speech-language pathology and audiology aide registration shall expire every two years and is subject to the renewal requirements in Article 6 (commencing with Section 2535).

(e) At the time of registration renewal, the speech-language pathologist or audiologist supervising the speech-language pathology or audiology aide shall update the board on the duties the aide performs while assisting the supervisor in the practice of speech-language pathology or audiology, and the training program and assessment methods the supervisor is utilizing to ensure the aide's continued competency.

*(f) An aide shall not advertise or otherwise represent that they hold a license as a speech-language pathologist, speech-language pathology assistant, or audiologist.*

**SEC. 5.** *Section 2530.8 is added to the Business and Professions Code, to read:*

**2530.8.** *Every person holding a license or registration under this chapter shall display it conspicuously in their primary place of practice or business.*

**SEC. 6.** *Section 2530.9 is added to the Business and Professions Code, to read:*

**2530.9.** (a) *An aide or a required professional experience license holder shall not be the sole proprietor of, manage, or independently operate a business that engages in the practice of speech-language pathology or audiology.*

(b) *A speech-language pathology assistant shall not be the sole proprietor of, manage, or independently operate a business that engages in the practice of speech-language pathology.*

**SEC. 7.** Section 2531 of the Business and Professions Code is amended to read:

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

(b) This section shall remain in effect only until January 1, ~~2027~~, ~~2031~~, and as of that date is repealed.

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

**SEC. 8.** Section 2531.3 of the Business and Professions Code is repealed.

~~**2531.3.** The board shall examine every applicant for a speech-language pathology license or an audiology license at the time and place designated by the board in its discretion, but at least once in each year; and for that purpose may appoint qualified persons to give the whole or any portion of the examination, who shall be designated as commissioners on examination. A commissioner on examination need not be a member of the board, but shall be subject to the same rules and regulations and shall be entitled to the same fee as if he or she were a member of the board.~~

~~The board shall perform all examination functions, including but not limited to, participation in uniform examination systems.~~

**SEC. 9.** Section 2531.4 of the Business and Professions Code is repealed.

~~2531.4. The board shall have full authority to investigate and to evaluate each and every applicant applying for a license to practice speech-language pathology or a license to practice audiology and to determine the admission of the applicant to the examination, if administered by the board, or to issue a license, in conformance with the provisions of, and qualifications required by, this chapter.~~

**SEC. 10.** Section 2531.5 of the Business and Professions Code is amended to read:

**2531.5.** The board shall issue, suspend, and revoke licenses *or registrations* and approvals to practice speech-language ~~pathology and audiology~~ *pathology, audiology, and hearing aid dispensing* as authorized by this chapter.

**SEC. 11.** Section 2531.75 of the Business and Professions Code is amended to read:

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

(b) This section shall remain in effect only until January 1, ~~2027~~, *2031*, and as of that date is repealed.

**SEC. 12.** Section 2532 of the Business and Professions Code is amended to read:

**2532.** No person shall engage in the practice of speech-language pathology or audiology or represent themselves as a speech-language pathologist or audiologist unless they are licensed in accordance with this ~~chapter~~. *article*.

**SEC. 13.** Section 2532.2 of the Business and Professions Code is amended to read:

**2532.2.** Except as required by Section 2532.25, to be eligible for licensure by the board as a speech-language pathologist or audiologist, the applicant shall possess all of the following qualifications:

(a) Possess at least a master's degree in speech-language ~~pathology~~ *pathology, communication disorders, communication sciences and disorders, communicative disorders, speech, language, and hearing sciences*, or audiology from an educational institution approved by the board or qualifications deemed equivalent by the board.

(b) (1) Submit evidence of the satisfactory completion of supervised clinical practice with individuals representative of a wide spectrum of ages and communication disorders. The board shall establish by regulation the required number of clock hours, not to exceed 375 clock hours, of supervised clinical practice necessary for the applicant.

(2) The clinical practice shall be under the direction of an educational institution approved by the board.

(c) *(1)* Submit evidence of no less than 36 weeks of satisfactorily completed supervised professional full-time experience or 72 weeks of professional part-time experience obtained under the supervision of a licensed speech-language pathologist or audiologist or a speech-language pathologist or audiologist having qualifications deemed equivalent by the board. This experience shall be evaluated and approved by the board. The required professional experience shall follow completion of the requirements listed in subdivisions (a) and (b). Full time is defined as at least 36 weeks in a calendar year and a minimum of 30 hours per week. Part time is defined as a minimum of 72 weeks and a minimum of 15 hours per week.

~~(d) (1) Pass an examination or examinations approved by the board. The board shall determine the subject matter and scope of the examinations and may waive the examination upon evidence that the applicant has successfully completed an examination approved by the board. Written examinations may be supplemented by oral examinations as the board shall~~

~~determine. An applicant who fails their examination may be reexamined at a subsequent examination upon payment of the reexamination fee required by this chapter.~~

(2) A speech-language pathologist or audiologist who holds a license from another state or territory of the United States or who holds equivalent qualifications as determined by the board and who has completed no less than one year of full-time continuous employment as a speech-language pathologist or audiologist within the past three years is exempt from the supervised professional experience in ~~subdivision (c).~~ *paragraph (1).*

*(d) Pass an examination or examinations approved by the board.*

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

**SEC. 14.** Section 2532.25 of the Business and Professions Code is amended to read:

**2532.25.** (a) An applicant seeking licensure as an audiologist shall possess a doctorate in audiology earned from an educational institution approved by the board. The board may, in its discretion, accept qualifications it deems to be equivalent to a doctoral degree in audiology. The board shall not, however, accept as equivalent qualifications graduation from a master's program that the applicant was enrolled in on or after January 1, 2008.

(b) In addition to meeting the qualifications specified in subdivision (a), an applicant seeking licensure as an audiologist shall do all of the following:

(1) Submit evidence of the satisfactory completion of supervised clinical practice with individuals representative of a wide spectrum of ages and audiological disorders. The board shall establish by regulation the required number of clock hours of supervised clinical practice necessary for the applicant. The clinical practice shall be under the direction of an audiology doctoral program at an educational institution approved by the board.

(2) Submit evidence of no less than 12 months of satisfactorily completed supervised professional full-time experience or its part-time equivalent obtained under the supervision of a licensed audiologist or an audiologist having qualifications deemed equivalent by the board. This experience shall be completed under the direction of an audiology doctoral program at an educational institution approved by the board.

(3) Pass an examination or examinations approved by the board. ~~The board shall determine the subject matter and scope of the examination or examinations and may waive an examination upon evidence that the applicant has successfully completed an examination approved by the board. Written examinations may be supplemented by oral examinations as the board shall determine. An applicant who fails an examination may be reexamined at a subsequent examination upon payment of the reexamination fee required by this chapter.~~

(c) This section shall apply to applicants who graduate from an approved educational institution on and after January 1, 2008.

**SEC. 15.** Section 2532.4 of the Business and Professions Code is amended to read:

**2532.4.** (a) The board ~~may~~ *shall* direct applicants to be examined for knowledge in whatever theoretical or applied fields in speech-language pathology or audiology it deems appropriate. It ~~may~~ *shall* examine the applicant with regard to their professional skills and their judgment in the utilization of speech-language pathology or audiology techniques and methods.

(b) The ~~examination may be written or oral or both. The examination shall be given at least once a year at the time and place and under such supervision as the board may determine.~~ *The board* ~~board~~ shall determine what ~~shall constitute~~ *constitutes* a passing grade. *An applicant who fails an examination may be reexamined at a subsequent examination.*

*(c) The board, at its discretion, may waive the examination or examinations when in the judgment of the board the applicant has already demonstrated competence in areas covered by the examination or examinations.*

~~(c) (d) The board shall keep an accurate recording of any oral examination and keep the recordings as well as any written examination as part of its records for at least two years following the date of examination.~~ *examination or examinations required by the board for a license under this article may be conducted by the board or by a public or private organization specified by the board. The examination or examinations may be conducted under a uniform examination system, and for that purpose, the board may make arrangements with organizations furnishing examination or examinations materials as may, in its discretion, be desirable. All aspects of the examination or examinations shall be in compliance with Section 139.*

**SEC. 16.** Section 2532.5 of the Business and Professions Code is repealed.

~~**2532.5.** Every person holding a license under this chapter shall display it conspicuously in their primary place of practice.~~

**SEC. 17.** Section 2532.6 of the Business and Professions Code is amended to read:

**2532.6.** (a) The Legislature recognizes that the education and experience requirements of this chapter constitute only minimal requirements to assure the public of professional competence. The Legislature encourages all professionals licensed and registered by the board under this chapter to regularly engage in continuing professional development and learning that is related and relevant to the professions of speech-language pathology and audiology.

(b) The board shall not renew any license or registration pursuant to this ~~chapter~~ *article* unless the applicant certifies to the board that they have completed in the preceding two years not less than the minimum number of continuing professional development hours established by the board pursuant to subdivision (c) for the professional practice authorized by their license or registration.

(c) (1) The board shall prescribe the forms utilized ~~for~~ and the number of hours of required continuing professional development for persons licensed ~~or registered~~ under this ~~chapter~~ *article*.

(2) The board shall have the right to audit the records of any applicant to verify the completion of the continuing professional development requirements.

(3) Applicants shall maintain records of completion of required continuing professional development coursework for a minimum of two years and shall make these records available to the board for auditing purposes upon request.

(d) The board shall establish exceptions from the continuing professional development requirements of this section for good cause as defined by the board.

*(e) (1) The continuing professional development services shall be obtained from any of the following:*

*(A) Accredited institutions of higher learning.*

~~(e) (B) (1) Organizations~~ *The continuing professional development services shall be obtained from accredited institutions of higher learning, organizations* approved as continuing education providers by either the American Speech-Language-Hearing ~~Association~~ *Association*, the American Academy of Audiology, the California Medical Association's ~~Institute for Medical Quality~~ Continuing Medical Education Program, ~~or other entities or organizations approved as continuing professional development providers by the board, in its discretion.~~ *the California Academy of Audiology, the California Speech-Language-Hearing Association, or the American Medical Association.*

*(C) A federal, state, or local governmental entity.*

*(D) Other entities or organizations approved as continuing professional development providers by the board, in its discretion.*

- (2) No hours shall be credited for any course enrolled in by a licensee that has not first been approved and certified by the board, if the board has sufficient funding and staff resources to implement the approval and certification process.
- (3) The continuing professional development services offered by these entities may, but are not required to, utilize pretesting and posttesting or other evaluation techniques to measure and demonstrate improved professional learning and competency.
- (4) An accredited institution of higher learning, an organization approved as continuing education providers by either the American Speech-Language-Hearing ~~Association~~ ~~or Association~~, the American Academy of Audiology, ~~and~~ the California Medical Association's ~~Institute for Medical Quality Continuing Education Program~~ *Continuing Education Program, the California Academy of Audiology, the California Speech-Language-Hearing Association, or the American Medical Association, or a federal, state, or local governmental entity* shall be exempt from any application or registration fees that the board may charge for continuing education providers.
- (5) Unless a course offered by entities listed in paragraph (4) meets the requirements established by the board, the course may not be credited towards the continuing professional development requirements for license renewal.
- (6) The licensee shall be responsible for obtaining the required course completion documents for courses offered by entities specified in paragraph (1).
- (f) The board, by regulation, shall fund the administration of this section through professional development services provider and licensing fees to be deposited in the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Fund. The fees related to the administration of this section shall be sufficient to meet, but shall not exceed, the costs of administering the corresponding provisions of this section.
- (g) The continuing professional development requirements adopted by the board shall comply with any guidelines for mandatory continuing education established by the Department of Consumer Affairs.

**SEC. 18.** Section 2532.8 of the Business and Professions Code is amended to read:

- 2532.8.** (a) The board shall, until January 1, ~~2027~~, *2031*, deem a person who holds a valid Certificate of Clinical Competence in Speech-Language Pathology issued by the American Speech-Language-Hearing Association's Council for Clinical Certification to have met the educational and experience requirements set forth for speech-language pathologists in Section 2532.2.
- (b) The board shall, until January 1, ~~2027~~, *2031*, deem a person who holds either a valid Certificate of Clinical Competence in Audiology issued by the American Speech-Language-Hearing Association's Council for Clinical Certification or a valid American Board of Audiology certificate issued by the American Academy of Audiology to have met the educational and experience requirements set forth for audiologists in Section 2532.2 and 2532.25.
- (c) If an applicant qualifying for licensure under this section has obtained any equivalent qualifications in violation of the laws and regulations governing the practices of speech-language pathology or audiology or has not met the requirements for licensure, the applicant shall correct the deficiency to qualify for licensure. If the deficiency is not cured within one year from the date of the deficiency notice, the application for licensure is deemed abandoned.

**SEC. 19.** *Section 2532.9 is added to the Business and Professions Code, to read:*

**2532.9.** *(a) The board shall issue, upon an application prescribed by the board and payment of the fee described in Sections 2534.2 and 2538.57, a retired license to a licensed speech-language pathologist, speech-language pathology assistant, audiologist, hearing aid dispenser, or dispensing audiologist who meets the following criteria:*

- (1) *The licensee holds a license that is current and active or a license that is inactive, and the license is not suspended, revoked, surrendered, or subject to disciplinary action under this chapter.*
- (2) *The licensee does not have an accusation filed against their license by the Attorney General's office nor is confirmed by an internal investigation report signed by the executive officer to be under investigation by the board.*
- (b) *The holder of a retired license issued pursuant to this section shall not engage in any activity for which an active license is required or represent that they have an active license.*
- (c) *A retired license shall not be subject to renewal.*
- (d) *The holder of a retired license may apply once to restore their license to active status if the holder of a retired license meets all of the following requirements:*
- (1) *Has not committed an act or crime constituting grounds for denial, revocation, or discipline of a license.*
- (2) *Pays the renewal fee required.*
- (3) *Completes the required continuing education as specified in subdivision (e).*
- (4) *Complies with the fingerprint submission requirements established by the board in regulation.*
- (5) *Either of the following apply:*
- (A) *The retired license was issued less than three years from the date of issuance.*
- (B) *The retired license was issued more than three years from the date of issuance, but the holder has continuously maintained a current, valid, active, and clear license in the same profession in another state or territory within the United States.*
- (e) *A holder of a retired license requesting to restore their license to active status pursuant to subdivision (d) shall complete continuing education equivalent to that required for a single license renewal period. Continuing education shall be completed in accordance with Section 2532.6 or 2538.18 except that all hours may be completed through self-study, as defined by the board in regulation.*
- (f) *The board shall issue a retired license for a second time pursuant to subdivision (a). A license shall remain on retired status after it has been placed on retired status for the second time.*
- (g) *The holder of a retired license shall apply for and obtain a new license if they have been on retired status for more than three years from the date of issuance, unless the holder continuously maintains a current, valid, active, and clear license in the same profession in another state or United States territory.*
- (h) *The holder of a retired license shall be permitted to use the title "retired." The designation of retired shall not be abbreviated in any way.*

**SEC. 20.** Section 2533 of the Business and Professions Code is amended to read:

**2533.** The board may refuse to issue, or issue subject to terms and conditions, a license *or registration* on the grounds specified in Section 480, or may suspend, revoke, or impose terms and conditions upon the license *or registration* of any licensee *or registrant* for any of the following:

- (a) Conviction of a crime substantially related to the qualifications, functions, and duties of a speech-language pathologist or audiologist or hearing aid dispenser, as the case may be. The record of the conviction shall be conclusive evidence thereof.
- (b) Securing a license *or registration* by fraud or deceit.
- (c) (1) The use or administering to themselves of any controlled substance.
- (2) The use of any of the dangerous drugs specified in Section 4022, or of alcoholic beverages, to the extent or in a manner as to be dangerous or injurious to the ~~licensee,~~ *licensee or registrant,* to any other person, or to the public, or to the extent that the

use impairs the ability of the licensee *or registrant* to practice speech-language pathology or audiology *or hearing aid dispensing* safely.

(3) More than one misdemeanor or any felony involving the use, consumption, or self-administration of any of the substances referred to in this section.

(4) Any combination of paragraph (1), (2), or (3).

The record of the conviction shall be conclusive evidence of unprofessional conduct.

(d) Engaging in any act in violation of Section 650.

(e) Advertising in violation of Section 17500. Advertising an academic degree that was not validly awarded or earned under the laws of this state or the applicable jurisdiction in which it was issued is deemed to constitute a violation of Section 17500.

(f) Committing a dishonest or fraudulent act that is substantially related to the qualifications, functions, or duties of a ~~licensee~~ *licensee or registrant*.

(g) Incompetence, gross negligence, or repeated negligent acts.

(h) Other acts that have endangered or are likely to endanger the health, welfare, and safety of the public.

(i) Use by a hearing aid dispenser of the term “doctor” or “physician” or “clinic” or “audiologist,” or any derivation thereof, except as authorized by law.

(j) The use, or causing the use, of any advertising or promotional literature in a manner that has the capacity or tendency to mislead or deceive purchasers or prospective purchasers.

(k) Any cause that would be grounds for denial of an application for a ~~license~~ *license or registration*.

(l) Violation of Section 1689.6 or 1793.02 of the Civil Code.

(m) Violation of a term or condition of a probationary order of a license *or registration* issued by the board pursuant to Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code.

(n) Violation of a term or condition of a conditional license *or registration* issued by the board pursuant to this section.

(o) Disciplinary action taken by any public agency in any state or territory for any act substantially related to the practice of speech-language pathology, audiology, or hearing aid dispensing.

(p) Aiding or abetting any person to engage in the unlicensed practice of speech-language pathology, audiology, or hearing aid dispensing.

(q) Violating or attempting to violate, directly or indirectly, any of the provisions of this chapter.

**SEC. 21.** Section 2533.1 of the Business and Professions Code is amended to read:

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

**SEC. 22.** Section 2533.4 of the Business and Professions Code is amended to read:

**2533.4.** Whenever a person other than a ~~licensed speech-language pathologist, audiologist, or hearing aid dispenser~~ *person licensed or registered under this chapter* has engaged in an act or practice which constitutes an offense under this chapter, a superior court of any county, on application of the board, may issue an injunction or other appropriate order restraining the

conduct. Proceedings under this section shall be governed by Chapter 3 (commencing with Section 525) of Title 7 of Part 2 of the Code of Civil Procedure. The board may commence action in the superior court under this section on its own motion.

**SEC. 23.** Section 2533.6 of the Business and Professions Code is amended to read:

**2533.6.** (a) A person whose license ~~or registration~~ has been ~~revoked or~~ ~~revoked~~, suspended, or ~~surrendered~~, or who has been placed on probation, may petition the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board for reinstatement or modification of penalty, including modification or termination of probation, after a period of not less than the following minimum period of time has elapsed from the effective date of the decision ordering that disciplinary ~~action:~~ ~~action or surrender of license:~~

(1) At least three years for reinstatement of a license ~~or registration~~ revoked for unprofessional ~~conduct,~~ ~~conduct or surrendered~~, except that the board may, for good cause shown, specify in a revocation order that a petition for reinstatement may be filed after two years.

(2) At least two years for early termination or one year for modification of a condition of probation of three years or more.

(3) At least one year for reinstatement of a license ~~revoked or~~ ~~registration revoked or surrendered~~ for mental or physical illness, or for modification of a condition, or termination of probation of less than three years.

(b) The petition shall be on a form provided by the board and shall state any facts and information as may be required by the board, including, but not limited to, proof of compliance with the terms and conditions of the underlying disciplinary order. The petition shall be verified by the petitioner who shall file an original and sufficient copies of the petition, together with any supporting documents, for the members of the board, the administrative law judge, and the Attorney General.

(c) The petition may be heard by the board, with the matter presided over by an administrative law judge. After a hearing on the petition, the administrative law judge shall provide a decision as determined by the board which shall be acted upon in accordance with the Administrative Procedure Act.

(d) The board or the administrative law judge hearing the petition may consider all activities of the petitioner since the disciplinary action was taken, the offense for which the petitioner was disciplined, the petitioner's activities during the time the license ~~or registration~~ was in good standing, and the petitioner's rehabilitative efforts, general reputation for truth, and professional ability. The hearing may be continued, as the board or the administrative law judge finds necessary.

(e) The administrative law judge when hearing a petition for reinstating a ~~license,~~ ~~license~~ or ~~registration,~~ or modifying a penalty, may recommend the imposition of any terms and conditions deemed necessary.

(f) No petition shall be considered while the petitioner is under sentence for any criminal offense, including any period during which the petitioner is on court-imposed probation or parole. No petition shall be considered while there is an accusation or petition to revoke probation pending against the petitioner. The board may deny, without a hearing or argument, any petition filed pursuant to this section within a period of two years from the effective date of the prior decision following a hearing under this section.

(g) The board may deny, without a hearing or argument, any petition for termination or modification of probation filed pursuant to this section for any of the following:

(1) The petitioner has failed to comply with the terms and conditions of the disciplinary order.

(2) The board is conducting an investigation of the petitioner while they are on probation.

(3) The petitioner has a subsequent arrest that is substantially related to the qualifications, functions, or duties of the licensee or registrant and this arrest occurred while on probation.

(4) The petitioner's probation with the board is currently tolled.

(h) Nothing in this section shall be deemed to alter Sections 822 and 823.

**SEC. 24.** Section 2534.2 of the Business and Professions Code is amended to read:

**2534.2.** The amount of the fees prescribed by this chapter is that established by the following schedule:

- (a) (1) The application fee and renewal fee for speech-language pathologists and nondispensing audiologists shall be established by the board in an amount that does not exceed one hundred fifty dollars (\$150) but is sufficient to support the functions of the board that relate to the functions authorized by this chapter, excluding Article 9 (commencing with Section 2539.1).
- (2) The application fee and renewal fee for dispensing audiologists shall be established by the board in an amount that does not exceed two hundred eighty dollars (\$280) but is sufficient to support the functions of the board that relate to the functions authorized by this chapter.
- (b) The delinquency fee shall be twenty-five dollars (\$25).
- (c) The reexamination fee shall be established by the board in an amount that does not exceed seventy-five dollars (\$75).
- (d) The registration fee and renewal fee of an aide shall be established by the board in an amount that does not exceed thirty dollars (\$30).
- (e) A fee to be set by the board of not more than one hundred dollars (\$100) shall be charged for each application for approval as a speech-language pathology assistant.
- (f) A fee of one hundred fifty dollars (\$150) shall be charged for the issuance of and for the renewal of each approval as a speech-language pathology assistant, unless a lower fee is established by the board.
- (g) The duplicate wall certificate fee is twenty-five dollars (\$25).
- (h) The duplicate renewal receipt fee is twenty-five dollars (\$25).
- (i) The application fee and renewal fee for a temporary license is thirty dollars (\$30).
- (j) The fee for issuance of a license *or registration* status and history certification letter shall be established by the board in an amount not to exceed twenty-five dollars (\$25).
- (k) The fee for a retired license is seventy-five dollars (\$75).*

**SEC. 25.** Section 2535 of the Business and Professions Code is amended to read:

- 2535.** (a) All licenses ~~issued as of January 1, 1992, or registrations issued under Sections 2530.6, 2532, and 2538~~ shall expire at 12 a.m. of the last date of the birth month of the licensee *or registrant* during the second year of a two-year ~~term~~ *term*, if not renewed.
- ~~(b) All licenses issued under this chapter, except those licenses issued pursuant to subdivision (a), shall expire at 12 a.m. of the last date of the birth month of the licensee during the second year of a two-year term, if not renewed.~~
- ~~(c)~~ *(b)* To renew an unexpired ~~license,~~ *license or registration*, the licensee *or registrant* shall, on or before the date of expiration of the ~~license,~~ *license or registration*, apply for renewal on a form provided by the board, accompanied by the prescribed renewal fee.

**SEC. 26.** Section 2535.2 of the Business and Professions Code is amended to read:

**2535.2.** Except as provided in Section 2535.3, a license *or registration* that has expired may be renewed at any time within five years after its expiration upon filing of an application for renewal on a form prescribed by the board and payment of all accrued and unpaid renewal fees. If the license *or registration* is not renewed on or before its expiration, the ~~licensee,~~ *licensee or registrant*, as a condition precedent to renewal, shall also pay the prescribed delinquency fee. Renewal under this section shall be effective on the date on which the application is filed, on the date on which all renewal fees are paid, or on the date on which the delinquency fee is paid, whichever last occurs. If so renewed, the license *or registration* shall continue in effect through the expiration date provided in Section 2535, after

the effective date of the renewal, when it shall expire and become invalid if it is not again renewed.

**SEC. 27.** Section 2535.4 of the Business and Professions Code is amended to read:

**2535.4.** A person who fails to renew their license *or registration* within the five years after its expiration may not renew it, and it may not be restored, reissued, or reinstated thereafter, but that person may apply for and obtain a new license *or registration* if they meet all of the following requirements:

- (a) Have not committed any acts or crimes constituting grounds for denial of licensure *or registration* under Division 1.5 (commencing with Section 475).
- (b) Take and pass the examination or examinations, if any, that would be required of them if an initial application for licensure *or registration* was being made, or otherwise establishes to the satisfaction of the board that, with due regard for the public interest, they are qualified to practice as a speech-language pathologist or audiologist, as the case may be.
- (c) Pays all of the fees that would be required if an initial application for licensure *or registration* was being made. In addition, the board may charge the applicant a fee to cover the actual costs of any examination that it may administer.

**SEC. 28.** Section 2538.1 of the Business and Professions Code is amended to read:

**2538.1.** (a) The board shall adopt regulations, in collaboration with the State Department of Education, the Commission on Teacher Credentialing, and the Advisory Commission on Special Education, that set forth standards and requirements for the adequate supervision of speech-language pathology assistants.

(b) The board shall adopt regulations as reasonably necessary to carry out the purposes of this article, that shall include, but need not be limited to, the following:

- (1) Procedures and requirements for application, registration, renewal, suspension, and revocation.
- (2) Standards for approval of ~~Associate-Degree~~ Speech-Language Pathology Assistant *associate degree* training programs based upon standards and curriculum guidelines established by the ~~National~~ Council on Academic Accreditation in Audiology and Speech-Language Pathology, or the American Speech-Language-Hearing Association, or equivalent formal training programs consisting of two years of technical education, including supervised field placements. The board may impanel site review committees to conduct onsite evaluations, inspections, and investigations of a speech-language pathology assistant training program and to assess the training program's compliance with the board's laws and regulations. The members of the site review committee shall receive no compensation but shall be reimbursed for their actual travel and per diem expenses by the institution that is the subject of the evaluation, inspection, or investigation.
- (3) Standards for accreditation of a Speech-Language Pathology Assistant *associate degree* training program's institution by the Accrediting Commission for Community and Junior Colleges of the Western Association of Schools and Colleges or the Senior College Commission of the Western Association of Schools and Colleges, or equivalent accreditation.
- (4) The scope of responsibility, duties, and functions of speech-language pathology assistants, that shall include, but not be limited to, all of the following:
  - (A) Conducting speech-language screening, without interpretation, and using screening protocols developed by the supervising speech-language pathologist.
  - (B) Providing direct treatment assistance to patients or clients under the supervision of a speech-language pathologist.
  - (C) Following and implementing documented treatment plans or protocols developed by a supervising speech-language pathologist.

- (D) Documenting patient or client progress toward meeting established objectives, and reporting the information to a supervising speech-language pathologist.
- (E) Assisting a speech-language pathologist during assessments, including, but not limited to, assisting with formal documentation, preparing materials, and performing clerical duties for a supervising speech-language pathologist.
- (F) When competent to do so, as determined by the supervising speech-language pathologist, acting as an interpreter for non-English-speaking patients or clients and their family members.
- (G) Scheduling activities and preparing charts, records, graphs, and data.
- (H) Performing checks and maintenance of equipment, including, but not limited to, augmentative communication devices.
- (I) Assisting with speech-language pathology research projects, in-service training, and family or community education.

The regulations shall provide that speech-language pathology assistants are not authorized to conduct evaluations, interpret data, alter treatment plans, or perform any task without the express knowledge and approval of a supervising speech-language pathologist.

- (5) The requirements for the wearing of distinguishing name badges with the title of speech-language pathology assistant.
- (6) Minimum continuing professional development requirements for the speech-language pathology assistant, not to exceed 12 hours in a two-year period. The speech-language pathology assistant's supervisor shall act as a professional development advisor. The speech-language pathology assistant's professional growth may be satisfied with successful completion of state or regional conferences, workshops, formal in-service presentations, independent study programs, *courses offered by entities listed in paragraph (1) of subdivision (e) of Section 2532.6*, or any combination of these concerning communication and related disorders. *Coursework from a master's degree that would qualify an applicant for licensure as a speech-language pathologist pursuant to Section 2532.2 shall not be used to satisfy this requirement.*
- (7) Minimum continuing professional development requirements for the supervisor of a speech-language pathology assistant.
- (8) The type and amount of direct and indirect supervision required for speech-language pathology assistants.
- (9) The maximum number of assistants permitted per supervisor.
- (10) A requirement that the supervising speech-language pathologist shall remain responsible and accountable for clinical judgments and decisions and the maintenance of the highest quality and standards of practice when a speech-language pathology assistant is utilized.

**SEC. 29.** Section 2538.3 of the Business and Professions Code is amended to read:

**2538.3.** A person applying for approval as a speech-language pathology assistant shall have graduated from a speech-language pathology assistant associate degree program, or equivalent course of study, approved by the board. A person who has successfully graduated from a board-approved bachelor's degree program in speech-language ~~pathology or communication~~ *pathology, communication disorders, speech, language, and hearing sciences, communication sciences and disorders, or communicative* disorders shall be deemed to have satisfied an equivalent course of study.

**SEC. 30.** Section 2538.5 of the Business and Professions Code is amended to read:

**2538.5.** This article shall not be construed to limit the utilization of a speech aide or other personnel employed by a public school working under the direct supervision of a credentialed speech-language pathologist as set forth in subdivision (c) of Section 3051.1 of Title 5 of the California Code of ~~Regulations.~~ *Regulations so long as the speech aide or other personnel is*

*not performing the scope of responsibility, duties, and functions of a speech-language pathology assistant as described in paragraph (4) of subdivision (b) of Section 2538.1.*

**SEC. 31.** Section 2538.7 of the Business and Professions Code is amended to read:

**2538.7.** (a) No person who is not registered as a speech-language pathology assistant shall utilize the title speech-language pathology ~~assistant or~~ *assistant, SLP assistant, or the letters "SLPA," or* a similar title that includes the words speech or language when combined with the term assistant.

(b) No person who is not registered as a speech-language pathology assistant shall perform the duties or functions of a speech-language pathology assistant, except as provided by this ~~chapter.~~ *article.*

**SEC. 32.** *Section 2538.8 is added to the Business and Professions Code, to read:*

**2538.8.** *A speech-language pathology assistant shall not advertise or otherwise represent that they hold a license as a speech-language pathologist.*

**SEC. 33.** Section 2538.10 of the Business and Professions Code is amended to read:

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

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

(b) *"License" means a license to engage in the practice of fitting or selling hearing aids to an individual or individuals with impaired hearing.*

~~(b) (c)~~ *"License" "Licensee"* means a ~~hearing aid dispenser~~ *person holding a* license issued pursuant to this article and includes a ~~temporary~~ *permanent, temporary,* or trainee license.

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

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

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

**SEC. 34.** Section 2538.11 of the Business and Professions Code is amended to read:

**2538.11.** (a) "Practice of fitting or selling hearing aids," as used in this article, means those practices used for the purpose of selection and adaptation of hearing aids, including direct observation of the ear, testing of hearing in connection with the fitting and selling of hearing aids, taking of ear mold impressions, fitting or sale of hearing aids, and any necessary postfitting counseling.

The practice of fitting or selling hearing aids does not include the act of concluding the transaction by a retail clerk.

When any audiometer or other equipment is used in the practice of fitting or selling hearing aids, it shall be kept properly calibrated and in good working condition, and the calibration of the audiometer or other equipment shall be checked at least annually.

(b) A ~~hearing aid dispenser~~ *licensee* shall not conduct diagnostic hearing tests when conducting tests in connection with the practice of fitting or selling hearing aids.

(c) Hearing tests conducted pursuant to this article shall include those that are in compliance with the Food and Drug Administration Guidelines for Hearing Aid Devices and those that are specifically covered in the licensing examination prepared and administered by the board.

**SEC. 35.** Section 2538.13 of the Business and Professions Code is amended to read:

**2538.13.** In fitting hearing aids, a ~~hearing aid dispenser~~ licensee shall not take facial measurements or fit, adjust, or adapt lenses or spectacle frames, except that a ~~hearing aid dispenser~~ licensee may replace the temple or temples of a person's spectacle frames with a temple or temples incorporating hearing aid components.

**SEC. 36.** Section 2538.14 of the Business and Professions Code is amended to read:

**2538.14.** "Hearing aid dispenser," as used in this article, means a person ~~engaged in the practice of fitting or selling hearing aids to an individual with impaired hearing.~~ *who is issued a permanent license pursuant to this article.*

**SEC. 37.** Section 2538.18 of the Business and Professions Code is amended to read:

**2538.18.** All ~~holders of licenses to sell or fit hearing aids~~ *hearing aid dispensers* shall continue their education after receiving ~~the~~ *their* license. The board shall provide by regulation, as a condition to the renewal of a license, that ~~licensees~~ *the hearing aid dispenser* shall submit documentation satisfactory to the board that they have informed themselves of current practices related to the fitting of hearing aids by having pursued courses of study satisfactory to the board or by other means defined as equivalent by the board. Continuing education courses shall be subject to monitoring to ensure compliance with the regulations adopted by the board pursuant to this section.

**SEC. 38.** Section 2538.23 of the Business and Professions Code is amended to read:

**2538.23.** (a) Hearing aids may be sold *online*, by ~~catalog~~ *catalog*, or direct mail provided that:

(1) The seller is licensed as a hearing aid dispenser in this ~~state.~~ *state or is a temporary licensee who does not require supervision.*

(2) There is no fitting, selection, or adaptation of the instrument and no advice is given with respect to fitting, selection, or adaptation of the instrument and no advice is given with respect to the taking of an ear impression for an earmold by the seller.

(3) The seller has received a statement which is signed by a physician and surgeon, audiologist, or a hearing aid dispenser, licensed by the State of California which verifies that Section 2538.36 and subdivision (b) of Section 2538.49 have been complied with.

(b) A copy of the statement referred to in paragraph (3) of subdivision (a) shall be retained by the seller for the period provided for in Section 2538.38.

(c) A ~~licensed~~ hearing aid ~~dispenser who~~ *dispenser, or temporary licensee who does not require supervision, who* sells a hearing aid under this section shall not be required to comply with subdivision (b) of Section 2538.49.

**SEC. 39.** Section 2538.26 of the Business and Professions Code is amended to read:

**2538.26.** The board shall issue a license to all applicants who have satisfied this ~~chapter,~~ *article*, who are at least 18 years of age, who possess a high school diploma or its equivalent, who have not committed acts or crimes constituting grounds for denial of licensure under Section 480, and who have paid the fees provided for in Section 2538.57. No license shall be issued to any person other than an individual.

**SEC. 40.** Section 2538.28 of the Business and Professions Code is amended to read:

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

- (b) The board shall adopt regulations setting forth criteria for its refusal to approve a hearing aid dispenser to supervise a trainee licensee, including procedures to appeal that decision.
- (c) A trainee license issued pursuant to this section is effective and valid for six months from date of issue. The board may renew the trainee license for an additional period of six months. Except as provided in subdivision (d), the board shall not issue more than two renewals of a trainee license to any applicant. Notwithstanding subdivision (d), if a trainee licensee who is entitled to renew a trainee license does not renew the trainee license and applies for a new trainee license at a later time, the new trainee license shall only be issued and renewed subject to the limitations set forth in this subdivision.
- (d) A new trainee license may be issued pursuant to this section if a trainee license issued pursuant to subdivision (c) has lapsed for a minimum of three years from the expiration or cancellation date of the previous trainee license. The board may issue only one new trainee license under this subdivision.

**SEC. 41.** Section 2538.33 of the Business and Professions Code is amended to read:

- 2538.33.** (a) Before engaging in the practice of fitting or selling hearing aids, each licensee shall notify the board in writing of the address or addresses where they are to engage, or intend to engage, in the practice of fitting or selling hearing aids, and of any changes in their ~~place of business~~ *address or addresses* within 30 days of engaging in that practice.
- (b) If ~~a street address~~ *the address or addresses provided pursuant to subdivision (a)* is not the address *or addresses* at which the licensee receives mail, the licensee shall also notify the board in writing of the mailing address for each location where the licensee is to engage, or intends to engage, in the practice of fitting or selling hearing aids, and of any change in the mailing address ~~of their place or places of business~~ *or addresses*.

**SEC. 42.** Section 2538.34 of the Business and Professions Code is amended to read:

- 2538.34.** (a) Every ~~licensee who~~ *hearing aid dispenser, or temporary licensee who does not require supervision, who* engages in the practice of fitting or selling hearing aids shall have ~~and maintain~~ an established retail business address ~~to engage in that fitting or selling~~, routinely open for service to customers or clients. The address of ~~the licensee's~~ *that* place of business shall be registered with the board as provided in Section 2538.33.
- (b) Except as provided in subdivision (c), if a ~~licensee maintains~~ *hearing aid dispenser, or temporary licensee who does not require supervision, engages in the practice of fitting or selling hearing aids at* more than one place of business within this state, they shall apply for and procure a ~~duplicate~~ *branch office* license for each branch ~~office maintained~~ *place of business*. The application shall state the name of the person and the ~~location~~ *address* of the place or places of business for which the ~~duplicate~~ *branch office* license is desired.
- (c) (1) A hearing aid ~~dispenser~~ *dispenser, or temporary licensee who does not require supervision,* may, without obtaining a ~~duplicate license for a branch office~~ *branch office license*, engage on a temporary basis in the practice of fitting or selling hearing aids at ~~the primary or branch location of another licensee's~~ *another* business or at a location or facility that they may use on a temporary basis, provided that the hearing aid ~~dispenser~~ *dispenser, or temporary licensee who does not require supervision,* notifies the board in advance in writing of the dates and addresses of those businesses, locations, or facilities at which they will engage in the practice of fitting or selling hearing aids.
- (2) *For purposes of paragraph (1), "temporary basis" means a limited and short period of time that is not intended to occur repeatedly.*

**SEC. 43.** Section 2538.37 of the Business and Professions Code is amended to read:

**2538.37.** No hearing aid shall be sold by an individual licensed under this ~~chapter,~~ *article,* to a person 16 years of age or younger, unless within the preceding six months a recommendation for a hearing aid has been made by both a board-certified, or a board-eligible physician specializing in otolaryngology, and by a ~~state-licensed~~ *state-licensed* audiologist. A replacement of an identical hearing aid within one year shall be an exception to this requirement.

**SEC. 44.** Section 2538.38 of the Business and Professions Code is amended to read:

**2538.38.** A ~~licensee~~ *hearing aid dispenser, or temporary licensee who does not require supervision,* shall, upon the consummation of a sale of a hearing aid, keep and maintain records in the licensee's office or place of business at all times and each record shall be kept and maintained for a seven-year period. All records related to the sale and fitting of hearing aids shall be open to inspection by the board or its authorized representatives upon reasonable notice. The records kept shall include:

- (a) Results of test techniques as they pertain to fitting of the hearing aid.
- (b) A copy of the written notice and the written receipt required by Section 2538.35 and the written recommendation and receipt required by Section 2538.36 when applicable.
- (c) Records of maintenance or calibration of equipment used in the practice of fitting or selling hearing aids.

**SEC. 45.** Section 2538.48 of the Business and Professions Code is amended to read:

**2538.48.** It is unlawful to engage in the practice of fitting or selling hearing aids in this state without having at the time of so doing a valid, unrevoked, and unexpired ~~license or temporary~~ license.

**SEC. 46.** Section 2538.49 of the Business and Professions Code is amended to read:

**2538.49.** It is unlawful for a ~~licensed hearing aid dispenser~~ *licensee* to fit or sell a hearing aid unless they first do all of the following:

- (a) Comply with all provisions of state laws and regulations relating to the fitting or selling of hearing aids.
- (b) Conduct a direct observation of the purchaser's ear canals.
- (c) Inform the purchaser of the address and office hours at which the licensee shall be available for fitting or postfitting adjustments and servicing of the hearing aid or aids sold.

**SEC. 47.** Section 2538.50 of the Business and Professions Code is amended to read:

**2538.50.** It is unlawful to advertise by displaying a sign or otherwise or hold themselves out to be a person engaged in the practice of fitting or selling hearing aids without having at the time of so doing a valid, unrevoked ~~license or temporary~~ license.

**SEC. 48.** Section 2538.51 of the Business and Professions Code is amended to read:

**2538.51.** It is unlawful to engage in the practice of fitting or selling hearing aids without the ~~licensee having and maintaining~~ *hearing aid dispenser, or temporary licensee who does not require supervision, having* an established business address, routinely open for service to their clients.

**SEC. 49.** Section 2538.53 of the Business and Professions Code is amended to read:

**2538.53.** (a) A license issued under this article expires at midnight on its assigned renewal date.

(b) To renew an unexpired *permanent* license, the ~~licensee~~ *hearing aid dispenser* shall, on or before the date of expiration of the license, apply for renewal on a form provided by the board, accompanied by the prescribed renewal fee.

(c) ~~Temporary Trainee~~ license holders shall renew their ~~licenses~~ *license* in accordance with Section ~~2538.27, 2538.28~~ and apply for that renewal on a form provided by the board, accompanied by the prescribed renewal fee for ~~temporary licenses: a trainee license~~.

(d) Each ~~duplicate~~ license issued for a branch office shall expire on the same date as the permanent license of the hearing aid dispenser to whom the ~~duplicate~~ *branch office* license was issued. ~~These duplicate licenses- A branch office license~~ shall be renewed according to subdivision (b).

**SEC. 50.** Section 2538.57 of the Business and Professions Code is amended to read:

**2538.57.** The amount of fees and penalties prescribed by this article shall be those set forth in this section unless a lower fee is fixed by the board:

(a) The fee for applicants applying for the first time for a license is seventy-five dollars (\$75), which shall not be refunded, except to applicants who are found to be ineligible to take an examination for a license. Those applicants are entitled to a refund of fifty dollars (\$50).

(b) The fees for taking or retaking the written and practical examinations shall be amounts fixed by the board, which shall be equal to the actual cost of preparing, grading, analyzing, and administering the examinations.

(c) The initial temporary *or trainee* license fee is one hundred dollars (\$100). The fee for renewal of a ~~temporary trainee~~ license is one hundred dollars (\$100) for each renewal.

(d) The initial permanent license fee is two hundred eighty dollars (\$280). The fee for renewal of a permanent license is not more than two hundred eighty dollars (\$280) for each renewal.

(e) The initial branch office license fee is twenty-five dollars (\$25). The fee for renewal of a branch office license is twenty-five dollars (\$25) for each renewal.

(f) The delinquency fee is twenty-five dollars (\$25).

(g) The fee for issuance of a replacement license is twenty-five dollars (\$25).

(h) The continuing education course approval application fee is fifty dollars (\$50).

(i) The fee for official certification of licensure is fifteen dollars (\$15).

*(j) The fee for a retired license is seventy-five dollars (\$75).*

**SEC. 51.** Section 2539.1 of the Business and Professions Code is amended to read:

**2539.1.** (a) (1) ~~On and after January 1, 2010, in~~ *In* addition to satisfying the licensure and examination requirements described in Sections 2532, 2532.2, and 2532.25, no licensed audiologist shall sell hearing aids unless they complete an application for a dispensing audiology license, pay all applicable fees, and pass an examination, approved by the board, relating to selling hearing aids.

(2) The board shall issue a dispensing audiology license to a licensed audiologist who meets the requirements of paragraph (1).

~~(b) (1) The On and after January 1, 2010, a licensed audiologist with an unexpired license to sell hearing aids pursuant to Article 8 (commencing with Section 2538.10) may continue to sell hearing aids pursuant to that license until that license expires pursuant to Section 2538.53, and upon that expiration the licensee shall be deemed to have satisfied the requirements described in subdivision (a) and may continue to sell hearing aids pursuant to their audiology license subject to this chapter. Upon the expiration of the audiologist's license to sell hearing aids, the board shall issue them a dispensing audiology license pursuant to paragraph (2) of subdivision (a). This paragraph shall~~ *board shall* not prevent an audiologist who also has a hearing aid dispenser ~~license- license, issued pursuant to Article 8 (commencing with Section 2538.10),~~ from maintaining dual or separate licenses if they choose to do so.

~~(2) A licensed audiologist whose license to sell hearing aids, issued pursuant to Article 8 (commencing with Section 2538.10), is suspended, surrendered, or revoked shall not be authorized to sell hearing aids pursuant to this subdivision and they shall be subject to the requirements described in subdivision (a) and the other provisions of this chapter.~~

(c) A licensed hearing aid dispenser who meets the qualifications for licensure as an audiologist *described in Sections 2532, 2532.2, and 2532.25* shall be deemed to have satisfied the requirements of paragraph (1) of subdivision (a) for the purposes of obtaining a dispensing audiology license.

(d) For purposes of subdivision (a), the board shall provide the hearing aid dispenser examination provided by the former Hearing Aid Dispensers Bureau until the next examination validation and occupational analysis is completed by the Department of Consumer Affairs pursuant to Section 139 and a determination is made that a different examination is to be administered.

**SEC. 52.** Section 2539.2 of the Business and Professions Code is amended to read:

**2539.2.** (a) Hearing aids may be sold *online*, by ~~catalog~~ *catalog*, or direct mail provided that:

(1) The seller is licensed as an audiologist in this state and is authorized to sell hearing aids pursuant to Section 2539.1.

(2) There is no fitting, selection, or adaptation of the instrument and no advice is given with respect to fitting, selection, or adaptation of the instrument and no advice is given with respect to the taking of an ear impression for an earmold by the seller.

(3) The seller has received a statement which is signed by a physician and surgeon, audiologist, or a hearing aid dispenser, licensed by the State of California which verifies that Section 2539.6 has been complied with.

(b) A copy of the statement referred to in paragraph (3) of subdivision (a) shall be retained by the seller for the period provided for in Section 2539.10.

**SEC. 53.** Section 2539.6 of the Business and Professions Code is amended to read:

**2539.6.** (a) Whenever any of the following conditions are found to exist either from observations by the licensed *dispensing* audiologist or on the basis of information furnished by the prospective hearing aid user, a licensed *dispensing* audiologist shall, prior to fitting or selling a hearing aid to any individual, suggest to that individual in writing that the individual's best interests would be served if they consult a licensed physician and surgeon specializing in diseases of the ear or, if none are available in the community, a duly licensed physician and surgeon:

(1) Visible congenital or traumatic deformity of the ear.

(2) History of, or active, drainage from the ear within the previous 90 days.

(3) History of sudden or rapidly progressive hearing loss within the previous 90 days.

(4) Acute or chronic dizziness.

(5) Unilateral hearing loss of sudden or recent onset within the previous 90 days.

(6) Significant air-bone gap (when generally acceptable standards have been established).

(7) Visible evidence of significant cerumen accumulation or a foreign body in the ear canal.

(8) Pain or discomfort in the ear.

(b) No referral for medical opinion need be made by any licensed *dispensing* audiologist in the instance of replacement only of a hearing aid that has been lost or damaged beyond repair within one year of the date of purchase. A copy of the written recommendation shall be retained by the licensed *dispensing* audiologist for the period provided for in Section 2539.10. A person receiving the written recommendation who elects to purchase a hearing aid shall sign a receipt for the same, and the receipt shall be kept with the other papers retained by the licensed *dispensing* audiologist for the period provided for in Section 2539.10. Nothing in this section required to be performed by a licensed *dispensing* audiologist shall mean that the licensed *dispensing* audiologist is engaged in the diagnosis of illness or the practice of medicine or any other activity prohibited by the provisions of this code.

**SEC. 54.** Section 2539.8 of the Business and Professions Code is repealed.

~~2539.8. No hearing aid shall be sold by an individual licensed as an audiologist under this chapter to a person 16 years of age or younger, unless within the preceding six months a recommendation for a hearing aid has been made by both a board-certified, or a board-eligible physician specializing in otolaryngology, and by a state-licensed audiologist. A replacement of an identical hearing aid within one year shall be an exception to this requirement.~~

**SEC. 55.** Section 2539.12 of the Business and Professions Code is amended to read:

**2539.12.** A licensed *dispensing* audiologist who is the owner, manager, or franchisee at a location where hearing aids are fit or sold, shall be responsible for the adequacy of the fitting or selling of any hearing aid fit and sold by any licensee or licensees at that location.

**SEC. 56.** Section 2539.14 of the Business and Professions Code is amended to read:

**2539.14. (a)** *A licensed dispensing audiologist who satisfies the requirements of Section 2539.1 is authorized to sell hearing aids pursuant to the requirements in Article 8 (commencing with Section 2538.10).*

*(b)* The provisions of subdivisions (b) and (c) of Section 2538.11 ~~and the provisions of Section 2538.12~~ or Sections 2538.12, 2538.14, 2538.37, 2538.53, 2538.54, 2538.55, and 2538.56 do not apply to a licensed audiologist who satisfies the requirements of Section 2539.1.

**SEC. 57.** Section 2539.15 is added to the Business and Professions Code, to read:

**2539.15.** *All dispensing audiologists shall continue their education after receiving their license. The board shall provide by regulation, as a condition to the renewal of a license, that the dispensing audiologist shall submit documentation satisfactory to the board that they have informed themselves of current practices related to audiology and the fitting of hearing aids by having pursued courses of study satisfactory to the board or by other means defined as equivalent by the board.*

*Continuing education courses shall be subject to monitoring to ensure compliance with the regulations adopted by the board pursuant to this section.*

**SEC. 58.** Section 2539.16 is added to the Business and Professions Code, to read:

**2539.16. (a)** *A license issued under this article expires at midnight on its assigned renewal date.*

*(b)* *To renew an unexpired license, the licensee shall, on or before the date of expiration of the license, apply for renewal on a form provided by the board, accompanied by the prescribed renewal fee.*

**SEC. 59.** Section 2539.17 is added to the Business and Professions Code, to read:

**2539.17.** *Except as otherwise provided in this article, an expired license may be renewed at any time within three years after its expiration on filing of an application for renewal on a form prescribed by the board, and payment of all accrued and unpaid renewal fees. If the license is renewed after its expiration, the licensee, as a condition precedent to renewal, shall also pay the delinquency fee prescribed by this article. Renewal under this section shall be effective on the date on which the application is filed, on the date on which the renewal fee is paid, or on the date on which the delinquency fee, if any, is paid, whichever last occurs. If so renewed, the license shall continue in effect through the date provided in Section 2539.16 which next occurs after the effective date of the renewal, when it shall expire if it is not again renewed.*

**SEC. 60.** Section 2539.18 is added to the Business and Professions Code, to read:

**2539.18. (a)** *A license which has been suspended is subject to expiration and shall be renewed as provided in this article but renewal does not entitle the holder of the license, while it remains suspended and until it is reinstated, to engage in the fitting or selling of hearing aids,*

*or in any other activity or conduct in violation of the order or judgment by which the license was suspended.*

*(b) A license that has been revoked is subject to expiration, but it shall not be renewed. If it is reinstated after its expiration, the licensee, as a condition precedent to its reinstatement, shall pay a reinstatement fee in an amount equal to the renewal fee in effect on the last regular renewal date before the date on which it is reinstated, plus the delinquency fee, if any, accrued at the time of its revocation.*

**SEC. 61.** *Section 2539.19 is added to the Business and Professions Code, to read:*

**2539.19.** *A license that is not renewed within three years after its expiration may not be renewed, restored, reissued, or reinstated thereafter, but the holder of the expired license may apply for and obtain a new license if all of the following apply:*

*(a) They have not committed acts or crimes constituting grounds for denial of licensure under Section 480.*

*(b) They pay all of the fees that would be required if they were applying for a license for the first time.*

*(c) They take and pass the examination that would be required if they were applying for a license for the first time or otherwise establish to the satisfaction of the board that, with due regard for the public interest, they are qualified to practice as a dispensing audiologist.*

**SEC. 62.** *No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.*

## **AB 1652 Amends The Law: Chaptered 8/27/2026**

***SECTION 1.*** *Section 11000.3 is added to the Government Code, to read:*

*11000.3. (a) Except as provided in paragraph (1) of subdivision (c), an elective or appointive officer of a state agency acting in their official capacity shall not enter into, or request that another individual enter into, a nondisclosure agreement relating to the drafting, negotiation, or discussion of a proposed regulation or legislation.*

*(b) Except as provided in paragraph (2) of subdivision (c), any nondisclosure agreement relating to the drafting, negotiation, or discussion of a proposed regulation or legislation entered into or requested by an elective or appointive officer of a state agency acting in their official capacity after the effective date of this section shall be void and unenforceable.*

*(c) (1) This section does not prohibit an elective or appointive officer of a state agency from entering into or requesting a nondisclosure agreement that prevents only the disclosure of trade secrets, private financial information, or proprietary information.*

*(2) This section does not make void and unenforceable a nondisclosure agreement, or portion of a nondisclosure agreement, that prevents only the disclosure of trade secrets, private financial information, or proprietary information.*

*(d) For purposes of this section, the following terms have the following meanings:*

*(1) "Discussion" means direct or indirect communications engaged in by individuals for the purpose of reaching a decision regarding a proposed regulation or legislation.*

*(2) "Drafting" means developing language for a proposed regulation or legislation pursuant to this chapter.*

*(3) "Negotiation" means any form of direct or indirect communication whereby individuals who have opposing interests discuss the form of any proposed regulation or legislation that may resolve a dispute involving those interests.*

**SECTION 1.** Section 12950.1 of the Government Code is amended to read:

**12950.1.** (a) (1) By January 1, 2021, an employer having five or more employees shall provide at least two hours of classroom or other effective interactive training and education regarding sexual harassment to all supervisory employees and at least one hour of classroom or other effective interactive training and education regarding sexual harassment to all nonsupervisory employees in California. Thereafter, each employer covered by this section shall provide sexual harassment training and education to each employee in California once every two years. New nonsupervisory employees shall be provided training within six months of hire. New supervisory employees shall be provided training within six months of the assumption of a supervisory position. An employer may provide this training in conjunction with other training provided to the employees. The training may be completed by employees individually or as part of a group presentation, and may be completed in shorter segments, as long as the applicable hourly total requirement is met. An employer who has provided this training and education to an employee in 2019 is not required to provide refresher training and education again until two years thereafter. The training and education required by this section shall include information and practical guidance regarding the federal and state statutory provisions concerning the prohibition against and the prevention and correction of sexual harassment and the remedies available to victims of sexual harassment in employment. The training and education shall also include practical examples aimed at instructing supervisors in the prevention of harassment, discrimination, and retaliation, and shall be presented by trainers or educators with knowledge and expertise in the prevention of harassment, discrimination, and retaliation. The department shall provide a method for employees who have completed the training to save electronically and print a certificate of completion.

(2) An employer shall also include prevention of abusive conduct as a component of the training and education specified in paragraph (1).

(3) An employer shall also provide training inclusive of harassment based on gender identity, gender expression, and sexual orientation as a component of the training and education specified in paragraph (1). The training and education shall include practical examples inclusive of harassment based on gender identity, gender expression, and sexual orientation, and shall be presented by trainers or educators with knowledge and expertise in those areas.

*(4) (A) Beginning January 1, 2028, an employer shall also include anti-hate speech training as a component of the training and education specified in paragraph (1). Anti-hate speech training shall provide supervisors and employees with practical guidance on recognizing, reporting, and confronting workplace speech that vilifies, humiliates, or incites hatred against people based on the protected characteristics listed in subdivision (a) of Section 12940.*

*(B) A training that includes information about the prohibition against unlawful harassment and prevention of abusive conduct that is based on an individual's protected characteristics listed in subdivision (a) of Section 12940 satisfies the requirement in subparagraph (A).*

(b) The state shall incorporate the training required by subdivision (a) into the 80 hours of training provided to all new employees pursuant to subdivision (b) of Section 19995.4, using existing resources.

(c) Notwithstanding subdivisions (j) and (k) of Section 12940, a claim that the training and education required by this section did not reach a particular individual or individuals shall not in and of itself result in the liability of any employer to any present or former employee or applicant in any action alleging sexual harassment. Conversely, an employer's compliance with this section does not insulate the employer from liability for sexual harassment of any current or former employee or applicant.

(d) If an employer violates this section, the department may seek an order requiring the employer to comply with these requirements.

(e) The training and education required by this section is intended to establish a minimum threshold and should not discourage or relieve any employer from providing for longer, more frequent, or more elaborate training and education regarding workplace harassment or other forms

of unlawful discrimination in order to meet its obligations to take all reasonable steps necessary to prevent and correct harassment and discrimination. This section shall not be construed to override or supersede statutes, including, but not limited to, Section 1684 of the Labor Code, that meet or exceed the training for nonsupervisory employees required under this section.

(f) Except as provided in subdivision (l), beginning January 1, 2021, for seasonal, temporary, or other employees that are hired to work for less than six months, an employer shall provide training within 30 calendar days after the hire date or within 100 hours worked, whichever occurs first. In the case of a temporary employee employed by a temporary services employer, as defined in Section 201.3 of the Labor Code, to perform services for clients, the training shall be provided by the temporary services employer, not the client.

(g) Beginning January 1, 2020, sexual harassment prevention training for migrant and seasonal agricultural workers, as defined in the federal Migrant and Seasonal Agricultural Worker Protection Act (29 U.S.C. 1801, et seq.), shall be consistent with training for nonsupervisory employees pursuant to paragraph (8) of subdivision (a) of Section 1684 of the Labor Code.

(h) (1) For purposes of this section only, "employer" means any person regularly employing five or more persons or regularly receiving the services of five or more persons providing services pursuant to a contract, or any person acting as an agent of an employer, directly or indirectly, the state, or any political or civil subdivision of the state, and cities.

(2) For purposes of this section, "abusive conduct" means conduct of an employer or employee in the workplace, with malice, that a reasonable person would find hostile, offensive, and unrelated to an employer's legitimate business interests. Abusive conduct may include repeated infliction of verbal abuse, such as the use of derogatory remarks, insults, and epithets, verbal or physical conduct that a reasonable person would find threatening, intimidating, or humiliating, or the gratuitous sabotage or undermining of a person's work performance. A single act shall not constitute abusive conduct, unless especially severe and egregious.

(i) For purposes of providing training to employees as required by this section, an employer may develop its own training module or may direct employees to view the online training course referenced in subdivision (j) and this shall be deemed to have complied with and satisfied the employers' obligations as set forth in this section and Section 12950.

(j) The department shall develop or obtain two online training courses on the prevention of sexual harassment in the workplace in accordance with the provisions of this section. The course for nonsupervisory employees shall be one hour in length and the course for supervisory employees shall be two hours in length.

(k) The department shall make the online training courses available on its internet website. The online training courses shall contain an interactive feature that requires the viewer to respond to a question periodically in order for the online training courses to continue to play. Any questions resulting from the online training course described in this subdivision shall be directed to the trainee's employer's human resources department or equally qualified professional rather than the department.

(l) (1) An employer that employs workers pursuant to a multiemployer collective bargaining agreement in the construction industry may satisfy the requirements of subdivision (a) or (f) by demonstrating that the employee has received the training required by subdivision (a) within the past two years under any of the following circumstances:

(A) While the employee was employed by another employer that is also signatory to a multiemployer collective bargaining agreement with the same trade in the building and construction industry.

(B) While the employee was an apprentice registered in a building and construction trades apprenticeship program approved by the Division of Apprenticeship Standards.

(C) Through a building and construction trades apprenticeship program approved by the Division of Apprenticeship Standards, a labor management training trust, or labor management cooperation committee. For purposes of this subdivision, "labor management cooperation committee" shall mean a committee that is established pursuant to Section 175a of Title 29 of the United States Code.

- (2) For purposes of this subdivision, "multiemployer collective bargaining agreement" means a bona fide collective bargaining agreement to which multiple employers are signatory, including predecessor and successor agreements.
- (3) An employer shall require verification that an employee has undergone prevention of harassment training pursuant to this subdivision within the past two years. The employer shall provide prevention of harassment training pursuant to subdivision (a) for any employee for whom verification cannot be obtained.
- (4) A state-approved apprenticeship program, labor management training trust, or labor management cooperation committee shall maintain a certificate of completion of training for each person to whom the entity has provided prevention of harassment training pursuant to this subdivision for a period of not less than four years. The apprenticeship program, labor management training trust, or labor management cooperation committee shall maintain a database of journey-level worker and apprentice training that entity has provided and shall provide verification of an employee's or apprentice's prevention of harassment training status upon the request of an employer that is a party to the multiemployer collective bargaining agreement.
- (5) (A) A qualified trainer may provide prevention of harassment training on behalf of an apprenticeship program, labor management training trust, or labor management cooperation committee.
- B) A "qualified trainer," for purposes of this subdivision, is any person who, through a combination of training and experience, has the ability to train employees about the following:
- (i) How to identify behavior that may constitute unlawful harassment, discrimination, or retaliation under both California and federal law.
  - (ii) What steps to take when harassing behavior occurs in the workplace.
  - (iii) How to report harassment complaints.
  - (iv) Supervisory employees' obligation to report harassing, discriminatory, or retaliatory behavior of which they become aware.
  - (v) How to respond to a harassment complaint.
  - (vi) The employer's obligation to conduct a workplace investigation of a harassment complaint.
  - (vii) What constitutes retaliation and how to prevent it.
  - (viii) Essential components of an antiharassment policy.
  - (ix) The effect of harassment on harassed employees, coworkers, harassers, and employers.
- (C) A "qualified trainer" includes, but is not limited to, an attorney admitted to the State Bar of California with at least two years of experience practicing employment law, a human resources professional with at least two years of practical experience in prevention of harassment training, investigation, and advising employers in the prevention of harassment, or any other person who has received training in the provision of prevention of harassment training from a qualified trainer.
- (6) An apprenticeship program, labor management training trust, or labor management cooperation committee may also provide training by use of the online training courses referenced in subdivision (j).
- (7) An apprenticeship program, labor management training trust, or labor management cooperation committee shall not incur any liability for providing prevention of harassment training or for maintaining records pursuant to this subdivision.
- (m) An employee who has received training in compliance with this section within the prior two years either from a current, a prior, or an alternate or a joint employer, or who received a valid work permit from the Labor Commissioner that required the employee to receive training in compliance with this section within the prior two years, shall be given, and required to read and to acknowledge receipt of, the employer's ~~anti-harassment~~ *antiharassment* policy within six months of assuming the employee's new position. That employee shall then be put on a two year tracking schedule based on the employee's last training. The current employer shall have the burden of establishing that the prior training was legally compliant with this section.

**SECTION 1.** Chapter 25.5 (commencing with Section 22758.5) is added to Division 8 of the Business and Professions Code, to read:

**CHAPTER 25.5. AI Clinical Decision Support**

- 22758.5.** (a) A health facility, clinic, physician's office, or office of a group practice shall take reasonable steps to ensure that a licensed health care provider, acting within their scope of practice, retains the ability to exercise independent professional judgment in their care of a patient whenever that care is informed by the output of a clinical decision support system.
- (b) (1) A health facility, clinic, physician's office, or office of a group practice shall not use or deploy a tool, system, or device that includes artificial intelligence to do any of the following:
- (A) Direct, guide, supervise, or instruct unlicensed personnel in their performance of any clinical function that is required by law to be performed by a person with a professional license.
- (B) Independently perform any clinical function that is required by law to be performed by a person with a professional license.
- (2) This subdivision does not prohibit the use or deployment of a tool, system, or device by a trainee as part of a supervised course of study or training program while working toward licensure.
- (c) (1) A violation of this section by a physician is subject to the jurisdiction of the Medical Board of California or the Osteopathic Medical Board of California, as appropriate.
- (2) To the extent that a violation of this section constitutes the practice of a health care profession without a license, the appropriate health care professional licensing board may pursue an injunction or restraining order to enforce this section, as authorized by Section 125.5.
- (3) Nothing in this section limits the authority for a health care professional licensing board or enforcement agency to pursue any remedy otherwise authorized under the law.
- (d) This section does not apply to the use of automated decision systems for documentation and communication that does not involve the application of professional judgment, including, but not limited to, automated messages to inform patients of updates to their health records, generating reminders, or assisting patients to find information at their request.
- (e) For purposes of this section, the following definitions apply:
- (1) "Artificial intelligence" has the same meaning as defined in Section 1339.75 of the Health and Safety Code.
- (2) (A) "Automated decision system" means a computational process derived from machine learning, statistical modeling, data analytics, or artificial intelligence that issues simplified output, including a score, classification, or recommendation, that is used to assist or replace human discretionary decisionmaking and materially impacts natural persons.
- (B) "Automated decision system" does not include a spam email filter, firewall, antivirus software, identity and access management tools, calculator, database, dataset, or other compilation of data.
- (3) "Clinic" has the same meaning as defined in Section 1200 of the Health and Safety Code.
- (4) "Clinical decision support system" means an artificial intelligence system that produces a prediction, classification, recommendation, evaluation, or analysis that aids clinical decisionmaking related to timing of care, diagnosis, or treatment. It does not include systems that provide appointment management such as booking, canceling and rescheduling appointments, appointment reminders, patient education and pre-visit materials and preparation, and payment processing, to the extent the independent performance of these activities by the system does not require a professional license.
- (5) "Generative artificial intelligence" has the same meaning as that term is defined in Section 1339.75 of the Health and Safety Code.
- (6) "Health care provider" means a person licensed or certified pursuant to Division 2 (commencing with Section 500).
- (7) "Health facility" has the same meaning as defined in Section 1250 of the Health and Safety Code.
- (8) "Office of a group practice" has the same meaning as defined in Section 1339.75 of the Health and Safety Code.

*(9) "Physician's office" has the same meaning as defined in Section 1339.75 of the Health and Safety Code.*

**SEC. 2.** Section 56.05 of the Civil Code is amended to read:

**56.05.** For purposes of this part:

*(a) "Artificial intelligence" has the same meaning as that term is defined in Section 1339.75 of the Health and Safety Code.*

~~(a)~~ *(b)* "Authorization" means permission granted in accordance with Section 56.11 or 56.21 for the disclosure of medical information.

~~(b)~~ *(c)* "Authorized recipient" means a person who is authorized to receive medical information pursuant to Section 56.10 or 56.20.

~~(c)~~ *(d)* "Confidential communications request" means a request by a subscriber or enrollee that health care service plan communications containing medical information be communicated to them at a specific mail or email address or specific telephone number, as designated by the subscriber or enrollee.

~~(d)~~ *(e)* "Contractor" means a person or entity that is a medical group, independent practice association, pharmaceutical benefits manager, or a medical service organization and is not a health care service plan or provider of health care. "Contractor" does not include insurance institutions as defined in subdivision (k) of Section 791.02 of the Insurance Code or pharmaceutical benefits managers licensed pursuant to the Knox-Keene Health Care Service Plan Act of 1975 (Chapter 2.2 (commencing with Section 1340) of Division 2 of the Health and Safety Code).

~~(e)~~ *(f)* "Enrollee" has the same meaning as that term is defined in Section 1345 of the Health and Safety Code.

~~(f)~~ *(g)* "Expiration date or event" means a specified date or an occurrence relating to the individual to whom the medical information pertains or the purpose of the use or disclosure, after which the provider of health care, health care service plan, pharmaceutical company, or contractor is no longer authorized to disclose the medical information.

*(h) "Generative artificial intelligence" has the same meaning as that term is defined in Section 1339.75 of the Health and Safety Code.*

*(i) "Health care chatbot" means a generative artificial intelligence system with a natural language interface that does all of the following:*

*(1) Provides adaptive, human-like responses to user inputs.*

*(2) Is marketed as facilitating or supporting health services to a consumer.*

*(3) (A) Uses health care chatbot information to facilitate or support health service to a consumer. (B) For purposes of this paragraph, "health care chatbot information" means information related to a consumer's physical or mental health or wellness that a consumer provides to a chatbot, either directly or by allowing access to that information, or is collected, generated, or inferred by a chatbot.*

~~(g)~~ *(j)* "Health care service plan" means an entity regulated pursuant to the Knox-Keene Health Care Service Plan Act of 1975 (Chapter 2.2 (commencing with Section 1340) of Division 2 of the Health and Safety Code).

~~(h)~~ *(k)* "Licensed health care professional" means a person licensed or certified pursuant to Division 2 (commencing with Section 500) of the Business and Professions Code, the Osteopathic Initiative Act or the Chiropractic Initiative Act, or Division 2.5 (commencing with Section 1797) of the Health and Safety Code.

~~(i)~~ *(l)* "Marketing" means to make a communication about a product or service that encourages recipients of the communication to purchase or use the product or service.

"Marketing" does not include any of the following:

(1) Communications made orally or in writing for which the communicator does not receive direct or indirect remuneration, including, but not limited to, gifts, fees, payments, subsidies, or other economic benefits, from a third party for making the communication.

(2) Communications made to current enrollees solely for the purpose of describing a provider's participation in an existing health care provider network or health plan network of a Knox-Keene

licensed health plan to which the enrollees already subscribe; communications made to current enrollees solely for the purpose of describing if, and the extent to which, a product or service, or payment for a product or service, is provided by a provider, contractor, or plan or included in a plan of benefits of a Knox-Keene licensed health plan to which the enrollees already subscribe; or communications made to plan enrollees describing the availability of more cost-effective pharmaceuticals.

(3) Communications that are tailored to the circumstances of a particular individual to educate or advise the individual about treatment options, and otherwise maintain the individual's adherence to a prescribed course of medical treatment, as provided in Section 1399.901 of the Health and Safety Code, for a chronic and seriously debilitating or life-threatening condition as defined in subdivisions ~~(d)~~ (e) and ~~(e)~~ (f) of Section 1367.21 of the Health and Safety Code, if the health care provider, contractor, or health plan receives direct or indirect remuneration, including, but not limited to, gifts, fees, payments, subsidies, or other economic benefits, from a third party for making the communication, if all of the following apply:

(A) The individual receiving the communication is notified in the communication in typeface no smaller than 14-point type of the fact that the provider, contractor, or health plan has been remunerated and the source of the remuneration.

(B) The individual is provided the opportunity to opt out of receiving future remunerated communications.

(C) The communication contains instructions in typeface no smaller than 14-point type describing how the individual can opt out of receiving further communications by calling a toll-free number of the health care provider, contractor, or health plan making the remunerated communications.

Further communication shall not be made to an individual who has opted out after 30 calendar days from the date the individual makes the opt-out request.

~~(j)~~ (m) (1) "Medical information" means any individually identifiable information, in electronic or physical form, in possession of or derived from a provider of health care, health care service plan, pharmaceutical company, or contractor regarding a patient's medical history, mental health application information, reproductive or sexual health application information, mental or physical condition, or treatment. "Individually identifiable" means that the medical information includes or contains any element of personal identifying information sufficient to allow identification of the individual, such as the patient's name, address, electronic mail address, telephone number, or social security number, or other information that, alone or in combination with other publicly available information, reveals the identity of the individual.

(2) If individually identifying information regarding immigration status, including current and prior immigration status, or place of birth, is known or collected in electronic or physical form by a provider of health care, health care service plan, pharmaceutical company, or contractor regarding a patient's medical history, it shall be treated as medical information, as defined in paragraph (1).

~~(k)~~ (n) "Mental health application information" means information related to a consumer's inferred or diagnosed mental health or substance use disorder, as defined in Section 1374.72 of the Health and Safety Code, collected by a mental health digital service.

~~(l)~~ (o) ~~(h)~~ "Mental health digital service" means a mobile-based application or internet website that collects mental health application information from a consumer, markets itself as facilitating mental health services to a consumer, and uses the information to facilitate mental health services to a consumer.

~~(m)~~ (p) "Patient" means a natural person, whether or not still living, who received health care services from a provider of health care and to whom medical information pertains.

~~(n)~~ (q) "Pharmaceutical company" means a company or business, or an agent or representative thereof, that manufactures, sells, or distributes pharmaceuticals, medications, or prescription drugs. "Pharmaceutical company" does not include a pharmaceutical benefits manager, as included in subdivision ~~(e)~~ (e), or a provider of health care.

~~(o)~~ (r) "Protected individual" means any adult covered by the subscriber's health care service plan or a minor who can consent to a health care service without the consent of a parent or legal guardian, pursuant to state or federal law. "Protected individual" does not include an individual that

lacks the capacity to give informed consent for health care pursuant to Section 813 of the Probate Code.

~~(p)~~ (s) “Provider of health care” means a person licensed or certified pursuant to Division 2 (commencing with Section 500) of the Business and Professions Code; a person licensed pursuant to the Osteopathic Initiative Act or the Chiropractic Initiative Act; a person certified pursuant to Division 2.5 (commencing with Section 1797) of the Health and Safety Code; or a clinic, health dispensary, or health facility licensed pursuant to Division 2 (commencing with Section 1200) of the Health and Safety Code. “Provider of health care” does not include insurance institutions as defined in subdivision (k) of Section 791.02 of the Insurance Code.

~~(q)~~ (t) “Reproductive or sexual health application information” means information about a consumer’s reproductive health, menstrual cycle, fertility, pregnancy, pregnancy outcome, plans to conceive, or type of sexual activity collected by a reproductive or sexual health digital service, including, but not limited to, information from which one can infer someone’s pregnancy status, menstrual cycle, fertility, hormone levels, birth control use, sexual activity, or gender identity.

~~(r)~~ (u) “Reproductive or sexual health digital service” means a mobile-based application or internet website that collects reproductive or sexual health application information from a consumer, markets itself as facilitating reproductive or sexual health services to a consumer, and uses the information to facilitate reproductive or sexual health services to a consumer.

~~(s)~~ (v) “Sensitive services” means all health care services related to mental or behavioral health, sexual and reproductive health, sexually transmitted infections, substance use disorder, gender-affirming care, and intimate partner violence, and includes services described in Sections 6924, 6925, 6926, 6927, 6928, 6929, and 6930 of the Family Code, and Sections 121020 and 124260 of the Health and Safety Code, obtained by a patient at or above the minimum age specified for consenting to the service specified in the section.

~~(t)~~ (w) “Subscriber” has the same meaning as that term is defined in Section 1345 of the Health and Safety Code.

~~(u)~~ (x) “Immigration enforcement” means any and all efforts to investigate, enforce, or assist in the investigation or enforcement of any federal civil immigration law, and also includes any and all efforts to investigate, enforce, or assist in the investigation or enforcement of any federal criminal immigration law that penalizes a person’s presence in, entry or reentry to, or employment in, the United States.

**SEC. 3.** Section 56.06 of the Civil Code is amended to read:

**56.06.** (a) Any business organized for the purpose of maintaining medical information in order to make the information available to an individual or to a provider of health care at the request of the individual or a provider of health care, for purposes of allowing the individual to manage the individual’s information, or for the diagnosis and treatment of the individual, shall be deemed to be a provider of health care subject to the requirements of this part. However, this section shall not be construed to make a business specified in this subdivision a provider of health care for purposes of any law other than this part, including laws that specifically incorporate by reference the definitions of this part.

(b) Any business that offers software or hardware to consumers, including a mobile application or other related device that is designed to maintain medical information in order to make the information available to an individual or a provider of health care at the request of the individual or a provider of health care, for purposes of allowing the individual to manage the individual’s information, or for the diagnosis, treatment, or management of a medical condition of the individual, shall be deemed to be a provider of health care subject to the requirements of this part. However, this section shall not be construed to make a business specified in this subdivision a provider of health care for purposes of any law other than this part, including laws that specifically incorporate by reference the definitions of this part.

(c) Any business that is licensed pursuant to Division 10 (commencing with Section 26000) of the Business and Professions Code that is authorized to receive or receives identification cards issued pursuant to Section 11362.71 of the Health and Safety Code or information contained in a

physician's recommendation issued in accordance with Article 25 (commencing with Section 2525) of Chapter 5 of Division 2 of the Business and Professions Code shall be deemed to be a provider of health care subject to the requirements of this part. However, this section shall not be construed to make a business specified in this subdivision a provider of health care for purposes of any law other than this part, including laws that specifically incorporate by reference the definitions of this part.

(d) Any business that offers a mental health digital service to a consumer for the purpose of allowing the individual to manage the individual's information, or for the diagnosis, treatment, or management of a medical condition of the individual, shall be deemed to be a provider of health care subject to the requirements of this part. However, this section shall not be construed to make a business specified in this subdivision a provider of health care for purposes of any law other than this part, including laws that specifically incorporate by reference the definitions of this part.

(e) Any business that offers a reproductive or sexual health digital service to a consumer for the purpose of allowing the individual to manage the individual's information, or for the diagnosis, treatment, or management of a medical condition of the individual, shall be deemed to be a provider of health care subject to the requirements of this part. However, this section shall not be construed to make a business specified in this subdivision a provider of health care for purposes of any law other than this part, including, but not limited to, laws that specifically incorporate by reference the definitions of this part.

*(f) Any business that offers a health care chatbot to a consumer for the purpose of allowing the individual to manage the individual's information, or for the diagnosis, treatment, or management of a medical condition of the individual, shall be deemed to be a provider of health care subject to the requirements of this part. However, this section shall not be construed to make a business specified in this subdivision a provider of health care for purposes of any law other than this part, including laws that specifically incorporate by reference the definitions of this part.*

~~(f)~~ (g) Any business described in this section shall maintain the same standards of confidentiality required of a provider of health care with respect to medical information disclosed to the business.

~~(g)~~ (h) Any business described in this section is subject to the penalties for improper use and disclosure of medical information prescribed in this part.

***SEC. 4. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.***

## AB 2195 Amends The Law: Chaptered 9/18/2026

**SECTION 1.** Section 17520.5 of the Family Code is amended to read:

**17520.5.** (a) (1) Notwithstanding any other law, the department shall not include in the list sent to the Department of Motor Vehicles pursuant to Section 17520, for the purpose of denying, withholding, or suspending a *noncommercial* driver's license, the information of a support obligor found to be out of compliance with a judgment or order for support in a case being enforced under Title IV-D of the federal Social Security Act, if the annual ~~household~~ income of the support obligor is at or below 70 percent of the median income for *a household of one person within* the county in which the department or the local child support agency believes the support obligor resides, based on the most recent available data published by the Department of Housing and Community Development pursuant to Section 6932 of Title 25 of the California Code of Regulations or successor regulation thereto.

*(2) For all licenses, as defined in Section 17520, other than a noncommercial driver's license issued by the Department of Motor Vehicles, a support obligor shall be entitled to relief from denying, withholding, or suspending any license if the support obligor provides proof to the local child support agency that their income is at or below the threshold provided in paragraph (1).*

~~(2) (3) Commencing January 1, 2027, this subdivision shall apply only with respect to noncommercial driver's licenses. Nothing in this section shall be interpreted to limit or prohibit an obligor's ability to reach an agreement with the local child support agency for relief from denying, withholding, or suspending any license pursuant to paragraph (4) of subdivision (a) of Section 17520, or from seeking judicial review of a local child support agency's decision pursuant to subdivision (k) of Section 17520.~~

(b) This section shall be implemented to the extent allowed under federal law.

*(c) Notwithstanding the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code), the department may implement and administer this section through a child support services letter or similar instruction, without taking any regulatory action.*

~~(c) (d) This section~~ *The changes made to this section by the act that added this subdivision shall become operative on January 1, ~~2025~~ 2027, or on the date the department notifies the Legislature that the California Child Support Enforcement System can perform the necessary automation to implement these changes, whichever is later.*

**SECTION 1.** Section 4474.17 of the Welfare and Institutions Code is amended to read:

**4474.17.** (a) The Legislature finds and declares all of the following:

(1) The Supplemental Report of the 2014–15 Budget Package required the State Department of Developmental Services to provide quarterly briefings to update legislative staff about the closures of developmental centers. Chapter 18 of the Statutes of 2017 expanded the scope of these briefings to include information about the development of community-based crisis services following the developmental center closures. The quarterly briefings have evolved to provide detailed information about the development of the community-based safety net, including information about the physical homes and ~~wrap-around~~ ~~wraparound~~ and mobile crisis services intended to prevent, deescalate, and treat consumers in crisis.

(2) The quarterly briefings have provided a valuable opportunity for the department and legislative staff to convene and discuss key issues during the developmental center closure process. They have kept legislative staff, and consequently Members of the Legislature, informed about the department's progress, challenges, and strategies as it transitioned consumers from a developmental center or an institution into the community and developed a community-based safety net.

(3) The imminent final closure of the developmental centers provides an opportunity to consider the ongoing purpose of the quarterly briefings. Once the final developmental center closures are complete, the quarterly briefings can provide an avenue for the department and legislative staff to maintain an important ongoing dialogue about key issues facing the developmental services system. The quarterly briefings will allow the department to keep legislative staff informed about its approach to, and progress in, handling various changes in policy and modes of service delivery. This will be especially important as the consumer population continues to grow and change and as the system continues to move toward consumer choice and community integration. The disposition of the developmental center properties may continue to be a point of inquiry until that subject comes to a conclusion.

(4) An important feature of the current briefings has been the department's willingness to adapt the content over time based on feedback from legislative staff. Mindful of the fact that preparing materials and presentations for these briefings requires department staff resources, the ongoing nature of the quarterly briefings should also remain flexible to both meet the needs of the Legislature and the department's capacity to prepare for the briefings. Through the briefing discussions themselves, department leadership and legislative staff should come to an agreement about what data and information should be tracked and provided regularly at each briefing, based on what is feasible for the department to provide and considering the priorities of the Legislature. In addition, the department and legislative staff can regularly discuss the range of issues and level of detail that should be provided at briefings, recognizing that every issue cannot be covered at every briefing and that the relative importance of individual issues will shift over time.

(5) As the quarterly briefings related to the developmental center closures ~~wind~~ ~~down-~~ ~~winddown~~ in the 2019–20 fiscal year, the department and legislative staff could use some of the time in those meetings to discuss and determine the content of the subsequent quarterly briefings. Appreciating that the priorities of the Legislature shift over time, and depending on the department's capacity, the particular topics and level of detail provided in the briefings can be discussed and revisited on a regular basis, such as annually.

(b) Commencing with the first planned quarterly briefing after January 1, 2020, the department shall provide information on topics at quarterly briefings with legislative staff of the appropriate policy and fiscal committees of the Legislature addressing some or all of the following, pursuant to the planning discussion described in paragraph (5) of subdivision (a):

(1) Consumer health and safety, including safety net and crisis services.

- (2) The person-centered approach to planning, coordinating, delivering, and receiving services, including caseload ratio updates, compliance with home- and community-based services rules, competitive integrated employment, and housing supports.
- (3) Quality outcomes for consumers.
- (4) Efforts to identify and reduce disparities in regional center services.
- (5) Community ~~resource development plans, pursuant to Section 4418.25,~~ *development through community placement plans and community resource development plans*, by regional center, and difficulties or issues in the provision of services or development of resources.
- (6) Implementation of any rate changes pending and being implemented.
- (7) ~~Progress in closing disparity gaps identified by the department's equity dashboard, as it evolves over time with input from the community.~~ *Status, efforts, and outcomes related to the department headquarter's reorganization structure.*
- (8) Regional center accountability, transparency, and oversight efforts.
- (9) Status on the development of Group Homes for Children with Special Health Care Needs, including information on how the needs of regional center consumers are assessed when developing new homes.
- (10) Status on the implementation of the provisional eligibility requirement of paragraph (2) of subdivision (a) of Section 4512.
- (11) Information pursuant to the provisions of subdivision (d) of Section 7505.
- (12) Status on the development of a training curriculum for direct *service support* professionals, pursuant to Section 4511.5.
- (13) ~~The most recent data, appropriately deidentified to protect the privacy of individuals,~~ *Most recent data* regarding average per capita purchase of service expenditures for all age ~~groups by race, ethnicity, residence type, age,~~ *groups, by ethnicity* and other factors, in addition to any other data ~~demonstrating the status of progress towards eliminating~~ *that will aid in the illustration of progress, toward the active closure of* racial, ethnic, and other disparities. ~~For purposes of this paragraph, the department may present dashboards for data and equity published on its internet website.~~
- (14) On an annual basis, status of the department's efforts to improve oversight of special incidents, as described in subdivision (b) of Section 54327 of Title 17 of the California Code of Regulations, and respond to special incident trends. This annual status update shall include a summary of the most recent annual report regarding special incidents involving individuals with developmental disabilities served by regional centers.

**SEC. 1.5.** Section 4474.17 of the Welfare and Institutions Code is amended to read:

**4474.17.** (a) The Legislature finds and declares all of the following:

- (1) The Supplemental Report of the 2014–15 Budget Package required the State Department of Developmental Services to provide quarterly briefings to update legislative staff about the closures of developmental centers. Chapter 18 of the Statutes of 2017 expanded the scope of these briefings to include information about the development of community-based crisis services following the developmental center closures. The quarterly briefings have evolved to provide detailed information about the development of the community-based safety net, including information about the physical homes and ~~wrap-around~~ *wraparound* and mobile crisis services intended to prevent, deescalate, and treat consumers in crisis.
- (2) The quarterly briefings have provided a valuable opportunity for the department and legislative staff to convene and discuss key issues during the developmental center closure process. They have kept legislative staff, and consequently Members of the Legislature, informed about the department's progress, challenges, and strategies as it transitioned consumers from a developmental center or an institution into the community and developed a community-based safety net.

- (3) The imminent final closure of the developmental centers provides an opportunity to consider the ongoing purpose of the quarterly briefings. Once the final developmental center closures are complete, the quarterly briefings can provide an avenue for the department and legislative staff to maintain an important ongoing dialogue about key issues facing the developmental services system. The quarterly briefings will allow the department to keep legislative staff informed about its approach to, and progress in, handling various changes in policy and modes of service delivery. This will be especially important as the consumer population continues to grow and change and as the system continues to move toward consumer choice and community integration. The disposition of the developmental center properties may continue to be a point of inquiry until that subject comes to a conclusion.
- (4) An important feature of the current briefings has been the department's willingness to adapt the content over time based on feedback from legislative staff. Mindful of the fact that preparing materials and presentations for these briefings requires department staff resources, the ongoing nature of the quarterly briefings should also remain flexible to both meet the needs of the Legislature and the department's capacity to prepare for the briefings. Through the briefing discussions themselves, department leadership and legislative staff should come to an agreement about what data and information should be tracked and provided regularly at each briefing, based on what is feasible for the department to provide and considering the priorities of the Legislature. In addition, the department and legislative staff can regularly discuss the range of issues and level of detail that should be provided at briefings, recognizing that every issue cannot be covered at every briefing and that the relative importance of individual issues will shift over time.
- (5) As the quarterly briefings related to the developmental center closures ~~wind down~~ ~~wind~~ ~~down~~ ~~wind~~ ~~down~~ in the 2019–20 fiscal year, the department and legislative staff could use some of the time in those meetings to discuss and determine the content of the subsequent quarterly briefings. Appreciating that the priorities of the Legislature shift over time, and depending on the department's capacity, the particular topics and level of detail provided in the briefings can be discussed and revisited on a regular basis, such as annually.
- (b) Commencing with the first planned quarterly briefing after January 1, 2020, the department shall provide information on topics at quarterly briefings with legislative staff of the appropriate policy and fiscal committees of the Legislature addressing some or all of the following, pursuant to the planning discussion described in paragraph (5) of subdivision (a):
- (1) Consumer health and safety, including safety net and crisis services.
  - (2) The person-centered approach to planning, coordinating, delivering, and receiving services, including caseload ratio updates, compliance with home- and community-based services rules, competitive integrated employment, and housing supports.
  - (3) Quality outcomes for consumers.
  - (4) Efforts to identify and reduce disparities in regional center services.
  - (5) Community resource development plans, pursuant to Section 4418.25, by regional center, and difficulties or issues in the provision of services or development of resources.
  - (6) Implementation of any rate changes pending and being implemented.
  - (7) Progress in closing disparity gaps identified by the department's equity dashboard, as it evolves over time with input from the community.
  - (8) Regional center accountability, transparency, and oversight efforts.
  - (9) Status on the development of Group Homes for Children with Special Health Care Needs, including information on how the needs of regional center consumers are assessed when developing new homes.
  - (10) Status on the implementation of the provisional eligibility requirement of paragraph (2) of subdivision (a) of Section 4512.
  - (11) Information pursuant to the provisions of subdivision (d) of Section 7505.

(12) Status on the development of a training curriculum for direct ~~service~~ ~~support~~ professionals, pursuant to Section 4511.5.

(13) The most recent data, appropriately deidentified to protect the privacy of individuals, regarding average per capita purchase of service expenditures for all age groups by race, ethnicity, residence type, age, and other factors, in addition to any other data demonstrating the status of progress towards eliminating racial, ethnic, and other disparities. For purposes of this paragraph, the department may present dashboards for data and equity published on its internet website.

(14) On an annual basis, status of the department's efforts to improve oversight of special incidents, as described in subdivision (b) of Section 54327 of Title 17 of the California Code of Regulations, and respond to special incident trends. This annual status update shall include a summary of the most recent annual report regarding special incidents involving individuals with developmental disabilities served by regional centers.

**SEC. 2.** Section 4511.5 of the Welfare and Institutions Code is amended to read:

**4511.5.** (a) The Legislature finds and declares both of the following:

(1) Direct ~~service~~ ~~support~~ professionals are critical to the provision of services and supports to individuals with intellectual and developmental disabilities.

(2) In recognition of the value of the services provided by direct ~~service~~ ~~support~~ professionals, additional training and development will enhance the services they provide and foster a more sustainable workforce.

(b) (1) With input from stakeholders pursuant to subdivision (c), the department shall develop or utilize existing curriculum to implement enhanced direct ~~service~~ ~~support~~ professional training that promotes services that are person centered and culturally and linguistically sensitive, and that improve outcomes for individuals with intellectual and developmental disabilities.

(2) It is the intent of the Legislature to enhance the quality of services that consumers receive from their direct ~~service~~ ~~support~~ professionals, including, but not limited to, improving direct ~~service~~ ~~support~~ professional knowledge about general health and safety issues, employing principles of self-determination in order to promote dignity of the recipient and the provider, and working to improve quality of services and quality of life, including advancing health equity for consumers of regional center services.

(3) The training described in paragraph (1) ~~in~~ shall include, but is not limited to, all of the following elements:

(A) Competency based.

(B) Tiered training and certification.

(C) Continuing education.

(D) Outcome measures, as defined by the department, with input from stakeholders pursuant to subdivision (c).

(c) (1) The department shall consult with stakeholders throughout the implementation of this section. This consultation shall include facilitation of a process for providing input and comments on implementation.

(2) Stakeholders may include, but are not limited to, the following:

(A) Consumers and families across different geographic regions of the state and from diverse racial and ethnic ~~backgrounds,~~ ~~backgrounds~~ and diverse consumer age groups and disabilities.

(B) Regional center representatives.

(C) Service providers representing a diverse range of service types and models.

(d) Implementation of this section is subject to an appropriation of funds for this purpose in the annual Budget Act.

**SEC. 3.** Section 4512 of the Welfare and Institutions Code is amended to read:

**4512.** As used in this division:

(a) (1) "Developmental disability" means a disability that originates before an individual attains 18 years of age, continues, or can be expected to continue, indefinitely, and constitutes a substantial disability for that individual. As defined by the Director of Developmental Services, in consultation with the Superintendent of Public Instruction, this term shall include intellectual disability, cerebral palsy, epilepsy, and autism. This term shall also include disabling conditions found to be closely related to intellectual disability or to require treatment similar to that required for individuals with an intellectual disability, but shall not include other handicapping conditions that are solely physical in nature.

(2) (A) A child who is under five years of age shall be provisionally eligible for regional center services if the child has a disability that is not solely physical in nature and has significant functional limitations in at least two of the following areas of major life activity, as determined by a regional center and as appropriate to the age of the child:

(i) Self-care.

(ii) Receptive and expressive language.

(iii) Learning.

(iv) Mobility.

(v) Self-direction.

(B) To be provisionally eligible, a child is not required to have one of the developmental disabilities listed in paragraph (1).

(3) (A) An infant or toddler referred for early intervention services from the regional center pursuant to the California Early Intervention Services Act (Title 14 (commencing with Section 95000) of the Government Code) may be concurrently assessed, if appropriate, to determine whether the infant or toddler is provisionally eligible for regional center services under paragraph (2) or eligible for regional center services under paragraph (1).

(B) If the regional center determines that the infant or toddler qualifies for early intervention services from the regional center pursuant to the California Early Intervention Services Act (Title 14 (commencing with Section 95000) of the Government Code) but has not been found to have a developmental disability as defined in paragraph (1) or to be provisionally eligible as defined in paragraph (2), the regional center shall assess the child at least 90 days prior to the date that they turn three years of age for purposes of determining their eligibility for regional center services under this section. If the regional center determines the child is not eligible, the regional center shall give adequate notice pursuant to Section 4701.

(4) A child who is provisionally eligible pursuant to paragraph (2) shall be reassessed at least 90 days before turning five years of age. The child shall meet the definition set forth in paragraph (1) to continue to be eligible for regional center services at five years of age.

(5) Regional center services for a child who was provisionally eligible pursuant to paragraph (2) and who does not meet the definition in paragraph (1) shall end when the child is five years of age unless an appeal was filed pursuant to Section 4715.

(b) "Services and supports for persons with developmental disabilities" means specialized services and supports or special adaptations of generic services and supports directed toward the alleviation of a developmental disability or toward the social, personal, physical, or economic habilitation or rehabilitation of an individual with a developmental disability, or toward the achievement and maintenance of an independent, productive, and normal life. The determination of which services and supports are necessary for each consumer shall be made through the individual program plan process. The determination shall be made on the basis of the needs and preferences of the consumer or, when appropriate, the consumer's family, and shall include consideration of a range of service options proposed by individual program plan participants, the effectiveness of each option in meeting the goals stated in the individual program plan, and the cost-effectiveness of each option. Services and supports listed in the

individual program plan may include, but are not limited to, diagnosis, evaluation, treatment, personal care, daycare, domiciliary care, special living arrangements, physical, occupational, and speech therapy, training, education, supported and sheltered employment, mental health services, recreation, counseling of the individual with a developmental disability and of the individual's family, protective and other social and sociolegal services, information and referral services, follow-along services, adaptive equipment and supplies, advocacy assistance, including self-advocacy training, facilitation and peer advocates, assessment, assistance in locating a home, childcare, behavior training and behavior modification programs, camping, community integration services, community support, daily living skills training, emergency and crisis intervention, facilitating circles of support, habilitation, homemaker services, infant stimulation programs, paid roommates, paid neighbors, respite, short-term out-of-home care, social skills training, specialized medical and dental care, telehealth services and supports, as described in Section 2290.5 of the Business and Professions Code, supported living arrangements, technical and financial assistance, travel training, training for parents of children with developmental disabilities, training for parents with developmental disabilities, vouchers, and transportation services necessary to ensure delivery of services to persons with developmental disabilities. This subdivision does not expand or authorize a new or different service or support for any consumer unless that service or support is contained in the consumer's individual program plan.

(c) Notwithstanding subdivisions (a) and (b), for any organization or agency receiving federal financial participation under the federal Developmental Disabilities Assistance and Bill of Rights Act of 2000, Chapter 144 (commencing with Section 15001) of Title 42 of the United States Code, as amended, "developmental disability" and "services for persons with developmental disabilities" mean the terms as defined in the federal act to the extent required by federal law.

(d) "Consumer" means a person who has a disability that meets the definition of developmental disability set forth in subdivision (a).

(e) "Natural supports" means personal associations and relationships typically developed in the community that enhance the quality and security of life for people, including, but not limited to, family relationships, friendships reflecting the diversity of the neighborhood and the community, associations with fellow students or employees in regular classrooms and workplaces, and associations developed through participation in clubs, organizations, and other civic activities.

(f) "Circle of support" means a committed group of community members, who may include family members, meeting regularly with an individual with developmental disabilities in order to share experiences, promote autonomy and community involvement, and assist the individual in establishing and maintaining natural supports. A circle of support generally includes a plurality of members who neither provide nor receive services or supports for persons with developmental disabilities and who do not receive payment for participation in the circle of support.

(g) "Facilitation" means the use of modified or adapted materials, special instructions, equipment, or personal assistance by an individual, such as assistance with communications, that will enable a consumer to understand and participate to the maximum extent possible in the decisions and choices that affect the individual's life.

(h) "Family support services" means services and supports that are provided to a child with developmental disabilities or the child's family and that contribute to the ability of the family to reside together.

(i) "Voucher" means any authorized alternative form of service delivery in which the consumer or family member is provided with a payment, coupon, chit, or other form of authorization that enables the consumer or family member to choose a particular service provider.

- (j) "Planning team" means the individual with developmental disabilities, the parents or legally appointed guardian of a minor consumer or the legally appointed conservator of an adult consumer, the authorized representative, including those appointed pursuant to subdivision (a) of Section 4541, one or more regional center representatives, including the designated regional center service coordinator pursuant to subdivision (b) of Section 4640.7, any individual, including a service provider, invited by the consumer, the parents or legally appointed guardian of a minor consumer or the legally appointed conservator of an adult consumer, or the authorized representative, including those appointed pursuant to subdivision (a) of Section 4541, and including a minor's, dependent's, or ward's court-appointed developmental services decisionmaker appointed pursuant to Section 319, 361, or 726.
- (k) "Stakeholder organizations" means statewide organizations representing the interests of consumers, family members, service providers, and statewide advocacy organizations.
- (l) (1) "Substantial disability" means the existence of significant functional limitations in three or more of the following areas of major life activity, as determined by a regional center, and as appropriate to the age of the person:
- (A) Self-care.
  - (B) Receptive and expressive language.
  - (C) Learning.
  - (D) Mobility.
  - (E) Self-direction.
  - (F) Capacity for independent living.
  - (G) Economic self-sufficiency.
- (2) A reassessment of substantial disability for purposes of continuing eligibility shall utilize the same criteria under which the individual was originally made eligible.
- (m) "Native language" means the language normally used or the preferred language identified by the individual and, when appropriate, the individual's parent, legal guardian or conservator, or authorized representative.
- (n) "Authorized representative" means an individual appointed by the State Council on Developmental Disabilities pursuant to subdivision (a) of Section 4541 or who is an authorized representative, as defined in Section 4701.
- (o) "Direct support professional" means an individual who receives compensation to provide direct support to children or adults with intellectual and developmental disabilities, is employed by a service provider receiving regional center funding, and spends at least 50 percent of their working time completing direct support tasks, including, but not limited to, all of the following:*
- (1) Services that enhance independence and community inclusion.*
  - (2) Assisting with skill development, including personal and vocational coaching.*
  - (3) Providing assistance with activities of daily living.*

**SEC. 4.** Section 4641.1 of the Welfare and Institutions Code is amended to read:

**4641.1.** (a) The Legislature finds and declares all of the following:

- (1) The provision of services that are culturally and linguistically responsive to consumers is instrumental to improving access and equity in the developmental services system.
  - (2) Direct **service support** professionals are critical to the provision of services and supports to individuals with intellectual and developmental disabilities and their families.
  - (3) In recognition of the value of effective communication between direct **service support** professionals and the consumers and families they serve, the provision of a pay differential for bilingual and multilingual direct **service support** professionals will increase consumer access to staff who speak their preferred language.
- (b) The department, subject to an appropriation, shall establish and implement a system that promotes equity in access to services for regional center consumers by providing a pay

differential to direct **service support** professionals who can communicate in a language or medium other than English as part of their regular job duties.

(c) Notwithstanding any other law, a direct **service support** professional described in subdivision (b) is eligible for a bilingual or multilingual differential if both of the following conditions are met:

(1) The duties currently assigned to the direct **service support** professional require regular communication in a language or medium other than English with an individual that has a developmental disability, and when appropriate, their families.

(2) The direct **service support** professional passes an examination certifying their ability to communicate in the language or medium other than English.

(3) For the purpose of this section, "medium other than English" includes, but is not limited to, American Sign Language and other sign languages and augmentative and alternative communication.

(d) The department may adopt emergency regulations to implement this section. The adoption, amendment, repeal, or readoption of a regulation authorized by this section is deemed to be necessary for the immediate preservation of the public peace, health and safety, or general welfare, for purposes of Sections 11346.1 and 11349.6 of the Government Code. The department is exempted from the requirement that it describe specific facts showing the need for immediate action.

(e) Prior to implementation, the department shall provide a report to the Legislature detailing its plan to implement a wage differential for bilingual and multilingual staff.

**SEC. 5.** *(a) Section 1.5 of this bill incorporates amendments to Section 4474.17 of the Welfare and Institutions Code proposed by this bill and Assembly Bill 175 or Senate Bill 175. That section of this bill shall only become operative if (1) both bills are enacted and become effective on or before January 1, 2027, (2) each bill amends Section 4474.17 of the Welfare and Institutions Code, and (3) this bill is enacted after Assembly Bill 175 or Senate Bill 175, in which case Section 4474.17 of the Welfare and Institutions Code, as amended by Assembly Bill 175 or Senate Bill 175, shall remain operative only until the operative date of this bill, at which time Section 1.5 of this bill shall become operative, and Section 1 of this bill shall not become operative.*

**SECTION 1.** *The Legislature finds and declares all of the following:*

- (a) Many businesses regularly collect personal information from third parties, which can be used by businesses to make decisions about consumers.*
- (b) The existing right to delete under the California Consumer Privacy Act of 2018 (Section 1798.105) allows consumers to request that a business delete personal information about the consumer which the business has collected from the consumer, but not personal information about the consumer that the business collected from third parties. This creates a gap in protection. Even after a consumer has submitted a request to have their personal information deleted, a business can maintain and use a consumer's personal information if it was collected from a third party.*
- (c) Consumers deserve to have control over their personal information regardless of the information's source.*
- (d) Notwithstanding a consumer's right to control their personal information, businesses have legitimate security, integrity, and legal obligations that may require maintenance of some personal information about a consumer for specific, narrow purposes.*
- (e) It is the intent of the Legislature in enacting this act to do both of the following:*
  - (1) Clarify that a consumer's right to request the deletion of their personal information under the California Consumer Privacy Act of 2018 (Section 1798.105) applies to all personal information about the consumer, regardless of source.*
  - (2) Ensure that a business maintains the existing authority to retain certain personal information, including to comply with legal obligations, or to resist malicious, deceptive, fraudulent, or illegal activity when retention of such information is reasonably necessary and proportionate for such a purpose.*

**SEC. 2.** Section 1798.105 of the Civil Code is amended to read:

**1798.105.** Consumers' Right to Delete Personal Information

- (a) A consumer shall have the right to request that a business delete any personal information about the consumer which the business has collected from *or about* the consumer.
- (b) A business that collects personal information about consumers shall disclose, pursuant to Section 1798.130, the consumer's rights to request the deletion of the consumer's personal information.
- (c) (1) A business that receives a verifiable consumer request from a consumer to delete the consumer's personal information pursuant to subdivision (a) of this section shall delete the consumer's personal information from its records, notify any service providers or contractors to delete the consumer's personal information from their records, and notify all third parties to whom the business has sold or shared the personal information to delete the consumer's personal information unless this proves impossible or involves disproportionate effort.
- (2) A business that has obtained personal information about a consumer from a source other than the consumer shall be deemed in compliance with a consumer's request to delete that data pursuant to subdivision (a) by retaining a record of the deletion request and the minimum data necessary for the purpose of ensuring the consumer's personal information remains deleted from the business's records and is not being used for any other purpose.*
- ~~(2)~~ (3) The business may maintain a confidential record of deletion requests solely for the purpose of preventing the personal information of a consumer who has submitted a deletion request from being sold, for compliance with laws or for other purposes, solely to the extent permissible under this title.
- ~~(3)~~ (4) A service provider or contractor shall cooperate with the business in responding to a verifiable consumer request, and at the direction of the business, shall delete, or enable the business to delete and shall notify any of its own service providers or contractors to delete

personal information about the consumer collected, used, processed, or retained by the service provider or the contractor. The service provider or contractor shall notify any service providers, contractors, or third parties who may have accessed personal information from or through the service provider or contractor, unless the information was accessed at the direction of the business, to delete the consumer's personal information unless this proves impossible or involves disproportionate effort. A service provider or contractor shall not be required to comply with a deletion request submitted by the consumer directly to the service provider or contractor to the extent that the service provider or contractor has collected, used, processed, or retained the consumer's personal information in its role as a service provider or contractor to the business.

(d) A business, or a service provider or contractor acting pursuant to its contract with the business, another service provider, or another contractor, shall not be required to comply with a consumer's request to delete the consumer's personal information if it is reasonably necessary for the business, service provider, or contractor to maintain the consumer's personal information in order to:

- (1) Complete the transaction for which the personal information was collected, fulfill the terms of a written warranty or product recall conducted in accordance with federal law, provide a good or service requested by the consumer, or reasonably anticipated by the consumer within the context of a business' ongoing business relationship with the consumer, or otherwise perform a contract between the business and the consumer.
- (2) Help to ensure security and integrity to the extent the use of the consumer's personal information is reasonably necessary and proportionate for those purposes.
- (3) Debug to identify and repair errors that impair existing intended functionality.
- (4) Exercise free speech, ensure the right of another consumer to exercise that consumer's right of free speech, or exercise another right provided for by law.
- (5) Comply with the California Electronic Communications Privacy Act pursuant to Chapter 3.6 (commencing with Section 1546) of Title 12 of Part 2 of the Penal Code.
- (6) Engage in public or peer-reviewed scientific, historical, or statistical research that conforms or adheres to all other applicable ethics and privacy laws, when the business' deletion of the information is likely to render impossible or seriously impair the ability to complete such research, if the consumer has provided informed consent.
- (7) To enable solely internal uses that are reasonably aligned with the expectations of the consumer based on the consumer's relationship with the business and compatible with the context in which the consumer provided the information.
- (8) Comply with a legal obligation.

**SEC. 3.** Section 1798.130 of the Civil Code is amended to read:

**1798.130.** Notice, Disclosure, Correction, and Deletion Requirements

(a) In order to comply with Sections 1798.100, 1798.105, 1798.106, 1798.110, 1798.115, and 1798.125, a business shall, in a form that is reasonably accessible to consumers:

(1) (A) Make available to consumers two or more designated methods for submitting requests for information required to be disclosed pursuant to Sections 1798.110 and 1798.115, or requests for deletion or correction pursuant to Sections 1798.105 and 1798.106, respectively, including, at a minimum, a toll-free telephone number. A business that operates exclusively online and has a direct relationship with a consumer from whom it collects personal information shall only be required to provide an email address *and make an online method, such as a web form or online portal, available* for submitting requests for information required to be disclosed pursuant to Sections 1798.110 and 1798.115, or for requests for deletion or correction pursuant to Sections 1798.105 and 1798.106, respectively.

(B) If the business maintains an internet website, make the internet website available to consumers to submit requests for information required to be disclosed pursuant to Sections

1798.110 and 1798.115, or requests for deletion or correction pursuant to Sections 1798.105 and 1798.106, respectively.

(2) (A) Disclose and deliver the required information to a consumer free of charge, correct inaccurate personal information, or delete a consumer's personal information, based on the consumer's request, within 45 days of receiving a verifiable consumer request from the consumer. The business shall promptly take steps to determine whether the request is a verifiable consumer request, but this shall not extend the business' duty to disclose and deliver the information, to correct inaccurate personal information, or to delete personal information within 45 days of receipt of the consumer's request. The time period to provide the required information, to correct inaccurate personal information, or to delete personal information may be extended once by an additional 45 days when reasonably necessary, provided the consumer is provided notice of the extension within the first 45-day period. The disclosure of the required information shall be made in writing and delivered through the consumer's account with the business, if the consumer maintains an account with the business, or by mail or electronically at the consumer's option if the consumer does not maintain an account with the business, in a readily useable format that allows the consumer to transmit this information from one entity to another entity without hindrance. The business may require authentication of the consumer that is reasonable in light of the nature of the personal information requested, but shall not require the consumer to create an account with the business in order to make a verifiable consumer request provided that if the consumer, has an account with the business, the business may require the consumer to use that account to submit a verifiable consumer request.

(B) The disclosure of the required information shall cover the 12-month period preceding the business' receipt of the verifiable consumer request provided that, upon the adoption of a regulation pursuant to paragraph (8) of subdivision (a) of Section 1798.185, a consumer may request that the business disclose the required information beyond the 12-month period, and the business shall be required to provide that information unless doing so proves impossible or would involve a disproportionate effort. A consumer's right to request required information beyond the 12-month period, and a business' obligation to provide that information, shall only apply to personal information collected on or after January 1, 2022. Nothing in this subparagraph shall require a business to keep personal information for any length of time.

(3) (A) A business that receives a verifiable consumer request pursuant to Section 1798.110 or 1798.115 shall disclose any personal information it has collected about a consumer, directly or indirectly, including through or by a service provider or contractor, to the consumer. A service provider or contractor shall not be required to comply with a verifiable consumer request received directly from a consumer or a consumer's authorized agent, pursuant to Section 1798.110 or 1798.115, to the extent that the service provider or contractor has collected personal information about the consumer in its role as a service provider or contractor. A service provider or contractor shall provide assistance to a business with which it has a contractual relationship with respect to the business' response to a verifiable consumer request, including, but not limited to, by providing to the business the consumer's personal information in the service provider or contractor's possession, which the service provider or contractor obtained as a result of providing services to the business, and by correcting inaccurate information or by enabling the business to do the same. A service provider or contractor that collects personal information pursuant to a written contract with a business shall be required to assist the business through appropriate technical and organizational measures in complying with the requirements of subdivisions (d) to (f), inclusive, of Section 1798.100, taking into account the nature of the processing.

(B) For purposes of subdivision (b) of Section 1798.110:

- (i) To identify the consumer, associate the information provided by the consumer in the verifiable consumer request to any personal information previously collected by the business about the consumer.
  - (ii) Identify by category or categories the personal information collected about the consumer for the applicable period of time by reference to the enumerated category or categories in subdivision (c) that most closely describes the personal information collected; the categories of sources from which the consumer's personal information was collected; the business or commercial purpose for collecting, selling, or sharing the consumer's personal information; and the categories of third parties to whom the business discloses the consumer's personal information.
  - (iii) Provide the specific pieces of personal information obtained from the consumer in a format that is easily understandable to the average consumer, and to the extent technically feasible, in a structured, commonly used, machine-readable format that may also be transmitted to another entity at the consumer's request without hindrance. "Specific pieces of information" do not include data generated to help ensure security and integrity or as prescribed by regulation. Personal information is not considered to have been disclosed by a business when a consumer instructs a business to transfer the consumer's personal information from one business to another in the context of switching services.
- (4) For purposes of subdivision (b) of Section 1798.115:
- (A) Identify the consumer and associate the information provided by the consumer in the verifiable consumer request to any personal information previously collected by the business about the consumer.
  - (B) Identify by category or categories the personal information of the consumer that the business sold or shared during the applicable period of time by reference to the enumerated category in subdivision (c) that most closely describes the personal information, and provide the categories of third parties to whom the consumer's personal information was sold or shared during the applicable period of time by reference to the enumerated category or categories in subdivision (c) that most closely describes the personal information sold or shared. The business shall disclose the information in a list that is separate from a list generated for the purposes of subparagraph (C).
  - (C) Identify by category or categories the personal information of the consumer that the business disclosed for a business purpose during the applicable period of time by reference to the enumerated category or categories in subdivision (c) that most closely describes the personal information, and provide the categories of persons to whom the consumer's personal information was disclosed for a business purpose during the applicable period of time by reference to the enumerated category or categories in subdivision (c) that most closely describes the personal information disclosed. The business shall disclose the information in a list that is separate from a list generated for the purposes of subparagraph (B).
- (5) Disclose the following information in its online privacy policy or policies if the business has an online privacy policy or policies and in any California-specific description of consumers' privacy rights, or if the business does not maintain those policies, on its internet website, and update that information at least once every 12 months:
- (A) A description of a consumer's rights pursuant to Sections 1798.100, 1798.105, 1798.106, 1798.110, 1798.115, and 1798.125 and two or more designated methods for submitting requests, except as provided in subparagraph (A) of paragraph (1) of subdivision (a).
  - (B) For purposes of subdivision (c) of Section 1798.110:
    - (i) A list of the categories of personal information it has collected about consumers in the preceding 12 months by reference to the enumerated category or categories in subdivision (c) that most closely describe the personal information collected.
    - (ii) The categories of sources from which consumers' personal information is collected.

- (iii) The business or commercial purpose for collecting, selling, or sharing consumers' personal information.
- (iv) The categories of third parties to whom the business discloses consumers' personal information.
- (C) For purposes of paragraphs (1) and (2) of subdivision (c) of Section 1798.115, two separate lists:
  - (i) A list of the categories of personal information it has sold or shared about consumers in the preceding 12 months by reference to the enumerated category or categories in subdivision (c) that most closely describe the personal information sold or shared, or if the business has not sold or shared consumers' personal information in the preceding 12 months, the business shall prominently disclose that fact in its privacy policy.
  - (ii) A list of the categories of personal information it has disclosed about consumers for a business purpose in the preceding 12 months by reference to the enumerated category in subdivision (c) that most closely describes the personal information disclosed, or if the business has not disclosed consumers' personal information for a business purpose in the preceding 12 months, the business shall disclose that fact.
- (6) Ensure that all individuals responsible for handling consumer inquiries about the business' privacy practices or the business' compliance with this title are informed of all requirements in Sections 1798.100, 1798.105, 1798.106, 1798.110, 1798.115, 1798.125, and this section, and how to direct consumers to exercise their rights under those sections.
- (7) Use any personal information collected from the consumer in connection with the business' verification of the consumer's request solely for the purposes of verification and shall not further disclose the personal information, retain it longer than necessary for purposes of verification, or use it for unrelated purposes.
- (b) A business is not obligated to provide the information required by Sections 1798.110 and 1798.115 to the same consumer more than twice in a 12-month period.
- (c) The categories of personal information required to be disclosed pursuant to Sections 1798.100, 1798.110, and 1798.115 shall follow the definitions of personal information and sensitive personal information in Section 1798.140 by describing the categories of personal information using the specific terms set forth in subparagraphs (A) to (K), inclusive, of paragraph (1) of subdivision (v) of Section 1798.140 and by describing the categories of sensitive personal information using the specific terms set forth in subparagraphs (A) to (F), inclusive, of paragraph (1), and subparagraphs (A) to (C), inclusive, of paragraph (2), of subdivision (ae) of Section 1798.140.

***SEC. 4. The Legislature finds and declares that this act furthers the purposes and intent of the California Privacy Rights Act of 2020.***

**SECTION 1.** (a) *The Legislature finds and declares as follows:*

(1) *Consumers have a substantial interest in knowing when an advertisement uses a synthetic performer in a manner that could reasonably be interpreted as a human performance.*

(2) *Requiring a factual disclosure regarding the use of a synthetic performer is necessary to prevent deceptive or misleading advertising practices.*

(b) *It is the intent of the Legislature that the disclosure required by this act is a purely factual commercial disclosure consistent with constitutional protections for commercial speech.*

**SEC. 2.** *Article 10 (commencing with Section 17610) is added to Chapter 1 of Part 3 of Division 7 of the Business and Professions Code, to read:*

**Article 10. Synthetic Performers**

**17610.** (a) *For purposes of this section, the following definitions apply:*

(1) *“Advertisement” means any audio, video, or audiovisual message, statement, audiovisual recording, digital communication, or other representation disseminated in any manner or by any means, including through online platforms, that is intended to induce, or that is reasonably expected to induce, the purchase of goods or services, as described in Section 17500.*

(2) (A) *“Advertising medium” means any broadcast station, cable operator, multichannel video programming distributor, online platform, streaming service, digital advertising network, publisher, or other person or entity that distributes, displays, transmits, or makes available an audio or audiovisual advertisement to consumers in this state.*

(B) *“Advertising medium” does not include a person or entity that is not capable of removing, disabling access to, or ceasing further dissemination of, an advertisement.*

(3) *“Clear and conspicuous disclosure” means a disclosure that is difficult to miss, easily understandable, and presented in a manner that a reasonable consumer would notice, read, and comprehend, taking into account the medium, format, and context in which the advertisement appears.*

(4) *“Generative artificial intelligence” means an artificial intelligence system that can generate derived synthetic content, such as text, images, video, and audio, that emulates the structure and characteristics of the system’s training data.*

(5) *“Prominently” means the synthetic performer is any of the following:*

(A) *In the foreground and demonstrating or illustrating the product or service.*

(B) *Providing or voicing the on- or off-camera narration or commercial message.*

(C) *Illustrating or reacting to the on- or off-camera narration or commercial message.*

(6) *“Synthetic performer” means a digital figure, voice, or representation created in whole or in part using generative artificial intelligence that creates the realistic impression of the audio, audiovisual, or visual performance of a human performer who is not recognizable as any identifiable natural person.*

(b) *It is unlawful for any person to create and cause to be published in an advertising medium an advertisement that prominently includes a synthetic performer without a clear and conspicuous disclosure that the advertisement includes a synthetic performer.*

(c) *A disclosure required by this section shall use wording substantially similar to “this performance features a synthetic performer” or “no human performer is depicted.”*

(d) *Nothing in this section shall be construed to do any of the following:*

(1) *Restrict or prohibit the creation, distribution, or exhibition of synthetic content.*

(2) *Regulate the expressive or informational content of an advertisement, except to require the factual disclosure described in subdivision (b).*

(3) *Affect or limit any rights or remedies available under Section 17200 or 17500 or any other law concerning deceptive, unfair, or misleading business practices.*

*(4) Apply to advertisements for expressive works, including, but not limited to, motion pictures, television programs, streaming content, documentaries, video games, or other similar audio or audiovisual works, provided that the use of a synthetic performer in the advertisement or promotional material is consistent with its use in the expressive work.*

*(5) Apply to an advertisement in which the use of the generative artificial intelligence solely involves the language translation of a human performer or other accessibility features.*

*(e) (1) An advertising medium shall not transmit, distribute, display, air, or otherwise make available an advertisement containing a synthetic performer if both of the following conditions are met:*

*(A) A court of competent jurisdiction has issued an order finding that the advertisement violates this chapter or enjoining the creator from publishing the advertisement, including, but not limited to, an injunction issued under Section 527 of the Code of Civil Procedure.*

*(B) The advertising medium is served with the order and information reasonably sufficient to identify the advertisement.*

*(2) Upon receipt of an order described in subparagraph (A) of paragraph (1), the advertising medium shall, as soon as commercially reasonable and technically feasible, do both of the following:*

*(A) Remove, disable access to, or cease further dissemination of the advertisement on the advertising medium in this state.*

*(B) Cease accepting payment for further dissemination of the advertisement.*

*(f) A violation of this section constitutes a violation of Section 17500 and may be enforced pursuant to Chapter 5 (commencing with Section 17200) of Part 2.*

*(g) The requirements of this section are severable. If any provision or its application is held invalid, that invalidity shall not affect other provisions or applications that can be given effect without the invalid provision or application.*

**SEC. 3.** *No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.*

**SECTION 1.** (a) (1) Subdivision (b) of Section 3 of Article 1 of the California Constitution establishes that “the people have the right of access to information concerning the conduct of the people’s business.” California’s transparency and governance laws, including the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340), Chapter 4 (commencing with Section 11370), Chapter 4.5 (commencing with Section 11400), and Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code), the Bagley-Keene Open Meeting Act (Article 9 (commencing with Section 11120) of Chapter 1 of Part 1 of Division 3 of Title 2 of the Government Code), the California Environmental Quality Act (Division 13 (commencing with Section 21000) of the Public Resources Code), the California Coastal Act of 1976 (Division 20 (commencing with Section 30000) of the Public Resources Code), the California Public Records Act (Division 10 (commencing with Section 7920.000) of Title 1 of the Government Code), the Legislative Open Records Act (Article 3.5 (commencing with Section 9070) of Chapter 1.5 of Part 1 of Division 2 of Title 2 of the Government Code), and the Ralph M. Brown Act (Chapter 9 (commencing with Section 54950) of Part 1 of Division 2 of Title 5 of the Government Code), implement this constitutional mandate by enabling natural persons to participate in and observe governmental processes.

(2) Artificial intelligence (AI) systems can now be programmed to automatically and continuously engage with governmental processes at scales and speeds that far exceed human capacity. AI systems have the ability to submit thousands or millions of automated public records requests, generate mass public comments on proposed regulations, file automated petitions for rulemaking, or otherwise flood governmental agencies with interactions that simulate human participation but lack genuine human deliberation or judgment.

(3) Automated mass engagement would overwhelm government agencies, divert limited public resources from serving actual constituents, drown out genuine human participation, and transform deliberative processes into meaningless exchanges with machines. Public comment periods would become ineffective if agencies must process thousands of AI-generated submissions, and the administrative burden would undermine the purpose of California’s transparency laws. This threat is not theoretical. In the United Kingdom, AI-powered platforms have already enabled automated generation of planning objections, prompting warnings from experts that such systems will overwhelm public agencies.

(4) California’s transparency and governance laws referenced in paragraph (1) presuppose participants who possess consciousness, moral agency, deliberative judgment, and membership in the political community. AI systems, regardless of their sophistication, lack these essential attributes of personhood. Consistent with the United States Patent and Trademark Office’s November 2025 guidance recognizing that AI systems are tools to support human activity rather than independent actors, and with the European Union’s AI Act adopted in 2024 protecting the fundamental rights of natural persons, California law maintains the distinction between human beings and artificial intelligence.

(b) Therefore, it is the intent of the Legislature to clarify that, for purposes of California’s transparency and governance laws referenced in subdivision (a), the terms “person,” “interested person,” “member of the public,” and any other similar terms referring to those who may engage with governmental agencies under those laws, refer to natural persons and legally recognized entities capable of genuine participation in democratic governance, not AI systems that could be programmed to simulate participation at scales that would overwhelm governmental processes.

(c) The changes made by this act are not to be construed to imply that the terms “person,” “interested person,” “participant,” “member of the public,” and any other similar terms as used

*in any law other than those laws referenced in subdivision (a) include artificial intelligence systems, autonomous agents, robots, or other nonhuman entities, whether physical or digital.*

**SEC. 2.** Section 7920.520 of the Government Code is amended to read:

**7920.520.** (a) As used in this division, “person” includes any natural person, corporation, partnership, limited liability company, firm, or association.

(b) (1) *“Person,” “interested person,” “member of the public,” and any other similar terms referring to those who may engage with governmental agencies under this division do not include artificial intelligence systems, autonomous agents, robots, or other nonhuman entities, whether physical or digital.*

(2) *For purposes of this subdivision, the following definitions apply:*

(A) *“Artificial intelligence” means an engineered or machine-based system that varies in its level of autonomy and that can, for explicit or implicit objectives, infer from the input it receives how to generate outputs that can influence physical or virtual environments.*

(B) *“Assistive technology” means an item, piece of equipment, or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve functional capabilities of individuals with disabilities and any service that directly assists an individual with a disability in the selection, acquisition, or use of the item, equipment, or product system.*

(3) *A public agency may use a disclosure verification tool that meets the criteria described in Section 22757.2 of the Business and Professions Code to determine if artificial intelligence is present.*

(4) *This section does not prohibit a natural person from using artificial intelligence, autonomous agents, or robots to facilitate the person’s own engagement with a governmental agency, including through the use of assistive technologies, provided the volume and frequency of the engagement are reasonably consistent with ordinary participation by a natural person.*

**SEC. 3.** Section 8319 is added to the Government Code, to read:

**8319.** (a) *A person shall not knowingly use artificial intelligence to falsely represent that a natural person appeared before, submitted information to, or otherwise engaged with a governmental agency.*

(b) *For purposes of this section, “artificial intelligence” means an engineered or machine-based system that varies in its level of autonomy and that can, for explicit or implicit objectives, infer from the input it receives how to generate outputs that can influence physical or virtual environments.*

**SEC. 4.** Section 9072 of the Government Code is amended to read:

**9072.** As used in this article:

(a) “Person” includes any natural person, corporation, partnership, limited liability company, firm, or association.

(1) *“Person” and any other similar terms referring to those who may engage with governmental agencies under this article do not include artificial intelligence systems, autonomous agents, or robots, whether physical or digital.*

(2) *For purposes of this subdivision, the following definitions apply:*

(A) *“Artificial intelligence” means an engineered or machine-based system that varies in its level of autonomy and that can, for explicit or implicit objectives, infer from the input it receives how to generate outputs that can influence physical or virtual environments.*

(B) *“Assistive technology” means an item, piece of equipment, or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve functional capabilities of individuals with disabilities and any service that directly assists an*

*individual with a disability in the selection, acquisition, or use of the item, equipment, or product system.*

*(3) The appropriate Rules Committee of each house of the Legislature and the Joint Rules Committee may use a disclosure verification tool that meets the criteria described in Section 22757.2 of the Business and Professions Code to determine if artificial intelligence is present.*

*(4) This section does not prohibit a natural person from using artificial intelligence, autonomous agents, or robots to facilitate the person's own engagement with a governmental agency, including through the use of assistive technologies, provided the volume and frequency of the engagement are reasonably consistent with ordinary participation by a natural person.*

*(b) "Legislature" includes any Member of the Legislature, any legislative officer, any standing, joint, or select committee or subcommittee of the Senate and Assembly, and any other agency or employee of the Legislature.*

*(c) "Legislative records" means any writing prepared on or after December 2, 1974, which contains information relating to the conduct of the public's business prepared, owned, used, or retained by the Legislature.*

*(d) "Writing" means handwriting, typewriting, printing, photostating, photographing, and every other means of recording upon any form of communication or representation, including letters, words, pictures, sounds, or symbols, or combination thereof, and all papers, maps, magnetic or paper tapes, photographic films and prints, magnetic or punched cards, discs, drums, and other documents.*

**SEC. 5.** *Section 11121.5 is added to the Government Code, to read:*

**11121.5.** *(a) As used in this article, "person," "interested person," "participant," "member of the public," and any other similar terms referring to those who may engage with governmental agencies under this chapter do not include artificial intelligence systems, autonomous agents, or robots, whether physical or digital.*

*(b) For purposes of this section, the following definitions apply:*

*(1) "Artificial intelligence" means an engineered or machine-based system that varies in its level of autonomy and that can, for explicit or implicit objectives, infer from the input it receives how to generate outputs that can influence physical or virtual environments.*

*(2) "Assistive technology" means an item, piece of equipment, or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve functional capabilities of individuals with disabilities and any service that directly assists an individual with a disability in the selection, acquisition, or use of the item, equipment, or product system.*

*(c) A state body may use a disclosure verification tool that meets the criteria described in Section 22757.2 of the Business and Professions Code to determine if artificial intelligence is present.*

*(d) This section does not prohibit a natural person from using artificial intelligence, autonomous agents, or robots to facilitate the person's own engagement with a governmental agency, including through the use of assistive technologies, provided the volume and frequency of the engagement are reasonably consistent with ordinary participation by a natural person.*

**SEC. 6.** *Section 11342.575 is added to the Government Code, to read:*

**11342.575.** *(a) "Person," "interested person," "member of the public," and any other similar terms referring to those who may engage with governmental agencies under this chapter do not include artificial intelligence systems, autonomous agents, or robots, whether physical or digital.*

*(b) For purposes of this section, the following definitions apply:*

(1) “Artificial intelligence” means an engineered or machine-based system that varies in its level of autonomy and that can, for explicit or implicit objectives, infer from the input it receives how to generate outputs that can influence physical or virtual environments.

(2) “Assistive technology” means an item, piece of equipment, or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve functional capabilities of individuals with disabilities and any service that directly assists an individual with a disability in the selection, acquisition, or use of the item, equipment, or product system.

(c) An agency may use a disclosure verification tool that meets the criteria described in Section 22757.2 of the Business and Professions Code to determine if artificial intelligence is present.

(d) This section does not prohibit a natural person from using artificial intelligence, autonomous agents, or robots to facilitate the person’s own engagement with a governmental agency, including through the use of assistive technologies, provided the volume and frequency of the engagement are reasonably consistent with ordinary participation by a natural person.

**SEC. 7.** Section 11370.1.5 is added to the Government Code, to read:

**11370.1.5.** (a) As used in this chapter, “person” and any other similar terms referring to those who may engage with governmental agencies under this chapter do not include artificial intelligence systems, autonomous agents, or robots, whether physical or digital.

(b) For purposes of this section, the following definitions apply:

(1) “Artificial intelligence” means an engineered or machine-based system that varies in its level of autonomy and that can, for explicit or implicit objectives, infer from the input it receives how to generate outputs that can influence physical or virtual environments.

(2) “Assistive technology” means an item, piece of equipment, or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve functional capabilities of individuals with disabilities and any service that directly assists an individual with a disability in the selection, acquisition, or use of the item, equipment, or product system.

(c) The Office of Administrative Hearings may use a disclosure verification tool that meets the criteria described in Section 22757.2 of the Business and Professions Code to determine if artificial intelligence is present.

(d) This section does not prohibit a natural person from using artificial intelligence, autonomous agents, or robots to facilitate the person’s own engagement with a governmental agency, including through the use of assistive technologies, provided the volume and frequency of the engagement are reasonably consistent with ordinary participation by a natural person.

**SEC. 8.** Section 11405.70 of the Government Code is amended to read:

**11405.70.** (a) “Person” includes an individual, partnership, corporation, governmental subdivision or unit of a governmental subdivision, or public or private organization or entity of any character.

(b) (1) “Person,” “interested person,” “participant,” “member of the public,” and any other similar terms referring to those who may engage with governmental agencies under this chapter do not include artificial intelligence systems, autonomous agents, or robots, whether physical or digital.

(2) For purposes of this subdivision, the following definitions apply:

(A) “Artificial intelligence” means an engineered or machine-based system that varies in its level of autonomy and that can, for explicit or implicit objectives, infer from the input it receives how to generate outputs that can influence physical or virtual environments.

(B) “Assistive technology” means an item, piece of equipment, or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve functional capabilities of individuals with disabilities and any service that directly assists an

*individual with a disability in the selection, acquisition, or use of the item, equipment, or product system.*

*(3) An agency may use a disclosure verification tool that meets the criteria described in Section 22757.2 of the Business and Professions Code to determine if artificial intelligence is present.*

*(4) This section does not prohibit a natural person from using artificial intelligence, autonomous agents, or robots to facilitate the person's own engagement with a governmental agency, including through the use of assistive technologies, provided the volume and frequency of the engagement are reasonably consistent with ordinary participation by a natural person.*

**SEC. 9.** Section 11500 of the Government Code is amended to read:

**11500.** In this chapter unless the context or subject matter otherwise requires:

(a) "Agency" includes the state boards, commissions, and officers to which this chapter is made applicable by law, except that wherever the word "agency" alone is used the power to act may be delegated by the agency, and wherever the words "agency itself" are used the power to act shall not be delegated unless the statutes relating to the particular agency authorize the delegation of the agency's power to hear and decide.

(b) "Party" includes the agency, the respondent, and any person, other than an officer or an employee of the agency in ~~his or her~~ *their* official capacity, who has been allowed to appear or participate in the proceeding.

*(c) (1) "Person," "participant," and any other similar terms referring to those who may engage with governmental agencies under this chapter do not include artificial intelligence systems, autonomous agents, or robots, whether physical or digital.*

*(2) For purposes of this subdivision, the following definitions apply:*

*(A) "Artificial intelligence" means an engineered or machine-based system that varies in its level of autonomy and that can, for explicit or implicit objectives, infer from the input it receives how to generate outputs that can influence physical or virtual environments.*

*(B) This section does not prohibit a natural person from using artificial intelligence, autonomous agents, or robots to facilitate the person's own engagement with a governmental agency, including through the use of assistive technologies, provided the volume and frequency of the engagement are reasonably consistent with ordinary participation by a natural person.*

*(3) An agency may use a disclosure verification tool that meets the criteria described in Section 22757.2 of the Business and Professions Code to determine if artificial intelligence is present.*

*(4) This section does not prohibit a natural person from using artificial intelligence, autonomous agents, or robots to facilitate the person's own engagement with a governmental agency, including through the use of assistive technologies, provided the volume and frequency of the engagement are reasonably consistent with ordinary participation by a natural person.*

~~(c)~~ (d) "Respondent" means any person against whom an accusation or District Statement of Reduction in Force is filed pursuant to Section 11503 or against whom a statement of issues is filed pursuant to Section 11504.

~~(d)~~ (e) "Administrative law judge" means an individual qualified under Section 11502.

~~(e)~~ (f) "Agency member" means any person who is a member of any agency to which this chapter is applicable and includes any person who ~~himself or herself constitutes~~ *themselves constitute* an agency.

**SEC. 10.** Section 54951.5 is added to the Government Code, to read:

**54951.5.** (a) As used in this chapter, "person," "interested person," "participant," "member of the public," and any other similar terms referring to those who may engage with governmental

*agencies under this chapter do not include artificial intelligence systems, autonomous agents, or robots, whether physical or digital.*

*(b) For purposes of this section, the following definitions apply:*

*(1) "Artificial intelligence" means an engineered or machine-based system that varies in its level of autonomy and that can, for explicit or implicit objectives, infer from the input it receives how to generate outputs that can influence physical or virtual environments.*

*(2) "Assistive technology" means an item, piece of equipment, or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve functional capabilities of individuals with disabilities and any service that directly assists an individual with a disability in the selection, acquisition, or use of the item, equipment, or product system.*

*(c) A local agency may use a disclosure verification tool that meets the criteria described in Section 22757.2 of the Business and Professions Code to determine if artificial intelligence is present.*

*(d) This section does not prohibit a natural person from using artificial intelligence, autonomous agents, or robots to facilitate the person's own engagement with a governmental agency, including through the use of assistive technologies, provided the volume and frequency of the engagement are reasonably consistent with ordinary participation by a natural person.*

**SEC. 11.** Section 21066 of the Public Resources Code is amended to read:

**21066. (a)** "Person" includes any person, firm, association, organization, partnership, business, trust, corporation, limited liability company, company, district, county, city and county, city, town, the state, and any of the agencies and political subdivisions of those entities, and, to the extent permitted by federal law, the United States, or any of its agencies or political subdivisions.

*(b) (1) "Person," "interested person," "member of the public," and any other similar terms referring to those who may engage with governmental agencies under this division do not include artificial intelligence systems, autonomous agents, or robots, whether physical or digital.*

*(2) For purposes of this subdivision, the following definitions apply:*

*(A) "Artificial intelligence" means an engineered or machine-based system that varies in its level of autonomy and that can, for explicit or implicit objectives, infer from the input it receives how to generate outputs that can influence physical or virtual environments.*

*(B) "Assistive technology" means an item, piece of equipment, or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve functional capabilities of individuals with disabilities and any service that directly assists an individual with a disability in the selection, acquisition, or use of the item, equipment, or product system.*

*(3) A public agency may use a verification detection tool that meets the criteria described in Section 22757.2 of the Business and Professions Code to determine if artificial intelligence is present.*

*(4) This section does not prohibit a natural person from using artificial intelligence, autonomous agents, or robots to facilitate the person's own engagement with a governmental agency, including through the use of assistive technologies, provided the volume and frequency of the engagement are reasonably consistent with ordinary participation by a natural person.*

**SEC. 12.** Section 30111 of the Public Resources Code is amended to read:

**30111. (a)** "Person" means any individual, organization, partnership, limited liability company, or other business association or corporation, including any utility, and any federal, state, local government, or special district or an agency thereof.

(1) “Person” and any other similar terms referring to those who may engage with governmental agencies under this division do not include artificial intelligence systems, autonomous agents, or robots, whether physical or digital.

(2) For purposes of this section, the following definitions apply:

(A) “Artificial intelligence” means an engineered or machine-based system that varies in its level of autonomy and that can, for explicit or implicit objectives, infer from the input it receives how to generate outputs that can influence physical or virtual environments.

(B) “Assistive technology” means an item, piece of equipment, or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve functional capabilities of individuals with disabilities and any service that directly assists an individual with a disability in the selection, acquisition, or use of the item, equipment, or product system.

(b) An agency may use a disclosure verification tool that meets the criteria described in Section 22757.2 of the Business and Professions Code to determine if artificial intelligence is present.

(c) This section does not prohibit a natural person from using artificial intelligence, autonomous agents, or robots to facilitate the person’s own engagement with a governmental agency, including through the use of assistive technologies, provided the volume and frequency of the engagement are reasonably consistent with ordinary participation by a natural person.

**SEC. 13.** The Legislature finds and declares that Section 2 of this act, which amends Section 7920.520 of the Government Code, and Section 9 of this act, which adds Section 54951.5 to the Government Code, further, within the meaning of paragraph (7) of subdivision (b) of Section 3 of Article I of the California Constitution, the purposes of that constitutional section as it relates to the right of public access to the meetings of local public bodies or the writings of local public officials and local agencies. Pursuant to paragraph (7) of subdivision (b) of Section 3 of Article I of the California Constitution, the Legislature makes the following findings: The clarification made by this act serves the public interest by preserving the integrity and functionality of California’s democratic institutions, preventing automated systems from displacing genuine human participation, protecting public resources from being consumed by responding to machine-generated requests, and ensuring that governmental decisions remain responsive to the people of California.

## SB 1204 Amends The Law: Chaptered 7/16/2026

**SECTION 1.** Section 11349.3 of the Government Code is amended to read:

**11349.3.** (a) The office shall either approve a regulation submitted to it for review and transmit it to the Secretary of State for filing or disapprove it within 30 working days after the regulation has been submitted to the office for review. If the office fails to act within 30 days, the regulation shall be deemed to have been approved and the office shall transmit it to the Secretary of State for filing.

(b) (1) If the office disapproves a regulation, it shall return it to the adopting agency within the 30-day period specified in subdivision (a) accompanied by a notice specifying the reasons for disapproval. Within seven calendar days of the issuance of the notice, the office shall provide the adopting agency with a written decision detailing the reasons for disapproval.

~~No~~ A regulation shall *not* be disapproved except for failure to comply with the standards set forth in Section 11349.1 or for failure to comply with this chapter.

*(2) Within 60 days of returning a regulation to the adopting agency pursuant to paragraph (1), the office shall report the disapproval and the reasons for disapproval to the Legislature in compliance with Section 9795.*

(c) If an agency determines, on its own initiative, that a regulation submitted pursuant to subdivision (a) should be returned by the office prior to completion of the office's review, it may request the return of the regulation. All requests for the return of a regulation shall be memorialized in writing by the submitting agency no later than one week following the request. Any regulation returned pursuant to this subdivision shall be resubmitted to the office for review within the one-year period specified in subdivision (b) of Section 11346.4 or shall comply with Article 5 (commencing with Section 11346) prior to resubmission.

(d) The office shall not initiate the return of a regulation pursuant to subdivision (c) as an alternative to disapproval pursuant to subdivision (b).

# MEMORANDUM

|         |                                                                                                                   |
|---------|-------------------------------------------------------------------------------------------------------------------|
| DATE    | October 16, 2026                                                                                                  |
| TO      | Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board                                          |
| FROM    | Cherise Burns, Executive Officer                                                                                  |
| SUBJECT | Agenda Item #14: Discussion and Possible Action to Review and Revise the Board's Administrative Procedural Manual |

## **Background**

Boards and bureaus at Department of Consumer Affairs (DCA) adopt Administrative Procedure Manuals to provide guidance to Board Members regarding the roles and responsibilities of their position, rules of conduct, and the general processes and procedures to be followed in completing Board Business. The Administrative Procedure Manual also provides transparency to the public on the Board's governance and administrative structure and the way the Board operates.

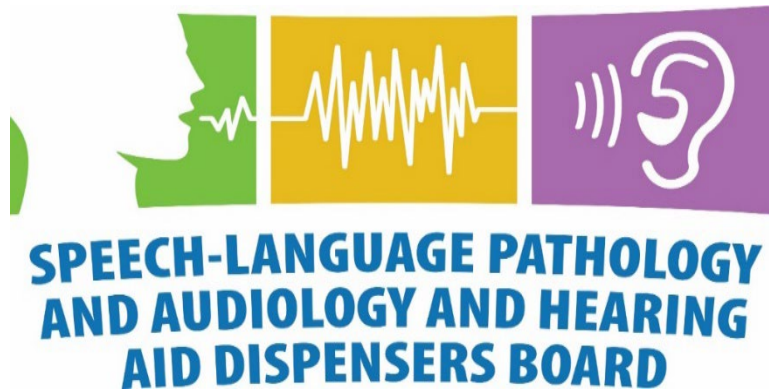
## **Action Requested**

Board Staff recommend the Board review and discuss the proposed updates to the Board Administrative Procedure Manual, including:

- Updating the Standing and Ad Hoc Committee Names and purposes as needed. For example, at the Board's April 3, 2026, Legislative Ad Hoc Committee (Committee) meeting, the Committee recommended and approved renaming the "Legislative Ad Hoc Committee" to the "Legislative and Regulatory Ad Hoc Committee". This change was proposed to expand the Committee's scope so it can discuss and recommend regulatory priorities to the Board in addition to legislative matters.
- Clarifying the Board's existing delegation of authority to the Board's Executive Officer under Title 16 California Code of Regulations (CCR) Section 1399.150.3, including explicitly noting that investigatory actions such as issuing a Business and Professions Code (BPC) 820 Order or accepting and signing the Decision and Order for a stipulated surrender of a license, falls under the Executive Officer's delegated responsibilities and do not require Board review or a mail ballot vote.

The Board may also wish to discuss whether there are other provisions in the Administrative Procedure Manual that need to be updated or require additional review.

Attachment A: Board Administrative Procedure Manual, May 2025



# **Board Administrative Procedure Manual**

**May 2025**

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## CHAPTER 1. INTRODUCTION

### Overview

In 1973, the Legislature established the Speech-Language Pathology and Audiology Board (SLPAB) to protect the public from the unauthorized and unqualified practice of speech-language pathology and audiology. The SLPAB licensed speech-language pathologists and audiologists. A speech-language pathologist provides services in the areas of speech, language, voice, cognition, fluency, and swallowing disorders to individuals across the lifespan. They see individuals who may have language difficulties with verbal expression, auditory comprehension, reading comprehension, and/or written expression. A speech-language pathologist also provides aural rehabilitation for individuals who are deaf or hard of hearing and provides therapy in the augmentative and alternative communication domain for individuals with diagnoses such as autism spectrum disorder and progressive neurological disorders. An audiologist provides services for individuals with hearing loss and balance (vestibular) disorders across the lifespan.

In 2001, the Legislature created the Hearing Aid Dispensers Bureau (HADB) as the licensing and regulatory agency for hearing aid dispensers, defined in statute as individuals engaged in the fitting or selling of hearing aids to an individual with impaired hearing. The HADB was charged with the education and protection of consumers in the purchase of hearing aids by ensuring the competency of hearing aid dispensers.

In 2010 the SLPAB and HADB were merged to create a new entity, the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board (Board). It also changed the governance structure of the Board to the following: two speech-language pathologists, two audiologists (one of whom must be a dispensing audiologist), and two hearing aid dispensers, all to be appointed by the Governor. The Governor also has the appointing authority for a public member seat to be occupied by a licensed physician and surgeon, certified in otolaryngology. Two other public member seats are to be appointed by the Senate Committee on Rules and the Speaker of the Assembly, respectively. Board members may serve up to two, four-year terms. Board members are paid \$100 for each day actually spent in the discharge of official duties and are reimbursed travel expenses.

The Board is one of the boards, bureaus, commissions, and committees within the Department of Consumer Affairs (DCA), part of the Business, Consumer Services and Housing Agency under the aegis of the Governor. DCA is responsible for consumer protection and representation through the regulation of licensed professions and the provision of consumer services. While DCA provides administrative oversight and support services, the Board has policy autonomy and sets its own policies, procedures, and initiates its own regulations.

Protection of the public is the highest priority for the Board in exercising its licensing, regulatory and disciplinary functions. Whenever the protection of the public is

inconsistent with other interests sought to be promoted, the protection of the public shall be paramount (Business and Professions Code (BPC) §2531.02.)

The purpose of this handbook is to provide guidance to Board members regarding general processes and procedures involved with their position on the Board. It also serves as a useful source of information for new Board members as part of the induction process.

### **Mission**

We protect the people of California by promoting standards and enforcing the laws and regulations that ensure the qualifications and competence of providers of speech-language pathology, audiology and hearing aid dispensing services.

### **Vision**

Every person in the State of California has access to the highest quality diagnosis and treatment of communication and hearing disorders, and related services.

### **Values**



## **Board Function**

The Board regulates the practices of speech-language pathology, audiology, and hearing aid dispensing in California by licensing those who meet minimum standards of competency. Among its functions, the Board promulgates laws and regulations; issues, renews, suspends, and revokes licenses; and imposes disciplinary sanctions, when necessary.

## **General Rules of Conduct**

The following rules of conduct detail expectations of Board members. The Board is comprised of both public and professional members with the intention that, together, the Board can collectively protect the public and regulate the speech-language pathology, audiology and hearing aid dispensing professions.

- Board members' actions shall serve to uphold the principle that the Board's primary mission is to protect the public.
- Board members shall recognize the equal role and responsibilities of all Board members.
- Board members shall adequately prepare for Board responsibilities.
- Board members shall not speak or act for the Board without proper authorization.
- Board members shall maintain the confidentiality of non-public documents and information.
- Board members shall act fairly and be nonpartisan, impartial and unbiased in their role of protecting the public.
- Board members shall treat all applicants, candidates, and licensees in a fair and impartial manner.
- Board members shall not use their positions on the Board for personal, familial or financial gain.

## **CHAPTER 2. BOARD MEETING PROCEDURES**

All healing arts boards under DCA, including the Board must meet in accordance with the provisions set forth by the Bagley-Keene Open Meeting Act. The Board will use Robert's Rules of Order, to the extent that it does not conflict with state law (e.g., Bagley-Keene Open Meeting Act), as a guide when conducting the meetings.

### **Bagley-Keene Open Meetings Act**

The Bagley-Keene Act of 1967, officially known as the Bagley-Keene Open Meeting Act, implements a provision of the California Constitution which declares that "the meetings of public bodies and the writings of public officials and agencies shall be open to public scrutiny," and explicitly mandates open meetings for California State agencies, Boards, and commissions. The act facilitates accountability and transparency of government activities and protects the rights of citizens to participate in State government deliberations. Similarly, California's Brown Act of 1953 protects citizen rights with regard to open meetings at the county and local government level.

The Bagley-Keene Act stipulates that the Board is to provide adequate notice of meetings to be held to the public as well as provide an opportunity for public comment. The meeting is to be conducted in an open session, except where closed session is specifically noted.

The Bagley-Keene Act also stipulates that a majority of the Board members cannot participate in a series of communications of any kind, directly or through personal intermediaries, or technological devices (such as email) to discuss, deliberate, or take action on any matter within the subject matter of the Board's jurisdiction outside of the Board meetings.

To learn all of the provisions set forth by the Bagley-Keene Open Meeting Act, see Attachment A entitled *Guide to the Bagley-Keene Open Meeting Act*.

### **Frequency of Meetings**

The Board is mandated to hold two meetings annually (BPC section 101.7) but generally meets four times annually to make policy decisions and review committee recommendations. Additional meetings may be called by the Chair or by written request of any two members of the Board. The Board is required to hold at least one meeting in Northern California and one meeting in Southern California, but endeavors to meet in different geographic locations throughout the state when possible as a convenience to the public and licensees. To enhance opportunities for public participation, web-based teleconference is offered at all meetings, when available.

## **Board Member Attendance at Board Meetings**

Board members must attend each meeting of the Board. Meeting dates are approved by the Board at the last Board meeting of the calendar year.

If a member is unable to attend, they are asked to contact the Board Chair and the Executive Officer and provide a reason to be excused from the meeting.

## **Quorum**

Five Board members constitute a quorum of the Board for the transaction of business. Either having members physically in attendance or by teleconference, with proper notice, can meet the requirement for a quorum. The concurrence of a majority of those members of the Board present and voting at a meeting duly held at which a quorum is present shall be necessary to constitute an act or decision of the Board.

## **Agenda Items (Government Code (GC) § 11125 et seq.)**

Any Board members may submit items for a Board Meeting agenda to the Board Chair with a copy to the Executive Officer six to eight weeks prior to the meeting. Members may also recommend agenda items for a future meeting agenda during a meeting under Future Agenda Items. A motion and vote may be taken but is not necessary. The Board Chair will confer with the Executive Officer and Board Legal Counsel regarding the future agenda items. It will be a standing item to review the status of future agenda items that have been recommend by Board members that may not have made the current Board Meeting agenda.

Staff maintains a list of action items to research and bring back to a future Board Meeting. Staff may recommend the issue be referred to a Committee first to be vetted. Prior to items being placed on the agenda, staff conducts research to determine if an item is appropriate for Board discussion. This research starts with identifying how the item meets our mandate to protect the health and safety of California consumers. In addition, staff researches potential benefits to the State, identifies the current professional trends and what other states are doing. For items requiring legislative and/or regulatory changes, staff identifies potential concerns by anticipating who would be in support of or in opposition to the bill and/or rulemaking.

No item shall be added to the agenda subsequent to the provision of the meeting notice.

If the agenda contains matters that are appropriate for closed session, the agenda shall cite the particular statutory section and subdivision authorizing the closed session.

Items not included on the agenda may not be discussed.

## **Notice of Meetings (GC § 11120 et seq.)**

The minutes are a summary, not a transcript, of each Board Meeting. They shall be prepared by Board staff and submitted for review by Board members before the next Board Meeting. Board Minutes shall be approved at the next scheduled meeting of the Board. When approved, the minutes shall serve as the official record of the meeting and be made available to the public on the Board's website.

## **Recording of Meetings**

The meetings are recorded and available to the public on the Board's website.

## **Use of Electronic Devices During Meetings**

Members should not text or email each other during an open meeting on any matter within the Board's jurisdiction.

Use of electronic devices, including laptops, during the meetings is solely limited to access the Board Meeting materials that are in electronic format or to participate in web-based teleconference meetings.

## **Making a Motion at Meetings**

When new business is to be introduced or a decision or action is to be proposed, Board members should make a motion to introduce a new piece of business or to propose a decision or action. All motions must reflect the content of the meeting's agenda – the Board cannot act on business that is not listed on the agenda.

Upon making a motion, Board members must speak slowly and clearly as the motion is being recorded. Members who opt to second a motion simply say, "I second the motion," "I second it," or "Second." Additionally, it is important to remember that once a motion has been made and seconded, it is inappropriate to make a second motion until the initial one has been resolved or withdrawn.

The basic process of a motion is as follows:

1. An agenda item has been thoroughly discussed and reviewed.
2. The Board Chair opens a forum for a member to make a motion on the discussed item.
3. A member makes a motion before the Board.
4. Another member seconds the motion.
5. The Board Chair solicits additional comment from the Board and then the public.

6. The Board Chair puts forth the motion to a vote.
7. The vote of each Board member shall be recorded via rollcall vote. Members in favor of the motion say “aye” and members opposed to the motion say “no.” Members may also vote to “abstain” meaning a non-vote. Members may also vote to “recuse” meaning that they disqualify themselves from participation in a decision on grounds such as potential conflict of interest or personal involvement. Recusal is the proper response to a conflict of interest. No vote will be recorded for a member who has been “recused” for a particular item. A member who has recused themselves from an item must leave the dais and not participate in discussion or voting on the item.
8. Upon completion of the voting, the result of the vote will be announced (e.g., “the ayes have it and the motion passes” or “the no’s have it and the motion fails”).

## **CHAPTER 3. TRAVEL & SALARY POLICIES & PROCEDURES**

### **Travel Approval (DCA Travel Guide)**

Board members shall have the Executive Officer's approval for travel except for regularly scheduled Board and Committee Meetings to which the Board member is assigned.

### **Travel Arrangements**

Board staff will assist Board members in making travel arrangements for each Board member as required. These arrangements will be made through the appropriate State employee systems for booking travel.

### **Out-of-State Travel (State Administrative Manual § 700 et seq.)**

For out-of-state travel, Board members will be reimbursed for actual lodging expenses, supported by vouchers, and will be reimbursed for meal and supplemental expenses. Out-of-state travel for all persons representing the state of California is controlled and must be approved by the Governor's Office and the Department of Consumer Affairs.

### **Travel Claims (State Administrative Manual § 700 et seq. and DCA Travel Guide)**

Rules governing reimbursement of travel expenses for Board members are the same as for management-level state staff. All expenses shall be claimed on the appropriate travel expense claim forms. Board members will be provided with completed travel claim forms submitted on their behalf. Board staff maintains these forms and completes them as needed. It is advisable for Board members to submit their travel expense forms immediately after returning from a trip and not later than two weeks following the trip.

In order for the expenses to be reimbursed, Board members shall follow the procedures contained in DCA Travel Guide provided as Attachment B.

### **Salary Per Diem (BPC § 103)**

Compensation in the form of salary per diem and reimbursement of travel and other related expenses for Board members is regulated by BPC § 103.

This section also provides for the payment of salary per diem for Board members "for each day actually spent in the discharge of official duties," and provides that the Board members "shall be reimbursed for traveling and other expenses necessarily incurred in the performance of official duties." "Official duties" includes, but is not limited to, authorized attendance at other gatherings, events, meetings, hearings, or conferences, and committee work; review of enforcement cases to submit a ballot vote; time spent to prepare for Board or Committee Meetings; and time spent traveling to and from a Board or Committee Meeting.

## CHAPTER 4. SELECTION OF OFFICERS AND COMMITTEES

### Officers of the Board

The Board shall elect from its members a Chair and Vice Chair to hold office for one year or until their successors are duly elected and qualified.

### Roles and Responsibilities of Board Officers

#### Chair

- **Board Business:** Conducts the Board's business in a professional manner and with appropriate transparency. Adheres to the highest ethical standards and uses Roberts Rules of Order as a guide and the Bagley-Keene Open Meetings Act during all Board Meetings.
- **Board Vote:** Conducts rollcall vote or delegates it to a staff.
- **Board Affairs:** Ensures that Board matters are handled properly, including preparation of pre-meeting materials, committee functioning, and orientation of new Board members.
- **Governance:** Ensures the prevalence of Board governance policies and practices. Acts as a representative of the Board as a whole.
- **Board Meeting Agendas:** Develops agendas for meetings with the Executive Officer and Legal Counsel. Presides at Board Meetings.
- **Executive Officer:** Establishes search and selection committee who will work with DCA in hiring an Executive Officer. Convenes Board discussions for the annual performance appraisal of the Executive Officer each calendar year.
- **Board Committees:** Seeks volunteers for committees and coordinates individual Board members assignments. Makes sure each committee has a chairperson, and stays in touch with chairpersons to be sure that their work is carried out. Obtains a debrief from each Board Committee chairperson at the next Board Meeting.
- **Yearly Board Officers Elections:** Notify members of Board Officers election prior to the last Board meeting of the calendar year.
- **Community and Professional Representation:** Represents the Board in the community on behalf of the organization as does the Executive Officer.
- **Sunset:** Develops, with the Vice Chair and staff, the Board's Sunset Review Report to the California Legislature for the Board's review.

## **Vice Chair**

- **Board Business:** Performs the duties and responsibilities of the Chair when the Chair is absent.
- **Board Budget:** Serves as the Board's budget liaison with staff and may assist staff in the monitoring and reporting of the budget to the Board. Reviews budget change proposals with staff.
- **Strategic Plan:** Serves as the Board's strategic planning liaison with staff and may assist staff in the monitoring and reporting of the strategic plan to the Board.
- **Board Member On-Boarding:** Welcomes new members to the Board and is available to answer questions. May participate in on-Boarding meeting with staff and new members.
- **Sunset:** Develops, with the Chair and staff, the Board's Sunset Review Report to the California Legislature for the Board's review.

## **Election of Board Officers**

The Board elects Board Officers at the last meeting of the calendar year. Officers serve a term of one-year, beginning January 1 of the next calendar year. All officers may be elected on one motion as a slate of officers unless more than one Board member is running per office. An officer may be re-elected and serve for more than one term.

## **Board Officer Vacancies**

If an office becomes vacant during the year, an election shall be held at the next Board meeting. If the office of the Chair becomes vacant, the Vice Chair shall assume the office of the Chair until the election for Chair is held. Elected officers shall then serve the remainder of the term.

## **Committees and Creation of Committees**

The Chair shall establish committees, whether standing or special, as necessary.

The following committees have been created by the Board and consist of Board members that meet on a regular basis for the purpose of discussing specific issues in depth and provide feedback and any recommendations to the full Board:

- **Hearing Aid Dispensing Committee** – Provides policy and regulatory guidance with respect to hearing aid dispensing practices and recommends scope of practice amendments for consideration.

- Audiology Practice Committee – Addresses changes in practice patterns and recommends position statements and/or scope of practice amendments for consideration.
- Hearing Aid Dispenser Practice Committee – Addresses changes in practice patterns and recommends position statements and/or scope of practice amendments for consideration.
- Speech-Language Pathology Practice Committee – Addresses changes in practice patterns and recommends position statements and/or scope of practice amendments for consideration.
- Sunset Review Ad Hoc Committee – Develop for the Board's review the Board's Sunset Review Report to the California Legislature. See Attachment C for the Sunset Review Report.
- Enforcement Ad Hoc Committee – Review and recommend to the Board proposed revisions to the laws, regulations, and policies related to the Board's enforcement of the Boards Practice Act.
- Legislative and Regulatory Ad Hoc Committee – Review and recommend to the Board proposed positions on legislation impacting the Board, its licensees, and the Board's Practice Act, and recommend prioritization of regulatory priorities to improve the Board's responsiveness to high priority issues.

### **Committee Appointments**

The composition of the committees and the appointment of the members shall be determined by the Board Chair in consultation with the Vice Chair and the Executive Officer. In determining the composition of each committee, the Chair shall solicit interest from the Board members during a public meeting. The Chair shall strive to give each Board member an opportunity to serve on at least one committee. Appointment of non-Board members to a committee is subject to the approval of the Board.

## **CHAPTER 5. BOARD ADMINISTRATION AND STAFF**

### **Board Administration**

Board members should be concerned primarily with formulating decisions on Board policies rather than decisions concerning the means for carrying out a specific course of action. It is inappropriate for Board members to become involved in the details of program delivery. Strategies for the day-to-day management of programs, operations and staff shall be the responsibility of the Executive Officer. Board members should not interfere with day-to-day operations, which are under the authority of the Executive Officer.

### **Board Staff**

The Board's essential functions are comprised of ensuring speech-language pathologists, audiologists, and hearing aid dispensers licensed in the State of California meet professional licensure and examination requirements and follow legal, legislative and regulatory mandates. The Board is also responsible for the enforcement of State of California requirements and regulations as they pertain to licensure and the professions.

### **Appointment of Executive Officer**

The Board shall employ an Executive Officer and other necessary staff in carrying out the provisions of the Board's Practice Act.

The Executive Officer serves at the pleasure of the Board members who provide direction to the Executive Officer in the areas of program administration, budget, strategic planning, and coordination of meetings. The Executive Officer's salary is based on pay scales set by California Department of Human Resources (Cal HR). The Executive Officer shall be entitled to traveling and other necessary expenses in the performance of their duties as approved by the Board.

### **Executive Officer Performance Appraisal**

Board members shall conduct an appraisal of the performance of the Executive Officer on an annual basis using the forms created by DCA Office of Human Resources.

### **Legal Counsel**

The Board's Legal Counsel provides "in-house" counsel. Opinions and counsel provided by the Board's Legal Counsel is protected from public disclosure by the attorney-client privilege.

## **Strategic Planning**

The Board should update the strategic plan periodically (i.e., every three to five years) with the option to use a facilitator to conduct the plan update. At the end of the calendar year, an annual review conducted by the Board will evaluate the progress toward strategic goal achievement as stated in the strategic plan and identify any areas that may require amending. See Attachment D for the Strategic Plan.

## **Legislation**

In the event that time constraints preclude Board action on legislation, the Board delegates to the Executive Officer and the Board Chair and Vice Chair the authority to take action on legislation that would affect the Board. The Board shall be notified of such action as soon as possible.

## **CHAPTER 6. OTHER POLICIES AND PROCEDURES**

### **Board Member Orientation and Training (BPC § 453, GC § 11121.9, GC § 12950.1)**

Newly appointed and re-appointed members shall complete a training and orientation program provided by DCA within one year of assuming office. This one-day class will discuss Board member obligations and responsibilities.

All Board members shall complete all required training and submit compliance documentation including, but not limited to, the documents specified below:

- Board Member Orientation Training (BMOT) provided by DCA (complete within one (1) year of assuming office).
- Ethics Training provided by the Office of the Attorney General (complete within first six (6) months of assuming office and every two (2) years thereafter).
- Conflict of Interest Filing, *Form 700 – Statement of Economic Interests*, provided by DCA (complete within thirty (30) days of assuming office, every April 1<sup>st</sup> thereafter, and within thirty (30) days of leaving the Board).
- Sexual Harassment Prevention Training provided by DCA (complete within thirty (30) days of assuming office and every two (2) years thereafter on odd numbered years).
- Defensive Driver Training provided by Department of General Services (complete once every four years).

Upon assuming office, members will receive a copy of the Bagley-Keene Open Meetings Act, which lists public meeting laws that provide the guidelines for Board Meetings (see Attachment A).

Members will also receive a Law book, which includes a copy of the Board's practice act, regulations, disciplinary guidelines, and other related statutes (see Attachment E).

Additional Board member resources can be found at [https://www.dca.ca.gov/about\\_us/board\\_members/](https://www.dca.ca.gov/about_us/board_members/).

Business cards can be provided to each Board member with the Board's name, address, telephone, and website address. A Board member's business address, telephone, and email address may be listed on the card at the member's request.

### **Board Member Disciplinary Actions**

The Board may censure a member if, after a hearing before the Board, the Board determines that the member has acted in an inappropriate manner. The Chair of the

Board shall sit as chair of the hearing unless the censure involves the Chair's own actions, in which case the Vice Chair of the Board shall sit as chair. In accordance with the Bagley-Keene Open Meetings Act, the censure hearing shall be conducted in open session.

### **Removal of Board Members (BPC §§ 106 and 106.5)**

The Governor has the power to remove from office at any time any member of any Board appointed by them for continued neglect of duties required by law or for incompetence, unprofessional, or dishonorable conduct. The Governor may also remove from office a Board member who directly or indirectly discloses examination questions from an examination for licensure to an applicant or candidate.

### **Resignation of Board Members (GC § 1750)**

In the event that it becomes necessary for a Board member to resign, a letter shall be sent to the appropriate appointing authority (Governor, Senate Rules Committee, or Speaker of the Assembly) with the effective date of the resignation. State law requires written notification. A copy of this letter shall also be sent to the director of DCA, the Board Chair, and the Executive Officer.

### **Conflict of Interest (GC § 87100)**

No Board member may make, participate in making, or in any way attempt to use their official position to influence a governmental decision in which they know or have reason to know they have a financial interest. Any Board member who has a financial interest shall disqualify themselves from making or attempting to use their official position to influence the decision. Any Board member who believes they are entering into a situation where there is a potential for a conflict of interest should immediately consult the Board's Legal Counsel.

### **Contact with Candidates, Applicants and Licensees**

Board members should not intervene on behalf of a candidate or an applicant for licensure for any reason, nor should they intervene on behalf of a licensee. All inquiries regarding licensees, applications, and enforcement matters should be referred to the Executive Officer.

### **Communication with Other Organizations and Individuals**

Any and all representations made on behalf of the Board must be made by the Executive Officer or Board Chair, unless approved otherwise. All correspondence shall be issued on the Board's standard letterhead or email and will be created and disseminated by the Executive Officer, or their designee.

## **Gifts from Candidates and Applicants**

Gifts of any kind to Board members or staff from candidates and applicants for licensure is not permitted and will be promptly returned unless they are perishable goods that cannot effectively be returned to the sender.

## **Request for Records Access**

Board member may not access the file of a licensee, candidate, or applicant without the Executive Officer's knowledge and approval of the conditions for access. Records or copies of records shall not be removed from the Board's Office.

## **Ex Parte Communications (GC § 11430.10 et seq.)**

The Government Code contains provisions prohibiting ex parte communications. An ex parte communication is a communication to the decision-maker made by one party to an enforcement action without participation by the other party. While there are specified exceptions to the general prohibition, the key provision is found in subdivision (a) of GC § 11430.10, which states:

“While the proceeding is pending, there shall be no communication, direct or indirect, regarding any issue in the proceeding to the presiding officer from an employee or representative of an agency that is a party or from an interested person outside the agency, without notice and an opportunity for all parties to participate in the communication.”

Board members are prohibited from an ex parte communication with Board enforcement staff while a proceeding is pending. Occasionally, an applicant who is being formally denied licensure, or a licensee against whom disciplinary action is being taken, will attempt to directly contact Board members.

- If the communication is written, the Board member should read only far enough to determine the nature of the communication. Once they realize it is from a person against whom an action is pending, they should reseal any physical documents received and send them to the Executive Officer.
- If the communication is a telephone call, the Board member should immediately tell the person they cannot speak to them about the matter. If the person insists on discussing the case, the person should be told that the Board member will be required to recuse themselves from any participation in the matter. Therefore, continued discussion is of no benefit to the applicant or licensee.

If a Board member believes that they have received an unlawful ex parte communication, they should contact the Board's Legal Counsel for further guidance.

## **CHAPTER 7. COMPLAINT AND DISCIPLINARY PROCESS**

The Board conducts disciplinary proceedings in accordance with the Administrative Procedure Act, GC § 11370, and those sections that follow. The Board conducts investigations and hearings pursuant to Government Code §§ 11180 through 11191. Additionally, the Board delegates and confers to the Executive Officer investigative functions under Title 16 California Code of Regulations (CCR) Section 1399.150.3, including functions necessary to the dispatch investigative and administrative proceedings of the Board as well as to investigate and evaluate each applicant for licensure. As an example, the Board's Executive Officer is delegated the authority to issue an investigatory Order to Compel Psychiatric and Physical Examination of a Licensee in accordance with BPC Section 820, whenever it appears that a licensee may be unable to practice their profession safely because the licensee's ability to practice is impaired due to mental or physical illness affecting competency. Any resulting psychiatric or physical examination results become part of the Board's investigation of the licensee, which then is evaluated to determine whether the investigation finds cause for disciplinary action or the case should be closed.

The Board also uses its Disciplinary Guidelines and the Uniform Standards Related to Substance Abusing Licensees as a guide when determining appropriate levels of discipline. The Disciplinary Guidelines were established in an effort to provide consistency in determining penalties. Enforcement staff consider the Disciplinary Guidelines when determining whether to seek revocation, suspension, and/or probation of a license. Board members use them when considering cases during hearings. The guidelines are updated when necessary and are distributed to Deputy Attorney Generals and Administrative Law Judges who work on cases with the Board. Disciplinary Guidelines can be found in the Law Book provided as Attachment E.

### **Disciplinary Options**

The Board has two options available, to impose informal enforcement actions or formal disciplinary actions against a licensee. In cases in which the violations do not warrant the revocation of a license or terms and conditions of probation, a citation and fine is issued. In cases in which the violations are egregious and warrant revocation, probation, or public reprimand of the licensee, the Board forwards the matter to the Attorney General's office to pursue formal disciplinary action. Each decision is made in consultation with the Executive Officer.

### **Citation and Fine**

A citation and fine issued to the licensee is considered an administrative action and is subject to public disclosure. The fines range from \$100 to a maximum of \$2,500 for each investigation. In specified circumstances, a fine up to a maximum of \$5,000 may be issued. All citation and fines issued include an order of abatement in which the licensee must provide information or documentation that the violation has been corrected. The licensee is afforded the opportunity to informally and formally appeal the

issuance of the citation and fine as described is Title 16 California Code of Regulations Sections 1399.135-1399.139 and 1399.159-1399.159.4.

### **Formal Disciplinary Actions**

If after the completion of an investigation, evidence substantiates gross negligence, incompetence, or unprofessional conduct, the enforcement analyst, in consultation with the Enforcement Coordinator and Executive Officer, determines whether the case should be forwarded to the Attorney General's Office for disciplinary action.

### **Attorney General's Office**

The Attorney General's Office is responsible for prosecuting the administrative case against licensees and registrants (respondents). A respondent might be suspended from practice, have their license revoked, be placed on probation, or be publicly reprimanded, or an applicant may be denied licensure or licensed with probation. A Deputy Attorney General (DAG) in the Attorney General's Office Licensing Unit is assigned to these cases. The DAG works with the Board's enforcement staff to determine whether the necessary evidence exists for a successful prosecution. The burden of proof in these matters must be clear and convincing. Based on the evidence, the DAG makes recommendations regarding prosecution. Although the Board generally takes the advice of counsel, the Board has the discretion to take other action.

### **Filing Formal Charges**

Formal charges are almost always filed in cases in which the health and safety of the consumer has been compromised, and in which supporting evidence can be established. The Board's Executive Officer determines whether to file formal charges for any violation of the Board's licensing laws. These formal charges are referred to as pleadings. In each pleading, the Executive Officer of the Board is the complainant.

Pleadings are:

- **Accusations:** A written statement of charges against the holder of a license or registration, to revoke, suspend or limit the license, specifying the statutes and rules allegedly violated, and the acts or omissions comprising the alleged violations.
- **Statement of Issues:** A written statement of the reasons for denial of an application for a license or registration, specifying the statutes and rules allegedly violated, and the acts or omissions comprising the alleged violations.
- **Petition for reinstatement or reduction of penalty:** A person whose license or registration was revoked, suspended or placed on probation can petition for that license or registration to be reinstated, to have the penalty reduced, or for the probation to be terminated.

Many boards have specific regulations relating to petitions. Hearings on petitions usually take place before the Board itself at a scheduled board meeting, with an Administrative Law Judge (ALJ) presiding. The Board usually goes into closed session after the hearing to deliberate and decide the outcome. The ALJ usually prepares the Decision, for signature of the Board Chair. Some boards prefer to have the ALJ, sitting alone, hear petitions and render a proposed decision to the board. This may also happen when the Board does not have a quorum at a board meeting.

### **Actions Preceding an Administrative Hearing**

Once an Accusation or Statement of Issues has been filed and the respondent has been served, several outcomes may occur:

- The respondent may wish to settle the matter prior to a formal hearing.
- The respondent may file a notice of defense and request an administrative hearing. All hearings are held before an ALJ from the Office of Administrative Hearings.
- The respondent may fail to respond to the accusation/statement of issues and not file a notice of defense.

At any stage of this process, the Board may withdraw the Accusation or Statement of Issues for any reason or enter into a stipulated settlement with the respondent.

If the respondent fails to respond within fifteen (15) days of receiving the Accusation or Statement of Issues, a Default Decision is issued. Default Decisions result in the revocation or denial of a license.

### **Stipulation or Negotiated Settlements**

The licensee or applicant and Board may decide to settle at any time during the administrative process. Usually, stipulations or negotiated settlements, are entered into before an administrative hearing is held to avoid the expense of the hearing while achieving discipline in alignment with the Disciplinary Guidelines. Stipulations prior to an administrative hearing eliminate the six months to one-year delay that may result from attempting to schedule a mutually agreeable hearing date. In some circumstances, the public is better served because the resolution time is reduced, the Board and respondent save time and money, and consumer protection is still maintained.

In negotiating a stipulation, the DAG works closely with the Board's Executive Officer and Enforcement Coordinator to arrive at a stipulation or negotiated settlement that will be acceptable to the Board. Stipulation terms are given to the DAG representing the Board by the enforcement staff with approval of the Executive Officer, utilizing the Board's Disciplinary Guidelines. Stipulations are negotiated and drafted by the DAG, the

respondent, and the respondent's legal counsel. Pre-hearing conferences are a more formal method for developing a negotiated settlement. These hearings involve the Executive Officer and/or the Enforcement Coordinator, the respondent, respondent's attorney, and an ALJ.

The settlement is reduced to a written stipulation and order which sets forth the settlement terms and proposed disciplinary order. The written stipulation and order is forwarded to the Board for its consideration.

During the settlement process, the DAG has been advised by the Executive Officer or through the Enforcement Coordinator regarding acceptable terms. The DAG may advocate before the Board for approval of the settlement. The Board may accept the settlement and issue its decision and order based on the settlement. If the Board rejects the settlement, a new settlement may be submitted to the Board at a later time, or the case may proceed to an administrative hearing before an ALJ.

### **Office of Administrative Hearings**

The Office of Administrative Hearings (OAH) consists of two divisions located in six regional offices at major population centers throughout the State. The General Jurisdiction Division conducts hearings, mediations, and settlement conferences for more than 1,000 state, local, and county agencies. This is the division that conducts the hearings for the Board. The Special Education Division conducts hearings and mediations for school districts and parents of children with special education needs throughout the State.

In an administrative hearing, the ALJ presides over the hearing; an attorney (DAG) represents the Board and presents the case; and the respondent or the respondent's representative or attorney presents its case. Testimony and evidence are presented and there is a transcript of the proceedings available after the hearing. Upon the conclusion of the administrative hearing, the ALJ will consider all of the testimony and evidence and will prepare a Proposed Decision. Once the hearing is finished, the ALJ has thirty (30) days to prepare the proposed decision and send it to the Board. The Proposed Decision is submitted to the Board for consideration. Upon receipt of the Proposed Decision, the Board then has one hundred (100) days to take action to either adopt or reject it. If no action is taken within one hundred (100) days, the proposed decision becomes effective by operation of law.

If the respondent fails to appear at an administrative hearing, a Default Decision is issued. Defaults result in the revocation or denial of a license.

### **Board Review of Stipulations and Proposed Decisions**

Except when delegated to the Executive Officer by Title 16 CCR Section 1399.150.3, Board members review and vote on each case where the matter is either settled prior to hearing or the ALJ issues a proposed decision. In all cases, the Board members have

the option to adopt/accept, adopt/accept with edits (technical/minor), reject, or hold for discussion.

Under Title 16 CCR Section 1399.150.3, the Board's Executive Officer is delegated the authority to "accept default decisions and to approve settlement agreements for the revocation, surrender or interim suspension of a license." In those cases, the Executive Officer will act on behalf of the Board and sign and execute the Decision and Order

## **Ballot Procedure**

Proposed Stipulations and Proposed Decisions are usually presented to the Board for its consideration by ballot. Ballot is done by electronic mail. Ballot packet materials are confidential and include the following:

- Memo from enforcement staff listing the cases for review and decision
- Ballot
- Legal documents (Proposed Decision, Proposed Stipulation or Default Decision, and Accusation or Statement of Issues)
- Memo from the assigned Deputy Attorney General (Proposed Stipulated Settlement cases only)

Deliberation and decision-making should be done independently and confidentially by each Board member. Voting members may not communicate with each other, and may not contact the DAG, the respondent, anyone representing the respondent, any witnesses, the "complainant," the ALJ, or anyone else associated with the case.

Additionally, Board members should not discuss pending cases with staff, except as to technical questions of procedure or to ask whether additional information is available, and whether the Board may properly consider such information. If a Board member has any procedural questions not specific to evidence, or any question specifically related to the cases, the questions should be directed to the Board's Legal Counsel.

Completed ballots are due at the Board office no later than the due date indicated in the ballot package. The due dates are established in accordance with the timelines indicated in Administrative Procedure Act. Therefore, it is critical that Board members return their votes by the due date. It may be your vote that is the deciding vote in the outcome of a case.

Ballot materials should be retained until notification by enforcement staff that the outcome of cases has been decided. Once a decision is final, the ballot packet materials must be confidentially destroyed.

## Ballot Vote Definitions

- **Adopt/Accept:** A vote to adopt/accept means that you agree with the action as written.
- **Adopt/Accept with Edits:** A vote to adopt/accept with edits means that you agree with the action but it needs technical or minor changes that do not affect the factual or legal base of the stipulation.
- **Reject:** A vote to reject means that you disagree with one or more portions of the proposed action and do not want it adopted as the Board's decision.
- **Hold for Discussion:** A vote to hold for discussion means that you wish to have some part of the action changed in some way (e.g., increase penalty, reduce penalty, etc.) or you may believe an additional or a different term or condition of probation should be added, or that a period of suspension should be longer.

## Ballot Outcome for Stipulations or Negotiated Settlements

- **Adopt/Accept** – If the decision of the Board is to adopt the terms proposed in the stipulation, the stipulation becomes effective within thirty (30) days and the respondent is notified.
- **Adopt/Accept with Edits** – If the decision of the Board is to adopt the terms proposed in the stipulation with technical or minor changes, the changes are made, the stipulation becomes effective within thirty (30) days, and the respondent is notified.
- **Reject**– If the Board decides to reject the stipulation, the respondent is notified, and the matter resumes the process for a formal administrative hearing before an ALJ or a new settlement may be submitted to the Board at a later date. *Note: a majority vote to adopt will prevail over a minority vote to reject.*
- **Hold for Discussion** – If one (1) Board member votes to hold the case for discussion, the case is discussed at the next available meeting during a closed session. *Note: A Board member may seek procedural clarification from the Board's Legal Counsel without holding the case for discussion.*

## Ballot Outcome for Proposed Decisions

- Adopt/Accept – If the decision of the Board is to adopt the proposed decision, the decision becomes effective within thirty (30) days and the respondent is notified.
- Adopt/Accept with Edits – If the decision of the Board is to adopt the proposed decision with technical or minor changes, the changes are made, the decision becomes effective within thirty (30) days, and the respondent is notified.
- Reject – If the Board decides to reject the proposed decision, the respondent is notified. Transcripts from the administrative hearing are requested. Board members review the transcripts and evidence and meet during a closed session to write their own decision. *Note: a majority vote to adopt will prevail over a minority vote to reject.*
- Hold for Discussion – If one (1) Board member votes to hold the case for discussion, the case is discussed at the next available meeting during a closed session. *Note: A Board member may seek procedural clarification from the Board's Legal Counsel without holding the case for discussion.*

## Disqualification

With some limited exception, a Board member cannot decide a case if that Board member investigated, prosecuted or advocated in the case, or is subject to the authority of someone who investigated, prosecuted, or advocated in the case. A Board member may also be disqualified for bias, prejudice, financial conflict of interest or other conflicts of interest related to the case.

# MEMORANDUM

|         |                                                                                     |
|---------|-------------------------------------------------------------------------------------|
| DATE    | October 7, 2026                                                                     |
| TO      | Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board            |
| FROM    | Maria Liranzo, Legislation/Regulation/Budget Analyst                                |
| SUBJECT | Agenda Item #15: Review and Discussion of the Board's Regulatory Package Priorities |

## **Background**

At its meeting on April 3, 2026, the Board discussed its 2026 rulemaking calendar as part of its Strategic Plan to prioritize regulatory packages to improve the Board's responsiveness to high-priority issues.

Government Code section 11017.6 requires every state agency subject to the Administrative Procedure Act to prepare and submit to the Office of Administrative Law (OAL) an annual rulemaking calendar describing its rulemaking activities for the upcoming year. OAL publishes these activities in the California Regulatory Notice Register and on its website. The Board also publishes these activities on its website. In developing the rulemaking calendar, Board staff take into consideration several factors, including scheduled Board meetings, legislative deadlines, regulatory review process, the Board's regulatory priorities, and fiscal impact.

The Board has five (5) proposed rulemakings that are in need of additional review before initiating the rulemaking process or are being prepared for Board review and approval before initiating the rulemaking process (Table 1).

| <b>Table 1. Proposed Rulemakings</b>           |                           |                            |                                                                                                                                                               |
|------------------------------------------------|---------------------------|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Regulation Section in Title 16</b>          | <b>Regulation Title</b>   | <b>Board Approval Date</b> | <b>Package Status</b>                                                                                                                                         |
| Sections 1399.112, 1399.151.2, and 1399.170.14 | Fingerprints Requirements | February 13, 2009          | Additional text changes approved by Board May 7, 2009, March 24-25, 2010, May 11-12, 2017, August 10-11, 2017, and May 12-13, 2022. Additional review needed. |

| <b>Table 1. Proposed Rulemakings</b>                 |                                                                                                    |                            |                                                                                                                                                                                                                                                                                                                     |
|------------------------------------------------------|----------------------------------------------------------------------------------------------------|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Regulation Section in Title 16</b>                | <b>Regulation Title</b>                                                                            | <b>Board Approval Date</b> | <b>Package Status</b>                                                                                                                                                                                                                                                                                               |
| Sections 1399.131 and 1399.155                       | Disciplinary Guidelines                                                                            | July 26–27, 2012           | Additional text changes approved by Board on February 4–5, 2016, February 9–10, 2017, and May 30 – June 1, 2018. The Enforcement Ad Hoc Committee reviewed the regulatory text and 2018 proposed disciplinary guidelines in 2022, 2023, 2024, and 2025. Board staff is currently developing the regulatory package. |
| Section 1399.120, 1399.121, 1399.122, and 1399.152.4 | Hearing Aid Dispenser (HAD) Examination Process and Dispensing Audiologist Examination Requirement | October 26–27, 2017        | Additional text changes approved by Board on November 29–30, 2018, May 12–13, 2022, and December 1, 2023. Additional review needed.                                                                                                                                                                                 |
| Section 1399.152                                     | Approved Institutions                                                                              | February 8–9, 2018         | Additional text changes approved by Board on August 25, 2023. Additional review needed.                                                                                                                                                                                                                             |
| Sections 1399.102 and 1399.115 through 1399.119      | Hearing Aid Dispensers Trainee and Supervisor Requirements                                         | November 29–30, 2018       | Additional text changes approved by Board on August 25, 2023. Additional review needed.                                                                                                                                                                                                                             |

The Board also has several proposed regulatory concepts, which include three (3) with committee recommendation to the Board to initiate the rulemaking process and two (2) that were pulled from proposed rulemakings that completed the rulemaking process (Table 2).

| <b>Table 2. Proposed Regulatory Concepts</b>                                                                                                                                                                           |                                                                      |                            |                                                                                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|----------------------------|----------------------------------------------------------------------------------------------------|
| <b>Regulation Section in Title 16</b>                                                                                                                                                                                  | <b>Regulation Title</b>                                              | <b>Board Approval Date</b> | <b>Package Status</b>                                                                              |
| Sections 1399.151.2, 1399.151.3, 1399.151.4, 1399.154, 1399.154.1, 1399.154.2, 1399.154.3, 1399.154.4, 1399.154.5, 1399.154.6, 1399.154.7, 1399.154.8, 1399.154.9, 1399.154.10, 1399.154.11, 1399.154.12, and 1399.157 | Speech-language pathology (SLP) or Audiology (AU) Aides Requirements | Pending Board Approval     | Approved by SLP Practice Committee on August 21, 2025, and AU Practice Committee on April 3, 2026. |

| <b>Table 2. Proposed Regulatory Concepts</b>                 |                                                                   |                            |                                                                                                                                          |
|--------------------------------------------------------------|-------------------------------------------------------------------|----------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Regulation Section in Title 16</b>                        | <b>Regulation Title</b>                                           | <b>Board Approval Date</b> | <b>Package Status</b>                                                                                                                    |
| Section 1399.125 and 1399.126)                               | Hearing Aid Dome Removal                                          | Pending Board Approval     | Approved by HAD Committee on December 4, 2025                                                                                            |
| Section 1399.170.1, 1399.170.2, and 1399.170.3               | Speech-language pathology assistant (SLPA) Feeding and Swallowing | Pending Board Approval     | Approved by SLP Practice Committee on July 17, 2026.                                                                                     |
| Section 1399.170.6, 1399.170.7, 1399.170.10, and 1399.170.11 | SLPA Program/Academic Clean Up                                    | Pending Board Approval     | Was pulled from SLPA Program and Academic Requirements for further discussion to remove outdated document and information.               |
| Sections 1399.141 and 1399.160.7                             | Continuing Professional Development (CPD) Providers               | Pending Board Approval     | Was pulled from Continuing Professional Development Requirements for further discussion to replace outdated application and information. |

### **Legislative and Regulatory Ad Hoc Committee Recommendations**

Board staff met with the Board's Legislative and Regulatory Ad Hoc Committee to prioritize and identify rulemaking for the Board's 2027 rulemaking calendar. The Legislative and Regulatory Ad Hoc Committee recommends the following rulemakings for the Board's 2027 rulemaking calendar:

1. Disciplinary Guidelines: Due to its impact on disciplinary matters that have a concrete and immediate impact on the Board's ability to protect California consumers.
2. HAD Examination Process and Dispensing Audiologist Examination Requirement: Due to its impact on Strategic Plan Goals and its impact on reducing barriers to licensure for license types that dispense hearing aids.

Board staff will prepare the 2027 Rulemaking Calendar in November for submission to the Office of Administrative Law (OAL) in January 2027, based on today's discussion.

For 2028 and beyond, the Legislative and Regulatory Ad Hoc Committee recommends the following prioritization of proposed rulemakings and proposed regulatory concepts:

1. .Hearing Aid Dome Removal: Due to fiscal impact Board that may be absorbed by the Board.
2. SLPA Feeding and Swallowing: Due to fiscal impact Board that may be absorbed by the Board.
3. HAD Trainee and Temp Licensee: Due to a fiscal impact to the Board that may require it to move in the fiscal year following the HAD Examination Process and Dispensing Audiologist Examination Requirement.

4. SLPA Program/ Academic Clean Up: Due to fiscal impact Board that may be absorbed by the Board.
5. SLP-AU Aides Requirements: Due to a fiscal impact to the Board that may require it to move in the fiscal year following the HAD Trainee and Temp Licensee.
6. Approved Institutions: Due to current discussion regarding internationally educated or trained SLPA.
7. Citation and Fine: Due to fiscal impact Board that may be absorbed by the Board.
8. CPD Providers: Due to fiscal impact Board that may be absorbed by the Board.
9. Fingerprints Requirement: Due to fiscal impact to the Board that may require it to move in the fiscal year following the HAD Trainee and Temp Licensee rulemaking.

Board staff will continue to work with the Board's Legislative and Regulatory Ad Hoc Committee to incorporate Board input into the prioritization process for the remaining proposed rulemakings and proposed regulatory concepts .

**Action Requested**

No action is required. This item is for informational purposes only.

# MEMORANDUM

|         |                                                                                                     |
|---------|-----------------------------------------------------------------------------------------------------|
| DATE    | August 26, 2026                                                                                     |
| TO      | Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board                            |
| FROM    | Maria Liranzo, Legislation/Regulation/Budget Analyst                                                |
| SUBJECT | Agenda Item 16: Regulatory Report: Update, Review, and Possible Action on Board Regulation Packages |

The following is a list of the Board's regulatory packages and their status in the rulemaking process:

**a) Hearing Aid Dispensers Trainee and Temporary Licensee Supervision as stated in Title 16, California Code of Regulations (CCR) sections 1399.102 and 1399.115 through 1399.119**

|                        |                              |                                 |                                    |                           |                               |                               |                                  |                              |              |
|------------------------|------------------------------|---------------------------------|------------------------------------|---------------------------|-------------------------------|-------------------------------|----------------------------------|------------------------------|--------------|
| Regulation Development | Preparing Regulatory Package | Legal and Budget Initial Review | Director and Agency Initial Review | OAL Public Comment Period | Finalizing Regulatory Package | Legal and Budget Final Review | Director and Agency Final Review | Submission to OAL for Review | OAL Decision |
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The Board approved revisions to the proposed regulatory text on August 25, 2023. As of May 1, 2024, Board staff is preparing the regulatory package for Departmental Review. The proposed rulemaking is on hold for the preparation and submission of other pressing regulations.

This proposed regulatory change will clarify that supervision is required for the entire duration of the trainee or temporary license, specify different levels of supervision, require a higher level of supervision during the first ninety (90) days of supervision, specify tasks and knowledge supervisors must provide to trainees, require supervisors to complete a training in supervision, specify criteria to request a waiver to supervise more than one trainee or temporary license holder, make requirements applicable to all temporary license types who require supervision, and make requirements applicable to all license types who can supervise.

**b) General Application Requirements and Hearing Aid Dispensers and Dispensing Audiologists Examination Requirements as Stated in Title 16, California Code of Regulations (CCR) Sections 1399.112, 1399.120, 1399.121, 1399.122, and 1399.152.4**

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The Board approved revisions to the proposed regulatory text on December 1, 2023. As of April 19, 2024, Board staff is preparing the regulatory package for Departmental Review. The proposed rulemaking is on hold for the preparation and submission of other pressing regulations.

This proposed regulatory change will codify general application requirements such as the expedited licensure process, make current the written and practical examinations process, codify the written and practical examination application forms and their examination fees, change the practical examination

appeal deadline, specify a deadline for the Board to notify an applicant of its decision on their practical examination appeal, and change the hearing aid dispenser examination requirement for applicants of a dispensing audiology license.

**c) Approved Institutions as stated in Title 16, CCR section 1399.152**

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The Board approved revisions to the proposed regulatory text on August 25, 2023. As of August 13, 2024, Board staff is preparing the regulatory package for Departmental Review. The proposed rulemaking is on hold for further analysis, and the preparation and submission of other pressing regulations.

This proposed regulatory change will permit the Board to review and approve accrediting bodies that wish to provide accreditation to programs where individuals can complete their academic and clinical requirements for licensure in the practices of speech-language pathology or audiology.

**d) Fingerprinting Requirements as stated in Title 16, CCR sections 1399.112, 1399.151.2, and 1399.170.14**

|                        |                              |                                 |                                    |                           |                               |                               |                                  |                              |              |
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The Board approved revisions to the proposed regulatory text on May 13, 2022. As of September 9, 2022, Board staff is preparing the regulatory package for Departmental Review. The proposed rulemaking is on hold due to fiscal impact, and the preparation and submission of other pressing regulations.

This proposed regulatory change will require licensees who were initially licensed prior to January 1, 1999, or for whom an electronic fingerprints record does not exist, to be fingerprinted as a condition of renewal.

Attachment: Stages of the Regulatory Process

## Regulatory Report Attachment - Stages of the Regulatory Process

The Department of Consumer Affairs (DCA) has a four-phase process to approve regular regulatory packages.

**(1) CONCEPT PHASE:** The Concept Phase of the regulatory process covers the development of the regulatory text through the time the text is approved by the Board.

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**Regulation Development:** The first stage of the regulatory process is to develop the regulatory text. Regulations may be required to implement, interpret, or make specific a law; or to address an issue raised by Board members, staff, the Legislature, licensees, or other stakeholders. The Board and/or Board Committee(s) works with Board staff and the Board's Regulatory Counsel to draft the regulatory text. Board staff begin drafting the Initial Statement of Reason (ISOR) before bringing the proposed text to the Board because the ISOR process requires staff to draft the purpose and rationale for each proposed amendment. This often illuminates any unintended consequences of the text and leads to further edits. Board staff work with Regulatory Counsel to present the best version of the text to the Board. The public and stakeholders can provide public comment on the draft text during the Board meeting(s). The Board's Regulatory Counsel may seek second-level review of the proposed regulatory text to ensure that the text is clear, concise, and non-repetitive.

**(2) PRODUCTION PHASE:** The Production Phase of the regulatory process begins once the regulatory text is approved by the Board and involves the drafting of the regulatory package documents and securing DCA and Agency approvals.

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**Preparing Regulatory Package:** In this stage, Board staff work on preparing the required regulatory documents required for public notice including the Notice of Proposed Regulatory Action, Initial Statement of Reasons, and the Economic and Fiscal Impact Statement or Form 399. Board staff review Board meeting materials, webcasts, and meeting minutes to assist in the development of these documents which must justify why the regulatory changes are necessary. Board staff may work closely with DCA Budget Office to develop the Form 399.

|                        |                              |                                 |                                    |                           |                               |                               |                                  |                              |              |
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**Legal and Budget Initial Review:** In this stage, the Board's Regulatory Counsel and DCA's Budget Office reviews the regulatory documents. Board staff may meet with the Board's Regulatory Counsel and/or DCA Budget Office to provide additional information in relation to the proposed regulation. Changes to the regulatory documents may be requested by the Board's Regulatory Counsel and/or DCA Budget Office which Board staff incorporates into the documents. At this stage, the Board's Regulatory Counsel approves the regulatory package and DCA's Budget Office signs off on the Form 399.

|                        |                              |                                 |                                    |                           |                               |                               |                                  |                              |              |
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| Regulation Development | Preparing Regulatory Package | Legal and Budget Initial Review | Director and Agency Initial Review | OAL Public Comment Period | Finalizing Regulatory Package | Legal and Budget Final Review | Director and Agency Final Review | Submission to OAL for Review | OAL Decision |
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**Director and Agency Initial Review:** Upon approval by the Board's Regulatory Counsel and DCA Budget Office, the entire regulatory package is submitted to DCA's Regulations Coordinator, who then prepares the package for the DCA Director (Director) and the Business, Consumer Services and Housing Agency's (Agency) review and approval. Changes to the proposed regulatory text and/or regulatory documents may be requested by the Director or Agency. Board staff work with the Board's Regulatory Counsel to incorporate those changes. Board approval of the proposed regulatory text may be required if substantive changes are made to the text.

**(3) INITIAL PHASE:** The Initial Phase covers starts with submission of the package to the Office of Administrative Law (OAL) and covers the public comment period.

|                        |                              |                                 |                                    |                           |                               |                               |                                  |                              |              |
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**OAL Public Comment Period:** Upon approval by Agency, the regulatory proposal is submitted to the OAL to be published in the California Regulatory Notice Register. This commences the initial phase of the formal rulemaking process. OAL publishes the Notice Register every Friday, and the publication date starts the formal 45-day public comment period as well as the one-year deadline to submit the completed rulemaking file to OAL.

**Review and Respond to Comments:** If comments are received during the comment period, Board staff reviews the comments and prepares written responses to Board review and approval. The Board must respond in writing to every comment with objection or recommendation received on time during the public comment period(s). Board staff work with the Board's Regulatory Counsel to propose responses to public comments to the Board, which the Board reviews and approves at a Board meeting. If the Board makes substantive changes to the regulatory text in response to the comments, or adds new underlying documents, the updated regulatory text and/or new underlying documents must be made available to the public for an additional 15-day public comment period. Any public comment with objection or recommendation received during a 15-day public comment period requires a response from the Board, which the Board reviews and approves at a Board meeting.

**(4) FINAL PHASE:** The Final Phase covers approval of the final rulemaking package and final submission to OAL.

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**Finalizing Regulatory Package:** In this stage, the Board approves an Order of Adoption for the rulemaking. Board staff then prepares the required regulatory documents for OAL review, including the Final Statement of Reasons which outlines any changes made to the regulatory text and required regulatory documents.

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**Legal and Budget Final Review:** In this stage, Board staff submits the entire regulatory package to the Board's Regulatory Counsel and, if necessary, DCA Budget Office for final review. Changes to the regulatory documents may be requested by the Board's Regulatory Counsel and/or DCA Budget Office which Board staff incorporates into the documents. At this stage, the Board's Regulatory Counsel approves the package. If there is a fiscal impact, DCA Budget Office works with the Department of Finance to obtain approval of the Form 399.

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| Regulation Development | Preparing Regulatory Package | Legal and Budget Initial Review | Director and Agency Initial Review | OAL Public Comment Period | Finalizing Regulatory Package | Legal and Budget Final Review | Director and Agency Final Review | Submission to OAL for Review | OAL Decision |
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**Director and Agency Final Review:** Upon approval by the Board's Regulatory Counsel and, if necessary, DCA Budget Office, the entire regulatory package is submitted to DCA's Regulations Coordinator, who then prepares the package for the Director and Agency review and approval (if no comments were received during comment period, no Agency review required at this stage). Changes to the regulatory documents may be requested by the Director or Agency. Board staff work with the Board's Regulatory Counsel to incorporate those changes. Agency review may not be required if there are no comments with objections or recommendations, or there are no substantial modifications to either the text or the Form 399.

|                        |                              |                                 |                                    |                           |                               |                               |                                  |                              |              |
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| Regulation Development | Preparing Regulatory Package | Legal and Budget Initial Review | Director and Agency Initial Review | OAL Public Comment Period | Finalizing Regulatory Package | Legal and Budget Final Review | Director and Agency Final Review | Submission to OAL for Review | OAL Decision |
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**Submission to OAL for Review:** Upon approval by Agency, the completed rulemaking package is submitted to OAL. OAL has 30 working days to approve or deny the regulatory proposal. During this stage, Board staff and Regulation Counsel work with the OAL Attorney to address any concerns with the regulatory documents or the regulatory text. Board staff work with the Board's Regulatory Counsel to incorporate those changes.

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| Regulation Development | Preparing Regulatory Package | Legal and Budget Initial Review | Director and Agency Initial Review | OAL Public Comment Period | Finalizing Regulatory Package | Legal and Budget Final Review | Director and Agency Final Review | Submission to OAL for Review | OAL Decision |
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**OAL Decision:** Unless the Board requested an early effective date, upon approval by OAL, regulations become effective on one of four quarterly dates (January 1, April 1, July 1, or October 1) based on when OAL files the final regulations with the Secretary of State (SOS).