STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

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

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

BOARD MEETING NOTICE AND AGENDA

Speech-Language Pathology & Audiology & Hearing Aid Dispensers Board
2005 Evergreen Street, "Hearing Room"
Sacramento, CA 95815
(916) 263-2666

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

May 12, 2016 - 1:00 p.m.

Audiology Practice Committee Meeting

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

2. Review and Approval of November 6, 2014 Meeting Minutes

3. Public Comments for Items not on the Agenda

4. Update on Discussion with California Children's Services (CCS) Program Regarding the Lack of Access to Audiology Services
   a. Reporting Requirements for Cochlear Implant Centers

5. Discussion and Possible Recommendation to Clarify Audiology Licensing Requirements

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. Board Election of Officers

4. Review and Approval the February 4-5, 2016 Board Meeting Minutes

5. Board Regulations Process Overview

6. Discussion and Possible Action on Prioritization of Board's Rulemaking Files

7. Proposed Regulations – Discussion and Possible Action
   a. Title 16, CCR, Section 1399.140 - Hearing Aid Dispenser Continuing Education
   b. Title 16, CCR, Section 1399.127 - Hearing Aid Dispenser Advertising
   c. Title 16, CCR, Section 1399.170 - Speech-Language Pathology Assistants

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

Closed Session

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

Return to Open Session

10. Adjournment

May 13, 2016 - 9:00 a.m. – 5:00 p.m. (or until completion of business)

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

2. Public Comments for Items not on the Agenda

3. Presentation about Division of Investigation – David Chriss, Rex Cowart and Stephanie Whitley

4. Discussion and Possible Action to Seek a Legislative Change to Eliminate Speech-Language Pathology Aide Designation

5. Discussion and Possible Action Regarding Foreign Educated SLP Applicants and English Proficiency Test Requirements

6. Audiology Practice Committee Report – Discussion and Possible Action

7. Legislation Update, Review, and Possible Action
   a. AB 1707 (Linder) Public records: response to request
   b. AB 1950 (Maienschein) Hearing aids: audio switch
   c. AB 2317 (Mullin) California State University: Doctor of Audiology degrees
   d. AB 2606 (Grove) Crimes against children, elders, dependent adults, and persons with disabilities

e. AB 2701 (Jones) Department of Consumer Affairs: boards: training requirements
f. AB 2859 (Low) Professions and vocations: retired category: licenses
g. SB 1033 (Hill) Medical Board: disclosure of probationary status
h. SB 1155 (Morrell) Professions and vocations: licenses: military service
i. SB1195 (Hill) Professions and vocations: board actions: competitive impact

8. Future Agenda Items and Future Board Meeting Dates
   a. August 11-12, 2016 – Los Angeles
   b. November 3-4, 2016 – Sacramento
   c. February 9-10, 2017 - TBD
   d. May 11-12, 2017 - TBD

9. Adjournment

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

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

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

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MEETING MINUTES - DRAFT
Speech-Language Pathology & Audiology & Hearing Aid Dispensers Board
San Diego, CA

Thursday, November 6, 2014

Audiology Practice Committee Meeting

I. Call to Order

Allison Grimes, Dispensing Audiologist (DAU) called the Audiology (AU) Practice Committee meeting to order at 3:10 p.m. Ms. Grimes called roll; three members of the Committee were present and thus a quorum was established.

Committee Members Present
Allison Grimes, DAU, Committee Chair
Jaime Lee, Public Member
Marcia Raggio, DAU

Staff Present
Paul Sanchez, Executive Officer
Gary Duke, Acting Legal Counsel
Anita Joseph, Enforcement Coordinator
Karen Robison, Enforcement Analyst
Tim Yang, Licensing Analyst

Guests Present
Vanessa Cajina, KP Public Affairs for Hearing Healthcare Providers (HHP)
Deanne Manning, HAD, Board Member
Bob McKinney, California Speech Hearing Association
Dee Parker, Speech-Language Pathologist (SLP)
Cynthia Peffers, Hearing Aid Dispenser, HHP
Debbie Snow, Public Board Member
Patti Solomon-Rice, SLP, Board Member

II. Introductions

III. Approval of August 20, 2014 Audiology Practice Committee Meeting Minutes

M/S/C Lee/Raggio

- **Approve the August 20, 2014, meeting minutes as amended. The motion carried 3-0**

IV. Review/Discussion/Possible Recommendation on Informal Public Comments on the Proposed Regulatory Amendments for Audiology Aide Supervision Standards and Practice Limitations (16 CCR 1399.154-1399.154.4)

A. Legal Clarification of Practice of Audiology in Relation to Fitting and Selling of Hearing Aids, Taking of Ear Mold Impressions (Business and Professions Code 2538.11)

Gary Duke clarified the regulations which govern audiology aids and noted audiologists are exempt from hearing aid dispenser regulations as long as they do not dispense hearing aids. Discussion ensued among the committee and public regarding supervision; fitting and dispensing; and ear molds. It was noted the committee has been discussing this topic over the past five years needs to come to a final conclusion. Mr. Duke will inform Sabina Knight of today's discussion.

M/S/C Raggio/Lee

- **Recommend the Board approve proposed language and delegate staff move forward with rulemaking file. The motion carried 3-0**

V. Update on Discussion Regarding MediCal/CCS (California Children's Services)

Ms. Grimes explained the committee is waiting on a response from CCS.

VI. Update on the Outreach Letters Regarding the Services Provided by Regional Centers to Children who are Deaf or Hard of Hearing

Ms. Grimes gave an overview of the services provided by regional centers to children who are deaf and hard of hearing. Issues that were discussed during the meeting were infants and children falling through the cracks, no audiology services in the school system; parents not informed of the services their children are entitled to.

VII. Discussion and Possible Recommendation for an Increase in the Number of Self-Study Hours for Continuing Education

A. ASHA's Letter and Documents to the Board about Self-Study

Discussion by the AU committee ensued regarding increasing the number of self-study CE hours allowed per renewal cycle. Issues that were raised in the discussion about increasing the self-study hours were ensuring the courses were rigorous and accessibility of self-study CE.

M/S/C Grimes/Lee

- **Obtain additional information from the Board on raising the self-study CE hours allowed from six (6) hours to twelve (12) hours per renewal cycle; redefine the definition of self-study; and require CE providers to offer rigorous self-study courses. The motion carried 2-1**

The AU Practice Committee meeting adjourned at 4:30 p.m.

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MEMORANDUM

DATE	May 2, 2016
TO	Audiology Practice Committee
FROM	Paul Sanchez, Executive Officer
SUBJECT	**Update on Discussion with California Children's Services (CCS) Regarding the Lack of Access to Audiology Services for CCS Participants**

BACKGROUND

At its February 2016 meeting, the Board approved a letter to Department of Healthcare Services expressing concerns with the lack of access to audiology services through the California Children's Services (CCS).

On March 29, Board Chair Alison Grimes and Paul Sanchez participated in a conference call to discuss the Board's concerns regarding the CCS program.

Alison Grimes will provide an oral report.

ACTION REQUESTED

This item is provided as an update to the Committee, there is no recommended action at this time.

3.41 STANDARDS FOR COCHLEAR IMPLANT CENTERS

A. Definition

A Cochlear Implant Center is a multi-disciplinary team capable of providing cochlear implant candidacy evaluations, cochlear implant maintenance, adjustments, programming, and cochlear implant aural rehabilitative management of children of all ages together with their parents.

B. General Requirements and Procedures for Approval

1. The Cochlear Implant Center shall be located at a health care provider office or facility. The cochlear implant surgery shall be performed in a CCS-approved hospital facility by a surgical member of the cochlear implant team.

2. The health care provider or facility, and hospital shall be enrolled as a Medi-Cal provider, as shall all health care professionals delivering services to CCS-eligible children.

3. The Center shall operate as an identifiable team which shall be responsible for the coordination of all aspects of comprehensive evaluation, treatment, and management related to speech-language and hearing concerns.

4. The Cochlear Implant Center must be concurrently approved as a Type C Communication Disorder Center which provides services for infants through the age of 21.

5. The facility must have an active cochlear implant (CI) program, which has performed pediatric cochlear implant surgeries on at least five (5) children without implant-related complications as a team and continues to perform at least three (3) surgeries per year.

6. Cochlear Implant Centers previously approved by Medi-Cal as Medi-Cal Centers of Excellence will maintain their approval, but shall submit an application with current team members identified for CCS record maintenance.

7. A provider wishing to participate in the California Children's Services Program as a Cochlear Implant Center shall submit an application to:

   CCSFacilityReview@dhcs.ca.gov
   For questions call 916-327-2144
   Fax 916-440-5317

8. A provider whose application meets the requirements identified in these standards, by a review of the application, a site visit, or both, shall be approved as a Cochlear Implant Center.

9. Center staff and consultants providing care to CCS-eligible children shall be CCS approved, eligible for approval, or receiving supervision by a CCS-approved provider according to the standards for panel participation established by the State CCS program.

10. Changes in professional staff whose qualifications are incorporated into any portion of these standards shall be reported to the state CCS program at the above address whenever they occur.

11. Center approval shall be subject to re-evaluation at intervals defined by the State CCS program.

12. Centers shall be in compliance with communication and accessibility standards in the Americans with Disabilities Act.

13. Centers shall be responsible for having translation services available for non-English speaking families.

C. Requirements for Participation

1. Staff

a. The Cochlear Implant Center must include a team of multi-disciplinary providers with expertise in pediatric care for children with hearing loss and their families. Team members are not required to work within the same facility, must be individually identified, and specified if they are a referral source outside the facility. Referral sources are used to supplement the cochlear implant evaluation and/or treatment recommendations for the individual patient as deemed appropriate by the core team members.

b. The team shall include:

(1) A CCS approved audiologist as a core team member and primary contact for the team, who has at least two years of professional experience in providing cochlear implant services to children of all ages. The audiologist shall be responsible for leading or co-leading the cochlear implant team for implant selection and care coordination of the cochlear implant candidate.

(2) Additional audiologists as cochlear implant team members, with experience in pediatric cochlear implant evaluations and post-surgical treatment. In compliance with California licensure standards and CCS approval standards, non-licensed audiologists during their Required Professional Experience and licensed audiologists prior to obtaining CCS approval may provide services to CCS-eligible children under the supervision of a CCS-approved audiologist on the cochlear implant team. Supervision requires the licensed, CCS-approved provider to be on-site, immediately available for consultation and assistance.

(3) A CCS-approved cochlear implant surgeon as a core team member, having completed at least 20 surgeries post residency on children without complications. Additional surgeons with like experience are encouraged to participate as team members.

(4) A CCS-approved or equivalent speech-language pathologist, with experience in providing services to children of all ages who are deaf or hard of hearing. If the speech pathologist is not CCS approved, work experience documenting two years of pediatric experience is required, and completion of a CCS application is encouraged. A speech pathologist must be a core member of every cochlear implant team.

(5) Additional speech pathologists as referral sources for the post-implant rehabilitation as necessary. Speech pathologists providing post-implant rehabilitation shall be CCS-approved or equivalent and must coordinate services with the cochlear implant team.

(6) A Behavioral Health professional capable of evaluating behavioral, social, and/or developmental characteristics outlined in current CCS cochlear implant criteria. The professional must be California licensed and have two years experience in pediatric evaluations. The Behavioral Health professional may be a psychiatrist, psychologist, social worker, and/or a developmental pediatrician. A Behavioral

Health professional should be a consistent referral source.

(7) Additional team members or referral sources as necessary. This may include, but it not limited to, educational specialists, neurologists, or credentialed teachers of the deaf.

(8) If the audiologist utilizes a test assistant, the test assistant shall work under the direct supervision of the CCS approved audiologist. The CCS approved audiologist shall be in the same room or visually observing the test assistant when the assistant is providing services to a CCS-eligible child.

(9) If the speech-language pathologist utilizes a speech-language pathology assistant, the assistant shall work under the direct supervision of the CCS approved speech-language pathologist, as specified in Section 2538 et seq. of the California Business and Professions Code.

2. Facility and Equipment

a. There shall be a waiting room appropriately furnished for children.

b. There shall be at least one sound-treated examination room, conforming to the requirements set forth in current ANSI standards.

c. Equipment capable of performing all procedures for the evaluation of cochlear implant audiology candidacy criteria and post-implant services, as referred to in current peer-reviewed audiologic guidelines, standards, or preferred practice patterns published by professional audiological associations for infants and children of all ages shall be available and used by the Center's audiologist(s).

d. Equipment shall be calibrated in accordance with the manufacturer's recommendation and a log shall be kept documenting the dates of calibration, repair or replacement. The electroacoustic equipment and ambient noise shall meet current ANSI and manufacturer's specifications.

e. Biologic checks of the equipment (e.g., identifying signs of wear, listening checks by the operator for hearing levels, cross talk, signal distortion, noise levels, etc.) shall be

made and recorded daily or, if less than daily, each time equipment is used.

3. Services

a. The Center shall comply with current peer-reviewed cochlear implant guidelines, standards, or preferred practice patterns published by professional audiological and speech-language pathology associations and provide comprehensive cochlear implant evaluation and post-implant treatment for children of all ages.

b. The Center shall provide cochlear implant counseling, including communication and educational options, and follow-up for children of all ages.

c. The multi-disciplinary cochlear implant team shall be responsible for addressing all the criteria for cochlear implant surgical selection outlined in CCS policy, delineated in the most recent Numbered Letter.

d. The core members of the cochlear implant team shall be responsible for the final recommendation regarding cochlear implant candidacy, based on evaluations and reports from all team members. A report summarizing all finding shall be compiled by a core member and disseminated to the family and the County CCS office.

e. The Center shall provide post implant services including programming, mapping, troubleshooting and on-going evaluation and management.

f. An audiology test assistant, if utilized, may assist the CCS approved audiologist to perform the functions outlined below.

(1) Behavioral management, including:

(a) Assisting the child to cooperate in the testing environment.

(b) Conditioning the child to respond appropriately during play and orientation to audiological test techniques;

(2) Reassure the child to allay fear of the testing and evaluation process.

(3) Assist the child that may require careful observation and/or assistance in responding to acoustic stimuli.

(4) Supervise the care of the child during the parent(s) interview and counseling session, before and after the evaluation.

g. If the cochlear implant team determines the child is not a candidate at their facility, it is the responsibility of the team to inform the family and the County CCS office.

4. Care Coordination/Referral

a. The Core team members are ultimately responsible for the post-surgical care and care coordination of the cochlear implant recipient. Care coordination must include:

(1) Referral for aural rehabilitation

(2) Coordination with schools or Early Start programs regarding therapy and/or classroom needs

(3) Referrals for psychological, social or developmental counseling, if necessary

(4) Referrals to other medical specialist if additional disorders are suspected

(5) Authorization requests for replacement parts, batteries and accessories

(6) If available, coordination with local audiology providers for on-going hearing aid, aural rehabilitation, and/or cochlear implant care

(7) Referral to appropriate services for communication options if it is determined a cochlear implant is not an option for the child, or if post-implantation language development is not progressing as predicted.

5. Reporting Requirements

a. Each Cochlear Implant Center shall submit to the CCS program summary reports at least annually in a format determined by The State. The report should include the number of patients, number of surgeries, the number of patients referred to CCS for approval, short term and long term outcomes for each child, and a one year assessment of the child's ability to development speech.

6. Billing

a. A Cochlear Implant Center shall submit claims for reimbursement of CCS authorized services in a format specified by the CCS program.

b. Claims for the surgical device(s) and surgery is the responsibility of the outpatient hospital facility where the surgery is performed and the physicians involved with the surgery.

COCHLEAR IMPLANT CENTER REPORTING FORM

Name of Facility				
Name of hospital/medical center (if different from above)				
Medi-Cal provider number	NPI number	Telephone number	FAX	TDD

Address	City	ZIP code

Service Address	City	ZIP code	County

Director	E-mail address
Chief audiologist	E-mail address

Contact person for this application	Telephone number	FAX	E-mail address

FACILITY INFORMATION

Medi-Cal Approved Outpatient Hospital Surgery Center(s)

Outpatient Surgery Center Name	NPI	Surgeon has privileges?	Radiology services?	Inpatient services available?
		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Communication Disorder Center Approval

Communication Disorder Center Name	CCS Approved?	CDC Number	NPI Number
	☐ Yes ☐ No	7.3	

REPORTING INFORMATION

Number of Patients	
Number of Patients referred to CSS for approval	
Number of Surgeries completed	

CHILD INFORMATION (PROVIDE INFORMATION ON ALL CCS PATIENTS)

Name:	**CCS #**	**Procedure:**
Short Term Outcomes:		
Long Term Outcomes:		
Date One Year Assessment will be completed (if completed, provide date of completion and a narrative assessment):		

Name:	CCS #	Procedure:
Short Term Outcomes:		
Long Term Outcomes:		
Date One Year Assessment will be completed (if completed, provide date of completion and a narrative assessment):		

Name:	CCS #	Procedure:
Short Term Outcomes:		
Long Term Outcomes:		
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USC University of Southern California

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

RECEIVED
APR 28 2016
Speech-Language Pathology & Audiology
& Hearing Aid Dispensers Board

April 21, 2016

To the Members of the State Licensing Board:

As a long-licensed audiologist in California and as a clinician providing pediatric cochlear implant services through California Children Services from the inception of its cochlear implant program, I am writing to you to request your help in putting a stop to policies that are adversely impacting children's hearing health and communication development opportunities. You may know that there have been many issues of concern regarding CCS, including but not limited to 1) paneling issues, 2) lack of coordination between paneling and MediCal provider status, 3) lack of timely reimbursement, 4) inadequate payments to cover costs of dispensed items such as earmolds, 5) lack of CCS advisors knowledgeable about audiology in general and cochlear implants in particular. Recently, CCS has apparently determined that its specialized, approved cochlear implant clinics are not trustworthy and that we are routinely attempting to somehow skirt rules or bilk the system by implanting children who are not "good" candidates. They have issued a new numbered letter with onerous requirements—putting together a report requesting cochlear implant surgery can take 2 hours, with all the documentation now demanded—and their determinations of candidacy, numbered letter notwithstanding, are inconsistent, slow, and in some cases nonsensical. Examples include requesting additional information piecemeal, rather than all together, such as first requesting hearing aid datalogging, then requesting a copy of the CT report rather than accepting the CI surgeon's direct interpretation of same, and THEN demanding an MRI scan on a child with normal bony formation of the inner ear structures; approving ONE implant in a bilaterally profoundly deaf 22 month old and stating they would wait for a "progress report" before approving the second—and this, after the initial request had been submitted to them many months before.

Recently all CCS CI centers received an email adding an additional requirement: t hat we report on individual and collective outcomes in our patients annually, using a form they would provide, with the 2016 report being due in June. Obviously, this make little sense on the face of it—there will be no outcomes to report in June on children implanted between January and June, and this isn't even annual anyway. CCS does not need us to tell them how many implants we have done in a given period; they already have that information. They are requesting information about speech/language and educational outcomes, presumably to justify the expense of implanting these children, information many clinics don't have ready access to, and which is not required in the numbered letter. If CCS wants to know about outcomes generally, there is a plethora of research they can read. If CCS wants to do its own study looking at candidacy from the back end and determining future candidacy criteria based on outcomes, they will have to design a careful study and implement it with controls (and fund it); there are simply too many variables for them to be able to look at the information they are asking for and draw clear conclusions. Attempting to do so is not fair to the children, not fair to us. ***What we know absolutely and incontrovertibly is that chief among the factors leading to good outcomes is age of implantation, and CCS's new policies and requirements have been highly effective in delaying receipt of implants for many young children.*** The irony is that as they are becoming fanatical in their desire not to approve implants for what they think are poor candidates, a child who is a good or even borderline candidate when our request is submitted WILL BE a poorer candidate as a result of CCS's inexcusable delays in approving surgery.

Keck School of Medicine of the University of Southern California
USC Caruso Family Center for Childhood Communication
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If CCS decision-makers are not already aware of the general response to their newest requirement for annual comprehensive reports (a number of us have communicated with them directly, with no productive response), they will be soon, since the collective plan is to concertedly refuse. CCS assigns us to be the centers of excellence for cochlear implants, but has no trust in our ability to do our jobs well. This is true—and deeply felt—on the pre-evaluation end, and now we are getting it on the post-implant end. One comment expressed by several CCS CI centers was that CCS does not know how many children we say no to who are clearly not candidates from the start— where we never even request an 05 authorization; we request 05s and implants for kids who are reasonable candidates for them. There has to be some trust that the centers who have been approved by CCS to make good decisions ARE making good decisions and that we know how to practice our profession. There are sometimes extenuating circumstances that would make an otherwise poor-looking candidate a possible one. We all feel that accountability is important, absolutely. But requiring this kind of in-depth reporting when the child's ongoing services may not be within the clinic is frankly just another burden with no way to be compensated for the time and effort it will take. As part of the new requirement, it appears that CCS now wants the IFSP or the IEP and some kind of documentation on whether the child is achieving goals. What will its response be if they are not? There is NO predicting for certain what the functional oral language outcomes of a child with an implant will be. No crystal ball. We make the best choices we can; we do our best to adhere to the changing demands of CCS. At some point, though, it becomes completely ridiculous that we will spend more time on paperwork than we do actually working with the children.

In the mid-1990s, when there were just two CCS CI centers and together we implanted fewer than 20 children per year, we could simply refuse to participate further until the new system was better organized; we did refuse, and CCS did make changes, create codes, create policies governing provision of cochlear implants. We now do roughly 100 pediatric cochlear implants a year in our clinic alone, and there are 10 CCS CI centers; we cannot deny or delay services at this point, nor do we feel we can ethically withdraw from the CCS program. We need help. The Board can assist us by advocating for us directly with CCS in Sacramento, in terms of establishing reasonable and consistent policies. Unquestionably, the escalating CCS demands on its approved CI centers has resulted in delays in access to appropriate care for children. Surely this violates existing regulations and should be an issue for the Board, if not for the Legislature and/or other regulatory bodies. Please advise as to whether the Board is able to intervene with CCS and advocate both for its audiologists and for the children and families we serve.

Sincerely,

Margaret Winter, M.S., CCC-A, Board Certified in Audiology
Associate Professor of Clinical Otolaryngology
USC Caruso Family Center for Childhood Communication
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Norman Ge, M.D

Division of Neurotology
Hamid Djalilian, M.D., Chief
Alicia Traktman, AuD, Audiology Director
Ginger Stickney, Ph.D., Audiology, Cochlear Implants

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Research Division
Fan-Gang Zeng, Ph.D, Chief
John Middlebrooks, Ph.D.
Brian J.F. Wong, M.D., PhD.

April 25, 2016

Re: Summary Report

To Whom It May Concern:

I was recently notified that all Cochlear Implant Centers (CICs) will soon be asked to submit an annual summary report for every child at our center who has a cochlear implant. This new reporting requirement is not something that CICs can support. It is an unreimbursable, administrative burden that seeks to gather information and documentation on the outcomes of the CCS CI program. As such, this review appears to be what CCS itself should conduct directly and internally. The CICs are asked routinely to provide reports for each child at the child's annual CCS-coverage renewal. Instead, I would propose that this information be collectively gathered from all CICs throughout the year as each child nears his/her CCS renewal period. This should not create an additional burden to the CICs and, over the course of a year, would provide CCS with the data it seeks. At the time of the child's CCS renewal, CCS could request that specific, standardized data be provided in that child's renewal report that would assist CCS in its analysis of its CI program and minimize the administrative demands on the audiologist. If CCS would like to collaborate on such an initiative, I am certain that the CICs would welcome having a meeting either in-person or with a conference call.

Sincerely,

Ginger Stickney

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STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

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MEMORANDUM

DATE	May 2, 2016
TO	Audiology Practice Committee
FROM	Paul Sanchez, Executive Officer
SUBJECT	**Audiology Licensing Requirements**

BACKGROUND

At the May 2016 Board Meeting, Board members sought clarification on the language pertaining to audiology in relation to supervised clinical experience and required professional experience.

Business and Professions Code (BPC) 2532.25 lists the qualifications for audiology license applicants who graduate from an approved educational institute on or after January 1, 2008. BPC 2532.23 (b) (1) requires that the Board establish by regulation the number of clock hours of supervised clinical practice necessary for audiology licensure.

(Supervised Clinical Practice)

(b)(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.

This is separate from the required professional experience (RPE) that is referenced in BPC 2532.25 (b) (2).

(RPE)

(2) Submit evidence of no less than 12 months of satisfactorily completed supervised professional full-time experience or its part-time equivalent . . . 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.

Supervised Clinical Practice (also referred to as clinical practicum or supervised clinical rotations) - California Code of Regulations 1399.152.2 in its current form, describes the supervised clinical experience requirements for speech-language pathologists and audiologists. This requirement is separate from and in addition to the RPE that both SLP and audiology applicants need to qualify for licensure. Currently, there is no distinction between the supervised clinical hours required for SLP and audiology applicants.

ACTION REQUESTED

Staff is requesting clarity on licensing requirements for audiologists. The committee may want to consider national and accreditation standards. In order to comply with BPC 2532.25 (b) (1), the Board needs to establish in regulation the number of supervised clinical practice hours required for audiology licensure.

Allison's Question

The specific question pertains to requirements for clock hours prior to the fourth year externship. There is some lack of clarity in the current rag (?) language and were thinking about rewriting the regulation that we want to make sure to get it right. The alternative is that you could take a look at the regulation which is 2532.25 equivalent qualifications in section b1 it discusses the number of clock hours of supervised clinical practice. I'm sure that this is not consistent with current accreditation standards.

BUSINESS AND PROFESSIONS CODE SECTION 2532-2532.8

2532. No person shall engage in the practice of speech-language pathology or audiology or represent himself or herself as a speech-language pathologist or audiologist unless he or she is licensed in accordance with this chapter.

2532.1. (a) Each person desiring to obtain a license shall make application to the board, upon a form as prescribed by the board.

(b) A separate license shall be granted in both speech-language pathology and audiology. An applicant may be granted both licenses upon successful completion of the requirements for both licenses.

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

(a) Possess at least a master's degree in speech-language pathology or audiology from an educational institution approved by the board or qualifications deemed equivalent by the board.

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

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

(c) Submit evidence of no less than 36 weeks of satisfactorily completed supervised professional full-time experience or 72 weeks of professional part-time experience obtained under the supervision of a licensed speech-language pathologist or audiologist or a speech-language pathologist or audiologist having qualifications deemed equivalent by the board. This experience shall be evaluated

and approved by the board. The required professional experience shall follow completion of the requirements listed in subdivisions (a) and (b). Full time is defined as at least 36 weeks in a calendar year and a minimum of 30 hours per week. Part time is defined as a minimum of 72 weeks and a minimum of 15 hours per week.

(d) (1) Pass an examination or examinations approved by the board. The board shall determine the subject matter and scope of the examinations and may waive the examination upon evidence that the applicant has successfully completed an examination approved by the board. Written examinations may be supplemented by oral examinations as the board shall determine. An applicant who fails his or her examination may be reexamined at a subsequent examination upon payment of the reexamination fee required by this chapter.

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

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

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 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.

2532.3. (a) Upon approval of an application filed pursuant to Section 2532.1, and upon the payment of the fee prescribed by subdivision (i) of Section 2534.2, the board may issue a temporary license for a period of six months from the date of issuance to a speech-language pathologist or audiologist who holds an unrestricted license from another state or territory of the United States or who holds equivalent qualifications as determined by the board and has made application to the board for a license in this state.

(b) A temporary license shall terminate upon notice thereof by certified mail, return receipt requested, if it is issued by mistake or if the application for permanent licensure is denied.

(c) Upon written application, the board may reissue a temporary license to any person who has applied for a regular renewable license pursuant to Section 2532.1, and who, in the judgment of the board, has been excusably delayed in completing his or her application or the minimum requirements for a regular license. The board may not reissue a temporary license more than twice to any one person.

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

(b) The examination may be written or oral or both. The examination shall be given at least once a year at the time and place and under such supervision as the board may determine. The board shall determine what shall constitute a passing grade.

(c) The board shall keep an accurate recording of any oral examination and keep the recordings as well as any written examination as part of its records for at least two years following the date of examination.

2532.5. Every person holding a license under this chapter shall display it conspicuously in his or her primary place of practice.

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

(b) The board shall not renew any license or registration pursuant

to this chapter unless the applicant certifies to the board that he or she has completed in the preceding two years not less than the minimum number of continuing professional development hours established by the board pursuant to subdivision (c) for the professional practice authorized by his or her license or registration.

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

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

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

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

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

(2) No hours shall be credited for any course enrolled in by a licensee that has not first been approved and certified by the board, if the board has sufficient funding and staff resources to implement the approval and certification process.

(3) The continuing professional development services offered by these entities may, but are not required to, utilize pretesting and posttesting or other evaluation techniques to measure and demonstrate improved professional learning and competency.

(4) An accredited institution of higher learning, an organization approved as continuing education providers by either the American Speech-Language Hearing Association or the American Academy of Audiology, and the California Medical Association's Institute for Medical Quality Continuing Education Program shall be exempt from any application or registration fees that the board may charge for continuing education providers.

(5) Unless a course offered by entities listed in paragraph (4) meets the requirements established by the board, the course may not be credited towards the continuing professional development requirements for license renewal.

(6) The licensee shall be responsible for obtaining the required course completion documents for courses offered by entities specified in paragraph (1).

(f) The board, by regulation, shall fund the administration of this section through professional development services provider and licensing fees to be deposited in the Speech-Language Pathology and Audiology Board Fund. The fees related to the administration of this section shall be sufficient to meet, but shall not exceed, the costs of administering the corresponding provisions of this section.

(g) The continuing professional development requirements adopted by the board shall comply with any guidelines for mandatory

continuing education established by the Department of Consumer Affairs.

2532.7. (a) Upon approval of an application filed pursuant to Section 2532.1, and upon payment of the fee prescribed by Section 2534.2, the board may issue a required professional experience (RPE) temporary license for a period to be determined by the board to an applicant who is obtaining the required professional experience specified in subdivision (c) of Section 2532.2 or paragraph (2) of subdivision (b) of Section 2532.25.

(b) Effective July 1, 2003, no person shall obtain the required professional experience for licensure in either an exempt or nonexempt setting, as defined in Section 2530.5, unless he or she is licensed in accordance with this section or is completing the final clinical externship of a board-approved audiology doctoral training program in accordance with paragraph (2) of subdivision (b) of Section 2532.25 in another state.

(c) A person who obtains an RPE temporary license outside the State of California shall not be required to hold a temporary license issued pursuant to subdivision (a) if the person is completing the final clinical externship of an audiology doctoral training program in accordance with paragraph (2) of subdivision (b) of Section 2532.25.

(d) Any experience obtained in violation of this act shall not be approved by the board.

(e) An RPE temporary license shall terminate upon notice thereof by certified mail, return receipt requested, if it is issued by mistake or if the application for permanent licensure is denied.

(f) Upon written application, the board may reissue an RPE temporary license for a period to be determined by the board to an applicant who is obtaining the required professional experience specified in subdivision (c) of Section 2532.2 or paragraph (2) of subdivision (b) of Section 2532.25.

2532.8. (a) The board shall deem a person who holds a valid certificate of clinical competence in speech-language pathology or audiology issued by the American Speech-Language-Hearing Association's Council for Clinical Certification to have met the educational and experience requirements set forth for speech-language pathologists or audiologists in Section 2532.2.

(b) If an applicant qualifying for licensure under this section has obtained any equivalent qualifications in violation of the laws and regulations governing the practices of speech-language pathology or audiology or has not met the requirements for licensure, he or she shall correct the deficiency to qualify for licensure. If the deficiency is not cured within one year from the date of the deficiency notice, the application for licensure is deemed abandoned.

ASHA Certification Standards

Standard I: Degree

Applicants for certification must have a doctoral degree. The course of study must address the knowledge and skills necessary to independently practice in the profession of audiology.

Implementation:

Verification of the graduate degree is required of the applicant before the certificate is awarded. Degree verification is accomplished by submitting (a) an application signed by the director of the graduate program, indicating the degree date, and (b) an official transcript showing that the degree has been awarded, or a letter from the university registrar verifying completion of requirements for the degree.

Individuals educated outside the United States or its territories must submit official transcripts and evaluations of their degrees and courses to verify equivalency. These evaluations are typically conducted by credential evaluation services agencies recognized by the National Association of Credential Evaluation Services (NACES). Information that must be provided is (a) confirmation that the degree earned is equivalent to a U.S. doctoral degree, (b) translation of academic coursework into the American semester hour system, and (c) indication as to which courses were completed at the graduate level.

The CFCC has the authority to determine eligibility of all applicants for certification.

Standard II: Education Program

The graduate degree must be granted by a program accredited by the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA).

Implementation:

Applicants whose graduate degree was awarded by a U.S. institution of higher education must have graduated from a program holding CAA accreditation in audiology.

Satisfactory completion of academic course work, clinical practicum, and knowledge and skills requirements must be verified by the signature of the program director or official designee of a CAA-accredited program or a program admitted to CAA candidacy.

Standard III: Program of Study

Applicants for certification must complete a program of study that includes academic course work and a minimum of 1,820 hours of supervised clinical practicum sufficient in depth and breadth to achieve the knowledge and skills outcomes stipulated in Standard IV. The supervision must be provided by individuals who hold the ASHA Certificate of Clinical Competence (CCC) in Audiology.

Implementation:

The program of study must address the knowledge and skills pertinent to the field of audiology. Clinical practicum must be approved by the academic program from which the student intends to graduate. The student must maintain documentation of time spent in supervised practicum, verified by the academic program in accordance with Standard IV.

Students shall participate in practicum only after they have had sufficient preparation to qualify for such experience. Students must obtain a variety of clinical practicum experiences in different work settings and with different populations so that they can demonstrate skills across the scope of practice in audiology. Acceptable clinical practicum experience includes clinical and administrative activities directly related to patient care. Clinical practicum is defined as direct patient/client contact, consultation, record keeping, and administrative duties relevant to audiology service delivery. Time spent in clinical practicum experiences should occur throughout the graduate program.

Supervision must be sufficient to ensure the welfare of the patient and the student in accordance with the ASHA Code of Ethics. Supervision of clinical practicum must include direct observation, guidance, and feedback to permit the student to monitor, evaluate, and improve performance and to develop clinical competence. The amount of supervision must also be appropriate to the student's level of training, education, experience, and competence.

Supervisors must hold a current ASHA CCC in the appropriate area of practice. The supervised activities must be within the scope of practice of audiology to count toward certification.

AAA Membership

Fellow (Doctoral Student/Candidate)

Eligibility
A Fellow must have at least a Masters degree, if earned before Jan. 1, 2007, or at least a Doctoral degree if earned Jan. 1, 2007, or after. A Fellow must be licensed to practice by their state or have proof of completion of 350 clock hours of supervised clinical practicum, and proof of successful completion of a national exam in audiology.

In order to qualify for this membership type, a Fellow member must be enrolled in a residential doctoral-level program in audiology. A Fellow (Doctoral Student/Candidate) will receive student pricing for dues, registrations, products and services, and other student benefits as appropriate.

Documentation
Submit a completed application, being sure to sign the Code of Ethics. Also submit a copy of your state license. If your state does not have licensure (or the equivalent) or your job does not require you to hold a license, please submit proof of your 350 supervised clinical hours and proof of your completion of a national exam in audiology. Completion of your expected degree information, along with a signature from your PhD advisor, will also be required for this membership.

Council on Academic Accreditation (CAA)

Standard 3.0A Curriculum (Academic and Clinical Education) in Audiology

3.1A The curriculum (academic and clinical education) is consistent with the mission and goals of the program and prepares students in the full breadth and depth of the scope of practice in audiology.

The program must provide a curriculum leading to an entry-level clinical doctoral degree with a major emphasis in audiology. The program must offer appropriate courses and clinical experiences on a regular basis so that students are able to satisfy the degree requirements within the published time frame.

The program must ensure that students have opportunities to acquire the knowledge and skills needed for entry into independent professional practice across the range of practice settings (including but not limited to hospitals, schools, private practice, community speech and hearing centers, and industry) and to qualify for relevant state and national credentials for independent professional practice that are relevant to the program's purpose and goals.

Doctoral-level programs in audiology must provide evidence of a curriculum that allows students to achieve the knowledge and skills listed below. Typically, the achievement of these outcomes requires the completion of 4 years of graduate education or the equivalent.

The doctoral curriculum in audiology must include a minimum of 12 months' full-time equivalent of supervised clinical experiences. These include short-term rotations and longer term externships and should be distributed throughout the program of study. Clinical experiences must constitute at least 25% of the program length.

The aggregate total of clinical experiences must equal at least 12 months, to include direct client/patient contact, consultation, record keeping, and administrative duties relevant to professional service delivery in audiology. The program must provide sufficient breadth and depth of opportunities for students to obtain a variety of clinical experiences in different work settings, with different populations, and with appropriate equipment and resources in order to acquire and demonstrate skills across the scope of practice in audiology, sufficient to enter independent professional practice.

It is the responsibility of the program to plan a clinical program of study for each student. The program must demonstrate that it has sufficient agreements with supervisors or preceptors and clinical sites to provide each student with the clinical experience necessary to prepare them for independent professional practice. It is the program's responsibility to design, organize, administer, and evaluate the overall clinical education of each student.

The doctoral academic and clinical curriculum in audiology must include instruction in the areas of (a) foundations of audiology practice, (b) prevention and identification, (c) evaluation, and (d) treatment, as described below.

Accreditation Commission for Audiology Education (ACAE)

must have the opportunity to engage a fair process to address complaints. Records of the deliberations and decisions regarding complaints should be maintained for a minimum of six years after a student graduates. Only student complaints that are submitted in written form will be reviewed by the program.

MISSION/GOALS/OBJECTIVES, PLANNING & EVALUATION STANDARDS

Standard 17: Program Mission, Goals & Objectives
The program must have a current statement of its mission and the measureable goals and objectives by which it intends to prepare students for the independent and comprehensive practice of audiology.

Description This standard requires the program to have a current mission statement and measurable goals and objectives. The goals and objectives should prepare students to demonstrate outcomes (i.e., competencies) that meet the independent and comprehensive scope of practice of audiology.

Standard 18: Goals And Objectives Assessment
The program must have an ongoing method in place to evaluate and improve the extent to which it meets its goals and objectives to prepare students for the independent and comprehensive practice of audiology.

Description Standard 18 requires the program to have an ongoing method/system in place that assesses if the program's goals and objectives have been met. There are at least three ongoing components associated with this standard: a description of the methods used to review the goals and objectives, the extent to which measures taken have been met, and documentation on a regular basis of how the results of the measures used improve the program.

Standard 19: Systematic Process For Planning & Program Evaluation
The program must have a systematic process for measuring student achievement; for monitoring its overall efforts to achieve its mission, goals and objectives; for assessing its effectiveness serving its various communities of interest; for reviewing and revising the curriculum as necessary, and, based on the results of these activities, for planning to achieve its mission in the future.

Description This standard reinforces that programs maintain a process for measuring student and overall programmatic achievements that are compatible with the program's mission, goals and objectives. These results can be measured against how effective they are within the curriculum and greater community. They can be modified and improved as necessary within the curriculum, as a means of achieving and continuing to uphold a strong mission in the future. For example, documentation is required of the processes used, which include the ongoing evaluation of student and programmatic assessments. The program must also indicate its plans to use its analyses for program improvement.

Standard 20: Program Quality
The program must be committed to attaining the highest quality in its education of students and must demonstrate the process, tools and benchmarks used to measure quality.

Description This standard purposely uses the word, 'quality', to describe expectations of student outcomes. Academic programs must define what they mean by 'quality' and demonstrate that all students meet this expectation. The standard also uses the term 'benchmark'. This indicates that the program should use indicators of quality and demonstrate the process and tools used to achieve it. For example, meetings to review student achievement (e.g., reviewing a variety of assessments), feedback from students, communities of interest, clinical experiences, employers, internal or external reviews are recommended. The program must use a systematic process that assures that there is an ongoing evaluation of the quality. It must be noted that it is insufficient to use the results of a single metric (e.g., grades, score on a national examination or employment status) as the only measure of quality.

CURRICULAR STANDARDS

Standard 21: Multiple Methods Of Instruction & Evaluation
If the program uses multiple methods of instruction and evaluation, it must explain how and the extent to which different methods of instruction and evaluation are incorporated into the curriculum, and how these methods enhance student-learning outcomes.

Description Advances in understanding learning attributes, coupled with the evolution of technologies, allow programs to incorporate different teaching methodologies. For example, these methods include use of asynchronous teaching (e.g. distance, on-line, etc.), simulation programs (simulated patients or software programs), or problem based learning. If programs use these methods, they must explain how they are incorporated into the curriculum, how outcomes are improved, and how the teaching methods are evaluated and revised.

Standard 22: Required Knowledge & Competencies
The audiology program, which includes didactic and clinical experiences, must prepare students to meet the recognized competencies for independent practice identified in this standard. The program must also ensure that the clinical experiences encompass the entire scope of practice and focus on current evidence-based practices. The program must provide evidence that each student is able to demonstrate knowledge and competency in the following areas:

Competencies
Foundation: *(12 Competencies)*
The student will be able to:

1. *Explain basic cell, organ, and body systems, with special emphasis on the auditory and vestibular/balance systems and their interrelationships to the body as a whole over the lifespan, including newborns, infants, children, adolescents, adults, elderly and individuals with special needs.*
2. *Describe the development of normal auditory and communication processes,*

including the embryology and development of the auditory/vestibular, central nervous and related systems.

3. *Explain theoretical and applied principles of acoustics, psychoacoustics, non-acoustic stimuli, and electronics as applied to the normal and disordered auditory and vestibular systems.*
4. *Identify the various localized and systemic processes that lead to dysfunction and disease.*
5. *Describe the effect that disease processes can have on the body and major organ systems, with special emphasis on the auditory and vestibular systems.*
6. *Recognize the mechanisms of the various classes of pharmaceutical agents, their interactions, and safe, effective use for the treatment of disease and conditions affecting the ear, the auditory and vestibular systems, central nervous system and related systems.*
7. *Describe the structures and processes contributing to the development of auditory, vestibular and communication disorders and abnormalities.*
8. *Explain the impact of hearing disorders on communication for newborns, infants, children, adolescents, adults, elderly and individuals with special needs.*
9. *Explain and demonstrate the impact of genetics on the development and preservation of auditory function as well as the impact on the development of disorders of the auditory, vestibular, and related systems across the lifespan.*
10. *Explain the psychological and neurological bases for auditory and vestibular dysfunction and remediation.*
11. *Describe the science and methods employed, e.g., acoustical and pharmacological, for the preservation of hearing and balance disorders.*
12. *Critically evaluate the research foundation for hearing, balance and communication sciences.*

Diagnosis and Management *(14 Competencies)*

The student will be able to:

1. *Diagnose, triage, treat and manage auditory and vestibular/balance conditions and diseases for patients over the lifespan, including newborns, infants, children, adolescents, adults, elderly and special needs individuals.*
2. *Apply audiologic diagnosis, treatment and management principles in diverse settings including, for example, private practice-based, educational and occupational/industrial environments.*
3. *Apply critical thinking skills to assess the patient's auditory and vestibular status.*
4. *Prescribe, perform and interpret clinical, laboratory and other diagnostic procedures and tests in consultation with other health professionals as may be required for proper management of the patient.*
5. *Interpret and synthesize the findings from the patient's history, examination and other diagnostic tests and procedures in order to identify the etiology, the pathogenesis of the condition, and the diagnosis.*
6. *Formulate a treatment plan and understand the implications of various treatment options.*
7. *Explain any relevant limitations for diagnosis and treatment and formulate a plan for consultation or referral, as appropriate.*
8. *Discuss the findings, diagnosis and treatment options with the patient, parent or guardian, family, other health care or service providers, as well as any modifications or consequences that may occur over the course of treatment.*
9. *Discuss pharmacological treatment options with the patient, parent or guardian, family or other health care or service providers as it relates to the prevention of hearing and balance disorders and, specifically, as it relates to appropriate vestibular system functions.*
10. *Plan and implement treatment and rehabilitation methods used for the management of auditory and vestibular disorders, including all forms of personal amplification and hearing assistance technology.*
11. *Present the patient with the sequence of treatment (including preventive care), estimated fees, payment arrangements, time requirements, and the patient's responsibilities for treatment. Apply the informed consent process as it relates to clinical procedures.*
12. *Characterize and implement evidence-based practice methods and a critical evaluation of the literature to provide optimal outcomes for diagnosis and treatment of auditory and vestibular disorders.*
13. *Integrate all aspects of a patient's life (development, participation and environment), as identified by the International Classification of Functioning (ICF), World Health Organization (WHO) and World Health Assembly, May 2001, into the treatment management of patients with hearing and/or balance disorders (see Explanations).*
14. *Explain the basic concepts of probability and disease susceptibility, and the influence of genetic factors in the maintenance of health and development of disease, as it applies to patients with hearing and/or balance disorders.*

Communication: *(8 Competencies)*

The student will be able to:

1. *Communicate effectively, both orally and in written form, with patients, families, caregivers, and other healthcare and service providers.*
2. *Produce professional written reports on the diagnoses, evaluations and consultations encountered during clinical experiences.*
3. *Demonstrate empathy and active listening behaviors for patients and families.*
4. *Demonstrate understanding and respect for all individuals encountered in audiologic practice, regardless of disability, income, gender, sexual orientation, race, religion or national origin.*
5. *Safeguard the privacy and confidentiality of a patient's medical record information.*
6. *Maintain accurate and complete up-to-date patient records, with clear and appropriate documentation of each patient encounter.*
7. *Advocate for patient-centered care and shared decision-making by teaching self-advocacy skills to patients and family members.*
8. *Model and apply the skills needed to provide effective patient/family-centered*

counseling and shared decision-making when providing information, resources and evidence-based options for diagnosis and treatment.

Professional Responsibilities and Values:
(17 Competencies)
The student will be able to:

1. *Adhere to professional ethics as they relate to the practice of audiology.*
2. *Demonstrate sensitivity to the psychosocial dynamics of the doctor/patient relationship.*
3. *Describe social, psychological, and economic forces affecting diverse patient populations.*
4. *List professional, legal, public health, and public policy issues as they pertain to the various practice settings and community needs.*
5. *Describe and apply practice management strategies and principles that are relevant to audiology.*
6. *Discuss the business, personnel management, financial and reimbursement considerations necessary for operating an audiology practice.*
7. *Create and explain a business plan and be able to read and understand a profit and loss statement and implement an annual budget and marketing plan.*
8. *Demonstrate how to utilize contemporary business and technology processes in order to improve access to audiologic care, including the areas listed in P.7.*
9. *Describe Current Procedural Terminology (CPT), Healthcare Common Procedure Coding System (HCPCS), International Classification of Diseases (ICD-10) billing and coding as well as implications of different professional settings on reimbursement.*
10. *Perform basic life support skills for emergencies encountered in audiology practice.*
11. *Respect the unique cultures, values, roles/responsibilities, and expertise of other health professions, including the value of inter-professional education and collaboration for patient care.*
12. *Direct the appropriate and ethical use of audiology assistants and other staff in order to manage productivity and effectiveness within the scope of audiologic practice.*
13. *Develop and apply effective leadership, writing and verbal presentation skills to advocate for one's own profession and for patients served.*
14. *Describe the value of life-long learning in order to stay current with changing medical, technologic and business advances.*
15. *Demonstrate an understanding of how to supervise other audiologists, staff and students, so as to apply this training in future practices.*
16. *Describe and demonstrate understanding of the role and implications of tele-audiology on patient care.*
17. *Explain the history of the audiology profession.*

Description This standard describes the knowledge, skills and competencies that every student is expected to attain prior to graduation. Standard 22 provides a list of outcomes, but how the program reaches these goals is up the individual program. Nonetheless, the program must demonstrate that every student attains each of the knowledge and competencies listed.

Standard 23: Clinical Environments & Populations
The program must demonstrate that students receive quality instruction in multiple clinical environments whose populations represent the scope of audiology across the lifespan.

Description Standard 23 describes the breadth of clinical experiences that students must have during their training. Programs must describe and demonstrate how the required standards for clinical education are being met at externship sites. Programs must be able to demonstrate that students not only have experience in a diversity of clinical settings and with a diversity of patient populations, but that all of the experiences have a level of quality that allows students to develop skills necessary to provide the full scope of practice.

Standard 24: Clinical Experiences
The program must assure that the clinical experiences that students engage in lead to the independent practice of audiology.

Description The goal of clinical experiences is to provide the necessary instruction to assure audiologists can act independently at graduation in any practice environment. This standard addresses the need for a program to assure that the clinical experiences available allow a student to gain the requisite skills and competencies to be able to provide those services at graduation. The program must demonstrate (e.g. measure, document, etc.) that every student has reached this goal. Externships in particular should be chosen with the expectation that a student can achieve independent practitioner status at the end of their program.

Standard 25: Student Research & Scholarly Activity
The program must demonstrate that students have knowledge of the fundamentals of research and research design, enabling them to read the professional literature and understand and critically evaluate the concepts related to evidence-based practice. The students must be critical consumers of research and be able to apply this knowledge in evidence-based practice.

DescriptionStandard 25 requires that programs demonstrate that graduates can be consumers of research. The focus of this standard is being able to apply contemporary research to clinical practice as a key component of evidence-based practice. Programs can utilize both didactic and clinical experiences to demonstrate compliance with this standard. For example, literature reviews as part of a course assignment, case-based reviews, projects, creation of evidence-based protocols and, if the program wishes, involvement of students in conducting an actual mentored experiment, could help demonstrate compliance with this standard.

Standard 26: Integrated Learning
Programs must demonstrate the direct connections between the classroom and

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MEMORANDUM

DATE	May 2, 2016
TO	Speech Language Pathology and Audiology and Hearing Aid Dispensers Board
FROM	Paul Sanchez, Executive Officer
SUBJECT	**Election of Officers**

The Board is required to hold annual elections of its officers for the positions of chairperson and vice chairperson (Business and Professions Code 2531.7). The current Board officers were elected to one-year terms at the June 2015 meeting.

Role of Chair

- **Board Business:** Conducts the Board's business and represents the Board in a professional manner and with appropriate transparency, adhering to the highest ethical standards. Works closely with the Executive Officer (EO) to develop agendas for Board meetings. Presides over Board meetings using Roberts Rules of Order as a guide while adhering to the Bagley-Keene Act.
- **Board Affairs:** Ensures that Board matters are handled properly, including preparation of pre-meeting materials, committee functioning and orientation of new Board Members. Ensures the prevalence of Board governance policies and practices, acting as a representative of the Board as a whole.
- **Executive Officer:** Responsible for providing guidance to EO. Communicates frequently with EO regarding Board, Department, legislative, or statewide regulatory issues relating to the practices of speech-language pathology, audiology and hearing aid dispensing. Convenes Board discussions for evaluating EO each fiscal year.
- **Board Committees:** Seeks volunteers for committees and coordinates individual Board Member assignments. Makes sure that each committee has a chairperson, and stays in touch with chairpersons to be sure that their work is carried out. Obtains debrief from each Board Committee chairperson and reports committee progress and actions to Board at the Board Meeting.

Role of Vice Chair

- **Board Business:** Performs the duties and responsibilities of the Chair when the Chair is absent. Assist with tasks as delegated by Board Chair.

ACTION REQUESTED

Elect a chairperson and vice chairperson to serve a one-year term beginning July 1, 2016.

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BOARD MEETING MINUTES - DRAFT

February 4-5, 2016
Hilton Garden Inn
4200 Taylor Street
San Diego, CA 92110

February 4, 2016

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

Alison Grimes, Board Chair, called the Speech-Language Pathology & Audiology & Hearing Aid Dispensers Board meeting to order at 1:20 p.m. Ms. Grimes called roll; five members of the Board were present and thus a quorum was established.

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

Board Members Absent
Rodney Diaz, MD, Public Board Member
Jaime Lee, Public Board Member
Deane Manning, Board Member
Amnon Shalev, Board Member

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

Guests Present
Cliff Johnson, KP Public Affairs for Hearing Healthcare Providers (HHP)
Shelly Jones, DCA Executive Office
Arthur Sturm, Rexton
Dennis Van Vliet, Au.D., Starkey Hearing Technologies

2. Public Comment for Items not on the Agenda

Dennis Van Vleck requested the practical examination process be included on a future Board meeting agenda.

3. Review and Approval of the November 6, 2015 Board Meeting Minutes, November 22, 2015 Board Meeting Minutes, and December 22, 2015 Board Meeting Minutes

M/S/C Solomon-Rice/Parker

- **Approve the November 6, 2015, November 30, 2015, and December 22, 2015 Meeting Minutes as amended. The motion carried 5-0**

4. Proposed Regulations – Discussion and Possible Action
   a. Title 16, CCR, Sections 1399.152 – Supervised Clinical Experience Clock Hours

The Board discussed raising the minimum number of supervised clinical experience clock hours. Issues discussed included removing the term "clock hours" and audiologists being included in the language. The Board is mandated to establish a minimum number of clock hours and increasing the number of clock hours required should not be held up.

The Board was informed that "clock hours" is in statute; therefore, the wording can only be changed by the legislature. It was noted that there are two separate statutes that address SLP and AuD licensing requirements. Staff will look into this and bring the findings to the next Board meeting.

M/S Solomon-Rice/Parker

- **Move to approve the proposed text for a 45 day public comment period; delegate to the EO the authority to adopt the proposed regulatory changes if there are no adverse comments received during the public comment period; and make any technical and non-substantive changes that may be required to complete the rule making file. The motion was tabled until February 5, 2016, to allow staff to clarify the statute.**

M/S/C Solomon-Rice/Raggio

- **Move to approve the proposed text for a 45 day public comment period; delegate to the EO the authority to adopt the proposed regulatory changes if there are no adverse comments received during the public comment period; and make any technical and non-substantive changes that may be required to complete the rule making file. The motion carried 5-0**

   b. Title 16, CCR, Section 1399.140 – Hearing Aid Dispensers Continuing Education

The Hearing Aid Dispensers Continuing Education discussion is tabled until the next Board Meeting.

   c. Title 16, CCR, Sections 1399.131 & 1399.155 - Disciplinary Guidelines and Uniform Standards for Speech-Language Pathologists, Audiologists, and Hearing Aid Dispensers

Mr. Sanchez gave an overview of the Disciplinary Guidelines (Guidelines) and Uniform Standards explaining that the Uniform Standards specifically address substance abusing licensees. The Board reviewed and discussed each section of the Guidelines. The Board suggested adding rationale to probation terms that currently do not have them, being consistent with the terms of probation for like violations, and minor changes in wording.

M/S/C Grimes/Parker

- **Move to approve the all the changes that were discussed, delegate to the staff to make technical changes, notice proposed text for a 45 day public comment period; delegate to the EO the authority to adopt the proposed regulatory changes if there are no adverse comments received during the public comment period; and make any technical and non-substantive changes that may be required to complete the rule making file. The motion carried 5-0**

5. Executive Officer's Report – Moved to day two of meeting.

6. The Board went into recess at 5:45 p.m.

February 5, 2016

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

Alison Grimes, Board Chair, called the Speech-Language Pathology & Audiology & Hearing Aid Dispensers Board meeting to order at 9:05 a.m. Ms. Grimes called roll; six members of the Board were present and thus a quorum was established.

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

Board Members Absent
Jaime Lee, Public Board Member
Deane Manning, Board Member
Amnon Shalev, Board Member

Staff Present
Paul Sanchez, Executive Officer
Bryce Penney, DCA Web Cast
Breanne Humphreys, Program Manager
Anita Joseph, Enforcement Coordinator
Kelsey Pruden, Legal Counsel

Karen Robison, Enforcement Analyst

Guests Present
Kathy Ellis, SLP
Beth Faber Jacobs, Administrative Law Judge (ALJ)
Cliff Johnson, KP Public Affairs for Hearing Healthcare Providers (HHP)
Shelly Jones, DCA Executive Office
Christine Rhee, Deputy District Attorney
Dennis Van Vliet, Au.D., Starkey Hearing Technologies
Greta Yang, Court Reporter

5. Executive Officer's Report (re-ordered)
   a. Administration Update

Mr. Sanchez informed the Board that Francisco Del Pozo was hired to replace Christy Small who left the Board in October 2015. He noted that our AARP temporary staff member's last day will be February 11, 2016.

   b. Budget Report

Mr. Sanchez stated the Board would be spending most of its budget this fiscal year and will be working with Budgets to remain in the black. The Board has identified options for reducing expenditures to to stay within its budget which include releasing its temporary staff, postponing planned examinations, and prioritizing cases that are with the Attorney General's Office. Additionally, the Board is working on regulations requesting an increase in fees.

   c. Licensing Report

The Board has seen an overall growth in its licensing population while the amount of staff has remained the same. The Board is requesting additional staff through the State budget process to address the workload needs of the Board.

   d. Practical Examination Report

There are plans to hold four practical examinations in 2016. The next practical examination will be held on February 27, 2016.

   e. Enforcement Report

There has been an increase in the number of complaints received by the Board; however, processing time has decreased due to procedural improvements by staff. Staff is currently monitoring twenty-five probationers, with six testing and eight in tolled status.

   f. Strategic Plan Update

The Strategic Plan will be available on the Board website after it has been published. Staff will be working with SOLID to develop an action plan to achieve the goals and objectives outlined in the Strategic Plan.

8. Swearing-in of Reappointed Board Members

Ms. Solomon-Rice and Dr. Diaz were sworn in as Board Members by Ms. Grimes.

9. Hearing on Petition for Early Termination of Probation – Kathryn Ellis, SLP, License # 15760

The Board heard the Petition for Early Termination of Probation of Ms. Ellis. The hearing was presided over by Administrative Law Judge Beth Faber Jacobs. Deputy District Attorney Christine Rhee represented the State. Ms. Ellis represented herself.

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

The Board went into closed session at 11:45 a.m.

The Board returned to open session at 12:20 p.m. and immediately recessed for lunch.

11. Review and Approve Support Letter for Legislation to Allow Additional Audiology Doctoral Programs through the California State University System

The Board discussed the support letter and recommended amendments that include adding data regarding the number of audiologists practicing, annual Au.D. graduates, audiology retirements, and the number needed in California. It was also suggested that the letter discuss how many programs were lost when legislation changed to require a doctorate degree.

M/S/C Parker/Diaz

- **Send a support letter for Legislation to allow additional Audiology Doctoral Programs through the California State University System with amendments. The motion carried 6-0**

12. Discussion and Possible Action to Eliminate Speech-Language Pathology Aide Designation

The discussion to eliminate the Speech-Language Pathology Aide designation has been tabled.

13. Update and Discussion on Requirements and Processes on Foreign-educated Speech-Language Pathology Applicants

Ms. Humphreys informed the Board of the changes that were made to the foreign-educated speech-language pathology requirements. Mr. Sanchez thanked everyone involved in the work that was done.

14. Discussion and Possible Action of Outreach/Education to Audiologists on Aide Registration

Ms. Grimes gave an overview of the educational letter that Ms. Raggio worked on to address the registration of Aides by Audiologists. Mr. Sanchez stated that once approved this information will be on the Board website and an e-mail will be sent out by CAA. Discussion included sending this information out as a renewal insert, adding information on termination of an Aide needed to the communication, and that the Board would need to be sent a termination of supervision notice.

M/S/C Solomon-Rice/Raggio

- **Approve Aide communication with added language. The motion carried 6-0**

15. Review and Approve Board Letter to California Children's Services (CCS) Regarding the Lack of Access to Audiology Services for CCS Participants

Ms. Grimes gave background on the history regarding the lack of access to audiology services for CCS participants. There has been no response to a previous letter requesting a meeting to discuss the Board's concerns with CCS staff at the Department of Healthcare Services. This issue has been a problem for decades and is a consumer protection issue. The proposed Board letter to CCS was presented for approval. During the Board discussion it was noted that the name of the Chief of the Department of Healthcare Services be added. Mr. Sanchez stated that this is a good first step for this Board to begin discussions with CCS again.

M/S/C Snow/Raggio

- **Approve the letter to send to DCHS. The motion carried 6-0**

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

Ms. Grimes gave an overview of the changes the President's Council of Advisors on Science and Technology Report (PCAST) recommends regarding hearing loss in aging Americans. Topics brought up during the discussion were the deregulation of the sale of hearing aids so that access is available over the counter, similar to glasses you can purchase at many stores, pricing not regulations will affect access, is there truly harm to the public using low power hearing aids, and those who need the help of a doctor. Other issues that arose is the stigma associated with hearing aids, the Federal Drug Administration (FDA) and the Federal Communication Commission (FCC) needing to change regulations, how far will the FDA and FCC changes go, and hearing aid access for low income Californians with hearing loss.

17. Presentation and Discussion Regarding Recent Guidance on the North Carolina State Board of Dental Examiners v. Federal Trade Commission (North Carolina)

Ms. Pruden briefed the Board on the North Carolina State Board of Dental Examiners v. Federal Trade Commission decision. She gave an overview of the Attorney General opinion and noted that Mr. Sanchez and Ms. Grimes attended training on this issue in September 2015. Ms. Pruden stated although a majority of non-professionals make up the majority of the Board there could be a violation due to who is leading the discussion and that there has been talk about changing the composition of the Board. Ms. Grimes emphasized that consumer protection is the Board's priority not personal gain.

18. Future Agenda Items and Future Board Meeting Dates

Ms. Grimes advised the Board that it is important for the public and licensees to attend the Board meetings and the meetings should be held in various locations so they can attend. Mr. Sanchez requested the Board send him two day blocks of availability in August and November for Board meetings.

a. May 12-13, 2016 -Bay Area or Sacramento
b. August 11-12, 2016 – Los Angeles
c. November 3-4, 2016 – Sacramento
d. February 9-10, 2017 – TBD
e. May 11-12, 2017 – TBD

19. Adjournment

The meeting adjourned at 2:45 p.m.

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MEMORANDUM

DATE	May 3, 2016
TO	Speech Language Pathology and Audiology and Hearing Aid Dispensers Board
FROM	Paul Sanchez, Executive Officer
SUBJECT	**Board Regulations Process Overview**

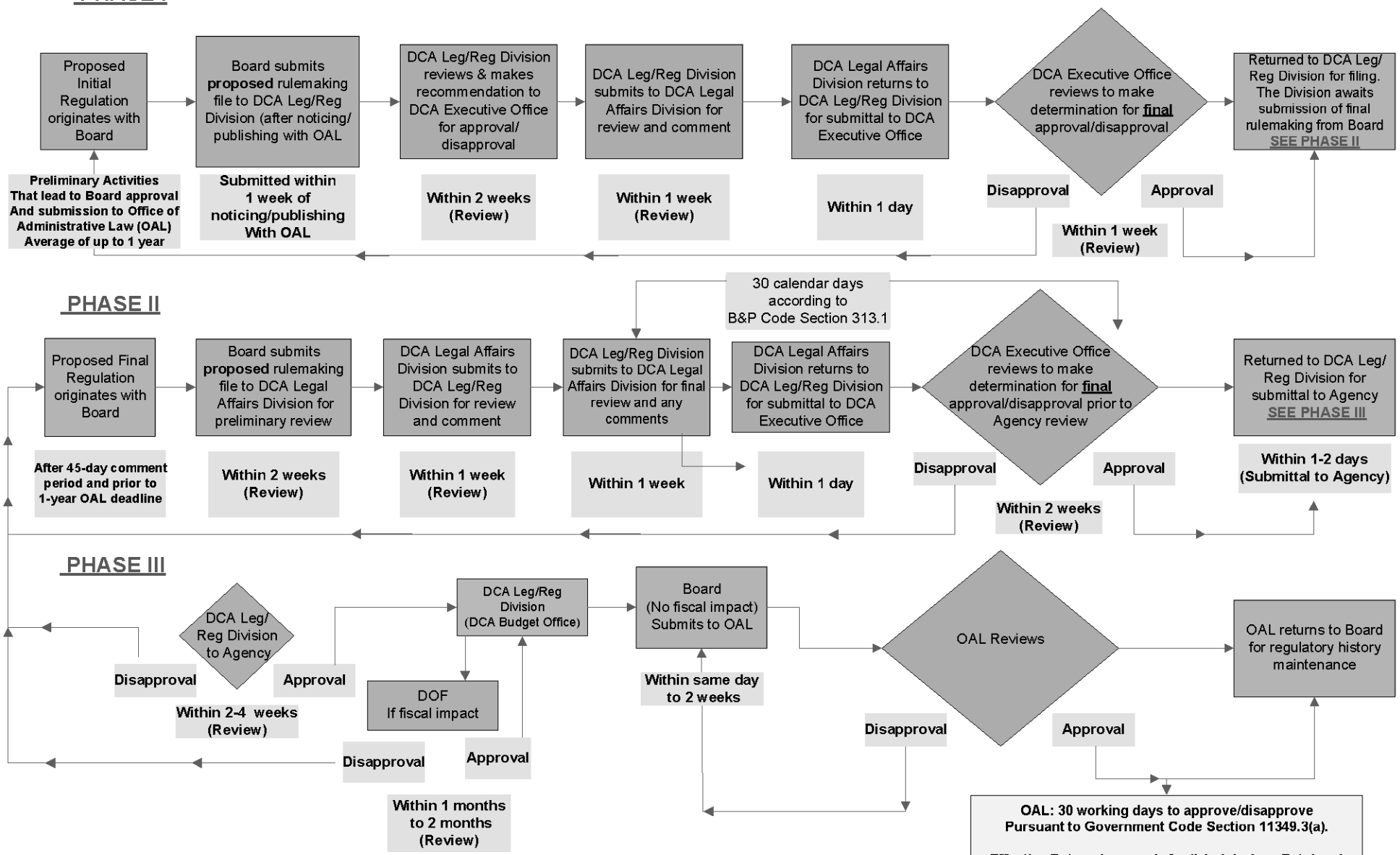
Board staff will be prepared to discuss the State regulations process and answer questions from the Board.

Included in your binders are regulations process flowcharts for discussion.

ACTION REQUESTED

This item is informational. No action is requested at this time.

Basic Regulations Review Process for Boards – TIMELINES *

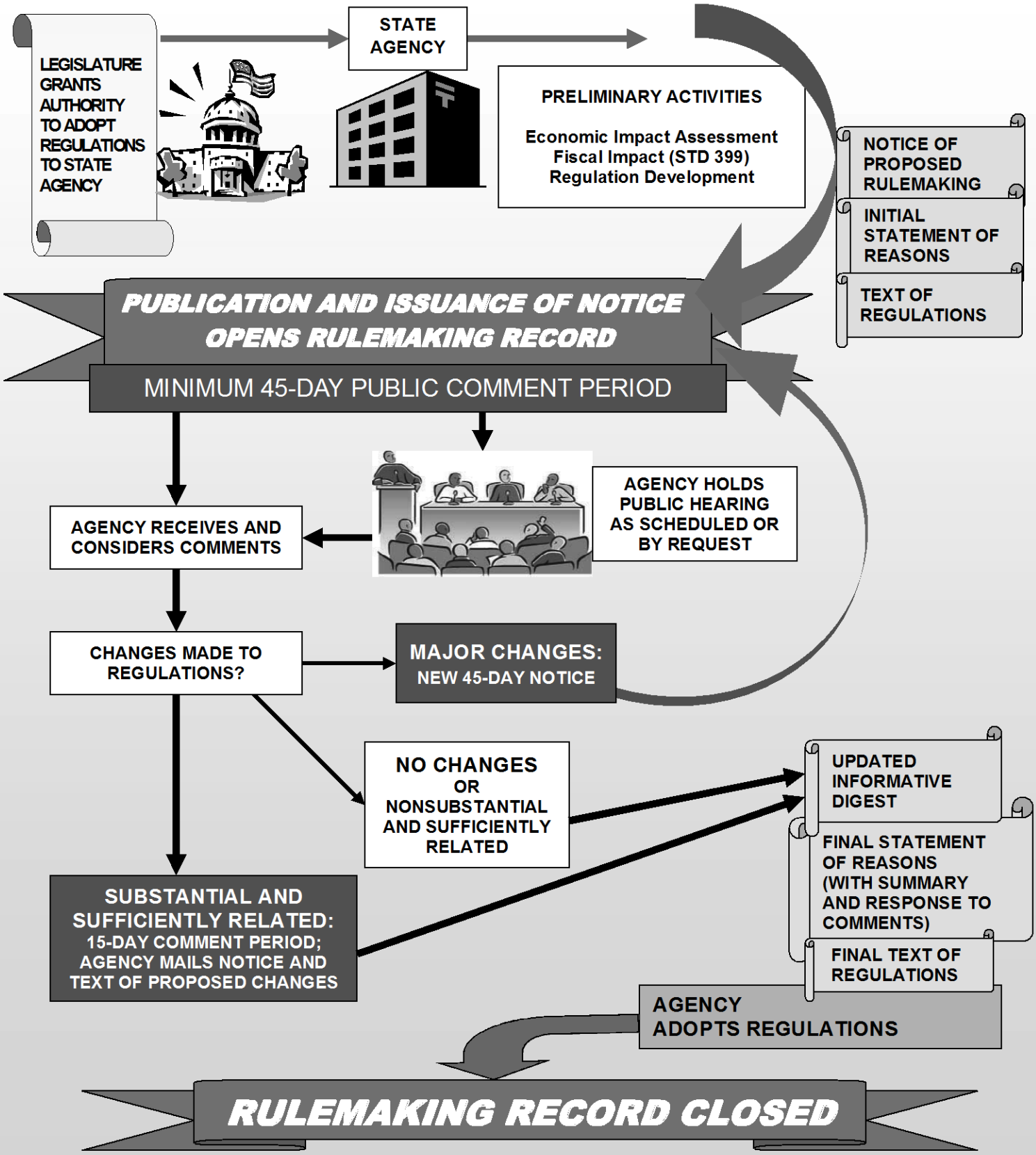


Most timelines are approximate within a one-year timeframe

*** Some timelines vary due to various situations occurring during the rulemaking process**

Legend
DCA – Department of Consumer Affairs
Leg/Reg – Division of Legislative & Regulatory Review
OAL – Office of Administrative Law

REGULAR RULEMAKING



SB 1099 (Wright, Chapter 295, Statutes of 2012)

Regulation Quarterly Effective Dates

Date of OAL Decision	**Effective Date (Quarterly Basis)**
September 1 to November 30	January 1
December 1 to February 29	April 1
March 1 to May 31	July 1
June 1 to August 31	October 1

Exceptions

1. The effective date is specifically provided by statute; therefore the regulation becomes effective on that date.
2. A later date is requested by the entity.
3. An earlier effective date is requested in writing by the entity.
4. Fish & Game is exempted.

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MEMORANDUM

DATE	May 3, 2016
TO	Speech Language Pathology and Audiology and Hearing Aid Dispensers Board
FROM	Paul Sanchez, Executive Officer
SUBJECT	**Prioritization of Board's Rulemaking Files**

At the February 2016 Board Meeting, there was discussion regarding the prioritization of the Board's rulemaking files/regulatory proposals. Staff is providing the following chart to assist the Board in prioritizing its rulemaking files for submission to the Office of Administrative Law.

The following table provides the status of each package along with target completion and submission dates:

Rulemaking File	Final Filing Date	Status	Priority Recommendation
Hearing Aid Dispenser Continuing Education	2/15/16 date extended to 7/22/16	Published - 12/4/14 Filed with OAL – 2/15/16 Disapproved - 2/11/16	N/A
Speech-Language Pathology Assistant	10/8/16	Published – 10/9/15 15 Day Notice to Add Documents to the Rulemaking File	N/A
Fees: Hearing Aid Dispensers	10/8/16	Published – 10/9/15 DCA Final Review	N/A
Fees: SLP and Audiology		Working on Notice and Initial Statement of Reasons (ISOR). Target filing 6/2016.	
Disciplinary Guidelines		Board Approved at 2/2016 Board Meeting. Working on Notice and ISOR. Target filing 6/2016.	
Hearing Aid Dispenser Advertising Guidelines		Proposed Language before the Board 5/12-13/16.	

Rulemaking File	Final Filing Date	Status	Priority Recommendation
Supervised Clinical Experience Clock Hours		Board Approved at 2/2016 Board Meeting. Working on Notice and ISOR. Target Filing 6/2016.	
SLP and AUD Self-study Hours		Working on Notice and ISOR. Target Filing with OAL 6/2016.	
HAD Self-study Hours		Add to HAD CE regulation?	
AuD Clinical Experience Clock Hours		Board has not reviewed proposed language.	
Out-of-state Volunteers		Board has not reviewed proposed language.	
Citation and Fine Guidelines		Board has not reviewed proposed language.	

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MEMORANDUM

DATE	May 1, 2016
TO	Speech Language Pathology and Audiology and Hearing Aid Dispensers Board
FROM	Paul Sanchez, Executive Officer
SUBJECT	**Hearing Aid Dispensers' (HAD) Continuing Education (CE) Regulations**

BACKGROUND

At its October 2013 meeting, the Board approved language to amend the HAD CE requirements. The rulemaking file was submitted to the Office of Administrative Law (OAL) by the Board on December 4, 2014. On February 11, 2016, the OAL disapproved the rulemaking file citing several areas, mostly technical in nature, of non-compliance with the Administrative Procedures Act.

On June 19, 2015, the Board decided to increase the limit of self-study hours that can be applied toward meeting the CE requirements for license renewal for the Speech-Language Pathology and Audiology professions. Board member Amnon Shalev requested that the Board set the number of self-study hours for HADs so that it is consistent with the Board's other license categories. If the Board chooses this option, it would be more practical to withdraw the current rulemaking file and submit a new rulemaking file with recommended changes. This allows the Board to consider all the changes the current Board wishes to make to its regulations.

ACTION REQUESTED

Staff recommends that the Board withdraw the rulemaking file and prepare a new file with recommended changes including a number of self-study hours consistent with the Board's proposed requirements for speech-language pathologists and audiologists for submission to the Office of Administrative Law.

October 2013 Version

Title 16, Chapter 13.3
Hearing Aid Dispensers Regulations
Article 7. Continuing Education
Modified Text

Changes to the modified language are shown in double strikeout for deleted text and double underline for new text.

Section 1399.140 - Continuing Education Required.

(a) Any hearing aid license that expires on or after ~~January 31, 2015~~ January 1, 2017, ~~Each dispenser~~ is required to complete at least ~~six (6)~~ twelve (12) hours of continuing education from a provider approved under Section 1399.141 ~~below~~ during each ~~calendar year~~ preceding one-year renewal period. ~~For all licenses which expire on and after January 1, 1997, all holders of licenses shall complete nine (9) hours of continuing education per year, and not~~

(1) N~~o~~t more than three (3) hours of continuing education may be credited in ~~any of the following areas related to hearing aids:~~ related, or indirect client care courses as provided in Section 1399.140.1 ~~ethics (including the ethics of advertising and marketing) or business practices~~.

(2) Not more than three (3) hours of the required continuing education may be credited for self-study or correspondence-type coursework, e.g., recorded courses, home study materials, or computer courses. Self-study does not include live courses. A self-study course does not mean a course taken at an accredited university towards a degree, nor does it include any interactive courses offered via electronic media where the course affords participants the opportunity to interact with an instructor and/or other course participants; these courses are not subject to the three (3) hour limit above.

(b) Records showing completion of each continuing education course shall be maintained by the licensee ~~dispenser~~ for two (2) years following the renewal period.

~~(b)~~ (c) Each dispenser renewing his or her license under the provisions of Section 2538.53 of the Code shall be required to submit proof satisfactory to the Board of compliance with the provisions of this article. Records shall be provided to the Board in response to a compliance audit conducted.

~~(c)~~ (d) ~~Such proof~~ Verification of compliance shall be ~~submitted~~ documented at the time of license renewal on a form provided by the Board.

~~(d) Any dispenser who cannot complete the minimum hours required under subsection (a) may have his or her license renewed, but shall make up any deficiency during the following year. If the dispenser does not complete the deficient hours in addition to the minimum hours for the current year, he or she shall be ineligible for the next renewal of his or her license unless such dispenser applies for and obtains a waiver pursuant to Section 1399.144 below.~~

(e) This article shall not apply to any dispenser who is renewing a license for the first time following ~~was~~ the issue~~d~~ance of an initial permanent license ~~for the first time within the preceding calendar year~~.

(f) Any person whose hearing aid dispenser's license has been expired for two years or more shall complete the required hours of approved continuing education for the prior two years before such license may be restored.

Note: Authority cited: Section 2538.18, Business and Professions Code. Reference: Section 2538.18, Business and Professions Code.

Section 1399.140.1 - Continuing Education Course Content

(a) The content of a continuing education course shall pertain to direct, related, or indirect patient/client care. Course content shall not focus on equipment, devices, or other products of a particular publisher, company or corporation.

(1) Direct client care courses cover current practices in the fitting of hearing aids.

(2) Indirect patient/client care courses cover practical aspects of hearing aid dispensing (e.g., legal or ethical issues (including the ethics of advertising, and marketing, consultation, record-keeping, office management, managed care issues).

(3) Courses that are related to the discipline of hearing aid dispensing may cover general health condition or educational course offerings including, but not limited to, social interaction, cultural and linguistic diversity as it applies to service delivery for diverse populations, service delivery models, interdisciplinary case management issues, or medical pathologies that also result in hearing difficulties.

(b) Examples of courses that are considered outside the scope of acceptable course content include: personal finances and business matters, marketing and sales, and office operations that are not for the benefit of the consumer.

Note: Authority cited: Section 2531.95, Business and Professions Code. Reference: Section 2538.18, Business and Professions Code.

1399.141. Approval of Continuing Education Providers.

(a) In order to be approved by the Board as a continuing education provider the following information shall be submitted with an application, ~~(~~Continuing Education Course Approval Application form CEP 100 (Rev 1/2015), incorporated herein by reference, provided by the Board:

(1) Remit the $50 per subject continuing education course approval fee.

~~(1)~~(2) Description of course content of all courses to be offered. The course content for all courses, including ethics, shall be current practices as related to the fitting of hearing aids for aiding or compensating for impaired human hearing or any of the subjects listed in subsection (a) of section 1399.140, be within the scope of practice for a dispenser as defined by the Code and generally shall be for the benefit of the consumer. The course content shall be information related to the fitting of hearing aids, and this information shall be at a level above that basic knowledge required for licensure as set forth in Section 2538.25 of the Code, except that basic knowledge which would serve as a brief introduction to the course. The phrase "at a level above that basic knowledge" means any subjects, issues, topics, theories, or findings that are more advanced than the entry level of knowledge of the practice of fitting or selling hearing aids as provided in Section 2538.11 of the Code ~~described in those basic subjects listed in subdivision (b) of Section 2538.25~~.

(2)(3) Method of instruction for course(s) offered. Teaching methods for each course or program shall be described, e.g., lecture, seminar, audiovisual, simulation, etc.

~~(3)~~(4) ~~Education objectives.~~ Each course or program shall clearly state the educational objective that can be realistically accomplished within the framework of the course or program, and the number of hours of continuing education credit which may be obtained by completion of a specified course.

~~(4)~~(5) ~~Qualifications of instructors.~~ Instructors shall be qualified to teach the specified course content by virtue of their prior education, training and experience. A provider shall ensure that an instructor teaching a course has at least two of the following minimum qualifications:

(A) A license, registration, or certificate in an area related to the subject matter of the course. The license, registration, or certificate shall be current, valid, and free from restrictions due to disciplinary action by the Board or any other health care regulatory agency;

(B) Training or experience in teaching courses in the subject matter; or

(C) At least two years' experience in an area related to the subject matter of the course. A resume of each instructor shall be forwarded with the application for approval.

~~(5)~~(6) ~~Evaluation~~. Each course or program shall include an evaluation method which documents that educational objectives have been met, such as, but not limited to, a written evaluation or written examination by each participant.

~~(6)~~(7) ~~Open to Licensees~~. Only those courses or programs which are open to all licensed hearing aid dispensers shall be approved by the Board.

(b) Providers shall maintain a record of attendance of each participant who is licensed as a hearing aid dispenser ~~and submit that record to the bureau no later than December 31 of each calendar year~~ for a period of four (4) years, and shall provide such record to the Board upon request. The record shall indicate those dispensers who have complied with the requirements of the course or program offered.

(c) Applications for approval of a continuing education provider shall be submitted to the Board at its Sacramento office ~~at least 45 days before the date of the first course or program offering to be approved~~ allowing for sufficient time for review and prior approval as follows:~~.~~ The Board will inform the provider within 30 days of receipt of the application whether the application is complete or deficient. The provider shall cure any deficiency within 30 days of such notice. The Board will approve or deny the application within 30 days of the date that the application is complete, or the last date to cure the deficiency. A provider may appeal to the Executive Officer of the Board the denial of approval of any course. Such appeal shall be filed with the Executive Officer of the Board not more than 30 days after the date of notice of such denial. The Executive Officer shall notify the provider of the final decision within ten (10) days of the appeal.

(d) Any change in the course content or instructor shall be reported to the Board on a timely basis.

(e) The Board may withdraw the approval of any provider for failure to comply with the provisions of this section.

(f) Each provider shall submit to the Board on an annual basis a description or outline of each approved course to be offered the following year and a resume of any new instructor who will be presenting the course. This information shall be submitted

prior to the re-offering of the course within the ~~time limit~~ timeframe set forth in subsection (c).

Note: Authority cited: Section 2538.18, Business and Professions Code. Reference: Section 2538.18, Business and Professions Code.

1399.142. Sanctions for Noncompliance.

(a) Any dispenser who does not complete the required number of hours of continuing education will be required to make up any deficiency during the next calendar year and renewal cycle. Such dispenser shall document to the Board the completion of any deficient hours. Any dispenser who fails to make up the deficient hours and the hours of required continuing education for the current year shall be ineligible for the next renewal of his or her license to dispense hearing aids until such time as the deficient hours of continuing education are documented to the Board.

(b) In addition to any other sanction, ~~F~~fraudulently misrepresenting compliance with the continuing education requirements of Section 2538.18 of the Code and this article shall constitute "obtaining a license by fraud or deceit" as those terms are used in Section subd. (b), of the Code.

Note: Authority cited: Sections 2531.06 and 2538.18, Business and Professions Code. Reference: Section 2538.18, Business and Professions Code.

1399.143. Repetition of Courses.

Credit will not be given toward approved continuing education coursework which is substantially similar to coursework which was successfully completed within the preceding ~~three (3)~~ two (2) years and used to meet the continuing education requirements of this article and Section 2538.18 of the Code.

Note: Authority cited: Section 2538.18, Business and Professions Code. Reference: Section 2538.18, Business and Professions Code.

1399.144. Waiver of Requirement.

(a) The Board, may, in its discretion, exempt from the continuing education requirements, any dispenser who for reasons of health, military service, or undue hardship cannot meet those requirements. Applications for waivers shall be submitted to the Board for its consideration.

(b) Any dispenser who submits an application for a waiver which is denied by the Board shall otherwise comply with the provisions of this article or be subject to the sanctions for noncompliance set forth in Section 1399.142.

Note: Authority cited: Section 2538.18, Business and Professions Code. Reference: Section 2538.18, Business and Professions Code.

Title 16, Chapter 13.3
Hearing Aid Dispensers Regulations
Article 7. Continuing Education

Staff Proposed New Text

Section 1399.140 - Continuing Education Required.

(a) Any hearing aid license that expires on or after July 1, 2017, ~~Each dispenser~~ is required to complete at least ~~six (6)~~ twelve (12) hours of continuing education from a provider approved under Section 1399.141 ~~below~~ during each ~~calendar year~~ annual renewal period. ~~For all licenses which expire on and after January 1, 1997, all holders of licenses shall complete nine (9) hours of continuing education per year, and not~~

(1) N~~o~~t more than three (3) hours of continuing education may be credited in ~~any of the following areas related to hearing aids:~~ related or indirect client care courses as provided in Section 1399.140.1 ~~ethics (including the ethics of advertising and marketing) or business practices~~.

(2) Not more than six (6) hours of the required continuing education may be credited for self-study or correspondence-type coursework, e.g., recorded courses, home study materials, or computer courses. Self-study does not include live courses. A self-study course does not mean a course taken at an accredited university towards a degree, nor does it include any interactive courses offered via electronic media where the course affords participants the opportunity to interact with an instructor and/or other course participants; these courses are not subject to the three (3) hour limit above.

(b) Records showing completion of each continuing education course shall be maintained by the licensee for two (2) years following the renewal period in which it was earned.

~~(b)~~ (c) Each dispenser renewing his or her license under the provisions of Section 2538.53 of the Code shall be required to submit proof satisfactory to the Board of compliance with the provisions of this article. Records shall be provided to the Board in response to a compliance audit.

~~(c)~~ (d) ~~Such proof~~ Verification of compliance shall be ~~submitted~~ documented at the time of license renewal on a form provided by the Board.

~~(d) Any dispenser who cannot complete the minimum hours required under subsection (a) may have his or her license renewed, but shall make up any deficiency during the following year. If the dispenser does not complete the deficient hours in addition to the minimum hours for the current year, he or she shall be ineligible for the next renewal of his or her license unless such dispenser applies for and obtains a waiver pursuant to Section 1399.144 below.~~

(e) This article shall not apply to any dispenser who is renewing a license for the first time following ~~was~~ the issue~~d~~ance of an initial permanent license ~~for the first time within the preceding calendar year~~.

(f) Any person whose hearing aid dispenser's license has been expired for two years or more shall complete the required hours of approved continuing education for the prior two years before such license may be restored.

Note: Authority cited: Section 2538.18, Business and Professions Code. Reference: Section 2538.18, Business and Professions Code.

Section 1399.140.1 - Continuing Education Course Content

(a) The content of a continuing education course shall pertain to direct, related, or indirect patient/client care. Course content shall not focus on equipment, devices, or other products of a particular publisher, company or corporation.

(1) Direct client care courses cover current practices in the fitting of hearing aids.

(2) Indirect patient/client care courses cover practical aspects of hearing aid dispensing (e.g., legal or ethical issues (including the ethics of advertising, and marketing, consultation, record-keeping, office management, managed care issues).

(3) Courses that are related to the discipline of hearing aid dispensing may cover general health condition or educational course offerings including, but not limited to, social interaction, cultural and linguistic diversity as it applies to service delivery for diverse populations, service delivery models, interdisciplinary case management issues, or medical pathologies that also result in hearing difficulties.

(b) Examples of courses that are considered outside the scope of acceptable course content include: personal finances and business matters, marketing and sales, and office operations that are not for the benefit of the consumer.

Note: Authority cited: Section 2531.95, Business and Professions Code. Reference: Section 2538.18, Business and Professions Code.

1399.141. Approval of Continuing Education Providers.

(a) In order to be approved by the Board as a continuing education provider the following information shall be submitted with an application, Continuing Education Course Approval Application form CEP 100 (Rev 1/2015), incorporated herein by reference, provided by the Board:

(1) Remit the $50 per subject continuing education course approval fee.

~~(1)~~(2) Description of course content of all courses to be offered. The course content for all courses, including ethics, shall be current practices as related to the fitting of hearing aids for aiding or compensating for impaired human hearing or any of the subjects listed in subsection (a) of section 1399.140, be within the scope of practice for a dispenser as defined by the Code and generally shall be for the benefit of the consumer. The course content shall be information related to the fitting of hearing aids, and this information shall be at a level above that basic knowledge required for licensure as set forth in Section 2538.25 of the Code, except that basic knowledge which would serve as a brief introduction to the course. The phrase "at a level above that basic knowledge" means any subjects, issues, topics, theories, or findings that are more advanced than the entry level of knowledge of the practice of fitting or selling hearing aids as provided in Section 2538.11 of the Code ~~described in those basic subjects listed in subdivision (b) of Section 2538.25~~.

~~(2)~~(3) Method of instruction for course(s) offered. Teaching methods for each course or program shall be described, e.g., lecture, seminar, audiovisual, simulation, etc.

~~(3)~~(4) ~~Education objectives.~~ Each course or program shall clearly state the educational objective that can be realistically accomplished within the framework of

the course or program, and the number of hours of continuing education credit which may be obtained by completion of a specified course.

~~(4)~~(5) ~~Qualifications of instructors.~~ Instructors shall be qualified to teach the specified course content by virtue of their prior education, training and experience. A provider shall ensure that an instructor teaching a course has at least two of the following minimum qualifications:

(A) A license, registration, or certificate in an area related to the subject matter of the course. The license, registration, or certificate shall be current, valid, and free from restrictions due to disciplinary action by the Board or any other health care regulatory agency;

(B) Training or experience in teaching courses in the subject matter; or

(C) At least two years' experience in an area related to the subject matter of the course. A resume of each instructor shall be forwarded with the application for approval.

~~(5)~~(6) ~~Evaluation~~. Each course or program shall include an evaluation method which documents that educational objectives have been met, such as, but not limited to, a written evaluation or written examination by each participant.

~~(6)~~(7) ~~Open to Licensees.~~ Only those courses or programs which are open to all licensed hearing aid dispensers shall be approved by the Board.

(b) Providers shall maintain a record of attendance of each participant who is licensed as a hearing aid dispenser ~~and submit that record to the bureau no later than December 31 of each calendar year~~ for a period of four (4) years, and shall provide such record to the Board upon request. The record shall indicate those dispensers who have complied with the requirements of the course or program offered.

(c) Applications for approval of a continuing education provider shall be submitted to the Board at its Sacramento office ~~at least 45 days before the date of the first course or program offering to be approved~~ allowing for sufficient time for review and prior approval as follows:~~.~~ The Board will inform the provider within 30 days of receipt of the application whether the application is complete or deficient. The provider shall cure any deficiency within 30 days of such notice. The Board will approve or deny the application within 30 days of the date that the application is complete, or the last date to cure the deficiency. A provider may appeal to the Executive Officer of the Board the denial of approval of any course. Such appeal shall be filed with the Executive Officer of the Board not more than 30 days after the date of notice of such denial. The Executive Officer shall notify the provider of the final decision within ten (10) days of the appeal.

(d) Any change in the course content or instructor shall be reported to the Board on a timely basis.

(e) The Board may withdraw the approval of any provider for failure to comply with the provisions of this section.

(f) Each provider shall submit to the Board on an annual basis a description or outline of each approved course to be offered the following year and a resume of any new instructor who will be presenting the course. This information shall be submitted prior to the re-offering of the course within the ~~time limit~~ timeframe set forth in subsection (c).

Note: Authority cited: Section 2538.18, Business and Professions Code. Reference: Section 2538.18, Business and Professions Code.

1399.142. Sanctions for Noncompliance.

(a) Any dispenser who does not complete the required number of hours of continuing education will be required to make up any deficiency during the next calendar year and renewal cycle. Such dispenser shall document to the Board the completion of any deficient hours. Any dispenser who fails to make up the deficient hours and the hours of required continuing education for the current year shall be ineligible for the next renewal of his or her license to dispense hearing aids until such time as the deficient hours of continuing education are documented to the Board.

(b) In addition to any other sanction, ~~F~~fraudulently misrepresenting compliance with the continuing education requirements of Section 2538.18 of the Code and this article shall constitute "obtaining a license by fraud or deceit" as those terms are used in Section 2533 subd. (b), of the Code.

Note: Authority cited: Sections 2531.06 and 2538.18, Business and Professions Code. Reference: Section 2538.18, Business and Professions Code.

1399.143. Repetition of Courses.

Credit will not be given toward approved continuing education coursework which is substantially similar to coursework which was successfully completed within the preceding ~~three (3)~~ two (2) years and used to meet the continuing education requirements of this article and Section 2538.18 of the Code.

Note: Authority cited: Section 2538.18, Business and Professions Code. Reference: Section 2538.18, Business and Professions Code.

1399.144. Waiver of Requirement.

(a) The Board, may, in its discretion, exempt from the continuing education requirements, any dispenser who for reasons of health, military service, or undue hardship cannot meet those requirements. Applications for waivers shall be submitted to the Board for its consideration.

(b) Any dispenser who submits an application for a waiver which is denied by the Board shall otherwise comply with the provisions of this article or be subject to the sanctions for noncompliance set forth in Section 1399.142.

Note: Authority cited: Section 2538.18, Business and Professions Code. Reference: Section 2538.18, Business and Professions Code.

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.
SPEECH-LANGUAGE PATHOLOGY & AUDIOLOGY& HEARING AID DISPENSERS BOARD
2005 EVERGREEN STREET, SUITE 2100, SACRAMENTO, CA 95815
PHONE (916) 263-2666 FAX (916) 263-2668 WWW.SPEECHANDHEARING.CA.GOV

CONTINUING EDUCATION COURSE APPROVAL APPLICATION FOR HEARING AID DISPENSERS

If the course contains multiple subjects, the $50 fee is applicable for each subject. Course enrollment must be open to all hearing aid dispensers. The Board does not require you to submit the attendance list. Please maintain records for a minimum of four years for auditing purposes.

1. PROVIDER NAME			
2. STREET ADDRESS			
CITY, STATE, ZIP CODE::			
3. CONTACT PERSON:	LAST	FIRST	MIDDLE
4. EMAIL ADDRESS			
5. BUSINESS TELEPHONE NUMBER			
6. COURSE TITLE			7. NUMBER OF HOURS
8. COURSE DATES	9. COURSE LOCATION		
10. METHOD OF INSTRUCTION: *LECTURE, VIDEO, TAPE, CORRESPONDENCE*			
11. GOALS AND OBJECTIVES OF COURSE			
12. COURSE DESCRIPTION/SUBJECT CONTENT – *MUST INCLUDE A DETAILED DESCRIPTION AND SPECIFIC TIME SCHEDULES (INCLUDE BREAK TIMES IF APPLICABLE).*			

13. NAME OF INSTRUCTORS – *MUST ATTACH A RESUME OR CURRICULUM VITAE FOR EACH INSTRUCTOR*

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

I hereby certify under penalty of perjury under the laws of the State of California that all statements made herein are true in every respect and that misstatements or omissions of material facts may be cause for denial of this application.

PROVIDER CONTACT NAME (PRINTED) DATE

SIGNATURE

Humphreys, Breanne@DCA

From: Joanne Slater <jslater@audiologyonline.com>
Sent: Friday, January 16, 2015 7:37 PM
To: Robison, Karen@DCA
Subject: Fwd: Comment on Proposed Rule Changes: Title 16 - Dept. of Consumer Affairs

Sorry - I mis-spelled your name in your email address first go-round. Please confirm receipt.

Thanks,
Joanne

AudiologyOnline

Joanne Slater
CE Administrator / Associate Editor
jslater@audiologyonline.com
T:800.753.2160, ext. 218
F:210-579-6686

---------- Forwarded message ----------
From: **Joanne Slater** <jslater@audiologyonline.com>
Date: Fri, Jan 16, 2015 at 8:31 PM
Subject: Comment on Proposed Rule Changes: Title 16 - Dept. of Consumer Affairs
To: "Humphreys, Breanne@DCA" <Breanne.humphreys@dca.ca.gov>, "Sanchez, Paul@DCA" <Paul.Sanchez@dca.ca.gov>, karen.robinson@dca.ca.gov.readnotify.com

To the attention of the Speech-Language Pathology & Audiology & Hearing Aid Dispensers Board of California,

I am writing in response to the proposed rule changes to Title 16, Department of Consumer Affairs Speech-Language Pathology & Audiology & Hearing Aid Dispensers, as located on the California Department of Consumer Affairs website at http://www.speechandhearing.ca.gov/board_activity/lawsregs/proposed_regulations.shtml.

I would like to particularly address three items: 1) the revisions suggested for Section 1399.140(a)(2); 2) the revisions suggested for section 1399.141; and 3) certain assumptions and statements outlined in the "Policy Statement Overview/Anticipated Benefits of Proposal" found at http://www.speechandhearing.ca.gov/board_activity/lawsregs/had_ce_notice_of_proposed_changes.pdf

1. Section 1399.140(a)(2) states "Not more than three (3) hours of the required continuing education may be credited for self-study or correspondence-type coursework. The factual basis/rationale published by the Board to support this rule change states "The intent of CE is to encourage on-going professional development so that licensees remain current, informed, and skilled in their scope of practice...while balancing such requirements with accessible CE options in self-study." The rationale does not explain the reason for the Board's bias against self-study; nor does the Board supply any evidence to support that limiting self-study coursework per se will result in the desired goal of "encouraging on-going professional development." In fact, the published literature on pedagogy would not support such a relationship between self-study coursework and professional development; current literature has demonstrated instead that the learning "value" of a course is linked more to course design rather than to the delivery mode. That is, there are good and bad "live" courses (synchronous learning activities), just as there are good and bad "self-study" courses (asynchronous learning activities).

IACET, the International Association of Continuing Education and Training, has developed the ANSI standards that define the CEU as used by many licensing boards and credentialing agencies in the US and abroad. IACET has set the gold standard in continuing education practices for over 40 years. One of the IACET standards requires that "Instructional methods accommodate multiple learning styles." While the in-person or live course may meet the needs of some learners, there are many learners who benefit from self-study courses, which can be viewed as many times as necessary to learn the material, free from the distractions that are often inherent in in-person or live events.

In the cost/benefit analysis of this proposed rule change, the Board failed to take into account a few financial aspects related to reducing the number of continuing education hours allowed through self-study. Self-study courses are usually available to the learner 24/7. By requiring 9 of 12 hours to be earned through live coursework, licensees are forced to attend events offered on a CE provider's schedule, potentially resulting in interruption of patient care. There may be a financial impact resulting from higher registration fees, lost time providing billable patient services, and/or travel expenses. Furthermore, if a licensee's funding is limited, they may be forced to attend courses that are available at affordable prices or at times that have the least impact on their business, rather than to select courses on topics that may be more relevant to their learning needs.

In summary, this proposed rule change represents a significant departure from the current allowance of unlimited self-study coursework for satisfaction of the continuing education requirement. Rather than facilitate the growth of the profession, a reduction in acceptable options for continuing education will more likely have the opposite effect - it will limit the opportunities for quality coursework. Self-study continuing education enables participants to learn from nationally and internationally recognized experts, in formats that meet the learner's individual learning style, on topics where there is a learning gap, and on a schedule that has the least financial impact on the learner. If the intent of CE is to help licensees "broaden their knowledge and awareness of hearing health," restricting acceptable learning options is counterproductive.

2. Regarding Section 1399.141, Approval of Continuing Education Providers and courses, I would propose one of two courses of action. The first would be to bring this division of the Board into parity with the Speech-Language-Pathology and Audiology Divisions of the Board by approving Continuing Education Providers, rather than by approving individual courses. Unifying practices and regulations between the divisions of the Board will simplify processes for the Board and for licensees. As the Director of CE Administration for Allied Health Media, LLC, the parent company of www.AudiologyOnline.com, www.SpeechPathology.com, www.OccupationalTherapy.com, and www.PhysicalTherapy.com, I work with a customer service team who fields inquiries from allied health professionals in these professions, as well as hearing aid dispensers, from all 50 states. We receive more questions from California audiologist- and non-audiologist dispensers than we do from any other group of professionals. These users report that they find their state rules and regulations vis a vis continuing education requirements very confusing, and they contact us to help them determine whether AudiologyOnline courses will satisfy their license requirements.

Should the Board decide to continue approving individual courses, I would suggest the Board adopt language that takes into account self-study formats with respect to the approval period, renewal of courses, and application fees. The current provider guidelines at http://www.speechandhearing.ca.gov/applicants/ceguide.shtml are antiquated with respect to educational technology. There is no mention of online courses or how the rules apply to asynchronous learning (self-study coursework).

For example, a self-study course which is initially approved in September of any given year must be registered for $50.00. To continue to offer the exact same course the following year, the Board charges a provider another $50.00 because it interprets this as a "new course." However, it is not a new course - it is a continuation of an existing course. The verbiage in the rules needs to differentiate between new courses versus renewal of an identical self-study course, the latter of which does not require the same level of review from staff, and therefore does not incur the same expenses. Also, the course approved in September is offered for California credits for only 4 months (until December of that year), whereas a course approved in January may be offered for 12 months. This policy is unattractive to self-study providers, and may result in limited self-study offerings for California licensees, particularly new offerings toward the end of the calendar year. I suggest the Board consider a) annual approval based on the anniversary of the course, rather than the calendar year, or b) make other financial accommodations for approval of activities registered later in the calendar year, or c) adopt a new pricing structure that applies to providers of self-study coursework.

3. Regarding the cost/benefit analysis section of the "Informative Digest/Policy Statement Overview," the CE Provider assumptions are incorrect. It lists 25 CE Providers in California, offering 510-550 courses. However, AudiologyOnline.com is one of those providers, and we currently offer over 750 different courses approved by the Hearing Aid Division of the Board. It is unclear whether any of our courses were counted in the "510-550" listed in the report. Also, as our courses are not individually listed on your website at http://www.speechandhearing.ca.gov/forms_pubs/cecourses.pdf, they may not have been adequately taken into

consideration when determining the economic impact of the proposed changes in regulations. In 2014, 2756 hours of continuing education were completed on AudiologyOnline by California residents. This number includes both audiologist- and non-audiologist dispensers. By severely limiting the number of hours acceptable through self-study coursework, licensees who previously completed courses on our website at a cost of $99.00 for unlimited CEUs will be forced to seek alternate opportunities for continuing education, likely at a higher cost (see 1. above)

Regarding the courses and providers on your 2014 provider list at http://www.speechandhearing.ca.gov/forms_pubs/cecourses.pdf, it is noteworthy that all but approximately 5 of the providers, are manufacturers. AudiologyOnline is one the 5 non-manufacturer providers. The remaining non-manufacturer providers offered a total of only 68 hours of continuing education approved by your Board for the entire year. That is, the vast majority of the approved courses (excluding those offered on AudiologyOnline) were manufacturer-sponsored courses on product-related topics. By limiting the number of hours that may be earned through self-study coursework, the proposed rules drastically reduce course options for licensees on the very topics the Board is trying to promote - topics that "broaden [licensees'] knowledge and awareness of hearing health."

I understand that self-study limitations for continuing education have long been in effect for the Speech-Language Pathology (SLP) and Audiology Divisions of your Board. I also am aware that the SLP Division has been advocating to increase the number of hours that can be earned through self-study. In the May, 2014 Board meeting, the SLP Division reviewed survey results that indicated a strong preference among their licensees for increasing the number of continuing education hours that are allowable through self-study. Evidence was also supplied by the American Speech-Language-Hearing Association (ASHA) that verifies a considerable increase in the number of courses being developed for self-study and the number of individuals taking those courses. This data from the Board survey and ASHA was not available at the time that the current rule changes for California hearing aid dispensers were proposed, and should be taken into consideration before the Board makes a decision to reduce the number of CE hours that can be earned through self-study coursework.

In your document including the policy statement overview (http://www.speechandhearing.ca.gov/board_activity/lawsregs/had_ce_notice_of_proposed_changes.pdf) the section on "Consideration of Alternatives" places the burden on the Board to confirm that there is no reasonable alternative that will allow the Board to achieve the desired goal or that would be less burdensome to its constituents. Based on the evidence I have presented in this letter, I would strongly encourage the Board to re-examine the proposed rule changes, review current literature on educational models, and/or consult with an expert in educational technology. As an expert in online continuing education for allied health professionals, I believe the Board's proposed rules are contrary to the intended goal of encouraging on-going professional development, and are therefore potentially detrimental to the patients and clients they serve.

Thank you for your time, and please do not hesitate to contact me if you have any questions. Kindly confirm that you have received this message.

Joanne

AudiologyOnline

Joanne Slater

CE Administrator / Associate Editor

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Phone (916) 447-1975
Fax (916) 444-7462
www.hhpca.org

Monday, January 19, 2015

Mr. Paul Sanchez, Executive Officer
Speech Language Pathology, Audiology, and Hearing Aid Dispensers Board
2005 Evergreen Street, Suite 2100
Sacramento, CA 95815

RE: Draft regulations on Hearing Aid Dispensers Continuing Education

Dear Mr. Sanchez:

The Hearing Healthcare Providers California (*hereafter*; HHP) respectfully submits comments to the Speech-Language Pathology & Audiology & Hearing Aid Dispensers Board (*hereafter*; the Board) regarding your draft regulations that would make changes to the requirements for a Hearing Aid Dispenser's continuing education standards. We greatly appreciate the ability to comment on these important proposed changes. HHP is professional association representing the Hearing Instrument Specialists throughout California. Our members test hearing and select, fit, and dispense hearing instruments. Our mission is to enable effective treatment alternatives for hearing impaired Californians and enhance our professional development. We request your consideration of our profession's comments prior to adoption of the proposed regulations.

We would like to request an extension of the expiration date called out in Section 1399.140 (a). It currently reads **"Any hearing aid license that expires on or after January 31, 2015 is required to complete at least twelve (12) hours of continuing education from a provider approved under Section 1399.141 below during each preceding one-year renewal period."** Were these regulations to go into effect by the next Board meeting on March 12, 2015, the regulations as written would require licensees whose licenses are renewed from the end of 2014 through the Board meeting would have to earn three additional CE hours almost immediately. HHP would request the Board extend the expiration date to accommodate the nature of adopting the regulations and outreach to licensees to notify them of the change.

We are pleased to see the Board updating regulations on criteria to qualify a Continuing Education provider and to clarify those qualifications. In 1399.141 (a), the application to qualify as a CE provider is mentioned but it is not posted on the Board website or in other communications from the Board. We look forward to seeing the application prior to its release.

Sincerely,

Deanna McCoy, President

Hearing Healthcare Providers of California

HAD CE PROPOSED REGULATIONS
COMMENTS RECEIVED IN WRITING

1. Joanne Slater from Audiology Online provided a comment in writing that addresses 1) the revisions suggested for Section 1399.140(a)(2); 2) the revisions suggested for section 1399.141; and 3) certain assumptions and statements outlined in the "Policy Statement Overview/Anticipated Benefits of Proposal" found on the Board's website.
    a. Ms. Slater requests that the Board not limit the amount of self-study continuing education coursework. She supports her request by stating that the International Association of Continuing Education and Training, has developed the ANSI standards which require that multiple learning styles be accommodated. Ms. Slater also states that the proposed change will be a bigger financial burden upon licensees who are required to attend live courses. She states, "Self-study continuing education enables participants to learn from nationally and internationally recognized experts, in formats that meet the learner's individual learning style, on topics where there is a learning gap, and on a schedule that has the least financial impact on the learner. If the intent of CE is to help licensees "broaden their knowledge and awareness of hearing health," restricting acceptable learning options is counterproductive."

Staff Recommendation: Staff recommends rejection of the comment.

The proposed language was drafted by the Hearing Aid Dispensers Bureau prior to its being merged with the Speech-Language Pathology and Audiology Board. Between the years 2010 and 2013, when the issue was discussed by the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board (Board), the issues discussed focused on increasing the required amount of continuing education hours, limiting the amount of self-study hours, and restricting the approval of courses that focused on the marketing of hearing aid products by hearing aid manufacturers to bring parity between the former bureau requirements and the existing speech-language pathology and audiology requirements.

Participants pay a fee for the continuing educational courses they attend regardless of the method of instruction, "live" or self-study. "Live" courses are being equated to seminar style courses where traveling, taking time off of work and limited funds could prohibit licensees from attending. "Live" courses however; include interactive courses, online or seminar/lab, which allow for real-time participatory interaction between the licensee, instructor, and other course participants during the instructional period. Self-study is correspondence–type coursework where there is no interaction or limited interaction, not during class time, between the instructor and participants. As noted in the comment, the IACET requires that "Instructional methods accommodate multiple learning

styles." Requiring a portion of the continuing education to be interactive allows licensee to gain knowledge and information that they may not otherwise attain, by interacting with others in their field.

CE is an annual requirement and licensees are able to plan their schedule in advance to minimize the effect it has on work, school, and personal time.

b. Ms. Slater requests that the Board approve CE providers rather than individual courses and allowing the course to be offered for one year rather that for the calendar year in which it is approved. The comment mentions ways to improve the approval of course guidelines. In addition, the comment addresses confusion about hearing aid dispenser CE requirements by audiologists (AuD) and non-audiologist dispensers.

Staff Recommendation:

Staff recommends rejection of the comment. Statute states the Board approves each CE course not the CE provider. As such the legislature will need to enact the change in language of the statute. The expiration date for hearing aid dispensing CE courses has not changed. December 31st of each calendar year has been the date CE courses expire since the Hearing Aid Dispenser Bureau merged with the Speech-Language Pathology and Audiology Board on January 1, 2010. The decision to have CE courses renew on January 1 of each year was made to in order for Board staff to easily keep track of the CE courses being offered during the year. The renewal period of January 1 is the same for all CE course renewals.

Audiologists (AuD) who are not dispensing audiologists (DAU) are not affected by this regulation.

c. This comment addresses the number of CE courses available through Audiology Online, the amount of CE courses taken by California licensees through Audiology Online, the number manufacturers that offer approved CE, and the increase in self-study hours for Speech-Language Pathologists (SLP) and AuD's.

Staff Recommendation:

Staff recommends the comment be accepted with regard to the amount of Board approved CE courses. The amount of Board approved CE courses offered has been increased to seven hundred-fifty (750).

Staff recommends that the portion of the comment that suggests limiting the number of self-study hours will promote more manufacturer-sponsored courses, which does not promote the spirit of the CEs, be rejected. The proposed change prohibits courses that focus on the marketing and sales of hearing aids that

promote a particular brand of hearing aids and do not benefit the consumer by broadening the knowledge and awareness of hearing health.

Online courses through Audiology Online whether "live" or self-study should fall under the unlimited continuing education cost paid by the licensee. Limiting the amount of self-study hours should not significantly affect the course options from this provider because online courses can be interactive.

d. This comment addresses a CE survey of Speech-Language Pathologists that advocated increasing the number of CE self-study hours allowed and referenced ASHA correspondence that noted an increase in the amount of self-study hours being developed and taken by licensees and registrants.

Staff Recommendation:

Staff recommends that this portion of the comment be rejected. The proposed text limiting the amount of self-study a hearing aid dispenser (HAD) or DAU can obtain each renewal cycle was approved by the Board at the Board Meeting in January 2013; prior to the Board addressing the subject of self-study for SLP's and AuD's. HAD's, SLP's and AuD's are three separate and distinct professions whose CE requirements are different.

e. Ms. Slater recommends that the Board consider alternatives to this regulation and suggests additional information be considered including evidence from the American Speech-Language-Hearing Association (ASHA) and the SLP survey.

Staff Recommendation:

Staff recommends that this comment be accepted. The ASHA correspondence provides information about the requirements that must be met to have self-study material approved by their association. The correspondence includes a chart that lists the amount of CE courses offered for each learning style and the participation amount for each. The survey of the SLP's is unavailable.

2. Deanna McCoy, President of Hearing Healthcare Providers of California provided a comment pertaining to 1399.140 (a). Ms. McCoy requested that an extension be added to the regulation in order to, "accommodate the nature of adopting the regulations and outreach to licensees to notify them of the change".

   Staff recommendation: Staff recommends that this comment be accepted and that the text of 1399.140 (a) be changed as follows:

(a) Any hearing aid license that expires on or after ~~January 31, 2015~~ January 1, 2017, ~~Each dispenser~~ is required to complete at least ~~six (6)~~ twelve (12) hours of continuing education from a provider approved under Section 1399.141 ~~below~~ during each ~~calendar year~~ preceding one-year renewal period. ~~For all licenses which expire on and after January 1, 1997, all holders of licenses shall complete nine (9) hours of continuing education per year, and not~~

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SPEECH-LANGUAGE PATHOLOGY & AUDIOLOGY& HEARING AID DISPENSERS BOARD
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MEMORANDUM

DATE	May 1, 2016
TO	Speech Language Pathology and Audiology and Hearing Aid Dispensers Board
FROM	Paul Sanchez, Executive Officer
SUBJECT	**Hearing Aid Dispensers' (HAD) Advertising**

BACKGROUND

At its June 2013 meeting, the Board approved language to amend the HAD advertising regulations. Staff have worked together with legal counsel to make changes necessitated by current enforcement issues and the overall need for clarity by licensees and consumers.

Included in your binder are both versions for your review and approval.

ACTION REQUESTED

Staff recommends that the Board approve the recommended changes to the modified proposed language regarding HAD advertising regulations for submission to the Office of Administrative Law.

June 2013 Version

SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY AND HEARING AID DISPENSERS BOARD

Title 16, Division 13.3
Hearing Aid Dispensers Regulations
Article 5. Advertising
Proposed Language

Amend Section 1399.127 of Article 5 of Division 13.3 of Title 16 as follows:

(a) A person licensed to dispense hearing aids ~~dispenser~~ may advertise ~~any~~ approved goods and/or services allowed by the ~~authorized to be provided by such~~ license in ~~a~~ the manner authorized by Section 651 of the B & P Code, as~~o~~ long as ~~such~~ the advertising does not promote the unnecessary or excessive use of such goods and/or services.
(b) False or misleading advertising includes, but is not limited to, advertising which violates ay provision of Article 8 of Chapter 5.3 of Division 2 of the B & P Code or which does not comply with any of the following requirements. Advertisement of behalf of a licensee must do the following: ~~An advertisement violates Section 651 of the Code when it~~
(1) The advertisement must include the following information:
(A) The hearing aid dispenser's name and address as it appears on the hearing aid dispensers' license; ~~Is not exact, and any conditions or other variables to an advertised price are not disclosed.~~
(B) The hearing aid dispenser's license number, including the letters "HAD" or "DAU", as appropriate.
(2) If advertising for a hearing test, a hearing aid dispenser must state that the test is being performed to properly fit and sell hearing aids; ~~Includes a statement of price comparison that is not based upon verifiable data.~~
(3) If including an educational degree, the degree and field must specific. The use of the title "Dr." is not adequate for identifying the degree when the degree is a non-medical doctorate. ~~Advertises a discount in a false or misleading manner, including but not limited to, failing to disclose the dates on which the sale or discount price will be in effect if the sale or discount price is a limited time offer.~~
(4) If including a job title or dispenser's certification by a professional organization, include the entire, fully spelled name of the job title or certification and certifying organization must be included. Any job title, certification, or similar words listed in the advertisement, must represent an actual job title, credential, or certification, and must not be misleading. Any certifications obtained must be those issued upon successful completion of an examination based on academic principles.
(5) Do not use a business name that so broad as to suggest comprehensive and diagnostic hearing services. Advertisements and business names must not include the

word “Hearing” without being immediately followed by the word “Aid” unless the dispenser is also a licensed as a physician, surgeon or audiologist.

~~When advertising a specific hearing aid model:~~

~~Correct:~~	~~50% off Acme Model 12~~
~~Regularly $1000, Now $500~~	
~~Incorrect:~~	~~50% off Acme hearing aid~~

~~When advertising a category of hearing aids (e.g. all models from one manufacturer, or all BTE models):~~

~~Correct:~~	~~50% off Manufacturer's Suggested Retail Price~~
~~All Acme Hearing Aids~~	
~~Incorrect:~~	~~Acme Hearing Aids - 50% Off~~
~~Correct:~~	~~50% off Manufacturer's Suggested Retail Price, All Hearing Aids Offer good January 1-7, 1998 (or Offer expires January 7, 1998)~~
~~Incorrect:~~	~~50% off Manufacturer's Suggested Retail Price, All Hearing Aids~~

~~(4) Utilizes a business name that is so broad as to connote comprehensive and diagnostic hearing services, unless the dispenser is also licensed as a physician or audiologist.~~

~~Correct:~~	~~Delta Hearing Aid Center~~
~~Incorrect:~~	~~Delta Hearing Center~~

~~(5) Advertises hearing tests without qualification as to the nature of the hearing testing that may be performed by a hearing aid dispenser.~~

~~Correct:~~	~~Test to determine if you could be helped by a hearing aid~~
~~Incorrect:~~	~~Hearing test~~

(6) Do not include information that suggests the offer of new technology is part of a research project when it is not. ~~Includes sending to a consumer preset appointment information or "rebate coupons" that resemble checks as part of a direct mail solicitation.~~

(7) For a licensed hearing aid dispenser, do not include the term "specialist(s)" when referencing licensure without including the title "hearing aid dispenser". ~~Includes an educational degree but does not list the degree and field, or includes the title "Dr." where the degree is a non-medical doctorate and the advertisement does not disclose that fact.~~

~~Correct:~~	~~John Doe, Ph.D. in Audiology~~	~~Jane Doe, M.A. in Audiology~~
	~~John Doe, Ph.D. (Audiology)~~	~~Jack Doe, B.A. (Audiology)~~
~~Incorrect:~~	~~Dr. John Doe~~	~~Jane Doe, M.A.~~
	~~Dr. John Doe (Audiology)~~	~~Jack Doe, B.A.~~

(8) Does not include informing a consumer, preset appointment information or "rebate coupons" that resemble checks as part of a direct mail solicitation. ~~Includes abbreviations for job titles or job certifications as letters after a name where those letters do not represent an academic degree or credential.~~

~~(9) Refers to a dispenser's certification by a professional organization but either does not include the name of the certifying organization or, includes the name written in a manner not easily understood by consumers.~~

~~Correct:~~	~~John Doe, Hearing Aid Dispenser Lic. No. HA-xxxx~~
~~NB-HIS, Certified by the National Board of Certification in Hearing Instrument Sciences~~	
~~Incorrect:~~	~~John Doe, NB-HIS~~

~~(10) Includes the term "specialist" when referencing licensure without including the title "hearing aid dispenser."~~

~~Correct:~~	~~Jane Doe, Hearing Aid Dispenser Lic. No. HA-xxxx~~
~~Jack Doe, Licensed Hearing Aid Dispenser~~	
~~John Doe, Hearing Instrument Specialist~~	
~~Hearing Aid Dispenser Lic. No. HA-xxxx~~	
~~Incorrect:~~	~~Jane Doe, Hearing Aid Specialist Lic. No. HA-xxxx~~
~~Jack Doe, Licensed Hearing Aid Specialist~~	

(9) An advertisement of a price must do all of the following:
(A) Be exact, and disclose any conditions or any other variables to an advertised price;
(B) When including price comparison, base such comparison on verifiable data. Such data must be retained by the licensee for one year after the advertisement is published;
(10) An advertisement of a discount must:
(A) List either the dollar amount of the non-discounted fee for the hearing aid or provide consumers with a method to ascertain the actual price, like Manufacturer's Suggested Retail Price;
(B) List either the dollar amount of the discount fee or the percentage of the discount for the specific device;
(C) Inform the public of the dates on which the sale or discount price will be in effect if the sale or discount price is a limited time offer; and
(D) Inform the specific groups who qualify for the discount of any other terms and conditions or restrictions for qualifying for the discount.
(11) An advertisement shall not be used to entice the consumer into a more costly transaction than the advertised item or service at the advertised price.
(12)~~(c)~~ Any national advertisement published in California shall comply with all applicable state and federal regulations.

Note: Authority cited: Section 2531.06, Business and Professions Code. Reference: Sections 651, 651.3 and 2533, Business and Professions Code.

May 2016 Version – Staff-recommended

PEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY AND HEARING AID DISPENSERS BOARD

Title 16, Division 13.3
Hearing Aid Dispensers Regulations
Article 5. Advertising
Proposed Language

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(1) The advertisement must include the following information:
(A) The hearing aid dispenser's name and address as it appears on the hearing aid dispensers' license; ~~Is not exact, and any conditions or other variables to an advertised price are not disclosed.~~
(B) The hearing aid dispenser's license number, including the letters "HAD" or "DAU", as appropriate.
(2) If advertising for a hearing test, a hearing aid dispenser must state that the test is being performed to properly fit and sell hearing aids; ~~Includes a statement of price comparison that is not based upon verifiable data.~~
(3) If including an educational degree, the degree and field must specific. The use of the title "Dr." is not adequate for identifying the degree when the degree is a non-medical doctorate. ~~Advertises a discount in a false or misleading manner, including but not limited to, failing to disclose the dates on which the sale or discount price will be in effect if the sale or discount price is a limited time offer.~~
(4) If including a job title or dispenser's certification by a professional organization, include the entire, fully spelled name of the job title or certification and certifying organization must be included. Any job title, certification, or similar words listed in the advertisement, must represent an actual job title, credential, or certification, and must not be misleading. Any certifications obtained must be those issued upon successful completion of an examination based on academic principles.
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word “Hearing” without being immediately followed by the word “Aid” unless the dispenser is also a licensed as a physician, surgeon or audiologist.
(6) Do not include information that suggests the offer of new technology is part of a research project when it is not. Includes sending to a consumer preset appointment information or “rebate coupons” that resemble checks as part of a direct mail solicitation.
(7) For a licensed hearing aid dispenser, do not include the term “specialist(s)” when referencing licensure without including the title “hearing aid dispenser”. Includes an educational degree but does not list the degree and field, or includes the title “Dr.” where the degree is a non-medical doctorate and the advertisement does not disclose that fact.
(8) Does not include informing a consumer, preset appointment information or “rebate coupons” that resemble checks as part of a direct mail solicitation. Includes abbreviations for job titles or job certifications as letters after a name where those letters do not represent an academic degree or credential.
(9) An advertisement of a price must do all of the following:
(A) Be exact, and disclose any conditions or any other variables to an advertised price;
(B) When including price comparison, base such comparison on verifiable data. Such data must be retained by the licensee for one year after the advertisement is published;
(10) An advertisement of a discount must:
(A) List either the dollar amount of the non-discounted fee for the hearing aid or provide consumers with a method to ascertain the actual price, like Manufacturer’s Suggested Retail Price;
(B) List either the dollar amount of the discount fee or the percentage of the discount for the specific device;
(C) Inform the public of the dates on which the sale or discount price will be in effect if the sale or discount price is a limited time offer; and
(D) Inform the specific groups who qualify for the discount of any other terms and conditions or restrictions for qualifying for the discount.
(11) An advertisement shall not be used to entice the consumer into a more costly transaction than the advertised item or service at the advertised price.
(12)(c) Any national advertisement published in California shall comply with all applicable state and federal regulations.

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~~Correct:~~	~~50% off Manufacturer's Suggested Retail Price, All Hearing Aids Offer good January 1-7, 1998 (or Offer expires January 7, 1998)~~
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~~Correct:~~	~~Delta Hearing Aid Center~~
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~~Incorrect:~~	~~Dr. John Doe~~	~~Jane Doe, M.A.~~

	~~Dr. John Doe (Audiology)~~	~~Jack Doe, B.A.~~

~~(9) Refers to a dispenser's certification by a professional organization but either does not include the name of the certifying organization or, includes the name written in a manner not easily understood by consumers.~~

~~Correct:~~	~~John Doe, Hearing Aid Dispenser Lic. No. HA-xxxx~~
~~NB-HIS, Certified by the National Board of Certification in Hearing Instrument Sciences~~	
~~Incorrect:~~	~~John Doe, NB-HIS~~

~~(10) Includes the term "specialist" when referencing licensure without including the title "hearing aid dispenser."~~

~~Correct:~~	~~Jane Doe, Hearing Aid Dispenser Lic. No. HA-xxxx~~
~~Jack Doe, Licensed Hearing Aid Dispenser~~	
~~John Doe, Hearing Instrument Specialist~~	
~~Hearing Aid Dispenser Lic. No. HA-xxxx~~	
~~Incorrect:~~	~~Jane Doe, Hearing Aid Specialist Lic. No. HA-xxxx~~
~~Jack Doe, Licensed Hearing Aid Specialist~~	

Note: Authority cited: Section 2531.06, Business and Professions Code. Reference: Sections 651, 651.3 and 2533, Business and Professions Code.

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MEMORANDUM

DATE	May 3, 2016
TO	Speech Language Pathology and Audiology and Hearing Aid Dispensers Board
FROM	Paul Sanchez, Executive Officer
SUBJECT	**Speech-Language Pathology Assistant (SLPA)**

BACKGROUND

At its June 2015 meeting, the Board approved language for changes to the SLPA regulations. This rulemaking file was submitted to the Office of Administrative Law in October 2015.

Legal counsel is recommending that we incorporate by reference the ASHA Speech-Language Pathology Assistant Scope of Practice (2013) and the minimum number of supervised clinical experience clock hours previously approved by the Board and notice the modified text for a 15 day comment period.

ACTION REQUESTED

Staff recommends that the Board review and approve the amended language and for submission to the Office of Administrative Law.

Title 16, Chapter 13.4
SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY
Article 3. Qualifications for Licensure – Education and Clinical Experience
Modified Text

Changes to the modified language are shown in double strikeout for deleted text and double underline for new text.

Amend Section 1399.152.2 of Article 3 of Division 13.4 of Title 16 as follows:

1399.152.2. Supervised Clinical Experience.
(a) Supervised clinical experience within the meaning of Section 2532.2, subdivision (~~c~~b) of the Code shall be in the area for which licensure is sought.
(1) 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, and who possesses at least two (2) years of full-time experience providing services as a fully licensed speech-language pathologist, or if in a setting or state that does not require licensure, holds legal authorization to practice ~~provide independent services~~.
(2) Audiology clinical experience shall be under the supervision of a licensed audiologist or an audiologist having qualifications deemed equivalent by the Board, and who possesses at least two (2) years of full-time experience providing services as a fully licensed audiologist, or if in a setting or state that does not require licensure, holds legal authorization to practice ~~provide independent services~~.
(b) "Qualifications deemed equivalent by the Board" means ~~includes~~ a person ~~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.
~~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) Three hundred seventy-five (~~300~~375) 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~~.
(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).

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

Title 16, Chapter 13.4
SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY
Article 4. Qualifications for Licensure – Required Professional Experience
Modified Text

Changes to the modified language are shown in double strikeout for deleted text and double underline for new text.

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~~c), of the Code and these regulations.
(b) "Required professional experience supervisor" or "RPE supervisor" means:
(1) 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, and
(2) ~~who~~ possesses at least two (2) years of full-time experience providing services as a fully licensed practitioner, or has two (2) years of full time experience in a setting where he or she is legally authorized to practice.
(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) "Qualifications deemed equivalent by the Board" ~~include~~ means a ~~supervisor~~ person 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.

Qualifications deemed equivalent by the Board" means a person who holds legal authorization to practice if in a setting which is exempt from the licensure requirements of the Act or out of state.

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

Title 16, Chapter 13.4
SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY
Article 12. Speech-Language Pathology Assistants
Modified Text

Changes to the modified language are shown in double strikeout for deleted text and double underline for new text.

Amend Section 1399.170, 1399.170.4, 1399.170.6, 1399.170.10, 1399.170.11, 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 setting, for purposes of interpreting the provisions in this Article.
(c) "Direct supervision" means ~~on-site~~ observation and guidance via on-site or live electronic means 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 legal authorization to practice if in a setting which is exempt from the licensure requirements of the Act or out of state.

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 ~~valid and clear~~ current active license with no disciplinary action within the past five (5) years in speech-language pathology or qualifications deemed equivalent by the Board pursuant to 1399.170(j) ~~credentials~~, 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.

1399.170.6. Requirements of the Sponsoring Institution.

(a) Responsibilities of the sponsoring institution and of each field work site shall be clearly established by formal agreement or memorandum of understanding.

(b) The sponsoring institution shall assume primary responsibility for receiving and processing applications for student admissions, curriculum planning, selection of course content, coordination of classroom teaching and supervised field work, appointment of faculty, and granting the completion certificate or degree, or otherwise documenting satisfactory completion of the program.

(c) Student records including admission, enrollment, academic performance directed observation, field work clock hours, and demonstration of field work competencies shall be maintained by the sponsoring institution according to its policies. Grades and credits for courses must be recorded on students' transcripts and shall be maintained by the sponsoring institution. Hours for field work experiences and supervision shall be recorded and documented by supervisory staff.

(d) The program director of the sponsoring institution shall be responsible for ensuring that the scope of responsibilities delegated to students during field work experiences are appropriate to the training received and the clients assigned, and consistent with the American Speech-Language-Hearing Association's ~~Guidelines for the Training, Credentialing, Use, and Supervision of Speech-Language Pathology Assistants (1996, Spring)~~Speech-Language Pathology Assistant Scope of Practice (2013), incorporated herein by reference, and that all approved criteria for speech-language pathology assistant training has been met.

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~~ curriculum 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)~~Speech-Language Pathology Assistant Scope of Practice (2013) 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.
(2) 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.
(3) 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 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.
(c) Evidence of completion of an equivalent speech-language pathology assistant associate of arts or science degree program, which includes the ~~competencies~~ curriculum 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)~~Speech-Language Pathology Assistant Scope of Practice (2013).

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.

1399.170.15. Requirements for the Supervision of the Speech Language Pathology Assistant.
(a) The supervising speech-language pathologist 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 submit, within thirty (30) days of the commencement of such supervision, the "Responsibility Statement for Supervision of a Speech-Language Pathology Assistant" (~~77S-60, New 12/99~~ SPA 110 Rev 01/16 ~~7/15~~), which requires that:

(1) 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 speech-language pathologist .

(2) 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.

(3) The supervisor shall 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.

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

(5) The supervisor shall 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. 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:

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

(B) 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.

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

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

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

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

(8) 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.

(9) The supervisor shall communicate to the speech-language pathology assistant the manner in which emergencies will be handled.
(10) 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.

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.

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.
SPEECH-LANGUAGE PATHOLOGY & AUDIOLOGY & HEARING AID DISPENSERS BOARD
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RESPONSIBILITY STATEMENT FOR SUPERVISORS OF A SPEECH-LANGUAGE PATHOLOGY ASSISTANT

INSTRUCTIONS: Complete the following sections; read the statements and sign on page 2. This form must be submitted within 14 business days from the start date of supervision. Do not use white out or fax this form.

PART A: SPEECH-LANGUAGE PATHOLOGY ASSISTANT INFORMATION

1. FULL LEGAL NAME:	LAST	FIRST	MIDDLE
2. SPEECH-LANGUAGE PATHOLOGY ASSISTANT LICENSE NUMBER			
3. STREET ADDRESS:			
CITY, STATE, ZIP CODE:			
4. EMAIL ADDRESS:			

PART B: SUPERVISOR INFORMATION

1. FULL LEGAL NAME OF SUPERVISOR:	LAST	FIRST	MIDDLE
2. SPEECH-LANGUAGE PATHOLOGY LICENSE NUMBER OR CLEAR CREDENTIAL ISSUE DATE			
3. STREET ADDRESS:			
CITY, STATE, ZIP CODE:			
4. EMAIL ADDRESS:			

Refer to Title 16, California Code of Regulations, Section 1399.170.15 for supervisor's responsibilities.

PART C: SUPERVISION

5. DATE SUPERVISION BEGAN: *(MM/DD/YY)*

6. ARE YOU SUPERVISING AN ASSISTANT WHO HAS MORE THAN ONE SUPERVISOR? ☐ YES ☐ NO

If yes, please indicate whether you will be the supervisor designated as the lead supervisor for the purposes of assisting the speech-language pathology assistant in his or her compliance with the continuing professional development requirement pursuant to section 1399.170.17 of the California Code of Regulations. ☐ YES ☐ NO

SPEECH-LANGUAGE PATHOLOGY ASSISTANT

✦Duties and Responsibilities of Speech-Language Pathology Assistant✦

Division 13.4 of Title 16, California Code of Regulations Section 1399.170.15 requires that any qualified speech-language pathologist who assumes responsibility for providing supervision to a registered speech-language pathology assistant to complete and sign under penalty of perjury, the following statement.

1) I have read and understand the excerpts of the laws and regulations, included with my application, pertaining to the responsibilities of a Speech-Language Pathology Assistant.

2) My supervisor shall maintain a current license issued by the Board, during the time of my supervision. If my supervisor's license expires during the course of professional experience, I will immediately notify the board. *A supervisor's license can be verified at any time at the Board's website.*

APPLICANT SIGNATURE	PRINTED NAME OF APPLICANT	DATE

✦ Duties and Responsibilities of Supervisor ✦

Division 13.4 of Title 16, California Code of Regulations Section 1399.170.15 requires that any qualified speech-language pathologist who assumes responsibility for providing supervision to a registered speech-language pathology assistant to complete and sign under penalty of perjury, the following statement.

1) I possess the following qualification to supervise an aide applicant: a current valid Speech-Language Pathology license issued by the Board; or (if employed by a public school) a valid, current , and professional clear credential authorizing service in language, speech, and hearing issued by the Commission on Teacher Credentialing.

2) I agree to ensure that either my California licensee or my clear credential is renewed in a timely manner.

3) I will immediately notify the assistant of any disciplinary action, including revocation, suspension (even if stayed), probation terms, inactive license, or lapse in licensure that affects my ability or right to supervise.

4) I will maintain records of course completion for a period of two years from the assistant registration renewal date.

5) I will complete no less than six (6) hours of continuing a professional development in supervision training in the initial two year period from the commencement of supervision, and three (3) hours in supervision training every two years thereafter pursuant to Section 1399.170.15(b)(4) of the California Code of Regulations.

6) I have read and understand the laws and regulations pertaining to the supervision of assistants and the experience required for registration as an assistant.

7) I will ensure that the extent, kind, and quality of the clinical work performed are consistent with the training and experience of the assistant and shall be accountable for the assigned tasks performed by the assistant.

8) I will review client/patient records, monitor and evaluate assessment and treatment decisions of the assistant, 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.

9) I will assist with the development of a plan for the 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.

10) I will discuss with the assistant the manner in which emergencies will be handled.

✦ Duties and Responsibilities of Supervisor ✦
cont'd

11) I will provide this Board with this original signed form within 14 calendar days of commencement of any supervision. I will provide a copy of this form to the assistant.

12) Upon written request of the Board, I will provide to the Board any documentation, which verifies my compliance with the requirements set forth in this statement.

13) I will not supervise more than three (3) support personnel, not more than two of which hold the title of Speech-Language Pathology Assistant.

14) At the time of termination of supervision, I will complete the "Termination of Supervision" form 77ST(new 12/99). I will submit the original signed form to the Board within fourteen (14) calendar days of termination of supervision.

SIGNATURE OF SUPERVISOR	PRINT FULL LEGAL NAME OF SUPERVISOR
LICENSE NUMBER OR CREDENTIAL NUMBER (Please attach a copy of the front and back of your credential)	DATE

Speech-Language Pathology Assistant Scope of Practice

Speech-Language Pathology Assistant Scope of Practice ad hoc committee

Reference this material as: American Speech-Language-Hearing Association. (2013). *Speech-language pathology assistant scope of practice* [Scope of Practice]. Available from www.asha.org/policy.
Index terms: SLPAs, scope of practice
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About This Document

This scope of practice for the speech-language pathology assistant (SLPA) was developed by the American Speech-Language-Hearing Association (ASHA) Speech-Language Pathology Assistant Scope of Practice ad hoc committee. It was approved by ASHA's Board of Directors (January 2013). Members of the committee were DeAnne Wellman Owre (chair), Diane L. Eger, Ashley Northam, Mary Jo Schill, Rosemary Scott, Monica Marruffo, and Lemmietta McNeilly (ex officio). Gail J. Richard, vice president for speech-language pathology practice, served as the monitoring vice president. The composition of the ad hoc committee included ASHA-certified speech-language pathologists with specific knowledge and experience working with support personnel in clinical practice in schools, health care, and/or private practice, as well as two members who have served on the ASHA Board of Ethics (Diane L. Eger and Mary Jo Schill).

The document is intended to provide guidance for SLPAs and their supervisors regarding ethical considerations related to the SLPA practice parameters. The document addresses how SLPAs should be utilized and what specific responsibilities are within and outside their roles of clinical practice. Given that standards, licensure, and practice issues vary from state to state, this document delineates ASHA's policy for the use of SLPAs.

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Dedication

In loving memory of Lisa Cabiale O'Connor (1937–2012), whose dedication, commitment, and perseverance contributed to ensuring integrity and quality in addressing the topic of SLPAs within the ASHA structure.

Executive Summary

This scope of practice presents a model for the training, use, and supervision of support personnel in speech-language pathology. Support personnel in speech-language pathology, or speech-language pathology assistants (SLPAs), perform tasks as prescribed, directed, and supervised by ASHA-certified speech-language pathologists (SLPs). Support personnel can be used to increase the availability, frequency, and efficiency of services.

Some tasks, procedures, or activities used to treat individuals with communication and related disorders can be performed successfully by individuals other than SLPs if the persons conducting the activity are properly trained and supervised by ASHA-certified and/or licensed SLPs. The decision to shift responsibility for implementation of the more repetitive, mechanical, or routine clinical activities to SLPAs should be made only by qualified professionals and only when the quality of care and level of professionalism will not be compromised. The utilization of evidence and ethical and professional judgment should be at the heart of the selection, management, training, supervision, and use of support personnel.

This scope of practice specifies the qualifications and responsibilities for an SLPA and indicates the tasks that are the exclusive responsibilities of the SLP. Additionally, the document provides guidance regarding ethical considerations when support personnel provide clinical services and outlines the supervisory responsibilities of the supervising SLP.

Introduction

The SLPA scope of practice provides information regarding the training, use, and supervision of assistants in speech-language pathology that was established by the American-Speech-Language-Hearing Association to be applicable in a variety of work settings. Training for SLPAs should be based on the type of tasks specified in their scope of responsibility. Specific education and on-the-job training may be necessary to prepare assistants for unique roles in professional settings (e.g., hospitals and schools).

ASHA has established an associate affiliation program for support personnel in speech-language pathology and audiology. Individuals who are working in this capacity under the direct supervision of ASHA-certified SLPs or audiologists are eligible for this category of affiliation with ASHA.

ASHA has addressed the topic of support personnel in speech-language pathology since the 1960s. In 1967, the Executive Board of ASHA established the Committee on Supportive Personnel and in 1969 the document *Guidelines on the Role, Training and Supervision of the Communicative Aide* was approved by the Legislative Council (LC). In the 1990s, several entities—including committees, a task force, and a consensus panel—were established and the LC passed a position statement, technical report, guidelines, and curriculum content for support personnel. In 2002, ASHA developed an approval process for SLPA programs, and in 2003 a registration process for SLPAs was established. Both were discontinued by vote of the LC because of fiscal concerns. In 2004, a position statement on the training, use, and supervision of support personnel in speech-language pathology was passed by the LC. Since then, the number of SLPAs has increased primarily in schools and private practice settings. Specific guidance from ASHA continues to be requested by ASHA members in many states.

This document does not supersede federal legislation and regulation requirements or any existing state licensure laws, nor does it affect the interpretation or implementation of such laws. The document may serve, however, as a guide for the development of new laws or, at the appropriate time, for revising existing licensure laws.

Statement of Purpose

The purpose of this document is to define what is within and outside the scope of responsibilities for SLPAs who work under the supervision of properly credentialed SLPs. The following aspects are addressed:

a. parameters for education and professional development for SLPAs;

b. SLPAs' responsibilities within and outside the scope of practice;

c. examples of practice settings;

d. information for others (e.g., special educators, parents, consumers, health professionals, payers, regulators, members of the general public) regarding services SLPAs perform;

e. information regarding the ethical and liability considerations for the supervising SLP and the SLPA;

f. supervisory requirements for the SLP and the SLPA.

Qualification for a Speech-Language Pathology Assistant

Minimum Recommended Qualifications for a Speech-Language Pathology Assistant

An SLPA must complete an approved course of academic study, field work under the supervision of an ASHA-certified and/or licensed SLP, and on-the-job training specific to SLPA responsibilities and workplace behaviors.

The academic course of study must include or be equivalent to

a. an associate's degree in an SLPA program

   or

   a bachelor's degree in a speech-language pathology or communication disorders program

   and

b. successful completion of a minimum of one hundred (100) hours of supervised field work experience or its clinical experience equivalent

   and

c. demonstration of competency in the skills required of an SLPA.

Expectations of a Speech-Language Pathology Assistant

a. Seek employment only in settings in which direct and indirect supervision are provided on a regular and systematic basis by an ASHA-certified and/or licensed SLP.

b. Adhere to the responsibilities for SLPAs specified in this document and refrain from performing tasks or activities that are the sole responsibility of the SLP.

c. Perform only those tasks prescribed by the supervising SLP.

d. Adhere to all applicable state licensure laws and rules regulating the practice of speech-language pathology, such as those requiring licensure or registration of support personnel.

e. Conduct oneself ethically within the scope of practice and responsibilities for an SLPA.

f. Actively participate with the SLP in the supervisory process.

g. Consider securing liability insurance.

h. Actively pursue continuing education and professional development activities.

Responsibilities Within the Scope for Speech-Language Pathology Assistants

The supervising SLP retains full legal and ethical responsibility for the students, patients, and clients he or she serves but may delegate specific tasks to the SLPA. The SLPA may execute specific components of a speech and language program as specified in treatment plans developed by the SLP. Goals and objectives listed on the treatment plan and implemented by the SLPA are only those within their scope of responsibilities and are tasks the SLP has determined the SLPA has the training and skill to perform. The SLP must provide at least the minimum specified level of supervision to ensure quality of care to all persons served. The amount of supervision may vary and must depend on the complexity of the case and the experience of the assistant. Under no circumstances should use of the ASHA Code of Ethics or the quality of services provided be diluted or circumvented by the use of an SLPA. Again, the use of an SLPA is optional, and an SLPA should be used only when appropriate.

Provided that the training, supervision, and planning are appropriate, tasks in the following areas of focus may be delegated to an SLPA.

Service Delivery

a. Self-identify as SLPAs to families, students, patients, clients, staff, and others. This may be done verbally, in writing, and/or with titles on name badges.

b. Exhibit compliance with The Health Insurance Portability and Accountability Act (HIPAA) and Family Educational Rights and Privacy Act (FERPA) regulations, reimbursement requirements, and SLPAs' responsibilities.

c. Assist the SLP with speech, language, and hearing screenings **without** clinical interpretation.

d. Assist the SLP during assessment of students, patients, and clients exclusive of administration and/or interpretation

e. Assist the SLP with bilingual translation during screening and assessment activities exclusive of interpretation; refer to *Knowledge and Skills Needed by Speech-Language Pathologists and Audiologists to Provide Culturally and Linguistically Appropriate Services* (ASHA 2004).

f. Follow documented treatment plans or protocols developed by the supervising SLP.

g. Provide guidance and treatment via telepractice to students, patients, and clients who are selected by the supervising SLP as appropriate for this service delivery model.

h. Document student, patient, and client performance (e.g., tallying data for the SLP to use; preparing charts, records, and graphs) and report this information to the supervising SLP.

i. Program and provide instruction in the use of augmentative and alternative communication devices.

j. Demonstrate or share information with patients, families, and staff regarding feeding strategies developed and directed by the SLP.

k. Serve as interpreter for patients/clients/students and families who do not speak English.

l. Provide services under SLP supervision in another language for individuals who do not speak English and English-language learners.

Administrative Support

a. Assist with clerical duties, such as preparing materials and scheduling activities, as directed by the SLP.

b. Perform checks and maintenance of equipment.

c. Assist with departmental operations (scheduling, recordkeeping, safety/maintenance of supplies and equipment).

Prevention and Advocacy

a. Present primary prevention information to individuals and groups known to be at risk for communication disorders and other appropriate groups; promote early identification and early intervention activities.

b. Advocate for individuals and families through community awareness, health literacy, education, and training programs to promote and facilitate access to full participation in communication, including the elimination of societal, cultural, and linguistic barriers.

c. Provide information to emergency response agencies for individuals who have communication and/or swallowing disorders.

d. Advocate at the local, state, and national levels for improved public policies affecting access to services and research funding.

e. Support the supervising SLP in research projects, in-service training, public relations programs, and marketing programs.

f. Participate actively in professional organizations.

Responsibilities Outside the Scope for Speech-Language Pathology Assistants

There is potential for misuse of an SLPA, particularly when responsibilities are delegated by administrative or nonclinical staff without the approval of the supervising SLP. It is highly recommended that the *ASHA Scope of Practice for Speech-Language Pathology Assistants* (ASHA, 2007) and the *ASHA Code of Ethics* (ASHA, 2010a) be reviewed with all personnel involved when employing an SLPA. It should be emphasized that an individual's communication or related disorder and/or other factors may preclude the use of services from anyone other than an ASHA-certified and/or licensed SLP. The SLPA should not perform any task without the approval of the supervising SLP. The student, patient, or client should be informed that he or she is receiving services from an SLPA under the supervision of an SLP.

The SLPA should NOT engage in the following:

a. represent himself or herself as an SLP;

b. perform standardized or nonstandardized diagnostic tests, formal or informal evaluations, or swallowing screenings/checklists;

c. perform procedures that require a high level of clinical acumen and technical skill (e.g., vocal tract prosthesis shaping or fitting, vocal tract imaging and oral pharyngeal swallow therapy with bolus material);

d. tabulate or interpret results and observations of feeding and swallowing evaluations performed by SLPs;

e. participate in formal parent conferences, case conferences, or any interdisciplinary team without the presence of the supervising SLP or other designated SLP;

f. provide interpretative information to the student/patient/client, family, or others regarding the patient/client status or service;

g. write, develop, or modify a student's, patient's, or client's treatment plan in any way;

h. assist with students, patients, or clients without following the individualized treatment plan prepared by the certified SLP and/or without access to supervision;

i. sign any formal documents (e.g., treatment plans, reimbursement forms, or reports; the SLPA **should** sign or initial informal treatment notes for review and co-sign with the supervising SLP as requested);

j. select students, patients, or clients for service;

k. discharge a student, patient, or client from services;

l. make referrals for additional service;

m. disclose clinical or confidential information either orally or in writing to anyone other than the supervising SLP (the SLPA must comply with current HIPPA and FERPA guidelines) unless mandated by law;

n. develop or determine the swallowing strategies or precautions for patients, family, or staff;

o. treat medically fragile students/patients/clients independently;

p. design or select augmentative and alternative communication systems or devices.

Practice Settings

Under the specified guidance and supervision of an ASHA-certified SLP, SLPAs may provide services in a wide variety of settings, which may include, but are not limited to, the following:

a. public, private, and charter elementary and secondary schools;

b. early intervention settings, preschools, and day care settings;

c. hospitals (in- and outpatient);

d. residential health care settings (e.g., long-term care and skilled nursing facilities);

e. nonresidential health care settings (e.g., home health agencies, adult day care settings, clinics);

f. private practice settings;

g. university/college clinics;

h. research facilities;

i. corporate and industrial settings;

j. student/patient/client's residences.

Ethical Considerations

ASHA strives to ensure that its members and certificate holders preserve the highest standards of integrity and ethical practice. The *ASHA Code of Ethics* (2010a) sets forth the fundamental principles and rules considered essential to this purpose. The code applies to every individual who is (a) a member of ASHA, whether certified or not, (b) a nonmember holding the ASHA Certificate of Clinical Competence, (c) an applicant for membership or certification, or (d) a Clinical Fellow seeking to fulfill standards for certification.

Although some SLPAs may choose to affiliate with ASHA as associates, the Code of Ethics does not directly apply to associates. However, any individual who is working in a support role (technician, aide, assistant) under the supervision of an SLP or speech scientist must be knowledgeable about the provisions of the code. It is imperative that the supervising professional and the assistant behave in a manner that is consistent with the principles and rules outlined in the ASHA Code of Ethics. Since the ethical responsibility for patient care or for subjects in research studies cannot be delegated, the SLP or speech scientist takes overall responsibility for the actions of the assistants when they are performing assigned duties. If the assistant engages in activities that violate the Code of Ethics, the supervising professional may be found in violation of the code if adequate oversight has not been provided.

The following principles and rules of the ASHA Code of Ethics specifically address issues that are pertinent when an SLP supervises support personnel in the provision of services or when conducting research.

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.

Guidance:

The supervising SLP remains responsible for the care and well-being of the client or research subject. If the supervisor fails to intervene when the assistant's behavior puts the client or subject at risk or when services or procedures are implemented inappropriately, the supervisor could be in violation of the Code of Ethics.

Principle of Ethics I, Rule A: Individuals shall provide all services competently.

Guidance:

The supervising SLP must ensure that all services, including those provided directly by the assistant, meet practice standards and are administered competently. If the supervisor fails to intervene or correct the actions of the assistant as needed, this could be a violation of the Code of Ethics.

Principle of Ethics I, Rule D: Individuals shall not misrepresent the credentials of assistants, technicians, support personnel, students, Clinical Fellows, or any others under their supervision, and they shall inform those they serve professionally of the name and professional credentials of persons providing services.

Guidance:

The supervising SLP must ensure that clients and subjects are informed of the title and qualifications of the assistant. This is not a passive responsibility; that is, the supervisor must make this information easily available and understandable to the clients or subjects and not rely on the individual to inquire about or ask directly for this information. Any misrepresentation of the assistant's qualifications or role could result in a violation of the Code of Ethics by the supervisor.

Principle of Ethics I, Rule E: Individuals who hold the Certificate of Clinical Competence shall not delegate tasks that require the unique skills, knowledge, and judgment that are within the scope of their profession to assistants, technicians, support personnel, or any nonprofessionals over whom they have supervisory responsibility.

Guidance:

The supervising SLP is responsible for monitoring and limiting the role of the assistant as described in these guidelines and in accordance with applicable licensure laws.

Principle of Ethics I, Rule F: Individuals who hold the Certificate of Clinical Competence may delegate tasks related to provision of clinical services to assistants, technicians, support personnel, or any other persons only if those services are appropriately supervised, realizing that the responsibility for client welfare remains with the certified individual.

Guidance:

The supervising SLP is responsible for providing appropriate and adequate direct and indirect supervision to ensure that the services provided are appropriate and meet practice standards. The SLP should document supervisory activities and adjust the amount and type of supervision to ensure that the Code of Ethics is not violated.

Principle of Ethics II, Rule B: Individuals shall engage in only those aspects of the professions that are within the scope of their professional practice and competence, considering their level of education, training, and experience.

Guidance:

The supervising SLP is responsible for ensuring that he or she has the skills and competencies needed in order to provide appropriate supervision. This may include seeking continuing education in the area of supervision practice.

Principle of Ethics II, Rule D: Individuals shall not require or permit their professional staff to provide services or conduct research activities that exceed the staff member's competence, level of education, training, and experience.

Guidance:

The supervising SLP must ensure that the assistant only performs those activities and duties that are defined as appropriate for the level of training and experience and in accordance with applicable licensure laws. If the assistant exceeds the practice role that has been defined for him or her, and the supervisor fails to correct this, the supervisor could be found in violation of the Code of Ethics.

Principle of Ethics IV, Rule B: Individuals shall prohibit anyone under their supervision from engaging in any practice that violates the Code of Ethics.

Guidance:

Because the assistant provides services as “an extension” of those provided by the professional, the SLP is responsible for informing the assistant about the Code of Ethics and monitoring the performance of the assistant. Failure to do so could result in the SLP's being found in violation of the Code.

Liability Issues

Individuals who engage in the delivery of services to persons with communication disorders are potentially vulnerable to accusations of engaging in unprofessional practices. Therefore, liability insurance is recommended as a protection for malpractice. SLPAs should consider the need for liability coverage. Some employers provide it for all employees. Other employers defer to the employee to independently acquire liability insurance. Some universities provide coverage for students involved in practicum/fieldwork. Checking for liability insurance coverage is the responsibility of the SLPA and needs to be done prior to providing services.

Speech-Language Pathologist's Supervisory Role

Qualifications for a Supervising Speech-Language Pathologist
Minimum qualifications for an SLP who will supervise an SLPA include

a. current ASHA certification and/or state licensure,

b. completion of at least 2 years of practice following ASHA certification,

c. completion of an academic course or at least 10 hours of continuing education credits in the area of supervision, completed prior to or concurrent with the first SLPA supervision experience.

Additional Expectations of the Supervising Speech-Language Pathologist

a. Conduct ongoing competency evaluations of the SLPAs.

b. Provide and encourage ongoing education and training opportunities for the SLPA consistent with competency and skills and needs of the students, patients, or clients served.

c. Develop, review, and modify treatment plans for students, patients, and clients that SLPAs implement under the supervision of the SLP.

d. Make all case management decisions.

e. Adhere to the supervisory responsibilities for SLPs.

f. Retain the legal and ethical responsibility for all students, patients, and clients served.

g. Adhere to the principles and rules of the ASHA Code of Ethics.

h. Adhere to applicable licensure laws and rules regulating the practice of speech-language pathology.

Guidelines for SLP Supervision of Speech-Language Pathology Assistants

It is the SLP's responsibility to design and implement a supervision system that protects the students', patients', and clients' care and maintains the highest possible standards of quality. The amount and type of supervision should meet the minimum requirements and be increased as needed based on the needs, competencies, skills, expectations, philosophies, and experience of the SLPA and the supervisor; the needs of students, patients, and clients served; the service setting; the tasks assigned; and other factors. More intense supervision, for example, would be required in such instances as the orientation of a new SLPA; initiation of a new program, equipment, or task; or a change in student, patient, or client status (e.g., medical complications). Functional assessment of the SLPA's skills with assigned tasks should be an ongoing, regular, and integral element of supervision. SLPs and SLPAs should treat each other with respect and interact in a professional manner.

As the supervisory responsibility of the SLP increases, overall responsibilities will change because the SLP is responsible for the students, patients, and clients as well as for supervision of the SLPA. Therefore, adequate time for direct and indirect supervision of the SLPA(s) and caseload management must be allotted as a critical part of the SLP's workload. The purpose of the assistant level position is not to significantly increase the caseload size for SLPs. Assistants should be used to deliver services to individuals on the SLP's caseload. Under no circumstances should an assistant have his or her own caseload.

Diagnosis and treatment for the students, patients, and clients served remains the legal and ethical responsibility of the supervisor. Therefore, the level of supervision required is considered the minimum level necessary for the supervisor to retain direct contact with the students, patients, and clients. The supervising SLP is responsible for designing and implementing a supervisory plan that protects consumer care, maintains the highest quality of practice, and documents the supervisory activities.

The supervising SLP must

a. hold a Certificate of Clinical Competence in Speech-Language Pathology from ASHA and/or a state licensure (where applicable),

b. have an active interest in use of and desire to use support personnel,

c. have practiced speech-language pathology for at least 2 years following ASHA certification,

d. have completed or be currently enrolled in at least one course or workshop in supervision for at least 1.0 CEUs (10 clock hours).

The relationship between the supervising SLP and the SLPA is paramount to the welfare of the client. Because the clinical supervision process is a close, interpersonal experience, the supervising SLP should participate in the selection of the SLPA when possible.

SLP to SLPA Ratio
Although more than one SLP may provide supervision of an SLPA, an SLP should not supervise or be listed as a supervisor for more than two full-time equivalent (FTE) SLPAs in any setting or combination thereof. The supervising SLP should assist in determining the appropriate number of assistants who can be managed within his or her workload. When multiple supervisors are used, it is critical that the supervisors coordinate and communicate with each other so that minimum supervisory requirements are met and that the quality of services is maintained.

Minimum Requirements for the Frequency and Amount of Supervision
First 90 workdays: A total of at least 30% supervision, including at least 20% direct and 10% indirect supervision, is required weekly. Direct supervision of student, patient, and client care should be no less than 20% of the actual student, patient, and client contact time weekly for each SLPA. This ensures that the supervisor will have direct contact time with the SLPA as well as with the student, patient, or client. During each week, data on every student, patient, and client seen by the SLPA should be reviewed by the supervisor. In addition, the direct supervision should be scheduled so that all students, patients, and clients seen by the assistant are directly supervised in a timely manner. Supervision days and time of day (morning/afternoon) may be alternated to ensure that all students, patients, and clients receive some direct contact with the SLP at least once every 2 weeks.

After first 90 workdays: The amount of supervision can be adjusted if the supervising SLP determines the SLPA has met appropriate competencies and skill levels with a variety of communication and related disorders.

Minimum ongoing supervision must always include documentation of direct supervision provided by the SLP to each student, patient, or client **at least every 60 calendar days**.

A minimum of 1 hour of direct supervision weekly and as much indirect supervision as needed to facilitate the delivery of quality services must be maintained.

Documentation of all supervisory activities, both direct and indirect, must be accurately recorded.

Further, 100% direct supervision of SLPAs for medically fragile students, patients, or clients is required.

The supervising SLP is responsible for designing and implementing a supervisory plan that ensures the highest standard of quality care can be maintained for students, patients, and clients. The amount and type of supervision required should be consistent with the skills and experience of the SLPA; the needs of the students, patients, and clients; the service setting; the tasks assigned; and the laws and regulations that govern SLPAs. Treatment of the student, patient, or client remains the responsibility of the supervisor.

Direct supervision means on-site, in-view observation and guidance while a clinical activity is performed by the assistant. This can include the supervising SLP viewing and communicating with the SLPA via telecommunication technology as the SLPA provides clinical services, because this allows the SLP to provide ongoing immediate feedback. Direct supervision does not include reviewing a taped session at a later time.

Supervision feedback should provide information about the quality of the SLPA's performance of assigned tasks and should verify that clinical activity is limited to tasks specified in the SLPA's ASHA-approved responsibilities. Information obtained during direct supervision may include, but is not limited to, data relative to (a) agreement (reliability) between the assistant and the supervisor on correct/incorrect recording of target behavior, (b) accuracy in implementation of assigned treatment procedures, (c) accuracy in recording data, and (d) ability to interact effectively with the patient, client, or student during presentation and application of assigned therapeutic procedures or activities.

Indirect supervision does not require the SLP to be physically present or available via telecommunication in real time while the SLPA is providing services. Indirect supervisory activities may include demonstration tapes, record review, review and evaluation of audio- or videotaped sessions, and/or supervisory conferences that may be conducted by telephone and/or live, secure webcam via the Internet. The SLP will review each treatment plan as needed for timely implementation of modifications.

An SLPA may not perform tasks when a supervising SLP cannot be reached by personal contact, phone, pager, or other immediate or electronic means. If for any reason (i.e., maternity leave, illness, change of jobs) the supervisor is no longer available to provide the level of supervision stipulated, the SLPA may not perform assigned tasks until an ASHA-certified and/or state-licensed SLP with experience and training in supervision has been designated as the new supervising SLP.

Any supervising SLP who will not be able to supervise an SLPA for more than 1 week will need to (a) inform the SLPA of the planned absence and (b) make other arrangements for the SLPA's supervision of services while the SLP is unavailable or (c) inform the clients/student/patients that services will be rescheduled.

Conclusion

It is the intent of this document to provide guidance for the use of speech-language pathology assistants in appropriate settings, thereby increasing access to timely and efficient speech-language services. It is the responsibility of the supervising speech-language pathologists to stay abreast of current guidelines and to ensure the quality of services rendered.

Definitions

Accountability: Accountability refers to being legally responsible and answerable for actions and inactions of self or others during the performance of a task by the SLPA.

Direct Supervision: Direct supervision means on-site, in-view observation and guidance by an SLP while an assigned activity is performed by support personnel. Direct supervision performed by the supervising SLP may include, but is not limited to, the following: observation of a portion of the screening or treatment procedures performed by the SLPA, coaching the SLPA, and modeling for the SLPA. The supervising SLP must be physically present during all services provided to a medically fragile client by the SLPA (e.g., general and telesupervision). The SLP can view and communicate with the patient and SLPA live viareal time telecommunication technology to supervise the SLPA, giving the SLP the opportunity to provide immediate feedback. This does not include reviewing a taped session later.

Indirect Supervision: Indirect supervision means the supervising SLP is not at the same facility or in close proximity to the SLPA, but is available to provide supervision by electronic means. Indirect supervision activities performed by the supervising SLP may include, but are not limited to, demonstration, record review, review and evaluation of audio or videotaped sessions, and interactive television and supervisory conferences that may be conducted by telephone, e-mail, or live webcam.

Interpretation: Summarizing, integrating, and using data for the purpose of clinical decision making, which may only be done by SLPs. SLPAs may summarize objective data from a session to the family or team members.

Medically Fragile: A term used to describe an individual who is acutely ill and in an unstable condition. If such an individual is treated by an SLPA, 100% direct supervision by an SLP is required.

Screening: A pass-fail procedure to identify, without interpretation, clients who may require further assessment following specified screening protocols developed by and/or approved by the supervising SLP.

Speech-Language Pathology Aides/Technician: Aides or technicians are individuals who have completed on-the-job training, workshops, and so forth and work under the direct supervision of ASHA-certified SLPs.

Speech-Language Pathology Assistant: Individuals who, following academic coursework, clinical practicum, and credentialing can perform tasks prescribed, directed, and supervised by ASHA-certified SLPs.

Supervising Speech-Language Pathologist: An SLP who is certified by ASHA and has been practicing for at least 2 years following ASHA certification, has completed not less than ten(10) hours of continuing professional development in supervision training prior to supervision of an SLPA, and who is licensed and/or credentialed by the state (where applicable).

Supervision: The provision of direction and evaluation of the tasks assigned to an SLPA. Methods for providing supervision include direct supervision, indirect supervision, and telesupervision.

Support Personnel: Support personnel in speech-language pathology perform tasks as prescribed, directed, and supervised by ASHA-certified SLPs. There are different levels of support personnel based on training and scope of responsibilities. Support personnel include SLPAs and speech-language pathology aides/technicians. ASHA is operationally defining these terms for ASHA resources. Some states use different terms and definitions for support personnel.

Telepractice: This refers to the application of telecommunications technology to delivery of professional services at a distance by linking clinician to client, or clinician to clinician, for assessment, intervention, and/or consultation.

Telesupervision: The SLP can view and communicate with the patient and SLPA in real time via Skype, webcam, and similar devices and services to supervise the SLPA, providing the opportunity for the SLP to give immediate feedback. This does not include reviewing a taped session later.

References

American Speech-Language-Hearing Association. (2004). *Knowledge and skills needed by speech-language pathologists and audiologists to provide culturally and linguistically appropriate services* [Knowledge and Skills]. Available from www.asha.org/policy.

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STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

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

SPEECH-LANGUAGE PATHOLOGY & AUDIOLOGY& HEARING AID DISPENSERS BOARD
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MEMORANDUM

DATE	May 1, 2016
TO	Speech Language Pathology and Audiology and Hearing Aid Dispensers Board
FROM	Paul Sanchez, Executive Officer
SUBJECT	**Executive Officer Report**

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

Administration/Personnel/Staffing

The Board was successful in gaining an additional position through the state budget process. One permanently funded staff services analyst position will be added to the Board effective July 1, 2016. This is great news for the Board. The additional position will provide relief to our current staff and improve the Board's processing times in licensing.

Board Budget

Included in your Board materials is the most recent Expenditure Projection Report through Fiscal Month 9 (March 2016) of the current budget year. Based on this report, we are projected to spend most of our allocated budget. The report reflects additional costs attributed to the hiring of temporary staff, overtime, and retirement payouts. The temporary staff and overtime have been necessary to maintain service levels and conduct Hearing Aid Dispenser (HAD) practical examinations to meet the growing demand. We will monitor our budget closely and make the appropriate spending adjustments as we near the end of the fiscal year.

Licensing/Exams/Enforcement

Included in your Board materials are statistical reports for your review. Management and staff will be present at the Board meeting to answer any questions you have regarding these reports.

Licensing – As we near our peak season, Board staff have worked hard to keep the licensing workload current.

Board licensing timeframes:

Licensing Cycle Times	8/1/15	10/1/15	12/1/15	2/1/16	4/1/16
SLPs and Audiologists Licensing applications	6 weeks	6 weeks	4 weeks	4 weeks	2 weeks
Review and process supporting licensing documents	6 weeks	7 weeks	5 weeks	4 weeks	3 weeks
Review and process RPE applicant's verification forms for full licensure	6 weeks	6 weeks	5 weeks	4 weeks	2 weeks
Hearing Aid Dispensers	5 weeks	3 weeks	3 weeks	3 weeks	2 weeks

Practical Examinations – Included in your Board materials are statistical summaries of the HAD practical examinations that were held on February 27 and April 2, 2016. Board staff in conjunction with the Office of Professional Examinations Services conducted __ workshops to make improvements and consolidate items on the practical examination.

Enforcement – Board staff held several meeting with Division of Investigation (DOI) management to establish timeframes and discuss case issues. The meetings have been helpful in making DOI aware of trends and issues with enforcement. The discussions also help staff understand DOI processes and workload issues that may impact the Board's cases. This fiscal year the Board has referred 29 formal discipline cases to the Office of the Attorney General. There are currently 36 formal discipline cases pending with the Attorney General's Office.

Probation – The Board is currently monitoring 25 probationers. Six probationers require drug or alcohol testing and eight are in a tolled status.

The following disciplinary actions have been adopted by the Board in fiscal year 2015-16:

Name	License No.	License Type	Case No.	Eff. Date	Action Taken
Youssef, Susan	SPA 3757	Speech-Language Pathology Assistant	1I 2015 13	12/30/16	Revocation Stayed, 3 Yrs Probation w/ Specified Terms & Conditions
Nicholson, Mary	SPA 1460	Speech-Language Pathology Assistant	1I 2015 13	12/24/15	Revocation of License
Green, Robert	AU 1100	Audiologist	1I 2011 57	12/21/15	Revocation Stayed, 2 Yrs Probation w/ Specified Terms & Conditions

Name	License No.	License Type	Case No.	Eff. Date	Action Taken
Crocker, Taran	HA 7542	Hearing Aid Dispenser	1C 2015 65	11/18/15	License Surrender During Probation
Wolford, Julia	SP 13872	Speech-Language Pathologist	1I 2013 33	9/11/15	Revocation Stayed, 5 Yrs Probation w/ Specified Terms & Conditions
Beckwith, John	HA 7606	Hearing Aid Dispenser	1C 2014 12	8/12/15	Stipulated Surrender of License
Rawlinson, Kristin	SP 19002	Speech-Language Pathologist	1I 2014 22	8/9/15	Revocation of License
Trythall, Michael	AU 2225	Audiologist	1I 2014 63	7/31/15	Stipulated Surrender of License
Blanchard, Miriam	SP 8627	Speech-Language Pathologist	1I 2012 70	7/22/15	Revocation Stayed, 90 Day Suspension, 7 Yrs Probation w/ Specified Terms & Conditions
Rios, Keith	HA 5058	Hearing Aid Dispenser	1C 2010 155	7/24/15	Revocation Stayed, 5 Yrs Probation w/Specified Terms & Conditions
Frangos, Nicole	SP 18907	Speech-Language Pathologist	1I 2012 66	7/24/15	Revocation Stayed, 5 Yrs Probation w/ Specified Terms & Conditions

Regulations Update

Board staff has three draft regulatory items for your review and approval. In addition, the Board will be discussing the prioritization of regulations for the coming year. The Board is not adequately staffed to handle the ongoing regulations workload. The backlog of regulations and the workload associated with regulating three separate professions justifies the need for additional staffing in this area. In the short-term, Enforcement staff have been reassigned to assist with rulemaking files. The additional workload requires that staff balance a workload that is already high on the list of Board priorities. Absorbing this workload has been difficult for the Board office. We will work with DCA to seek additional resources in this area.

Strategic Plan Update

Board Staff are working with the SOLID team on developing an action plan to achieve the goals and objectives. We hope to have an action plan available before the August Board meeting.

Outreach

The following is an update on recent Executive Officer meetings with Board stakeholders:

February 11, 2016 – Meeting with Sonya Logman, Deputy Secretary, Business and Consumer Services and Housing Agency.

February 19, 2016 – Conference call with representatives and Board members from Hearing Healthcare Providers. Topics discussed were: pending regulations, formal discipline cases, and upcoming legislation.

March 17, 2016 – Conference call with California Academy of Audiology (CAA) Board members. Topics discussed: Board licensing update, the need for more examinations, and participation with our practical examination and examination development.

March 23, 2016 – Meeting with Barnaby and Sons, representing California Speech-Hearing Association regarding legislation.

March 29, 2016 – Meeting with Anastacia Dodson, Acting Chief, Systems of Care Division, California Department of Health Care Services and other officials regarding Board concerns with issues related to California Children Services program.

Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board - 0376
BUDGET REPORT
FY 2015-16 EXPENDITURE PROJECTION

FISCAL MONTH 9

	FY 2014-15		FY 2015-16				
OBJECT DESCRIPTION	ACTUAL EXPENDITURES (MONTH 13)	PRIOR YEAR EXPENDITURES 3/31/2015	BUDGET STONE 2015-16	CURRENT YEAR EXPENDITURES 3/31/2016	PERCENT SPENT	PROJECTIONS TO YEAR END	UNENCUMBERED BALANCE
PERSONNEL SERVICES							
Salary & Wages (Staff)	391,673	284,045	**455,000**	331,209	73%	**444,505**	10,495
Statutory Exempt (EO)	82,680	60,840	**82,000**	62,644	76%	**83,431**	(1,431)
Temp Help Reg (Seasonals)	54,350	44,796	**1,000**	33,634	3363%	**37,019**	(36,019)
Temp Help (Exam Proctors)	4,592	4,399	**0**	478		**478**	(478)
Board Member Per Diem			**6,000**		0%		6,000
Committee Members (DEC)	4,100	3,000	**0**	3,500		**4,100**	(4,100)
Overtime	18,128	16,387	**5,000**	15,675		**17,340**	(12,340)
Staff Benefits	228,845	166,173	**255,000**	198,962	78%	**274,000**	(19,000)
TOTALS, PERSONNEL SVC	**784,368**	**579,640**	**804,000**	**646,102**	**80%**	**860,874**	(56,874)
OPERATING EXPENSE AND EQUIPMENT							
General Expense	19,009	13,115	**43,000**	9,051	21%	**13,119**	29,881
Fingerprint Reports	20,635	11,282	**28,000**	14,014	50%	**25,632**	2,368
Minor Equipment	3,406	3,406	**0**	827		**827**	(827)
Printing	3,667	3,181	**24,000**	1,773	7%	**2,044**	21,956
Communication	3,097	1,896	**17,000**	2,855	17%	**4,663**	12,337
Postage	26,374	15,794	**23,000**	18,232	79%	**28,000**	(5,000)
Insurance	0	0	**0**	0	0%	**0**	0
Travel In State	31,425	16,916	**34,000**	22,843	67%	**42,436**	(8,436)
Travel, Out-of-State	0	0	**0**	0		**0**	0
Training	465	465	**6,000**	50	1%	**50**	5,950
Facilities Operations	65,835	65,137	**113,000**	68,783	61%	**69,520**	43,480
Utilities	0		**0**	0	0%	**0**	0
C & P Services - Interdept.	5,377	0	**24,000**	21,784	91%	**21,784**	2,216
C & P Services - External	1,325	0	**0**	0		**0**	0
DEPARTMENTAL SERVICES:							
Departmental Pro Rata	159,192	134,802	**171,000**	128,250	75%	**171,000**	0
Admin/Exec	98,480	70,935	**108,000**	81,000	75%	**108,000**	0
DOI-ProRata Internal	2,679	2,220	**3,000**	2,250	75%	**3,000**	0
Communications Division	3,109	2,166	**7,000**	5,250	75%	**7,000**	0
PPRD Pro Rata	3,004	2,370	**0**	0	0%	**0**	0
INTERAGENCY SERVICES:							
Interagency Services	0	35,480	**29,000**	10,214	0%	**10,214**	18,786
Consolidated Data Center	224	96	**9,000**	197	2%	**460**	8,540
DP Maintenance & Supply	2,901	2,901	**17,000**	3,754	22%	**4,254**	12,746
Central Admin Svc-ProRata	79,026	59,270	**146,000**	109,832	75%	**146,000**	0
EXAM EXPENSES:							0
Exam Supplies	0		**0**			**0**	0
Exam Freight	0		**0**			**0**	0
Exam Site Rental	4,149	4,149	**8,000**	1,618	20%	**1,618**	6,382
C/P Svcs-External Expert Administrative	10,445	8,870	**25,000**	28,152	113%	**33,151**	(8,151)
C/P Svcs-External Expert Examiners	0		**38,000**		0%	**0**	38,000
C/P Svcs-External Subject Matter	68,725	45,085	**0**	59,133	0%	**78,844**	(78,844)
ENFORCEMENT:							
Attorney General	152,182	100,449	**173,000**	161,532	93%	**205,376**	(32,376)
Office Admin. Hearings	14,423	14,343	**22,000**	24,743	112%	**32,991**	(10,991)
Court Reporters	1,258	679	**0**	594		**1,100**	(1,100)
Evidence/Witness Fees	7,050	4,750	**7,000**	10,164	145%	**13,552**	(6,552)
DOI - Investigations	283,575	210,969	**342,000**	256,500	75%	**342,000**	0
Major Equipment	3,860		**0**			**0**	0
Other - Clothing & Pers Supp	0		**0**			**0**	0
Special Items of Expense	0		**0**			**0**	0
Other (Vehicle Operations)	0		**15,000**			**0**	15,000
TOTALS, OE&E	1,137,873	830,726	**1,432,000**	1,043,395	73%	**1,366,634**	65,366
TOTAL EXPENSE	1,922,241	1,410,366	**2,236,000**	1,689,497	76%	**2,227,508**	8,492
Sched. Reimb. - Fingerprints	(18,326)	(11,270)	**(31,000)**	(16,856)	54%	**(31,000)**	0
Sched. Reimb. - Other	(4,465)	(3,290)	**(2,000)**	(5,170)	259%	**(2,000)**	0
Distributed			**0**				0
Unsched. Reimb. - Other	(9,011)	(7,393)	**0**	(20,743)			0
NET APPROPRIATION	1,890,439	1,388,413	**2,203,000**	1,646,728	75%	**2,194,508**	**8,492**
						SURPLUS/(DEFICIT):	**0.4%**

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Speech-Language Pathology & Audiology & Hearing Aid Dispensers Board

As of March 31, 2016

Licenses Issued

LICENSES ISSUED	FY10/11	FY11/12	FY12/13	FY13/14	FY14/15	FY15/16 QTR 1-3
AU	57	55	76	57	89	54
AUT	2	1	1	0	0	0
DAU	78	20	19	UA	UA	16
SLP	734	911	1056	974	1143	857
SPT	1	0	0	0	0	0
SLPA	312	346	407	325	550	455
RPE'S	513	667	727	702	836	677
AIDES	52	44	51	40	48	31
CPD PROVIDERS	15	16	9	15	17	15
HAD Permanent	50	91	84	49	92	102
HAD Trainees	77	94	95	139	145	138
HAD Licensed in Another State	12	6	7	5	9	12
HAD Branch Office	205	192	132	282	426	348
TOTAL LICENSES ISSUED	**2108**	**2443**	**2664**	**2588**	**3355**	**2705**

Licensing Population

POPULATION	FY10/11	FY11/12	FY12/13	FY13/14	FY14/15	AS OF 3/31/16
AU	622	595	609	UA	612	561
DAU	911	930	942	UA	988	1,037
Both License Types	1,533	1,525	1,551	1,555	1,600	1,598
AUT	0	0	0	0	0	0
SLP	11,349	12,020	12,696	13,285	13,967	14,411
SPT	0	0	0	0	0	0
SLPA	1,304	1,529	1,771	1,969	2,343	2,653
RPE'S	608	665	682	768	802	855
AIDES	215	181	120	119	124	123
HAD	932	938	946	913	948	960
HAD Trainees	83	97	95	145	160	155
HAD Licensed in Another State	12	6	9	8	7	16
HAD Branch Office	601	627	653	710	821	968
TOTAL LICENSEES	**18,170**	**19,113**	**20,074**	**19,472**	**20,772**	**21,739**

Speech-Language Pathology & Audiology & Hearing Aid Dispensers Board

Hearing Aid Dispensers Practical Examination

February 27, 2016

Candidate Type	Number of Candidates	Passed	%	Failed	%
Applicants with Supervision (Temporary License)					
HA	31	17	55%	14	45%
AU	6	4	50%	2	50%
RPE					
Aide					
Applicants Licensed in Another State (Temporary License)					
HA	2			2	100%
AU					
Applicants without Supervision					
HA	5	0	0%	5	100%
AU					
RPE					
	Total Number of Candidates	**Passed**	**%**	**Failed**	**%**
TOTAL:	44	21	48%	23	52%

Speech-Language Pathology & Audiology & Hearing Aid Dispensers Board

Hearing Aid Dispensers Practical Examination

April 2, 2016

Candidate Type	Number of Candidates	Passed	%	Failed	%
Applicants with Supervision (Temporary License)					
HA	26	16	62%	10	38%
AU	3	3	100%		
RPE					
Aide					
Applicants Licensed in Another State (Temporary License)					
HA	4	4	100%		
AU	1	1	100%		
Applicants without Supervision					
HA	4	4	100%		
AU	1	1	100%		
RPE					
	Total Number of Candidates	**Passed**	**%**	**Failed**	**%**
TOTAL:	39	29	74%	10	26%

Speech-Language Pathology Audiology Hearing Aid Dispensers Board

	FISCAL YEAR 2012 - 2013		FISCAL YEAR 2013 - 2014		FISCAL YEAR 2014 - 2015		2015 - 2016 Quarter 1-3	
COMPLAINTS AND CONVICTIONS	**HAD**	**SP/AU**	**HAD**	**SP/AU**	**HAD**	**SP/AU**	**HAD**	**SP/AU**
Complaints Received	71	28	86	41	56	41	62	36
Convictions Received	7	41	6	29	4	27	19	43
Average Days to Intake	1	2	2	2	31	31	2	2
Closed	103	87	104	69	107	46	86	103
Pending	111	29	100	30	55	56	49	36

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

	FISCAL YEAR 2012 - 2013		FISCAL YEAR 2013 - 2014		FISCAL YEAR 2014 - 2015		2015 - 2016 Quarter 1-3	
INVESTIGATIONS Desk	**HAD**	**SP/AU**	**HAD**	**SP/AU**	**HAD**	**SP/AU**	**HAD**	**SP/AU**
Assigned	98	69	91	68	59	64	81	79
Closed	91	80	84	63	89	41	84	97
Average Days to Complete	360	220	458	128	339	250	103	160
Pending	84	27	80	28	46	48	45	35

	FISCAL YEAR 2012 - 2013		FISCAL YEAR 2013 - 2014		FISCAL YEAR 2014 - 2015		2015 - 2016 Quarter 1-3	
INVESTIGATONS DOI	**HAD**	**SP/AU**	**HAD**	**SP/AU**	**HAD**	**SP/AU**	**HAD**	**SP/AU**
Assigned	25	0	12	5	2	3	0	2
Closed	6	6	20	5	15	2	2	6
Average Days to Complete	758	697	451	503	722	527	392	382
Pending	27	1	19	2	6	3	4	1

	FISCAL YEAR 2012 - 2013		FISCAL YEAR 2013 - 2014		FISCAL YEAR 2014 - 2015		2015 - 2016 Quarter 1-3	
ALL TYPES OF INVESTIGATGIONS	**HAD**	**SP/AU**	**HAD**	**SP/AU**	**HAD**	**SP/AU**	**HAD**	**SP/AU**
Closed Without Discipline	94	77	93	60	83	37	81	135
Cycle Time - No Discipline	383	243	470	152	347	234	78	135

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

	FISCAL YEAR 2012 - 2013		FISCAL YEAR 2013 - 2014		FISCAL YEAR 2014 - 2015		2015 - 2016 Quarter 1-3	
CITATIONS/Cease&Desist	**HAD**	**SP/AU**	**HAD**	**SP/AU**	**HAD**	**SP/AU**	**HAD**	**SP/AU**
Issued	6	3	7	3	3	8	4	5
Avg Days to Complete Cite	654	794	358	453	292	188	195	305
Cease & Desist Letter	26	0	9	0	5	1	0	1

ATTORNEY GENERAL CASES	FISCAL YEAR 2012 - 2013		FISCAL YEAR 2013 - 2014		FISCAL YEAR 2014 - 2015		2015 - 2016 Quarter 1-3	
	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU
Pending at the AG	12	12	9	13	17	13	18	18
Accusations Filed	1	3	3	6	5	6	7	10
SOI Withdrawn, Dismissed, Declined	0	0	0	0	0	0	0	0
Acc Withdrawn, Dismissed, Declined	0	4	2	1	1	1	1	0
Average Days to Discipline	606	1013	703	617	1336	234	749	542

Average number of days to complete the entire enforcement process for cases resulting in formal discipline. (Includes intake and investigation by the Board and prosecution by the AG.) DCA Performance Measure: Target 540 Days

ATTORNEY GENERAL TYPE OF PENALTIES	FISCAL YEAR 2012 - 2013		FISCAL YEAR 2013 - 2014		FISCAL YEAR 2014 - 2015		2015 - 2016 Quarter 1-3	
	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU
Probation		4	4		1	1	1	3
Surrender of License		1	1	1		1	1	1
Conditional License			1	3				
License Denied (SOI)	1							
Suspension & Probation								1
Revocation-No Stay of Order				1	1	3		2
Petition for Modification of Probation Withdrawn				1				1
Petition for Reinstatement Denied			1					

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

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2005 Evergreen Street, Suite 2100, Sacramento, CA 95815
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MEMORANDUM

DATE	May 3, 2016
TO	Speech Language Pathology and Audiology and Hearing Aid Dispensers Board
FROM	Paul Sanchez, Executive Officer
SUBJECT	**Division of Investigation (DOI)**

Division of Investigation Chief, David Chriss will be present to discuss the DOI's role in the Board's Enforcement program. Rex Cowart, Northern Commander and Stephanie Whitley, Supervising Investigator will also be present to answer questions from the Board.

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MEMORANDUM

DATE	February 4-5, 2016
TO	Speech Language Pathology and Audiology and Hearing Aid Dispensers Board
FROM	Patti Solomon-Rice, Vice Chair and Board Member
SUBJECT	**Discussion and Possible Action to Eliminate Speech Pathology Aide Designation**

Background Information

1) What are the current SLP aide regulations?

SLP Aide Regulations (Article 5, Sections 154 – 154.7)

- Section 1399.154 defines a speech-language pathology aide as a person who assists or facilitates an SLP and is registered by the supervisor with the board, which is approved by the board.
- Section 1399.154.1 describes the process for SLP registration of an SLP aide.
- Section 1399.154.2 states an SLP must be physically present when the aide is assisting with patients unless there is an alternative plan of supervision.
- Section 1399.154.3 states the maximum number of aides that can be supervised by an SLP.
- Section 1399.154.4 states the supervising SLP will instruct the aide in necessary skills, the aide must demonstrate his/her competences, and the supervising SLP must instruct the aide in limitations imposed by the duties.
- Sections 1399.154.5 – 1399.154-7 state regulations for notice of termination, noncompliance with this article, and that aide experience is not applicable to the qualifications for licensure regarding supervised clinical experience and required professional experience.

2) What are the current SLPA regulations?

SLPA Regulations (Article 12, Sections 170 – 170.19)

- Section 1399.170 defines a speech-language pathology assistant in great detail, including accountability of the SLPA, the type of supervision required, and who services can be provided to.
- Section 1399.170.1 describes the responsibilities, duties, and functions of the SLPA.
- Section 1399.170.2 describes the types of supervision required for duties performed by the SLPA.

- Section 1399.170.3 describes the activities, duties and functions outside of the scope of practice of an SLPA.
- Section 1399.170.4 describes the application for approval of SLPA training programs.
- Section 1399.170.5 describes the approval requirements for SLPA programs.
- Section 1399.170.6 describes the requirements of the sponsoring institution.
- Section 1399.170.7 describes the administration and organization of the SLPA program.
- Section 1399.170.8 describes the required field work experience to be a SLPA.
- Section 1399.170.9 describes site visit compliance for remaining a SLPA program.
- Section 1399.170.10 describes the required SLPA curriculum.
- Section 1399.170.11 describes the qualifications for registration as a SLPA.
- Section 1399.170.12 was deleted.
- Section 1399.170.13 describes the application and fees to be a SLPA.
- Section 1399.170.14 describes requirements for renewal of SLPA licensure.
- Section 1399.170.15 describes requirements for SLP supervision of SLPAs.
- Sections 1399.170.16 – 1399.170.18 describe the maximum number of support personnel supervised by an SLP, regulations addressing when a SLPA has more than one SLP supervisor, and regulations addressing a notice of termination by an SLP supervisor
- Section 1399.170.19 describes the actions that can result in discipline against an SLPA including denial of licensure or probation, suspension or termination of SLPA licensure.

What are SLP Aide issues of concern?

A. As can be seen by the above SLP aide regulations, there is no formal education, no licensure, no continuing education, and no disciplinary actions for maintaining registration as an SLP aide.
B. Alternatively, there are institutional educational requirements with an approval process for training SLPAs, licensure is required to be an SLPA, there are continuing education renewal requirements to maintain the SLPA license, and there are disciplinary actions that can impact obtaining and renewing SLPA licensure.
C. In FY 14/15 there were a total of 124 speech-language pathology and audiology aides registered with the licensing board; it is unknown what percentage were speech-language pathology aides.
D. Alternatively, in FY 14/15 there were a total of 2,343 SLPAs registered with the licensing board.

E. The SLP aide regulations are less stringent than the SLPA regulations as there are far fewer requirements in the areas of education, there are no licensure requirements, there are no continuing education requirements, and there are no disciplinary regulations that can impact SLP aide registration.
F. There are far fewer registered SLP aides in comparison to licensed SLPAs.

What are issues for discussion?

1) What are the advantages of having designations for both SLP aides and SLPAs?
2) What are the disadvantages of having designations for both SLP aides and SLPAs?
3) Do we need the SLP aide designation when there are minimal regulations addressing SLP aide education, no licensure, no continuing education and no disciplinary actions, and there are far fewer SLP aides registered?
4) Should the SLP aide designation be eliminated?
5) If we were to eliminate the SLP aide designation, what are the next steps?

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MEMORANDUM

DATE	May 3, 2016
TO	Speech Language Pathology and Audiology and Hearing Aid Dispensers Board
FROM	Paul Sanchez, Executive Officer
SUBJECT	**Foreign-Educated Speech-Language Pathologist Applicants and English Proficiency Test Requirements**

Patti Solomon-Rice will report on this item and hand carry background documents.

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MEMORANDUM

DATE	May 3, 2016
TO	Speech Language Pathology and Audiology and Hearing Aid Dispensers Board
FROM	Paul Sanchez, Executive Officer
SUBJECT	**Audiology Practice Committee Report**

Alison Grimes will provide an oral report on the May 12, 2016 Audiology Practice Committee Meeting.

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BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY
GOVERNOR

MEMORANDUM

DATE	May 2, 2016
TO	Speech Language Pathology and Audiology and Hearing Aid Dispensers Board
FROM	Paul Sanchez, Executive Officer
SUBJECT	**Legislation Update**

The following summary on legislation is provided for your information with assistance from DCA's Division of Legislative and Regulatory Review. In addition to the legislative bills specifically related to our Board, the Division tracks bills that impact all DCA Boards and Bureaus.

AB 1707 (Linder) Public records: response to request.
Location: Not heard – Assembly Committee on Local Government
Date of Hearing: No hearing scheduled
This bill would have required any agency that fulfills a Public Records Act request to provide the requesting party with a list of any records withheld and the applicable exemption from disclosure.

AB 1950 (Maienschein) Hearing aids: audio switch
Location: Assembly Committee on Business and Professions
Date of Hearing: No hearing scheduled
This bill would, on or after July 1, 2017, require a licensed hearing aid dispenser and licensed dispensing audiologist to, upon the sale of a hearing aid, provide the purchaser with a copy of a consumer hearing aid disclosure that this bill would require the board to develop and make available on its website before July 1, 2017.

AB 2317 (Mullin) California State University: Doctor of Audiology degrees
Location: Assembly Committee on Appropriations
Date of Hearing: May 4, 2016
This bill would authorize the California State University to award the Doctor of Audiology degree; would require the degree to be distinguished from doctoral degree programs at the University of California; and would require that the degree be focused on preparing audiologists to provide health care services and be consistent with the standards for accreditation set forth by the Council on Academic Accreditation in Audiology and Speech-Language Pathology.

AB 2606 (Grove) Crimes against children, elders, dependent adults, and persons with disabilities.
Location: Assembly Committee on Appropriations
Date of Hearing: No hearing scheduled
This bill would require, if a law enforcement agency receives a report or if a law enforcement officer makes a report, that a person who holds a state professional or occupational credential, license, or permit that allows the person to provide services to children, elders, dependent adults, or persons with disabilities is *alleged* to have committed one or more of specified crimes, the law enforcement agency to promptly send a copy of the report to the state licensing agency that issued the credential, license, or permit.

AB 2701 (Jones) Department of Consumer Affairs: boards: training requirements.
Location: Not heard – Committee on Business and Professions
Date of Hearing: No hearing scheduled
This bill would have required all newly appointed members of programs within the Department of Consumer Affairs to complete training that includes information about the Bagley-Keene Open Meeting Act, the Administrative Procedure Act, the Office of Administrative Law, and the Department's Conflict of Interest Code.

AB 2859 (Low) Professions and vocations: retired category: licenses.
Location: Assembly Floor, Third Reading File, Consent Calendar
Date of Hearing: May 2, 2016
This bill would allow all programs within the Department to establish, by regulation, a system to issue retired licenses, with specific limitations.

SB 1033 (Hill) Medical Board: disclosure of probationary status.
Location: Senate Committee on Appropriations
Date of Hearing: No hearing scheduled
This bill would require physicians, doctors of osteopathic medicine, doctors of podiatric medicine, chiropractors, acupuncturists, and doctors of naturopathic medicine to disclose their probationary status on a standardized document to patients prior to a medical appointment or visit. This bill would require the licensee to obtain verification that patients were notified of the licensee's probationary status. Finally, this bill would exempt a licensee from this requirement if the patient is unable to comprehend the disclosure or sign an acknowledgement of receipt when a guardian or health care surrogate is unavailable.

SB 1155 (Morrell) Professions and vocations: licenses: military service.
Location: Senate Committee on Appropriations, Suspense file
Date of Hearing: No hearing scheduled
This bill would require every program within the Department of Consumer Affairs to waive application and initial license fees for veterans who have been honorably discharged from the California National Guard or United States Armed Forces. *This bill has been sent to the Senate Appropriations Suspense File, which will likely be heard on May 23, 2016.*

SB 1195 (Hill) Professions and vocations: board actions: competitive impact.
Location: Senate Committee on Appropriations
Date of Hearing: No hearing scheduled
This bill would do the following: 1) authorize the Department's Director to review a decision or other action of a board within the Department to determine whether it unreasonably restrains trade and to approve, disapprove, or modify the board decision or action, as specified; 2) allow the Director to veto a regulatory package for anticompetitive impacts; 3) provide state indemnification for liability of board members for antitrust violations; 4) require boards to include information regarding anticompetitive impacts in their regulatory packages; 5) add competitive impact as an additional standard for the Office of Administrative Law to review; 6) prohibit the Board of Registered Nursing from employing an executive officer that is a Board licensee; 7) extend the effective date of the Veterinary Medical Board to January 1, 2021; 8) allow drug compounding; 9) authorize a university license type; and 10) prohibit premise registration after five years of nonrenewal among other technical changes.

ACTION REQUESTED

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

California LEGISLATIVE INFORMATION

AB-1950 Hearing aids: audio switch. (2015-2016)

Senate:

Assembly: 1st Cmt 2nd Cmt

Bill Status	
Measure:	AB-1950
Lead Authors:	Maienschein (A)
Principal Coauthors:	-
Coauthors:	Harper (A) , Mullin (A)
Topic:	Hearing aids: audio switch.
31st Day in Print:	03/17/16
Title:	An act ~~to amend Section 2539.49 of, and to add Section 2539.3 to,~~ *add Sections 2538.58 and 2539.3 to* the Business and Professions Code, relating to hearing aids.
House Location:	Assembly
Last Amended Date:	04/25/16
Committee Location:	Asm Appropriations

Type of Measure
Active Bill - In Committee Process
Majority Vote Required
Non-Appropriation
Fiscal Committee
State-Mandated Local Program
Non-Urgency
Non-Tax levy

Last 5 History Actions	
Date	**Action**
04/26/16	Re-referred to Com. on APPR.
04/25/16	Read second time and amended.
04/21/16	From committee: Amend, and do pass as amended and re-refer to Com. on APPR. (Ayes 16. Noes 0.) (April 19).
02/25/16	Referred to Com. on B. & P.
02/16/16	From printer. May be heard in committee March 17.

California LEGISLATIVE INFORMATION

AB-1950 Hearing aids: audio switch. (2015-2016)

AMENDED IN ASSEMBLY APRIL 25, 2016

CALIFORNIA LEGISLATURE— 2015–2016 REGULAR SESSION

ASSEMBLY BILL **No. 1950**

Introduced by Assembly Member Maienschein
(Coauthors: Assembly Members Harper and Mullin)

February 12, 2016

An act to ~~amend Section 2538.49 of, and to add Section 2539.3 to,~~ *add Sections 2538.58 and 2539.3 to* the Business and Professions Code, relating to hearing aids.

LEGISLATIVE COUNSEL'S DIGEST

AB 1950, as amended, Maienschein. Hearing aids: audio switch.

Existing law, the Speech-Language Pathologists and Audiologists and Hearing Aid Dispensers Licensure Act, regulates the licensure of hearing aid dispensers and dispensing audiologists by the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board. The act makes it unlawful for a licensed hearing aid dispenser to fit or sell a hearing aid unless he or she first, among other duties, provides the purchaser with specified information. Existing law requires a licensed dispensing audiologist to, upon the consummation of a sale of a hearing aid, deliver to the purchaser a written receipt, containing specified information. Existing law makes the violation of these provisions a misdemeanor.

This bill ~~would make it unlawful for a licensed hearing aid dispenser to fit or sell a hearing aid unless first informing the purchaser of an audio switch, which may be referred to as a telecoil, t-coil, or t-switch, that increases access to a telephone and provides noninvasive access to assistive listening systems that are compliant with the Americans with Disabilities Act of 1990.~~ *would, on and after July 1, 2017, require a licensed hearing aid dispenser to, upon the sale of a hearing aid, provide the purchaser with a copy of a consumer hearing aid disclosure that this bill would require the board to develop and make available on its Internet Web site before July 1, 2017.* The bill would require a licensed dispensing audiologist to do the same. By creating new requirements, the violation of which would be a crime, this bill would impose ~~a state mandated~~ *state-mandated* local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority Appropriation: no Fiscal Committee: yes Local Program: yes

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. *Section 2538.58 is added to the Business and Professions Code, to read:*

2538.58. *(a) On and after July 1, 2017, a licensed hearing aid dispenser shall, upon the sale of a hearing aid, provide the purchaser with a copy of the consumer hearing aid disclosure made available by the board pursuant to this section.*

(b) (1) Before July 1, 2017, the board shall develop and make available on its Internet Web site a consumer hearing aid disclosure that provides information for the benefit of hearing aid purchasers, including, but not limited to, information on a telecoil, t-coil, or t-switch. While developing the consumer hearing aid disclosure, the board may solicit and receive public comments.

(2) The board shall update the consumer hearing aid disclosure as often as it deems necessary.

~~SECTION 1.Section 2538.49 of the Business and Professions Code is amended to read:~~

~~2538.49.It is unlawful for a licensed hearing aid dispenser to fit or sell a hearing aid unless he or she first does all of the following:~~

~~(a)Complies with all state laws and regulations relating to the fitting or selling of hearing aids.~~

~~(b)Conducts a direct observation of the purchaser's ear canals.~~

~~(c)Informs the purchaser of the address and office hours at which the licensee shall be available for fitting or postfitting adjustments and servicing of the hearing aid or aids sold.~~

~~(d)Informs the purchaser of an audio switch, which may be referred to as a telecoil, t-coil, or t-switch, that increases access to a telephone and provides noninvasive access to assistive listening systems that are compliant with the Americans with Disabilities Act of 1990 (P.L. 101-336).~~

SEC. 2. Section 2539.3 is added to the Business and Professions Code, to read:

2539.3. ~~A~~ *On and after July 1, 2017, a* icensed dispensing audiologist shall~~, prior to fitting or selling a hearing aid, inform the purchaser of an audio switch, which may be referred to as a telecoil, t-coil, or t-switch, that increases access to a telephone and provides noninvasive access to assistive listening systems that are compliant with the Americans with Disabilities Act of 1990 (P.L. 101-336).~~ *upon the sale of a hearing aid, provide the purchaser with a copy of the consumer hearing aid disclosure made available by the board pursuant to Section 2538.58.*

SEC. 3. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.

California LEGISLATIVE INFORMATION

AB-2317 California State University: Doctor of Audiology degrees. (2015-2016)

Senate:

Assembly: 1st Cmt

Bill Status	
Measure:	AB-2317
Lead Authors:	Mullin (A)
Principal Coauthors:	-
Coauthors:	-
Topic:	California State University: Doctor of Audiology degrees.
31st Day in Print:	03/20/16
Title:	An act to add Article 4.6 (commencing with Section 66041) to Chapter 2 of Part 40 of Division 5 of Title 3 of the Education Code, relating to public postsecondary education.
House Location:	Assembly
Introduced Date:	02/18/16
Committee Location:	Asm Appropriations
Committee Hearing Date:	05/04/16

Type of Measure
Active Bill - In Committee Process
Majority Vote Required
Non-Appropriation
Fiscal Committee
Non-State-Mandated Local Program
Non-Urgency
Non-Tax levy

Last 5 History Actions	
Date	**Action**
04/20/16	From committee: Do pass and re-refer to Com. on APPR. (Ayes 13. Noes 0.) (April 19). Re-referred to Com. on APPR.
03/03/16	Referred to Com. on HIGHER ED.
02/19/16	From printer. May be heard in committee March 20.
02/18/16	Read first time. To print.

California LEGISLATIVE INFORMATION

AB-2317 California State University: Doctor of Audiology degrees. (2015-2016)

CALIFORNIA LEGISLATURE— 2015–2016 REGULAR SESSION

ASSEMBLY BILL **No. 2317**

Introduced by Assembly Member Mullin

February 18, 2016

An act to add Article 4.6 (commencing with Section 66041) to Chapter 2 of Part 40 of Division 5 of Title 3 of the Education Code, relating to public postsecondary education.

LEGISLATIVE COUNSEL'S DIGEST

AB 2317, as introduced, Mullin. California State University: Doctor of Audiology degrees.

Existing law, known as the Donahoe Higher Education Act, sets forth, among other things, the missions and functions of California's public and independent segments of higher education, and their respective institutions of higher education. Provisions of the act do not apply to the University of California unless the regents of the university act, by resolution, to make them applicable.

Among other things, the act provides that the University of California has exclusive jurisdiction in public higher education to award the doctoral degree in all fields of learning, except that it may agree with the California State University to award joint doctoral degrees in selected fields. With respect to doctoral degrees, the act limits the California State University to awarding these degrees jointly with the University of California, as described above, or, with the approval of the California Postsecondary Education Commission, jointly with independent institutions of higher education.

This bill would instead authorize the California State University to award the Doctor of Audiology degree. The bill would require the degree to be distinguished from doctoral degree programs at the University of California. The bill would require that the degree be focused on preparing audiologists to provide health care services and be consistent with the standards for accreditation set forth by the Council on Academic Accreditation in Audiology and Speech-Language Pathology. The bill would require that each student in the programs authorized by the bill be charged fees no higher than the rate charged for students in state-supported programs in audiology at the University of California.

Vote: majority Appropriation: no Fiscal Committee: yes Local Program: no

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. Article 4.6 (commencing with Section 66041) is added to Chapter 2 of Part 40 of Division 5 of Title 3 of the Education Code, to read:

Article 4.6. Doctoral Programs in Audiology

66041. (a) The Legislature finds and declares both of the following:

(1) Since its adoption in 1960, the Master Plan for Higher Education has served to create the largest and most distinguished higher education system in the nation. A key component of the Master Plan for Higher Education is the differentiation of mission and function, whereby doctoral and identified professional programs are limited to the University of California, with the provision that the California State University can provide doctoral education in joint doctoral programs with the University of California and independent California colleges and universities. The differentiation of function has allowed California to provide universal access to postsecondary education while preserving quality.

(2) Because of the need to prepare and educate increased numbers of audiologists, the State of California is granting the California State University authority to offer the Doctor of Audiology degree as an exception to the differentiation of function in graduate education that assigns sole authority among the California higher education segments to the University of California for awarding doctoral degrees independently. This exception to the Master Plan for Higher Education recognizes the distinctive strengths and respective missions of the California State University and the University of California.

(b) Pursuant to subdivision (a), and notwithstanding Section 66010.4, in order to meet specific audiology education needs in California, the California State University may award the Doctor of Audiology (Au.D.) degree. The authority to award degrees granted by this article is limited to the discipline of audiology. The Doctor of Audiology degree offered by the California State University shall be distinguished from doctoral degree programs at the University of California.

66041.1. In implementing Section 66041, the California State University shall comply with all of the following requirements:

(a) Funding on a per full-time equivalent student (FTES) basis for each new student in these degree programs shall be from within the California State University's enrollment growth levels as agreed to in the annual Budget Act. Enrollments in these programs shall not alter the California State University's ratio of graduate instruction to total enrollment, and shall not diminish enrollment growth in university undergraduate programs. Funding provided from the state for each FTES shall be at the agreed-upon marginal cost calculation that the California State University receives.

(b) The Doctor of Audiology (Au.D.) degree offered by the California State University shall be focused on preparing audiologists to provide health care services and shall be consistent with the standards for accreditation set forth by the Council on Academic Accreditation in Audiology and Speech-Language Pathology.

(c) Each student in the programs authorized by this article shall be charged fees no higher than the rate charged for students in state-supported doctoral degree programs in audiology at the University of California, including joint Au.D. programs of the California State University and the University of California.

(d) The California State University shall provide any startup funding needed for the programs authorized by this article from within existing budgets for academic programs support, without diminishing the quality of program support offered to California State University undergraduate programs. Funding of these programs shall not result in reduced undergraduate enrollments at the California State University.

California LEGISLATIVE INFORMATION

AB-2606 Crimes against children, elders, dependent adults, and persons with disabilities. (2015-2016)

Senate:

Assembly: Int 1st Cmt

Bill Status	
Measure:	AB-2606
Lead Authors:	Grove (A)
Principal Coauthors:	-
Coauthors:	-
Topic:	Crimes against children, elders, dependent adults, and persons with disabilities.
31st Day in Print:	03/22/16
Title:	An act to add Chapter 14 (commencing with Section 368.7) to Title 9 of Part 1 of the Penal Code, relating to crimes.
House Location:	Assembly
Introduced Date:	02/19/16
Committee Location:	Asm Appropriations

Type of Measure
Active Bill - In Committee Process
Majority Vote Required
Non-Appropriation
Fiscal Committee
State-Mandated Local Program
Non-Urgency
Non-Tax levy

Last 5 History Actions	
Date	**Action**
04/21/16	From committee: Do pass and re-refer to Com. on APPR. (Ayes 4. Noes 2.) (April 20). Re-referred to Com. on APPR.
04/12/16	In committee: Set, first hearing. Failed passage. Reconsideration granted.
03/10/16	Referred to Com. on PUB. S.
02/22/16	Read first time.
02/21/16	From printer. May be heard in committee March 22.

California LEGISLATIVE INFORMATION

AB-2606 Crimes against children, elders, dependent adults, and persons with disabilities. (2015-2016)

CALIFORNIA LEGISLATURE— 2015–2016 REGULAR SESSION

ASSEMBLY BILL **No. 2606**

Introduced by Assembly Member Grove

February 19, 2016

An act to add Chapter 14 (commencing with Section 368.7) to Title 9 of Part 1 of the Penal Code, relating to crimes.

LEGISLATIVE COUNSEL'S DIGEST

AB 2606, as introduced, Grove. Crimes against children, elders, dependent adults, and persons with disabilities.

The Child Abuse and Neglect Reporting Act requires a law enforcement agency that receives a report of child abuse to report to an appropriate licensing agency every known or suspected instance of child abuse or neglect that occurs while the child is being cared for in a child day care facility or community care facility or that involves a licensed staff person of the facility.

Existing law proscribes the commission of certain crimes against elders and dependent adults, including, but not limited to, inflicting upon an elder or dependent adult unjustifiable physical pain or mental suffering, as specified. Existing law proscribes the commission of a hate crime, as defined, against certain categories of persons, including disabled persons.

Existing law provides for the licensure of various healing arts professionals, and specifies that the commission of any act of sexual abuse, misconduct, or relations with a patient, client, or customer constitutes unprofessional conduct and grounds for disciplinary action against the licensee. Existing law also establishes that the crime of sexual exploitation by a physician and surgeon, psychotherapist, or alcohol and drug abuse counselor has occurred when the licensee engages in specified sexual acts with a patient, client, or former patient or client.

This bill would require, if a law enforcement agency receives a report, or if a law enforcement officer makes a report, that a person who holds a state professional or occupational credential, license, or permit that allows the person to provide services to children, elders, dependent adults, or persons with disabilities is alleged to have committed one or more of specified crimes, the law enforcement agency to promptly send a copy of the report to the state licensing agency that issued the credential, license, or permit. By imposing additional duties on law enforcement agencies, this bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to these statutory provisions.

Vote: majority Appropriation: no Fiscal Committee: yes Local Program: yes

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. Chapter 14 (commencing with Section 368.7) is added to Title 9 of Part 1 of the Penal Code, to read:

CHAPTER 14. Reporting Crimes Against Children, Elders, Dependent Adults, and Persons with Disabilities

368.7. If a law enforcement agency receives a report, or if a law enforcement officer makes a report, that a person who holds a state professional or occupational credential, license, or permit that allows the person to provide services to children, elders, dependent adults, or persons with disabilities is alleged to have committed one or more of the crimes described in subdivisions (a) to (f), inclusive, the law enforcement agency shall promptly send a copy of the report to the state agency that issued the credential, license, or permit.

(a) Sexual exploitation by a physician and surgeon, psychotherapist, or drug or alcohol abuse counselor, as described in Section 729 of the Business and Professions Code.

(b) Rape or other crimes described in Chapter 1 (commencing with Section 261).

(c) Elder or dependent adult abuse, failure to report elder or dependent adult abuse, interfering with a report of elder or dependent adult abuse or other crimes, as described in Chapter 13.

(d) A hate crime motivated by antidisability bias, as described in Chapter 1 (commencing with Section 422.55) of Title 11.6.

(e) Sexual abuse, as defined in Section 11165.1.

(f) Child abuse, failure to report child abuse, or interfering with a report of child abuse.

SEC. 2. If the Commission on State Mandates determines that this act contains costs mandated by the state, reimbursement to local agencies and school districts for those costs shall be made pursuant to Part 7 (commencing with Section 17500) of Division 4 of Title 2 of the Government Code.

California LEGISLATIVE INFORMATION

AB-2859 Professions and vocations: retired category: licenses. (2015-2016)

Senate:

Assembly: Int 1st Cmt 2nd

Bill Status	
Measure:	AB-2859
Lead Authors:	Low (A)
Principal Coauthors:	-
Coauthors:	-
Topic:	Professions and vocations: retired category: licenses.
31st Day in Print:	03/22/16
Title:	An act to add Section 463 to the Business and Professions Code, relating to professions and vocations.
House Location:	Assembly
Introduced Date:	02/19/16

Type of Measure
Active Bill - In Floor Process
Majority Vote Required
Non-Appropriation
Fiscal Committee
Non-State-Mandated Local Program
Non-Urgency
Non-Tax levy

Last 5 History Actions	
Date	**Action**
04/28/16	Read second time. Ordered to Consent Calendar.
04/27/16	From committee: Do pass. To Consent Calendar. (Ayes 19. Noes 0.) (April 27).
04/12/16	From committee: Do pass and re-refer to Com. on APPR. with recommendation: To Consent Calendar. (Ayes 16. Noes 0.) (April 12). Re-referred to Com. on APPR.
03/14/16	Referred to Com. on B. & P.
02/22/16	Read first time.

Daily File Status		
File	**File Date**	**Item**
Asm Consent Calendar 2nd Day-Asm Bills	05-03-2016	108

California LEGISLATIVE INFORMATION

AB-2859 Professions and vocations: retired category: licenses. (2015-2016)

CALIFORNIA LEGISLATURE— 2015–2016 REGULAR SESSION

ASSEMBLY BILL **No. 2859**

Introduced by Assembly Member Low

February 19, 2016

An act to add Section 463 to the Business and Professions Code, relating to professions and vocations.

LEGISLATIVE COUNSEL'S DIGEST

AB 2859, as introduced, Low. Professions and vocations: retired category: licenses.

Existing law provides for numerous boards, bureaus, commissions, or programs within the Department of Consumer Affairs that administer the licensing and regulation of various businesses and professions. Existing law authorizes any of the boards, bureaus, commissions, or programs within the department, except as specified, to establish by regulation a system for an inactive category of license for persons who are not actively engaged in the practice of their profession or vocation. Under existing law, the holder of an inactive license is prohibited from engaging in any activity for which a license is required. Existing law defines "board" for these purposes to include, unless expressly provided otherwise, a bureau, commission, committee, department, division, examining committee, program, and agency.

This bill would additionally authorize any of the boards, bureaus, commissions, or programs within the department to establish by regulation a system for a retired category of license for persons who are not actively engaged in the practice of their profession or vocation, and would prohibit the holder of a retired license from engaging in any activity for which a license is required, unless regulation specifies the criteria for a retired licensee to practice his or her profession. The bill would authorize a board upon its own determination, and would require a board upon receipt of a complaint from any person, to investigate the actions of any licensee, including, among others, a person with a license that is retired or inactive.

Vote: majority Appropriation: no Fiscal Committee: yes Local Program: no

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. Section 463 is added to the Business and Professions Code, to read:

463. (a) Any of the boards, bureaus, commissions, or programs within the department may establish, by regulation, a system for a retired category of licensure for persons who are not actively engaged in the practice of their profession or vocation.

(b) The regulation shall contain the following:

(1) The holder of a retired license issued pursuant to this section shall not engage in any activity for which a license is required, unless the board, by regulation, specifies the criteria for a retired licensee to practice his or her profession or vocation.

(2) The holder of a retired license shall not be required to renew that license.

(3) In order for the holder of a retired license issued pursuant to this section to restore his or her license to an active status, the holder of that license shall meet all the following:

(A) Pay a fee established by statute or regulation.

(B) Certify, in a manner satisfactory to the board, that he or she has not committed an act or crime constituting grounds for denial of licensure.

(C) Comply with the fingerprint submission requirements established by regulation.

(D) If the board requires completion of continuing education for renewal of an active license, complete continuing education equivalent to that required for renewal of an active license, unless a different requirement is specified by the board.

(E) Complete any other requirements as specified by the board by regulation.

(c) A board may upon its own determination, and shall upon receipt of a complaint from any person, investigate the actions of any licensee, including a person with a license that either restricts or prohibits the practice of that person in his or her profession or vocation, including, but not limited to, a license that is retired, inactive, canceled, revoked, or suspended.

California LEGISLATIVE INFORMATION

SB-1033 Medical Board: disclosure of probationary status. (2015-2016)

Senate: 1st Cmt

Assembly:

Bill Status	
Measure:	SB-1033
Lead Authors:	Hill (S)
Principal Coauthors:	-
Coauthors:	-
Topic:	Medical Board: disclosure of probationary status.
31st Day in Print:	03/17/16
Title:	An act to amend Sections 803.1, 2027, ~~and 2228 of~~ *2221, 2221.05, 2228, and 3663 of, and to add Sections 1006 and 4962 to,* the Business and Professions Code, relating to healing arts.
House Location:	Senate
Last Amended Date:	03/17/16
Committee Location:	Sen Appropriations

Type of Measure
Active Bill - In Committee Process
Majority Vote Required
Non-Appropriation
Fiscal Committee
Non-State-Mandated Local Program
Non-Urgency
Non-Tax levy

Last 5 History Actions	
Date	**Action**
04/25/16	May 2 set for second hearing canceled at the request of author.
04/22/16	Set for hearing May 2.
04/20/16	April 25 set for first hearing canceled at the request of author.
04/15/16	Set for hearing April 25.
04/12/16	From committee: Do pass and re-refer to Com. on APPR. (Ayes 7. Noes 0. Page 3491.) (April 11). Re-referred to Com. on APPR.

California LEGISLATIVE INFORMATION

SB-1033 Medical Board: disclosure of probationary status. (2015-2016)

AMENDED IN SENATE MARCH 17, 2016

CALIFORNIA LEGISLATURE— 2015–2016 REGULAR SESSION

SENATE BILL **No. 1033**

Introduced by Senator Hill

February 12, 2016

An act to amend Sections 803.1, 2027, ~~and 2228 of~~ *2221, 2221.05, 2228, and 3663 of, and to add Sections 1006 and 4962 to,* the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

SB 1033, as amended, Hill. Medical Board: disclosure of probationary status.

Existing law, the Medical Practice Act, establishes the Medical Board of California for the licensing, regulation, and discipline of physicians and surgeons. *Existing law establishes the California Board of Podiatric Medicine within the Medical Board of California for the licensing, regulation, and discipline of podiatrists. Existing law, the Osteopathic Act, enacted by an initiative measure, establishes the Osteopathic Medical Board of California for the licensing and regulation of osteopathic physicians and surgeons and requires the Osteopathic Medical Board of California to enforce the Medical Practice Act with respect to its licensees. Existing law, the Naturopathic Doctors Act, establishes the Naturopathic Medicine Committee in the Osteopathic Medical Board of California for the licensing and regulation of naturopathic doctors. Existing law, the Chiropractic Act, enacted by an initiative measure, establishes the State Board of Chiropractic Examiners for the licensing and regulation of chiropractors. Existing law, the Acupuncture Licensure Act, establishes the Acupuncture Board for the licensing and regulation of acupuncturists.* Existing law authorizes ~~the board~~ *each of these regulatory agencies* to discipline ~~a physician or a surgeon~~ *its licensee* by placing her or him on ~~probation, which may include requiring the physician or surgeon to complete specified trainings, examinations, or community service or restricting the extent, scope, or type of practice,~~ *probation,* as specified.

This bill would require ~~the board~~ *these regulatory entities* to require ~~a physician or surgeon~~ *licensee* to disclose *on a separate document* her or his probationary status to ~~patients before each~~ *a patient, the patient's guardian, or the health care surrogate prior to the patient's first* visit *following the probationary order* while the ~~physician or surgeon~~ *licensee* is on probation under specified circumstances, including ~~the board~~ *an accusation alleging, a statement of issues indicating, or an administrative law judge's legal conclusion* finding the ~~physician or surgeon~~ *licensee* committed gross negligence or the ~~physician or surgeon~~ *licensee* having been on probation ~~repeatedly,~~ *more than once,* among others. The bill would require the ~~board, by July 1, 2018, to adopt related regulations that include requiring the physician or surgeon~~ *licensee* to obtain from the patient a signed receipt containing specified information following the disclosure. *The bill would exempt a licensee from disclosing her or his probationary status prior to a visit or treatment if the patient is unable to comprehend the disclosure or sign an*

acknowledgment and a guardian or health care surrogate is unavailable. The bill would require in that instance that the doctor disclose his or her status as soon as either the patient can comprehend and sign the receipt or a guardian or health care surrogate is available to comprehend the disclosure and sign the receipt.

Existing law requires the ~~board~~ *Medical Board of California, the Osteopathic Medical Board of California, and the California Board of Podiatric Medicine* to disclose to an inquiring member of the public and to post on ~~its~~ *their* Internet Web ~~site~~ *sites* specified information concerning each ~~physician and surgeon,~~ *licensee* including revocations, suspensions, probations, or limitations on practice.

~~This~~

The bill would require ~~the board,~~ *the Medical Board of California, the Osteopathic Medical Board of California, the California Board of Podiatric Medicine, the State Board of Chiropractic Examiners, the Naturopathic Medicine Committee, and the Acupuncture Board* by July 1, 2018, to ~~include in each order of probation a written summary containing specified information~~ *develop a standardized format for listing specified information related to the probation* and to ~~include the summary in the disclosure~~ *provide that information* to an inquiring member of the public, on any ~~board~~ documents informing the public of probation orders, and on a specified profile ~~web~~ *Internet Web* page of each ~~physician and surgeon~~ *licensee* subject to ~~probation.~~ *probation, as specified.*

Vote: majority Appropriation: no Fiscal Committee: yes Local Program: no

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. Section 803.1 of the Business and Professions Code is amended to read:

803.1. (a) Notwithstanding any other provision of law, the Medical Board of California, the Osteopathic Medical Board of California, the California Board of Podiatric Medicine, and the Physician Assistant Board shall disclose to an inquiring member of the public information regarding any enforcement actions taken against a licensee, including a former licensee, by the board or by another state or jurisdiction, including all of the following:

(1) Temporary restraining orders issued.

(2) Interim suspension orders issued.

(3) Revocations, suspensions, probations, or limitations on practice ordered by the board, including those made part of a probationary order or stipulated agreement.

(4) Public letters of reprimand issued.

(5) Infractions, citations, or fines imposed.

(b) Notwithstanding any other provision of law, in addition to the information provided in subdivision (a), the Medical Board of California, the Osteopathic Medical Board of California, the California Board of Podiatric Medicine, and the Physician Assistant Board shall disclose to an inquiring member of the public all of the following:

(1) Civil judgments in any amount, whether or not vacated by a settlement after entry of the judgment, that were not reversed on appeal and arbitration awards in any amount of a claim or action for damages for death or personal injury caused by the physician and surgeon's negligence, error, or omission in practice, or by his or her rendering of unauthorized professional services.

(2) (A) All settlements in the possession, custody, or control of the board shall be disclosed for a licensee in the low-risk category if there are three or more settlements for that licensee within the last 10 years, except for settlements by a licensee regardless of the amount paid where (i) the settlement is made as a part of the settlement of a class claim, (ii) the licensee paid in settlement of the class claim the same amount as the other licensees in the same class or similarly situated licensees in the same class, and (iii) the settlement was paid in the context of a case where the complaint that alleged class liability on behalf of the licensee also alleged a products liability class action cause of action. All settlements in the possession, custody, or control of the board shall be disclosed for a licensee in the high-risk category if there are four or more settlements for that licensee within the last 10 years except for settlements by a licensee regardless of the amount paid where (i) the settlement is made as a part of the settlement of a class claim, (ii) the licensee paid in settlement of the class claim the same amount as the other licensees in the same class or similarly situated licensees in the same class, and (iii) the settlement was paid in the context of a case where the complaint that alleged class liability on behalf of the licensee also alleged a products liability class action cause of action. Classification of a licensee

in either a "high-risk category" or a "low-risk category" depends upon the specialty or subspecialty practiced by the licensee and the designation assigned to that specialty or subspecialty by the Medical Board of California, as described in subdivision (f). For the purposes of this paragraph, "settlement" means a settlement of an action described in paragraph (1) entered into by the licensee on or after January 1, 2003, in an amount of thirty thousand dollars ($30,000) or more.

(B) The board shall not disclose the actual dollar amount of a settlement but shall put the number and amount of the settlement in context by doing the following:

(i) Comparing the settlement amount to the experience of other licensees within the same specialty or subspecialty, indicating if it is below average, average, or above average for the most recent 10-year period.

(ii) Reporting the number of years the licensee has been in practice.

(iii) Reporting the total number of licensees in that specialty or subspecialty, the number of those who have entered into a settlement agreement, and the percentage that number represents of the total number of licensees in the specialty or subspecialty.

(3) Current American Board of Medical Specialties certification or board equivalent as certified by the Medical Board of California, the Osteopathic Medical Board of California, or the California Board of Podiatric Medicine.

(4) Approved postgraduate training.

(5) Status of the license of a licensee. By January 1, 2004, the Medical Board of California, the Osteopathic Medical Board of California, and the California Board of Podiatric Medicine shall adopt regulations defining the status of a licensee. The board shall employ this definition when disclosing the status of a licensee pursuant to Section 2027. By July 1, 2018, the Medical Board of ~~California~~ *California, the Osteopathic Medical Board of California, and the California Board of Podiatric Medicine* shall include the ~~summary of each probation order as written pursuant to~~ *information described in* subdivision ~~(e)~~ *(f)* of Section 2228.

(6) Any summaries of hospital disciplinary actions that result in the termination or revocation of a licensee's staff privileges for medical disciplinary cause or reason, unless a court finds, in a final judgment, that the peer review resulting in the disciplinary action was conducted in bad faith and the licensee notifies the board of that finding. In addition, any exculpatory or explanatory statements submitted by the licentiate electronically pursuant to subdivision (f) of that section shall be disclosed. For purposes of this paragraph, "peer review" has the same meaning as defined in Section 805.

(c) Notwithstanding any other provision of law, the Medical Board of California, the Osteopathic Medical Board of California, the California Board of Podiatric Medicine, and the Physician Assistant Board shall disclose to an inquiring member of the public information received regarding felony convictions of a physician and surgeon or doctor of podiatric medicine.

(d) The Medical Board of California, the Osteopathic Medical Board of California, the California Board of Podiatric Medicine, and the Physician Assistant Board may formulate appropriate disclaimers or explanatory statements to be included with any information released, and may by regulation establish categories of information that need not be disclosed to an inquiring member of the public because that information is unreliable or not sufficiently related to the licensee's professional practice. The Medical Board of California, the Osteopathic Medical Board of California, the California Board of Podiatric Medicine, and the Physician Assistant Board shall include the following statement when disclosing information concerning a settlement:

"Some studies have shown that there is no significant correlation between malpractice history and a doctor's competence. At the same time, the State of California believes that consumers should have access to malpractice information. In these profiles, the State of California has given you information about both the malpractice settlement history for the doctor's specialty and the doctor's history of settlement payments only if in the last 10 years, the doctor, if in a low-risk specialty, has three or more settlements or the doctor, if in a high-risk specialty, has four or more settlements. The State of California has excluded some class action lawsuits because those cases are commonly related to systems issues such as product liability, rather than questions of individual professional competence and because they are brought on a class basis where the economic incentive for settlement is great. The State of California has placed payment amounts into three statistical categories: below average, average, and above average compared to others in the doctor's specialty. To make the best health care decisions, you should view this information in perspective. You could miss an opportunity for high-quality care by selecting a doctor based solely on malpractice history.

When considering malpractice data, please keep in mind:

Malpractice histories tend to vary by specialty. Some specialties are more likely than others to be the subject of litigation. This report compares doctors only to the members of their specialty, not to all doctors, in order to make an individual doctor's history more meaningful.

This report reflects data only for settlements made on or after January 1, 2003. Moreover, it includes information concerning those settlements for a 10-year period only. Therefore, you should know that a doctor may have made settlements in the 10 years immediately preceding January 1, 2003, that are not included in this report. After January 1, 2013, for doctors practicing less than 10 years, the data covers their total years of practice. You should take into account the effective date of settlement disclosure as well as how long the doctor has been in practice when considering malpractice averages.

The incident causing the malpractice claim may have happened years before a payment is finally made. Sometimes, it takes a long time for a malpractice lawsuit to settle. Some doctors work primarily with high-risk patients. These doctors may have malpractice settlement histories that are higher than average because they specialize in cases or patients who are at very high risk for problems.

Settlement of a claim may occur for a variety of reasons that do not necessarily reflect negatively on the professional competence or conduct of the doctor. A payment in settlement of a medical malpractice action or claim should not be construed as creating a presumption that medical malpractice has occurred.

You may wish to discuss information in this report and the general issue of malpractice with your doctor."

(e) The Medical Board of California, the Osteopathic Medical Board of California, the California Board of Podiatric Medicine, and the Physician Assistant Board shall, by regulation, develop standard terminology that accurately describes the different types of disciplinary filings and actions to take against a licensee as described in paragraphs (1) to (5), inclusive, of subdivision (a). In providing the public with information about a licensee via the Internet pursuant to Section 2027, the Medical Board of California, the Osteopathic Medical Board of California, the California Board of Podiatric Medicine, and the Physician Assistant Board shall not use the terms "enforcement," "discipline," or similar language implying a sanction unless the physician and surgeon has been the subject of one of the actions described in paragraphs (1) to (5), inclusive, of subdivision (a).

(f) The Medical Board of California shall adopt regulations no later than July 1, 2003, designating each specialty and subspecialty practice area as either high risk or low risk. In promulgating these regulations, the board shall consult with commercial underwriters of medical malpractice insurance companies, health care systems that self-insure physicians and surgeons, and representatives of the California medical specialty societies. The board shall utilize the carriers' statewide data to establish the two risk categories and the averages required by subparagraph (B) of paragraph (2) of subdivision (b). Prior to issuing regulations, the board shall convene public meetings with the medical malpractice carriers, self-insurers, and specialty representatives.

(g) The Medical Board of California, the Osteopathic Medical Board of California, the California Board of Podiatric Medicine, *and* the Physician Assistant Board shall provide each licensee, including a former licensee under subdivision (a), with a copy of the text of any proposed public disclosure authorized by this section prior to release of the disclosure to the public. The licensee shall have 10 working days from the date the board provides the copy of the proposed public disclosure to propose corrections of factual inaccuracies. Nothing in this section shall prevent the board from disclosing information to the public prior to the expiration of the 10-day period.

(h) Pursuant to subparagraph (A) of paragraph (2) of subdivision (b), the specialty or subspecialty information required by this section shall group physicians by specialty board recognized pursuant to paragraph (5) of subdivision (h) of Section 651 unless a different grouping would be more valid and the board, in its statement of reasons for its regulations, explains why the validity of the grouping would be more valid.

(i) By July 1, 2018, the ~~board~~ *Medical Board of California, the Osteopathic Medical Board of California, and the California Board of Podiatric Medicine* shall include ~~each licensee's probation summary written pursuant to subdivision (c)~~ *the information listed in subdivision (f)* of Section 2228 on any board documents informing the public of probation ~~orders,~~ *orders and probationary licenses,* including, but not limited to, newsletters.

SEC. 2. *Section 1006 is added to the Business and Professions Code, to read:*

1006. *(a) Except as provided by subdivision (c), the State Board of Chiropractic Examiners shall require a licensee to disclose on a separate document her or his probationary status to a patient, the patient's guardian, or health care surrogate prior to the patient's first visit following the probationary order while the licensee is on probation in any of the following circumstances:*

(1) The accusation alleges, the statement of issues indicates, or the legal conclusions of an administrative law judge find that the licensee is implicated in any of the following:

(A) Gross negligence.

(B) Repeated negligent acts involving a departure from the standard of care with multiple patients.

(C) Repeated acts of inappropriate and excessive prescribing of controlled substances, including, but not limited to, prescribing controlled substances without appropriate prior examination or without medical reason documented in medical records.

(D) Drug or alcohol abuse that threatens to impair a licensee's ability to practice medicine safely, including practicing under the influence of drugs or alcohol.

(E) Felony conviction arising from or occurring during patient care or treatment.

(F) Mental illness or other cognitive impairment that impedes a licensee's ability to safely practice medicine.

(2) The board ordered any of the following in conjunction with placing the licensee on probation:

(A) That a third-party chaperone be present when the licensee examines patients as a result of sexual misconduct.

(B) That the licensee submit to drug testing as a result of drug or alcohol abuse.

(C) That the licensee have a monitor.

(D) Restricting the licensee totally or partially from prescribing controlled substances.

(3) The licensee has not successfully completed a clinical training program or any associated examinations required by the board as a condition of probation.

(4) The licensee has been on probation more than once.

(b) The licensee shall obtain from each patient a signed receipt following the disclosure that includes a written explanation of how the patient can find further information on the licensee's probation on the board's Internet Web site.

(c) The licensee shall not be required to provide the disclosure prior to the visit as required by subdivision (a) if the patient is unconscious or otherwise unable to comprehend the disclosure and sign the receipt pursuant to subdivision (b) and a guardian or health care surrogate is unavailable to comprehend the disclosure and sign the receipt. In that instance, the licensee shall disclose her or his status as soon as either the patient can comprehend the disclosure and sign the receipt or a guardian or health care surrogate is available to comprehend the disclosure and sign the receipt.

(d) By July 1, 2018, the board shall develop a standardized format for listing the following information pursuant to subdivision (e):

(1) The listing of the causes for probation alleged in the accusation, the statement of issues, or the legal conclusions of an administrative law judge.

(2) The length of the probation and the end date.

(3) All practice restrictions placed on the licencee by the committee.

(e) By July 1, 2018, the board shall provide the information listed in subdivision (d) as follows:

(1) To an inquiring member of the public.

(2) On any board documents informing the public of probation orders and probationary licenses, including, but not limited to, newsletters.

(3) Upon availability of a licensee's BreEZe profile Internet Web page on the BreEZe system pursuant to Section 210, in plain view on the BreEZe profile Internet Web page of a licensee subject to probation or a probationary license.

~~**SEC. 2.**~~***SEC. 3.*** Section 2027 of the Business and Professions Code is amended to read:

2027. (a) The board shall post on its Internet Web site the following information on the current status of the license for all current and former licensees:

(1) Whether or not the licensee is presently in good standing.

(2) Current American Board of Medical Specialties certification or board equivalent as certified by the board.

(3) Any of the following enforcement actions or proceedings to which the licensee is actively subjected:

(A) Temporary restraining orders.

(B) Interim suspension orders.

(C) (i) Revocations, suspensions, probations, or limitations on practice ordered by the board or the board of another state or jurisdiction, including those made part of a probationary order or stipulated agreement.

(ii) By July 1, 2018, the ~~board~~ *board, the Osteopathic Medical Board of California, and the California Board of Podiatric Medicine* shall include, in plain view on the BreEZe profile ~~web~~ *Internet Web* page of each licensee subject to ~~probation, the summary of each probation order as written pursuant to~~ *probation or a probationary license, the information described in* subdivision ~~(e)~~ *(f)* of Section 2228. For purposes of this subparagraph, a BreEZe profile ~~web~~ *Internet Web* page is a profile ~~web~~ *Internet Web* page on the BreEZe system pursuant to Section 210.

(D) Current accusations filed by the Attorney General, including those accusations that are on appeal. For purposes of this paragraph, "current accusation" means an accusation that has not been dismissed, withdrawn, or settled, and has not been finally decided upon by an administrative law judge and the board unless an appeal of that decision is pending.

(E) Citations issued that have not been resolved or appealed within 30 days.

(b) The board shall post on its Internet Web site all of the following historical information in its possession, custody, or control regarding all current and former licensees:

(1) Approved postgraduate training.

(2) Any final revocations and suspensions, or other equivalent actions, taken against the licensee by the board or the board of another state or jurisdiction or the surrender of a license by the licensee in relation to a disciplinary action or investigation, including the operative accusation resulting in the license surrender or discipline by the board.

(3) Probation or other equivalent action ordered by the board, or the board of another state or jurisdiction, completed or terminated, including the operative accusation resulting in the discipline by the board.

(4) Any felony convictions. Upon receipt of a certified copy of an expungement order granted pursuant to Section 1203.4 of the Penal Code from a licensee, the board shall, within six months of receipt of the expungement order, post notification of the expungement order and the date thereof on its Internet Web site.

(5) Misdemeanor convictions resulting in a disciplinary action or accusation that is not subsequently withdrawn or dismissed. Upon receipt of a certified copy of an expungement order granted pursuant to Section 1203.4 of the Penal Code from a licensee, the board shall, within six months of receipt of the expungement order, post notification of the expungement order and the date thereof on its Internet Web site.

(6) Civil judgments issued in any amount, whether or not vacated by a settlement after entry of the judgment, that were not reversed on appeal, and arbitration awards issued in any amount, for a claim or action for damages for death or personal injury caused by the physician and surgeon's negligence, error, or omission in practice, or by his or her rendering of unauthorized professional services.

(7) Except as provided in subparagraphs (A) and (B), a summary of any final hospital disciplinary actions that resulted in the termination or revocation of a licensee's hospital staff privileges for a medical disciplinary cause or reason. The posting shall provide any additional explanatory or exculpatory information submitted by the licensee pursuant to subdivision (f) of Section 805. The board shall also post on its Internet Web site a factsheet that explains and provides information on the reporting requirements under Section 805.

(A) If a licensee's hospital staff privileges are restored and the licensee notifies the board of the restoration, the information pertaining to the termination or revocation of those privileges shall remain posted on the Internet

Web site for a period of 10 years from the restoration date of the privileges, and at the end of that period shall be removed.

(B) If a court finds, in a final judgment, that peer review resulting in a hospital disciplinary action was conducted in bad faith and the licensee notifies the board of that finding, the information concerning that hospital disciplinary action posted on the Internet Web site shall be immediately removed. For purposes of this subparagraph, "peer review" has the same meaning as defined in Section 805.

(8) Public letters of reprimand issued within the past 10 years by the board or the board of another state or jurisdiction, including the operative accusation, if any, resulting in discipline by the board.

(9) Citations issued within the last three years that have been resolved by payment of the administrative fine or compliance with the order of abatement.

(10) All settlements within the last five years in the possession, custody, or control of the board shall be disclosed for a licensee in the low-risk category if there are three or more settlements for that licensee within the last five years, and for a licensee in the high-risk category if there are four or more settlements for that licensee within the last five years. Classification of a licensee in either a "high-risk category" or a "low-risk" category depends upon the specialty or subspecialty practiced by the licensee and the designation assigned to that specialty or subspecialty by the board pursuant to subdivision (f) of Section 803.1.

(A) For the purposes of this paragraph, "settlement" means a settlement in an amount of thirty thousand dollars ($30,000) or more of any claim or action for damages for death or personal injury caused by the physician and surgeon's negligence, error, or omission in practice, or by his or her rendering of unauthorized professional services.

(B) For the purposes of this paragraph, "settlement" does not include a settlement by a licensee, regardless of the amount paid, when (i) the settlement is made as a part of the settlement of a class claim, (ii) the amount paid in settlement of the class claim is the same amount paid by the other licensees in the same class or similarly situated licensees in the same class, and (iii) the settlement was paid in the context of a case for which the complaint that alleged class liability on behalf of the licensee also alleged a products liability class action cause of action.

(C) The board shall not disclose the actual dollar amount of a settlement, but shall disclose settlement information in the same manner and with the same disclosures required under subparagraph (B) of paragraph (2) of subdivision (b) of Section 803.1.

(11) Appropriate disclaimers and explanatory statements to accompany the information described in paragraphs (1) to (10), inclusive, including an explanation of what types of information are not disclosed. These disclaimers and statements shall be developed by the board and shall be adopted by regulation.

(c) The board shall provide links to other Internet Web sites that provide information on board certifications that meet the requirements of subdivision (h) of Section 651. The board may also provide links to any other Internet Web sites that provide information on the affiliations of licensed physicians and surgeons. The board may provide links to other Internet Web sites on the Internet that provide information on health care service plans, health insurers, hospitals, or other facilities.

SEC. 4. *Section 2221 of the Business and Professions Code is amended to read:*

2221. (a) The board may deny a physician's and surgeon's certificate to an applicant guilty of unprofessional conduct or of any cause that would subject a licensee to revocation or suspension of his or her ~~license; or, the~~ *license.*

(b) The board in its sole discretion, may issue a probationary physician's and surgeon's certificate to an applicant subject to terms and conditions, including, but not limited to, any of the following conditions of probation:

(1) Practice limited to a supervised, structured environment where the licensee's activities shall be supervised by another physician and surgeon.

(2) Total or partial restrictions on drug prescribing privileges for controlled substances.

(3) Continuing medical or psychiatric treatment.

(4) Ongoing participation in a specified rehabilitation program.

(5) Enrollment and successful completion of a clinical training program.

(6) Abstention from the use of alcohol or drugs.

(7) Restrictions against engaging in certain types of medical practice.

(8) Compliance with all provisions of this chapter.

(9) Payment of the cost of probation monitoring.

(10) Disclosing probationary license status to patients, pursuant to subdivision (b) of Section 2228.

~~(b)~~

(c) The board may modify or terminate the terms and conditions imposed on the probationary certificate upon receipt of a petition from the *licensee; however, the provisions of subdivision (b) of Section 2228 are mandatory with any probationary* licensee. The board may assign the petition to an administrative law judge designated in Section 11371 of the Government Code. After a hearing on the petition, the administrative law judge shall provide a proposed decision to the board.

~~(c)~~

(d) The board shall deny a physician's and surgeon's certificate to an applicant who is required to register pursuant to Section 290 of the Penal Code. This subdivision does not apply to an applicant who is required to register as a sex offender pursuant to Section 290 of the Penal Code solely because of a misdemeanor conviction under Section 314 of the Penal Code.

~~(d)~~

(e) An applicant shall not be eligible to reapply for a physician's and surgeon's certificate for a minimum of three years from the effective date of the denial of his or her application, except that the board may, in its discretion and for good cause demonstrated, permit reapplication after not less than one year has elapsed from the effective date of the denial.

SEC. 5. *Section 2221.05 of the Business and Professions Code is amended to read:*

2221.05. (a) Notwithstanding ~~subdivision~~ *subdivisions* (a) *and (b)* of Section 2221, the board may issue a physician's and surgeon's certificate to an applicant who has committed minor violations that the board deems, in its discretion, do not merit the denial of a certificate or require probationary status under Section 2221, and may concurrently issue a public letter of reprimand.

(b) A public letter of reprimand issued concurrently with a physician's and surgeon's certificate shall be purged three years from the date of issuance.

(c) A public letter of reprimand issued pursuant to this section shall be disclosed to an inquiring member of the public and shall be posted on the board's Internet Web site.

(d) Nothing in this section shall be construed to affect the board's authority to issue an unrestricted license.

~~**SEC. 3.**~~***SEC. 6.*** Section 2228 of the Business and Professions Code is amended to read:

2228. (a) The authority of the board or the California Board of Podiatric Medicine to discipline a licensee by placing him or her on probation includes, but is not limited to, the following:

(1) Requiring the licensee to obtain additional professional training and to pass an examination upon the completion of the training. The examination may be written or oral, or both, and may be a practical or clinical examination, or both, at the option of the board or the administrative law judge.

(2) Requiring the licensee to submit to a complete diagnostic examination by one or more physicians and surgeons appointed by the board. If an examination is ordered, the board shall receive and consider any other report of a complete diagnostic examination given by one or more physicians and surgeons of the licensee's choice.

(3) Restricting or limiting the extent, scope, or type of practice of the licensee, including requiring notice to applicable patients that the licensee is unable to perform the indicated treatment, where appropriate.

(4) Providing the option of alternative community service in cases other than violations relating to quality of care.

(b) The ~~board~~ *board or the California Board of Podiatric Medicine* shall require a licensee to disclose *on a separate document* her or his probationary status to ~~patients before each visit~~ *a patient, the patient's guardian, or health care surrogate prior to the patient's first visit following the probationary order* while the licensee is on probation in any of the following circumstances:

(1) The ~~board made a finding in the probation order~~ *accusation alleges, the statement of issues indicates, or the legal conclusions of an administrative law judge finds* that the licensee ~~committed~~ *is implicated in* any of the following:

(A) Gross negligence.

(B) Repeated negligent acts involving a departure from the standard of care with multiple patients.

(C) Repeated acts of inappropriate and excessive prescribing of controlled substances, including, but not limited to, prescribing controlled substances without appropriate prior examination or without medical reason documented in medical records.

(D) Drug or alcohol abuse that threatens to impair a licensee's ability to practice medicine safely, including practicing under the influence of drugs or alcohol.

(E) Felony conviction arising from or occurring during patient care or treatment.

(F) Mental illness or other cognitive impairment that impedes a licensee's ability to safely practice medicine.

(2) The board ordered any of the following in conjunction with placing the licensee on probation:

(A) That ~~a third party~~ *third-party* chaperone be present when the licensee examines patients as a result of sexual misconduct.

(B) That the licensee submit to drug testing as a result of drug or alcohol abuse.

(C) That the licensee have a monitor.

(D) Restricting totally or partially the licensee from prescribing controlled substances.

~~(E)Suspending the licensee from practice in cases related to quality of care.~~

(3) The licensee has not successfully completed a clinical training program or any associated examinations required by the board as a condition of probation.

(4) The licensee has been on probation ~~repeatedly.~~ *more than once.*

(c) The ~~board shall adopt regulations by July 1, 2018~~, to implement subdivision (b). The ~~board shall include in these regulations a requirement that the~~ licensee *shall* obtain from each patient a signed receipt following the disclosure that includes a written explanation of how the patient can find further information on the licensee's ~~discipline~~ *probation* on the board's Internet Web site.

(d) A licensee shall not be required to provide the disclosure prior to a visit as required by subdivision (b) if the patient is unconscious or otherwise unable to comprehend the disclosure and sign the receipt pursuant to subdivision (c) and a guardian or health care surrogate is unavailable to comprehend the disclosure and sign the receipt. In that instance, the licensee shall disclose her or his status as soon as either the patient can comprehend the disclosure and sign the receipt or a guardian or health care surrogate is available to comprehend the disclosure and sign the receipt.

~~(d)~~

(e) Section 2314 shall not apply to subdivision ~~(b) or (c).~~ *(b), (c), or (d).*

~~(e)~~

(f) By July 1, 2018, the board shall ~~include, in the first section of each order of probation, a standardized, single paragraph, plain language summary that contains the accusations that led to the licensee's probation, the~~ *develop a standardized format for listing the following information pursuant to paragraph (5) of subdivision (b) of Section 803.1, subdivision (i) of Section 803.1, and clause (ii) of subparagraph (C) of paragraph (1) of subdivision (a) of Section 2027:*

(1) The listing of the causes for probation alleged in the accusation, the statement of issues, or the legal conclusions of an administrative law judge.

(2) The length of the probation and the end-date~~,~~ and all *date.*

(3) All practice restrictions placed on the licensee by the board.

SEC. 7. *Section 3663 of the Business and Professions Code is amended to read:*

3663. (a) The committee shall have the responsibility for reviewing the quality of the practice of naturopathic medicine carried out by persons licensed as naturopathic doctors pursuant to this chapter.

(b) The committee may discipline a naturopathic doctor for unprofessional conduct. After a hearing conducted in accordance with the Administrative Procedure Act (Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code), the committee may deny, suspend, revoke, or place on probation the license of, or reprimand, censure, or otherwise discipline a naturopathic doctor in accordance with Division 1.5 (commencing with Section 475).

(c) Except as provided by subdivision (e), the committee shall require a naturopathic doctor to disclose on a separate document her or his probationary status to a patient, the patient's guardian, or health care surrogate prior to the patient's first visit following the probationary order while the naturopathic doctor is on probation in any of the following circumstances:

(1) The accusation alleges, the statement of issues indicates, or the legal conclusions of an administrative law judge find that the naturopathic doctor is implicated in any of the following:

(A) Gross negligence.

(B) Repeated negligent acts involving a departure from the standard of care with multiple patients.

(C) Repeated acts of inappropriate and excessive prescribing of controlled substances, including, but not limited to, prescribing controlled substances without appropriate prior examination or without medical reason documented in medical records.

(D) Drug or alcohol abuse that threatens to impair a naturopathic doctor's ability to practice medicine safely, including practicing under the influence of drugs or alcohol.

(E) Felony conviction arising from or occurring during patient care or treatment.

(F) Mental illness or other cognitive impairment that impedes a naturopathic doctor's ability to safely practice medicine.

(2) The committee ordered any of the following in conjunction with placing the naturopathic doctor on probation:

(A) That a third-party chaperone be present when the naturopathic doctor examines patients as a result of sexual misconduct.

(B) That the naturopathic doctor submit to drug testing as a result of drug or alcohol abuse.

(C) That the naturopathic doctor have a monitor.

(D) Restricting the naturopathic doctor totally or partially from prescribing controlled substances.

(3) The naturopathic doctor has not successfully completed a clinical training program or any associated examinations required by the committee as a condition of probation.

(4) The naturopathic doctor has been on probation more than once.

(d) The naturopathic doctor shall obtain from each patient a signed receipt following the disclosure that includes a written explanation of how the patient can find further information on the naturopathic doctor's probation on the committee's Internet Web site.

(e) The naturopathic doctor shall not be required to provide the disclosure prior to the visit as required by subdivision (c) if the patient is unconscious or otherwise unable to comprehend the disclosure or sign the receipt pursuant to subdivision (d) and a guardian or health care surrogate is unavailable to comprehend the disclosure or sign the receipt. In such an instance, the naturopathic doctor shall disclose her or his status as

soon as either the patient can comprehend the disclosure and sign the receipt or a guardian or health care surrogate is available to comprehend the disclosure and sign the receipt.

(f) By July 1, 2018, the committee shall develop a standardized format for listing the following information pursuant to:

(1) The listing of the causes for probation alleged in the accusation, the statement of issues, or the legal conclusions of an administrative law judge.

(2) The length of the probation and the end date.

(3) All practice restrictions placed on the naturopathic doctor by the committee.

(g) By July 1, 2018, the committee shall provide the information listed in subdivision (f) as follows:

(1) To an inquiring member of the public.

(2) On any committee documents informing the public of probation orders and probationary licenses, including, but not limited to, newsletters.

(3) In plain view on the BreEZe profile Internet Web page of a naturopathic doctor subject to probation or a probationary license.

SEC. 8. *Section 4962 is added to the Business and Professions Code, to read:*

4962. *(a) Except as provided by subdivision (c), the board shall require a licensee to disclose on a separate document her or his probationary status to a patient, the patient's guardian, or health care surrogate prior to the patient's first visit following the probationary order while the licensee is on probation in any of the following circumstances:*

(1) The accusation alleges, the statement of issues indicates, or the legal conclusions of an administrative law judge find that the licensee is implicated in any of the following:

(A) Gross negligence.

(B) Repeated negligent acts involving a departure from the standard of care with multiple patients.

(C) Drug or alcohol abuse that threatens to impair a licensee's ability to practice acupuncture safely, including practicing under the influence of drugs or alcohol.

(D) Felony conviction arising from or occurring during patient care or treatment.

(E) Mental illness or other cognitive impairment that impedes a licensee's ability to safely practice acupuncture.

(2) The board ordered any of the following in conjunction with placing the licensee on probation:

(A) That a third-party chaperone be present when the licensee examines patients as a result of sexual misconduct.

(B) That the licensee submit to drug testing as a result of drug or alcohol abuse.

(C) That the licensee have a monitor.

(3) The licensee has not successfully completed a training program or any associated examinations required by the board as a condition of probation.

(4) The licensee has been on probation more than once.

(b) The licensee shall obtain from each patient a signed receipt following the disclosure that includes a written explanation of how the patient can find further information on the licensee's probation on the board's Internet Web site.

(c) The licensee shall not be required to provide the disclosure prior to the visit as required by subdivision (a) if the patient is unconscious or otherwise unable to comprehend the disclosure or sign the receipt pursuant to subdivision (b) and a guardian or health care surrogate is unavailable to comprehend the disclosure or sign the receipt. In such an instance, the licensee shall disclose her or his status as soon as either the patient can comprehend the disclosure and sign the receipt or a guardian or health care surrogate is available to comprehend the disclosure and sign the receipt.

(d) Section 4935 shall not apply to subdivision (a) or (b).

(e) By July 1, 2018, the committee shall develop a standardized format for listing the following information pursuant to subdivision (f):

(1) The listing of the causes for probation alleged in the accusation, the statement of issues, or the legal conclusions of an administrative law judge.

(2) The length of the probation and the end date.

(3) All practice restrictions placed on the licencee by the committee.

(f) By July 1, 2018, the board shall provide the information listed in subdivision (e) as follows:

(1) To an inquiring member of the public.

(2) On any board documents informing the public of probation orders and probationary licenses, including, but not limited to, newsletters.

(3) Upon availability of a licensee's BreEZe profile Internet Web page on the BreEZe system pursuant to Section 210, in plain view on the BreEZe profile Internet Web page of a licensee subject to probation or a probationary license.

California LEGISLATIVE INFORMATION

SB-1155 Professions and vocations: licenses: military service. (2015-2016)

Senate: 1st Cmt
Assembly:

Bill Status	
Measure:	SB-1155
Lead Authors:	Morrell (S)
Principal Coauthors:	-
Coauthors:	-
Topic:	Professions and vocations: licenses: military service.
31st Day in Print:	03/20/16
Title:	An act to add Section 114.6 to the Business and Professions Code, relating to professions and vocations.
House Location:	Senate
Last Amended Date:	03/28/16
Committee Location:	Sen Appropriations
Committee Action Date:	04/25/16
Committee Motion:	Placed on suspense file
Committee Vote Result:	(PASS) »» Ayes: 7; Noes: 0; Abstain: 0;

Type of Measure
Active Bill - In Committee Process
Majority Vote Required
Non-Appropriation
Fiscal Committee
Non-State-Mandated Local Program
Non-Urgency
Non-Tax levy

Last 5 History Actions	
Date	**Action**
04/25/16	April 25 hearing: Placed on APPR. suspense file.
04/15/16	Set for hearing April 25.
04/13/16	From committee: Do pass and re-refer to Com. on APPR. (Ayes 5. Noes 0. Page 3523.) (April 12). Re-referred to Com. on APPR.
04/06/16	Set for hearing April 12.
04/05/16	From committee: Do pass and re-refer to Com. on V.A. (Ayes 9. Noes 0. Page 3377.) (April 4). Re-referred to Com. on V.A.

California LEGISLATIVE INFORMATION

SB-1155 Professions and vocations: licenses: military service. (2015-2016)

AMENDED IN SENATE MARCH 28, 2016

CALIFORNIA LEGISLATURE—2015-2016 REGULAR SESSION

SENATE BILL **No. 1155**

Introduced by Senator Morrell

February 18, 2016

An act to add Section 114.6 to the Business and Professions Code, relating to professions and vocations.

LEGISLATIVE COUNSEL'S DIGEST

SB 1155, as amended, Morrell. Professions and vocations: licenses: military service.

Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs. Existing law authorizes any licensee whose license expired while he or she was on active duty as a member of the California National Guard or the United States Armed Forces to reinstate his or her license without examination or penalty if certain requirements are met. Existing law also requires the boards to waive the renewal fees, continuing education requirements, and other renewal requirements, if applicable, of any licensee or registrant called to active duty as a member of the United States Armed Forces or the California National Guard, if certain requirements are met. Existing law requires each board to inquire in every application if the individual applying for licensure is serving in, or has previously served in, the military. Existing law, on and after July 1, 2016, requires a board within the Department of Consumer Affairs to expedite, and authorizes a board to assist, the initial licensure process for an applicant who has served as an active duty member of the Armed Forces ~~of the~~ United States *Armed Forces* and was honorably discharged.

This bill would require ~~the Department of Consumer Affairs, in consultation with the Department of Veterans Affairs and the Military Department, to establish and maintain a program that grants~~ *every board within the Department of Consumer Affairs to grant* a fee waiver for the application for and the issuance of an initial license to an individual who is an honorably discharged veteran, as specified.

Vote: majority Appropriation: no Fiscal Committee: yes Local Program: no

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. Section 114.6 is added to the Business and Professions Code, to read:

114.6. ~~The Department of Consumer Affairs, in consultation with the Department of Veterans Affairs and the Military Department, shall establish and maintain a program that grants~~ *Notwithstanding any other provision of*

law, every board within the department shall grant a fee waiver for the application for and issuance of a license to an individual who is an honorably discharged veteran who served as an active duty member of the California National Guard or the United States Armed Forces. Under this program, all of the following app.y:

(a) ~~The Department of Consumer Affairs shall grant only one fee waiver to a veteran.~~ *A veteran shall be granted only one fee waiver.*

(b) The fee waiver shall apply only to an application of and a license issued to an individual veteran and not to an application of or a license issued to a business or other entity.

(c) A waiver shall not be issued for a renewal of a license or for the application for and issuance of a license other than one initial license.

California LEGISLATIVE INFORMATION

SB-1195 Professions and vocations: board actions: competitive impact. (2015-2016)

Senate: 1st Cmt

Assembly:

Bill Status	
Measure:	SB-1195
Lead Authors:	Hill (S)
Principal Coauthors:	-
Coauthors:	-
Topic:	Professions and vocations: board actions: competitive impact.
31st Day in Print:	03/20/16
Title:	An act to amend Sections ~~4800 and 4804.5 of~~ *109, 116, 153, 307, 313.1, 2708, 4800, 4804.5, 4825.1, 4830, and 4846.5 of, and to add Sections 4826.3, 4826.5, 4826.7, 4848.1, and 4853.7 to,* the Business and Professions Code, *and to amend Sections 825, 11346.5, 11349, and 11349.1 of the Government Code,* relating to ~~healing arts.~~ *professional regulation, and making an appropriation therefor.*
House Location:	Senate
Last Amended Date:	04/06/16
Committee Location:	Sen Appropriations

Type of Measure
Active Bill - In Committee Process
Majority Vote Required
Appropriation
Fiscal Committee
State-Mandated Local Program
Non-Urgency
Non-Tax levy

Last 5 History Actions	
Date	**Action**
04/19/16	From committee: Do pass and re-refer to Com. on APPR. (Ayes 6. Noes 0. Page 3592.) (April 18). Re-referred to Com. on APPR.
04/06/16	From committee with author's amendments. Read second time and amended. Re-referred to Com. on B., P. & E.D.
03/29/16	Set for hearing April 18.
03/03/16	Referred to Com. on B., P. & E.D.
02/19/16	From printer. May be acted upon on or after March 20.

California LEGISLATIVE INFORMATION

SB-1195 Professions and vocations: board actions: competitive impact. (2015-2016)

AMENDED IN SENATE APRIL 06, 2016

CALIFORNIA LEGISLATURE— 2015–2016 REGULAR SESSION

SENATE BILL **No. 1195**

Introduced by Senator Hill

February 18, 2016

An act to amend Sections ~~4800 and 4804.5 of~~ *109, 116, 153, 307, 313.1, 2708, 4800, 4804.5, 4825.1, 4830, and 4846.5 of, and to add Sections 4826.3, 4826.5, 4826.7, 4848.1, and 4853.7 to,* the Business and Professions Code, *and to amend Sections 825, 11346.5, 11349, and 11349.1 of the Government Code,* relating to ~~healing arts.~~ *professional regulation, and making an appropriation therefor.*

LEGISLATIVE COUNSEL'S DIGEST

SB 1195, as amended, Hill. ~~Veterinary Medical Board: executive officer.~~ *Professions and vocations: board actions: competitive impact.*

(1) Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs, and authorizes those boards to adopt regulations to enforce the laws pertaining to the profession and vocation for which they have jurisdiction. Existing law makes decisions of any board within the department pertaining to setting standards, conducting examinations, passing candidates, and revoking licenses final, except as specified, and provides that those decisions are not subject to review by the Director of Consumer Affairs. Existing law authorizes the director to audit and review certain inquiries and complaints regarding licensees, including the dismissal of a disciplinary case. Existing law requires the director to annually report to the chairpersons of certain committees of the Legislature information regarding findings from any audit, review, or monitoring and evaluation. Existing law authorizes the director to contract for services of experts and consultants where necessary. Existing law requires regulations, except those pertaining to examinations and qualifications for licensure and fee changes proposed or promulgated by a board within the department, to comply with certain requirements before the regulation or fee change can take effect, including that the director is required to be notified of the rule or regulation and given 30 days to disapprove the regulation. Existing law prohibits a rule or regulation that is disapproved by the director from having any force or effect, unless the director's disapproval is overridden by a unanimous vote of the members of the board, as specified.

This bill would instead authorize the director, upon his or her own initiative, and require the director, upon the request of a consumer or licensee, to review a decision or other action, except as specified, of a board within the department to determine whether it unreasonably restrains trade and to approve, disapprove, or modify the board decision or action, as specified. The bill would require the director to post on the department's Internet

Web site his or her final written decision and the reasons for the decision within 90 days from receipt of the request of a consumer or licensee. The bill would, commencing on March 1, 2017, require the director to annually report to the chairs of specified committees of the Legislature information regarding the director's disapprovals, modifications, or findings from any audit, review, or monitoring and evaluation. The bill would authorize the director to seek, designate, employ, or contract for the services of independent antitrust experts for purposes of reviewing board actions for unreasonable restraints on trade. The bill would also require the director to review and approve any regulation promulgated by a board within the department, as specified. The bill would authorize the director to modify any regulation as a condition of approval, and to disapprove a regulation because it would have an impermissible anticompetitive effect. The bill would prohibit any rule or regulation from having any force or effect if the director does not approve the regulation because it has an impermissible anticompetitive effect.

(2) Existing law, until January 1, 2018, provides for the licensure and regulation of registered nurses by the Board of Registered Nursing, which is within the Department of Consumer Affairs, and requires the board to appoint an executive officer who is a nurse currently licensed by the board.

This bill would instead prohibit the executive officer from being a licensee of the board.

~~The~~

(3) The Veterinary Medicine Practice Act provides for the licensure and registration of veterinarians and registered veterinary technicians and the regulation of the practice of veterinary medicine by the Veterinary Medical Board, which is within the Department of Consumer Affairs, and authorizes the board to appoint an executive officer, as specified. Existing law repeals the provisions establishing the board and authorizing the board to appoint an executive officer as of January 1, 2017. *That act exempts certain persons from the requirements of the act, including a veterinarian employed by the University of California or the Western University of Health Sciences while engaged in the performance of specified duties. That act requires all premises where veterinary medicine, dentistry, and surgery is being practiced to register with the board. That act requires all fees collected on behalf of the board to be deposited into the Veterinary Medical Board Contingent Fund, which continuously appropriates fees deposited into the fund. That act makes a violation of any provision of the act punishable as a misdemeanor.*

This bill would extend the operation of the board and the authorization of the board to appoint an executive officer to January 1, 2021. *The bill would authorize a veterinarian and registered veterinary technician who is under the direct supervision of a veterinarian with a current and active license to compound a drug for anesthesia, the prevention, cure, or relief of a wound, fracture, bodily injury, or disease of an animal in a premises currently and actively registered with the board, as specified. The bill would authorize the California State Board of Pharmacy and the board to ensure compliance with these requirements. The bill would instead require veterinarians engaged in the practice of veterinary medicine employed by the University of California or by the Western University of Health Sciences while engaged in the performance of specified duties to be licensed as a veterinarian in the state or hold a university license issued by the board. The bill would require an applicant for a university license to meet certain requirements, including that the applicant passes a specified exam. The bill would also prohibit a premise registration that is not renewed within 5 years after its expiration from being renewed, restored, reissued, or reinstated; however, the bill would authorize a new premise registration to be issued to an applicant if no fact, circumstance, or condition exists that would justify the revocation or suspension of the registration if the registration was issued and if specified fees are paid. By requiring additional persons to be licensed and pay certain fees that would go into a continuously appropriated fund, this bill would make an appropriation. By requiring additional persons to be licensed under the act that were previously exempt, this bill would expand the definition of an existing crime and would, therefore, result in a state-mandated local program.*

(4) Existing law, except as provided, requires a public entity to pay any judgment or any compromise or settlement of a claim or action against an employee or former employee of the public entity if the employee or former employee requests the public entity to defend him or her against any claim or action against him or her for an injury arising out of an act or omission occurring within the scope of his or her employment as an employee of the public entity, the request is made in writing not less than 10 days before the day of trial, and the employee or former employee reasonably cooperates in good faith in the defense of the claim or action.

This bill would require a public entity to pay a judgment or settlement for treble damage antitrust awards against a member of a regulatory board for an act or omission occurring within the scope of his or her employment as a member of a regulatory board.

(5) The Administrative Procedure Act governs the procedure for the adoption, amendment, or repeal of regulations by state agencies and for the review of those regulatory actions by the Office of Administrative Law. That act requires the review by the office to follow certain standards, including, among others, necessity, as defined. That act requires an agency proposing to adopt, amend, or repeal a regulation to prepare a notice to the public that includes specified information, including reference to the authority under which the regulation is proposed.

This bill would add competitive impact, as defined, as an additional standard for the office to follow when reviewing regulatory actions of a state board on which a controlling number of decisionmakers are active market participants in the market that the board regulates, and requires the office to, among other things, consider whether the anticompetitive effects of the proposed regulation are clearly outweighed by the public policy merits. The bill would authorize the office to designate, employ, or contract for the services of independent antitrust or applicable economic experts when reviewing proposed regulations for competitive impact. The bill would require state boards on which a controlling number of decisionmakers are active market participants in the market that the board regulates, when preparing the public notice, to additionally include a statement that the agency has evaluated the impact of the regulation on competition and that the effect of the regulation is within a clearly articulated and affirmatively expressed state law or policy.

(6) The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority Appropriation: ~~no~~*yes* Fiscal Committee: yes Local Program: ~~no~~*yes*

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. *Section 109 of the Business and Professions Code is amended to read:*

~~109.(a)The decisions of any of the boards comprising the department with respect to setting standards, conducting examinations, passing candidates, and revoking licenses, are not subject to review by the director, but are final within the limits provided by this code which are applicable to the particular board, except as provided in this section.~~

~~(b)~~

109. *(a)* The director may initiate an investigation of any allegations of misconduct in the preparation, administration, or scoring of an examination which is administered by a board; or in the review of qualifications which are a part of the licensing process of any board. A request for investigation shall be made by the director to the Division of Investigation through the chief of the division or to any law enforcement agency in the jurisdiction where the alleged misconduct occurred.

~~(c)~~

(b) (1) The director may intervene in any matter of any board where an investigation by the Division of Investigation discloses probable cause to believe that the conduct or activity of a board, or its members or employees constitutes a violation of criminal law.

~~The~~

(2) The term "intervene," as used in paragraph (c) of this section *(1)* may include, but is not limited to, an application for a restraining order or injunctive relief as specified in Section 123.5, or a referral or request for criminal prosecution. For purposes of this section, the director shall be deemed to have standing under Section 123.5 and shall seek representation of the Attorney General, or other appropriate counsel in the event of a conflict in pursuing that action.

(c) The director may, upon his or her own initiative, and shall, upon request by a consumer or licensee, review any board decision or other action to determine whether it unreasonably restrains trade. Such a review shall proceed as follows:

(1) The director shall assess whether the action or decision reflects a clearly articulated and affirmatively expressed state law. If the director determines that the action or decision does not reflect a clearly articulated and affirmatively expressed state law, the director shall disapprove the board action or decision and it shall not go into effect.

(2) If the action or decision is a reflection of clearly articulated and affirmatively expressed state law, the director shall assess whether the action or decision was the result of the board's exercise of ministerial or discretionary judgment. If the director finds no exercise of discretionary judgment, but merely the direct application of statutory or constitutional provisions, the director shall close the investigation and review of the board action or decision.

(3) If the director concludes under paragraph (2) that the board exercised discretionary judgment, the director shall review the board action or decision as follows:

(A) The director shall conduct a full review of the board action or decision using all relevant facts, data, market conditions, public comment, studies, or other documentary evidence pertaining to the market impacted by the board's action or decision and determine whether the anticompetitive effects of the action or decision are clearly outweighed by the benefit to the public. The director may seek, designate, employ, or contract for the services of independent antitrust or economic experts pursuant to Section 307. These experts shall not be active participants in the market affected by the board action or decision.

(B) If the board action or decision was not previously subject to a public comment period, the director shall release the subject matter of his or her investigation for a 30-day public comment period and shall consider all comments received.

(C) If the director determines that the action or decision furthers the public protection mission of the board and the impact on competition is justified, the director may approve the action or decision.

(D) If the director determines that the action furthers the public protection mission of the board and the impact on competition is justified, the director may approve the action or decision. If the director finds the action or decision does not further the public protection mission of the board or finds that the action or decision is not justified, the director shall either refuse to approve it or shall modify the action or decision to ensure that any restraints of trade are related to, and advance, clearly articulated state law or public policy.

(4) The director shall issue, and post on the department's Internet Web site, his or her final written decision approving, modifying, or disapproving the action or decision with an explanation of the reasons and rationale behind the director's decision within 90 days from receipt of the request from a consumer or licensee. Notwithstanding any other law, the decision of the director shall be final, except if the state or federal constitution requires an appeal of the director's decision.

(d) The review set forth in paragraph (3) of subdivision (c) shall not apply when an individual seeks review of disciplinary or other action pertaining solely to that individual.

(e) The director shall report to the Chairs of the Senate Business, Professions, and Economic Development Committee and the Assembly Business and Professions Committee annually, commencing March 1, 2017, regarding his or her disapprovals, modifications, or findings from any audit, review, or monitoring and evaluation conducted pursuant to this section. That report shall be submitted in compliance with Section 9795 of the Government Code.

(f) If the director has already reviewed a board action or decision pursuant to this section or Section 313.1, the director shall not review that action or decision again.

(g) This section shall not be construed to affect, impede, or delay any disciplinary actions of any board.

SEC. 2. *Section 116 of the Business and Professions Code is amended to read:*

116. (a) The director may audit and review, upon his or her own initiative, or upon the request of a consumer or licensee, inquiries and complaints regarding licensees, dismissals of disciplinary cases, the opening, conduct, or closure of investigations, informal conferences, and discipline short of formal accusation by ~~the Medical Board of California, the allied health professional boards, and the California Board of Podiatric Medicine. The director may make recommendations for changes to the disciplinary system to the appropriate board, the Legislature, or both.~~ *any board or bureau within the department.*

(b) The director shall report to the ~~Chairpersons~~ *Chairs* of the Senate ~~Business and Professions~~ *Business, Professions, and Economic Development* Committee and the Assembly ~~Health~~ *Business and Professions* Committee annually, commencing March 1, ~~1995,~~ *2017,* regarding his or her findings from any audit, review, or monitoring and evaluation conducted pursuant to this section. *This report shall be submitted in compliance with Section 9795 of the Government Code.*

SEC. 3. *Section 153 of the Business and Professions Code is amended to read:*

153. The director may investigate the work of the several boards in his department and may obtain a copy of all records and full and complete data in all official matters in possession of the boards, their members, officers, or ~~employees, other than examination questions prior to submission to applicants at scheduled examinations.~~ *employees.*

SEC. 4. *Section 307 of the Business and Professions Code is amended to read:*

307. The director may contract for the services of experts and consultants where necessary to carry out ~~the provisions of~~ this chapter and may provide compensation and reimbursement of expenses for ~~such~~ *those* experts and consultants in accordance with state law.

SEC. 5. *Section 313.1 of the Business and Professions Code is amended to read:*

313.1. (a) Notwithstanding any other ~~provision of~~ law to the contrary, no rule or ~~regulation, except those relating to examinations and qualifications for licensure,~~ *regulation* and no fee change proposed or promulgated by any of the boards, commissions, or committees within the department, shall take effect pending compliance with this section.

(b) The director shall be formally notified of and shall be provided a full opportunity to review, in accordance with the requirements of Article 5 (commencing with Section 11346) of Chapter 3.5 of Part 1 of Division 3 of Title 2 of the Government Code, *the requirements in subdivision (c) of Section 109,* and this section, all of the following:

(1) All notices of proposed action, any modifications and supplements thereto, and the text of proposed regulations.

(2) Any notices of sufficiently related changes to regulations previously noticed to the public, and the text of proposed regulations showing modifications to the text.

(3) Final rulemaking records.

(4) All relevant facts, data, public comments, market conditions, studies, or other documentary evidence pertaining to the market impacted by the proposed regulation. This information shall be included in the written decision of the director required under paragraph (4) of subdivision (c) of Section 109.

(c) The submission of all notices and final rulemaking records to the director and the ~~completion of the~~ director's ~~review,~~ *approval,* as authorized by this section, shall be a precondition to the filing of any rule or regulation with the Office of Administrative Law. The Office of Administrative Law shall have no jurisdiction to review a rule or regulation subject to this section until after the ~~completion of the~~ director's review and ~~only then if the director has not disapproved it.~~ *approval.* The filing of any document with the Office of Administrative Law shall be accompanied by a certification that the board, commission, or committee has complied with the requirements of this section.

(d) Following the receipt of any final rulemaking record subject to subdivision (a), the director shall have the authority for a period of 30 days to *approve a proposed rule or regulation or* disapprove a proposed rule or regulation on the ground that it is injurious to the public health, safety, or ~~welfare.~~ *welfare, or has an impermissible anticompetitive effect. The director may modify a rule or regulation as a condition of approval. Any modifications to regulations by the director shall be subject to a 30-day public comment period before the director issues a final decision regarding the modified regulation. If the director does not approve the rule or regulation within the 30-day period, the rule or regulation shall not be submitted to the Office of Administrative Law and the rule or regulation shall have no effect.*

(e) Final rulemaking records shall be filed with the director within the one-year notice period specified in Section 11346.4 of the Government Code. If necessary for compliance with this section, the one-year notice period may be extended, as specified by this subdivision.

(1) In the event that the one-year notice period lapses during the director's 30-day review period, or within 60 days following the notice of the director's disapproval, it may be extended for a maximum of 90 days.

(2) If the director approves the final rulemaking ~~record or declines to take action on it within 30 days,~~ *record,* the board, commission, or committee shall have five days from the receipt of the record from the director within which to file it with the Office of Administrative Law.

(3) If the director disapproves a rule or regulation, it shall have no force or effect unless, within 60 days of the notice of disapproval, (A) the disapproval is overridden by a unanimous vote of the members of the board, commission, or committee, and (B) the board, commission, or committee files the final rulemaking record with the Office of Administrative Law in compliance with this section and the procedures required by Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code. *This paragraph shall not apply to any decision disapproved by the director under subdivision (c) of Section 109.*

(f)~~Nothing in this~~ *This* section shall *not* be construed to prohibit the director from affirmatively approving a proposed rule, regulation, or fee change at any time within the 30-day period after it has been submitted to him or her, in which event it shall become effective upon compliance with this section and the procedures required by Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code.

SEC. 6. *Section 2708 of the Business and Professions Code is amended to read:*

2708. (a) The board shall appoint an executive officer who shall perform the duties delegated by the board and who shall be responsible to it for the accomplishment of those duties.

(b) The executive officer shall *not* be ~~a nurse currently licensed~~ *licensee* under this chapter and shall possess other qualifications as determined by the board.

(c) The executive officer shall not be a member of the board.

(d) This section shall remain in effect only until January 1, 2018, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2018, deletes or extends that date.

~~**SECTION 1.**~~***SEC. 7.*** Section 4800 of the Business and Professions Code is amended to read:

4800. (a) There is in the Department of Consumer Affairs a Veterinary Medical Board in which the administration of this chapter is vested. The board consists of the following members:

(1) Four licensed veterinarians.

(2) One registered veterinary technician.

(3) Three public members.

(b) This section shall remain in effect only until January 1, 2021, and as of that date is repealed.

(c) Notwithstanding any other law, the repeal of this section renders the board subject to review by the appropriate policy committees of the Legislature. However, the review of the board shall be limited to those issues identified by the appropriate policy committees of the Legislature and shall not involve the preparation or submission of a sunset review document or evaluative questionnaire.

~~**SEC. 2.**~~***SEC. 8.*** Section 4804.5 of the Business and Professions Code is amended to read:

4804.5. (a) The board may appoint a person exempt from civil service who shall be designated as an executive officer and who shall exercise the powers and perform the duties delegated by the board and vested in him or her by this chapter.

(b) This section shall remain in effect only until January 1, 2021, and as of that date is repealed.

SEC. 9. *Section 4825.1 of the Business and Professions Code is amended to read:*

4825.1. These definitions shall govern the construction of this chapter as it applies to veterinary medicine.

(a) "Diagnosis" means the act or process of identifying or determining the health status of an animal through examination and the opinion derived from that examination.

(b) "Animal" means any member of the animal kingdom other than humans, and includes fowl, fish, and reptiles, wild or domestic, whether living or dead.

(c) "Food animal" means any animal that is raised for the production of an edible product intended for consumption by humans. The edible product includes, but is not limited to, milk, meat, and eggs. Food animal includes, but is not limited to, cattle (beef or dairy), swine, sheep, poultry, fish, and amphibian species.

(d) "Livestock" includes all animals, poultry, aquatic and amphibian species that are raised, kept, or used for profit. It does not include those species that are usually kept as pets such as dogs, cats, and pet birds, or companion animals, including equines.

(e) "Compounding," for the purposes of veterinary medicine, shall have the same meaning given in Section 1735 of Title 16 of the California Code of Regulations, except that every reference therein to "pharmacy" and "pharmacist" shall be replaced with "veterinary premises" and "veterinarian," and except that only a licensed veterinarian or a licensed registered veterinarian technician under direct supervision of a veterinarian may perform compounding and shall not delegate to or supervise any part of the performance of compounding by any other person.

SEC. 10. *Section 4826.3 is added to the Business and Professions Code, to read:*

4826.3. *(a) Notwithstanding Section 4051, a veterinarian or registered veterinarian technician under the direct supervision of a veterinarian with a current and active license may compound a drug for anesthesia, the prevention, cure, or relief of a wound, fracture, bodily injury, or disease of an animal in a premises currently and actively registered with the board and only under the following conditions:*

(1) Where there is no FDA-approved animal or human drug that can be used as labeled or in an appropriate extralabel manner to properly treat the disease, symptom, or condition for which the drug is being prescribed.

(2) Where the compounded drug is not available from a compounding pharmacy, outsourcing facility, or other compounding supplier in a dosage form and concentration to appropriately treat the disease, symptom, or condition for which the drug is being prescribed.

(3) Where the need and prescription for the compounded medication has arisen within an established veterinarian-client-patient relationship as a means to treat a specific occurrence of a disease, symptom, or condition observed and diagnosed by the veterinarian in a specific animal that threatens the health of the animal or will cause suffering or death if left untreated.

(4) Where the quantity compounded does not exceed a quantity demonstrably needed to treat a patient with which the veterinarian has a current veterinarian-client-patient relationship.

(5) Except as specified in subdivision (c), where the compound is prepared only with commercially available FDA-approved animal or human drugs as active ingredients.

(b) A compounded veterinary drug may be prepared from an FDA-approved animal or human drug for extralabel use only when there is no approved animal or human drug that, when used as labeled or in an appropriate extralabel manner will, in the available dosage form and concentration, treat the disease, symptom, or condition. Compounding from an approved human drug for use in food-producing animals is not permitted if an approved animal drug can be used for compounding.

(c) A compounded veterinary drug may be prepared from bulk drug substances only when:

(1) The drug is compounded and dispensed by the veterinarian to treat an individually identified animal patient under his or her care.

(2) The drug is not intended for use in food-producing animals.

(3) If the drug contains a bulk drug substance that is a component of any marketed FDA-approved animal or human drug, there is a change between the compounded drug and the comparable marketed drug made for an individually identified animal patient that produces a clinical difference for that individually identified animal patient, as determined by the veterinarian prescribing the compounded drug for his or her patient.

(4) There are no FDA-approved animal or human drugs that can be used as labeled or in an appropriate extralabel manner to properly treat the disease, symptom, or condition for which the drug is being prescribed.

(5) All bulk drug substances used in compounding are manufactured by an establishment registered under Section 360 of Title 21 of the United States Code and are accompanied by a valid certificate of analysis.

(6) The drug is not sold or transferred by the veterinarian compounding the drug, except that the veterinarian shall be permitted to administer the drug to a patient under his or her care or dispense it to the owner or caretaker of an animal under his or her care.

(7) Within 15 days of becoming aware of any product defect or serious adverse event associated with any drug compounded by the veterinarian from bulk drug substances, the veterinarian shall report it to the federal Food and Drug Administration on Form FDA 1932a.

(8) In addition to any other requirements, the label of any veterinary drug compounded from bulk drug substances shall indicate the species of the intended animal patient, the name of the animal patient, and the name of the owner or caretaker of the patient.

(d) Each compounded veterinary drug preparation shall meet the labeling requirements of Section 4076 and Sections 1707.5 and 1735.4 of Title 16 of the California Code of Regulations, except that every reference therein to "pharmacy" and "pharmacist" shall be replaced by "veterinary premises" and "veterinarian," and any reference to "patient" shall be understood to refer to the animal patient. In addition, each label on a compounded veterinary drug preparation shall include withdrawal and holding times, if needed, and the disease, symptom, or condition for which the drug is being prescribed. Any compounded veterinary drug preparation that is intended to be sterile, including for injection, administration into the eye, or inhalation, shall in addition meet the labeling requirements of Section 1751.2 of Title 16 of the California Code of Regulations, except that every reference therein to "pharmacy" and "pharmacist" shall be replaced by "veterinary premises" and "veterinarian," and any reference to "patient" shall be understood to refer to the animal patient.

(e) Any veterinarian, registered veterinarian technician who is under the direct supervision of a veterinarian, and veterinary premises engaged in compounding shall meet the compounding requirements for pharmacies and pharmacists stated by the provisions of Article 4.5 (commencing with Section 1735) of Title 16 of the California Code of Regulations, except that every reference therein to "pharmacy" and "pharmacist" shall be replaced by "veterinary premises" and "veterinarian," and any reference to "patient" shall be understood to refer to the animal patient:

(1) Section 1735.1 of Title 16 of the California Code of Regulations.

(2) Subdivisions (d),(e), (f), (g), (h), (i), (j), (k), and (l) of Section 1735.2 of Title 16 of the California Code of Regulations.

(3) Section 1735.3 of Title 16 of the California Code of Regulations, except that only a licensed veterinarian or registered veterinarian technician may perform compounding and shall not delegate to or supervise any part of the performance of compounding by any other person.

(4) Section 1735.4 of Title 16 of the California Code of Regulations.

(5) Section 1735.5 of Title 16 of the California Code of Regulations.

(6) Section 1735.6 of Title 16 of the California Code of Regulations.

(7) Section 1735.7 of Title 16 of the California Code of Regulations.

(8) Section 1735.8 of Title 16 of the California Code of Regulations.

(f) Any veterinarian, registered veterinarian technician under the direct supervision of a veterinarian, and veterinary premises engaged in sterile compounding shall meet the sterile compounding requirements for pharmacies and pharmacists under Article 7 (commencing with Section 1751) of Title 16 of the California Code of Regulations, except that every reference therein to "pharmacy" and "pharmacist" shall be replaced by "veterinary premises" and "veterinarian," and any reference to "patient" shall be understood to refer to the animal patient.

(g) The California State Board of Pharmacy shall have authority with the board to ensure compliance with this section and shall have the right to inspect any veterinary premises engaged in compounding, along with or separate from the board, to ensure compliance with this section. The board is specifically charged with enforcing this section with regard to its licensees.

***SEC. 11.** Section 4826.5 is added to the Business and Professions Code, to read:*

***4826.5.** Failure by a licensed veterinarian, registered veterinarian technician, or veterinary premises to comply with the provisions of this article shall be deemed unprofessional conduct and constitute grounds for discipline.*

***SEC. 12.** Section 4826.7 is added to the Business and Professions Code, to read:*

***4826.7.** The board may adopt regulations to implement the provisions of this article.*

SEC. 13. *Section 4830 of the Business and Professions Code is amended to read:*

4830. (a) This chapter does not apply to:

(1) Veterinarians while serving in any armed branch of the military service of the United States or the United States Department of Agriculture while actually engaged and employed in their official capacity.

(2) Regularly licensed veterinarians in actual consultation from other states.

(3) Regularly licensed veterinarians actually called from other states to attend cases in this state, but who do not open an office or appoint a place to do business within this state.

~~(4)Veterinarians employed by the University of California while engaged in the performance of duties in connection with the College of Agriculture, the Agricultural Experiment Station, the School of Veterinary Medicine, or the agricultural extension work of the university or employed by the Western University of Health Sciences while engaged in the performance of duties in connection with the College of Veterinary Medicine or the agricultural extension work of the university.~~

~~(5)~~

(4) Students in the School of Veterinary Medicine of the University of California or the College of Veterinary Medicine of the Western University of Health Sciences who participate in diagnosis and treatment as part of their educational experience, including those in off-campus educational programs under the direct supervision of a licensed veterinarian in good standing, as defined in paragraph (1) of subdivision (b) of Section 4848, appointed by the University of California, Davis, or the Western University of Health Sciences.

~~(6)~~

(5) A veterinarian who is employed by the Meat and Poultry Inspection Branch of the California Department of Food and Agriculture while actually engaged and employed in his or her official capacity. A person exempt under this paragraph shall not otherwise engage in the practice of veterinary medicine unless he or she is issued a license by the board.

~~(7)~~

(6) Unlicensed personnel employed by the Department of Food and Agriculture or the United States Department of Agriculture when in the course of their duties they are directed by a veterinarian supervisor to conduct an examination, obtain biological specimens, apply biological tests, or administer medications or biological products as part of government disease or condition monitoring, investigation, control, or eradication activities.

(b) (1) For purposes of paragraph (3) of subdivision (a), a regularly licensed veterinarian in good standing who is called from another state by a law enforcement agency or animal control agency, as defined in Section 31606 of the Food and Agricultural Code, to attend to cases that are a part of an investigation of an alleged violation of federal or state animal fighting or animal cruelty laws within a single geographic location shall be exempt from the licensing requirements of this chapter if the law enforcement agency or animal control agency determines that it is necessary to call the veterinarian in order for the agency or officer to conduct the investigation in a timely, efficient, and effective manner. In determining whether it is necessary to call a veterinarian from another state, consideration shall be given to the availability of veterinarians in this state to attend to these cases. An agency, department, or officer that calls a veterinarian pursuant to this subdivision shall notify the board of the investigation.

(2) Notwithstanding any other provision of this chapter, a regularly licensed veterinarian in good standing who is called from another state to attend to cases that are a part of an investigation described in paragraph (1) may provide veterinary medical care for animals that are affected by the investigation with a temporary shelter facility, and the temporary shelter facility shall be exempt from the registration requirement of Section 4853 if all of the following conditions are met:

(A) The temporary shelter facility is established only for the purpose of the investigation.

(B) The temporary shelter facility provides veterinary medical care, shelter, food, and water only to animals that are affected by the investigation.

(C) The temporary shelter facility complies with Section 4854.

(D) The temporary shelter facility exists for not more than 60 days, unless the law enforcement agency or animal control agency determines that a longer period of time is necessary to complete the investigation.

(E) Within 30 calendar days upon completion of the provision of veterinary health care services at a temporary shelter facility established pursuant to this section, the veterinarian called from another state by a law enforcement agency or animal control agency to attend to a case shall file a report with the board. The report shall contain the date, place, type, and general description of the care provided, along with a listing of the veterinary health care practitioners who participated in providing that care.

(c) For purposes of paragraph (3) of subdivision (a), the board may inspect temporary facilities established pursuant to this section.

SEC. 14. *Section 4846.5 of the Business and Professions Code is amended to read:*

4846.5. (a) Except as provided in this section, the board shall issue renewal licenses only to those applicants that have completed a minimum of 36 hours of continuing education in the preceding two years.

(b) (1) Notwithstanding any other law, continuing education hours shall be earned by attending courses relevant to veterinary medicine and sponsored or cosponsored by any of the following:

(A) American Veterinary Medical Association (AVMA) accredited veterinary medical colleges.

(B) Accredited colleges or universities offering programs relevant to veterinary medicine.

(C) The American Veterinary Medical Association.

(D) American Veterinary Medical Association recognized specialty or affiliated allied groups.

(E) American Veterinary Medical Association's affiliated state veterinary medical associations.

(F) Nonprofit annual conferences established in conjunction with state veterinary medical associations.

(G) Educational organizations affiliated with the American Veterinary Medical Association or its state affiliated veterinary medical associations.

(H) Local veterinary medical associations affiliated with the California Veterinary Medical Association.

(I) Federal, state, or local government agencies.

(J) Providers accredited by the Accreditation Council for Continuing Medical Education (ACCME) or approved by the American Medical Association (AMA), providers recognized by the American Dental Association Continuing Education Recognition Program (ADA CERP), and AMA or ADA affiliated state, local, and specialty organizations.

(2) Continuing education credits shall be granted to those veterinarians taking self-study courses, which may include, but are not limited to, reading journals, viewing video recordings, or listening to audio recordings. The taking of these courses shall be limited to no more than six hours biennially.

(3) The board may approve other continuing veterinary medical education providers not specified in paragraph (1).

(A) The board has the authority to recognize national continuing education approval bodies for the purpose of approving continuing education providers not specified in paragraph (1).

(B) Applicants seeking continuing education provider approval shall have the option of applying to the board or to a board-recognized national approval body.

(4) For good cause, the board may adopt an order specifying, on a prospective basis, that a provider of continuing veterinary medical education authorized pursuant to paragraph (1) or (3) is no longer an acceptable provider.

(5) Continuing education hours earned by attending courses sponsored or cosponsored by those entities listed in paragraph (1) between January 1, 2000, and January 1, 2001, shall be credited toward a veterinarian's continuing education requirement under this section.

(c) Every person renewing his or her license issued pursuant to Section 4846.4, or any person applying for relicensure or for reinstatement of his or her license to active status, shall submit proof of compliance with this section to the board certifying that he or she is in compliance with this section. Any false statement submitted pursuant to this section shall be a violation subject to Section 4831.

(d) This section shall not apply to a veterinarian's first license renewal. This section shall apply only to second and subsequent license renewals granted on or after January 1, 2002.

(e) The board shall have the right to audit the records of all applicants to verify the completion of the continuing education requirement. Applicants shall maintain records of completion of required continuing education coursework for a period of four years and shall make these records available to the board for auditing purposes upon request. If the board, during this audit, questions whether any course reported by the veterinarian satisfies the continuing education requirement, the veterinarian shall provide information to the board concerning the content of the course; the name of its sponsor and cosponsor, if any; and specify the specific curricula that was of benefit to the veterinarian.

(f) A veterinarian desiring an inactive license or to restore an inactive license under Section 701 shall submit an application on a form provided by the board. In order to restore an inactive license to active status, the veterinarian shall have completed a minimum of 36 hours of continuing education within the last two years preceding application. The inactive license status of a veterinarian shall not deprive the board of its authority to institute or continue a disciplinary action against a licensee.

(g) Knowing misrepresentation of compliance with this article by a veterinarian constitutes unprofessional conduct and grounds for disciplinary action or for the issuance of a citation and the imposition of a civil penalty pursuant to Section 4883.

(h) The board, in its discretion, may exempt from the continuing education requirement any veterinarian who for reasons of health, military service, or undue hardship cannot meet those requirements. Applications for waivers shall be submitted on a form provided by the board.

(i) The administration of this section may be funded through professional license and continuing education provider fees. The fees related to the administration of this section shall not exceed the costs of administering the corresponding provisions of this section.

(j) For those continuing education providers not listed in paragraph (1) of subdivision (b), the board or its recognized national approval agent shall establish criteria by which a provider of continuing education shall be approved. The board shall initially review and approve these criteria and may review the criteria as needed. The board or its recognized agent shall monitor, maintain, and manage related records and data. The board may impose an application fee, not to exceed two hundred dollars ($200) biennially, for continuing education providers not listed in paragraph (1) of subdivision (b).

(k) (1) ~~On or after~~ *Beginning* January 1, 2018, a licensed veterinarian who renews his or her license shall complete a minimum of one credit hour of continuing education on the judicious use of medically important antimicrobial drugs every four years as part of his or her continuing education requirements.

(2) For purposes of this subdivision, "medically important antimicrobial drug" means an antimicrobial drug listed in Appendix A of the federal Food and Drug Administration's Guidance for Industry #152, including critically important, highly important, and important antimicrobial drugs, as that appendix may be amended.

SEC. 15. *Section 4848.1 is added to the Business and Professions Code, to read:*

4848.1. *(a) A veterinarian engaged in the practice of veterinary medicine, as defined in Section 4826, employed by the University of California while engaged in the performance of duties in connection with the School of Veterinary Medicine or employed by the Western University of Health Sciences while engaged in the performance of duties in connection with the College of Veterinary Medicine shall be licensed in California or shall hold a university license issued by the board.*

(b) An applicant is eligible to hold a university license if all of the following are satisfied:

(1) The applicant is currently employed by the University of California or Western University of Health Sciences as defined in subdivision (a).

(2) Passes an examination concerning the statutes and regulations of the Veterinary Medicine Practice Act, administered by the board, pursuant to subparagraph (C) of paragraph (2) of subdivision (a) of Section 4848.

(3) Successfully completes the approved educational curriculum described in paragraph (5) of subdivision (b) of Section 4848 on regionally specific and important diseases and conditions.

(c) A university license:

(1) Shall be numbered as described in Section 4847.

(2) Shall cease to be valid upon termination of employment by the University of California or by the Western University of Health Sciences.

(3) Shall be subject to the license renewal provisions in Section 4846.4.

(4) Shall be subject to denial, revocation, or suspension pursuant to Sections 4875 and 4883.

(d) An individual who holds a University License is exempt from satisfying the license renewal requirements of Section 4846.5.

SEC. 16. *Section 4853.7 is added to the Business and Professions Code, to read:*

4853.7. *A premise registration that is not renewed within five years after its expiration may not be renewed and shall not be restored, reissued, or reinstated thereafter. However, an application for a new premise registration may be submitted and obtained if both of the following conditions are met:*

(a) No fact, circumstance, or condition exists that, if the premise registration was issued, would justify its revocation or suspension.

(b) All of the fees that would be required for the initial premise registration are paid at the time of application.

SEC. 17. *Section 825 of the Government Code is amended to read:*

825. (a) Except as otherwise provided in this section, if an employee or former employee of a public entity requests the public entity to defend him or her against any claim or action against him or her for an injury arising out of an act or omission occurring within the scope of his or her employment as an employee of the public entity and the request is made in writing not less than 10 days before the day of trial, and the employee or former employee reasonably cooperates in good faith in the defense of the claim or action, the public entity shall pay any judgment based thereon or any compromise or settlement of the claim or action to which the public entity has agreed.

If the public entity conducts the defense of an employee or former employee against any claim or action with his or her reasonable good-faith cooperation, the public entity shall pay any judgment based thereon or any compromise or settlement of the claim or action to which the public entity has agreed. However, where the public entity conducted the defense pursuant to an agreement with the employee or former employee reserving the rights of the public entity not to pay the judgment, compromise, or settlement until it is established that the injury arose out of an act or omission occurring within the scope of his or her employment as an employee of the public entity, the public entity is required to pay the judgment, compromise, or settlement only if it is established that the injury arose out of an act or omission occurring in the scope of his or her employment as an employee of the public entity.

Nothing in this section authorizes a public entity to pay that part of a claim or judgment that is for punitive or exemplary damages.

(b) Notwithstanding subdivision (a) or any other provision of law, a public entity is authorized to pay that part of a judgment that is for punitive or exemplary damages if the governing body of that public entity, acting in its sole discretion except in cases involving an entity of the state government, finds all of the following:

(1) The judgment is based on an act or omission of an employee or former employee acting within the course and scope of his or her employment as an employee of the public entity.

(2) At the time of the act giving rise to the liability, the employee or former employee acted, or failed to act, in good faith, without actual malice and in the apparent best interests of the public entity.

(3) Payment of the claim or judgment would be in the best interests of the public entity.

As used in this subdivision with respect to an entity of state government, "a decision of the governing body" means the approval of the Legislature for payment of that part of a judgment that is for punitive damages or exemplary damages, upon recommendation of the appointing power of the employee or former employee, based upon the finding by the Legislature and the appointing authority of the existence of the three conditions for payment of a punitive or exemplary damages claim. The provisions of subdivision (a) of Section 965.6 shall apply to the payment of any claim pursuant to this subdivision.

The discovery of the assets of a public entity and the introduction of evidence of the assets of a public entity shall not be permitted in an action in which it is alleged that a public employee is liable for punitive or exemplary damages.

The possibility that a public entity may pay that part of a judgment that is for punitive damages shall not be disclosed in any trial in which it is alleged that a public employee is liable for punitive or exemplary damages, and that disclosure shall be grounds for a mistrial.

(c) Except as provided in subdivision (d), if the provisions of this section are in conflict with the provisions of a memorandum of understanding reached pursuant to Chapter 10 (commencing with Section 3500) of Division 4 of Title 1, the memorandum of understanding shall be controlling without further legislative action, except that if those provisions of a memorandum of understanding require the expenditure of funds, the provisions shall not become effective unless approved by the Legislature in the annual Budget Act.

(d) The subject of payment of punitive damages pursuant to this section or any other provision of law shall not be a subject of meet and confer under the provisions of Chapter 10 (commencing with Section 3500) of Division 4 of Title 1, or pursuant to any other law or authority.

(e) Nothing in this section shall affect the provisions of Section 818 prohibiting the award of punitive damages against a public entity. This section shall not be construed as a waiver of a public entity's immunity from liability for punitive damages under Section 1981, 1983, or 1985 of Title 42 of the United States Code.

(f) (1) Except as provided in paragraph (2), a public entity shall not pay a judgment, compromise, or settlement arising from a claim or action against an elected official, if the claim or action is based on conduct by the elected official by way of tortiously intervening or attempting to intervene in, or by way of tortiously influencing or attempting to influence the outcome of, any judicial action or proceeding for the benefit of a particular party by contacting the trial judge or any commissioner, court-appointed arbitrator, court-appointed mediator, or court-appointed special referee assigned to the matter, or the court clerk, bailiff, or marshal after an action has been filed, unless he or she was counsel of record acting lawfully within the scope of his or her employment on behalf of that party. Notwithstanding Section 825.6, if a public entity conducted the defense of an elected official against such a claim or action and the elected official is found liable by the trier of fact, the court shall order the elected official to pay to the public entity the cost of that defense.

(2) If an elected official is held liable for monetary damages in the action, the plaintiff shall first seek recovery of the judgment against the assets of the elected official. If the elected official's assets are insufficient to satisfy the total judgment, as determined by the court, the public entity may pay the deficiency if the public entity is authorized by law to pay that judgment.

(3) To the extent the public entity pays any portion of the judgment or is entitled to reimbursement of defense costs pursuant to paragraph (1), the public entity shall pursue all available creditor's remedies against the elected official, including garnishment, until that party has fully reimbursed the public entity.

(4) This subdivision shall not apply to any criminal or civil enforcement action brought in the name of the people of the State of California by an elected district attorney, city attorney, or attorney general.

(g) Notwithstanding subdivision (a), a public entity shall pay for a judgment or settlement for treble damage antitrust awards against a member of a regulatory board for an act or omission occurring within the scope of his or her employment as a member of a regulatory board.

SEC. 18. *Section 11346.5 of the Government Code is amended to read:*

11346.5. (a) The notice of proposed adoption, amendment, or repeal of a regulation shall include the following:

(1) A statement of the time, place, and nature of proceedings for adoption, amendment, or repeal of the regulation.

(2) Reference to the authority under which the regulation is proposed and a reference to the particular code sections or other provisions of law that are being implemented, interpreted, or made specific.

(3) An informative digest drafted in plain English in a format similar to the Legislative Counsel's digest on legislative bills. The informative digest shall include the following:

(A) A concise and clear summary of existing laws and regulations, if any, related directly to the proposed action and of the effect of the proposed action.

(B) If the proposed action differs substantially from an existing comparable federal regulation or statute, a brief description of the significant differences and the full citation of the federal regulations or statutes.

(C) A policy statement overview explaining the broad objectives of the regulation and the specific benefits anticipated by the proposed adoption, amendment, or repeal of a regulation, including, to the extent applicable, nonmonetary benefits such as the protection of public health and safety, worker safety, or the environment, the prevention of discrimination, the promotion of fairness or social equity, and the increase in openness and transparency in business and government, among other things.

(D) An evaluation of whether the proposed regulation is inconsistent or incompatible with existing state regulations.

(4) Any other matters as are prescribed by statute applicable to the specific state agency or to any specific regulation or class of regulations.

(5) A determination as to whether the regulation imposes a mandate on local agencies or school districts and, if so, whether the mandate requires state reimbursement pursuant to Part 7 (commencing with Section 17500) of Division 4.

(6) An estimate, prepared in accordance with instructions adopted by the Department of Finance, of the cost or savings to any state agency, the cost to any local agency or school district that is required to be reimbursed under Part 7 (commencing with Section 17500) of Division 4, other nondiscretionary cost or savings imposed on local agencies, and the cost or savings in federal funding to the state.

For purposes of this paragraph, "cost or savings" means additional costs or savings, both direct and indirect, that a public agency necessarily incurs in reasonable compliance with regulations.

(7) If a state agency, in proposing to adopt, amend, or repeal any administrative regulation, makes an initial determination that the action may have a significant, statewide adverse economic impact directly affecting business, including the ability of California businesses to compete with businesses in other states, it shall include the following information in the notice of proposed action:

(A) Identification of the types of businesses that would be affected.

(B) A description of the projected reporting, recordkeeping, and other compliance requirements that would result from the proposed action.

(C) The following statement: "The (name of agency) has made an initial determination that the (adoption/amendment/repeal) of this regulation may have a significant, statewide adverse economic impact directly affecting business, including the ability of California businesses to compete with businesses in other states. The (name of agency) (has/has not) considered proposed alternatives that would lessen any adverse economic impact on business and invites you to submit proposals. Submissions may include the following considerations:

(i) The establishment of differing compliance or reporting requirements or timetables that take into account the resources available to businesses.

(ii) Consolidation or simplification of compliance and reporting requirements for businesses.

(iii) The use of performance standards rather than prescriptive standards.

(iv) Exemption or partial exemption from the regulatory requirements for businesses."

(8) If a state agency, in adopting, amending, or repealing any administrative regulation, makes an initial determination that the action will not have a significant, statewide adverse economic impact directly affecting business, including the ability of California businesses to compete with businesses in other states, it shall make a declaration to that effect in the notice of proposed action. In making this declaration, the agency shall provide in the record facts, evidence, documents, testimony, or other evidence upon which the agency relies to support its initial determination.

An agency's initial determination and declaration that a proposed adoption, amendment, or repeal of a regulation may have or will not have a significant, adverse impact on businesses, including the ability of California businesses to compete with businesses in other states, shall not be grounds for the office to refuse to publish the notice of proposed action.

(9) A description of all cost impacts, known to the agency at the time the notice of proposed action is submitted to the office, that a representative private person or business would necessarily incur in reasonable compliance with the proposed action.

If no cost impacts are known to the agency, it shall state the following:

"The agency is not aware of any cost impacts that a representative private person or business would necessarily incur in reasonable compliance with the proposed action."

(10) A statement of the results of the economic impact assessment required by subdivision (b) of Section 11346.3 or the standardized regulatory impact analysis if required by subdivision (c) of Section 11346.3, a summary of any comments submitted to the agency pursuant to subdivision (f) of Section 11346.3 and the agency's response to those comments.

(11) The finding prescribed by subdivision (d) of Section 11346.3, if required.

(12) (A) A statement that the action would have a significant effect on housing costs, if a state agency, in adopting, amending, or repealing any administrative regulation, makes an initial determination that the action would have that effect.

(B) The agency officer designated in paragraph ~~(14)~~ *(15)* shall make available to the public, upon request, the agency's evaluation, if any, of the effect of the proposed regulatory action on housing costs.

(C) The statement described in subparagraph (A) shall also include the estimated costs of compliance and potential benefits of a building standard, if any, that were included in the initial statement of reasons.

(D) For purposes of model codes adopted pursuant to Section 18928 of the Health and Safety Code, the agency shall comply with the requirements of this paragraph only if an interested party has made a request to the agency to examine a specific section for purposes of estimating the costs of compliance and potential benefits for that section, as described in Section 11346.2.

(13) If the regulatory action is submitted by a state board on which a controlling number of decisionmakers are active market participants in the market the board regulates, a statement that the adopting agency has evaluated the impact of the proposed regulation on competition, and that the proposed regulation furthers a clearly articulated and affirmatively expressed state law to restrain competition.

~~(13)~~

(14) A statement that the adopting agency must determine that no reasonable alternative considered by the agency or that has otherwise been identified and brought to the attention of the agency would be more effective in carrying out the purpose for which the action is proposed, would be as effective and less burdensome to affected private persons than the proposed action, or would be more cost effective to affected private persons and equally effective in implementing the statutory policy or other provision of law. For a major regulation, as defined by Section 11342.548, proposed on or after November 1, 2013, the statement shall be based, in part, upon the standardized regulatory impact analysis of the proposed regulation, as required by Section 11346.3, as well as upon the benefits of the proposed regulation identified pursuant to subparagraph (C) of paragraph (3).

~~(14)~~

(15) The name and telephone number of the agency representative and designated backup contact person to whom inquiries concerning the proposed administrative action may be directed.

~~(15)~~

(16) The date by which comments submitted in writing must be received to present statements, arguments, or contentions in writing relating to the proposed action in order for them to be considered by the state agency before it adopts, amends, or repeals a regulation.

~~(16)~~

(17) Reference to the fact that the agency proposing the action has prepared a statement of the reasons for the proposed action, has available all the information upon which its proposal is based, and has available the express terms of the proposed action, pursuant to subdivision (b).

~~(17)~~

(18) A statement that if a public hearing is not scheduled, any interested person or his or her duly authorized representative may request, no later than 15 days prior to the close of the written comment period, a public hearing pursuant to Section 11346.8.

~~(18)~~

(19) A statement indicating that the full text of a regulation changed pursuant to Section 11346.8 will be available for at least 15 days prior to the date on which the agency adopts, amends, or repeals the resulting regulation.

~~(19)~~

(20) A statement explaining how to obtain a copy of the final statement of reasons once it has been prepared pursuant to subdivision (a) of Section 11346.9.

~~(20)~~

(21) If the agency maintains an Internet Web site or other similar forum for the electronic publication or distribution of written material, a statement explaining how materials published or distributed through that forum can be accessed.

~~(21)~~

(22) If the proposed regulation is subject to Section 11346.6, a statement that the agency shall provide, upon request, a description of the proposed changes included in the proposed action, in the manner provided by Section 11346.6, to accommodate a person with a visual or other disability for which effective communication is required under state or federal law and that providing the description of proposed changes may require extending the period of public comment for the proposed action.

(b) The agency representative designated in paragraph ~~(14)~~ *(15)* of subdivision (a) shall make available to the public upon request the express terms of the proposed action. The representative shall also make available to the public upon request the location of public records, including reports, documentation, and other materials, related to the proposed action. If the representative receives an inquiry regarding the proposed action that the representative cannot answer, the representative shall refer the inquiry to another person in the agency for a prompt response.

(c) This section shall not be construed in any manner that results in the invalidation of a regulation because of the alleged inadequacy of the notice content or the summary or cost estimates, or the alleged inadequacy or inaccuracy of the housing cost estimates, if there has been substantial compliance with those requirements.

SEC. 19. *Section 11349 of the Government Code is amended to read:*

11349. The following definitions govern the interpretation of this chapter:

(a) "Necessity" means the record of the rulemaking proceeding demonstrates by substantial evidence the need for a regulation to effectuate the purpose of the statute, court decision, or other provision of law that the regulation implements, interprets, or makes specific, taking into account the totality of the record. For purposes of this standard, evidence includes, but is not limited to, facts, studies, and expert opinion.

(b) "Authority" means the provision of law which permits or obligates the agency to adopt, amend, or repeal a regulation.

(c) "Clarity" means written or displayed so that the meaning of regulations will be easily understood by those persons directly affected by them.

(d) "Consistency" means being in harmony with, and not in conflict with or contradictory to, existing statutes, court decisions, or other provisions of law.

(e) "Reference" means the statute, court decision, or other provision of law which the agency implements, interprets, or makes specific by adopting, amending, or repealing a regulation.

(f) "Nonduplication" means that a regulation does not serve the same purpose as a state or federal statute or another regulation. This standard requires that an agency proposing to amend or adopt a regulation must identify any state or federal statute or regulation which is overlapped or duplicated by the proposed regulation and justify any overlap or duplication. This standard is not intended to prohibit state agencies from printing relevant portions of enabling legislation in regulations when the duplication is necessary to satisfy the clarity

standard in paragraph (3) of subdivision (a) of Section 11349.1. This standard is intended to prevent the indiscriminate incorporation of statutory language in a regulation.

(g) "Competitive Impact" means that the record of the rulemaking proceeding or other documentation demonstrates that the regulation is authorized by a clearly articulated and affirmatively expressed state law, that the regulation furthers the public protection mission of the state agency, and that the impact on competition is justified in light of the applicable regulatory rationale for the regulation.

SEC. 20. *Section 11349.1 of the Government Code is amended to read:*

11349.1. (a) The office shall review all regulations adopted, amended, or repealed pursuant to the procedure specified in Article 5 (commencing with Section 11346) and submitted to it for publication in the California Code of Regulations Supplement and for transmittal to the Secretary of State and make determinations using all of the following standards:

(1) Necessity.

(2) Authority.

(3) Clarity.

(4) Consistency.

(5) Reference.

(6) Nonduplication.

(7) For those regulations submitted by a state board on which a controlling number of decisionmakers are active market participants in the market the board regulates, the office shall review for competitive impact.

In reviewing regulations pursuant to this section, the office shall restrict its review to the regulation and the record of the rulemaking ~~proceeding.~~ *except as directed in subdivision (h).* The office shall approve the regulation or order of repeal if it complies with the standards set forth in this section and with this chapter.

(b) In reviewing proposed regulations for the criteria in subdivision (a), the office may consider the clarity of the proposed regulation in the context of related regulations already in existence.

(c) The office shall adopt regulations governing the procedures it uses in reviewing regulations submitted to it. The regulations shall provide for an orderly review and shall specify the methods, standards, presumptions, and principles the office uses, and the limitations it observes, in reviewing regulations to establish compliance with the standards specified in subdivision (a). The regulations adopted by the office shall ensure that it does not substitute its judgment for that of the rulemaking agency as expressed in the substantive content of adopted regulations.

(d) The office shall return any regulation subject to this chapter to the adopting agency if any of the following occur:

(1) The adopting agency has not prepared the estimate required by paragraph (6) of subdivision (a) of Section 11346.5 and has not included the data used and calculations made and the summary report of the estimate in the file of the rulemaking.

(2) The agency has not complied with Section 11346.3. "Noncompliance" means that the agency failed to complete the economic impact assessment or standardized regulatory impact analysis required by Section 11346.3 or failed to include the assessment or analysis in the file of the rulemaking proceeding as required by Section 11347.3.

(3) The adopting agency has prepared the estimate required by paragraph (6) of subdivision (a) of Section 11346.5, the estimate indicates that the regulation will result in a cost to local agencies or school districts that is required to be reimbursed under Part 7 (commencing with Section 17500) of Division 4, and the adopting agency fails to do any of the following:

(A) Cite an item in the Budget Act for the fiscal year in which the regulation will go into effect as the source from which the Controller may pay the claims of local agencies or school districts.

(B) Cite an accompanying bill appropriating funds as the source from which the Controller may pay the claims of local agencies or school districts.

(C) Attach a letter or other documentation from the Department of Finance which states that the Department of Finance has approved a request by the agency that funds be included in the Budget Bill for the next following fiscal year to reimburse local agencies or school districts for the costs mandated by the regulation.

(D) Attach a letter or other documentation from the Department of Finance which states that the Department of Finance has authorized the augmentation of the amount available for expenditure under the agency's appropriation in the Budget Act which is for reimbursement pursuant to Part 7 (commencing with Section 17500) of Division 4 to local agencies or school districts from the unencumbered balances of other appropriations in the Budget Act and that this augmentation is sufficient to reimburse local agencies or school districts for their costs mandated by the regulation.

(4) The proposed regulation conflicts with an existing state regulation and the agency has not identified the manner in which the conflict may be resolved.

(5) The agency did not make the alternatives determination as required by paragraph (4) of subdivision (a) of Section 11346.9.

(6) The office decides that the record of the rulemaking proceeding or other documentation for the proposed regulation does not demonstrate that the regulation is authorized by a clearly articulated and affirmatively expressed state law, that the regulation does not further the public protection mission of the state agency, or that the impact on competition is not justified in light of the applicable regulatory rationale for the regulation.

(e) The office shall notify the Department of Finance of all regulations returned pursuant to subdivision (d).

(f) The office shall return a rulemaking file to the submitting agency if the file does not comply with subdivisions (a) and (b) of Section 11347.3. Within three state working days of the receipt of a rulemaking file, the office shall notify the submitting agency of any deficiency identified. If no notice of deficiency is mailed to the adopting agency within that time, a rulemaking file shall be deemed submitted as of the date of its original receipt by the office. A rulemaking file shall not be deemed submitted until each deficiency identified under this subdivision has been corrected.

(g) Notwithstanding any other law, return of the regulation to the adopting agency by the office pursuant to this section is the exclusive remedy for a failure to comply with subdivision (c) of Section 11346.3 or paragraph (10) of subdivision (a) of Section 11346.5.

(h) The office may designate, employ, or contract for the services of independent antitrust or applicable economic experts when reviewing proposed regulations for competitive impact. When reviewing a regulation for competitive impact, the office shall do all of the following:

(1) If the Director of Consumer Affairs issued a written decision pursuant to subdivision (c) of Section 109 of the Business and Professions Code, the office shall review and consider the decision and all supporting documentation in the rulemaking file.

(2) Consider whether the anticompetitive effects of the proposed regulation are clearly outweighed by the public policy merits.

(3) Provide a written opinion setting forth the office's findings and substantive conclusions under paragraph (2), including, but not limited to, whether rejection or modification of the proposed regulation is necessary to ensure that restraints of trade are related to and advance the public policy underlying the applicable regulatory rationale.

SEC. 21. *No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.*

Speech-Language Pathology & Audiology & Hearing Aid Dispensers Board CALENDAR - FISCAL YEAR 2015/2016

Rev. 3/11/2016

Month	Date	Description
March 2016	31	State Holiday – Office Closed – Caesar Chavez Day
April 2016	13-16	AAA Convention - Phoenix, AZ
May 2016	12-13 12-14 30	Board & Committee Meeting – Sacramento HHP Convention – San Diego State Holiday – Office Closed – Memorial Day
June 2016		

Speech-Language Pathology & Audiology & Hearing Aid Dispensers Board CALENDAR - FISCAL YEAR 2016/2017

Rev. 3/11/2016

Month	Date	Description
July 2016		
August 2016	11-12	Board & Committee Meetings – Los Angeles
September 2016	7 8-10	State Holiday – Office Closed – Labor Day CAA Conference – San Diego
October 2016		
November 2016	3-4 11 17-19 26/27	Board & Committee Meetings – Sacramento State Holiday – Office Closed – Veteran's Day ASHA Convention - Colorado State Holiday – Office Closed – Thanksgiving Holiday
December 2016	25	State Holiday – Office Closed - Christmas Day
January 2017	1 18	State Holiday – Office Closed – New Year's Day State Holiday – Office Closed – Martin Luther King Jr. Day
February 2017	9-10 15	Board & Committee Meeting - TBD State Holiday – Office Closed – Presidents Day
March 2017	31	State Holiday – Office Closed – Caesar Chavez Day
April 2017		
May 2017	11-12 30	Board & Committee Meetings -TBD State Holiday – Office Closed – Memorial Day
June 2017		