



BOARD MEETING NOTICE AND AGENDA

*Thursday, February 20, 2020 beginning at 1:00 p.m., and continuing on
Friday, February 21, 2020 beginning at 9:00 a.m.*

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

Board Members

Dee Parker, Speech-Language Pathologist, Board Chair
Marcia Raggio, Dispensing Audiologist, Vice Chair
Rodney Diaz, Otolaryngologist, Public Member
Christy Cooper, Dispensing Audiologist
Amnon Shalev, Hearing Aid Dispenser
Tod Borges, Hearing Aid Dispenser
Debbie Snow, Public Member
Karen Chang, Public Member
Vacant, Speech-Language Pathologist

Audiology Practice Committee Meeting

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 and Possible Action on Clarifying the Regulation on the Required Number of Clock Hours for Audiologists (As Stated in Business and Professions Code (BPC) sections 2532.2 and 2532.25, and Title 16, California Code of Regulations (CCR) section 1399.152.2)
4. Discussion and Possible Action regarding Statutory and Regulatory Changes Defining Specific Tasks of an Audiology Aide (As Stated in BPC section 2530.2 and Title 16, CCR section 1399.154.2)
5. Adjournment

Upon Conclusion of the Audiology Practice Committee Meeting:

Full Board Meeting

1. Call to Order / Roll Call / Establishment of Quorum
2. Public Comment for Items not on the Agenda
The Board may not discuss or take any action on any item raised during this public comment section, except to decide whether to place the matter on the agenda of a future meeting (Government Code Sections 11125, 11125.7(a)).
3. Review and Possible Approval of the October 10-11, 2019 Board Meeting Minutes
4. Discussion and Possible Action regarding Regulations as a result of AB 2138 Licensing Boards: Denial of Application: Revocation or Suspension of Licensure: Criminal Conviction (As Stated in Title 16, CCR, sections 1399.132, 1399.133, 1399.134, 1399.156.1, 1399.156.2, and 1399.156.3)
5. Discussion and Possible Action regarding Speech-Language Pathology Supervised Clinical Experience, Required Professional Experience Speech-Language Pathology Assistant Training Programs, Speech-Language Pathology Assistant Requirements and Qualifications for Registrations (As Stated in Title 16, CCR sections 1399.170, 1399.170.4, 1399.170.10, 1399.170.11, and 1399.170.15)
6. Discussion and Possible Action regarding Required Professional Experience Direct Supervision Requirements and Remote or Tele Supervision (As Stated in Title 16, CCR, sections 1399.153 and 1399.153.3)
7. Discussion and Possible Action on Board Proposed Legislation Regarding BPC sections 2838.35 and 2539.4 Relative to Locked Hearing Aids Disclosure from Hearing Aid Dispensers and Dispensing Audiologists
8. Discussion and Possible Action on Regulatory Changes Regarding the Maximum Number of Support Personnel that a Speech-Language Pathology Supervisor Can Supervise (As Stated in Title 16, CCR section 1399.170.16)
9. Legislation Update, Review, and Possible Action:
 - a. Legislative Report
 - b. Board-Specific Legislation
 - AB 598 (Bloom) Hearing aids: minors
 - AB 1075 (Holden) California State University: speech-language pathologist programs
 - c. Healing Arts Legislation
 - SB 425 (Hill) Health care practitioners: licensee's file: probationary physician's and surgeon's certificate: unprofessional conduct
 - SB 639 (Mitchell) Medical services: credit or loan
 - d. DCA-Wide Legislation
 - AB 476 (Blanca Rubio) Department of Consumer Affairs: task force: foreign-trained professionals
 - AB 613 (Low) Professions and vocations: regulatory fees
 - AB 1076 (Ting) Criminal records: automatic relief
 - AB 1263 (Low) Contracts: consumer services: consumer complaints

- AB 1616 (Low) Department of Consumer Affairs: boards: expunged convictions
- SB 225 (Durazo) Citizens of the state
- SB 601 (Morrell) State agencies: licenses: fee waiver
- SB 878 (Jones) Department of Consumer Affairs Licensing: applications: wait times

10. Audiology Practice Committee Update

11. Discussion and Possible Action on Updating the Board's Website on Auditory Processing Disorder Information

12. Update and Possible Action on Updating the Board's Website on Telehealth Information

13. Executive Officer's Report

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

14. Future Agenda Items and Future Board Meeting Dates

- a. Schedule Remaining 2020 Board Meetings with Locations

15. Adjournment

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

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

The meeting facility is accessible to persons with a disability. Any person who needs a disability-related accommodation or modification in order to participate in the meeting may make a request by contacting the Board office at (916) 263-2666 or making a written request to Breanne Humphreys, Board Operations Manager, 2005 Evergreen Street, Suite 2100, Sacramento, California 95815. Providing your request at least five (5) business days before the meeting will help ensure availability of the requested accommodation.



MEMORANDUM

DATE	February 10, 2020
TO	Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board, Audiology Practice Committee
FROM	Paul Sanchez, Executive Officer
SUBJECT	Discussion and Possible Action on Clarifying the Regulation on the Required Number of Clock Hours for Audiologists (As Stated in Business and Professions Code (BPC) sections 2532.2 and 2532.25, and Title 16, California Code of Regulations (CCR) section 1399.152.2)

BACKGROUND

At the July 18-19, 2019 Board meeting, the Board discussed the current clock hour requirement for audiologists found in California Code of Regulations section 1399.152.2(c) which is 300 clock hours of clinical experience in three different clinical settings.

The Board also heard from Jacque Georgeson with the University of the Pacific (UOP) regarding Business and Professions Code section 2532.25(b)(2) which requires 12 months of supervised professional full-time experience. Ms. Georgeson stated RPEs have completed UOP's 1850-hour externship program early and have their RPE verification form returned by the Board because they didn't complete 12 months of experience.

This issue was also discussed at the October 10-11, 2019 Board Meeting where the Audiology Practice Committee (Committee) agreed that the requirement for 300 clock hours of clinical experience needed to be updated and that amended statutory or regulatory language should be developed to address this. The regulatory language provided later in the memorandum are for the Committee's review and discussion.

PROBLEM

For audiology applicants that graduated prior to December 31, 2007, Business and Professions Code section 2532.2(b) requires the following:

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:

...

(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.

For audiology applicants that graduated after December 31, 2007, Business and Professions Code section 2532.25(b) requires the following:

(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 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 a board-approved audiology doctoral program. The required professional experience shall follow completion of the didactic and clinical rotation requirements of the audiology doctoral program.

...

Currently, Title 16, California Code of Regulations section 1399.152.2(b) requires audiology applicants to complete 300 hours:

...

(c) Three hundred (300) clock hours of clinical experience in three (3) different clinical settings shall be required for licensure as a speech-language pathologist or audiologist for applicants who completed their graduate program after December 31, 1992.

The regulatory language in section 1399.152.2 was developed when the educational requirement for licensure in California for an audiologist was a master's degree. The required clock hours adopted by the Board was based on the typical number of clock hours required by the credentialing agency and the universities accredited by that agency. However, currently the educational requirement for the practice of audiology is a clinical doctorate and the required clock hours in section 1399.152.2 is no longer appropriate for the field of audiology.

At the October 10-11, 2019, the Committee was provided with information regarding the number of clinical clock hours currently required by some audiology programs in California and externship completion information for audiology programs outside of California. This information showed that, if stipulated, most programs require approximately 1800 hours of clinical experience. The Committee also heard public comment that some programs have found it hard to maintain sufficient liability for students completing a 12-month externship and that some applicants are having their professional experience hours denied because they were able to complete the program's externship requirements in less than 12 months.

Since the majority of audiology programs require approximately 1800 hours of clinical experience and the 12-month fulltime professional experience requirement is creating barriers to licensure rather than ensuring applicants meet an adequate number of hours of supervised professional experience, staff recommends seeking both a statutory and regulatory revision to remedy this situation.

PROPOSED STATUTORY AND REGULATORY REVISIONS

Business and Professions Code Section 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 educational institution approved by the board.
 - (2) Submit evidence of no less than **1850 hours**~~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 a board-approved audiology doctoral program. The required professional experience shall follow completion of the didactic and clinical rotation requirements of the audiology doctoral program.
 - (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.

Title 16, California Code of Regulations section 1399.152.2

(a) Supervised clinical experience within the meaning of Section 2532.2, subdivision (c) of the Code shall be in the area for which licensure is sought. Speech-language pathology clinical experience shall be under the supervision of a licensed speech-language pathologist or a speech-language pathologist having qualifications deemed equivalent by the Board. Audiology clinical experience shall be under the supervision of a licensed audiologist or an audiologist having qualifications deemed equivalent by the Board. "Qualifications deemed equivalent by the Board" includes a supervisor who holds the legal authorization to practice in the field for which licensure is sought in the state where the experience is being obtained, if the supervised clinical experience is obtained in a setting which is exempt from the licensure requirements of the Act or out of state.

(b) Two hundred seventy-five (275) clock hours of clinical experience shall be required for licensure as a speech-language pathologist or audiologist for applicants who completed their graduate program on or before December 31, 1992.

(c) (1) Three hundred (300) clock hours of clinical experience in three (3) different clinical settings shall be required for licensure as a speech-language pathologist ~~or audiologist~~ for applicants who completed their graduate program after December 31, 1992, or an audiologist for applicants who completed their graduate program prior to December 31, 2007.

(2) A minimum of eighteen hundred (1800) clock hours of clinical experience in three (3) different clinical settings shall be required for licensure as an audiologist for applicants who completed their doctoral program after December 31, 2007. These clinical clock hours shall be obtained during the 3rd or 4th year externship. Additional clinical practicum hours earned during the course of the applicants qualifying degree program shall not be included in the calculation of the 1800 clock hours of clinical experience.

(d) Twenty-five (25) hours of the required clinical experience may be in the field other than that for which the applicant is seeking licensure (speech-language pathology for an audiologist or audiology for a speech-language pathologist) if such clinical experience is under a supervisor who is qualified in the minor field as provided in subsection (a).

ACTION REQUESTED

The Committee should review and discuss the revised statutory and regulatory language to recommend to the Full Board for consideration.



MEMORANDUM

DATE	February 12, 2020
TO	Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board, Audiology Practice Committee
FROM	Paul Sanchez, Executive Officer
SUBJECT	Discussion and Possible Action regarding Statutory and Regulatory Changes Defining Specific Tasks of an Audiology Aide (As Stated in BPC section 2530.2 and Title 16, CCR section 1399.154.2)

BACKGROUND

At the October 10-11, 2019 Board meeting, the Board discussed feedback received from audiology licensees who utilize audiology aides, that complained of ambiguity with regard to the regulatory requirements for the clinical tasks allowed to be performed by an audiology aide and the type of supervision required for audiology aides.

The following statutory and regulatory language pertains to the functions and supervisory requirements for an audiology aide.

Business and Professions Code Section (BPC) Section 2530.2(m) defines an audiology aide as “any person meeting the minimum requirements established by the board. An audiology aid may not perform any function that constitutes the practice of audiology unless he or she is under the supervision of an audiologist. The board may by regulation exempt certain functions performed by an industrial audiology aide from supervision provided that his or her employer has established a set of procedures or protocols that the aide shall follow in performing these functions.”

Title 16, California Code of Regulations (CCR) sections 1399.154 et. seq. further defines the appropriate functions and supervision requirements for audiology aides as follows:

16 CCR section 1399.154.1 states that “(...) Regardless of their title or job classification, any support person who functions as a speech-language pathology or audiology aide and facilitates or assists a supervisor in evaluations or treatment shall be registered with the Board. In the application for registration, the supervisor shall provide to the Board, his or her proposed plan for supervising and training the speech-language pathology or

audiology aide. The proposed plan for training shall be in accordance with Section 1399.154.4 and shall include the supervisor's training methods, the necessary minimum competency level of the aide, the manner in which the aide's competency will be assessed, the persons responsible for training, a summary of any past education, training and experience the aide may have already undertaken, and the length of the training program and assessment of the aide's competency level”.

16 CCR section 1399.154.2(b) in part states that a supervisor of an audiology aide shall: Be physically present while the (...) audiology aide is assisting with patients, unless an alternative plan of supervision has been approved by the Board.”

16 CCR section 1399.154.2 (e) in part states that a supervisor of an audiology aide shall: “Appropriately train the (...) audiology aide to perform duties to effectively assist in evaluation and/or treatment”.

16 CCR section 1399.154.2 (f) states that a supervisor of an audiology aide shall: “Define the services which may be provided by the (...) audiology aide. Those services shall not exceed the competence of the aide as determined by his or her education, training and experience and shall not include any treatment beyond the plan established by the supervisor for the patient”.

Note that both the American Academy of Audiology Code of Ethics and American Speech-Language-Hearing Association Code of Ethics also provide information regarding supervision (see attachments).

PROBLEM

Due to the perceived lack of clarity with regard to appropriate clinical tasks and supervision requirements for audiology aides, the Board has heard reports of some aides being allowed to perform any and all clinical services normally provided by an audiologist without the training or education of an audiologist. Further, aides have been trained to do what a supervisor considers to be a competent level for a particular clinical task and then left to perform that task independently without supervision from a supervisor who is physically present.

Reports of these types of misapplication of the regulations for audiology aides led to the Board discussing this issue at the October 10-11, 2019 Board meeting, and the Board directing the Audiology Practice Committee (Committee) to define the tasks an audiology aide can perform and consider any legislative or regulatory changes needed to implement that.

However, some considerations the Committee should take into account regarding this direction are as follows:

Detailing Tasks an Audiology Aide Can Perform

- Historically, when a regulation details a list of multiple permissible activities, the legal interpretation of that regulation tends to be that this is intended to be an exhaustive list and therefore only those activities detailed in the regulation are permissible. As a result, the regulation may unnecessarily limit audiology activities. This could also lead to new activities not identified in the regulation that would not be permitted or require similar education and training as those detailed in the regulation.
- If this option is pursued, the Committee should consider the following:
 - Should the Board identify appropriate audiology aide activities and identify the respective level of supervision required for these activities?
 - Should the Board identify specific activities or broader activity categories?

Detailing Tasks an Audiology Aide Cannot Perform

- Alternately, if the Committee goes in the direction of detailing which activities an audiology aide is prohibited from performing, the Committee should consider the following issues and evaluate potential alternatives in order to develop any potential associated rulemaking package:
 - For each prohibited activity or activity category, consider the following:
 - What risks are there to a patient if an audiology aide performs the activity and does not have the adequate education and training?
 - How severe are these potential risks?
 - What is the likelihood of these risks occurring after adequate training by a supervisor and with adequate supervision?
 - Can the risk be minimized by higher levels of supervision?
 - Can the risk be minimized by use of standardized protocols?

ACTION REQUESTED

The Committee may also wish to discuss whether detailing tasks that are permitted or prohibited is the appropriate direction given the above considerations, and instead consider how to better educate licensees and supervisors regarding the current statutes and regulations and how to more clearly integrate these requirements into the audiology aide application.

Attachments:

- American Academy of Audiology Code of Ethics
- American Speech-Language-Hearing Association Code of Ethics

CODE OF ETHICS OF THE AMERICAN ACADEMY OF AUDIOLOGY

PREAMBLE

The Code of Ethics of the American Academy of Audiology specifies professional standards that allow for the proper discharge of audiologists' responsibilities to those served, and that protect the integrity of the profession. The Code of Ethics consists of two parts. The first part, the Statement of Principles and Rules, presents precepts that all categories of members of the Academy agree to uphold. The second part, the Procedures, provides the process that enables compliance with and enforcement of the Principles and Rules.

PART I. STATEMENT OF PRINCIPLES AND RULES

PRINCIPLE 1: Members shall provide professional services and conduct research with honesty and compassion, and shall respect the dignity, worth, and rights of those served.

Rule 1a: Individuals shall not limit the delivery of professional services on any basis that is unjustifiable or irrelevant to the need for the potential benefit from such services.

Rule 1b: Individuals shall not provide services except in a professional relationship and shall not discriminate in the provision of services to individuals on the basis of sex, race, religion, national origin, sexual orientation, or general health.

PRINCIPLE 2: Members shall maintain the highest standards of professional competence in rendering services.

Rule 2a: Members shall provide only those professional services for which they are qualified by education and experience.

Rule 2b: Individuals shall use available resources, including referrals to other specialists, and shall not give or accept benefits or items of value for receiving or making referrals.

Rule 2c: Individuals shall exercise all reasonable precautions to avoid injury to persons in the delivery of professional services or execution of research.

Rule 2d: Individuals shall provide appropriate supervision and assume full responsibility for services delegated to supportive personnel. Individuals shall not delegate any service requiring professional competence to unqualified persons.

Rule 2e: Individuals shall not knowingly permit personnel under their direct or indirect supervision to engage in any practice that is not in compliance with the Code of Ethics.

Rule 2f: Individuals shall maintain professional competence, including participation in continuing education.

PRINCIPLE 3: Members shall maintain the confidentiality of the information and records of those receiving services or involved in research.

Rule 3a: Individuals shall not reveal to unauthorized persons any professional or personal information obtained from the person served professionally, unless required by law.

PRINCIPLE 4: Members shall provide only services and products that are in the best interest of those served.

Rule 4a: Individuals shall not exploit persons in the delivery of professional services.

Rule 4b: Individuals shall not charge for services not rendered.

Rule 4c: Individuals shall not participate in activities that constitute a conflict of professional interest.

Rule 4d: Individuals using investigational procedures with human participants or prospectively collecting research data from human participants shall obtain full informed consent from the participants or legal representatives. Members conducting research with human participants or animals shall follow accepted standards, such as those promulgated in the current Responsible Conduct of Research by the U.S. Office of Research Integrity.

PRINCIPLE 5: Members shall provide accurate information about the nature and management of communicative disorders and about the services and products offered.

Rule 5a: Individuals shall provide persons served with the information a reasonable person would want to know about the nature and possible effects of services rendered or products provided or research being conducted.

Rule 5b: Individuals may make a statement of prognosis, but shall not guarantee results, mislead, or misinform persons served or studied.

Rule 5c: Individuals shall conduct and report product-related research only according to accepted standards of research practice.

Rule 5d: Individuals shall not carry out teaching or research activities in a manner that constitutes an invasion of privacy or that fails to inform persons fully about the nature and possible effects of these activities, affording all persons informed free choice of participation.

Rule 5e: Individuals shall maintain accurate documentation of services rendered according to accepted medical, legal and professional standards and requirements.

PRINCIPLE 6: Members shall comply with the ethical standards of the Academy with regard to public statements or publication.
Rule 6a: Individuals shall not misrepresent their educational degrees, training, credentials, or competence. Only degrees earned from regionally accredited institutions in which training was obtained in audiology, or a directly related discipline, may be used in public statements concerning professional services.

Rule 6b: Individuals' public statements about professional services, products or research results shall not contain representations or claims that are false, misleading, or deceptive.

PRINCIPLE 7: Members shall honor their responsibilities to the public and to professional colleagues.

Rule 7a: Individuals shall not use professional or commercial affiliations in any way that would limit services to or mislead patients or colleagues.

Rule 7b: Individuals shall inform colleagues and the public in an objective manner consistent with professional standards about products and services they have developed or research they have conducted.

PRINCIPLE 8: Members shall uphold the dignity of the profession and freely accept the Academy's self-imposed standards.

Rule 8a: Individuals shall not violate these Principles and Rules nor attempt to circumvent them.

Rule 8b: Individuals shall not engage in dishonesty or illegal conduct that adversely reflects on the profession.

Rule 8c: Individuals shall inform the Ethical Practices Committee when there are reasons to believe that a member of the Academy may have been in noncompliance with the Code of Ethics.

Rule 8d: Individuals shall fully cooperate with reviews being conducted by the Ethical Practices Committee in any matter related to the Code of Ethics.

Signature: _____ Date: _____

PART II.

PROCEDURES FOR THE MANAGEMENT OF ALLEGED NONCOMPLIANCE

INTRODUCTION

Members of the American Academy of Audiology are obligated to uphold the Code of Ethics of the Academy in their personal conduct and in the performance of their professional duties. To this end, it is the responsibility of each Academy member to inform the Ethical Practices Committee of possible noncompliance with the Ethics Code. The processing of alleged noncompliance with the Code of Ethics will follow the procedures specified below in an expeditious manner to ensure that behaviors of noncompliant ethical conduct by members of the Academy are halted in the shortest time possible.

The [Ethical Practices Committee's](#) primary role is to educate and increase member awareness of the Academy's [Code of Ethics](#) and the practical application of the Code, rules, and advisory opinions. As such, its objective is to help members who are unknowingly not in compliance to become compliant through education. In cases of blatant disregard of the Code of Ethics the Committee may revoke membership.

PROCEDURES

1. Suspected noncompliance with the Code of Ethics shall be reported using the Academy's "Complaint Form for Alleged Noncompliance with The AAA Code of Ethics", giving documentation sufficient to support the alleged noncompliance. The form must include the specific section of the Code of Ethics of the alleged violation. The form should be addressed to:
American Academy of Audiology
Chair, Ethical Practices Committee
11480 Commerce Park Dr. Suite 220
Reston, Virginia 20191
2. Following receipt of a report of suspected noncompliance, the Ethical Practice Committee will convene to evaluate the merit of the alleged noncompliance as it relates to the Code of Ethics. The Committee will use established criteria to evaluate whether it can or should proceed including: (1) noncompliance with a specific Code of Ethics principle or rule; (2) no current or pending litigation; and, (3) the evidence provided supports the allegation.
 - a. The Ethical Practices Committee shall meet to discuss the case, either in person or by electronic means, at its regularly scheduled quarterly meeting.

- b. The Committee will determine if, based on the allegation, a specific principle or rule of the Code of Ethics has potentially been violated. If not, the complaint will not be acted upon.
 - c. If a complaint is already being acted upon or may potentially be acted upon through legal action or licensing board or other regulatory body review, the Ethical Practices Committee will decline further deliberation to avoid influencing those actions/ proceedings.
3. For cases that proceed, at the discretion of the Chair, the Ethical Practices Committee will request a signed Waiver of Confidentiality from the complainant indicating that the complainant will allow the Ethical Practices Committee to disclose his/her name and complaint details should this become necessary during investigation of the allegation. The Chair may communicate with other individuals, agencies, and/or programs for additional information as may be required for Committee review at any time during the deliberation.
4. If there is sufficient evidence that indicates noncompliance with the Code of Ethics has occurred, upon majority vote, the member will be forwarded a "Notification of Potential Ethics Concern" including.
 - a. The specific Code of Ethics principle(s) and/or rule(s) that may conflict with the member's behavior.
 - b. The circumstances of the alleged noncompliance will be described, and all evidence intended to support the allegation provided.
 - c. Supporting AAA documents that may serve to further educate the member about the ethical implications of his/her alleged actions will be included, as appropriate.
 - d. A list of potential sanctions for ethical violations.
 - e. The member's right to present a defense to the allegations including the right to a hearing, in person or by teleconference, before the Ethical Practices Committee.
5. The member will be asked to respond fully to the allegation and submit all supporting evidence within 30 calendar days. At this time the member should provide any additional relevant information. As this is the final opportunity for a member to provide new information, the member should carefully prepare all documentation.
6. The Ethical Practices Committee will meet either in person or by electronic means:
 - a. at its next regularly scheduled quarterly meeting after receiving a response from the member to the "Notification of Potential Ethics Concern" to review the response and all information pertaining to the alleged noncompliance, or
 - b. at its next regularly scheduled quarterly meeting after the deadline to respond to the "Notification of Potential Ethics Concern" if no response is received from the member to review the information received from the complainant.
7. Potential Rulings.
 - a. When the Ethical Practices Committee determines there is insufficient evidence of ethical noncompliance, the parties to the complaint will be notified that the case will be closed.
 - b. When the evidence supports the allegation of Code noncompliance, the Code(s)/Rule(s) will be cited, and the sanction(s) will be specified.
8. The Committee shall sanction members based on the severity of the noncompliance and history of ethical noncompliance. A simple majority of voting Ethical Practices Committee members is required to institute a sanction unless otherwise noted. Sanctions may include one or more of the following:
 - a. Education
 1. Educative Letter. This sanction alone is appropriate when:
 - I. The ethics noncompliance appears to have been inadvertent.
 - II. The member's response to Notification of Potential Ethics Concern indicates a credible, new awareness of the problem and the member resolves to refrain from future ethical noncompliance.
 2. Mandatory Continuing Education. This sanction is appropriate when the member is aware of the ethical practice(s) in question but is not following it appropriately.
 - I. The Ethical Practices Committee will determine the type of education needed to reduce chances of recurrence of noncompliance and identify an end date for the member to complete the education.
 - II. The member will be responsible for submitting documentation of continuing education within the period designated by the Ethical Practices Committee.
 - III. All costs associated with compliance will be borne by the member.
 - IV. Failure to demonstrate achievement of the identified education may result in the Ethical Practices Committee revisiting the case to determine if further action is required.
 - b. Revocation of Membership. Revocation of membership is the maximum consequence for noncompliance with the Code of Ethics. This sanction is appropriate when the member displayed a clear disregard for the ethical practice(s) in question.

1. Revocation requires a two-thirds majority of the voting members of the Ethical Practices Committee.
 2. Individuals whose memberships are revoked are not entitled to a refund of dues or fees.
 3. One year following the date of membership revocation the individual may reapply for, but is not guaranteed, membership through normal channels, and must meet the membership qualifications in effect at the time of reapplication.
9. All final findings, decisions, sanctions, and durations will be communicated to the member in writing. The Board liaison to the Ethical Practices Committee will report to the Board any new or concluded cases.
 10. The member may appeal the Final Finding and Decision of the Ethical Practices Committee to the Academy Board of Directors. The route of Appeal is by letter format through the Ethical Practices Committee to the Board of Directors of the Academy. Requests for Appeal must:
 - a. be received by the Chair of the Ethical Practices Committee within 30 days of the Ethical Practices Committee notification of the Final Finding and Decision;
 - b. state the basis for the appeal and the reason(s) that the Final Finding and Decision of the Ethical Practices Committee should be changed; and,
 - c. not offer new documentation.
 11. The EPC chair will communicate with the Executive Director of the Academy to schedule the appeal at the earliest feasible Board of Directors meeting.
 - a. The Board of Directors will review the documents and written summaries and deliberate the case.
 - b. The decision of the Board of Directors regarding the member's appeal shall be final.
 12. In order to educate the Academy membership, upon majority vote of the Ethical Practices Committee, the general circumstances and nature of cases and associated principles and rules violated may be used as a basis for education in *Audiology Today* and on the Ethics page of the AAA website. The member's identity will not be made public (see Confidentiality and Records below).
 13. No Ethical Practices Committee member nor Academy staff shall give access to records, act or speak independently, or on behalf of the Ethical Practices Committee, without the expressed permission of the committee members then active. No member may impose the sanction of the Ethical Practices Committee or interpret the findings of the Ethical Practices Committee in any manner that may place members of the Ethical Practices Committee or Board of Directors, collectively or singly, at financial, professional, or personal risk.
 14. The Ethical Practices Committee Chair and Staff Liaison shall maintain electronic records that shall form the basis for future findings of the Committee.

CONFIDENTIALITY AND RECORDS

Confidentiality shall be maintained in all Ethical Practices Committee discussion, correspondence, communication, deliberation, and records pertaining to members reviewed by the Ethical Practices Committee.

The Academy will not disclose member compliance or noncompliance with the Academy's Code of Ethics. All information concerning investigations or complaints against Academy members, historical and current, shall be confidential and may only be shared with the Ethical Practices Committee and other Academy members involved in the review of ethics complaints, the complainant and respondent and their legal representative, if any. Non-disclosure will extend to members who have never been alleged to have violated the Code of Ethics.

Notwithstanding the foregoing, the Executive Director may disclose such information when compelled by a valid subpoena, in response to a request from a state or local board or similar entity, when otherwise required by law, to protect the interests of the Association, or as otherwise provided in these Rules and Procedures.

Patient Identifiable Information. Under no circumstances shall either complainants or respondents submit any individually identifiable patient information to the Association without a valid patient authorization, except for documents that are in the public domain, such as news articles or court documents that are not subject to a protective order. Any individually identifiable patient information (including but not limited to name, social security number, address, telephone number, or email address) submitted without a patient authorization must be redacted from non-public documents that are submitted as part of an ethics proceeding, including court documents that are subject to a protective order. The Association will return or destroy any non-public documents that it receives as part of an investigation or complaint that contain patient identifiable information without an accompanying patient authorization.

The Academy is not liable for third party disclosure of individually identifiable patient information.



AMERICAN
SPEECH-LANGUAGE-
HEARING
ASSOCIATION

CODE OF ETHICS

Reference this material as: American Speech-Language-Hearing Association. (2016). Code of Ethics [Ethics]. Available from www.asha.org/policy.

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PREAMBLE

The American Speech-Language-Hearing Association (ASHA; hereafter, also known as “The Association”) has been committed to a framework of common principles and standards of practice since ASHA’s inception in 1925. This commitment was formalized in 1952 as the Association’s first Code of Ethics. This Code has been modified and adapted as society and the professions have changed. The Code of Ethics reflects what we value as professionals and establishes expectations for our scientific and clinical practice based on principles of duty, accountability, fairness, and responsibility. The ASHA Code of Ethics is intended to ensure the welfare of the consumer and to protect the reputation and integrity of the professions.

The ASHA Code of Ethics is a framework and focused guide for professionals in support of day-to-day decision making related to professional conduct. The Code is partly obligatory and disciplinary and partly aspirational and descriptive in that it defines the professional’s role. The Code educates professionals in the discipline, as well as students, other professionals, and the public, regarding ethical principles and standards that direct professional conduct.

The preservation of the highest standards of integrity and ethical principles is vital to the responsible discharge of obligations by audiologists, speech-language pathologists, and speech, language, and hearing scientists who serve as clinicians, educators, mentors, researchers, supervisors, and administrators. This Code of Ethics sets forth the fundamental principles and rules considered essential to this purpose and is applicable to the following individuals:

- a member of the American Speech-Language-Hearing Association holding the Certificate of Clinical Competence (CCC)
- a member of the Association not holding the Certificate of Clinical Competence (CCC)
- a nonmember of the Association holding the Certificate of Clinical Competence (CCC)
- an applicant for certification, or for membership and certification

By holding ASHA certification or membership, or through application for such, all individuals are automatically subject to the jurisdiction of the Board of Ethics for ethics complaint adjudication. Individuals who provide clinical services and who also desire membership in the Association must hold the CCC.

The fundamentals of ethical conduct are described by Principles of Ethics and by Rules of Ethics. The four Principles of Ethics form the underlying philosophical basis for the Code of Ethics and are reflected in the following areas: (I) responsibility to persons served professionally and to research participants, both human and animal; (II) responsibility for one’s professional competence; (III) responsibility to the public; and (IV) responsibility for professional relationships. Individuals shall honor and abide by these Principles as affirmative obligations under all conditions of applicable professional activity. Rules of Ethics are specific statements of minimally acceptable as well as unacceptable professional conduct.

The Code is designed to provide guidance to members, applicants, and certified individuals as they make professional decisions. Because the Code is not intended to address specific situations and is not inclusive of all possible ethical dilemmas, professionals are expected to follow the written provisions and to uphold the spirit and purpose of the Code. Adherence to the Code of Ethics and its enforcement results in respect for the

professions and positive outcomes for individuals who benefit from the work of audiologists, speech-language pathologists, and speech, language, and hearing scientists.

TERMINOLOGY

ASHA Standards and Ethics – The mailing address for self-reporting in writing is American Speech-Language-Hearing Association, Standards and Ethics, 2200 Research Blvd., #313, Rockville, MD 20850.

advertising – Any form of communication with the public about services, therapies, products, or publications.

conflict of interest – An opposition between the private interests and the official or professional responsibilities of a person in a position of trust, power, and/or authority.

crime – Any felony; or any misdemeanor involving dishonesty, physical harm to the person or property of another, or a threat of physical harm to the person or property of another. For more details, see the “Disclosure Information” section of applications for ASHA certification found on www.asha.org/certification/AudCertification/ and www.asha.org/certification/SLPCertification/.

diminished decision-making ability – Any condition that renders a person unable to form the specific intent necessary to determine a reasonable course of action.

fraud – Any act, expression, omission, or concealment—the intent of which is either actual or constructive—calculated to deceive others to their disadvantage.

impaired practitioner – An individual whose professional practice is adversely affected by addiction, substance abuse, or health-related and/or mental health-related conditions.

individuals – Members and/or certificate holders, including applicants for certification.

informed consent – May be verbal, unless written consent is required; constitutes consent by persons served, research participants engaged, or parents and/or guardians of persons served to a proposed course of action after the communication of adequate information regarding expected outcomes and potential risks.

jurisdiction – The “personal jurisdiction” and authority of the ASHA Board of Ethics over an individual holding ASHA certification and/or membership, regardless of the individual’s geographic location.

know, known, or knowingly – Having or reflecting knowledge.

may vs. shall – May denotes an allowance for discretion; shall denotes no discretion.

misrepresentation – Any statement by words or other conduct that, under the circumstances, amounts to an assertion that is false or erroneous (i.e., not in accordance with the facts); any statement made with conscious ignorance or a reckless disregard for the truth.

negligence – Breaching of a duty owed to another, which occurs because of a failure to conform to a requirement, and this failure has caused harm to another individual, which led to damages to this person(s);

failure to exercise the care toward others that a reasonable or prudent person would take in the circumstances, or taking actions that such a reasonable person would not.

nolo contendere – No contest.

plagiarism – False representation of another person's idea, research, presentation, result, or product as one's own through irresponsible citation, attribution, or paraphrasing; ethical misconduct does not include honest error or differences of opinion.

publicly sanctioned – A formal disciplinary action of public record, excluding actions due to insufficient continuing education, checks returned for insufficient funds, or late payment of fees not resulting in unlicensed practice.

reasonable or reasonably – Supported or justified by fact or circumstance and being in accordance with reason, fairness, duty, or prudence.

self-report – A professional obligation of self-disclosure that requires (a) notifying ASHA Standards and Ethics and (b) mailing a hard copy of a certified document to ASHA Standards and Ethics (see term above). All self-reports are subject to a separate ASHA Certification review process, which, depending on the seriousness of the self-reported information, takes additional processing time.

shall vs. may – Shall denotes no discretion; may denotes an allowance for discretion.

support personnel – Those providing support to audiologists, speech-language pathologists, or speech, language, and hearing scientists (e.g., technician, paraprofessional, aide, or assistant in audiology, speech-language pathology, or communication sciences and disorders).

telepractice, teletherapy – Application of telecommunications technology to the delivery of audiology and speech-language pathology professional services at a distance by linking clinician to client/patient or clinician to clinician for assessment, intervention, and/or consultation. The quality of the service should be equivalent to in-person service.

written – Encompasses both electronic and hard-copy writings or communications.

PRINCIPLE OF ETHICS I

Individuals shall honor their responsibility to hold paramount the welfare of persons they serve professionally or who are participants in research and scholarly activities, and they shall treat animals involved in research in a humane manner.

RULES OF ETHICS

- A. Individuals shall provide all clinical services and scientific activities competently.
- B. Individuals shall use every resource, including referral and/or interprofessional collaboration when appropriate, to ensure that quality service is provided.

- C. Individuals shall not discriminate in the delivery of professional services or in the conduct of research and scholarly activities on the basis of race, ethnicity, sex, gender identity/gender expression, sexual orientation, age, religion, national origin, disability, culture, language, or dialect.
- D. Individuals shall not misrepresent the credentials of aides, assistants, technicians, support personnel, students, research interns, Clinical Fellows, or any others under their supervision, and they shall inform those they serve professionally of the name, role, and professional credentials of persons providing services.
- E. Individuals who hold the Certificate of Clinical Competence may delegate tasks related to the provision of clinical services to aides, assistants, technicians, support personnel, or any other persons only if those persons are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the certified individual.
- F. Individuals who hold the Certificate of Clinical Competence shall not delegate tasks that require the unique skills, knowledge, judgment, or credentials that are within the scope of their profession to aides, assistants, technicians, support personnel, or any nonprofessionals over whom they have supervisory responsibility.
- G. Individuals who hold the Certificate of Clinical Competence may delegate to students tasks related to the provision of clinical services that require the unique skills, knowledge, and judgment that are within the scope of practice of their profession only if those students are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the certified individual.
- H. Individuals shall obtain informed consent from the persons they serve about the nature and possible risks and effects of services provided, technology employed, and products dispensed. This obligation also includes informing persons served about possible effects of not engaging in treatment or not following clinical recommendations. If diminished decision-making ability of persons served is suspected, individuals should seek appropriate authorization for services, such as authorization from a spouse, other family member, or legally authorized/appointed representative.
- I. Individuals shall enroll and include persons as participants in research or teaching demonstrations only if participation is voluntary, without coercion, and with informed consent.
- J. Individuals shall accurately represent the intended purpose of a service, product, or research endeavor and shall abide by established guidelines for clinical practice and the responsible conduct of research.
- K. Individuals who hold the Certificate of Clinical Competence shall evaluate the effectiveness of services provided, technology employed, and products dispensed, and they shall provide services or dispense products only when benefit can reasonably be expected.
- L. Individuals may make a reasonable statement of prognosis, but they shall not guarantee—directly or by implication—the results of any treatment or procedure.
- M. Individuals who hold the Certificate of Clinical Competence shall use independent and evidence-based clinical judgment, keeping paramount the best interests of those being served.
- N. Individuals who hold the Certificate of Clinical Competence shall not provide clinical services solely by correspondence, but may provide services via telepractice consistent with professional standards and state and federal regulations.
- O. Individuals shall protect the confidentiality and security of records of professional services provided, research and scholarly activities conducted, and products dispensed. Access to these records shall be

allowed only when doing so is necessary to protect the welfare of the person or of the community, is legally authorized, or is otherwise required by law.

- P. Individuals shall protect the confidentiality of any professional or personal information about persons served professionally or participants involved in research and scholarly activities and may disclose confidential information only when doing so is necessary to protect the welfare of the person or of the community, is legally authorized, or is otherwise required by law.
- Q. Individuals shall maintain timely records and accurately record and bill for services provided and products dispensed and shall not misrepresent services provided, products dispensed, or research and scholarly activities conducted.
- R. Individuals whose professional practice is adversely affected by substance abuse, addiction, or other health-related conditions are impaired practitioners and shall seek professional assistance and, where appropriate, withdraw from the affected areas of practice.
- S. Individuals who have knowledge that a colleague is unable to provide professional services with reasonable skill and safety shall report this information to the appropriate authority, internally if a mechanism exists and, otherwise, externally.
- T. Individuals shall provide reasonable notice and information about alternatives for obtaining care in the event that they can no longer provide professional services.

PRINCIPLE OF ETHICS II

Individuals shall honor their responsibility to achieve and maintain the highest level of professional competence and performance.

RULES OF ETHICS

- A. Individuals who hold the Certificate of Clinical Competence shall engage in only those aspects of the professions that are within the scope of their professional practice and competence, considering their certification status, education, training, and experience.
- B. Members who do not hold the Certificate of Clinical Competence may not engage in the provision of clinical services; however, individuals who are in the certification application process may engage in the provision of clinical services consistent with current local and state laws and regulations and with ASHA certification requirements.
- C. Individuals who engage in research shall comply with all institutional, state, and federal regulations that address any aspects of research, including those that involve human participants and animals.
- D. Individuals shall enhance and refine their professional competence and expertise through engagement in lifelong learning applicable to their professional activities and skills.
- E. Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct research activities that exceed the staff member's certification status, competence, education, training, and experience.
- F. Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct clinical activities that compromise the staff member's independent and objective professional judgment.

- G. Individuals shall make use of technology and instrumentation consistent with accepted professional guidelines in their areas of practice. When such technology is not available, an appropriate referral may be made.
- H. Individuals shall ensure that all technology and instrumentation used to provide services or to conduct research and scholarly activities are in proper working order and are properly calibrated.

PRINCIPLE OF ETHICS III

Individuals shall honor their responsibility to the public when advocating for the unmet communication and swallowing needs of the public and shall provide accurate information involving any aspect of the professions.

RULES OF ETHICS

- A. Individuals shall not misrepresent their credentials, competence, education, training, experience, and scholarly contributions.
- B. Individuals shall avoid engaging in conflicts of interest whereby personal, financial, or other considerations have the potential to influence or compromise professional judgment and objectivity.
- C. Individuals shall not misrepresent research and scholarly activities, diagnostic information, services provided, results of services provided, products dispensed, or the effects of products dispensed.
- D. Individuals shall not defraud through intent, ignorance, or negligence or engage in any scheme to defraud in connection with obtaining payment, reimbursement, or grants and contracts for services provided, research conducted, or products dispensed.
- E. Individuals' statements to the public shall provide accurate and complete information about the nature and management of communication disorders, about the professions, about professional services, about products for sale, and about research and scholarly activities.
- F. Individuals' statements to the public shall adhere to prevailing professional norms and shall not contain misrepresentations when advertising, announcing, and promoting their professional services and products and when reporting research results.
- G. Individuals shall not knowingly make false financial or nonfinancial statements and shall complete all materials honestly and without omission.

PRINCIPLE OF ETHICS IV

Individuals shall uphold the dignity and autonomy of the professions, maintain collaborative and harmonious interprofessional and intraprofessional relationships, and accept the professions' self-imposed standards.

RULES OF ETHICS

- A. Individuals shall work collaboratively, when appropriate, with members of one's own profession and/or members of other professions to deliver the highest quality of care.
- B. Individuals shall exercise independent professional judgment in recommending and providing professional services when an administrative mandate, referral source, or prescription prevents keeping the welfare of persons served paramount.

- C. Individuals' statements to colleagues about professional services, research results, and products shall adhere to prevailing professional standards and shall contain no misrepresentations.
- D. Individuals shall not engage in any form of conduct that adversely reflects on the professions or on the individual's fitness to serve persons professionally.
- E. Individuals shall not engage in dishonesty, negligence, fraud, deceit, or misrepresentation.
- F. Applicants for certification or membership, and individuals making disclosures, shall not knowingly make false statements and shall complete all application and disclosure materials honestly and without omission.
- G. Individuals shall not engage in any form of harassment, power abuse, or sexual harassment.
- H. Individuals shall not engage in sexual activities with individuals (other than a spouse or other individual with whom a prior consensual relationship exists) over whom they exercise professional authority or power, including persons receiving services, assistants, students, or research participants.
- I. Individuals shall not knowingly allow anyone under their supervision to engage in any practice that violates the Code of Ethics.
- J. Individuals shall assign credit only to those who have contributed to a publication, presentation, process, or product. Credit shall be assigned in proportion to the contribution and only with the contributor's consent.
- K. Individuals shall reference the source when using other persons' ideas, research, presentations, results, or products in written, oral, or any other media presentation or summary. To do otherwise constitutes plagiarism.
- L. Individuals shall not discriminate in their relationships with colleagues, assistants, students, support personnel, and members of other professions and disciplines on the basis of race, ethnicity, sex, gender identity/gender expression, sexual orientation, age, religion, national origin, disability, culture, language, dialect, or socioeconomic status.
- M. Individuals with evidence that the Code of Ethics may have been violated have the responsibility to work collaboratively to resolve the situation where possible or to inform the Board of Ethics through its established procedures.
- N. Individuals shall report members of other professions who they know have violated standards of care to the appropriate professional licensing authority or board, other professional regulatory body, or professional association when such violation compromises the welfare of persons served and/or research participants.
- O. Individuals shall not file or encourage others to file complaints that disregard or ignore facts that would disprove the allegation; the Code of Ethics shall not be used for personal reprisal, as a means of addressing personal animosity, or as a vehicle for retaliation.
- P. Individuals making and responding to complaints shall comply fully with the policies of the Board of Ethics in its consideration, adjudication, and resolution of complaints of alleged violations of the Code of Ethics.
- Q. Individuals involved in ethics complaints shall not knowingly make false statements of fact or withhold relevant facts necessary to fairly adjudicate the complaints.
- R. Individuals shall comply with local, state, and federal laws and regulations applicable to professional practice, research ethics, and the responsible conduct of research.
- S. Individuals who have been convicted; been found guilty; or entered a plea of guilty or nolo contendere to (1) any misdemeanor involving dishonesty, physical harm—or the threat of physical

harm—to the person or property of another, or (2) any felony, shall self-report by notifying ASHA Standards and Ethics (see Terminology for mailing address) in writing within 30 days of the conviction, plea, or finding of guilt. Individuals shall also provide a certified copy of the conviction, plea, nolo contendere record, or docket entry to ASHA Standards and Ethics within 30 days of self-reporting.

- T. Individuals who have been publicly sanctioned or denied a license or a professional credential by any professional association, professional licensing authority or board, or other professional regulatory body shall self-report by notifying ASHA Standards and Ethics (see Terminology for mailing address) in writing within 30 days of the final action or disposition. Individuals shall also provide a certified copy of the final action, sanction, or disposition to ASHA Standards and Ethics within 30 days of self-reporting.



BOARD MEETING MINUTES – Draft

Long Beach, California

October 10-11, 2019

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

Full Board Meeting

Dee Parker, Board Chair, called the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board meeting to order at 2:41 p.m. Ms. Parker called roll; six members of the Board were present and thus a quorum was established.

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

Board Members Present

Dee Parker, SLP, Board Chair
Christy Cooper, AuD, Board Member
Amnon Shalev, HAD, Board Member
Rodney Diaz, Otolaryngologist, Public Board Member
Debbie Snow, Public Board Member
Karen Chang, Public Board Member

Staff Present

Paul Sanchez, Executive Officer
Michael Santiago, Legal Counsel
Tenisha Graves, Enforcement Coordinator

Guests Present

Lisa Chattler, CSHA
Bryce Docherty, HHP-CA
Cydney Fox, IGAPS/Pathways
Dennis VanVliet, Audiology Management Group
Linda Pippert, CSHA
Alison Grimes, UCLA
Carrie Bower, CAA
Jacque Georgeson, University of the Pacific
Christy Kirsch, San Diego State University
Dr. Elaine Fogel Schneider, Cal State ULA/CSHA

2. Public Comment for Items not on the Agenda

Written public comment was received from Tracey McDonnell requesting the Board to review the regulations regarding the supervision of speech-language pathology assistants (SLPA). Specifically, regarding the supervision of part-time SLPAs.

3. Approval of the July 18-19, 2019 Board Meeting Minutes

M/S/C Snow/Chang

Motion to approve the July 18-19, 2019 Board meeting minutes. The motion carried 5-0 with Mr. Diaz abstaining.

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

5. Executive Officer's Report

a. Administration Update

Mr. Sanchez reported the Board has experienced an increase in licensing applications. Mr. Sanchez stated the Board is also seeing an increase in the number of SLPA licensees.

Mr. Sanchez stated the Board will begin preparing the sunset report in the Spring. Mr. Sanchez also stated the Board is going through the Business Modernization Project for a new database system. Mr. Sanchez reported the Board office will be relocated to accommodate the growing staff.

Mr. Sanchez also reported the Board is recruiting for one licensing analyst position and one regulation analyst position.

b. Budget Report

Mr. Sanchez reported the Board is budgeted for \$2.2 million dollars and has spent approximately \$430,000 to date.

c. Licensing Report

Mr. Sanchez stated the Board is still in its peak licensing season and staff are processing about 4,000 applications per year. Mr. Sanchez reported the current processing time is 4 weeks for complete applications and 9 weeks for incomplete applications.

d. Practical Examination Report

Mr. Sanchez provided data for the practical exam held on July 27th. Mr. Sanchez stated the Board is planning to offer a practical exam in Southern California during 2020.

e. Enforcement Report

Mr. Sanchez reported the Board has received about 53 complaints during the first quarter and 14 cases are pending with the Attorney General's office.

6. Legislation Update, Review, and Possible Action

a. Legislative Report

Mr. Sanchez referred to the legislative report provided by Heather Olivares, Legislation/Regulation Analyst. Mr. Sanchez reported the last day for the Governor to sign or veto bills is October 13th.

b. Board-Specific Legislation

- AB 598 (Bloom) Hearing aids: minors

Mr. Sanchez stated this bill made it further in the process than similar bills in the past. Mr. Sanchez reported the Governor has concerns about the bill, but rather than vetoing it, the bill will be held to address the Governor's concerns.

- AB 1075 (Holden) California State University: speech-language pathologist programs

Mr. Sanchez reported the bill is waiting for a signature or veto from the Governor.

c. Healing Arts Legislation

- SB 425 (Hill) Health care practitioners: licensee's file: probationary physician's and surgeon's certificate: unprofessional conduct

Mr. Sanchez provided an overview of the bill and reported the bill is waiting for a signature or veto from the Governor.

- SB 639 (Mitchell) Medical services: credit or loan

Mr. Sanchez provided an overview of the bill and reported the bill is waiting for a signature or veto from the Governor.

d. DCA-Wide Legislation

- AB 5 (Gonzalez) Worker status: employees and independent contractors

Mr. Sanchez provided an overview of the bill, including the ABC test for independent contractors. Mr. Sanchez reported the bill has been signed by the Governor.

- AB 476 (Blanca Rubio) Department of Consumer Affairs: task force: foreign-trained professionals

Mr. Sanchez provided an overview of the bill and reported the bill is waiting for a signature or veto from the Governor. Mr. Sanchez stated the review of foreign applications has been a challenge for the Board.

- AB 1076 (Ting) Criminal records: automatic relief

Mr. Sanchez provided an overview of the bill and reported the bill has been signed by the Governor.

- SB 53 (Wilk) Open meetings

Mr. Sanchez provided an overview of the bill and reported the bill was held under submission in the Assembly Appropriations Committee.

- SB 225 (Durazo) Citizens of the state

Mr. Sanchez provided an overview of the bill and reported the bill is waiting for a signature or veto from the Governor.

Mr. Shalev inquired whether a resident of California can obtain a professional license in order to be appointed to the Board.

- SB 601 (Morrell) State agencies: licenses: fee waiver

Mr. Sanchez provided an overview of the bill and reported the bill is waiting for a signature or veto from the Governor.

Hearing Aid Dispensers Committee Meeting

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

Amnon Shalev, Committee Chair, called the Hearing Aid Dispensers Committee Meeting to order. Mr. Shalev called roll; five members of the Committee were present and thus a quorum was established.

Committee Members Present

Amnon Shalev, Committee Chair
 Marcia Raggio, Committee Member
 Christy Cooper, Committee Member
 Rodney Diaz, Committee Member
 Karen Chang, Committee Member

2. Public Comment for Items not on the Agenda

There were no comments from the public, outside agencies, or associations.

3. Discussion and Possible Action on the Use of a National Hearing Aid Dispensers Written Exam to Replace California's Written Exam

Mr. Shalev stated the current written exam applies to hearing aid dispensers and dispensing audiologists. Mr. Sanchez stated a number of states use the International Hearing Society (IHS) International Licensing Examination. Mr. Sanchez reported that he spoke with individuals from IHS and the DCA Office of Professional Examination Services (OPES) and stated an occupational analysis would be required to determine whether the IHS exam would meet the needs of California. Mr. Sanchez stated a

supplemental exam may be required to cover the California laws and regulations including the Song-Beverly Consumer Warranty Act.

Mr. Shalev stated the written exam is necessary for dispensing audiologists due to the laws and regulations section. Mr. Shalev recommended the Board keep the written exam as it is rather than splitting it to two separate exams. Ms. Raggio stated dispensing audiologists are well trained on the contents of the current written exam and an exam focused on laws and regulations should be considered. Ms. Cooper inquired whether IHS can incorporate California laws and regulations into their exam. Mr. Sanchez stated he has not asked IHS whether that would be an option but stated an occupational analysis would still be required. Ms. Chang inquired how often the written exam is changed. Mr. Sanchez responded the written exam is revisited every year through development workshops. Mr. Sanchez stated an occupational analysis will be completed for the hearing aid dispensing profession soon.

Bryce Docherty stated HHP supports migrating toward the IHS written exam but agrees that the state laws and regulations would also need to be included as part of the examination. Mr. Docherty stated many boards within DCA utilize a national exam. Mr. Docherty added that IHS offers distance learning programs and standardized study guides to help prepare for the exam.

M/S/C Raggio/Cooper

Motion to the Board that no changes are made to the current written hearing aid dispensing examination. The motion carried 5-0.

4. Discussion and Possible Action on Requiring an Apprenticeship or Training Program for Hearing Aid Dispenser Applicant's Prior to Taking the Practical Exam

Mr. Shalev stated this issue is the result of AB 780 (Brough), which did not move forward this year. Mr. Shalev expressed concern regarding creating another voluntary training program. Mr. Sanchez stated if the Board would like to establish a new course of instruction or training program it should be mandatory.

Bryce Docherty with HHP stated there is some confusion regarding the bill and the goal was to supplant the current training program with a standardized apprenticeship program. Mr. Docherty stated HHP would support a standardized apprenticeship training program; however, making it mandatory would create a barrier to licensure. Mr. Sanchez stated the Board already has authority to require a course of instruction for the fitting and selection of hearing aids.

Mr. Shalev recommends the Board not address this issue since AB 780 is not moving forward this year.

5. Adjournment

Mr. Shalev adjourned the Hearing Aid Dispensers Committee Meeting.

Audiology Practice Committee Meeting

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

Marcia Raggio, Committee Chair, called the Audiology Practice Committee Meeting to order. Ms. Raggio called roll; four members of the Committee were present and thus a quorum was established.

Committee Members Present

Marcia Raggio, Committee Chair
Christy Cooper, Committee Member
Rodney Diaz, Committee Member
Karen Chang, Committee Member

2. Public Comment for Items not on the Agenda

There were no comments from the public, outside agencies, or associations.

3. Discussion and Possible Action on Updating the Board's Website on Auditory Processing Disorder Information

Ms. Raggio reported the Board received public comment from a practicing audiologist, Dr. Maria Abramson, regarding the consumer information statement on auditory processing disorder on the Board's website. Ms. Raggio stated she researched the current state of the science and how it can be presented in a way that is consumer friendly. Ms. Raggio presented a revised statement on central auditory processing disorder for the Board's website.

Cydney Fox with IGAPS/Pathways stated auditory processing is what the brain does with what it hears. Ms. Fox also shared information regarding what happens when an individual has an auditory processing disorder. Ms. Raggio recommends the Board solicit feedback on the current statement. Ms. Fox will provide Ms. Raggio with e-mail addresses for people in the field who can weigh in on this statement.

M/S/C Chang/Cooper

Motion to make changes to the statement regarding auditory processing disorder that is consumer friendly and seek feedback from the audiology field. The motion carried 4-0.

4. Discussion and Possible Action on Clarifying the Regulation on the Required Number of Clock Hours for Audiologists

Ms. Raggio stated the current language for clinical clock hours for audiologists is based on the number of clinical clock hours for a master's degree program and requires the completion of a 12-month externship. Ms. Cooper stated the RPE requirements should also be updated to reflect the current audiology licensure requirements.

Jacque Georgeson with the University of the Pacific expressed concern about new CSU programs being able to maintain sufficient liability for students completing a 12-month

externship. Ms. Cooper suggested requiring a minimum number of hours as well as a minimum timeframe. Ms. Raggio stated that would require a statutory change.

Ms. Raggio suggested requiring a minimum of 1800 hours of clinical clock hours to be completed during the externship. The Committee will continue working on this issue to develop legislative and regulatory language.

5. Adjournment

Mr. Raggio adjourned the Audiology Practice Committee Meeting.

Full Board Meeting

Dee Parker, Board Chair, called the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board meeting to order at 9:11 a.m. Ms. Parker called roll; seven members of the Board were present and thus a quorum was established.

Call to Order / Roll Call / Establishment of Quorum

Board Members Present

Dee Parker, SLP, Board Chair

Marcia Raggio, AuD, Vice Chair

Christy Cooper, AuD, Board Member

Amnon Shalev, HAD, Board Member

Rodney Diaz, Otolaryngologist, Public Board Member

Debbie Snow, Public Board Member

Karen Chang, Public Board Member

8. Update from the Hearing Aid Dispensers Committee Meeting

Mr. Shalev reported the Committee recommends that the Board maintain the current written exam. Mr. Shalev stated the Committee unanimously supported this motion.

M/S/C Raggio/Cooper

Motion to the Board that no changes are made to the current written hearing aid dispensing examination. The motion carried 7-0.

Mr. Shalev also reported the Committee did not take any action on requiring an apprenticeship program for hearing aid dispensing applicants.

9. Update from the Audiology Practice Committee Meeting

Ms. Raggio reported the information on the Board's website regarding auditory processing disorder is outdated. Ms. Raggio stated the Committee will be soliciting more stakeholder and parent feedback to update the information on the website.

Ms. Raggio also reported the Committee will continue discussing the required number of clock hours for audiologists and will be developing legislative and regulatory language to address this issue.

10. Discussion and Possible Action of Statutes Regarding Tasks Performed by Audiology Aides

Ms. Raggio reported some audiology licensees think the language regarding audiology aides is unclear. Ms. Raggio stated the language is clear but is not promoted in a way that is easy to find and understand. Ms. Raggio recommended the regulations should be presented in a clear manner on the Board's website. Ms. Raggio also recommended changes to the audiology aide application to make the regulations clear.

Mr. Diaz inquired if the regulations can be sent to the aide with the license. Mr. Sanchez responded this information can be included in the letter that is sent to the aide and the supervisor.

The Board discussed developing a list of tasks that can be performed by audiology aides. Bryce Docherty with HHP expressed concern with developing a list of tasks and recommended being clear about what tasks an aide cannot do such as fitting and selling hearing aids. Mr. Docherty inquired who would be responsible for determining the competency level of the aide pursuant to California Code of Regulations section 1399.154.2(f). Mr. Sanchez responded the supervisor would be responsible for determining the competency level.

Mr. Diaz stated the requirement in section 1399.154.2(b) regarding being physically present can be open to interpretation. DCA Legal Counsel, Michael Santiago responded the courts will give deference to the Board's interpretation of the regulation. Mr. Diaz suggested this interpretation should be clarified on the Board's website.

M/S/C Cooper/Snow

Motion to delegate defining specific tasks that an audiology aide can perform and considering legislative and regulatory changes to the Audiology Practice Committee. The motion carried 7-0.

11. Discussion and Possible Action on the Issues Related to Remote Programming of Hearing Aids

Ms. Raggio stated the telehealth information on the Board's website is not clear as to whether an individual must have a California license to remotely program hearing aids for patients in California.

Dennis VanVliet with Audiology Management Group stated remote programming for hearing aids has been around for at least 12 years, although it may be somewhat rare since an audiologist would most likely want to examine the patient's ear first. Mr. VanVliet stated remote programming may become easier in the future and the rules should be clear.

Ms. Raggio suggested the telehealth information should be presented clearly on the Board's website outlining what can and cannot be done with and without a license.

Motion to direct Board staff to bring suggested changes to the website regarding telehealth back to the Board. The motion carried 7-0.

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

Mr. Sanchez reported the Board is anticipating proposed federal regulations regarding over-the-counter hearing aids will be available for public comment in November. Mr. Sanchez stated some Board members may be tasked with developing written public comment on behalf of the Board.

Ms. Raggio stated there are already over-the-counter hearing aids on the market. Alison Grimes with UCLA stated over-the-counter hearing aids are not being marketed as hearing aids, but rather as personal amplifiers. Mr. Sanchez stated the Board may have jurisdiction if the devices are classified as hearing aids.

13. Discussion and Possible Action on Allowing Audiologists to Perform Cognitive Screening Tests Along with the Hearing Aid Evaluation

Ms. Raggio stated at the CAA Conference, speakers were recommending that audiologists perform cognitive screening tests. Ms. Raggio inquired whether audiologists are qualified to perform cognitive screenings and what others in the field, such as psychologists, would feel about audiologist involvement in cognitive screening. Ms. Raggio discussed offering counseling, so the patient and their family are also aware of the cognitive decline in addition to the hearing loss. Ms. Raggio inquired if the Board could reach out to the Board of Psychology regarding this issue. Mr. Sanchez responded that he will reach out to the Board of Psychology's Executive Officer.

14. Discussion and Possible Action on Board Proposed Legislation Regarding Locked Hearing Aids Disclosure for Hearing Aid Dispensers and Dispensing Audiologists

Mr. Sanchez reported Board staff have been working with Ms. Raggio and stakeholders to develop legislative language regarding locked hearing aids. Ms. Raggio recommended the Board also seek feedback from manufacturers of proprietary hearing aid software.

Mr. Shalev stated the legislative language is not clear. Ms. Raggio also expressed concern that the consumer notification doesn't occur until the customer is ready to purchase the hearing aid. Mr. Sanchez responded that requiring consumer notification any earlier in the process would be difficult to implement and enforce.

Bryce Docherty with HHP expressed concerns with unclear language including "proprietary hearing aid programming software," "corporate owned store", and "franchised hearing aid manufacturer." Mr. Sanchez recommended changing the language to apply to proprietary or locked hearing aid programming software. Mr. Diaz suggested the legislative language should specify the content for the consumer notice.

The Board discussed requiring licensees to provide a list of the locations of the affiliated facilities to the consumer. Ms. Cooper stated it would be difficult to maintain the list and this should not be a requirement.

Mr. Sanchez stated Board staff will make additional changes to the legislative language and bring it back to the Board for review and approval.

15. Board Election of Officers

Mr. Sanchez stated the Board is required to elect a Chair and Vice Chair.

Ms. Snow nominated Dee Parker as Chair. The nomination was accepted by Ms. Parker. The nomination passed 7-0.

Ms. Cooper nominated Marcia Raggio as Vice Chair. The nomination was accepted by Ms. Raggio. The nomination passed 7-0.

16. Future Agenda Items and Future Board Meeting Dates

Mr. Sanchez stated the next Board meeting is February 20-21 in Sacramento.

Ms. Raggio requested the written public comment received from Tracey McDonnell regarding the regulations for the supervision of SLPAs be added to a future agenda.

Ms. Chang requested adding probation monitoring costs to the disciplinary guidelines to a future agenda.

17. Adjournment

Ms. Parker adjourned the meeting.



MEMORANDUM

DATE	January 27, 2020
TO	Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board
FROM	Heather Olivares, Legislation/Regulation Analyst
SUBJECT	Discussion and Possible Action Regarding Regulations as a Result of AB 2138 Licensing Boards: Denial of Application: Revocation or Suspension of Licensure: Criminal Conviction

BACKGROUND

Assembly Bill (AB) 2138 (Chiu) was signed by Governor Brown on September 30, 2018 and will become operative on July 1, 2020. This legislation amends various provisions of the Business and Professions Code relating to a board's ability to deny a license based on a criminal conviction(s) and revises requirements related to the criteria of rehabilitation that boards must consider when evaluating the denial of an application, discipline of a licensee, a petition for reinstatement, or a petition for early termination of probation. The Legislature's intent in enacting AB 2138 was "to reduce licensing and employment barriers for people who are rehabilitated."

The Board reviewed two different regulatory proposals at the April 11-12, 2019 meeting and decided to move forward with the enclosed regulatory language. As part of the DCA internal review process for all regulations, some minor grammatical errors have been identified, requiring the Board to review and approve the revised regulatory language.

ACTION REQUESTED

Included in your materials are revisions to California Code of Regulations (CCR) Sections 1399.132, 1399.133, 1399.134, 1399.156.1, 1399.156.2, and 1399.156.3. Please review the regulatory proposal and be prepared to discuss any modifications or revisions. Staff recommends the Board approve the regulatory language with any necessary changes, move to start the formal rulemaking process, and delegate authority to the Executive Officer to make any technical and non-substantive changes that may be required to complete the rulemaking file.

Criminal Conviction Substantial Relationship and Rehabilitation Criteria

CCR Title 16, Division 13.3, Section 1399.132 § 1399.132. Substantial Relationship Criteria.

(a) For the purpose of denial, suspension, or revocation of a hearing aid dispenser's license pursuant to Section 141 or Division 1.5 (commencing with Section 475) of the Business and Professions Code, a crime, professional misconduct, or act shall be considered substantially related to the qualifications, functions, and duties of a hearing aid dispenser if to a substantial degree it evidences present or potential unfitness of a hearing aid dispenser licensee to perform the functions authorized by his the license in a manner consistent with the public health, safety, or welfare. Such crimes or acts shall include, but not be limited to those involving the following:

(b) In making the substantial relationship determination required under subdivision (a) for a crime, the Board shall consider the following criteria:

(1) The nature and gravity of the offense;

(2) The number of years elapsed since the date of the offense; and

(3) The nature and duties of a licensee.

(c) For purposes of subdivision (a), substantially related crimes, professional misconduct, or acts shall include, but are not limited to, the following:

(a) (1) Any violation or attempt to violate of the provisions of Sections 650, 651, 651.3 and 655.2 of the Code.

(b) (2) Any violation or attempt to violate of the provisions of Chapter 7.5, Division 2 of the Business and Professions Code.

(3) Conviction or act involving fiscal or commercial dishonesty, fraud, deceit, or corruption related to money, items, documents, or personal information.

(4) Conviction or act involving grand theft or embezzlement.

(5) Conviction or act involving child abuse.

(6) Conviction or act regarding elder abuse.

(7) A conviction requiring a person to register as a sex offender pursuant to Section 290 of the Penal Code.

(8) Conviction or act involving lewd conduct or sexual impropriety.

(9) Conviction or act involving assault, battery, or other violence.

Criminal Conviction Substantial Relationship and Rehabilitation Criteria

(10) Conviction or act involving the use of drugs or alcohol to an extent or in a manner dangerous to the individual or the public.

Note: Authority cited: Sections 493 and 2531.06, Business and Professions Code.
Reference: Sections 141, 480, 481, 490, 493, 2533 and 2533.1, Business and Professions Code.

CCR Title 16, Division 13.3, Section 1399.133

§ 1399.133. Criteria for Rehabilitation - Denials and Reinstatements.

(a) When considering the denial of a license or a temporary license under Section 480 of the Business and Professions Code, ~~or the reinstatement of a license, on the ground that the applicant was convicted of a crime, or when considering the reinstatement of a license,~~ the Board shall consider whether the applicant made a showing of rehabilitation and is presently ~~fit eligible~~ for a license, if the applicant completed the criminal sentence at issue without a violation of parole or probation. In making this determination, the Board shall consider the following criteria: ~~the Board, in evaluating the rehabilitation of the applicant and his or her present eligibility for licensing, shall consider the following criteria:~~

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(1) The nature and gravity of the crime(s).

(2) The length(s) of the applicable parole or probation period(s).

(3) The extent to which the applicable parole or probation period was shortened or lengthened, and the reason(s) the period was modified.

(4) The terms or conditions of parole or probation and the extent to which they bear on the applicant's rehabilitation.

(5) The extent to which the terms or conditions of parole or probation were modified, and the reason(s) for modification.

(b) If subdivision (a) is inapplicable, or the Board determines that the applicant did not make the showing of rehabilitation based on the criteria in subdivision (a), the Board shall apply the following criteria in evaluating an applicant's rehabilitation. The Board shall find that the applicant made a showing of rehabilitation and is presently eligible for a license if, after considering the following criteria, the Board finds that the applicant is rehabilitated:

(1) The nature and severity of the act(s) or crime(s) under consideration as grounds for denial.

(2) Evidence of any act(s) or crimes(s) committed subsequent to the act(s) or crime(s) under consideration as grounds for denial which also could be considered as grounds for denial under Section 480 of the Business and Professions Code.

Criminal Conviction Substantial Relationship and Rehabilitation Criteria

(3) The time that has elapsed since commission of the act(s) or crime(s) referred to in subdivision (1) or (2).

(4) The extent to which the applicant has complied with any terms of parole, probation, restitution, or any other sanctions lawfully imposed against the applicant.

(5) The criteria in subdivision (a)(1)-(5), as applicable.

~~(6)~~ (6) Evidence, if any, of rehabilitation submitted by the applicant.

Note: Authority cited: Sections ~~482~~ and 2531.06, Business and Professions Code.

Reference: Sections ~~475, 480, 481, 482, 488, 490, 493~~, 2533 and 2533.1, Business and Professions Code.

CCR Title 16, Division 13.3, Section 1399.134

§ 1399.134. Criteria for Rehabilitation - Suspensions and Revocations.

(a) When considering the suspension or revocation of a license or a temporary license on the grounds that the licensee has been convicted of a crime, the Board shall consider whether the licensee made a showing of rehabilitation and is presently fit for a license, if the licensee completed the criminal sentence at issue without a violation of parole or probation. In making this determination, the Board shall consider the following criteria: the Board, in evaluating the rehabilitation of such person and his present eligibility for a license or temporary license, will consider the following criteria:

(1) The nature and gravity of the crime(s).

(2) The length(s) of the applicable parole or probation period(s).

(3) The extent to which the applicable parole or probation period was shortened or lengthened, and the reason(s) the period was modified.

(4) The terms or conditions of parole or probation and the extent to which they bear on the licensee's rehabilitation.

(5) The extent to which the terms or conditions of parole or probation were modified, and the reason(s) for modification.

(b) If subdivision (a) is inapplicable, or the Board determines that the licensee did not make the showing of rehabilitation based on the criteria in subdivision (a), the Board shall apply the following criteria in evaluating a licensee's rehabilitation. The Board shall find that the licensee made a showing of rehabilitation and is presently fit for a license if, after considering the following criteria, the Board finds that the licensee is rehabilitated:

(1) The ~~N~~ nature and severity of the act(s) or ~~offense(s)~~ crime(s).

Criminal Conviction Substantial Relationship and Rehabilitation Criteria

(2) ~~The~~ Total criminal record.

(3) ~~Extent of~~ The time that has elapsed since commission of the act(s) or ~~offense(s)~~ crime(s).

(4) Whether the licensee has complied with any or all terms of parole, probation, restitution or any other sanctions lawfully imposed against the licensee.

(5) The criteria in subdivision (a)(1)-(5), as applicable.

~~(6)~~ (6) If applicable, evidence of ~~expungement~~ dismissal proceedings pursuant to Section 1203.4 of the Penal Code.

~~(6)~~ (7) Evidence, if any, of rehabilitation submitted by the licensee.

Note: Authority cited: Sections 482 and 2531.06, Business and Professions Code.
Reference: Sections 141, 475, 480, 482, 488, 490, 493, 2533 and 2533.1, Business and Professions Code.

CCR Title 16, Division 13.4, Section 1399.156.1 § 1399.156.1. Substantial Relationship Criteria.

(a) For the purposes of denial, suspension, or revocation of a license or registration pursuant to Section 141 or Division 1.5 (commencing with Section 475) of the Business and Professions Code, a crime, professional misconduct, or act shall be considered to be substantially related to the qualifications, functions, or duties of a person holding a license under the Act if to a substantial degree it evidences present or potential unfitness of a person holding a license to perform the function authorized by his or her license or registration in a manner consistent with the public health, safety, or welfare. Such crimes or acts shall include but not be limited to those involving the following:

(b) In making the substantial relationship determination required under subdivision (a) for a crime, the Board shall consider the following criteria:

(1) The nature and gravity of the offense;

(2) The number of years elapsed since the date of the offense; and

(3) The nature and duties of a licensee.

(c) For purposes of subdivision (a), substantially related crimes, professional misconduct, or acts shall include, but are not limited to, the following:

~~(a)~~ (1) Violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate any provision or term of the Act.

Criminal Conviction Substantial Relationship and Rehabilitation Criteria

~~(b)~~ (2) Conviction of a crime involving fiscal or commercial dishonesty, fraud, deceit, or corruption related to money, items, documents, or personal information.

(3) Conviction or act involving grand theft or embezzlement.

(4) Conviction or act involving child abuse.

(5) Conviction or act regarding elder abuse.

(6) A conviction requiring a person to register as a sex offender pursuant to Section 290 of the Penal Code.

(7) Conviction or act involving lewd conduct or sexual impropriety.

(8) Conviction or act involving assault, battery, or other violence.

(9) Conviction or act involving the use of drugs or alcohol to an extent or in a manner dangerous to the individual or the public.

Note: Authority cited: Sections 481, 493, and 2531.95, Business and Professions Code.
Reference: Sections 141, 480, 481, 490, 493, 2533 and 2533.1, Business and Professions Code.

CCR Title 16, Division 13.4, Section 1399.156.2

§ 1399.156.2. Rehabilitation Criteria for Denial~~s~~ and Reinstatement~~s~~.

(a) When considering the denial of a license or registration under Section 480 of the Business and Professions Code, ~~or a petition for reinstatement under Section 11522 of the Government Code, on the ground that the applicant was convicted of a crime, or~~ when considering a petition for reinstatement under Section 11522 of the Government Code, the Board shall consider whether the applicant made a showing of rehabilitation and is presently fit eligible for a license, if the applicant completed the criminal sentence at issue without a violation of parole or probation. In making this determination, the Board shall consider the following criteria: ~~the Board, in evaluating the rehabilitation of the applicant and his or her present eligibility for a license, will consider the following criteria:~~

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(1) The nature and gravity of the crime(s).

(2) The length(s) of the applicable parole or probation period(s).

(3) The extent to which the applicable parole or probation period was shortened or lengthened, and the reason(s) the period was modified.

Criminal Conviction Substantial Relationship and Rehabilitation Criteria

(4) The terms or conditions of parole or probation and the extent to which they bear on the applicant's rehabilitation.

(5) The extent to which the terms or conditions of parole or probation were modified, and the reason(s) for modification.

(b) If subdivision (a) is inapplicable, or the Board determines that the applicant did not make the showing of rehabilitation based on the criteria in subdivision (a), the Board shall apply the following criteria in evaluating an applicant's rehabilitation. The Board shall find that the applicant made a showing of rehabilitation and is presently eligible for a license if, after considering the following criteria, the Board finds that the applicant is rehabilitated:

~~(a)~~ (1) The nature and severity of the act(s) or crime(s) under consideration as grounds for denial.

~~(b)~~ (2) Evidence of any act(s) or crime(s) committed subsequent to the act(s) or crime(s) under consideration as grounds for denial which also could be considered as grounds for denial under Section 480 of the Business and Professions Code.

~~(c)~~ (3) The time that has elapsed since commission of the act(s) or crime(s) referred to in subdivision (1) or (2).

~~(d)~~ (4) The extent to which the applicant has complied with any terms of parole, probation, restitution, or any other sanctions lawfully imposed against the applicant.

(5) The criteria in subdivision (a)(1)-(5), as applicable.

~~(e)~~ (6) Evidence, if any, of rehabilitation submitted by the applicant.

Note: Authority cited: Sections 482 and 2531.95, Business and Professions Code.
Reference: Sections 475, 480, 481, 482, 488, 490, 493, 2533 and 2533.1, Business and Professions Code.

CCR Title 16, Division 13.4, Section 1399.156.3

§ 1399.156.3. Rehabilitation Criteria for Suspensions or Revocations.

(a) When considering the suspension or revocation of a license on the grounds that a person holding a license or registration under the Act has been convicted of a crime, the Board shall consider whether the licensee made a showing of rehabilitation and is presently fit for a license, if the licensee completed the criminal sentence at issue without a violation of parole or probation. In making this determination, the Board shall consider the following criteria: ~~the Board, in evaluating the rehabilitation of such person and his or her eligibility for a license will consider the following criteria:~~

(1) The nature and gravity of the crime(s).

Criminal Conviction Substantial Relationship and Rehabilitation Criteria

(2) The length(s) of the applicable parole or probation period(s).

(3) The extent to which the applicable parole or probation period was shortened or lengthened, and the reason(s) the period was modified.

(4) The terms or conditions of parole or probation and the extent to which they bear on the licensee's rehabilitation.

(5) The extent to which the terms or conditions of parole or probation were modified, and the reason(s) for modification.

(b) If subdivision (a) is inapplicable, or the Board determines that the licensee did not make the showing of rehabilitation based on the criteria in subdivision (a), the Board shall apply the following criteria in evaluating a licensee's rehabilitation. The Board shall find that the licensee made a showing of rehabilitation and is presently fit for a license if, after considering the following criteria, the Board finds that the licensee is rehabilitated:

~~(a)~~ (1) The Nature and severity of the act(s) or offense(s) crime(s).

~~(b)~~ (2) The Total criminal record.

~~(c)~~ (3) The time that has elapsed since commission of the act(s) or offense(s) crime(s).

~~(d)~~ (4) Whether the licensee has complied with any terms of parole, probation, restitution or any other sanctions lawfully imposed against such person.

(5) The criteria in subdivision (a)(1)-(5), as applicable.

~~(e)~~ (6) If applicable, evidence of expungement dismissal proceedings pursuant to Section 1203.4 of the Penal Code.

~~(f)~~ (7) Evidence, if any, of rehabilitation submitted by licensee, certificate or permit holder.

Note: Authority cited: Sections 482 and 2531.95, Business and Professions Code.

Reference: Sections 141, 475, 480, 482, 488, 490, 493, 2533 and 2533.1, Business and Professions Code.



MEMORANDUM

DATE	January 27, 2020
TO	Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board
FROM	Heather Olivares, Legislation/Regulation Analyst
SUBJECT	Discussion and Possible Action Regarding Speech-Language Pathology Supervised Clinical Experience, Required Professional Experience Speech-Language Pathology Assistant Training Programs, Speech- Language Pathology Assistant Requirements and Qualifications for Registrations

BACKGROUND

At the May 31-June 1, 2018 meeting, the Board approved an application, application checklist, and the associated fieldwork experience/employment work experience verification forms for registration as a speech-language pathology assistant (SLPA). The forms would have been incorporated by reference in California Code of Regulations (CCR) Section 1399.170.13.

However, two sections in the approved SLPA regulations (Sections 1399.170.13 and 1399.170.14) conflict with the Board-approved Speech-Language Pathology and Audiology Fee regulations. In order to continue moving forward with the SLPA regulations, Sections 1399.170.13 and 1399.170.14 are being removed from the regulatory proposal.

ACTION REQUESTED

Included in your materials are revisions to CCR Sections 1399.170, 1399.170.4, 1399.170.10, 1399.170.11, and 1399.170.15. Please review the regulatory proposal and be prepared to discuss any modifications or revisions. Staff recommends the Board approve the regulatory language with any necessary changes, move to start the formal rulemaking process, and delegate authority to the Executive Officer to make any technical and non-substantive changes that may be required to complete the rulemaking file.

Amend Sections 1399.170, 1399.170.4, 1399.170.10, 1399.170.11, ~~1399.170.13, 1399.170.14~~ and 1399.170.15 of Article 12 of Division 13.4 of Title 16 as follows:

1399.170. Definitions.

As used in this article:

(a) "Accountability" means being legally responsible and answerable for actions and inactions of self or others during the performance of a task by the speech-language pathology assistant.

(b) "Client" shall have the same meaning and effect as the term "patient" and "student," when referring to services provided in a school or other setting, for purposes of interpreting the provisions in this Article.

(c) "Direct supervision" means on-site observation and guidance or live electronic observation and guidance by the supervising speech-language pathologist while a clinical activity is performed by the speech-language pathology assistant. Direct supervision performed by the supervising speech-language pathologist may include, but is not limited to, the following: observation of a portion of the screening or treatment procedures performed by the speech-language pathology assistant, coaching the speech-language pathology assistant, and modeling for the assistant.

(d) "Immediate supervision" means the supervising speech-language pathologist is physically present during services provided to the client by the speech-language pathology assistant.

(e) "Indirect supervision" means the supervising speech-language pathologist is not at the same facility or in close proximity to the speech-language pathology assistant, but is available to provide supervision by electronic means. Indirect supervision activities performed by the supervising speech-language pathologist may include, but are not limited to, demonstration, record review, review and evaluation of audio or video-taped sessions, interactive television, and supervisory conferences that may be conducted by telephone or electronic mail.

(f) "Medically fragile" is the term used to describe a client that is acutely ill and in an unstable condition and if treated by a speech-language pathology assistant, immediate supervision by a speech-language pathologist is required.

(g) "Screening" is a pass-fail procedure to identify, without interpretation, clients who may require further assessment following specified screening protocols developed by the supervising speech-language pathologist.

(h) "Supervision" for the purposes of this article, means the provision of direction and evaluation of the tasks assigned to a speech-language pathology assistant. Methods for providing supervision include direct supervision, immediate supervision, and indirect supervision.

(i) "Support personnel" means individuals who, following academic and/or on-the-job training, perform tasks as prescribed, directed and supervised by a speech-language pathologist. There are different levels of support personnel based on training and scope of responsibilities.

(j) "Qualifications deemed equivalent by the Board" means a person who holds a license or has legal authorization to practice.

Note: Authority cited: Sections 2531.95 and 2538.1(a), Business and Professions Code.
Reference: Section 2538.1(b), Business and Professions Code.

1399.170.4. Application for Approval of Speech-Language Pathology Assistant Training Programs.

(a) To be eligible for approval by the Board as a speech-language pathology assistant training program (hereinafter referred to as "program"), the sponsoring institution shall be accredited by the Accrediting Commission for Community and Junior Colleges, Western Association of Schools and Colleges.

(b) An educational institution seeking approval of a speech-language pathology assistant program shall:

(1) Notify the Board in writing, by submitting a request from the officially designated representative of the sponsoring institution and the speech-language pathology assistant program director, who must hold a current active license with no disciplinary action within the past five (5) years in speech-language pathology or must have qualifications deemed equivalent by the Board and have practiced under that legal authorization for at least five (5) years, of its intent to offer a new program.

(2) No later than six (6) months prior to the enrollment of students, submit a formal proposal to the Board demonstrating how the program will meet the requirements of Sections 1399.170.5 through 1399.170.10. The Board, at its sole discretion, may retroactively approve programs that enrolled students prior to the effective date of the regulations.

(c) The Board shall review the request and formal proposal and may thereafter grant or deny approval. The Board may request additional information to evaluate the request for approval and shall notify the program of its decision in writing within sixty (60) days from receipt of all requested documents.

(d) A material misrepresentation by the program of any information required to be submitted to the Board may be grounds for denial of approval or removal of the program from the approved list.

Note: Authority cited: Sections 2531.95 and 2538.1(a), Business and Professions Code.
Reference: Section 2538.1(b)(2), Business and Professions Code.

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 ~~seventy (70)~~ 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.

Note: Authority cited: Sections 2531.95 and 2538.1(a), Business and Professions Code.
Reference: Section 2538.1(b)(2), Business and Professions Code.

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 ~~seventy (70)~~ 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.

~~(A2)~~ 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.

~~(B3)~~ In lieu of completion of the ~~seventy (70)~~ 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 weeks ~~nine months~~ 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.

(2) In addition to completion of the bachelor's degree program, completion of a three (3)-unit (semester) or four (4)-unit (quarter) course specific to speech-language pathology assistants, the scope of practice for speech-language pathology assistants, and the California laws and regulations that govern speech-language pathology assistants.

(c) Evidence of completion of an equivalent speech-language pathology assistant associate of arts or science degree program, which includes 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).

Note: Authority cited: Sections 2531.95 and 2538.1, Business and Professions Code.
Reference: Section 2538.1(b)(2) and 2538.3(a), Business and Professions Code.

1399.170.13. Application and Fees.

~~(a) Each person desiring registration as a speech language pathology assistant shall file submit a completed application forms (SPA 100 Rev 2018) 77A-60 New 08/01 and, if applicable, 77A-61 New 12/99) and any required supporting documentation with the Board as provided in Section 1399.151.1. Upon receipt of the speech language pathology assistant application, the Board will review the application for registration and notify the applicant of its approval or disapproval, hereby incorporated by reference, to the board.~~

~~(b) Each person desiring registration as a speech language pathology assistant who has completed a board approved speech language pathology assistant program, shall also submit a completed "Fieldwork Experience Verification Board Approved Speech Language Pathology Assistant Program" form (FEV 100 Rev 2018), hereby incorporated by reference, with the application. All applicants shall submit at the time of filing the speech language pathology assistant application, a non-refundable fee of \$50.00, which includes a non-refundable \$25.00 application fee and a non-refundable \$25.00 registration fee pursuant to Section 2534.2 of the Code.~~

~~(c) Each person desiring registration as a speech language pathology assistant who has completed a bachelor's degree program in speech language pathology or communication disorders pursuant to section 1399.170.11 shall also submit a completed, "Fieldwork Experience Verification Bachelor's Degree" form (BA FEV 100 Rev 2018), or "Employment Work Experience Bachelor's Degree" form (WEV 100 Rev 2018), hereby incorporated by reference, to the board with the application.~~

~~(d) Each person desiring registration as a speech language pathology assistant who has completed an equivalent speech language pathology assistant associate of arts or science degree program pursuant to section 1399.170.11 shall also submit a completed "Fieldwork Experience Verification Equivalent SLPA Program" form (EP FEV 100 Rev 2018), hereby incorporated by reference, to the board.~~

Note: Authority cited: Sections 2531.95 and 2538.1(a), Business and Professions Code.
Reference: Sections 2534.2(e) and (f) and 2538.1 and 2538.3 Business and Professions Code.

1399.170.14. Requirements for Renewal.

~~(a) The renewal fee for registration as a speech language pathology assistant is \$75.00 every two years pursuant to Section 2534.2 of the Code.~~

~~(b) When applying for renewal, a speech language pathology assistant shall certify in writing, by signing a statement under penalty of perjury that, during the preceding two years, the speech language pathology assistant has completed twelve (12) hours of continuing professional development through state or regional conferences, workshops, formal in-service presentations, independent study programs, or any combination of these concerning communication disorders.~~

~~Note: Authority cited: Sections 2531.95 and 2538.1, Business and Professions Code. Reference: Sections 2534.2(f), 2538.1 and (5), Business and Professions Code.~~

1399.170.15. Requirements for the Supervision of the Speech Language Pathology Assistant.

(a) The supervising speech-language pathologist (hereinafter called "supervisor") is responsible for designing and implementing a supervisory plan that protects client care and maintains the highest possible standards of quality. ~~The amount and type of supervision required should be consistent with the skills and experience of the speech language pathology assistant, the needs of the clients, the service setting, the tasks assigned, and the laws and regulations that govern speech language pathology assistants.~~ Treatment of the client remains the responsibility of the supervisor.

(b) Any person supervising a speech-language pathology assistant registered with the Board ~~on or after April 10, 2001, (hereinafter called "supervisor") shall sign under penalty of perjury and submit, within thirty (30) business days of the commencement of such supervision, to the Board on a form prescribed by the Board that includes all of the following: the "Responsibility Statement for Supervision of a Speech Language Pathology Assistant" (77S-60, New 12/99), which requires that:~~

(1) The speech-language pathology assistant's name and license number.

(2) The supervisor's name, street addresses, telephone number, speech-language pathology license number or clear credential issue date.

(3) The date supervision began.

(4) A statement as to whether the speech-language pathology assistant has more than one supervisor, and if so, if the supervisor submitting the form is the lead supervisor.

(5) A statement affirming that the supervisor shall:

~~(A4) The supervisor shall possess and maintain a current valid California license as a speech-language pathologist as required in Section 2532 of the Code and Section 1399.160.3 of California Code of Regulations or may hold a valid and current professional clear, clear, or life clinical or rehabilitative services credential in language, speech and hearing issued by the California Commission on Teacher Credentialing, and have at least two years of full-time experience providing services as a licensed speech-language pathologist. "Full-time experience" as used in this section means at least 36 weeks in a calendar year and a minimum of 30 hours per week.~~

~~(B2) The supervisor shall immediately notify the assistant of any disciplinary action, including revocation, suspension (even if stayed), probation terms, inactive license, or lapse in licensure, which affects the supervisor's ability or right to supervise.~~

~~(C3) The supervisor shall e~~Ensure that the extent, kind and quality of the clinical work performed is consistent with the training and experience of the person being supervised, and shall be accountable for the assigned tasks performed by the speech-language pathology assistant. The supervisor shall review client/patient records, monitor and evaluate assessment and treatment decisions of the speech-language pathology assistant, and monitor and evaluate the ability of the assistant to provide services at the site(s) where he or she will be practicing and to the particular clientele being treated, and ensure compliance with all laws and regulations governing the practice of speech-language pathology.

~~(D) During the first ninety (90) days, the supervisor shall provide immediate supervision at least 20% per week of the work schedule.~~

~~(E4) The supervisor shall e~~Complete not less than six (6) hours of continuing professional development in supervision training ~~in the initial two year period from prior to the commencement of supervision, and three (3) hours in supervision training of continuing professional development every two~~ four (4) years thereafter.

~~(F) The supervisor shall maintain records of course completion in supervision training for a period of two years from the speech-language pathology assistant's renewal date.~~

~~(G) The supervisor has read~~ knows and understands the laws and regulations pertaining to supervision of speech-language pathology assistants.

~~(H) As the professional development advisor, the supervisor shall assist in the development of a plan for the speech-language pathology assistant to complete twelve (12) hours of continuing professional development every two years through state or regional conferences, workshops, formal in-service presentations, independent study programs, or any combination of these concerning communication disorders.~~

~~(I) The supervisor shall e~~Communicate to the speech-language pathology assistant the manner in which emergencies will be handled.

~~(J) Upon written request of the Board, the supervisor shall provide the Board with any documentation which verifies the supervisor's compliance with the requirements set forth in this article.~~

~~(K) Provide a copy of the form to the assistant within 45 business days from the commencement date of supervision.~~

~~(L) Not supervise more than three (3) support personnel, not more than two of which hold the title of Speech-Language Pathology Assistant.~~

~~(M) assume responsibility for all services provided to clients by the Speech-Language Pathology Assistant that is being supervised.~~

~~(c)~~ Continuing professional development training obtained by a Board-approved provider that meets the course content listed below, may be applied towards the continuing professional development requirement for licensees set forth in Section 1399.160.3 of the California Code of Regulations. The content of such training shall include, but is not limited to:

~~(A1)~~ Familiarity with supervision literature through reading assignments specified by course instructors; and

~~(B2)~~ Improving knowledge and understanding of the relationship between the speech-language pathologist and the assistant, and the relationship between the speech-language pathologist and the client.

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(~~G~~3) Structuring to maximize supervision, including times and conditions of supervision sessions, problem solving ability, and implementing supervisor interventions within a range of supervisory modalities including live, videotape, audiotape, and case report methods;

(~~D~~4) Knowledge of contextual variables such as culture, gender, ethnicity, and economic issues; and

(~~E~~5) The practice of clinical speech-language pathology including the mandated reporting laws and knowledge of ethical and legal issues.

Note: Authority cited: Sections 2531.95 and 2538.1(a), Business and Professions Code.
Reference: Sections 2530.2(f), 2538.1(b)(5), (6), (7) and (9), Business and Professions Code.



MEMORANDUM

DATE	January 30, 2020
TO	Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board
FROM	Heather Olivares, Legislation/Regulation Analyst
SUBJECT	Discussion and Possible Action regarding Required Professional Experience Direct Supervision Requirements and Remote or Tele Supervision

BACKGROUND

At the June 1, 2018 meeting, the Board discussed letters received from stakeholders in support of remote/tele supervision for required professional experience (RPE) temporary license holders. The Board agreed that the monitoring requirements needed to be clarified and requirements developed to allow for tele supervision of RPEs.

At the August 8-10, 2018 meeting, the Board reviewed and approved regulatory language. However, the language was approved without a definition for direct supervision and tele supervision.

At the April 11-12, 2019 meeting, the Board approved regulatory language with a definition for direct supervision and tele supervision. However, as part of the DCA Legal Office internal review, additional feedback has been received regarding the regulatory language.

ISSUES FOR DISCUSSION

- Clarify “visual personal observation” – what does this mean? Why isn’t personal observation enough? How else can a person observe something if not through visual means?
- The term “guidance” is unclear and infers that someone cannot be supervised unless you guide them, which isn’t necessarily the case. The term is also vague as to what level of “guidance” needs to be exerted over the RPE temporary license holder.
- Rather than stating “related to the field for which licensure is sought performed by the RPE temporary license holder,” should audiology and speech-language pathology be specified?
- Should the RPE supervisor have discretion to determine if other conditions exist that make tele supervision is inappropriate? Can this provision be further clarified?

ACTION REQUESTED

Included in your materials are revisions to California Code of Regulations (CCR) Sections 1399.153 and 1399.153.3. Please review the issues raised by the DCA Legal Office and be prepared to discuss any modifications or revisions to the regulatory language. Staff recommends the Board revise and approve the regulatory language, move to start the formal rulemaking process, and delegate authority to the Executive Officer to make any technical and non-substantive changes that may be required to complete the rulemaking file.

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

**Title 16, Division 13.4
Speech-Language Pathology and Audiology Regulations
Article 4. Qualifications for Licensure - Required Professional
Experience**

Amend Section 1399.153 of Article 4 of Division 13.4 of Title 16 as follows:

1399.153 Definitions.

As used in this article, the term:

(a) "Required professional experience" or "RPE" means the supervised practice of speech-language pathology or audiology for the purpose of meeting the requirements for licensure in accordance with Sections 2530.5, subdivision (f), and 2532.2, subdivision (d), of the Code and these regulations.

(b) "Required professional experience supervisor" or "RPE supervisor" means a person who is licensed as a speech-language pathologist or audiologist in the field for which licensure is sought, or has qualifications deemed equivalent by the Board. "Qualifications deemed equivalent by the Board" include a supervisor who holds legal authorization to practice in the state where the experience is being obtained in the field for which licensure is sought if the required professional experience is obtained in a setting which is exempt from the licensure requirements of the Act or out of state.

(c) "Required professional experience temporary license holder" or "RPE temporary license holder" means a person who has complied with Section 1399.153.2 of these regulations.

(d) "Direct supervision" means in person, real time, visual personal observation, and guidance by the RPE supervisor of activities related to the field for which licensure is sought performed by the RPE temporary license holder.

Commented [OH1]: Clarify

Commented [OH2]: Unclear

Commented [OH3]: Specify?

(e) "Tele supervision" means real time, visual personal observation, and guidance through electronic video monitoring by the RPE supervisor of activities related to the field for which licensure is sought performed by the RPE temporary license holder while care is being provided to the patient.

Commented [OH4]: Clarify

Commented [OH5]: Unclear

Commented [OH6]: Specify?

Note: Authority cited: Section 2531.95, Business and Professions Code. Reference: Section 2532.2, Business and Professions Code.

Amend Section 1399.153.3 of Article 4 of Division 13.4 of Title 16 as follows:

1399.153.3. Responsibilities of RPE Supervisors.

An RPE supervisor's responsibilities shall include, but are not limited to:

(a) Legal responsibility for the health, safety and welfare of the patients treated by the RPE temporary license holder.

(b) ~~Insuring-Ensuring~~ that the extent, kind, and quality of functions performed by an RPE temporary license holder under the supervisor's supervision is in compliance with these regulations and is consistent with the RPE temporary license holder's education and training.

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(c) ~~Insuring-Ensuring~~ that such supervision consists of direct ~~monitoring~~ supervision for a minimum of eight (8) hours per month for each full-time RPE temporary license holder and four (4) hours per month for each part-time RPE temporary license holder.

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(1) Tele supervision of the RPE temporary license holder may be ~~utilized in lieu of an appropriate form of~~ direct supervision if it meets the following requirements:

(A) Tele supervision is limited to no more than four (4) hours per month for each full-time RPE temporary license holder, and limited to no more than two (2) hours per month for each part-time RPE temporary license holder.

(B) The RPE supervisor informs the patient about the use of tele supervision and obtains verbal or written consent from the patient for the use of the tele supervision. The consent shall be documented by the RPE supervisor.

~~(C) The same standard of care is exercised when providing tele supervision as when providing any other mode of supervision.~~

~~——(CD) The RPE supervisor evaluates the functions to be performed by the RPE temporary license holder while tele supervision will occur, and based on the RPE supervisor's professional judgement of the individual RPE temporary license holder's ability, the RPE supervisor determines that there is no need to be physically present with the RPE temporary license holder for this direct supervision.~~

~~(DE) The RPE supervisor evaluates the functions that the RPE supervisor may need to be demonstrated while tele supervision will occur, and based on the RPE supervisor's professional judgement of the individual RPE temporary license holder's ability, the RPE supervisor determines that there is no need to be physically present with the RPE temporary license holder for this direct supervision.~~

~~(EF) The RPE temporary license holder is physically present with the patient while being tele supervised by the RPE supervisor.~~

(F) The RPE supervisor determines based on their professional judgement that other issues or conditions exist that make the use of tele supervision inappropriate in that given situation.

Commented [OH7]: Should this provision be clarified? Or removed?

(d) "Direct ~~monitoring supervision~~ of the RPE temporary license holder may consist of the personal observation of the following:

- (1) evaluation and assessment procedures;
- (2) treatment procedures;
- (3) record keeping, evaluation or assessment reports, correspondence, plans for management, and summaries of case conferences;
- (4) participation in case conferences.

(5) At least 50% of the supervisor's ~~observation~~ direct supervision shall be of the RPE temporary license holder's evaluation, assessment and treatment procedures.

(e) Reviewing and evaluating the RPE temporary license holder's performance on a monthly basis for the purpose of improving his or her professional expertise. The RPE supervisor shall discuss the evaluations with the RPE temporary license holder and maintain written documentation of these evaluations and reviews. The written evaluations shall be signed by both the RPE supervisor and the RPE temporary license holder. If the supervisor determines the RPE temporary license holder is not minimally competent for licensure, the RPE temporary license holder shall be so notified orally and in writing. A written statement documenting the basis for the supervisor's determination shall be submitted with the final verification of experience to the Board.

(f) Reviewing and countersigning all evaluation and assessment reports, treatment plans, progress and discharge reports drafted by the RPE temporary license holder.

(g) A "Required professional experience supervisor" must have completed not less than six (6) hours of continuing professional development in supervision training prior to assuming responsibility as a RPE supervisor, and three (3) hours of continuing professional development in supervision training every four years thereafter. If the continuing professional development in supervision training is obtained from a Board-approved provider as defined in Section 2532.6 subdivision (e) of the Code, the hours may be applied towards the continuing professional development requirement for licensees set forth in Section 1399.160.3 of the California Code of Regulations.

Note: Authority cited: Sections 2531.95, 2532.2 and 2532.6, Business and Professions Code. Reference: Sections 2532.2 and 2532.6, Business and Professions Code.



MEMORANDUM

DATE	January 29, 2020
TO	Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board
FROM	Heather Olivares, Legislation/Regulation Analyst
SUBJECT	Discussion and Possible Action on Board Proposed Legislation Regarding Locked Hearing Aids Disclosure from Hearing Aid Dispensers and Dispensing Audiologists

BACKGROUND

Current hearing aids are digital and require programming via specific software platforms to optimize the acoustical fit for each individual patient. While most hearing aid dispensing practices fit products from a variety of manufacturers and have access to nearly all programming software packages, there are a number of hearing aid brands that require exclusive or "locked" programming software that is only available at the dispensing outlets and group businesses that sell those brands. That is, only those facilities can provide any programming services since other dispensers do not have access to their proprietary software.

For the consumer, this can result in the inability to obtain subsequent servicing or reprogramming for their hearing aid(s), unless the patient returns to the office from which the hearing aid(s) was purchased, or another outlet of the same company. Consumers are harmed when they, often unknowingly, purchase hearing aids that cannot be serviced or managed in a wide geographic location. Essentially this renders the hearing aid unmanageable, unless the consumer can return to the office where it was originally purchased. In some cases, the office where the hearing aid was purchased goes out of business and the hearing aid user has no recourse except to purchase a new hearing aid. This results in consumer harm through lack of access to manage their devices.

ACTION REQUESTED

A draft legislative proposal to address this problem was discussed at the October 10-11 Board Meeting. Based on that discussion, the legislative proposal has been revised to address the concerns raised. Please review the enclosed legislative language and be prepared to discuss any desired changes to the language. The Board may wish to discuss including this issue in the Sunset Report.

**LOCKED HEARING AIDS
PROPOSED LEGISLATION**

Amend Business and Professions Code Section 2538.35 as follows:

ARTICLE 8. Hearing Aid Dispensers [2538.10 - 2538.57]

2538.35.

(a) A licensee shall, prior to the sale of a hearing aid that uses hearing aid software that can only be programmed, serviced, or changed by a specific manufacturer or servicer, provide the consumer with a written notice in 12-point font or larger that states the following: "The hearing aid being purchased can only be programmed, serviced, or changed at specific facilities or locations." The written notice must be signed by the consumer prior to the purchase and kept and maintained with the records pursuant to section 2538.38.

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

~~(a)~~ (1) The date of consummation of the sale.

~~(b)~~ (2) Specifications as to the make, serial number, and model number of the hearing aid or aids sold.

~~(c)~~ (3) The address of the principal place of business of the licensee, and the address and office hours at which the licensee shall be available for fitting or postfitting adjustments and servicing of the hearing aid or aids sold.

~~(d)~~ (4) A statement to the effect that the aid or aids delivered to the purchaser are used or reconditioned, as the case may be, if that is the fact.

~~(e)~~ (5) The number of the licensee's license and the name and license number of any other hearing aid dispenser, temporary licensee, or trainee licensee, who provided any recommendation or consultation regarding the purchase of the hearing aid.

~~(f)~~ (6) The terms of any guarantee or written warranty, required by Section 1793.02 of the Civil Code, made to the purchaser with respect to the hearing aid or hearing aids.

Amend Business and Professions Code Section 2538.35 as follows:

ARTICLE 9. Dispensing Audiologists [2539.1 - 2539.14]

2539.4.

(a) A licensee shall, prior to the sale of a hearing aid that uses hearing aid software that can only be programmed, serviced, or changed by a specific manufacturer or servicer, provide the consumer with a written notice in 12-point font or larger that states the following: "The hearing aid being purchased can only be programmed, serviced, or changed at specific facilities or locations." The written notice must be signed by the consumer prior to the purchase and kept and maintained with the records pursuant to section 2539.10.

(b) A licensed audiologist shall, upon the consummation of a sale of a hearing aid, deliver to the purchaser a written receipt, signed by or on behalf of the licensed audiologist, containing all of the following:

- ~~(a)~~ (1) The date of consummation of the sale.
- ~~(b)~~ (2) Specifications as to the make, serial number, and model number of the hearing aid or aids sold.
- ~~(c)~~ (3) The address of the principal place of business of the licensed audiologist, and the address and office hours at which the licensed audiologist shall be available for fitting or postfitting adjustments and servicing of the hearing aid or aids sold.
- ~~(d)~~ (4) A statement to the effect that the aid or aids delivered to the purchaser are used or reconditioned, as the case may be, if that is the fact.
- ~~(e)~~ (5) The number of the licensed audiologist's license and the name and license number of any other hearing aid dispenser, temporary licensee, or audiologist who provided any recommendation or consultation regarding the purchase of the hearing aid.
- ~~(f)~~ (6) The terms of any guarantee or written warranty, required by Section 1793.02 of the Civil Code, made to the purchaser with respect to the hearing aid or hearing aids.



MEMORANDUM

DATE	February 3, 2020
TO	Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board
FROM	Heather Olivares, Legislation/Regulation Analyst
SUBJECT	Discussion and Possible Action on Regulatory Changes Regarding the Maximum Number of Support Personnel that a Speech-Language Pathology Supervisor can Supervise (As Stated in Title 16, California Code of Regulations section 1399.170.16)

BACKGROUND

At the October 10-11, 2019 Board meeting, written public comment was received from Tracey McDonnell requesting the Board to review the regulations regarding the supervision of speech-language pathology assistants (SLPA). Specifically, regarding the supervision of part-time SLPAs.

California Code of Regulations, Title 16, Division 13.4, section 1399.170.16 specifies a supervisor shall not supervise more than three (3) support personnel, not more than two of which hold the title of speech-language pathology assistant. Support personnel includes speech-language pathology assistants and speech-language pathology aides.

A concern was raised regarding part-time SLPAs working less than 20 hours per week. A request has been received that the Board consider changing the regulations to limit the supervision to no more than the equivalent of two full time SLPAs.

ACTION REQUESTED

Included in your materials is the public comment from Tracey McDonnell requesting the Board to review the regulations regarding the supervision of SLPAs. The Board may wish to discuss changing the regulations to limit the supervision to no more than the equivalent of two full time SLPAs. If the Board wishes to revise the regulations, the Board should direct Staff to develop draft regulatory language for discussion and review at a future Board Meeting.

Public Comment on SLPA Supervision by The Gift of Speech

This item is not available in an ADA compliant format, for a hard copy of the item, please email speechandhearing@dca.ca.gov.



MEMORANDUM

DATE	February 5, 2020
TO	Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board
FROM	Heather Olivares, Legislation/Regulation Analyst
SUBJECT	Legislative Report

Legislative Calendar Highlights

February 21, 2020 – last day for bills to be introduced

April 24, 2020 – last day for policy committees to hear fiscal bills in first house

May 1, 2020 – last day for policy committees to hear nonfiscal bills in first house

Board-Specific Legislation

AB 598 (Bloom) Hearing aids: minors

Sponsor: Author

Location: Assembly

Status: Held at desk

Board's Current Position: Support

Summary: This bill would require health plans and health insurance policies to include coverage for hearing aids, up to \$3,000, every four years for all enrollees under 18 years of age when medically necessary. Coverage must be provided by contracted providers unless the plan or policy allows for out-of-network coverage. For children under five years of age, a contracted provider must include a pediatric audiologist. *According to the Author's office this bill may be amended to create a state program that would help families pay for hearing aids.*

Staff Recommendation: The Board may wish to discuss maintaining a Support position or adopting a Watch position in anticipation of the amendments.

AB 1075 (Holden) California State University: speech-language pathologist programs

Sponsor: Author

Status: Vetoed by the Governor

Board's Current Position: Support

Summary: This bill would require the California State University (CSU) system, upon appropriation of General Fund dollars, to allocate the funds through competitive grants to campus speech-language pathologist programs. *The 2019 Budget Act appropriated \$3 million to the CSU system to increase enrollment in speech-language pathologist programs. This bill was vetoed because the CSU Board of Trustees should have flexibility to determine the most appropriate administrative approach to providing these funds to campuses.*

Healing Arts Legislation

SB 425 (Hill) Health care practitioners: licensee's file: probationary physician's and surgeon's certificate: unprofessional conduct

Sponsor: Author

Status: Chaptered by Secretary of State, Chapter 849, Statutes of 2019

Board's Current Position: Support

Summary: This bill would require health care facilities to report any written allegation from a patient of sexual abuse or sexual misconduct by a healing arts licensee to the Board within 15 days. The Board would be required to investigate the circumstances underlying the report of sexual abuse or sexual misconduct.

SB 639 (Mitchell) Medical services: credit or loan

Sponsor: Western Center on Law and Poverty

Status: Chaptered by Secretary of State, Chapter 856, Statutes of 2019

Summary: This bill would prohibit a healing arts licensee from charging treatment or costs to an open-end credit or loan that is extended by a third party and that is arranged for, or established in, that licensee's office more than 30 days before the date on which the treatment is rendered or costs are incurred. This bill would also prohibit a licensee from arranging for or establishing an open-end credit or loan application that contains a deferred interest provision.

DCA-Wide Legislation

AB 476 (Blanca Rubio) Department of Consumer Affairs: task force: foreign-trained professionals

Sponsor: California Immigrant Policy Center

Status: Vetoed by the Governor

Summary: This bill would require the Department of Consumer Affairs to create a task force to study and write a report of its findings and recommendations regarding the licensing of foreign-trained professionals, with the goal of integrating foreign-trained professionals into the state's workforce. *This bill was vetoed because creating a new task force to try to integrate foreign-trained professionals into the workforce is unnecessary.*

AB 613 (Low) Professions and vocations: regulatory fees

Sponsor: Author

Location: Senate Business, Professions and Economic Development Committee

Status: Two-Year Bill

Board's Current Position: Support

Summary: This bill would authorize all DCA boards to increase licensing fees once every four years based on the California Consumer Price Index for the preceding four years.

AB 1076 (Ting) Criminal records: automatic relief

Sponsor: Californians for Safety and Justice

Status: Chaptered by Secretary of State, Chapter 578, Statutes of 2019

Summary: This bill would require the Department of Justice to review its criminal justice database on a monthly basis and identify persons who are eligible to have certain arrests and convictions occurring on and after January 1, 2021 sealed. This bill would require the Department of Justice to grant relief to an eligible person, without requiring the eligible person to file a petition for such relief.

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

Sponsor: Author

Location: Senate Rules

Status: Waiting for assignment to policy committee

Summary: This bill would prohibit a licensee from contracting for a consumer service that limits a consumer's right to file a complaint with the licensing board or participate in an investigation into the licensee by the licensing board. A violation of this provision would constitute unprofessional conduct and be subject to discipline by the Board.

Staff Recommendation: Board staff does not anticipate an increase in workload as a result of the bill and recommends the Board Watch this bill.

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

Sponsor: Author

Location: Senate Rules

Status: Waiting for assignment to policy committee

Summary: This bill would require boards that post information on their website about a revoked license due to a criminal conviction to update or remove information about the revoked license within six months of the board receiving an expungement order related to the conviction. The person seeking the change must pay a fee, determined by DCA, that does not exceed the reasonable cost of administering this provision.

Staff Recommendation: This bill is a follow-up to AB 2138 designed to reduce barriers to licensure. The Board is currently evaluating its business process and a possible increase in workload as a result of this bill. Board staff recommends the Board Watch this bill at this time.

SB 225 (Durazo) Citizens of the state

Sponsor: Coalition for Humane Immigrant Rights

Status: Chaptered by Secretary of State, Chapter 790, Statutes of 2019

Summary: This bill would allow any person at least 18 years of age and a resident of California to hold an appointed civil office regardless of that person's citizenship and immigration status.

SB 601 (Morrell) State agencies: licenses: fee waiver

Sponsor: R Street Institute

Status: Chaptered by Secretary of State, Chapter 854, Statutes of 2019

Summary: This bill would authorize a state agency to establish an application process to reduce or waive licensing fees for a person or business that has been displaced or is experiencing economic hardship as a result of a declared federal emergency.

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

Sponsor: Author

Location: Senate Business, Professions and Economic Development Committee

Status: Not Set for Hearing

Summary: This bill would require boards to prominently display the current processing times for initial and renewal applications on their website.

Staff Recommendation: During peak licensing season Board staff recently started including current licensing timeframes on the applicant/registrant and contact us sections of the website. Since processing times vary on a weekly basis, this bill would require Board staff to update this information more frequently, resulting in a slight increase in workload. Board staff recommends the Board Watch this bill.

AB-1263 Contracts: consumer services: consumer complaints.
(2019-2020)

As Amends the Law Today

SECTION 1.

Section 1670.8.5 is added to the Civil Code, to read:

1670.8.5.

(a) A contract or proposed contract involving the provision of a consumer service by a licensee regulated by a licensing board shall not include a provision limiting the consumer's ability to file a complaint with that board or to participate in the board's investigation into the licensee.

(b) Any waiver of the provisions of this section is contrary to public policy, and is void and unenforceable.

(c) For purposes of this section, the following terms apply:

(1) "Consumer service" means any service which is obtained for use primarily for personal, family, or household purposes.

(2) "Licensing board" means any entity contained in Section 101 of the Business and Professions Code, the State Bar of California, the Department of Real Estate, or any other state agency that issues a license, certificate, or registration authorizing a person to engage in a business or profession.

(d) Violation of this section by a licensee shall constitute unprofessional conduct subject to discipline by the licensee's licensing board.

AB-1263 Contracts: consumer services: consumer complaints.
(2019-2020)

As Amends the Law Today

SECTION 1.

Section 1670.8.5 is added to the Civil Code, to read:

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(b) Any waiver of the provisions of this section is contrary to public policy, and is void and unenforceable.

(c) For purposes of this section, the following terms apply:

(1) "Consumer service" means any service which is obtained for use primarily for personal, family, or household purposes.

(2) "Licensing board" means any entity contained in Section 101 of the Business and Professions Code, the State Bar of California, the Department of Real Estate, or any other state agency that issues a license, certificate, or registration authorizing a person to engage in a business or profession.

(d) Violation of this section by a licensee shall constitute unprofessional conduct subject to discipline by the licensee's licensing board.



OFFICE OF ASSEMBLYMEMBER

Evan Low

TWENTY-EIGHTH ASSEMBLY DISTRICT
CHAIR, BUSINESS & PROFESSIONS COMMITTEE

ASSEMBLY BILL 1616: Department of Consumer Affairs: boards: expunged convictions.

SUMMARY

Requires professional licensing boards under the Department of Consumer Affairs (DCA) that post information on their internet website about a revoked license due to a criminal conviction to update or remove information about the revoked license should the board receive an expungement order related to the conviction, as specified.

The California Penal Code grants judicial courts discretionary authority to issue expungements – a process also known as a dismissal. An expungement generally releases a person convicted of a crime from the negative consequences of a conviction by setting aside a guilty verdict or permit withdrawal of the guilty or nolo contendere plea and dismissing the accusation or complaint.

BACKGROUND

Boards under the jurisdiction of DCA exercise the authority to take disciplinary action against a current licensee. Generally, under the umbrella of Business and Profession Code 490, boards may suspend or revoke a license if the licensee has been convicted of a crime that is substantially related to the qualifications, functions, or duties of the professions.

In order to be eligible for an expungement, a person must have completed the term of their probation in its entirety. In addition, they must not be serving a sentence nor be charged with another criminal offence. Expungement cannot be granted if a person is convicted for specified sex crimes or Vehicle Code violations.

In 2018, the Legislature enacted AB 2138, which, among other provisions, reduces barriers to licensure, enumerates what criteria the boards must consider to determine whether a crime is substantially related to the profession. Effective July 1, 2020, boards will need to examine factors such as the nature and gravity of the offense, the number of years elapsed since the offense, and evidence of rehabilitation.

SOLUTION

For rehabilitated individuals that were convicted of a crime, the permanent nature of a criminal record can create challenge in finding employment and stability after incarceration. While an expungement does not eliminate the person's record, it provides a potential opportunity for a rehabilitated individual to secure employment through state licensure.

If the individual agrees to not seek to practice in the profession for which the license was revoked, it is fair, provided expungement, to give the individual a chance for a new start.

PROBLEM

To allow for consumer transparency, certain boards under the DCA are required to post on their internet website disciplinary information on a licensee. Members of the public can access information online and check the validity of a license, its issuance and expiration date, and if it has faced disciplinary action from the board.

SUPPORT

None on file.

**SB-878 Department of Consumer Affairs Licensing:
applications: wait times.** (2019-2020)

As Amends the Law Today

SECTION 1.

Section 139.5 is added to the Business and Professions Code, to read:

139.5.

Each board, as defined in section 22, within the department that issues a license shall do both of the following:

(a) Prominently display the current timeframe for processing initial and renewal license applications on its internet website.

(b) With respect to the information displayed on the website, specify the average timeframe for each license category.



FACT SHEET

BRIAN W. JONES
Senator, 38th District



Senate Bill 878 – Increasing Transparency of Licensing Entities

SUMMARY

SB 878 requires all boards and bureaus within the Department of Consumer Affairs (DCA) to prominently display on their websites the current average timeframe for processing initial and renewal license applications.

BACKGROUND

Since 2009, DCA has been attempting to replace multiple antiquated standalone IT systems. DCA authorized an online licensing system, known as BreEZe, where applicants may check their license and application status through the board's or bureau's website. The BreEZe project was estimated to cost \$28 million, and was scheduled to be fully operational by June 2014. By 2015, the project was still not fully operational, and costs were estimated to be over \$100 million and rising. Today, six years after DCA's promised date of completion, BreEZe is still not fully implemented. DCA has again requested an additional \$30 million over the next three years for continued support of BreEZe Maintenance and Operations. For the boards and bureaus under DCA that are not using BreEZe, DCA is also requesting \$5.2 million in 2020-21 for a cost-benefit analysis process, known as "business modernization," which will supposedly determine if the board or bureau should transition to BreEZe, or if another technology platform is a better solution to meet business and technology needs. Eleven years and over \$130 million later, licensees are still waiting for the BreEZe system they were promised.

PROBLEM

DCA continues to fail at full implementation of BreEZe, and now explores changing its goal entirely to "business modernization." While DCA is well over its original budget and costs continue to rise with no clear goal ahead, hard-working Californians

are paying the price of unknown processing timeframes and little transparency. It is crucial for licensing entities within DCA to process license applications in a timely manner so individuals can practice their profession and businesses can open their doors without unnecessary delays. While some licensing entities provide applicants with average timeframes for processing their applications or allow applicants to check their application status, this information is not universally accessible for all license types.

SOLUTION

SB 878 will increase transparency by ensuring application processing timeframes are easily available to applicants. This bill will require all boards and bureaus within DCA to prominently display on their respective websites the current timeframe for processing initial and renewal license applications. Because timeframes may vary for individual applications based on circumstances to be considered – such as incomplete application, the need for additional documentation, etc. – SB 878 only requires the *average* timeframe for each license category.

Public access to this information will also hold boards and bureaus accountable for any delays or backlogs. Furthermore, this bill will lead to a reduction in the number of inquiries sent by applicants to the licensing entities regarding their application status, which should allow for staff to spend more time processing these applications and performing other duties.

CONTACT

Danielle Parsons
(916) 651-4038
danielle.parsons@sen.ca.gov



MEMORANDUM

DATE	February 13, 2020
TO	Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board
FROM	Paul Sanchez, Executive Officer
SUBJECT	Discussion and Possible Action on Updating the Board's Website on Auditory Processing Disorder Information

BACKGROUND

At the July 18-19, 2019 Board meeting, written public comment was received from Dr. Maria Abramson regarding the Auditory Processing Disorder information on the Board's website. Materials were provided by Dr. Abramson with current research on the subject.

At the October 10-11, 2019 Board meeting, the Audiology Practice Committee (Committee) reviewed and discussed potential revisions to the Board's webpage on Auditory Processing Disorders. At the October meeting, the Committee moved to make changes to the webpage content to be more consumer friendly and to also seek feedback from the audiology community.

At the February 20-21, 2019 Board meeting, the Committee Chair will provide an update on any input from the audiology community received on the proposed language on Auditory Processing Disorders.

ACTION REQUESTED

Review and approve the Committee's proposed language on Auditory Processing Disorders for posting to the Board's website.

Attachment A: Proposed Website Language on Auditory Processing Disorders

Attachment B: Current Website Language on Auditory Processing Disorders

Central Auditory Processing Disorder (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.

Currently on Board's Website

Notification on Auditory Processing Disorder (APD)

Evaluation of Auditory Processing Disorder (APD), also termed "Central Auditory Processing Disorder" (CAPD), is an assessment of an individual's perception of speech and non-speech sounds. It is not a standard "hearing test," but rather an assessment of how the brain recognizes and interprets what it hears. APD has been defined as a "deficit in the neural processing of auditory stimuli that is not due to higher-order language, cognitive or related factors" (ASHA, 2005). However, although there is not unanimity on the definition.

Recently (2005), the American Speech-Language-Hearing Association (ASHA) and the California Speech-Language-Hearing Association (CSHA) have produced documents reviewing the assessment, diagnosis and treatment of APD. Additionally, the California Department of Education has issued a Position Statement on CAPD (2003).

Taken together, these documents make the following points:

1. The area of APD is controversial and changing rapidly; the nature of APD is still somewhat unclear.
2. There is lack of consensus regarding the validity and reliability of some commercially marketed products to treat APD, and minimal evidence of valid and reliable studies to support therapeutic interventions for APD. As such, some treatments must be viewed as experimental and should not be included in a student's Individual Education Plan, except as suggested experimental options available at no charge. However, should the parents wish to pursue such an option privately, it should be done so with the understanding of its experimental nature.
3. The audiologist is the professional who diagnoses APD. However, speech-language pathologists and other professionals collaborate with the audiologist both in assessment and in development of intervention.
4. Evaluation of certain children is not recommended (e.g., those with mental age below 7 years, significant intellectual deficit, or severe hearing loss), and a diagnosis of APD in children with autism or Attention Deficit Hyperactivity Disorder should only be made when it is clear that APD is a comorbid deficit in the central auditory nervous system.
5. Evaluation of children for APD should be preceded by a complete audiological assessment to assure normal hearing sensitivity.

It is incumbent upon the licensed audiologist and licensed speech-language pathologist to use only diagnostic assessments and therapies that are supported by rigorous empirical evidence. While it is important to conduct research studies on new and emerging assessment tools, such studies should take place within the confines of an approved experimental protocol, and it should be clear to consumers that assessment with such tools is experimental only and provided at no cost. In keeping with B & P Code 651(b)(7), licensees are prohibited from making scientific claims that cannot be substantiated by reliable, peer-reviewed, published scientific studies.

Below is related information on Auditory Processing Disorder and/or Auditory Integration Training:

- [American Academy of Audiology's Position Statement: Auditory Integration Training](#)
- [California Speech-Language-Hearing Association's Guidelines for the Diagnosis & Treatment for Auditory Processing Disorders](#)



MEMORANDUM

DATE	February 12, 2020
TO	Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board
FROM	Paul Sanchez, Executive Officer
SUBJECT	Update and Possible Action on Updating the Board's Website on Telehealth Information

BACKGROUND

At the October 10-11, 2019 Board Meeting, during a discussion of remote programming of hearing aids, it was reported that the language on the Board's website regarding telehealth information was not clear as to whether an individual must have a California license to remotely program hearing aids for patients in California. The Board directed staff to suggest changes to the website regarding telehealth (Attachment A) to provide clarity on what can and cannot be done without a license.

ACTION REQUESTED

The Board should review and discuss the suggested revisions to the Board's Telehealth webpage in Attachment B.

Attachment A: Current Telehealth Webpage Text
Attachment B: Proposed Telehealth Website Text

Practicing – Telehealth Technology

IN CALIFORNIA:

Telehealth is viewed as mode of delivery of health care services, not a separate form of practice. There are no legal prohibitions to using technology in the practice of speech-language pathology, audiology, or hearing aid dispensing, as long as the practice is done by a California licensed practitioner. Telehealth is not a telephone conversation, e-mail/instant messaging conversation, or fax; it typically involves the application of videoconferencing or store and forward technology to provide or support health care delivery.

The **standard of care** is the same whether the patient is seen in-person, through telehealth or other methods of electronically enabled health care. Practitioners need not reside in California, as long as they have a valid, current California license.

The **laws** govern the practice of speech-language pathology, audiology, and hearing aid dispensing, and no matter how communication is performed, the standards of care is no more or less. **Practitioners using Telehealth technologies to provide care to patients located in California must be licensed in California and must provide appropriate services and/or treatment to the patient.**

CALIFORNIA LICENSED SPEECH-LANGUAGE PATHOLOGISTS, AUDIOLOGISTS, AND HEARING AID DISPENSERS PRACTICING MEDICINE IN OTHER STATES:

Licensees intending to practice via telemedicine technology to treat patients outside of California should check with other state licensing boards. Most states require practitioners to be licensed, and some have enacted limitations to telemedicine practice or require or offer a special registration for interstate practice.

PRACTICING TELEHEALTH IN CALIFORNIA

Telehealth is different from telemedicine in that it refers to a broader scope of remote health care service than telemedicine. Telemedicine refers specifically to remote clinical services while telehealth can refer to remote clinical and non-clinical services. Examples of non-clinical telehealth services include [\[provide potential examples here\]](#).

Telehealth is viewed as mode of delivery of health care services, not a separate form of practice. It is not just a telephone conversation, e-mail/instant messaging conversation, or fax; but can also involve the use applications, videoconferencing, or store and forward technology to provide or support health care delivery. The standard of care is the same whether the patient is seen in-person, through telehealth or other methods of electronically enabled health care delivery.

Practitioners providing health care services via telehealth to California consumers must hold a valid/current California license. Practitioners need not reside in California, as long as they have a valid/current California license.

Licensees intending to practice telehealth technology outside of California should check with other state licensing boards. Most states require practitioners to be licensed, and some have enacted limitations to telehealth practice or require or offer a special registration for interstate practice.



MEMORANDUM

DATE	February 10, 2020
TO	Speech Language Pathology and Audiology and Hearing Aid Dispensers Board
FROM	Paul Sanchez, Executive Officer
SUBJECT	Executive Officer Report

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

Administration/Personnel/Staffing

After 10 years of service to the Board and the State of California, Breanne Humphreys is retiring from State service. In January, the Board hired a new Assistant Executive Officer, Cherise Burns. Ms. Burns has a strong background in public policy and state government administration. She comes to us from the Board of Psychology where she managed the Administration Unit including legislation, regulations, and policy. In addition, she has worked with the Department of Public Health and the California School Boards Association.

The Board is currently recruiting for a regulations/legislative coordinator. This position will share the responsibility of coordinating rulemaking files for the Board regulatory proposals. Board management plans to conduct interviews in March 2020.

Budget

Included in your Board materials is the most recent Expenditure Projection Report. This report reflects fiscal activity through December 31, 2020 and is based on the limited data that is available at this point in the year. Based on this report, we project that the Board is on course to stay within its annual budget. We will continue to monitor the budget more closely and work with DCA Budgets to have more information on final projections and reversion amounts as we get closer to the end of the fiscal year.

Licensing and Examinations

Licensing Cycle Times – The chart below provides a snapshot of Board's current and past licensing cycle times. Licensing processing times improved during the past two months as newer staff are trained and have a good understanding of the Board's various licensing laws and processes.

Licensing Cycle Times	11/1/18	3/1/19	8/1/19	10/1/19	2/1/20
SLP and Audiologists Complete Licensing Applications	3 weeks	1 week	4 weeks	4 weeks	2 weeks
Review and Process SLP and Audiologist Supporting Licensing Documents	1 weeks	1 week	2 weeks	9 weeks	3 weeks
Review and Process RPE Applicant's Verification Forms for Full Licensure	2 weeks	1 week	3 weeks	4 weeks	3 weeks
Hearing Aid Dispensers Applications	Current	Current	Current	Current	Current

Practical Examination – Below is a summary of the results of the hearing aid dispensers practical examinations held on November 16, 2019 and January 25, 2020.

HAD Practical Examination Results November 16, 2019					
Candidate Type	Number of Candidates	Passed	%	Failed	%
Applicants with Supervision (Temporary Trainee License)					
HA	27	21	78 %	6	22 %
AU	3	2	67 %	1	33 %
RPE					
Aide					
Applicants Licensed in Another State (Temporary License)					
HA	1	1	100 %		
AU					
Applicants without Supervision					
HA	8	5	63 %	3	37 %
AU	6	4	67 %	2	33 %
RPE	3	3	100 %		
Total Number of Candidates					
	48	36	75 %	12	25 %

HAD Practical Examination Results January 25, 2020					
Candidate Type	Number of Candidates	Passed	%	Failed	%
Applicants with Supervision (Temporary Trainee License)					
HA	27	24	89 %	3	11 %
AU	3	3	100 %	0	0 %
RPE					
Aide					
Applicants Licensed in Another State (Temporary License)					
HA	1	1	100 %		
AU					
Applicants without Supervision					
HA	10	4	40 %	6	60 %
AU	4	2	50 %	2	50 %
RPE					
Total Number of Candidates					
	48	36	75 %	12	25 %

The following are the upcoming Practical Examination and Filing Dates:

Date of Exam:	Location:	Filing Periods:
January 25, 2020	Sacramento	December 6, 2019 to December 27, 2019
April 25, 2020	Sacramento	March 6, 2020 to March 27, 2020
July 25, 2020	Sacramento	June 5, 2020 to June 26, 2020
November 7, 2020	Sacramento	September 18, 2020 to October 9, 2020

Enforcement

In the current fiscal year of 2019-20, the Board has received 137 complaints and subsequent arrest notifications. During this same period the Board has issued four citations. There are currently 18 formal discipline cases pending with the Attorney General's Office. The Board is currently monitoring 30 probationers of which seven probationers require drug or alcohol testing and 10 are in a tolled status.

The following disciplinary actions have been adopted by the Board during the past 12 months:

Executive Officer Report

February 10, 2020

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Name	License No.	License Type	Case No.	Effective Date	Action Taken
Godinez, Andres	AU 2267	Audiologist	1I-2015-077	November 1, 2019	Revocation stayed, five years probation with specified terms and conditions.
Korngut, Hershel Louis	AU 3177	Audiologist	1I-2018-002	October 23, 2019	Revocation of license.
LaFavre, Scott Alexander	RPE 14058	Required Professional Experience	1I-2018-248	September 29, 2019	Revocation stayed, four years probation with specified terms and conditions.
Trythall, Michael Ryan	AU 2225	Audiologist	1I-2019-57	September 19, 2019	Reinstatement of surrendered license granted. Revocation stayed, seven years probation with specified terms and conditions.
Majdi, Shawn	HA 2653	Hearing Aid Dispenser	D1-2007-99	September 16, 2019	Voluntary surrender of license.
Kahlon, Jassica Kaur	SPA 4191	Speech-Language Pathology Assistant	1I-2016-117	August 26, 2019	Revocation stayed, four years probation with specified terms and conditions.
Hopkins, Dawn Marie	SP 12177	Speech-Language Pathologist	1I-2015-063	July 20, 2019	Revocation stayed, three years probation with specified terms and conditions.
Lee, Kwang Ho (Ken)	HA 7552	Hearing Aid Dispenser	1C-2012-062	June 12, 2019	Voluntary surrender of license.
Hernandez, Rachel V.	SP 24843	Speech-Language Pathologist	1I-2018-013	March 20, 2019	Revocation stayed, five years probation with specified terms and conditions.
Hunter-Glover, Regina	SPA 5388	Speech-Language Pathology Assistant	1I-2017-112	February 1, 2019	Revocation stayed, five years probation with specified terms and conditions.
Vega, Paige Roschelle	SP 21885	Speech-Language Pathologist	D1-2014-070	September 10, 2018	Probation extended six months and ordered to pay prosecution costs.
Swanson, Robin	HA 3104	Hearing Aid Dispenser	D1-2012-98	September 13, 2018	Revocation stayed, actual suspension, four years probation with

Executive Officer Report

February 10, 2020

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Name	License No.	License Type	Case No.	Effective Date	Action Taken
					specified terms and conditions.
Krone, Elizabeth	HA 2662	Hearing Aid Dispenser	D1-2012-85	August 20, 2018	Revocation of license.
Geraci-Staub, Julianne	HA 7587	Hearing Aid Dispenser	1C 2015 006	July 18, 2018	Revocation stayed, three years probation with specified terms and conditions.
Ling, Kyle York	HA 7954	Hearing Aid Dispenser	1C 2015 090	April 29, 2018	Revocation stayed, four years probation (Conditional upon passing written and practical hearing aid dispensers examination) with specified terms and conditions.
Reynolds, Maria	SP 18467	Speech-Language Pathologist	1I 2017 037	February 20, 2018	Stipulated surrender of license.

Regulations

Below is a table with the Board's pending rulemaking files that are in the DCA Initial Review Process.

Rulemaking File	Final Filing Date	Status	Comments
Criminal Conviction Substantial Relationship and Rehabilitation Criteria		12/31/2019 – Submitted for Agency review 7/30/2019 – Submitted for DCA review 4/30/2019 – Submitted for Legal review 4/15/2019 – Drafting Notice and ISOR 4/11/2019 – Board approved language ¹⁹⁰	Requires DCA and Agency review before publishing for 45-day comment period
Speech-Language Pathology and Audiology Fees		1/23/2020 – Submitted for DCA review 10/8/2019 – Submitted for Legal review 9/16/2019 – Drafting Notice and ISOR 7/19/2019 – Board approved language	Requires DCA and Agency review before publishing for 45-day comment period

Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board - 0376
FY 2019-20 BUDGET REPORT

FM 06

OBJECT DESCRIPTION	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20				
	ACTUAL EXPENDITURES (MONTH 13)	ACTUAL EXPENDITURES (MONTH 13)	ACTUAL EXPENDITURES (Prelim FM12)	Governor's BUDGET 2019-20	CURRENT YEAR EXPENDITURES 1.10.2020	PERCENT SPENT	PROJECTIONS TO YEAR END	UNENCUMBERED BALANCE
PERSONNEL SERVICES								
Salary & Wages (Staff)	463,473	478,930	525,967	645,000	294,355	46%	606,447	38,553
Temp Help	4,851	8,446	224	1,000	9,943	994%	68,461	(67,461)
Statutory Exempt (EO)	87,141	91,296	94,944	82,000	49,134	60%	98,268	(16,268)
Board Member Per Diem	5,200	5,100	4,700	6,000	2,600	0%	5,800	200
Overtime/Flex Elect	17,204	19,003	36,663	5,000	26,990	540%	40,485	(35,485)
Staff Benefits	268,732	309,624	332,488	414,000	193,788	47%	424,000	(10,000)
TOTALS, PERSONNEL SVC	846,601	912,400	994,986	1,153,000	576,811	50%	1,243,461	(90,461)
OPERATING EXPENSE AND EQUIPMENT								
General Expense	53,024	42,122	34,923	74,000	19,152	26%	35,000	39,000
Printing	7,410	9,772	10,587	25,000	130	1%	11,000	14,000
Communication	5,297	6,228	5,986	20,000	2,034	10%	6,000	14,000
Postage	22,650	25,482	19,259	24,000	0	0%	19,000	5,000
Insurance	0	20	4,040	0	25	0%	1,000	(1,000)
Travel In State	36,347	15,163	5,210	24,000	3,339	14%	5,000	19,000
Training	450	0	0	9,000	0	0%	0	9,000
Facilities Operations	64,118	73,447	86,769	85,000	53,074	62%	106,150	(21,150)
Architect Revolving Fund	0	100,000	0	0	0	0%	0	0
C & P Services - Interdept.	0	38	49	24,000	52	0%	500	23,500
Attorney General	144,505	133,121	112,665	135,000	50,211	37%	150,000	(15,000)
Office Admin. Hearings	35,406	45,135	37,170	22,000	5,075	23%	37,000	(15,000)
C & P Services - External	104,386	82,277	71,696	70,000	22,920	33%	50,000	20,000
DCA Pro Rata	317,595	339,000	392,000	384,000	192,000	50%	384,000	0
DOI - Investigations	139,190	153,000	200,000	237,000	118,500	50%	237,000	0
Interagency Services	0	0	0	29,000	0	0%	0	29,000
IA w/ OPES	117,441	0	500	60,000	15,074	25%	35,000	25,000
Consolidated Data Center	484	3,258	195	10,000	200	2%	2,000	8,000
Information Technology	2,214	1,240	2,013	17,000	98	1%	2,000	15,000
Equipment	4,400	3,220	0	0	1,176	0%	2,000	(2,000)
TOTALS, OE&E	1,054,917	1,032,524	983,062	1,249,000	483,059	39%	1,082,650	166,350
TOTAL EXPENSE	1,901,518	1,944,924	1,978,048	2,402,000	1,059,870	44%	2,326,111	75,889
Sched. Reimb. - Fingerprints	(31,000)	(31,000)	(33,143)	(31,000)	(27,508)	89%	(31,000)	0
Sched. Reimb. - Other	(2,000)	(2,000)	(3,055)	(2,000)	(19,279)	964%	(2,000)	0
Unsched. Reimb. - Other	(30,846)	0	(17,398)	0	0	0%	0	0
NET APPROPRIATION	1,837,672	1,911,924	1,924,452	2,369,000	1,013,083	43%	2,293,111	75,889
SURPLUS/(DEFICIT):								3.2%

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

LICENSES ISSUED	FY14/15	FY15/16	FY16/17	FY17/18	FY 18/19	FY 19/20
						QTR 2
AU	89	48	53	77	63	Not Available
DAU	UA	26	24	30	35	Not Available
<i>Both License Types</i>						
AUT	0	0	0	2	4	1
SLP	1143	1352	1457	1482	1446	857
SPT	0	0	0	0	0	0
SLPA	550	606	501	558	602	318
RPE	836	834	897	945	977	739
AIDE	48	44	44	33	32	28
CPD	17	22	21	20	15	
HAD Permanent	92	140	120	137	135	60
HAD Trainee	145	180	152	169	156	74
HAD Licensed in Another State	9	16	16	20	17	7
HAD Branch	426	407	315	341	333	178
TOTAL LICENSES ISSUED	3355	3675	3600	3814	3815	2262

LICENSEE POPULATION	FY14/15	FY15/16	FY16/17	FY17/18	FY 18/19	FY 19/20
			*	*	*	*QTR 2
AU	612	556	698	720	831	Not Available
DAU	988	1,045	1,211	1,246	1,334	Not Available
<i>Both License Types</i>	1,600	1,601	1,909	1,966	2,165	2,068
AUT	0	0	0	0	0	1
SLP	13,967	14,860	18,024	19,161	21,374	21,063
SPT	0	0	0	0	0	0
SLPA	2,343	2,795	3,752	4,118	4,822	4,842
RPE	802	806	1,174	1,232	1,364	1,592
AIDE	124	133	235	216	245	272
HAD	948	996	1,179	1,266	1,380	1,374
HAD Trainees	160	158	238	204	214	230
HAD Licensed in Another State	7	18	18	28	31	35
HAD Branch Office	821	963	1,409	1,297	1,347	1,400
TOTAL LICENSEES	20,772	22,330	27,938	29,488	32,942	32,877

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

	FISCAL YEAR 2016 - 2017		FISCAL YEAR 2017 - 2018		FISCAL YEAR 2018 - 2019		Quarter 2 2019 - 2020	
COMPLAINTS AND CONVICTIONS	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU
Complaints Received	75	59	154	157	68	78	31	47
Convictions Received	15	84	24	101	31	90	7	52
Average Days to Intake	3	2	2	2	1	1	1	1
Closed	76	124	121	214	72	114	23	45
Pending	56	51	117	100	147	156	118	200

	FISCAL YEAR 2016 - 2017		FISCAL YEAR 2017 - 2018		FISCAL YEAR 2018 - 2019		Quarter 2 2019 - 2020	
INVESTIGATIONS Desk	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU
Assigned	90	143	178	257	99	169	38	99
Closed	71	118	113	205	65	110	22	44
Average Days to Complete	132	91	201	73	164	137	167	151
Pending	45	39	104	89	139	142	107	183

	FISCAL YEAR 2016 - 2017		FISCAL YEAR 2017 - 2018		FISCAL YEAR 2018 - 2019		Quarter 2 2019 - 2020	
INVESTIGATIONS DOI	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU
Assigned	11	9	10	7	2	8	4	3
Closed	5	6	8	9	7	4	0	1
Average Days to Complete	148	709	442	497	747	766	0	541
Pending	11	12	13	10	8	14	12	17

	FISCAL YEAR 2016 - 2017		FISCAL YEAR 2017 - 2018		FISCAL YEAR 2018 - 2019		Quarter 2 2019 - 2020	
ALL TYPES OF INVESTIGATIONS	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU
Closed Without Discipline	69	111	116	197	68	105	21	35
Cycle Time - No Discipline	125	69	210	73	212	145	175	132

	FISCAL YEAR 2016 - 2017		FISCAL YEAR 2017 - 2018		FISCAL YEAR 2018 - 2019		Quarter 2 2019 - 2020	
CITATIONS/Cease&Desist	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU
Issued	8	8	9	12	5	11	3	1
Avg Days to Complete Cite	98	44	7	169	138	162	376	25
Cease & Desist Letter	1	1	2	1	1	1	0	0

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	FISCAL YEAR 2016 - 2017		FISCAL YEAR 2017 - 2018		FISCAL YEAR 2018 - 2019		Quarter 2 2019 - 2020	
ATTORNEY GENERAL CASES	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU
Pending at the AG	8	6	7	11	6	12	6	12
Accusations Filed	2	3	3	2	0	4	2	4
SOI Filed	0	0	1	1	2	3	0	0
Acc Withdrawn, Dismissed, Declined	2	1	2	1	0	3	1	0
SOI Withdrawn, Dismissed, Declined	1	1	0	0	2	1	0	0
Average Days to Discipline	1260	979	780	723	745	449	669	799

	FISCAL YEAR 2016 - 2017		FISCAL YEAR 2017 - 2018		FISCAL YEAR 2018 - 2019		Quarter 2 2019 - 2020	
ATTORNEY GENERAL FINAL OUTCOME	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU
Probation	6	7	2	1	1	2	0	9
Surrender of License	3	1	1	2	0	0	0	0
License Denied (SOI)	0	0	0	0	0	0	0	0
Suspension & Probation	0	0	0	0	0	0	0	0
Revocation-No Stay of Order	0	2	1	0	0	0	0	1
Public Reprimand/Reproval	0	0	0	1	0	0	0	0