BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
SPEECH-LANGUAGE PATHOLOGY & AUDIOLOGY & HEARING AID DISPENSERS BOARD
1601 Response Road, Suite 260, Sacramento, CA 95815
P (916) 287-7915 | www.speechandhearing.ca.gov

TELECONFERENCE BOARD COMMITTEE MEETINGS NOTICE AND AGENDA

The Speech-Language Pathology & Audiology & Hearing Aid Dispensers Board (Board) will hold Board Committee Meetings via teleconference in accordance with Government Code section 11123, subdivision (b), and via WebEx Events on

Thursday, May 15, 2025, beginning at 1:00 p.m.

TELECONFERENCE LOCATIONS FOR OBSERVATION AND PUBLIC COMMENT:

Board Office
1601 Response Road
Suite 260 (2nd Floor)
Sacramento, CA 95815
(916) 287-7915

Geleris Family Education Center
427 W. Carroll Avenue
Room 2
Glendora, CA 91741
(626) 335-0611

Law Office of Scott Warmuth
17700 Castleton St. #168
City of Industry, CA 91748
(888) 517-9888

IMPORTANT NOTICE TO THE PUBLIC:

The Board will hold this public meeting via WebEx, to observe and participate, please log on to WebEx (Instructions to connect to this meeting can be found at the end of this agenda). To participate in the WebEx Events meeting, please log on to the following websites each day of the meeting:

Thursday, May 15, 2025, WebEx Link, beginning at 1:00 p.m.:
If accessing by computer or online: **Click here** to join the meeting.
If joining using the link above: Webinar number: 2507 905 6665, Webinar password: SLPAHADB515
If accessing by phone: Dial +1-415-655-0001 US Toll, Access code: 2507 905 6665,
Passcode: 75724232

Members of the public may, but are not obligated to, provide their names or personal information as a condition of observing or participating in the meeting. When signing into the WebEx platform, participants may be asked for their name and email address. Participants who choose not to provide their names will be required to provide a unique identifier, such as their initials or another alternative, so that the meeting moderator can identify individuals who wish to make a public comment. Participants who choose not to provide their email address may utilize a fictitious email address in the following sample format: XXXXX@mailinator.com

Due to potential technical difficulties, please consider submitting written comments by 5:00 pm, Wednesday, May 14, 2025, to speechandhearing@dca.ca.gov for consideration.

Action may be taken on any agenda item. Items may be taken out of order to facilitate the effective transaction of Board business.

Thursday, May 15, 2025, beginning at 1:00 p.m.

Hearing Aid Dispensing Committee Members

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

Hearing Aid Dispensing Committee Agenda

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

2. Public Comment for Items Not on the Agenda
   (The Committee may not discuss or take any action on any item raised during this public comment section, except to decide whether to place the matter on the agenda of a future meeting (Government Code Sections 11125, 11125.7(a))

3. Discussion and Possible Action Regarding Postfitting Counseling and Foreign Body In The Ear Canal as Stated in Business and Professions Code (BPC) Sections 2538.11, 2538.36, and 2539.6 and Title 16, California Code of Regulations (CCR) Sections 1399.125 and 1399.126

4. Discussion Regarding Hearing Aid Dispenser Trainee Supervision and Operations at Primary and Branch Locations of their Supervisor as Stated in BPC 2538.27, 2538.28, 2538.30, 2538.33, 2538.34, 2538.35, and 2538.53 and Title 16, CCR Sections 1399.114, 1399.116, 1399.117, 1399.118, and 1399.119.

5. Adjournment

Upon Adjournment of the Hearing Aid Dispensing Committee Meeting

Audiology Practice Committee Members

Amy White, Dispensing Audiologist, Committee Chair
Karen Chang, Public Member
Tamara Chambers, Otolaryngologist, Public Member
Charles Sanders, Dispensing Audiologist

Audiology Practice Committee Agenda

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

2. Public Comment for Items Not on the Agenda
   (The Committee may not discuss or take any action on any item raised during this public comment section, except to decide whether to place the matter on the agenda of a future meeting (Government Code Sections 11125, 11125.7(a))

3. Overview and Discussion of Consumer Protection and Licensing Issues Related to Potential Creation of an Audiology Assistant License Type

4. Adjournment

Upon Adjournment of the Audiology Practice Committee Meeting

Speech-Language Pathology Practice Committee Members

Gilda Dominguez, Speech-Language Pathologist, Committee Chair
Tamara Chambers, Otolaryngologist, Public Member
VACANT, Speech-Language Pathologist

Speech-Language Pathology Practice Committee Agenda

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

2. Public Comment for Items Not on the Agenda
   (The Committee may not discuss or take any action on any item raised during this public comment section, except to decide whether to place the matter on the agenda of a future meeting (Government Code Sections 11125, 11125.7(a))

3. Discussion and Possible Action to Amend Regulations Regarding Scope of Responsibility, Duties, and Functions of Speech-Language Pathology Assistants as Stated in Title 16, CCR section 1399.170.3

4. Discussion and Possible Action to Amend Regulations Regarding General Application Requirements and Speech-Language Pathology and Audiology Aide Requirements as Stated in Title 16, CCR Sections 1399.151.2, 1399.151.3, 1399.151.4, 1399.154 through 1399.154.12, and 1399.157

5. Discussion and Possible Action to Recommend Amendments to Requirements for Continuing Professional Development for Speech-Language Pathology Assistants as Stated in BPC 2538.1 and Title 16, Sections 1399.170.14 and 1399.170.15

6. Adjournment

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

Action may be taken on any item on the agenda. The time and order of agenda items are subject to change at the discretion of the Board Chair and may be taken out of order. In accordance with the Bagley-Keene Open Meeting Act, all meetings of the Board are open to the public. In the event a quorum of the board is unable to attend the meeting, or the board is unable to maintain a quorum once the meeting is called to order, the members present may, at the Chair's discretion, continue to discuss items from the agenda and make recommendations to the full board at a future meeting. Adjournment, if it is the only item that occurs after a closed session, may not be webcast.

The meeting facility is accessible to persons with a disability. Any person who needs a disability-related accommodation or modification in order to participate in the meeting may make a request by contacting the Board office at (916) 287-7915 or making a written request to Cherise Burns, Executive Officer, 1601 Response Road, Suite 260, Sacramento, California 95815. Providing your request at least five (5) business days before the meeting will help ensure availability of the requested accommodation.

CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS

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MEMORANDUM

DATE	April 15, 2025
TO	Hearing Aid Dispensing Committee
FROM	Maria Liranzo, Legislation/Regulation/Budget Analyst
SUBJECT	Agenda Item 3: Discussion and Possible Action Regarding Postfitting Counseling and Foreign Body In The Ear Canal as Stated in Business and Professions Code Sections 2538.11, 2538.36, and 2539.6 and Title 16, California Code of Regulations (CCR) Sections 1399.125 and 1399.126

Background

On December 1, 2023, the Hearing Aid Dispensing Committee (Committee) delegated two Committee Members to work with staff to draft regulatory text that would define the terms "postfitting counseling" as used in BPC section 2538.11 and "foreign body" as used in BPC sections 2538.36 and 2539.6, and permit hearing aid dispensers and dispensing audiologists to remove hearing aid domes. This is in response to an inquiry the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board received in July 2022 asking whether there is any statutory or regulatory language that would restrict a hearing aid dispenser (HAD) from performing a dome removal if appropriate training is provided, and appropriate safeguards and policies are in place to limit dome removal to lower-risk clients. The Committee met on December 5, 2024 to review and discuss the draft regulatory text.

Summary of Changes

The following changes were made to the text presented on December 5, 2024:

- Amend CCR subsection 1399.125(a) to specify the removal of a hearing aid dome is from the ear canal or ear lobe.
- Amend CCR subsection 1399.125(b) to remove reference, and applicability, to dispensing audiologists.
- Amend CCR subsection 1399.125(b)(1) to specify that written verification must be signed, rename the American Board of Otolaryngology to include "– Head and Neck Surgery", and remove reference, or applicability to, dispensing audiologists.
- Amend CCR subsection 1399.125(b)(2) to change the minimum number of supervised hearing aid dome removals to five (5) and require the supervised to be from an otolaryngologist certified by the American Board of Otolaryngology – Head and Neck Surgery or a licensed audiologist.

- Amend CCR subsection 1399.125(b)(3) to remove the requirement that the hearing aid dome must be visible without otoscopic inspection and within the first bend of the ear canal, leaving only the requirement that a hearing aid dome be before the second bend of the ear canal to be eligible for removal.

- Renumber CCR subsection 1399.125(b)(4) to 1399.125(d) and amend to prohibit hearing aid dispensers and dispensing audiologist from removing a hearing aid dome if the patient has contraindications, rename the American Board of Otolaryngology to include "– Head and Neck Surgery", and include "other signs of infection" as a contraindication.

- Add CCR subsection 1399.125(c) to reflect that a dispensing audiologist cannot remove a hearing aid dome unless it is before the second bend of the ear canal.

Discussion Question

1. Should CRR subsection 1399.126(b) be revised?

   It may be confusing to say that the items listed are not considered a foreign body when in fact they are foreign to the ear. This may raise a clarity issue with Office of Administrative Law. The following is text the Committee could consider when revising CCR subsection 1399.126(b):

   > *(b) A "foreign body" means any organic or non-organic object or material that is not a natural part of the human body that would normally be present in the ear canal or ear lobe.*
   >
   > > *(1) Nothing in this Section shall be construed to prevent a person licensed in the practice of fitting or selling hearing aids from removing a complete and intact hearing aid, ear mold impressions, or dome of a hearing aid from a client's ear.*
   > >
   > > *(2) Nothing in this Section shall be construed to restrict persons who are properly licensed or registered under the laws of the State of California from practicing their licensed profession and operating within the scope of their licensed profession or supervised by someone operating within the scope of their licensed professions that allows them to remove a complete and intact hearing aid, ear mold impressions, or dome of a hearing aid from a client's ear.*
   > >
   > > *(3) A licensed hearing aid dispenser or licensed dispensing audiologist shall comply with Section 1399.125 prior to removing a hearing aid dome.*

Action Requested

Staff recommends the Committee review and discuss the provided materials and make any clarifications necessary before recommending the changes for full Board consideration.

Attachment A : Hearing Aid Dome Removal Text Proposal as amended December 5, 2024
Attachment B : Practice Act Regarding HAD and DAU
Attachment C: Hearing Aid Dome Removal Text Proposal presented on December 5, 2024

PROPOSED REGULATORY TEXT

Hearing Aid Dome Removal
As Amended December 5, 2024

Legend:	Added text is indicated with an underline. Deleted text is indicated by ~~strikeout~~.

§ 1399.125. Postfitting Counseling.

(a) For purposes of Section 2538.11 of the Code, "postfitting counseling" means adjustments and servicing of a hearing aid or aids sold, removal and replacement of a hearing aid that has malfunctioned or is no longer operational, resolving client issues including physical fit and acoustic targets, and educating the client on optimizing communication while using hearing aids and accessories. "Postfitting counseling" also includes the removal of a hearing aid dome in the ear canal or ear lobe.

(b) A licensed hearing aid dispenser shall not remove a hearing aid dome unless:

(1) They received written and signed verification from an otolaryngologist certified by the American Board of Otolaryngology – Head and Neck Surgery or a licensed audiologist that the dispenser has performed and is competent to remove the hearing aid dome. The written verification shall be maintained in the personnel file of the licensed hearing aid dispenser.

(2) They performed a minimum of five (5) supervised hearing aid dome removals supervised by an otolaryngologist certified by the American Board of Otolaryngology – Head and Neck Surgery or a licensed audiologist prior to receiving the written verification specified in (b)(1).

(3) The hearing aid dome is before the second bend of the ear canal.

(c) A licensed dispensing audiologist shall not remove a hearing aid dome unless they comply with (b)(3).

(d) A licensed hearing aid dispenser or licensed dispensing audiologist shall not remove a hearing aid dome where the patient has contraindications to the procedure. For purposes of this paragraph, examples of contraindications include:

(1) Visible congenital or traumatic deformity of the ear or other signs of infection.

(2) Active drainage from the ear.

NOTE: Authority cited: Section 2531.95, Business and Professions Code. Reference: Section 2538.11, Business and Professions Code.

§ 1399.126. ~~Significant Air-Bone Gap~~ Referral for Medical Opinion.

~~(a)~~ For purposes of Sections 2538.36 and 2539.6 of the Code:

(a) A "significant air-bone gap" means ~~is defined as~~ a difference of fifteen (15) decibels or more between the higher air conduction and the lower bone conduction pure tone thresholds at two (2) or more succeeding octave frequencies of five hundred (500) Hertz through and including four thousand (4000) Hertz.

(1)~~(b)~~ Tests for significant air-bone gap shall be performed in a suitable environment using appropriate equipment to establish threshold values and with appropriate masking procedures employed.

(b) A "foreign body" means any organic or non-organic object or material that is not a natural part of the human body that would normally be present in the ear canal or ear lobe. A complete and intact hearing aid or dome of a hearing aid present in a client's ear is not considered a "foreign body."

(1) A licensed hearing aid dispenser or licensed dispensing audiologist shall comply with Section 1399.125 prior to removing a hearing aid dome.

NOTE: Authority cited: Sections 2531.06 and 2531.95, Business and Professions Code. Reference: Sections 2538.36 and 2539.6, Business and Professions Code.

Practice Act Regarding Hearing Aid Dispenser and Dispensing Audiologist

Hearing Aid Dispenser	Dispensing Audiologist	Both
2538.11. (b) A hearing aid dispenser shall not conduct diagnostic hearing tests when conducting tests in connection with the practice of fitting or selling hearing aids. (c) Hearing tests conducted pursuant to this article shall include those that are in compliance with the Food and Drug Administration Guidelines for Hearing Aid Devices and those that are specifically covered in the licensing examination prepared and administered by the board. **2538.12.** A licensee may conduct hearing screenings at a health fair or similar event by the application of a binary puretone screening at a preset intensity level for the purpose of identifying the need for further hearing or medical evaluation. Upon the conclusion of each hearing screening, the licensee shall present to the person whose hearing was screened a written statement containing the following provisions:	**2539.14.** The provisions of subdivisions (b) and (c) of Section 2538.11 and the provisions of Section 2538.12 do not apply to a licensed audiologist who satisfies the requirements of Section 2539.1.	**2538.11.** (a) “Practice of fitting or selling hearing aids,” as used in this article, means those practices used for the purpose of selection and adaptation of hearing aids, including direct observation of the ear, testing of hearing in connection with the fitting and selling of hearing aids, taking of ear mold impressions, fitting or sale of hearing aids, and any necessary postfitting counseling. The practice of fitting or selling hearing aids does not include the act of concluding the transaction by a retail clerk. When any audiometer or other equipment is used in the practice of fitting or selling hearing aids, it shall be kept properly calibrated and in good working condition, and the calibration of the audiometer or other equipment shall be checked at least annually.

"Results of a hearing screening are not a medical evaluation of your ear nor a diagnosis of a hearing disorder but are only the identification of the need for further medical or hearing evaluation." A licensee conducting hearing screenings pursuant to this section shall not make or seek referrals for testing, fitting, or dispensing of hearing aids.		
2538.36. (a) Whenever any of the following conditions are found to exist, either from observations by the licensee or based on information furnished by the prospective hearing aid user, a licensee shall, before fitting or selling a hearing aid to any individual, suggest to that individual in writing that it would be in the individual's best interest to consult with a licensed physician and surgeon specializing in diseases of the ear, or, if none are available in the community, then to any duly licensed physician and surgeon: (1) Visible congenital or traumatic deformity of the ear.	**2539.6.** (a) Whenever any of the following conditions are found to exist either from observations by the licensed audiologist or on the basis of information furnished by the prospective hearing aid user, a licensed audiologist shall, prior to fitting or selling a hearing aid to any individual, suggest to that individual in writing that the individual's best interests would be served if they consult a licensed physician and surgeon specializing in diseases of the ear or, if none are available in the community, a duly licensed physician and surgeon: (1) Visible congenital or traumatic deformity of the ear.	

(2) History of, or active drainage from the ear within the previous 90 days. (3) History of sudden or rapidly progressive hearing loss within the previous 90 days. (4) Acute or chronic dizziness. (5) Unilateral hearing loss of sudden or recent onset within the previous 90 days. (6) Significant air-bone gap when generally acceptable standards have been established. (7) Visible evidence of significant cerumen accumulation or a foreign body in the ear canal. (8) Pain or discomfort in the ear. (b) No referral for medical opinion need be made by any licensee in the instance of replacement only of a hearing aid that has been lost or damaged beyond repair within one year of the date of purchase. A copy of the written recommendation shall be retained by the licensee for the period provided for in Section 2538.38. A person receiving the written	(2) History of, or active, drainage from the ear within the previous 90 days. (3) History of sudden or rapidly progressive hearing loss within the previous 90 days. (4) Acute or chronic dizziness. (5) Unilateral hearing loss of sudden or recent onset within the previous 90 days. (6) Significant air-bone gap (when generally acceptable standards have been established). (7) Visible evidence of significant cerumen accumulation or a foreign body in the ear canal. (8) Pain or discomfort in the ear. (b) No referral for medical opinion need be made by any licensed audiologist in the instance of replacement only of a hearing aid that has been lost or damaged beyond repair within one year of the date of purchase. A copy of the written recommendation shall be retained by the licensed audiologist for the period provided for in Section 2539.10. A person receiving the written	

recommendation who elects to purchase a hearing aid shall sign a receipt, and the receipt shall be kept with other documents retained by the licensee for the period provided for in Section 2538.38. Nothing in this section required to be performed by a licensee shall mean that the licensee is engaged in the diagnosis of illness or the practice of medicine or any other activity prohibited by the provisions of this code.	recommendation who elects to purchase a hearing aid shall sign a receipt for the same, and the receipt shall be kept with the other papers retained by the licensed audiologist for the period provided for in Section 2539.10. Nothing in this section required to be performed by a licensed audiologist shall mean that the licensed audiologist is engaged in the diagnosis of illness or the practice of medicine or any other activity prohibited by the provisions of this code.	
2538.38. A licensee shall, upon the consummation of a sale of a hearing aid, keep and maintain records in the licensee's office or place of business at all times and each record shall be kept and maintained for a seven-year period. All records related to the sale and fitting of hearing aids shall be open to inspection by the board or its authorized representatives upon reasonable notice. The records kept shall include: (a) Results of test techniques as they pertain to fitting of the hearing aid.	**2539.10.** A licensed dispensing audiologist shall, upon the consummation of a sale of a hearing aid, keep and maintain records in the licensed dispensing audiologist's office or place of business at all times and each such record shall be kept and maintained for a seven-year period. These records shall include: (a) Results of test techniques as they pertain to fitting of the hearing aid. (b) A copy of the written notice and the written receipt required by Section 2539.4 and the written recommendation and receipt required by Section 2539.6, when applicable.	

(b) A copy of the written notice and the written receipt required by Section 2538.35 and the written recommendation and receipt required by Section 2538.36 when applicable. (c) Records of maintenance or calibration of equipment used in the practice of fitting or selling hearing aids.		

PROPOSED REGULATORY TEXT

Hearing Aid Dome Removal
Presented on December 5, 2024

Legend:	Added text is indicated with an underline. Deleted text is indicated by ~~strikeout~~.

§ 1399.125. Postfitting Counseling.

(a) For purposes of Section 2538.11 of the Code, "postfitting counseling" means adjustments and servicing of a hearing aid or aids sold, removal and replacement of a hearing aid that has malfunctioned or is no longer operational, resolving client issues including physical fit and acoustic targets, and educating the client on optimizing communication while using hearing aids and accessories. "Postfitting counseling" also includes the removal of a hearing aid dome.

(b) A licensed hearing aid dispenser or licensed dispensing audiologist shall not remove a hearing aid dome unless:

(1) They received written verification from an otolaryngologist certified by the American Board of Otolaryngology or a licensed audiologist that the dispenser has performed and is competent to remove the hearing aid dome. The written verification shall be maintained in the personnel file of the licensed hearing aid dispenser or licensed dispensing audiologist.

(2) They performed a minimum of ten (10) supervised hearing aid dome removals prior to receiving the written verification specified in (b)(1).

(3) The hearing aid dome is visible without otoscopic inspection and is within the first or before the second bend of the ear canal.

(4) They consult with, and document clearance from, an otolaryngologist certified by the American Board of Otolaryngology that they can safely perform the hearing aid dome removal where the patient has contraindications to the procedure. For purposes of this paragraph, contraindications may include:

(A) Visible congenital or traumatic deformity of the ear.

(B) Active drainage from the ear.

NOTE: Authority cited: Section 2531.95, Business and Professions Code. Reference: Section 2538.11, Business and Professions Code.

§ 1399.126. ~~Significant Air-Bone Gap~~ Referral for Medical Opinion.

~~(a)~~ For purposes of Sections 2538.36 and 2539.6 of the Code:

(a) A "significant air-bone gap" means ~~is defined as~~ a difference of fifteen (15) decibels or more between the higher air conduction and the lower bone conduction pure tone thresholds at two (2) or more succeeding octave frequencies of five hundred (500) Hertz through and including four thousand (4000) Hertz.

(1)~~(b)~~ Tests for significant air-bone gap shall be performed in a suitable environment using appropriate equipment to establish threshold values and with appropriate masking procedures employed.

(b) A "foreign body" means any organic or non-organic object or material that is not a natural part of the human body that would normally be present in the ear canal or ear lobe. A complete and intact hearing aid or dome of a hearing aid present in a client's ear is not considered a "foreign body."

(1) A licensed hearing aid dispenser or licensed dispensing audiologist shall comply with Section 1399.125 prior to removing a hearing aid dome.

NOTE: Authority cited: Sections 2531.06 and 2531.95, Business and Professions Code. Reference: Sections 2538.36 and 2539.6, Business and Professions Code.

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MEMORANDUM

DATE	April 17, 2025
TO	Hearing Aid Dispensing Committee
FROM	Cherise Burns, Executive Officer
SUBJECT	Agenda Item 4: Discussion Regarding Hearing Aid Dispenser Trainee Supervision and Operations at Primary and Branch Locations of their Supervisor as Stated in BPC 2538.27, 2538.28, 2538.30, 2538.33, 2538.34, 2538.35, and 2538.53 and Title 16, CCR Sections 1399.114, 1399.116, 1399.117, 1399.118, and 1399.119

Background

At the December 2024 Board meeting, Tod Borges asked if a hearing aid dispenser trainee can do their unsupervised hours at a location other than their primary place of business and if they need a branch license to practice at those other locations. Mr. Borges also whether the supervisor needs a branch license for the trainee to work there.

The following are the statutory requirements regarding hearing aid dispenser trainees' supervision and business address requirements:

- ***Business and Professions Code (BPC) section 2538.10***
  For the purposes of this article, the following definitions shall apply:

  ~~(b)~~ "License" means a hearing aid dispenser license issued pursuant to this article and includes a temporary or trainee license.

  ~~(c)~~ "Licensee" means a person holding a license.

- ***BPC section 2538.14***
  "Hearing aid dispenser," as used in this article, means a person engaged in the practice of fitting or selling hearing aids to an individual with impaired hearing.

- ***BPC section 2538.28*** *(a) An applicant who has fulfilled the requirements of Section 2538.24, and has made application therefor, and who proves to the satisfaction of the board that they will be supervised and trained by a hearing aid dispenser who is approved by the board may have a trainee license issued to them. The trainee license shall entitle the trainee licensee to fit or sell hearing aids as set forth in regulations of the board.* ***The supervising dispenser shall be responsible for any acts or omissions committed by a trainee licensee under their supervision that may constitute a violation of this chapter.***

- ***BPC section 2538.33.*** *(a) Before engaging in the practice of fitting or selling hearing aids, each licensee shall notify the board in writing of the address or addresses where they are to engage, or intend to engage, in the practice of fitting or selling hearing aids, and of any changes in their place of business within 30 days of engaging in that practice.*

  ~~(b)~~ If a street address is not the address at which the licensee receives mail, the licensee shall also notify the board in writing of the mailing address for each location where the licensee is to engage, or intends to engage, in the practice of fitting or selling hearing aids, and of any change in the mailing address of their place or places of business.

- **BPC section 2538.34** (*a) Every licensee who engages in the practice of fitting or selling hearing aids shall have and maintain an established retail business address to engage in that fitting or selling, routinely open for service to customers or clients. The address of the licensee's place of business shall be registered with the board as provided in Section 2538.33.*

  (b) Except as provided in subdivision (c), ***if a licensee maintains more than one place of business within this state, they shall apply for and procure a duplicate license for each branch office maintained****. The application shall state the name of the person and the location of the place or places of business for which the duplicate license is desired.*

  (c) A hearing aid dispenser may, without obtaining a duplicate license for a branch office, engage on a temporary basis in the practice of fitting or selling hearing aids at the primary or branch location of another licensee's business or at a location or facility that they may use on a temporary basis, provided that the hearing aid dispenser notifies the board in advance in writing of the dates and addresses of those businesses, locations, or facilities at which they will engage in the practice of fitting or selling hearing aids.

- **BPC section 2538.51**
  It is unlawful to engage in the practice of fitting or selling hearing aids without the ***licensee having and maintaining an established business address****, routinely open for service to their clients.*

- **BPC section 2538.30**
  (a) A temporary or trainee licensee shall not be the sole proprietor of, manage, or independently operate a business that engages in the fitting or sale of hearing aids.

  (b) A temporary or trainee licensee shall not advertise or otherwise represent that they hold a license as a hearing aid dispenser.

The following are the regulatory requirements regarding hearing aid dispenser trainees' supervision and business address requirements:

- **16 CCR 1399.119**
  A trainee-applicant under Section 2538.28 of the Code ***shall fit or sell hearing aids only under the direct supervision of the supervising licensed hearing aid dispenser.***
  "Direct supervision" as used in this section means all of the following:

(a) The supervising dispenser is present within the same work setting a minimum of 20 percent of the time in which the trainee applicant is providing services.

(b) The supervising dispenser shall approve the selection of a hearing aid by a trainee-applicant.

(c) The supervising dispenser shall countersign the audiogram and all sales documents prepared and consummated by a trainee-applicant.

(d) If a trainee-applicant fails the license examination, the supervising dispenser is required to be physically present at all fittings and sales made by the trainee-applicant regardless of whether these occur in or outside the supervising dispenser's business location.

Discussion Items:

- Since BPC 2538.30 prohibits the management or independent operation of a business that engages in the fitting or sale of hearing aids by temporary and trainee licensees, it would appear to violate BPC 2538.30 to allow a hearing aid trainee to maintain a branch office under BPC section 2538.34. These laws must be read within the context of the other and within the context of BPC section 2538.28 (a) which states that the supervisor "responsible for any acts or omissions committed by a trainee licensee" including at primary and secondary (branch) locations.

- Pursuant to Title 16 CCR section 1399.119, it would appear that a hearing aid dispenser trainee even during the supervised hours where the supervisor is not physically present must be operating under the supervisor's license at the supervisor's primary or approved branch locations to be operating under their supervision. Additionally, because any temporary licensee who fails either license examination is subject to the physically present supervision requirements of a trainee pursuant to BPC section 2538.27(c), any branch license requirement would be applicable to temporary licensee in this situation as well.

Action Requested

Staff recommend the Committee review and discuss the materials provided. The Committee may wish to propose legislative changes to be included as part of the Board's Sunset review to clarify when the business address requirements do or do not apply to temporary and trainee licensees so as to reduce confusion with these requirements.

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MEMORANDUM

DATE	April 17, 2025
TO	Audiology Practice Committee
FROM	Cherise Burns, Executive Officer
SUBJECT	Agenda Item 3: Overview and Discussion of Consumer Protection and Licensing Issues Related to Potential Creation of an Audiology Assistant License Type

Background

The Board received a letter (Attachment A) from the California Academy of Audiology (CAA) to open a discussion with the Board on the possibility of creating a new license type for audiology assistants.

At its October 2022 meeting, the Board discussed and reviewed the Sunrise Process and delegated to the Audiology Practice Committee (Committee) the task to provide to the Board a recommendation as to whether pursuing the Sunrise Process to create an audiology assistant license type was an appropriate action for the Board to take.

BPC section 2530.1 states that "the practice of speech- language pathology and audiology and hearing aid dispensing in California affects the public health, safety, and welfare and there is a necessity for those professions to be subject to regulation and control." However, pursuant to Business and Professions Code (BPC) section 2531.02 states that the "Protection of the public shall be the highest priority for the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board in exercising its licensing, regulatory, and disciplinary functions. Whenever the protection of the public is inconsistent with other interests sought to be promoted, the protection of the public shall be paramount". Therefore, when recommending the Board take an action such as sponsoring legislation or creation of a new license type, it should be for the protection of the public that the Board take such leadership over the issue.

Sunrise Process

If the Board were to pursue sponsorship of this issue, the Board would pursuant to Government Code section 9148, be required to go through the legislative "Sunrise Process" to create any category of licensed professional and prove to the Legislature that it is needed to protect the public health, safety, or welfare. Government Code section 9148.4 requires the sponsor of the legislation to develop a plan for the establishment of the new category of licensed professional (Attachment B).

If the Committee is interested in pursuing the creation of an audiology assistant license type, the Board would need to determine that there is a consumer protection need for creating the new audiology assistant license type and will have to complete a questionnaire (Attachment C) and create a Sunrise Report to prove that it is needed to protect the public health, safety, or welfare. Examples of prior Sunrise Reports can be found at the bottom of the Assembly Business and Professions Committee website at https://abp.assembly.ca.gov/publications/reports.

In support of this review, Board staff obtained a summary of bill analyses for Assembly Bill 205 (Machado, Chapter 1058, Statutes of 1998) which established speech-language pathology assistants (Attachment D). Note the bill at that time was sponsored by the California Speech-Language-Hearing Association and the California School Employees Association, not the Board.

In Board staff's review of the Sunrise process, it would be difficult for the Board to prove that the creation of the audiology assistant license category is necessary to protect the public health, safety, or welfare. The Committee should review the materials provided and discuss whether the Committee believes the Board could prove this and whether further exploration of the Sunrise Process is merited.

Professional Association Standalone Legislation

Alternatively, when proposal of a new license type would either increase access to health care services or advance the profession associated with the new license type, professional associations can seek an Assembly Member or Senate Member to be the author of a bill to create a new license type. In this vein, the Committee could discuss and provide technical assistance to the potential sponsor of the future bill on the potential consumer protection and licensing issues that might arise if CAA were to sponsor standalone legislation to create an audiology assistant license type. Association sponsorship is how the speech-language pathology assistants (SLPA) license was created as well as a more recent example, with the creation of the Psychological Testing Technician registration (Attachment E).

Potential consumer protection issues the Committee could discuss include:

1. What audiological procedures and tasks should be outside the scope of an audiology assistant because they are too advanced or carry too much potential for patient harm?

    a. Are there certain procedures and tasks that should be prohibited altogether, prohibited unless the audiologist is physically present in the room, prohibited unless there is direct supervision, or prohibited when there is indirect supervision?

    b. Are there certain procedures and tasks that should be prohibited since they are within other licenses scope of practice and/or require separate examinations to allow performance of, e.g. hearing aid dispensing?

2. What minimum education and experience requirements would ensure minimum competency to perform core functions and ensure consumer protection?

    a. What degree programs would provide adequate knowledge and skills in audiological principles for initial licensure and ensure consumer protection e.g. audiology, communication science disorders, speech and hearing sciences?

    b. What level of education would provide adequate knowledge and skills in audiological principles for initial licensure and ensure consumer protection? An associate's degree, bachelor degree, or both like the SLPA license?

    c. Will foreign degrees qualify, and if so, how should they qualify to ensure equivalency to degrees issued in the United States?

    d. How many hours of directed observation and hours of fieldwork are needed for the audiology assistant to have sufficient clinical experience for initial licensure considering the types of tasks they would be performing?

3. What other consumer protection concerns do Committee Members potentially see?

Potential licensure issues the Committee could discuss include:

1. How big do we estimate the potential licensing population will be? Essentially what percentage of Audiologists would find it advantageous to employ an audiology assistant to perform the procedures and tasks allowed under the license?

2. Is a similar supervision structure and levels of supervision as SLPAs adequate to ensure consumer protection?

    a. What maximum number of audiology assistants should an audiologist be allowed to supervise while ensuring consumer protection?

3. Is the fee structure established for the SLPA adequate to cover the Board costs for the processing of applications and renewals?

4. Is the information collected from the SLPA application adequate to obtain all information needed to verify minimum standards for licensure?

5. Are the renewal requirements for a SLPA adequate to ensure continued competency?

6. Similar to when SLPAs were created, the Assembly and Senate Business and Professions committees will want to know whether an avenue for transition from an Audiology Aide registration is being created and whether that option ensures consumer protection?

Action Requested

Staff recommends the Committee review and discuss the provided materials to help determine the next course of action.

Attachment A:	Letter from CAA dated January 9, 2025
Attachment B:	Assembly B&P Committee's Review of the Sunrise Process
Attachment C:	Assembly B&P Committee's Sunrise Questionnaire
Attachment D:	Assembly Bill 205 Bill Analyses Summary
Attachment E:	SB-1428 (Chapter 622, Statutes of 2022) Psychological testing technicians: Bill Text
Attachment F:	SB-1428 (Chapter 622, Statutes of 2022) Psychological testing technicians: Bill Analyses

January 9, 2025

Speech Language Pathology and Audiology and
Hearing Aid Dispensers Board
1601 Response Road, Suite 260
Sacramento, CA. 95815

Dear SLPAHADB Members:

The licensed audiology community in California has been concerned about the legal and appropriate utilization of Audiology Aides for many years, often expressing confusion regarding how to define an aide, which clinical tasks are appropriate and allowable, and the most appropriate structure for their supervision.

It appears that the board has worked for several years on how best to define the scope of practice for Audiology Aides, as well as to define appropriate levels of supervision. The original concept of an aide was someone who could be trained to perform tasks in an audiology clinic or practice that ultimately could be performed without direct, over-the-shoulder supervision. However, ambiguity arose when complaints were heard that, 1) without appropriate training, aides were being allowed to perform nearly any task that an audiologist would perform or 2) that supervision requirements were so strict that there was little point in having an aide, i.e. every task required immediate supervision.

In California, Audiology Aides are not, at this time, required to complete educational requirements or attain annual CEUs, as is required by national professional organizations for certification as an Audiology Assistant. Thus, their scope of practice is more limited and the need for supervision is greater than for an Audiology Assistant. Current regulations (CCR 1399.154 (b1) state

“Audiology Aide means a person who “assists or facilitates while an audiologist is evaluating the hearing of individuals and /or is treating individuals with a hearing disorder.” Thus, it can be appreciated that the original concern of having to provide immediate supervision becomes potentially problematic.

Since the board, currently, does not support allowing Audiology Aides to perform tasks that are above their education, training and experience or with inappropriate supervision, the California Academy of Audiology would like to open a discussion with the board on the possibility of creating a new license type for Audiology Assistants. The structure of this license type may require that Audiology Assistants receive formal, appropriate training and clinical experience rotations that would allow them some independence in clinical decision making, with the concurrence of a licensed Audiologist. Further requirements may include a continuing education component. The model for this license model may be found in that for Speech-Language Pathology Assistants.

At this time, the California Academy of Audiology would like to request that this topic be added to a near-future board meeting agenda for further discussion of the issue. In the meantime, we welcome any questions or concerns the board may have ahead of a board meeting.

Sincerely,

Board of Directors
California Academy of Audiology

California Academy of Audiology
PO Box 102, Arden NC 28704
(888) 664-1135
info@caaud.org

REVIEW OF OCCUPATIONAL REGULATION AND THE "SUNRISE" PROCESS

The Sunrise Process

The Legislature uses a Sunrise process for the purpose of assessing requests for new or increased occupational regulation, pursuant to Government Code Section 9148 and policy Committee Rules. The process includes a questionnaire and a set of evaluative scales to be completed by the group supporting regulation. The questionnaire is an objective tool for collecting and analyzing information needed to arrive at accurate, informed, and publicly supportable decisions regarding the merits of regulatory proposals.

This process accomplishes the following: (1) places the burden of showing the necessity for new regulations on the requesting groups; (2) allows the systematic collection of opinions both pro and con; and, (3) documents the criteria used to decide upon new regulatory proposals. This helps to ensure that regulatory mechanisms are imposed only when proven to be the most effective way of protecting the public health, safety and welfare.

Background

Legislators and committees of the Senate and Assembly receive requests for new or expanded occupational regulation each Legislative Session. The regulatory proposals are intended to assure the competence of specified practitioners in different occupations. These requests in the past resulted in a proliferation of licensure and certification programs – a proliferation that met with mixed reviews. Proponents argue that licensing benefits the public by assuring competence and an avenue for consumer redress. Critics disturbed by increased governmental intervention in the marketplace have cited shortages of practitioners and increased costs of service as indicators that regulation benefits a profession more than it benefits the public.

State legislators and administrative officials are expected to weigh arguments regarding the necessity of such regulation, determine the appropriate level of regulation (e.g., registration, certification or licensure), and select a set of standards (education, experience, examinations) that will assure competency. Requests for regulatory decisions often result in sharp differences of opinion as supporters and critics of the proposed regulation present their arguments. The need for accurate information is clear and universal; however, no system existed to ensure that all needed information is collected and that the arguments presented are objectively weighed.

To create such a system, the Legislature and the state Department of Consumer Affairs undertook to develop ways of assessing needs for examinations, educational standards, and experience requirements that would assure provider competence in non-health-related occupations. The results of this project resulted in an evaluative process designed to provide a uniform basis for the presentation and review of proposed occupational regulation. This Sunrise process includes a questionnaire and evaluative scales that allow systematic collection and analysis of the data required for decisions about new regulation.

Developing the Sunrise Process

Several important concepts were considered in development of this process. The first is that the public is best served by minimal governmental intervention. Therefore, the group seeking regulation should be responsible for showing that government oversight is needed to protect the public health, safety or welfare.

Second, the decision to regulate an occupation involves weighing the right of individuals to do work of their choosing against the government's responsibility to protect the public when protection is clearly needed. Therefore, regulation should encompass fairness to consumers and practitioners alike.

Third, the instruments derived from this project should in no way deter small or poorly funded groups from making legitimate requests for regulation. Though it is true, for example, that requests for regulation come most often from professional associations, concerned citizens also propose new statutes. Usually such individuals will be less than able to provide extensive statistics and documentation in support of their proposal. It is imperative in such cases to ensure that form does not triumph over substance, i.e., that well-grounded concerns are not held hostage to formal completion of a data-collection process.

The development of the Sunrise process began with an exploration of current regulatory practice in other jurisdictions. Several sources were found that indicate a nationwide, ongoing effort to develop criteria that determine whether a need for regulation exists and, if it does, the level of regulation needed.

Especially helpful were the Bateman Commission report to the New Jersey Legislature, Minnesota's Allied Health Credentialing Act, the Council of State Governments' publication **"Occupational Licensing: Questions a Legislator Should Ask,"** and documents from Washington's Department of Licensing. Each of these sources provided ideas and information that have been integrated into the project products.

Sunrise Criteria and the Evaluative Questionnaire

Central to the Sunrise process was the creation of nine Sunrise criteria developed to provide a framework for evaluating the need for regulation. These criteria are:

1. Unregulated practice of the occupation in question will harm or endanger the public health, safety or welfare.

2. Existing protections available to the consumer are insufficient.

3. No alternatives to regulation will adequately protect the public.

4. Regulation will alleviate existing problems.

5. Practitioners operate independently, making decisions of consequence.

6. The functions and tasks of the occupation are clearly defined.

7. The occupation is clearly distinguishable from other occupations that are already regulated.

8. The occupation requires knowledge, skills and abilities that are both teachable and testable.

9. The economic impact of regulation is justified.

The Sunrise criteria were designed to present a concise statement of conditions indicative of a need for regulation. They were used to develop a "Regulatory Request Questionnaire" that solicits responses to a comprehensive, clearly defined set of questions. These questions allow presentation of arguments regarding the merits of the proposed regulation. The Questionnaire is intended as an aid to legislative and administrative staff, who should supply it to proponents of new regulations. (It can also be provided to those opposing such regulations.) In this way, the burden of proving the need for new regulations rests with the requesting groups.

The Questionnaire has three sections:

Section A helps identify the group seeking regulation and helps determine whether the applicant group adequately represents the occupation.

Section B will identify (1) consumers who typically seek practitioner services, and (2) non-applicant groups with an interest in the proposed regulation.

Section C has two parts: Part 1 allows presentation of data that support the application for regulation. Questions in this section, organized under the nine Sunrise criteria, require the applicant group to identify the current problems associated with unregulated practice of the occupation, show how the proposed regulation would solve those problems, and estimate the costs of implementing it. Part 2 requires the applicant group to complete a self-rating on each of the Sunrise criteria. These rating scales allow quantitative evaluation of the information and arguments concerning each important aspect of the proposed regulation. Examples of low and high ratings help clarify and standardize the criteria.

Procedure for Submitting Questionnaire

The "Regulatory Request Questionnaire" should be completed prior to introduction of a bill, and accompanied by a cover letter that provides information helpful to committee staff and other interested parties. At minimum, the letter should include: (1) a brief overview of the proposal; (2) the name of the person to contact for additional information; and (3) a comment on whether the proponents intend to pursue introduction of legislation in the current year or two-year session, and, if so, the intended author of the legislation.

Once the applicant group has completed the Questionnaire, legislative staff and other interested parties (e.g., staff of the appropriate state agency or agencies) will review and evaluate the information provided. While the Questionnaire will generate information useful in several contexts, its main purpose is to provide proponents and Legislative staff with comprehensive information in a common format and thereby facilitate informed decision making.

The process should help administrators and legislators answer three basic questions:

1. Does the proposed regulation benefit the public health, safety or welfare?

2. Will the proposed regulation be the most effective way to correct existing problems?

3. Is the level of the proposed regulation appropriate?

Determination of the Level of Regulation Needed

If review of the proponents' case indicates that regulation is appropriate, a determination must be made regarding the appropriate level of regulation. As noted above, the public is best served by minimal government intervention. The definitions and guidelines below are intended to facilitate selection of the least restrictive level of regulation that will adequately protect the public interest.

Level I: Strengthen existing laws and controls. The choice may include providing stricter civil actions or criminal prosecutions. It is most appropriate where the public can effectively implement control.

Level II: Impose inspections and enforcement requirements. This choice may allow inspection and enforcement by a state agency. These should be considered where a service is provided that involves a hazard to the public health, safety, or welfare. Enforcement may include recourse to court injunctions, and should apply to the business or organization providing the service, rather than the individual employees.

Level III: Impose registration requirements. Under registration, the state maintains an official roster of the practitioners of an occupation, recording also the location and other particulars of the practice, including a description of the services provided. This level of regulation is appropriate where any threat to the public is small.

Level IV: Provide opportunity for certification. Certification is voluntary; it grants recognition to persons who have met certain prerequisites. Certification protects a title: non-certified persons may perform the same tasks but may not use "certified" in their titles. Usually an occupational association is the certifying agency, but the state can be one as well. Either can provide consumers a list of certified practitioners who have agreed to provide services of a specified quality for a stated fee. This level of regulation is appropriate when potential for harm exists and when consumers have substantial need to rely on the services of practitioners.

Level V: Impose licensure requirements. Under licensure, the state allows persons who meet predetermined standards to work at an occupation that would be unlawful for an unlicensed person to practice. Licensure protects the scope of practice and the title. It also provides for a disciplinary process administered by a state control agency. This level of regulation is appropriate only in those cases where a clear potential for harm exists and no lesser level of regulation can be shown to adequately protect the public.

ASSEMBLY COMMITTEE ON BUSINESS AND PROFESSIONS

"SUNRISE" REGULATORY REQUEST QUESTIONNAIRE

Instructions for completing this questionnaire

- Responses to this questionnaire should be typed and dated. Each question should be answered within a single main document, which is limited to 50 pages. Supporting evidence for your responses may be included as an appendix, but all essential information should be included within the main document.

- Each question from the questionnaire should be stated in upper case (capital) letters. The response should follow in lower case letters.

- Each part of every question must be addressed. If there is no information available to answer the question, state this as your response and describe what you did to attempt to find information that would answer the question. If you think the question is not applicable, state this and explain your response.

- When supporting documentation is appropriate, include it as an appendix. Appendices would be labeled as follows: Each document appended should be lettered in alphabetical order. Pages within each appendix should be numbered sequentially. For example, the third page of the first appendix will be labeled A3, and the fifth page of the second appendix will be labeled B5. References within the main document to information contained in appendices should use these page labels.

- Please read the entire questionnaire before answering any questions so that you will understand what information is being requested and how questions relate to each other.

Section A: Applicant Group Identification

This section of the questionnaire is designed to help identify the group seeking regulation and to determine if the applicant group adequately represents the occupation.

1. What occupational group is seeking regulation? Identify by name, address and associational affiliation the individuals who should be contacted when communicating with this group regarding this application.

2. List all titles currently used by California practitioners of this occupation. Estimate the total number of practitioners now in California and the number using each title.

3. Identify each occupational association or similar organization representing current practitioners in California, and estimate its membership. For each, list the name of any associated national group.

4. Estimate the percentage of practitioners who support this request for regulation. Document the source of this estimate.

5. Name the applicant group representing the practitioners in this effort to seek regulation. How was this group selected to represent practitioners?

6. Are all practitioner groups listed in response to question 2 represented in the organization seeking regulation? If not, why not?

Section B: Consumer Group Identification

This section of the questionnaire is designed to identify consumers who typically seek practitioner services and to identify non-applicant groups with an interest in the proposed regulation.

7. Do practitioners typically deal with a specific consumer population? Are clients generally individuals or organizations?

8. Identify any advocacy groups representing California consumers of this service. List also the names of applicable national advocacy groups.

9. Identify any consumer populations not currently using practitioner services that are likely to do so if regulation is approved.

10. Does the applicant group include consumer advocate representation? If not, why not?

11. Name any non-applicant groups opposed to or with an interest in the proposed regulation. If none, indicate efforts made to identify them.

Section C: Sunrise Criteria

This part of the questionnaire is intended to provide a uniform method for obtaining information regarding the merits of a request for governmental regulation of an occupation. The information you provide will be used to rate arguments in favor of imposing new regulations (such as educational standards, experience requirements, or examinations) to assure occupational competence.

Part C1 – Sunrise Criteria and Questions

The following questions have been designed to allow presentation of data in support of application for regulation. Provide concise and accurate information in the form indicated in the *Instructions* portion of this questionnaire.

I. UNREGULATED PRACTICE OF THIS OCCUPATION WILL HARM OR ENDANGER THE PUBLIC HEALTH SAFETY AND WELFARE

12. Is there or has there been significant public demand for a regulatory standard? If so, provide documentation. If not, what is the basis for this application?

13. What is the nature and severity of the harm? Document the physical, social, intellectual, financial or other consequences to the consumer resulting from incompetent practice.

14. How likely is it that harm will occur? Cite cases or instances of consumer injury. If none, how is harm currently avoided?

15. What provisions of the proposed regulation would preclude consumer injury?

II. EXISTING PROTECTIONS AVAILABLE TO THE CONSUMER ARE INSUFFICIENT

16. To what extent do consumers currently control their exposure to risk? How do clients locate and select practitioners?

17. Are clients frequently referred to practitioners for services? Give examples of referral patterns.

18. Are clients frequently referred elsewhere by practitioners? Give examples of referral patterns.

19. What sources exist to inform consumers of the risk inherent in incompetent practice and of what practitioner behaviors constitute competent performance?

20. What administrative or legal remedies are currently available to redress consumer injury and abuse in this field?
21. Are the currently available remedies insufficient or ineffective? If so, explain why.

III. NO ALTERNATIVES TO REGULATION WILL ADEQUATELY PROTECT THE PUBLIC

22. Explain why marketplace factors will not be as effective as governmental regulation in ensuring public welfare. Document specific instances in which market controls have broken down or proven ineffective in assuring consumer protection.

23. Are there other states in which this occupation is regulated? If so, identify the states and indicate the manner in which consumer protection is ensured in those states. Provide, as an appendix, copies of the regulatory provisions from these states.

24. What means, other than governmental regulation, have been employed in California to ensure consumer health and safety? Indicate why the following would be inadequate:
    a. code of ethics
    b. codes of practice enforced by professional associations
    c. dispute-resolution mechanisms such as mediation or arbitration
    d. recourse to current applicable law
    e. regulation of those who employ or supervise practitioners
    f. other measures attempted

25. If a "grandfather" clause (in which current practitioners are exempted from compliance with proposed entry standards) has been included in the regulation proposed by the applicant group, how is that clause justified? What safeguards will be provided to consumers regarding this group?

IV. REGULATION WILL MITIGATE EXISTING PROBLEMS

26. What specific benefits will the public realize if this occupation is regulated? Indicate how the proposed regulation will correct or preclude consumer injury. Do these benefits go beyond freedom from harm? If so, in what way?

27. Which consumers of practitioner services are most in need of protection? Which require the least protection? Which consumers will benefit most and least from regulation?

28. Provide evidence of "net" benefit when the following possible effects of regulation are considered:
    a. restriction of opportunity to practice
    b. restricted supply of practitioners
    c. increased costs of service to consumer

d. increased governmental intervention in the marketplace

V. PRACTITIONERS OPERATE INDEPENDENTLY, MAKING DECISIONS OF CONSEQUENCE

29. To what extent do individual practitioners make professional judgments of consequence? What are these judgments? How frequently do they occur? What are the consequences?

30. To what extent do practitioners work independently (as opposed to working under the auspices of an organization, an employer or a supervisor)?

31. To what extent do decisions made by the practitioner require a high degree of skill or knowledge to avoid harm?

VI. FUNCTIONS AND TASKS OF THE OCCUPATION ARE CLEARLY DEFINED

32. Does the proposed regulatory scheme define a scope of activity which requires licensure, or merely prevent the use of a designated job title or occupational description without a license?

33. Describe the important functions, tasks and duties performed by practitioners. Identify the services and/or products provided.

34. Is there a consensus on what activities constitute competent practice of the occupation? If so, provide documentation. If not, what is the basis for assessing competence?

35. Are indicators of competent practice listed in response to question #34 measurable by objective standards such as peer review? Give examples.

36. Specify activities or practices that would suggest that a practitioner is incompetent. To what extent is public harm caused by personal factors such as dishonesty? .

VII. THE OCCUPATION IS CLEARLY DISTINGUISHABLE FROM OTHER OCCUPATIONS THAT ARE ALREADY REGULATED

37. What similar occupations have been regulated in California?

38. Describe functions performed by practitioners that differ form those performed by occupations listed in question #37.

39. Indicate the relationships among the groups listed in response to question #37 and practitioners. Can practitioners be considered a branch of currently regulated occupations?

40. What impact will the requested regulation have upon the authority and scopes of practice of currently regulated groups?

41. Are there unregulated occupations performing services similar to those of the group to be regulated? If so, identify.

42. Describe the similarities and differences between practitioners and the groups identified in *Question 41*.

VIII. THE OCCUPATION REQUIRES POSSESSION OF KNOWLEDGE, SKILLS AND ABILITIES THAT ARE BOTH TEACHABLE AND TESTABLE

43. Is there a generally accepted core set of knowledge, skills and abilities without which a practitioner may cause public harm? Please describe and provide documentation.

44. What methods are currently used to define the requisite knowledge, skills and abilities? Who is responsible for defining these knowledge, skills and abilities?

45. Are these knowledge, skills and abilities testable? Is the work of the group sufficiently defined that competence could be evaluated by some standard (such as ratings of education, experience or exam performance)?

46. List institutions and program titles offering accredited and non-accredited preparatory programs in California. Estimate the annual number of graduates from each. If no such preparatory programs exist within California, list programs found elsewhere.

47. Apart from the programs listed in question #46, indicate various methods of acquiring requisite knowledge, skill and ability. Examples may include apprenticeships, internships, on-the-job training, individual study, etc.

48. Estimate the percentage of current practitioners trained by each of the methods described in questions 46 and 47.

49. Does any examination or other measure currently exist to test for functional competence? If so, indicate how and by whom each was constructed and by whom it is currently administered. If not, indicate search efforts to locate such measures.

50. Describe the format and content of each examination listed in question 49. Describe the sections of each examination. What competencies are each designed to measure? How do these relate to the knowledge, skills and abilities listed in question 43?

51. If more than one examination is listed above, which standard do you intend to support? Why? If none of the above, why not, and what do you propose as an alternative?

IX. ECONOMIC IMPACT OF REGULATION IS JUSTIFIED

52. How many people are exposed annually to this occupation? Will regulation of the occupation affect this figure? If so, in what way?

53. What is the current cost of the service provided? Estimate the amount of money spent annually in California for the services of this group. How will regulation affect these costs? Provide documentation for your answers.

54. Outline the major governmental activities you believe will be necessary to appropriately regulate practitioners. Examples may include such program elements such as: qualifications evaluation, examination development or administration, enforcement, school accreditation, etc.

55. Provide a cost analysis supporting regulatory services to this occupation. Include costs to provide adequate regulatory functions during the first three years following implementation of this regulation. Assure that at least the following have been included:
    a. costs of program administration, including staffing
    b. costs of developing and/or administering examinations
    c. costs of effective enforcement programs

56. How many practitioners are likely to apply each year for certification if this regulation is adopted? If small numbers will apply, how are costs justified?

57. Does adoption of the requested regulation represent the most cost-effective form of regulation? Indicate alternatives considered and costs associated with each.

Part C2 – Rating on Sunrise Criteria

Assign each Criterion a numeric rating of 0–5 in the space provided. The rating should be supported by the answers provided to the questions in part C1. Scale descriptions are intended to give examples of characteristics indicative of ratings.

0_____1_____2_____3_____4_____5
(*Little Need for Regulation*) LOW HIGH (*Great Need for Regulation*)

I. UNREGULATED PRACTICE OF THIS OCCUPATION WILL HARM OR ENDANGER THE PUBLIC HEALTH SAFETY AND WELFARE _____

low: Regulation sought only by practitioners. Evidence of harm lacking or remote. Most effects secondary or tertiary. Little evidence that regulation would correct inequities.

high: Significant public demand. Patterns of repeated and severe harm, caused directly by incompetent practice. Suggested regulatory pattern deals effectively with inequity. Elements of protection from fraudulent activity and deceptive practice are included.

II. EXISTING PROTECTIONS AVAILABLE TO THE CONSUMER ARE INSUFFICIENT _____

low: Other regulated groups control access to practitioners. Existing remedies are in place and effective. Clients are generally groups or organizations with adequate resources to seek protection.

high: Individual clients access practitioners directly. Current remedies are ineffective or nonexistent.

III. NO ALTERNATIVES TO REGULATION WILL ADEQUATELY PROTECT THE PUBLIC _____

low: No alternatives considered. Practice unregulated in most other states. Current system for handling abuses adequate.

high: Exhaustive search of alternatives finds them lacking. Practice regulated elsewhere. Current system ineffective or nonexistent.

IV. REGULATION WILL MITIGATE EXISTING PROBLEMS

low: Little or no evidence of public benefit from regulation. Case not demonstrated that regulation precludes harm. Net benefit does not indicate need for regulation.

high: Little or no doubt that regulation will ensure consumer protection. Greatest protection provided to those who are least able to protect themselves. Regulation likely to eliminate currently existing problems.

V. PRACTITIONERS OPERATE INDEPENDENTLY, MAKING DECISIONS OF CONSEQUENCE

low: Practitioners operate under the supervision of another regulated profession or under the auspices of an organization which may be held responsible for services provided. Decisions made by practitioners are of little consequence.

high: Practitioners have little or no supervision. Decisions made by practitioners are of consequence, directly affecting important consumer concerns.

VI. FUNCTIONS AND TASKS OF THE OCCUPATION ARE CLEARLY DEFINED

low: Definition of competent practice unclear or very subjective. Consensus does not exist regarding appropriate functions and measures of competence.

high: Important occupational functions are clearly defined, with quantifiable measures of successful practice. High degree of agreement regarding appropriate functions and measures of competence.

VII. THE OCCUPATION IS CLEARLY DISTINGUISHABLE FROM OTHER OCCUPATIONS THAT ARE ALREADY REGULATED

low: High degree of overlap with currently regulated occupations. Little information given regarding the relationships among similar occupations.

high: Important occupational functions clearly different from those of currently regulated occupations. Similar non-regulated groups do not perform critical functions included in this occupation's practice.

VIII. THE OCCUPATION REQUIRES POSSESSION OF KNOWLEDGES, SKILLS AND ABILITIES THAT ARE BOTH TEACHABLE AND TESTABLE

low: Required knowledge undefined. Preparatory programs limited in scope and availability. Low degree of required knowledge or training. Current standard sufficient to measure competence without regulation. Required skill subjectively determined; not teachable and/or not testable.

high: Required knowledges clearly defined. Measures of competence both objective and testable. Incompetent practice defined by lack of knowledge, skill or ability. No current standard effectively used to protect public interest.

IX. ECONOMIC IMPACT OF REGULATION IS JUSTIFIED

low: Economic impact not fully considered. Dollar and staffing cost estimates inaccurate or poorly done.

high: Full analysis of all costs indicate net benefit of regulation is in the public interest.

Document updated February 11, 2015

Assembly Bill 205 (Machado, Chapter 1058, Statutes of 1998)
Bill Analyses Summary

PURPOSE OF THIS BILL

This bill is sponsored by the California Speech-Language-Hearing Association (CSLHA) and the California School Employees Association (CSEA) and is supported by numerous proponents (see listing below). Proponents state that there is a severe shortage of speech-language pathologists and that the 11 university programs in California are unable to produce an adequate supply of speech-language pathologists to meet the demands of schools, rehabilitative health facilities, long-term care facilities, and private practice settings. They argue that creation of a new mid-level practitioner category will relieve this shortage and take pressure off licensed speech-language pathologists.

CSLHA also argues that the proposed new license category will create career ladder opportunities for persons studying speech-language pathology and increase the opportunities for multi-lingual students of diversity to enter the field. CLSHA further argues that the proposed licensing standards and enforcement are needed to prevent inappropriate and abusive utilization of assistants in the provision of professional services in underfunded schools and cost-conscious managed health care providers. Proponents state that the bill is needed to address the critical shortage of trained professionals and that school districts are under federal mandates to provide speech-language services to their pupils as part of their special educational programs. The State Department of Education also supports this bill and states that the creation of the new license category would provide trained personnel who could provide some of the more routine services and relieve the fully credentialed speech-language pathologists to focus on more difficult cases.

CSLHA indicates that there are currently two community colleges that are initiating assistant AA degree programs, another that is studying the possibility, and several others that have expressed interest in an AA degree program. CSLHA estimates that there would be approximately 20-50 assistants registered in the first year, 200-400 more registered in the second year, and 400-800 more registered in the third year.

ARGUMENTS IN SUPPORT

The Department of Education (DOE) states that currently there is a severe shortage of credentialed speech-language specialists available to work in public school programs in this state. While DOE notes that this bill would not directly alleviate the shortage, DOE states that the new assistant category could provide some of the routine services and relieve the fully credentialed specialist to focus on more difficult cases.

ARGUMENTS IN OPPOSITION

The Department of Consumer Affairs opposes this bill stating that the information provided in proponent's response to the "Sunrise Questionnaire" for proposed new licensing categories required by the Government Code failed to provide documentation or evidence that describes the level of harm consumers may or are experiencing without the proposed new license category. Further, the department notes that pursuant to existing law, the Speech-Language Pathology and Audiology Committee is scheduled to become inoperative July 1, 1999 and will be undergoing a "sunset review" of the continued need for and effectiveness of its licensing this year by the Joint Legislative Sunset Review Committee. The department believes that proposals to expand or adding a new licensing agency at this time may not be appropriate prior to this sunset review and the Administration's objective to reduce government regulation where it is unnecessary.

SUPPORT

1. California School Employees Association (co-sponsor)
2. California Speech-Language-Hearing Association (co-sponsor)
3. Advisory Commission on Special Education
4. Bakersfield City School District Special Education Department
5. California Advisory Commission on Special Education
6. California Association of Bilingual Speech-Language Services
7. California Association on Postsecondary Education & Disabilities
8. California Association of School Psychologists
9. California Commission on Teacher Credentialing
10. California Council Administrators of Special Education
11. California Department of Education
12. California Kids Healthcare Foundation
13. California Rehabilitation Association
14. California Speech Pathologists and Audiologists in Private Practice
15. Casa Colina Centers for Rehabilitation
16. Clinical Speech Pathology - Bakersfield
17. Community Speech & Hearing Center, Van Nuys & Tarzana
18. Davis Unified School District
19. Eloise R. Johnston & Associates
20. Evergreen Valley College Applied Arts & Sciences
21. Foothill Nursing & Rehabilitation Center, Glendora
22. Gateway Rehabilitation Agency Speech Services of Marin-Sonoma
23. Imperial County Office of Education
24. Imperial County Schools Advocacy Association
25. International Society Augmentative Communication, California Chapter
26. Johnny Welton, EdD, SELPA Director
27. Katie Peters, CCC-SLP, Pasadena City College

28. Lamont School District
29. Nova Care Rehabilitation
30. Palmdale Elementary School District
31. Riverside County Advocacy Association
32. Special Education Local Plan Area Administrators
33. Speech Pathology & Audiology Examining Committee
34. The Council for Exceptional Children
35. Yolo County Office of Education
36. Numerous individual concerned citizens

OPPOSITION

1. Department of Consumer Affairs
2. Department of Finance

Senate Bill No. 1428
CHAPTER 622

An act to amend Section 2987 of, and to add Article 10 (commencing with Section 2999.100) to Chapter 6.6 of Division 2 of, the Business and Professions Code, relating to healing arts.

[Approved by Governor September 27, 2022. Filed with Secretary of State September 27, 2022.]

Bill Text

The people of the State of California do enact as follows:

SECTION 1.
Article 10 (commencing with Section 2999.100) is added to Chapter 6.6 of Division 2 of the Business and Professions Code, to read:

Article 10. Psychological Testing Technicians

2999.100.
(a) “Psychological testing technician” means an individual not otherwise authorized to provide psychological and neuropsychological testing under this chapter who is registered with the board and is authorized to perform the following functions:
(1) Administer and score standardized objective psychological and neuropsychological tests.
(2) Observe and describe clients’ test behavior and test responses.
(b) A psychological testing technician shall not perform the following functions:
(1) Select tests or versions of tests.
(2) Interpret test results.
(3) Write test reports.
(4) Provide test feedback to clients.
(c) A psychological testing technician shall only use the titles “psychological testing technician” or “neuropsychological testing technician.” A psychological testing technician shall not use the title “psychologist” or any title incorporating the word “psychologist.”
(d) Failure to comply with this section shall be grounds for disciplinary action.

2999.101.
To register as a psychological testing technician, a person shall submit the following to the board:
(a) An application that includes the following information:
(1) The applicant’s name, identification, and contact information.
(2) The applicant’s supervisor’s name, license number, and contact information.
(3) Attestation under penalty of perjury that the information provided on the application is true and correct.
(b) Proof of completion of a bachelor’s degree or graduate degree, or proof of current enrollment in a graduate degree program, from a regionally accredited university, college, or professional school, in either of the following subjects:
(1) Psychology.
(2) Education, with the field of specialization in educational psychology, counseling psychology, or school psychology.
(c) (1) Proof of completion of a minimum of 80 hours total of education and training relating to psychological or neuropsychological test administration and scoring that includes the following:

(A) At least 20 hours of direct observation, including at least 10 hours of direct observation of a licensed psychologist administering and scoring tests, and at least 10 hours of direct observation of either a licensed psychologist or registered psychological testing technician administering and scoring tests.
(B) At least 40 hours of administering and scoring tests in the presence of a licensed psychologist.
(C) At least 20 hours of education on topics including law and ethics, confidentiality, and best practices for test administration and scoring.
(2) Education and training may be obtained by doing any combination of the following:
(A) Participating in individual or group instruction provided by a licensed psychologist.
(B) Engaging in independent learning directed by a licensed psychologist.
(C) Completing graduate-level coursework at a regionally accredited university, college, or professional school.
(D) Taking continuing education courses from organizations with board approval pursuant to Section 2915.
(3) Nothing in this chapter shall prevent a person engaged in gaining the experience required by this subdivision from administering and scoring psychological and neuropsychological tests.
(d) The registration fee for a psychological testing technician as specified in Section 2987.
(e) Electronic fingerprint image scans for a state- and federal-level criminal offender record information search conducted through the Department of Justice.

2999.102.
(a) All psychological testing technician services shall be provided under the direct supervision of a licensed psychologist.
(b) A supervisor of psychological testing technicians shall satisfy all of the following requirements:
(1) Be employed by, or contracted to, the same work setting as the psychological testing technician they are supervising.
(2) Be available in-person, by telephone, or by other appropriate technology at all times the psychological testing technician provides services.
(3) Be responsible for all of the following:
(A) Ensuring that the extent, kind, and quality of the services that the psychological testing technician provides are consistent with the psychological testing technician's training and experience.
(B) Monitoring the psychological testing technician's compliance with applicable laws and regulations.
(C) Informing the client prior to the rendering of services by a psychological testing technician that the technician is registered as a psychological testing technician and is functioning under the direction and supervision of the supervisor.
(c) A psychological testing technician shall notify the board of any change to their direct supervisor. To add or change a supervisor, a psychological testing technician shall submit the following:
(1) Registrant's name, registration number, and contact information.
(2) New or additional supervisor's name, license number, and contact information.
(3) Current supervisor's name, license number, and contact information.
(4) Attestation under penalty of perjury that the information provided on the application is true and correct.
(5) The fee to add or change a supervisor for a psychological testing technician, as specified in Section 2987.

2999.103.
(a) A psychological testing technician shall renew their registration annually by submitting the following to the board:
(1) The registrant's name, registration number, and contact information.
(2) The supervisor's name, license number, and contact information.
(3) Disclosure as to whether or not the registrant has been convicted of any violation of the law in this or any other state, the United States or its territories, military court, or other country, omitting traffic infractions under five hundred dollars ($500) not involving alcohol, a dangerous drug, or a controlled substance, since the issuance or previous renewal of their registration.
(4) Disclosure as to whether or not the registrant has had a license or registration disciplined by a governmental agency or other disciplinary body, since the issuance or previous renewal of their registration. Discipline includes, but is not limited to, suspension, revocation, voluntary surrender, probation, reprimand, or any other restriction on a license or registration held.
(5) Attestation under penalty of perjury that the information provided on the application is true and correct.
(6) The annual renewal fee for a psychological testing technician as specified in Section 2987.
(b) Without renewal, a psychological testing technician registration expires annually. If the registration expires, then the person who was registered:
(1) Shall not provide psychological testing technician services.
(2) Shall renew within 60 days after its expiration and pay the renewal and delinquency fees as specified in Section 2987, or the registration shall be canceled and a new application for registration shall be submitted to the board.

2999.104.
Nothing in this article shall be construed to expand or constrict the scope of practice of a person who is licensed under any other provision of this division.

2999.105.
This article shall become operative on January 1, 2024.

SEC. 2.
Section 2987 of the Business and Professions Code is amended to read:

2987.
The amount of the fees prescribed by this chapter shall be determined by the board, and shall be as follows:
(a) The application fee for a psychologist shall not be more than fifty dollars ($50).
(b) The examination and reexamination fees for the examinations shall be the actual cost to the board of developing, purchasing, and grading of each examination, plus the actual cost to the board of administering each examination.
(c) The initial license fee is an amount equal to the renewal fee in effect on the last regular renewal date before the date on which the license is issued.
(d) The biennial renewal fee for a psychologist shall be four hundred dollars ($400). The board may increase the renewal fee to an amount not to exceed five hundred dollars ($500).
(e) The application fee for registration as a registered psychological associate under Section 2913 shall not be more than seventy-five dollars ($75).
(f) The annual renewal fee for registration of a psychological associate shall not be more than seventy-five dollars ($75).
(g) The duplicate license or registration fee is five dollars ($5).
(h) The delinquency fee is 50 percent of the renewal fee for each license type, not to exceed one hundred fifty dollars ($150).

(i) The endorsement fee is five dollars ($5).
(j) The file transfer fee is ten dollars ($10).
(k) The registration fee for a psychological testing technician shall be seventy-five dollars ($75).
(l) The annual renewal fee for a psychological testing technician is seventy-five dollars ($75).
(m) The fee to add or change a supervisor for a psychological testing technician is twenty-five dollars ($25).
Notwithstanding any other provision of law, the board may reduce any fee prescribed by this section, when, in its discretion, the board deems it administratively appropriate.

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.

Date of Hearing: June 28, 2022

ASSEMBLY COMMITTEE ON BUSINESS AND PROFESSIONS
Marc Berman, Chair
SB 1428 (Archuleta) – As Amended May 23, 2022

SENATE VOTE: 36-0

SUBJECT: Psychological testing technicians

SUMMARY: Requires an individual performing psychological or neuropsychological tests to register as a psychological testing technician (PTT) with the Board of Psychology (Board).

EXISTING LAW:

1) Establishes the Board under the jurisdiction of the Department of Consumer Affairs (DCA), responsible for the licensing and enforcement of the psychology profession in California. (BPC § 2920 *et seq.*)

2) Defines the practice of psychology as rendering psychological service involving the application of psychological principles, methods, and procedures of understanding, predicting, and influencing behavior, such as the principles pertaining to learning, perception, motivation, emotions, and interpersonal relationships, as specified. (BPC § 2903(a))

3) Provides the application of the principles above to include, but is not restricted to: assessment, diagnosis, prevention, treatment, and intervention to increase effective functioning of individuals, groups, and organizations. (BPC § 2903(b))

4) Establishes the following licensure requirements, for a psychologist applicant:

    a) Earning a doctorate degree in psychology, educational psychology, or education with the field of specialization in counseling psychology or educational psychology, as specified.

    b) Accruing at least two years of supervised professional experience under supervision.

    c) Taking and passing an examination testing the knowledge in any theoretical or applied fields of psychology, as well as professional skills and judgement in the use of psychological techniques and methods and the ethical practice of psychology.

    d) Completing pre-licensure courses, including alcohol and chemical dependency detection and treatment, spousal or partner abuse assessment detection and intervention strategies, aging and long-term care, suicide risk assessment and intervention, as specified. (BPC § 2914, § 2915.5, and § 2915.4)

5) Establishes a "psychological assistant" registration category and allows registrants to perform psychological functions in preparation for full licensure as a psychologist if the registrant:

a) Meets educational requirements, such as completing a master's degree, or being admitted to candidacy for a doctoral degree, or having a doctorate degree in psychology, educational psychology, or education.

b) Is under the immediate supervision of a licensed psychologist or a licensed physician and surgeon who is certified in psychiatry by the American Board of Psychiatry and Neurology or the American College of Osteopathic Board of Neurology and Psychiatry.

c) Complies with regulations adopted by the Board relating to continuing education requirements.

d) Does not provide psychological services to the public except as a supervisee. (BPC § 2913)

6) Prohibits a licensed psychologist or a board certified psychiatrist from supervising more than three psychological assistants at any given time. (BPC § 2913(c)(2))

7) Requires that protection of the public to be the Board's highest priority in exercising its licensing, regulatory, and disciplinary functions. Whenever the protection of the public is inconsistent with other interests sought to be promoted, the protection of the public shall be paramount. (BPC § 2920.1)

THIS BILL:

1) Effective January 1, 2024, authorizes an individual to provide psychological or neuropsychological test administration and scoring services if that individual is registered with the Board as a PTT and meets specified education requirements.

2) Defines a PTT as an individual who, if registered with the Board, can administer and score standardized objective psychological and neuropsychological tests, as well as observe and describe the client's behavior and responses during the test.

3) Prohibits a PTT from selecting tests, interpreting testing results, writing test reports, or providing test feedback to clients.

4) Specifies that PTTs may only use the terms "psychological testing technician" or "neuropsychological testing technician."

5) Creates a registration process for a PTT and requires the following information regarding their qualification to be submitted to the Board:

a) The applicant's name, registration number, and contact information.

b) The applicant's supervisor's name, license number, and contact information.

c) Verification of completion of a bachelor's degree or graduate degree, or proof of current enrollment in a graduate degree program, from a regionally accredited university, college, or professional school.

d) Disclosure of any conviction of any violation of the law in this or any other state, the United States or its territories, military court, or other country, omitting traffic infractions under five hundred dollars not involving alcohol, a dangerous drug, or a controlled substance, since the issuance or previous renewal of their registration.

e) Disclosure if the registrant has had a license or registration disciplined by a governmental agency or other disciplinary body, since the issuance or previous renewal of their registration.

f) Attestation under penalty of perjury that the information provided on the application is true and correct.

6) Requires a PTT to complete a minimum of 80 hours of education and training in specified topics relating to psychological or neuropsychological test administration and scoring.

7) Requires PTTs to have a bachelor's or graduate degree in psychology, educational psychology, counseling psychology or school psychology, or to be currently enrolled in a graduate degree program.

8) Provides that the above 80 hours of education and training may be done in an individual or group instruction provided by a licensed psychologist, engaging in independent learning, completion of graduate-level coursework, or taking continuing education.

9) Requires all PTTs to be under the direct supervision of a licensed psychologists and requires the supervisor to be:

a) Employed by the same work setting as the PTT.

b) Available in-person, by telephone or by other appropriate technology.

c) Responsible for the ensuring that the extent, kind, and quality of the services that the psychological testing technician provides are consistent with the psychological testing technician's training and experience, monitoring the PTT is in compliance with laws and regulations, and informing the client that a PTT will be rendering services.

10) Requires a PTT to notify the Board of any changes to their direct supervisor, submit specified information about their added supervisor, and pay a fee.

11) Requires a PTT to annually renew their registration with the Board and submit specified information and renewal fee.

12) Establishes a $75 fee for registration or renewal and a fee of $25 to add or change the psychological testing technician's supervisor.

FISCAL EFFECT: Pursuant to Senate Rule 28.8, negligible state costs.

COMMENTS:

Purpose. This bill is sponsored by the **California Psychological Association (CPA)**. According to the author, "Although exacerbated by the COVID-19 pandemic, the demand for psychological and neuropsychological services has been steadily increasing. Unfortunately, state statute does not define technician services in the practice psychology, creating significant delays to access for psychological testing services. This measure would allow 'psychological testing technicians' to administer and score psychological and neuropsychological tests under the direct supervision of licensed psychologists. The use of technicians primarily allows the psychologist to utilize their time more efficiently and productively, freeing them to engage in the interpretation of the results while also being able to provide additional services that require their specified skill-set, such as providing psychotherapy or cognitive rehabilitation, treatment planning, psychoeducational services, engaging in research, and supervising psychological associates."

Background.

Board of Psychology. The Board regulates licensed psychologists, psychological assistants, and registered psychologists through the enforcement of the Psychology Licensing Law. The Board protects consumers receiving psychological services and supports the evolution of the profession. In California, a licensed psychologists can practice psychology independently. Registered psychologists work and gain experience under direct supervision of a licensed psychologist within agencies that receive government funding. Psychological assistants provide psychological services under the supervision of a qualified licensed psychologist or board-certified psychiatrist in order to accrue the necessary supervised hours to obtain full licensure as a psychologist. In its 2020 sunset review report to the Legislature, the Board stated that it was experiencing a notable increase in the average time to process complete applications and a significant increase in the average time to process incomplete applications in the past three fiscal years. In fact, the number of pending applications outnumbered completed applications. Considering the Board's recognition of its backlog with processing applications in a timely manner, the Board should factor in an increased workload for reviewing PTT applications. According to the Board, amendments that include a PTT registration fee will cover the cost of the work to implement the bill.

Access to Mental Health Services. California is facing an increased need for mental health access and professionals to provide critical services. To address the growing need and access to mental health providers, Governor Newsom proposed a Community Assistance, Recovery, and Empowerment Court that is aimed "to assist people living with untreated mental health and substance abuse challenges." Additionally, in 2022, Senator Weiner introduced SB 964 (Weiner) which calls for an analysis of the practice laws for behavioral health workers, as well as health plan hiring guidelines and practices for different behavioral health certification and license types. Mental health providers are critical for patient health and in order to meet the current demand for services, it is necessary to keep access to entry to this profession reasonable and appropriate. According to the Board, psychological testing technicians will fill a crucial service gap in California's mental health system. As California continues to face a mental health provider shortage, patients scheduled for psychological testing, particularly in rural areas and in need of services covered by Medicare and Medicaid, face higher costs and longer wait times.

Neuropsychological and psychological testing. A neuropsychological evaluation is a test to measure how well a person's brain is working and responding. On average, these tests take six to eight hours to perform. The abilities tested include reading, language usage, attention, and learning, processing speed, reasoning, remembering, problem solving, mood, and personality. Neuropsychological testing is used to determine diseases and disorders such as Alzheimer's. Psychological testing is used to diagnose and identify psychiatric and developmental disorders, such as anxiety, depression, ADHD, and Autism spectrum disorders (ASD). These test are completed for specific diagnoses, such as receiving a determination of traumatic brain injury for the purposes of a disability claim, insurance lawsuit, or care determination. Relatedly, diagnoses of ASD are established for determining a student's individualized education plan (IEP) in school settings. In these cases, any delay for individuals seeking psychological testing services could pose significant harm to receiving a proper diagnosis and treatment plan.

The Center for Medicare and Medicaid Services (CMS) currently allows for technicians to perform psychological services. According to CMS, "Psychological testing requires a clinically trained examiner." CMS guidelines is arguably a primary reason for establishing a registration process. The Centers for Medicare and Medicaid Services (CMS) manual indicates that psychologists can, in fact, allow technicians to perform psychological services, pursuant to state laws and regulations.

It is unclear if technicians are in practice in California outside of federally-regulated practice settings, such as the Veterans Administration Health System, or other regulated practice settings, such as academia or limited private pay settings. General work of a technician, as defined in this measure, can be referred to as either "testing technician" or "psychometrist," although, the latter term is clearly defined in California statute as the practice of psychology and only to be done by a licensee. According to the California Psychological Association (CPA), it is estimated that there may be close to 100 individuals currently working in California who could be eligible to administer tests as described in this bill. This estimated number would exempt those practitioners who already meet the minimum qualifications as a psychological associate, trainee, or licensee. Additionally, CPA estimates almost all the technicians surveyed by the association, as well as the psychologists and neuropsychologists who would utilize technicians and under whose license they would practice, are supportive of this effort and clarification of current law. CPA has surveyed its membership and reached out to providers of mental and behavioral health services, such as managed care organizations, behavioral health provider unions, and county behavioral health offices; these providers agree this bill would provide necessary clarity for technicians and their supervisors. As mentioned earlier in the analysis, psychologists report long wait times of several months to access testing services. Clear regulation of testing technicians would expand timely access to testing services by expanding the workforce in this area.

Education. The "Standards for Educational and Psychological Testing" are developed by a task force convened by the American Psychological Association to inform faculty, supervisors, students and the public on quality practices for education and training in psychological assessment. The standards are periodically reviewed and revised to reflect developments in discipline. These standards are referred to as the "gold standard" for testing technicians to learn how to properly administer testing The American Psychological Association's Model Act for State Licensure of Psychologists suggests that states adopt the following:

> *Nothing in this section shall be construed to apply to any person other than ... (c) a qualified assistant, technician, or associate employed by, or otherwise directly accountable to, a licensed psychologist. Such individuals may, among other things, administer and score neuropsychological tests at the request of the supervising psychologist, but may not interpret such tests. The Board in regulations shall determine the number of assistants, technicians and associates that a psychologist may employ and the conditions under which they will be supervised.*

The suggestion outlined above is far less burdensome for PTTs than the requirements outlined in this measure. This bill adds 80-hours of additional education with a registration process. The American Psychological Association (APA), the national trade association for psychologists, and National Academy of Neuropsychology (NAN) maintain information publicly available on their websites to help consumers understand psychological testing, and further information providing a national model for the practice of testing technicians, including best practices. Currently, there is no specific method to hold technicians accountable since no California agency, board, bureau, or department maintains their ability to practice legally within California. Consumers would be able to hold licensed psychologists accountable via complaints to the Board or lawsuits. As mentioned throughout this analysis, since there is no state body that regulates the practice of testing technicians there is no specific remedy to address any consumer injury or abuse by a technician short of holding a licensed psychologist to account for that technician's actions or complaining to the Board that a technician is practicing psychology without a license. Further, this lack of registration means that a licensed psychologist is solely responsible for vetting the education and training of a testing technician in their service, and is wholly liable if that individual has deceived the licensee and led to patient harm.

Licensure, Recognition and Regulation. There is no definition in current law of psychological testing technicians. A California psychologist who employs a technician to perform administration and scoring of psychological testing may be subject to liability imposed by the Board subject to civil and even criminal charges. Moreover, billing of any services provided by the unlicensed technician may risk liability to third-party payers. Current law defines the practice of psychology to explicitly include constructing, administering, and interpreting tests of mental abilities, aptitudes, interests, attitudes, personality characteristics, emotions, and motivations through means of assessment. The use of neuropsychological technicians has been a nationally established standard of practice in the field for more than almost five decades. The practice of using technicians in psychological and neuropsychological practice has been supported by the American Academy of Clinical Neuropsychology and is also consistent with policies and procedures defined by the American Psychological Association. Utilization of technicians is similar to other doctoral-level professionals employing technicians, such as neurologists with their EEG technicians or radiologists with x-ray technicians, as a means of extending the services they provide under their scope of practice. A national survey conducted in 2002 indicated that over half of neuropsychologists that responded indicated that they employ technicians in their practice.

California laws governing the practice of psychology do allow for registered psychological associates to perform testing technician services, under the supervision of a licensed psychologist. However, the scope of registered psychological associates is much broader than that of simply administration and scoring of tests, as these individuals have completed their

graduate training and are performing more complex roles that will eventually lead to them becoming licensed psychologists. Technicians, as defined by national standards, are not independent practitioners. Technicians work under the supervision of the employing psychologist or neuropsychologist. Technician's scope of practice is limited to the administration, scoring, and behavioral observations of examinees during testing. The technician's scope does allow for engaging in the selection of tests, interpretation of data, or report-writing, which is performed by the doctoral-level, employing clinician.

Additionally, there are similar cognitive tests employed by licensed psychologists commonly used by other disciplines, such as occupational therapists or speech and language pathologists, which require a bachelor's or master's degree. These fields also engage in interpretation of the test results, with less training than what is required for licensed psychologists. Current Procedural Terminology (CPT) codes that are accepted by medical insurance companies recognize billings codes that are uniquely specific to using a technician to administer and score psychological and neuropsychological testing, which is separate from a code that is used when a psychologist performs direct services.

Licensed Marriage and Family Therapists (LMFTs) and Licensed Professional Clinical Counselors (LPCCs) both receive training in psychological testing as a requirement of licensure and the explicit ability to "assess" patients in the discharge of their profession. However, there is a limitation to what constitutes "assessment" under current law, as LPCCs may not use projective techniques in the assessment of personality, individually administered intelligence tests, neuropsychological testing, or utilization of a battery of three or more tests to determine the presence of psychosis, dementia, amnesia, cognitive impairment, or criminal behavior. Taking all of that in consideration, there is nothing in this measure that should be interpreted as limiting the scope of education, training, or practice for any other category of mental health licensee to perform the function of testing or assessing their clients within their own scope to determine an appropriate clinical response.

According to background provided by the sponsor and impacted practitioners, the benefits from codifying the practice of testing technicians will ultimately result in a direct increase in the volume and availability of psychological services. Utilization of technicians to perform the standardized testing administration allows psychologists more time, on average six to eight hours, to engage with patients on complex activities that require a psychologist's expertise. Any delay in services impacts individuals living with neurodegenerative conditions. For example, some conditions include Alzheimer's disease or traumatic brain injury and neurodevelopmental disorders, such as Autism spectrum disorder or intellectual disability. The consumer and families of these services is reliant upon the practitioner to assist the individual in responding to testing and collecting accurate data regarding test responses. By ensuring that services are provided in a timely manner by regulated, educated, and trained professionals, consumers will receive the same level of quality in administration of psychological tests while improving access to care and treatment plan.

Other State's Related Efforts: Currently, Arkansas, New York, North Carolina, and Oregon have laws in place providing registration and oversight of psychological testing technicians.

- Arkansas has requirements in place for neuropsychological technicians. The law requires a supervising psychologist to be approved by the Arkansas Psychology Board to practice

neuropsychology (independently); to have at least three (3) years of post-licensure experience and had training or experience, or both, in supervision; to be ethically and legally responsible for all the professional activities of the technician; and to have adequate training, knowledge, and skill to render competently any neuropsychological service which the employed technician undertakes. Each psychologist and neuropsychological technician must have their applications and credentials approved by the Board during a meeting. Neuropsychological technicians must annually renew their registration by June 30th of every year.

- New York allows testing technicians, who meet certain specified requirements, to administer and score standardized objective (non-projective) psychological or neuropsychological tests which have specific predetermined and manualized administrative procedures which entail observing and describing test behavior and test responses, and which do not require evaluation, interpretation or other judgments. Such testing technicians may provide services in those settings that may legally engage in the practice of psychology and they must be supervised by a licensed psychologist, who must attest to such supervision, as well as to the education and training of the testing technicians, as prescribed in statute. All licensed psychologists who use a testing technician must complete the form entitled "Licensed Psychologist Attestation of Supervision of a Testing Technician" and submit it to the Department before providing the activities or services of the testing technician.

- North Carolina allows unlicensed individuals to perform tasks related to psychological testing, upon determination by a licensed psychologist that the individual can perform the tasks, given the client or patient's characteristics and circumstances, in a manner consistent with the unlicensed individual's training and skills. A psychologist who employs or supervises unlicensed individuals to provide the services described shall comply with documentation and supervision requirements.

- Oregon may delegate a licensee administration and scoring of tests to technicians if the licensee ensures the technicians are adequately trained to administer and score the specific test being used. The licensee must also ensure that the technicians maintain standards for the testing environment and testing administration as set forth in the APA Standards for Educational and Psychological Tests (1999) and APA Ethical Principles for Psychologists (2002).

- Texas allows licensed psychologist to delegate testing or a service if the psychologist determines the person can properly and safely perform, the person does not represent to the public they can practice psychology and is performed in a customary manner. Texas law also states that for purpose of billing the test or service is considered to be delivered by the delegating psychologist.

Prior Related Legislation.

SB 801 (Archuleta & Roth, Chapter 647, Statutes of 2021): Established various changes to the regulation of a number of licensed professionals by the Board of Behavioral Sciences (BBS) and to the Board intended to improve oversight of licensees stemming from the joint sunset review

oversight of the BBS and the Board. Revised and recast the pathway for licensure as a psychologist, replace "psychological assistant" with "registered psychological associate," added an additional foreign degree evaluator permitted by the Board, permitted closed session for a Board-designated committee, clarified licensure surrender and reinstatement provisions, extended the sunset date of both the Board and the BBS by four years, until January 1, 2026, and made other technical changes.

ARGUMENTS IN SUPPORT:

The sponsor, the **California Psychological Association (CPA)**, writes in support of the bill: "California is experiencing a dire shortage of mental health professionals and is grappling with meeting this need. According to the Healthforce Center at UCSF, California is on track to lose at least 11% of its psychologists in the next decade. This is on top of the existing scarcity and workforce challenges exacerbated by the COVID-19 pandemic – and the demand for psychological and neuropsychological services has been steadily increasing. We know that there are extensive wait times for psychological testing. This is challenging when families are waiting on educational testing, or someone is waiting on testing to determine the effects of traumatic brain injuries or for a diagnosis related to dementia. In all of these situations, time is of the essence in order to provide much needed treatment. These technicians would be registered and well regulated by the Board of Psychology. Technicians would not select the tests nor interpret tests. That is the purview of a licensed psychologist. The use of technicians allows the psychologist to utilize their time more efficiently and productively, freeing them to engage in the interpretation of the test results, develop an appropriate treatment plan, and work directly with patients. We believe this will improve access to care for consumers."

The **Board of Psychology** supports the bill and states, "The bill includes further clarification on requirements pertaining to education, registration, renewal, supervision, implementation date, and enforcement, including fees related to psychological testing technicians. The amendments from May 23rd make the proposal cost neutral and allow the Board to implement the bill without extensive regulations. Additionally, this bill does not allow psychological testing technicians to choose the type of tests to administer or interpret the test results, as licensed psychologists are properly trained on these tasks. States such as New York, North Carolina, and Oregon have implemented laws that allow trained and credentialed or licensed individuals to provide psychological testing services."

The **County Behavioral Health Directors Association (CBHDA)** supports the bill and points out, "Individuals who have received traumatic brain injuries (TBI), are affected by a psychological disorder, or require an assessment as part of a legal or educational proceeding rely on the work done by licensed psychologists. Psychologists perform batteries of psychological tests that can vary in length; it is not unusual for them to require one to two full days for the administration of certain psychological tests for a single patient. Our members are excited about this bill and feel it would have a positive impact on addressing the workforce challenges experienced by the public behavioral health system, particularly in freeing up capacity for licensed psychologists."

ARGUMENTS IN OPPOSITION:

No opposition on file.

POLICY ISSUES:

The majority of the concerns raised in the Senate Business, Professions, and Economic Development Committee's analysis dated April 4, 2022 have been addressed through amendments made on the Senate Floor on May 23, 2022. Specifically, SB 1428 was amended to provide further clarification on requirements pertaining to education, registration, renewal, supervision of PTTs, and enforcement, including fees related to PTTs. The amendments also delayed the implementation date to January 1, 2024, allowing the Board and the profession to implement the bill's new requirements relating to psychological testing technician's registration requirements with the Board.

However, concerns relating to whether registration may become a barrier to employment remain. In recent years, a number of published reports have called for reforms to California's licensure scheme, criticizing the state's regulation of occupations and professions as needlessly burdensome and complex. These reports typically follow a libertarian philosophy in favor of smaller government, arguing that regulation should only exist in situations where clear consumer harm is likely absent government intervention. Barriers to entry such as licensing fees, education requirements, examinations, criminal history disqualifications, and other prerequisites are all then presumed undesirable unless proven necessary for the public interest.

The Little Hoover Commission's *Jobs for Californians: Strategies to Ease Occupational Licensing Barriers* refers to the boards and bureaus under the DCA as a "nearly impenetrable thicket of bureaucracy for Californians" and advocates for the state to "review its licensing requirements and determine whether those requirements are overly broad or burdensome to labor market entry or labor mobility." The Institute for Justice's *License to Work: A National Study of Burdens from Occupational Licensing*, now in its second edition, ranks California as the "most burdensome state" when accounting for both the number of lower-income occupations licensed and the average burden of licensing requirements. Other reports published by both public and private research institutions are less aggressively critical in tone, but offer similar assessments as to the possibility that California may arguably overregulate in its licensure of professions and occupations.

Nevertheless, providing clarification surrounding PTTs educational requirements, supervision, and Board registration would help ensure that vulnerable populations in need of psychological or neuropsychological testing receive quality services from a qualified workforce of registered PTTs. It is arguably crucial that individuals administering these tests follow standardized testing procedures from patient to patient. Without clear guidelines, education, training, registration requirements, the validity of test results may be in question and impact a diagnosis and treatment.

REGISTERED SUPPORT:

California Psychological Association *(Sponsor)*
The California Board of Psychology
County Behavioral Health Directors Association
National Union of Healthcare Workers

REGISTERED OPPOSITION:

None on file.

Analysis Prepared by: Annabel Smith / B. & P. / (916) 319-3301

SENATE COMMITTEE ON
BUSINESS, PROFESSIONS AND ECONOMIC DEVELOPMENT
Senator Richard Roth, Chair
2021 - 2022 Regular

Bill No:	SB 1428	**Hearing Date:**	April 4, 2022
Author:	Archuleta		
Version:	February 18, 2022		
Urgency:	No	**Fiscal:**	Yes
Consultant:	Alexandria Smith Davis		

Subject: Psychologists: psychological testing technician: registration

SUMMARY: Requires an individual performing psychological or neuropsychological tests to register as a psychological testing technician (PTT) with the Board of Psychology (Board) and renew their registration every two years; requires PTTs to obtain a bachelor's degree and complete 80-hours of specified training; and permits the Board to charge a fee for registration.

Existing law:

1) Establishes the Board within the Department of Consumer Affairs (DCA), responsible for the licensure and regulation of psychologists, and prohibits a person from engaging in the practice of psychology or representing oneself as a psychologist without a license issued by the Board, unless specifically exempted. (Business Professions Code (BPC) § 2900 *et seq.)*

2) Defines the practice of psychology as: rendering or offering to render to individuals, groups, organizations, or the public any psychological service involving the application of psychological principles, methods, and procedures of understanding, predicting, and influencing behavior, such as the principles pertaining to learning, perception, motivation, emotions, and interpersonal relationships; and the methods and procedures of interviewing, counseling, psychotherapy, behavior modification, and hypnosis; and of constructing, administering, and interpreting tests of mental abilities, aptitudes, interests, attitudes, personality characteristics, emotions, and motivations. (BPC § 2903)

3) Provides the application of the principles above to include, but is not restricted to: assessment, diagnosis, prevention, treatment, and intervention to increase effective functioning of individuals, groups, and organizations.(BPC § 2903)

4) Establishes the following licensure requirements, for a psychologist applicant:

   a) Possesses an earned doctorate degree in a specified field from an accredited institution.

   b) Has engaged for at least two years in supervised professional experience under the direction of a licensed psychologist, as specified in the Board's regulations.

   c) Takes and passes the required examination unless exempted. (BPC § 2914)

5) Establishes a "psychological assistant" registration category and allows registrants to perform psychological functions in preparation for full licensure as a psychologist if the registrant:

   a) Has completed either a master's degree in psychology, master's degree in education with a specialization, is enrolled in a qualified doctoral degree or completed a doctoral degree as specified; and

   b) Is supervised by a licensed psychologist.

   c) Does not provide psychological services to the public except as a supervisee. (BPC § 2913)

6) Prohibits a licensed psychologist or a board-certified psychiatrist from supervising more than three psychological assistants at any given time. (BPC § 2913(c)(2))

This bill:

1) Defines a licensed psychologist, for purposes of this bill, to mean a psychologist licensed by the Board or a psychologist licensed at the doctoral level in another state or territory of the United States or in Canada.

2) Requires a person providing psychological or neuropsychological test administration and scoring services to register with the Board and meet the following requirements:

   a) Hold a bachelor's degree or graduate degree in psychology or a related field that the Board determines meets the requirements of the bill.

   b) Complete a minimum of 80 hours of education and training in psychological or neuropsychological test administration and scoring.

3) Requires the additional 80 hours of training to include, at minimum:

   a) 20 hours of education on topics including, but not limited to law and ethics, confidentiality, and best practices for test administration and scoring.

   b) 20 hours of direct observation of a licensed psychologist or registered psychological testing technician administering and scoring tests, if observation of a licensed psychologist equals at least 50 percent of those hours.

   c) 40 hours of administering and scoring tests in the presence of a licensed psychologist or registered psychological testing technician, if a licensed psychologist is present for at least 50 percent of those hours.

4) Permits the required 80 hours of training as referenced in 3) above to be obtained by:

a) Participating in individual or group instruction provided by a licensed psychologist;

b) Taking continuing education courses approved by organizations approved by the Board, by engaging in independent learning directed by a licensed psychologist; or

c) Completing graduate-level coursework at an accredited university, college, or professional school.

5) Prohibits psychological testing technicians from using the title "psychologist" and selecting tests, or versions of the test to interpret test results, writing test reports, or providing test feedback to clients.

6) Permits PTTs to observe and describe clients' test.

7) Requires a psychologist licensed by the Board to immediately supervise PTTs; and

a) To be employed by, or contracted to, the same work setting as the PTT they are supervising.

b) To be available, in-person, by telephone, or by other appropriate technology, at all times the PTT provides services.

c) Ensure that the extent, kind, and quality of the psychological testing services that the PTT performs are consistent with their training and experience.

d) Monitor the PTT's compliance with these requirements and any forthcoming regulations.

e) Ensure that the client is informed prior to the rendering of services by a PTT that the technician is not registered as a PTT and is functioning under the authority of the supervisor.

8) Permits psychology students, psychological assistants, and any other psychology trainees who meet the requirements described above to register with the Board as a PTT.

9) Establishes a $40 fee for registration as a PTT.

FISCAL EFFECT: Unknown. This bill is keyed fiscal by Legislative Counsel.

COMMENTS:

1. **Purpose.** This bill is sponsored by the California Psychological Association. According to the Author, "The use of technicians primarily allows the psychologist to utilize their time more efficiently and productively, freeing them to engage in the interpretation of the results while also being able to provide additional services that require their specified skill-set, such as providing psychotherapy or cognitive

rehabilitation, treatment planning, psychoeducational services, engaging in research, and supervising psychological assistants." The Author asserts that "A California psychologist who employs a technician to perform administration and scoring of psychological testing may be subject to liability imposed by the Board of Psychology subject to civil and even criminal charges. Moreover, billing of any services provided by the unlicensed technician may risk liability to third-party payers."

According to the Author, "Recent changes to billing and practice recommendations at the Centers for Medicare and Medicaid Services (CMS) require clarification of technician use at the state level…Significant increases in the demand for psychological care, due to the COVID-19 pandemic, recent changes in state law, and an increase in the awareness of mental health, have made it increasingly difficult to access psychological services…Lack of clarity in the law creates the potential for legal ramifications, revocations of licensure, or challenges to payment against psychologists who wish to utilize technicians in their practice."

2. **Background.**

Board of Psychology. The Board regulates licensed psychologists, psychological assistants, and registered psychologists through the enforcement of the Psychology Licensing Law. The practice of psychology is defined as the application of psychological principles, methods, and procedures of understanding, predicting, and influencing behavior, such as the principles pertaining to learning, perception, motivation, emotions and interpersonal relationships; and the methods and procedures of interviewing, counseling, psychotherapy, behavior modification, and hypnosis; and of constructing, administering and interpreting tests of mental abilities, aptitudes, interests, attitudes, personality characteristics, emotions, and motivations.

Broadly, only licensed psychologists can practice psychology independently in California. Registered psychologists are registrants who work and train under supervision in non-profit agencies that receive government funding. Finally, psychological assistants provide psychological services under the supervision of a qualified licensed psychologist or board-certified psychiatrist, generally to accrue the necessary supervised hours to obtain full licensure as a psychologist.

The Board reported in its 2020 sunset review report to the Legislature that it was experiencing a notable increase in the average time to process complete applications and a significant increase in the average time to process incomplete applications in the past three fiscal years. Additionally, the number of pending applications outpaced completed applications. *It is unknown how many new registrant applications the Board will receive as a result of this bill.*

Neuropsychological and psychological testing. A neuropsychological evaluation is a test to measure how well a person's brain is working. The abilities tested include reading, language usage, attention, learning, processing speed, reasoning, remembering, problem-solving, mood and personality. For example, neuropsychological testing is used to determine diseases and disorders such as Alzheimer's. Psychological testing is used to also diagnose and identify psychiatric

and developmental disorders, such as anxiety, depression, ADHD, and autism spectrum disorders. On average, these tests take 6-8 hours to perform.

The “Standards for Educational and Psychological Testing” are developed by a task force convened by the American Psychological Association to inform faculty, supervisors, students and the public on quality practices for education and training in psychological assessment. The standards are periodically reviewed and revised to reflect developments in discipline. These standards are referred to as the “gold standard” for testing technicians to learn how to properly administer testing.

Access to Mental Health Services. Like many states across the country, California is facing an increased need for mental health access and professionals to provide critical mental health services. In this vein, Governor Newsom has proposed a Community Assistance, Recovery, and Empowerment Court that is aimed “to assist people living with untreated mental health and substance abuse challenges.” Senator Weiner introduced SB 964 (Weiner, of 2022) which calls for an analysis of the practice laws for behavioral health workers, as well as health plan hiring guidelines and practices for different behavioral health certification and license types. Mental health providers are critical for patient health and as such, it is necessary to keep access to entry to this profession reasonable and appropriate. Creating barriers will exacerbate the issue and creating any new type of registration, certification or license must be considered carefully.

Center for Medicare and Medicaid Services (CMS) currently allows for technicians to perform psychological services. According to CMS, “Psychological testing requires a clinically trained examiner.” (CMS Publication 100-02: Medicare Benefit Policy Manual, Chapter 15, §80.2) The Author reports CMS guidelines are one of the primary purposes for creating a registration process. However, a clinically trained examiner is not further defined and, other states are currently using testing technicians without registration. It is not clear if a formal registration process that this bill proposes is necessary for billing purposes.

Currently, PTTs serve as an aide in order to increase access to services by delegating or outsourcing tasks that do not need a psychologist. Current California law does not prohibit the use of testing technicians and, in fact, already allows certain professional licensees the ability to do this work. It is unclear how many people are currently providing this service. Psychology students, psychological assistants, psychology trainees, licensed professional clinical counselors (LPCCs), licensed marriage and family therapists (LMFTs), and licensed clinical social workers (LCSWs) can already do this work without registering with the Board or completing the 80 hours of additional training that this bill prescribes. LMFTs and LPCCs both receive some training in psychological testing as a requirement of licensure. The Author reports there is limitation to what LMFTs and LPCC can assess. However, the National Academy of Neuropsychology (NAN) indicate that a minimum of a bachelor’s degree and training should be required as part of national standards. These license types all have a minimum of a master’s degree so by the NAN standards should be qualified to perform these tests. As it is currently written, this bill does not provide a pathway for other licensed behavioral health providers to offer these critical testing services, services which they are currently performing.

Legal Ramifications. The author reports, "This lack of clarity and providing for explicit allowances of technicians within the law is not an idle matter." New York addressed the issue within the state's psychologist scope of practice act, but psychologists were unsatisfied with this approach and the issue was legislated again to be more prescriptive for PTTs (see below for New York's current law). It is unclear what legal ramifications might result from no action on this issue given there is no statute or regulation prohibiting this work.

Education. The American Psychological Association's Model Act for State Licensure of Psychologists suggests that states adopt the following:

> *Nothing in this section shall be construed to apply to any person other than ... (c) a qualified assistant, technician, or associate employed by, or otherwise directly accountable to, a licensed psychologist. Such individuals may, among other things, administer and score neuropsychological tests at the request of the supervising psychologist, but may not interpret such tests. The Board in regulations shall determine the number of assistants, technicians and associates that a psychologist may employ and the conditions under which they will be supervised.*

The above is far less cumbersome for PTTs than the requirements of this bill. This bill adds 80-hours of additional education with a registration process. It is unclear the added value for these additional requirements that differ from the national standard.

Other States. In 2016, New York passed legislation to allow testing technicians to administer and score standardized objective psychological or neuropsychological tests. Testing technicians must have a bachelor's degree and receive 80 hours of training by a licensed psychologist. Testing technicians do not need to register with the state of New York; instead, licensed psychologist must notify the state they will utilizing a testing technician. (New York, Education Law §7605)

Texas allows licensed psychologist to delegate testing or a service if the psychologist determines the person can properly and safely perform, the person does not represent to the public they can practice psychology and is performed in a customary manner. Texas law also states that for purpose of billing the test or service is considered to be delivered by the delegating psychologist. (22 TAC Part 21 Chapter 463 § 501.23)

In Oregon, a licensed psychologist may delegate administration and scoring of tests to technicians if the licensee ensures the technicians are adequately trained to administer and score the specific test being used; and ensures that the technicians maintain standards for the testing environment and testing administration as set forth in the American Psychological Association Standards for Educational and Psychological Tests (1999) and Ethical Principles for Psychologists (2002). (Oregon, OAR Chapter 858 858-010-0002)

3. **Licensure, Recognition and Regulation.** According to a 2002 article featured in the *Yale Journal of Regulation*, to protect the public from potentially harmful health services rendered by unqualified people, each state has enacted licensing laws, or

practice acts. The article noted that typically, these laws do three things: (1) They define the practice of the profession in question; (2) they limit that practice to people who satisfactorily complete a specified training regime and pass an examination; and (3) they restrict to license holders both the use of the professional title or credentials and the performance of the defined practice functions.

According to "*A Theory of Regulation: A Platform for State Regulatory Reform*", 5:2 CAL. REG. L. REP. 3 (Spring 1985), "Government should regulate a particular trade or profession only after an honest assessment of the marketplace and any flaws which present a threat of irreparable harm, or prevent normal marketplace functioning from driving out incompetent, dishonest, or impaired practitioners. The article outlines that "licensing is one form of regulation but should be reserved for trades and professions in which incompetence is likely to cause irreparable harm — that is, harm for which money cannot compensate. If there is likely irreparable harm, then a prior restraint- type barrier to entry (licensing) which addresses and prevents that precise harm should be imposed; additionally, the licensing agency should set industrywide standards of conduct and ethics, and police violations of those standards through a vigorous enforcement program". According to the article, in the absence of probable irreparable harm, numerous regulatory alternatives to licensing exist, including the posting of a bond to ensure a fund to compensate injured consumers, a certification program which has the effect of disclosing information to consumers about the qualifications of a practitioner and protects the use of a title or a permit program, as some examples.

A practice act along with licensure confers the exclusive right to practice a given profession on practitioners who meet specified criteria related to education, experience, and examination, and often is embodied in a statutory licensing act (i.e., those who are not licensed cannot lawfully practice the profession). A practice act is the highest and most restrictive form of professional regulation, and is intended to avert severe harm to the public health, safety or welfare that could be caused by unlicensed practitioners.

A title act and a certification or registration program, on the other hand, reserves the use of a particular professional (named) designation to practitioners who have demonstrated specified education, experience or other criteria such as certification by another organization. A title act typically does not restrict the practice of a profession or occupation and allows others to practice within that profession; it merely differentiates between practitioners who meet the specified criteria, and are authorized by law to represent themselves accordingly, (usually by a specified title) and those who do not. Some title acts also include a state certification or registration program, or reliance on a national certification or registration program, so that those who use the specified title, and hold themselves out to the public, have been certified or registered by a state created or national entity as having met the specified requirements. This entity may also regulate to some extent the activities of the particular profession by setting standards for the profession to follow, and to also provide oversight of the practice of the profession by reporting unfair business practices or violations of the law and either denying or revoking a certification or registration if necessary.

A number of regulatory entities currently have both a licensure process and scheme and a registration pathway for different providers and individuals. Even a registration requirement carries a number of steps for a regulatory program to undertake in order to ensure an individual can receive registration. While this bill establishes a registration requirement, it does not outline all of the various parameters by which the Board would actually register people, including, some of the necessary aspects of the application process like background checks, registration renewal steps, an assessment of the cost for registration and how to capture the related workload in the form of fees, and the enforcement of registered PTTs. Clear guidelines and standards currently absent in the measure are key to achieving the goal of registering PTTs.

4. **Occupational Licensing.** Recent studies and reports have focused on the impacts of licensing requirements for employment and on individuals seeking to become employed. According to a July 2015 report on occupational licensing released by the White House, strict licensing creates barriers to mobility for licensed workers, citing several groups of people particularly vulnerable to occupational licensing laws, including former offenders, military spouses, veterans and immigrants.

   In October 2016, the Little Hoover Commission released a report entitled *Jobs for Californians: Strategies to Ease Occupational Licensing Barriers*. The report noted that one out of every five Californians must receive permission from the government to work, and for millions of Californians that means contending with the hurdles of becoming licensed. The report noted that many of the goals to professionalize occupations, standardize services, guarantee quality and limit competition among practitioners, while well intended, have had a larger impact of preventing Californians from working, particularly harder-to-employ groups such as former offenders and those trained or educated outside of California, including veterans, military spouses and foreign-trained workers. The study found that occupational licensing hurts those at the bottom of the economic ladder twice: first by imposing significant costs on them should they try to enter a licensed occupation and second by pricing the services provided by licensed professionals out of reach.

   The report found that California compares poorly to the rest of the nation in the amount of licensing it requires for occupations traditionally entered into by people of modest means. According to the report, researchers from the Institute for Justice selected 102 lower-income occupations, defined by the Bureau of Labor Statistics as making less than the national average income, ranging from manicurist to pest control applicator. Of the 102 occupations selected, California required licensure for 62, or 61 percent of them. According to the report, California ranked third most restrictive among 50 states and the District of Columbia, following only Louisiana and Arizona. California ranked seventh of 51 when measuring the burden imposed on entrants into these lower- and moderate-income occupations: on average, Californians typically pay about $300 in licensing fees, spend 549 days in education and/or training and pass one exam. *This bill could result in unintended consequences of providing barriers to entry to an existing profession, with services performed by existing professionals.*

5. **Arguments in Support.** According to the California Psychological Association, "the use of technicians allows the psychologist to utilize their time more efficiently and

productively, freeing them to engage in the interpretation of the test results, develop an appropriate treatment plan, and work directly with patients."

6. **Policy Issues for Consideration.**

Registration May Be a Barrier to Employment. In addition to the numerous behavioral health professionals that are able to do this work, the state does not limit the use of testing technicians. Neuropsychologists and psychologists can already employ persons to do this work. As referenced above, some states have enumerated in their state laws the ability to use such persons but they are not required to be registered with the state. Others have given clear requirements; however each of the examples above have not required a registration process. This bill creates a registration process administered by a state entity which inherently creates a number of additional requirements an individual must meet in order to perform these important services, including for individuals likely doing testing work today. Information provided by the Author and Sponsor indicate that a goal for registration is "clarity", however there may be less onerous pathways to clarify who is qualified and thus eligible to safely provide these key, necessary testing services without the establishment of a registration process administered by one licensing board.

California law currently does not prohibit the use of testing technicians but as a result of this bill, individuals performing certain tests will have to register with the Board. This bill does not address the impact to current professionals and their future in this career with additional requirements. *The Author should consider what, if any, alternatives exist to achieve the goal of increased access to testing services*

Educational Requirements. This bill requires an individual to obtain a bachelor's degree and complete 80 hours of additional prescribed training in order to perform services they may be performing today. It is unclear how 80 hours was determined, whether anything less poses a demonstrable risk to consumers receiving the service, if this is based on a national standard or best practice, and whether this is the amount of training that assures patient and consumer safety in the administration of neuropsychological or psychological tests. While other states allow for on-the-job training, this bill specifies education prior to registration. On-the-job training is a tool used to remove barriers to entry and ensure professionals are paid for their work. *The Author should continue to work with stakeholders to determine the necessary training requirements in order to conduct testing and should explore what opportunities exist for supervised work experience to be applied to state mandated training hour requirements.*

Implementation. As noted above, while this bill creates a mandatory registration for PTTs, implementation at the Board level will require a number of changes and further specificity. There are numerous registration programs with the boards and bureaus at DCA. Each of them have a robust process for reviewing, approving, and denying. In order for this bill to be implemented the following policy issues should be addressed: fingerprinting and criminal history, approval and denial guidelines, process for applicant submission, length the Board has to review the application, education and training verification, enforcement mechanisms, educational course approvals, and reciprocity.

Supervision. For purposes of supervising and training a proposed registered PTT, this bill defines a "licensed psychologist" as someone "licensed by the board or a psychologist licensed at the doctoral level in another state or territory of the United States or in Canada". This definition is unclear as it applies to the added section of law. Managing or training technicians from another state or country may not be appropriate. The rationale for state-mandated recognition of a profession in order for individuals to perform the related services within that job is usually to ensure consumer safety and public protection*. As currently drafted, this reference and definition are unclear. The bill states the definition of "licensed psychologist" applies to entirety of the section, not just the training paragraph. If the intent is allow out of state supervising, it is not clear how that is achieved by requiring supervision and training but allowing that supervision and training to be provided by an individual in another state or country. If the intent is only for the definition to apply to training, the author may wish to clarify this definition.*

Additionally, while the bill enumerates PTTs must be under the immediate supervision of a licensed psychologist, responsibility for patient and consumer protection lacks clarity. *The bill could be enhanced and clarified if language is included to specify that supervising psychologists are responsible for ensuring PTTs maintain testing standards set forth by the American Psychological Association.*

SUPPORT AND OPPOSITION:

Support:

California Psychological Association (Sponsor)
County Behavioral Health Directors Association
National Union of Healthcare Workers

Opposition:

None received

-- END --

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MEMORANDUM

DATE	May 7, 2025
TO	Speech-Language Pathology Practice Committee
FROM	Maria Liranzo, Legislation/Regulation/Budget Analyst
SUBJECT	Agenda Item 3: Discussion and Possible Action to Amend Regulations Regarding Scope of Responsibility, Duties, and Functions of Speech-Language Pathology Assistants as Stated in Title 16, California Code of Regulations (CCR) section 1399.170.3

Background

On November 30, 2023, the Speech-Language Pathology Practice Committee (Committee) discussed the practice restriction on speech-language pathology assistant (SLPA) regarding the performance of oral pharyngeal swallow therapy with bolus material.

At its December 5, 2023, meeting, the Committee reviewed and discussed SLPA practice restrictions in neighboring states (Attachment A) and the scope of practice for both the occupational therapy assistant and physical therapist assistant (Attachment B). The Committee directed Board Staff to provided information on the following questions:

- Are SLPA programs offering courses that include swallowing disorder and feeding?
- What is the role of an Occupational Therapy Assistant (OTA) under the supervision of an occupational therapist with advanced practice in swallowing assessment, evaluation, or intervention?
- Are OTA programs offering courses that include swallowing assessment, evaluation, or intervention?
- Do Occupational Therapists need to be registered with the Board as a Speech-Language Pathology (SLP) Aide when they are operating under the supervision of a Speech-Language Pathologist for the purpose of fulfilling the 240 hours of experience required to obtain advanced practice certification in swallowing assessment, intervention and evaluation?

Board staff reviewed SLPA program curriculum and no SLPA program is offering courses that include swallowing disorder and feeding; nor are they being offered in bachelor's degree programs.

According to the California Board of Occupational Therapy, OTA are permitted to provide services in swallowing assessment, evaluation, or intervention if their supervisor is approved for advanced practice by their board. There are no training or competency requirements for OTA to provide such services; however, since 2020 OTA programs are providing instruction in dysphagia which gives the OTA the ability to demonstrate service and train others to provide services in swallowing assessment, evaluation, or intervention. Specifically, OTA programs must meet the below accreditation standard:

B.3.13. Dysphagia and Feeding
Demonstrate interventions that address dysphagia and disorders of feeding and eating, and train others in precautions and techniques while considering client and contextual factors.

Occupational Therapists under the supervision of a speech-language pathologist do need to be registered with the Board as a speech-language pathology aide if they are fulfilling the 240 hours of experience required to obtain advanced practice certification in swallowing assessment, intervention and evaluation under a speech-language pathologist. The California Board of Occupational Therapy reports that most applicants are not accruing these 240 hours under the supervision of a speech-language pathologist for their advanced practice certification.

If the Committee wishes to remove restrictions on SLPAs performing oral pharyngeal swallow therapy with bolus material, the following are questions to consider to ensure consumer protection:

Discussion Questions

1. Since the SLPA curriculum does not cover swallowing disorders and feeding, should SLPA be required to demonstrate competency in order to perform this procedure?

    a. If so, what should that look like i.e., written verification that they have performed a certain number of supervised therapy session with bolus material and are competent to perform the procedure under direct supervision? Is there a minimum amount of training required from the person verifying the SLPA's competency or should they be required to complete of a course/number of courses? What should the training or course include to ensure consumer protection?

2. What levels of supervision should be in place if a SLPA performs this procedure? Does initial supervision of the procedure need to be at a higher level for a certain period of time to ensure patient safety? Should they need the approval of their supervisor each time they perform this procedure?

3. When and where can a SLPA perform this procedure safely? Can it be done anywhere or should this be performed in certain setting with specified emergency backup procedures?

4. Should there be any contradictions? If so, what should be i.e., cases of severe movement disorders, severe agitation, inability to cooperate with the examination, and anatomical deviations (e.g., head/neck, digestive tract)?

Action Requested

Staff recommends the Committee review and discuss the provided materials. The Committee may wish to determine if the SLPA practice restrictions need revisions.

Attachment A: Neighboring State and American Speech-Language-Hearing Association SLPA Practice Restrictions
Attachment B: Assistant Scope of Practice in Other Healing Arts Boards
Attachment C: *The Practice of Occupational Therapy in Feeding, Eating, and Swallowing* from the American Journal of Occupational Therapy
Attachment D: 2023 ACOTE Standards and Interpretive Guide - Dysphagia Excerpt

Neighboring State and ASHA SLPA Practice Restrictions

State	State Code	Requirements
Wyoming Board of Examiners of Speech-Language Pathology and Audiology	058.0001.12.12092020	SLPAs shall not engage in any of the following: (a) Represent himself or herself as an SLP (nor allow others to presume his or her standing as an SLP); (b) Perform standardized or non-standardized 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; or (p)Design or select augmentative and alternative communication systems or device.
Wyoming Professional Teaching Standards Board		The Board of Examiners of Speech-Language Pathology & Audiology is the only licensing body for SLPs and Audiologists effective July 1, 2020.

State	State Code	Requirements
Texas Department of Licensing & Regulation	Rule 111.52	(d) The assistant shall not: (1) work with any cases that are not assigned to the supervisor's caseload; (2) conduct evaluations; (3) interpret results of routine tests; (4) interpret observations or data into diagnostic statements, clinical management strategies, or procedures; (5) represent speech-language pathology at staffing meetings or at an Admission, Review and Dismissal (ARD) meeting, except as specified in this section; (6) attend staffing meeting or ARD without the supervisor being present except as specified in this section; (7) design or alter a treatment program or Individual Education Program (IEP); (8) determine case selection; (9) present written or oral reports of client information, except as provided by this section; (10) refer a client to other professionals or other agencies; (11) use any title which connotes the competency of a licensed speech-language pathologist; (12) practice as an assistant without a current Supervisory Responsibility Statement on file with the department; (13) perform invasive procedures; (14) screen or diagnose clients for feeding and swallowing disorders; (15) use a checklist or tabulated results of feeding or swallowing evaluations; (16) demonstrate swallowing strategies or precautions to clients, family, or staff; (17) provide client or family counseling; (18) sign any formal document relating to the reimbursement for or the provision of speech-language pathology services without the supervisor's signature; or (19) use "SLP-A" or "STA" as indicators for their credentials. Licensees shall use "Assistant SLP" or "SLP Assistant" to shorten their professional title.
Arizona Department of Health Services, Public Health Licensing Services	Title 36, Chapter 17	D. A speech-language pathology assistant shall not: 1. Conduct swallowing screening, assessment and intervention protocols, including modified barium swallow studies.

State	State Code	Requirements
Arizona Department of Education		2. Administer standardized or nonstandardized diagnostic tests or formal or informal evaluations or interpret test results. 3. Participate in parent conferences, case conferences or any interdisciplinary team meeting without the presence of the supervising speech-language pathologist, except for individualized education program or individual support plan meetings if the licensed speech-language pathologist has been excused by the individualized education program team or the individual support plan team. 4. Write, develop or modify a patient's, client's or student's treatment plan, individual support plan or individualized education program in any way. 5. Provide intervention for patients, clients or students without following the treatment plan, individual support plan or individualized education program prepared by the supervising speech-language pathologist. 6. Sign any formal documents, including treatment plans, individual support plans, individualized education programs, reimbursement forms or reports. 7. Select patients, clients or students for services. 8. Discharge patients, clients or students from services. 9. Unless required by law, disclose clinical or confidential information orally or in writing to anyone not designated by the speech-language pathologist. 10. Make a referral for any additional service. 11. Communicate with the patient, client or student or with family or others regarding any aspect of the patient, client or student status without the specific consent of the supervising speech-language pathologist. 12. Claim to be a speech-language pathologist. 13. Write a formal screening, diagnostic, progress or discharge note. 14. Perform any task without the express knowledge and approval of the supervising speech-language pathologist. The Department of Education does not certify Speech-Language Pathology Assistants.
Oregon Board of Examiners for Speech-Language Pathology & Audiology	335-095-0060	(2) The speech-language pathology assistant may not perform the following tasks:

State	State Code	Requirements
		(a) May not conduct swallowing screening, assessment, and intervention protocols, including modified barium swallow studies. (b) May not administer standardized or non-standardized diagnostic tests, formal or informal evaluations, or interpret test results. (c) May not participate in parent conferences, case conferences, Individualized Education Plan (IEP) meetings, Individualized Family Services Plan (IFSP) meetings or any interdisciplinary team without the presence of the supervising speech-language pathologist. (d) May not write, develop, or modify a patient/client's treatment plan in any way. (e) May not provide intervention for patients/clients without following the treatment plan prepared by the supervising speech-language pathologist. (f) May not sign any formal documents (e.g. treatment plans, reimbursement forms, individualized education plans (IEPs), individualized family services plans (IFSPs), determination of eligibility statements or reports.) (g) May not select patients/clients for services. (h) May not discharge patients/clients from services. (i) May not disclose clinical or confidential information either orally or in writing to anyone not designated by the speech-language pathologist. (j) May not make referral for additional service. (k) May not communicate with the patient/client, family, or others regarding any aspect of the patient/client status or service without the specific consent of the supervising speech-language pathologist. (l) May not represent him/herself as a speech-language pathologist. (m) May not write a formal screening, diagnostic, or discharge report.
Oregon Teacher Standards and Practices Commission		The Teacher Standards and Practices Commission does not issue credentials to SLPs.
	Scope of Practice for the Speech-Language	The SLPA should NOT engage in any of the following activities:

State	State Code	Requirements
	Pathology Assistant (SLPA)	• interpreting assessment tools for the purpose of diagnosing disability, determining eligibility or qualification for services; • administering or interpreting feeding and/or swallowing screenings, checklists, and assessments; • diagnosing communication and feeding/swallowing disorders; • developing or determining the feeding and/or swallowing strategies or precautions for students, patients, and clients; • disclosing clinical or confidential information (e.g., diagnosis, services provided, response to treatment) either orally or in writing to individuals who have not been approved by the SLP to receive information unless mandated by law; • writing, developing, or modifying a student's, patient's, or client's plan of care in any way; • making referrals for additional services; • assisting students, patients, and clients without following the individualized plan of care prepared by the ASHA certified SLP; • assisting students, patients, and clients without access to supervision; • selecting AAC systems or devices; • treating medically fragile students, patients, and clients without 100% direct supervision; • performing procedures that require specialized knowledge and training (e.g., vocal tract prosthesis shaping or fitting, vocal tract imaging); • providing input in care conferences, case conferences, or any interdisciplinary team meeting without the presence or prior approval of the supervising SLP or other designated SLP; • providing interpretative information to the student, patient, client, family, or others regarding the student's, patient's, or client's status or service; • signing or initialing any formal documents (e.g., plans of care, reimbursement forms, reports) without the supervising SLP's co-signature; • discharging a student, patient, or client from services.
Colorado Office of Speech-Language Pathology Certification		The licensing board does not have a license similar to California's SLPA license.

State	State Code	Requirements
Colorado Department of Education, Office of Special Education – Speech or Language Impairment	2260.5-R-4.11	The SPL-A is knowledgeable about screening and assessment, though s/he may not perform standardized or non-standardized diagnostic tests, including, but not limited to: feeding evaluations, or interpret test results or counsel parents; and is able to: (a) assist the speech-language pathologist with speech-language and hearing screenings or assessments, without interpretation, and report results directly to the supervising speech-language pathologist. (b) assist with informal documentation, as directed by the speech-language pathologist. (c) provide descriptive behavioral observations that contribute to screening/assessment results, directly to the supervising speech-language pathologist. (d) support the speech-language pathologist in research projects, in-service training, and public relations programs, including child find activities.
Idaho Division of Occupational and Professional Licenses, Speech, Hearing and Communication Services Licensure Board **Idaho State Department of Education**		No state law or rules on SLPA scope of practice.
Montana Department of Labor and Industry, Board of Speech-Language Pathologists and Audiologists	24.222.703 P	(1) Speech-language pathology aides/assistants are not allowed to provide telepractice services per 37-15-314, MCA. (2) Speech-language pathology aides/assistants I are not allowed to: (a) refer clients to outside professionals; or (b) perform diagnostic evaluations under supervision unless the aide/assistant has: (i) completed 100 graduate-level clinical clock hours, of which at least 25 hours were diagnostic; or (ii) completed ten semester hours of graduate credits in the professional area. (3) Speech-language pathology aides/assistants II are not allowed to: (a) conduct speech-language evaluations; (b) interpret data or clinical experience into diagnostic statements of clinical management policies; (c) transmit clinical information, except to the aide/assistant supervisor;

State	State Code	Requirements
Montana Office of Public Instruction		(d) determine the selection of cases; (e) write or plan individual or group therapy/rehabilitation plans; (f) attend child study or individualized education plan (IEP) meetings without the permission of the aide/assistant supervisor; or (g) refer clients to outside professionals. The Department of Education does not license Speech-Language Pathology Assistants.
Nevada Speech-Language Pathology, Audiology & Hearing Aid Dispensing Board **Nevada Department of Education**		The licensing board nor the Department of Education have a license similar to California's SLPA license.
New Mexico Speech Language Pathology, Audiology, & Hearing Aid Dispensing Practicing Board **New Mexico Public Education Department**		The licensing board nor the Public Education Department have a license similar to California's SLPA license.
Utah Department of Commerce, Division of Occupational and Professional Licensing	R156-41-601	5) An aide shall not engage in the following: (a) preparing diagnostic statements or clinical management plans, strategies or procedures; (b) communicating obtained observations or results to anyone other than the aide's supervising speech-language pathologist or audiologist; (c) determining case selection; (d) independently composing or signing clinical reports; except an aide may enter progress notes into the patient's file reflecting the results of the aide's assigned duties; (e) independently diagnosing, treating, discharging of patient, or advising of patient disposition; and (f) referral of a patient to other professionals or agencies.

State	State Code	Requirements
Utah State Board of Education (USBE)	USBE Handbook for Speech-Language Technicians Working in Utah Public Schools	Defer all screening and assessment of students for feeding/swallowing and apraxia disorders as well as students with acquired brain injury to the SLP.
Washington Department of Health, Health Systems Quality Assurance **Washington Office of Superintendent of Public Instruction**	WAC 246-828-112	(7) The following procedures and tasks are excluded from the speech-language pathology assistant scope of practice: (a) Tasks that require diagnosis, evaluation, or clinical interpretation. (b) Screening and diagnosis of feeding and swallowing disorders. (c) Development or modification of treatment plans. (d) Implementation of therapy outside of the treatment plan. (e) Selection of caseload. (f) Discharge or exit patients/clients/students. (g) Referral of patients/clients/students for additional services. The Office of Superintendent of Public Instruction does not certify Speech-Language Pathology Assistants.

Assistant Scope of Practice in Other Healing Arts Boards

SLPA	Occupational Therapy Assistant	Physical Therapist Assistant
BPC section 2530.2. (d) The practice of speech-language pathology means all of the following: (1) The application of principles, methods, instrumental procedures, and noninstrumental procedures for measurement, testing, screening, evaluation, identification, prediction, and counseling related to the development and disorders of speech, voice, language, or swallowing. (2) The application of principles and methods for preventing, planning, directing, conducting, and supervising programs for habilitating, rehabilitating, ameliorating, managing, or modifying disorders of speech, voice, language, or swallowing in individuals or groups of individuals. (3) Conducting hearing screenings. (4) Performing suctioning in connection with the scope of practice described in paragraphs (1) and (2), after compliance with a medical facility's training protocols on suctioning procedures. (i) (1) "Speech-language pathology assistant" means a person who meets the academic and supervised training	**BPC section 2570.2.** (j) "Occupational therapy services" means the services of an occupational therapist or the services of an occupational therapy assistant under the appropriate supervision of an occupational therapist. (l) "Occupational therapy" means the therapeutic use of purposeful and meaningful goal-directed activities (occupations) with individuals, groups, populations, or organizations, to support participation, performance, and function in roles and situations in home, school, workplace, community, and other settings. Occupational therapy services are provided for habilitation, rehabilitation, and the promotion of health and wellness for clients with disability- and nondisability-related needs or to those who have, or are at risk of developing, health conditions that limit activity or cause participation restrictions. Occupational therapy services encompass occupational therapy assessment, treatment, education, and consultation. Occupational therapy addresses the physical, cognitive, psychosocial, sensory-perception and other aspects of performance in a variety of contexts and environments to support engagement in occupations that affect physical and mental health, well-being, and quality of life.	**BPC section 2601.** (c) "Physical therapist assistant" means a person who is licensed pursuant to this chapter to assist in the provision of physical therapy under the supervision of a licensed physical therapist. "Physical therapy assistant" and "physical therapist assistant" shall be deemed identical and interchangeable terms. **BPC section 2620.** (a) Physical therapy means the art and science of physical or corrective rehabilitation or of physical or corrective treatment of any bodily or mental condition of any person by the use of the physical, chemical, and other properties of heat, light, water, electricity, sound, massage, and active, passive, and resistive exercise, and shall include physical therapy evaluation, treatment planning, instruction and consultative services. The practice of physical therapy includes the promotion and maintenance of physical fitness to enhance the bodily movement related health and wellness of individuals through the use of physical therapy interventions. The use of roentgen rays and radioactive materials, for diagnostic and therapeutic purposes, and the use of electricity for surgical purposes, including cauterization,

SLPA	Occupational Therapy Assistant	Physical Therapist Assistant
requirements set forth by the board and who is approved by the board to assist in the provision of speech-language pathology under the direction and supervision of a speech-language pathologist who shall be responsible for the extent, kind, and quality of the services provided by the speech-language pathology assistant.	Occupational therapy assessment identifies performance abilities and limitations that are necessary for self-maintenance, learning, work, and other similar meaningful activities. Occupational therapy treatment is focused on developing, improving, or restoring functional daily living skills, compensating for and preventing dysfunction, or minimizing disability. Through engagement in everyday activities, occupational therapy promotes mental health by supporting occupational performance in people with, or at risk of experiencing, a range of physical and mental health disorders. Occupational therapy techniques that are used for treatment involve teaching activities of daily living (excluding speech-language skills); designing or fabricating orthotic devices, and applying or training in the use of assistive technology or orthotic and prosthetic devices (excluding gait training). Occupational therapy consultation provides expert advice to enhance function and quality of life. Consultation or treatment may involve modification of tasks or environments to allow an individual to achieve maximum independence. Services are provided individually, in groups, or populations.	are not authorized under the term “physical therapy” as used in this chapter, and a license issued pursuant to this chapter does not authorize the diagnosis of disease. (b) Nothing in this section shall be construed to restrict or prohibit other healing arts practitioners licensed or registered under this division from practice within the scope of their license or registration.
BPC section 2538.(b)	**BPC section 2570.18.5.**	**BPC section 2630.3.**

SLPA	Occupational Therapy Assistant	Physical Therapist Assistant
(4) The scope of responsibility, duties, and functions of speech-language pathology assistants, that shall include, but not be limited to, all of the following: (A) Conducting speech-language screening, without interpretation, and using screening protocols developed by the supervising speech-language pathologist. (B) Providing direct treatment assistance to patients or clients under the supervision of a speech-language pathologist. (C) Following and implementing documented treatment plans or protocols developed by a supervising speech-language pathologist. (D) Documenting patient or client progress toward meeting established objectives, and reporting the information to a supervising speech-language pathologist. (E) Assisting a speech-language pathologist during assessments, including, but not limited to, assisting with formal documentation, preparing materials, and performing clerical duties for a supervising speech-language pathologist. (F) When competent to do so, as determined by the supervising speech-language pathologist, acting as an interpreter for non-English-speaking	**(a)** An occupational therapist shall document the occupational therapist's evaluation, goals, treatment plan, and summary of treatment in the client record. (b) An occupational therapy assistant shall document the services provided in the client record. (c) Occupational therapists and occupational therapy assistants shall document and sign the client record legibly. (d) Client records shall be maintained for a period of no less than seven years following the discharge of the client, except that the records of unemancipated minors shall be maintained at least one year after the minor has reached the age of 18 years, and not in any case less than seven years. **CCR section 4182. Treatments Performed by Occupational Therapy Assistants** (a) The supervising occupational therapist shall determine the occupational therapy treatments the occupational therapy assistant may perform. In making this determination, the supervising occupational therapist shall consider the following: (1) the clinical complexity of the patient/client;	(a) A licensed physical therapist assistant holding a valid, unexpired, and unrevoked physical therapist assistant license may assist in the provision of physical therapy services only under the supervision of a physical therapist licensed by the board. A licensed physical therapist shall at all times be responsible for the extent, kind, quality, and documentation of all physical therapy services provided by the physical therapist assistant. (b) It is unlawful for any person or persons to hold himself or herself out as a physical therapist assistant, unless at the time of so doing the person holds a valid, unexpired, and unrevoked physical therapist assistant license issued under this chapter, except as authorized in subdivisions (f) and (g) of Section 2630.5. (c) Physical therapist assistants shall not be independently supervised by a physical therapist license applicant, as defined in Section 2639, or a physical therapist student, as defined in Section 2633.7. (d) A physical therapist assistant shall not perform any evaluation of a patient or prepare a discharge summary. The supervising physical therapist shall determine which elements of the treatment plan, if any, shall be assigned to the physical therapist assistant. Assignment of patient care shall be commensurate with

SLPA	Occupational Therapy Assistant	Physical Therapist Assistant
patients or clients and their family members. (G) Scheduling activities and preparing charts, records, graphs, and data. (H) Performing checks and maintenance of equipment, including, but not limited to, augmentative communication devices. (I) Assisting with speech-language pathology research projects, in-service training, and family or community education. The regulations shall provide that speech-language pathology assistants are not authorized to conduct evaluations, interpret data, alter treatment plans, or perform any task without the express knowledge and approval of a supervising speech-language pathologist.	(2) skill level of the occupational therapy assistant in the treatment technique; and (3) whether continual reassessment of the patient/client status is needed during treatment. This rule shall not preclude the occupational therapy assistant from responding to acute changes in the client's condition that warrant immediate action. The occupational therapy assistant shall inform the supervising occupational therapist immediately of the acute changes in the patient's/client's condition and the action taken. (b) The supervising occupational therapist shall assume responsibility for the following activities regardless of the setting in which the services are provided: (1) Interpretation of referrals or prescriptions for occupational therapy services. (2) Interpretation and analysis for evaluation purposes. (A) The occupational therapy assistant may contribute to the evaluation process by gathering data, administering standardized tests and reporting observations. The occupational therapy assistant may not evaluate independently or initiate treatment before the supervising occupational	the competence of the physical therapist assistant.

SLPA	Occupational Therapy Assistant	Physical Therapist Assistant
	therapist performs an assessment/evaluation. (3) Development, interpretation, implementation, and modifications of the treatment plan and the discharge plan. (A) The supervising occupational therapist shall be responsible for delegating the appropriate interventions to the occupational therapy assistant. (B) The occupational therapy assistant may contribute to the preparation, implementation and documentation of the treatment and discharge summary.	
CCR section 1399.170.3. Activities, Duties, and Functions Outside the Scope of Responsibilities of a Speech-Language Pathology Assistant. A speech-language pathology assistant may not conduct evaluations, interpret data, alter treatment plans, or perform any task without the express knowledge and approval of a supervising speech-language pathologist. The speech-language pathology assistant may not perform any of the following functions: (a) Participate in parent conferences, case conferences, or inter-disciplinary team conferences without the supervising		**CCR section 1398.44. Adequate Supervision Defined.** (a) "Adequate supervision" of a physical therapist assistant shall mean supervision that complies with this section. A physical therapist shall at all times be responsible for all physical therapy services provided by the physical therapist assistant and shall ensure that the physical therapist assistant does not function autonomously. The physical therapist has a continuing responsibility to follow the progress of each patient, and is responsible for determining which elements of a treatment plan may be assigned to a physical therapist assistant.

SLPA	Occupational Therapy Assistant	Physical Therapist Assistant
speech-language pathologist or another speech-language pathologist being present; (b) Provide counseling or advice to a client or a client's parent or guardian which is beyond the scope of the client's treatment; (c) Sign any documents in lieu of the supervising speech-language pathologist, i.e., treatment plans, client reimbursement forms, or formal reports; (d) Discharge clients from services; (e) Make referrals for additional services; (f) Unless required by law, disclose confidential information either orally or in writing to anyone not designated by the supervising speech-language pathologist; (g) Represent himself or herself as a speech-language pathologist; and, (h) Perform procedures that require a high level of clinical acumen and technical skill, i.e., vocal tract prosthesis shaping or fitting, vocal tract imaging, and oropharyngeal swallow therapy with bolus material.		(b) A physical therapist who performs the initial evaluation of a patient shall be the physical therapist of record for that patient. The physical therapist of record shall remain as such until a reassignment of that patient to another physical therapist of record has occurred. The physical therapist of record shall ensure that a written system of transfer to the succeeding physical therapist exists. (c) The physical therapist of record shall provide supervision and direction to the physical therapist assistant in the treatment of patients to whom the physical therapist assistant is providing care. The physical therapist assistant shall be able to identify, and communicate with, the physical therapist of record at all times during the treatment of a patient. (d) A physical therapist assistant shall not: (1) Perform measurement, data collection or care prior to the evaluation of the patient by the physical therapist (2) Document patient evaluation and reevaluation (3) Write a discharge summary (4) Establish or change a plan of care

SLPA	Occupational Therapy Assistant	Physical Therapist Assistant
		(5) Write progress reports to another health care professional, as distinguished from daily chart notes (6) Be the sole physical therapy representative in any meeting with other health care professionals where the patient's plan of care is assessed or may be modified. (7) Supervise a physical therapy aide performing patient-related tasks (8) Provide treatment if the physical therapist assistant holds a management position in the physical therapy business where the care is being provided. For purposes of this section, “management position” shall mean a position that has control or influence over scheduling, hiring, or firing. The prohibitions in subsection (d) above shall not prohibit a physical therapist assistant from collecting and documenting data, administering standard tests, or taking measurements related to patient status. (e) The physical therapist assistant shall notify the physical therapist of record, document in the patient record any change in the patient's condition not within the planned progress or treatment goals, and

SLPA	Occupational Therapy Assistant	Physical Therapist Assistant
		any change in the patient's general condition.

The Practice of Occupational Therapy in Feeding, Eating, and Swallowing

Feeding, eating, and swallowing are valued occupations across the lifespan—activities of daily living (ADLs) that are "fundamental to living in a social world; they enable basic survival and well-being" (Christiansen & Hammecker, 2001, p. 156). Occupational therapy's longstanding expertise in ADLs includes involvement in the feeding, eating, and swallowing performance of people across the lifespan (American Occupational Therapy Association [AOTA], 2014b). Both occupational therapists and occupational therapy assistants[1] provide essential services in the comprehensive management of feeding, eating, and swallowing problems. Occupational therapy practitioners[2] have the education, knowledge, and skills necessary for the evaluation of and intervention with feeding, eating, and swallowing problems.

Purpose

The purpose of this guideline is to clarify the role and describe the distinct perspective of occupational therapy practitioners in the delivery of occupational therapy services for people with feeding, eating, and swallowing impairments and performance limitations. Occupational therapy practitioners are uniquely positioned to assess and treat difficulties associated with feeding, eating, and swallowing because of the profession's holistic perspective of recognizing and assessing not only the physiological factors but also the psychosocial, cultural, and environmental factors involved with these aspects of daily performance. Problems addressed can be wide ranging and may include difficulty with physically bringing food to the mouth and orally managing the bolus, impairment of the pharyngeal swallow, psychologically based eating disorders, and dysfunction related to cognitive impairments.

Occupation-centered intervention focuses on the components that enhance the person's ability to participate in eating and feeding ADLs that are valued and fulfilling to that person, such as eating independently, joining friends for lunch, and feeding a child. Occupational therapy practitioners include the family and others involved with the client in the intervention process. Interventions can include environmental modifications, positioning, use of adaptive equipment, feeding and swallowing strategies and remediation techniques, and client and caregiver education.

Definitions

For the purposes of this guideline, broad definitions are noted. *Feeding* is the term used to describe the process of bringing food to the mouth, "sometimes called *self-feeding*" (AOTA, 2014b, p. S19). *Eating* is defined as "keeping and manipulating food or liquid in the mouth and swallowing it. *Swallowing* is moving food from the mouth to the stomach" (AOTA, 2014b, p. S19). Feeding and eating, which are essential to human functioning for nourishment of the body, are forms of social interaction and are influenced by a person's culture, including food choices, rituals around eating, and the social meaning of eating. Thus, feeding,

[1] *Occupational therapists* are responsible for all aspects of occupational therapy service delivery and are accountable for the safety and effectiveness of the occupational therapy service delivery process. *Occupational therapy assistants* deliver occupational therapy services under the supervision of and in partnership with an occupational therapist (AOTA, 2014a).

[2] When the term *occupational therapy practitioner* is used in this document, it refers to both occupational therapists and occupational therapy assistants (AOTA, 2015a).

eating, and swallowing are strongly influenced by physiological, psychosocial, cultural, and environmental factors.

Education, Training, and Service Delivery

The academic curriculum includes the biological and physical sciences (e.g., anatomy, physiology, neuroanatomy, kinesiology) related to the structure and function of feeding, eating, and swallowing and the behavioral and social sciences (e.g., human development through the lifespan and human behavior; Accreditation Council for Occupational Therapy Education [ACOTE], 2012). This curriculum provides the foundational skills for understanding impairments in feeding, eating, and swallowing. (Appendix A outlines the knowledge and skills occupational therapists and occupational therapy assistants acquire in their entry-level education.) Practitioners develop clinical reasoning skills to consider the interplay of physical, cognitive, emotional, environmental, and sociocultural factors in providing effective services for feeding, eating, and swallowing dysfunction. Third-party payers, including Medicare, have varying policies regarding the coverage of feeding, eating, and swallowing services when provided by occupational therapy practitioners ranging from full coverage to noncoverage. It is critical to challenge denials by third-party payers and demonstrate the advanced-level skills acquired and set forth in Appendix B.

Both occupational therapists and occupational therapy assistants have a role in advancing independence in feeding, eating, and swallowing. Occupational therapists are trained to conduct comprehensive evaluations, which include selecting, administering, and interpreting assessment measures, and to develop specific intervention plans and provide therapeutic interventions for integration of feeding, eating, and swallowing into the context of the client's daily routines. Occupational therapy assistants may gather data and administer selected assessment tools or measures for which they have demonstrated competence (AOTA, 2014a, 2015b). Both occupational therapists and occupational therapy assistants select, administer, and adapt activities that support the intervention plan.

Occupational therapy practitioners work in many settings, including neonatal intensive care units, inpatient acute care and rehabilitation hospitals, outpatient departments and clinics, skilled nursing facilities, mental health facilities, community centers, hospices, and schools. Occupational therapy practitioners address feeding across the lifespan. They work with infants and parents with breastfeeding and bottle feeding, moving them through the developmental stages into solid foods and thin liquids. For people who receive nutrition through enteral feeding, occupational therapists work with the treatment team to help clients transition from tube feeding if medically appropriate or to help them incorporate their tube feedings into their daily lives and social interactions. Occupational therapists work with older adult clients who lose the ability to eat solid foods and thin liquids safely because of a variety of conditions related to aging, dementia, or other medical issues. Interventions with this population include providing adaptive equipment, techniques, and strategies to help the person continue to safely eat and drink.

Role of the Entry-Level Occupational Therapist

The occupational therapist with entry-level practice skills has the basic knowledge and skills to provide occupational therapy services to clients with eating and feeding dysfunction. Entry-level knowledge and skills for occupational therapy practitioners, as supported by the 2011 ACOTE standards (ACOTE, 2012), include providing feeding, eating, and swallowing interventions to enable performance (including the process of bringing food or liquids from the plate or cup to the mouth, the ability to keep and manipulate food or liquids in the mouth, and swallowing assessment and management) and training others in precautions and techniques while considering client and contextual factors.

During their education and training, occupational therapists develop specialized skills in activity analysis and synthesis, allowing them to consider the interplay of physical, environmental, and sociocultural factors in providing effective services to people with eating and feeding dysfunction. As part of a comprehensive evaluation, occupational therapists select, administer, and interpret assessment measures; develop an intervention plan; and provide therapeutic intervention. Specifics related to evaluation and intervention can be found in Appendix A.

Role of the Advanced-Level Occupational Therapist

The occupational therapist with advanced-level practice skills in feeding, eating, and swallowing has expanded depth and specificity of knowledge related to evaluation and intervention. This knowledge includes administering more complex assessments and providing interventions for clients who are medically fragile or who have complicated diagnoses or conditions resulting in feeding, eating, and swallowing problems. In populations with complicated feeding and swallowing problems, such as postsurgical cancer patients, patients in intensive care units, or infants, the interplay of medical and developmental factors is complex and requires specialized knowledge to provide safe and effective service. Specifics related to advanced-level evaluation and intervention can be found in Appendix B.

Occupational therapists with advanced-level practice skills contribute to the development of new and innovative approaches to evaluation and intervention. They may develop skills for instrumental evaluations relevant to their area of practice. These skills may include, but are not limited to, videofluoroscopy, cervical auscultation, ultrasonography, fiber-optic endoscopy, scintigraphy, manometry, electromyography, and other instrumental evaluations.

Role of the Entry-Level Occupational Therapy Assistant

During the evaluation process, occupational therapy assistants may gather data and administer selected assessment tools or measures for which they have demonstrated competence (AOTA, 2014a). During intervention, occupational therapy assistants select, administer, and adapt activities that support the intervention plan developed by the occupational therapist. These activities are consistent with the occupational therapy assistant's demonstrated competency and delegated responsibilities (AOTA, 2014a). Specifics related to evaluation and intervention by entry-level occupational therapy assistants can be found in Appendix A.

Role of the Advanced-Level Occupational Therapy Assistant

The occupational therapy assistant with advanced-level knowledge and skills has built on foundational education and training in the eating process for the purpose of providing more comprehensive interventions. The occupational therapy assistant with advanced-level practice skills has gained extensive knowledge and experience in the feeding, eating, and swallowing needs of specific client populations or clients in specific settings. The increased depth of knowledge allows the occupational therapy assistant to provide services to clients who are more medically fragile or whose problems or needs are more complex than those addressed by the occupational therapy assistant with entry-level practice skills. The occupational therapy assistant with advanced-level knowledge may assist the occupational therapist in carrying out instrumental swallowing evaluations. Specifics related to evaluation and intervention by advanced-level occupational therapy assistants can be found in Appendix B.

Supervision Considerations

Occupational therapists and occupational therapy assistants with entry-level practice skills or who have had limited opportunities for hands-on experience with feeding, eating, and swallowing management should seek supervision and mentoring from a more experienced occupational therapist. The amount of supervision provided to an occupational therapist or occupational therapy assistant in the area of feeding, eating, and swallowing should directly relate to his or her training and experience and state practice acts. Occupational therapists and occupational therapy assistants may also supervise other nonlicensed health care aides providing feeding and eating assistance to clients (AOTA, 2014a).

The occupational therapist has the primary role in evaluation and intervention planning; the occupational therapy assistant collaborates with the occupational therapist in the provision of specific interventions (AOTA, 2014a, 2015b). Occupational therapy assistants who hold an AOTA specialty certification in feeding, eating, and swallowing may have a more active role in collaborating in the evaluation process and in making intervention decisions. However, it is understood that services are carried out under the supervision of an occupational therapist.

Summary

Occupational therapy practitioners have the education, knowledge, and skills to work with people across the lifespan who have feeding, eating, and swallowing challenges. Occupational therapists assess clients with a feeding, eating, or swallowing problem from a unique, holistic perspective, taking into account physiological, psychosocial, cultural, and environmental factors that support or interfere with this crucial ADL. Feeding and eating are carefully examined within the context and culture in which the activity typically takes place. In addition to individual intervention aimed directly at the specific feeding, eating, or swallowing problem, occupational therapy practitioners also adapt the environment to support safe eating habits, provide adaptive equipment, and educate families and others in the community.

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Appendix A.

Occupational Therapy Service Delivery in the Area of Feeding, Eating, and Swallowing

Assessment—Entry-Level Education Prepares Occupational Therapy Practitioners to Assess:	Occupational Therapist	Occupational Therapy Assistant *(Based on the Establishment of Service Competency and Supervision by an Occupational Therapist)*
Context		
Cultural components that affect feeding: utensils, food types, meanings and symbolism of food, mealtime practices and rituals, dietary restrictions	✓	✓
Attitudes and values of client, family or caregivers, and friends toward feeding and mealtime	✓	✓
Settings where feeding/eating takes place	✓	✓
Social opportunities during mealtime that support or interfere with feeding/eating	✓	✓
Aspects of the client's developmental status or life phase that support or interfere with feeding/eating	✓	—
Effect of medical condition or disability status on feeding performance	✓	—
Factors in the environment that support or interfere with feeding/eating (e.g., foods, seating, time, feeders)	✓	—
Preoral Phase		
Role of appetite and hunger sensation	✓	✓
Tactile and proprioceptive qualities of food and equipment in both the hands and the mouth	✓	✓
Ability to see and locate food, drink, and utensils	✓	✓
Ability to appreciate smell (e.g., pleasant, noxious)	✓	✓
Need for use of auditory cues (e.g., verbal cues, utensils hitting plate)	✓	✓
Ability to achieve a position of proximal postural control that allows upper-extremity and oral function for eating	✓	✓
Nature of communication during feeding or mealtime	✓	✓
Feeding experience as satisfactory to self	✓	✓
Ability to bring food to mouth as supported or prevented by factors such as figure–ground, depth perception, spatial relations, and motor planning	✓	—
Neuromotor components that support or interfere with adequate positioning	✓	—
Upper-extremity function and hand–mouth manipulation adequate for self-feeding	✓	—
Influence of motor activity involved in bringing food to mouth	✓	—
Ability to orient mouth to receive food (timing, positioning of structures)	✓	—
Initiation of eating as supported or prevented by level of alertness or arousal, orientation to task, recognition, and memory	✓	—
Persistence with feeding as supported or prevented by level of arousal, attention span, initiation of activity, memory, and sequencing	✓	—
Carryover of skill to future feeding tasks as supported or prevented by level of memory, learning, and generalization	✓	—

(Continued)

Appendix A.

Occupational Therapy Service Delivery in the Area of Feeding, Eating, and Swallowing *(cont.)*

Assessment—Entry-Level Education Prepares Occupational Therapy Practitioners to Assess:	Occupational Therapist	Occupational Therapy Assistant *(Based on the Establishment of Service Competency and Supervision by an Occupational Therapist)*
Factors that influence willingness or unwillingness to eat (self-image, self-esteem, caregiver, family, feeder interaction, eating history, dying)	✓	—
Oral Phase		
Behaviors or reports that indicate pain or discomfort in the oral area	✓	✓
Behaviors that interfere with oral phase (e.g., spitting foods, pocketing foods, refusing to swallow)	✓	✓
Level of awareness of or sensation in the oral–motor area	✓	—
Level of reception and perception of tactile (texture), temperature, proprioception, and gustatory qualities of food and utensils	✓	—
Factors supporting and interfering with secretion management	✓	—
Respiratory control factors that permit safe and efficient bolus manipulation (mouth breathing, acute respiratory distress syndrome, bronchopulmonary dysplasia), chronic obstructive pulmonary disease, cardiopulmonary compromise	✓	—
Structural or neuromotor factors (reflexes, range of motion, muscle tone, strength, endurance) that support or interfere with oral–motor function	✓	—
Level of coordinated movements (praxis) of oral structures (cheeks, lips, jaw, tongue, palate, teeth) with or without food	✓	—
Oral structures' ability to work together to contain, form, and propel the bolus	✓	—
Bolus manipulation as supported or compromised by memory, attention span, orientation, or problem solving	✓	—
Speed of the oral phase adequate to support sufficient oral intake	✓	—
Pharyngeal Phase		
Behaviors, reports, or symptoms that indicate pain or discomfort localized in the pharyngeal area	✓	—
Presence of signs and symptoms indicating possible pharyngeal dysfunction or clinical signs indicating possible aspiration (e.g., coughing, choking, tachypnea)	✓	—
Esophageal Phase		
Behaviors, reports, or symptoms that indicate pain or discomfort in the esophageal area	✓	—
Presence of refluxed material from the stomach into the esophagus, pharynx, or oral cavity	✓	—

(Continued)

Appendix A.

Occupational Therapy Service Delivery in the Area of Feeding, Eating, and Swallowing *(cont.)*

Occupational Therapists and Occupational Therapy Assistants Have Entry-Level Knowledge and Skills to:	Occupational Therapist	Occupational Therapy Assistant *(Based on the Establishment of Service Competency and Supervision by an Occupational Therapist)*
Instrumentation		
Understand formal instrumentation used by therapists or other professionals to evaluate the oral, pharyngeal, and esophageal phase of the swallow, including, but not limited to, videofluoroscopy, ultrasonography, fiber-optic endoscopy, scintigraphy, and manometry	✓	–
Discharge Planning (Addressed Throughout the Intervention Process)		
Collaborate with the client, family, caregivers, and team members to formulate discharge needs	✓	–
Provide appropriate referrals, follow-up plans, and reevaluation related to discharge needs	✓	–
Develop and document discharge and follow-up programs and resources in accordance with discharge environment	✓	–
Provide for educational needs related to feeding, eating, and swallowing management and establishment of proficiency of recommendations with client and family	✓	–
Implement discharge and follow-up plan with client, family, caregivers, and team members to promote transition to discharge environment and integration of intervention management techniques	✓	–
Terminate intervention when client has achieved optimal benefit from services	✓	–

Intervention—Entry-Level Education Prepares Occupational Therapists to Use the Following Interventions:	Occupational Therapist	Occupational Therapy Assistant *(Based on the Establishment of Service Competency and Supervision by an Occupational Therapist)*
Context		
Consider cultural practices in selection of foods and liquids, utensils, presentation of foods and liquids, and mealtime setting	✓	✓
Provide environmental modifications to promote appetite and feeding/eating/drinking performance (e.g., location, timing, seating, lighting)	✓	✓
Use feeding/eating/swallowing activities appropriate for developmental status or life phase	✓	✓
Facilitate social interactions that support feeding performance	✓	✓
Plan intervention within the context of the person's medical condition, particularly considering specific restrictions and limitations, expected progression, and outcome	✓	–
Preoral Phase		
Facilitate olfactory stimulation	✓	✓
Provide verbal and physical cues	✓	✓

(Continued)

Appendix A.

Occupational Therapy Service Delivery in the Area of Feeding, Eating, and Swallowing *(cont.)*

Intervention—Entry-Level Education Prepares Occupational Therapists to Use the Following Interventions:	Occupational Therapist	Occupational Therapy Assistant *(Based on the Establishment of Service Competency and Supervision by an Occupational Therapist)*
Use sensitization and desensitization techniques	✓	✓
Facilitate oral hygiene	✓	✓
Facilitate visual–perceptual activity and body schema awareness	✓	✓
Increase awareness on affected or neglected side	✓	✓
Facilitate strategies to minimize visual field deficits and enhance acuity	✓	✓
Modify environment to enhance attention	✓	✓
Help client and caregiver develop problem-solving methods	✓	✓
Use communication strategies to increase participation in feeding	✓	✓
Use techniques to attain and maintain optimal level of arousal	✓	✓
Provide appropriate positioning and seating equipment	✓	✓
Provide nonnutritive oral stimulation, techniques, and exercises	✓	✓
Facilitate upper-extremity control and hand function (dexterity, strength, coordination)	✓	✓
Facilitate oral–motor control through exercises, play, and games	✓	✓
Improve self-esteem to increase engagement in self-feeding	✓	✓
Structure mealtime habits, routines, and rituals	✓	✓
Implement nutritional recommendations	✓	✓
Manipulate feeding schedule to facilitate hunger	✓	—
Select, modify, and establish setup of mealtime equipment	✓	—
Facilitate postural control	✓	—
Fabricate upper-extremity orthotics	✓	—
Use behavior modification or other behavior-based approaches	✓	—
Oral Phase		
Provide nonnutritive oral stimulation and exercises (jaw, lip, cheeks, tongue)	✓	✓
Use desensitization techniques	✓	✓
Enable maintenance of appropriate position during mealtime (facilitate stability or movement)	✓	✓
Time the introduction of food to facilitate coordinated respiration	✓	✓
Facilitate placement of food in mouth and use of utensils	✓	✓
Use verbal, written, or tactile cues to initiate, maintain, and follow through (chew, swallow) with feeding/eating task	✓	✓
Provide an environmental modification program	✓	✓
Facilitate oral compensatory strategies for altered sensation, structure, or function	✓	—
Grade or alter qualities of bolus (e.g., texture, taste, temperature)	✓	—
Provide a behavior modification program	✓	—

(Continued)

Appendix A.

Occupational Therapy Service Delivery in the Area of Feeding, Eating, and Swallowing *(cont.)*

Intervention—Entry-Level Education Prepares Occupational Therapists to Use the Following Interventions:	Occupational Therapist	Occupational Therapy Assistant *(Based on the Establishment of Service Competency and Supervision by an Occupational Therapist)*
Pharyngeal Phase		
Facilitate head and neck positioning for swallowing (e.g., chin tuck, head turns)	✓	✓
Facilitate compensatory swallowing techniques	✓	✓
Use neuromuscular electrical stimulation	✓	—
Use other intervention techniques such as laryngeal elevation and other pharyngeal strengthening techniques and maneuvers	✓	—
Esophageal Phase		
Modify position before, during, and after feeding task	✓	—
Refer to other services when appropriate such as gastrointestinal physician; ear, nose, and throat specialist; dietitian; or allergist	✓	—

Appendix B.

Advanced-Level Occupational Therapy Practice

Occupational Therapist	Occupational Therapy Assistant
I. *Eating function*—Occupational therapists with advanced-level knowledge and skills have built on the foundational knowledge of the eating process, thus enhancing the depth and specificity of evaluation and intervention. These occupational therapists have developed:	I. *Eating function*—Occupational therapy assistants with advanced-level knowledge and skills have built on the foundational knowledge of the eating process for the purpose of providing more comprehensive intervention. These occupational therapy assistants have developed:
A. Extensive knowledge of anatomy and physiology and the phases of eating for the purpose of assessing structural, neuromotor, and sensory factors that support or interfere with function and of determining intervention strategies	A. Advanced knowledge of anatomy and physiology and the phases of eating
1. Preoral phase 2. Oral phase 3. Pharyngeal phase 4. Esophageal phase	1. Preoral phase 2. Oral phase 3. Pharyngeal phase 4. Esophageal phase
B. Extensive knowledge of airway functions, including protective responses and respiratory control factors that affect swallowing and eating	B. Advanced knowledge of airway functions, including protective responses and respiratory control factors that affect swallowing and eating
II. *Specialized client populations and settings*—Occupational therapists with advanced-level knowledge and skills have gained extensive knowledge and experience in the feeding, eating, and swallowing needs of specific client populations or clients in specific settings. The increased depth of knowledge allows these occupational therapists to provide services to clients who are more medically fragile or whose problems and needs are more complex than those addressed by entry-level therapists. By developing expertise with specific client populations and settings, occupational therapists with advanced-level knowledge and skills not only provide services that represent best practice but also contribute to the development of new and innovative approaches to evaluation and intervention for those populations and settings. Areas of expertise that may be developed include:	II. *Specialized client populations and settings*—Occupational therapy assistants with advanced-level knowledge and skills have gained extensive knowledge and experience in the feeding, eating, and swallowing needs of specific client populations or clients in specific settings. The increased depth of knowledge allows these occupational therapy assistants to provide services to clients who are more medically fragile or whose problems and needs are more complex than those addressed by occupational therapy assistants with entry-level knowledge and skills. Areas of expertise that may be developed include:
A. Specific medical diagnoses	A. Specific medical diagnoses
1. In-depth knowledge of diagnoses, including potential impact on feeding, eating, and swallowing 2. Common medications used and their interaction with the feeding, eating, and swallowing process; advice regarding oral administration of medications (e.g., crushed meds, through nasogastric tube, or change to liquid suspension) 3. Dietary needs or restrictions 4. Specialized equipment that may be used and can affect feeding, eating, and swallowing (e.g., tracheostomy tubes, ventilators, feeding tubes)	1. In-depth knowledge of diagnoses, including potential impact on feeding, eating, and swallowing 2. Common medications used and their interaction with the feeding, eating, and swallowing process 3. Dietary needs or restrictions 4. Specialized equipment that may be used and can affect feeding, eating, and swallowing (e.g., tracheostomy tubes, ventilators, feeding tubes)

(Continued)

Appendix B.

Advanced-Level Occupational Therapy Practice *(cont.)*

Occupational Therapist	Occupational Therapy Assistant
B. Specialized settings such as general intensive care units and neonatal intensive care units (AOTA, 2014a)	B. Specialized settings such as intensive care units (AOTA, 2014a)
C. Specific developmental, social, and cultural factors	C. Specific developmental, social, and cultural factors
1. In-depth knowledge of age-related expectations, such as feeding processes in infants and children and effects of aging on feeding 2. Extensive knowledge of particular cultural groups and the influence of their customs on eating, particularly for people with feeding, eating, and swallowing problems 3. Extensive knowledge of social and emotional factors that can influence feeding	1. In-depth knowledge of age-related expectations, such as feeding processes in children and effects of aging on feeding 2. Extensive knowledge of particular cultural groups and the influence of their customs on eating, particularly for people with feeding, eating, and swallowing problems 3. Extensive knowledge of social and emotional factors that can influence feeding
III. *Instrumental evaluation*—Occupational therapists with advanced-level knowledge and skills may develop the following skills for instrumental evaluations relevant to their area of practice. These assessment techniques require specialized formal training and equipment. They may include, but are not limited to, videofluoroscopy, cervical auscultation, ultrasonography, fiber-optic endoscopy, scintigraphy, manometry, electromyography, and manufluorography.	III. *Instrumental evaluation*—Occupational therapy assistants with advanced-level knowledge and skills may develop the following skills for instrumental evaluations relevant to their area of practice.
A. Knowledge and application of instrumental techniques, including purpose, indications for use, limitations, reliability, and validity	A. Knowledge of instrumentation techniques, including purpose, indications for use, limitations, reliability, and validity
B. Ability to recommend appropriate instrumental evaluation	B. Ability to assist the occupational therapist in carrying out assessments
C. Collaboration with other professionals in carrying out the instrumental evaluation and interpretation of data	
D. Ability to independently carry out assessments, including interpretation of data and implementation of recommendations	
E. Ability to use assessment results effectively in evaluation and intervention	
IV. *Specialized interventions*—Occupational therapists with advanced-level knowledge and skills have knowledge of and skills in all existing intervention procedures in their specialty area and can provide the clinical judgment and rationale for selection of any procedure being used. They are aware of new interventions and potential applications from other fields. Skills may be developed in using specialized interventions that include, but are not limited to:	IV. *Specialized interventions*—Occupational therapy assistants who have advanced-level knowledge of and skills in specialized intervention procedures in their specialty area are able to implement intervention recommendations made by the occupational therapist. Skills may be developed in using specialized interventions that include, but are not limited to:
A. Interventions to facilitate oral performance, improve pharyngeal swallow, and potentially reduce the risk of aspiration, if present. Use of these interventions is based on the results of instrumental evaluation of function, with safety of the client as a primary concern. Examples include:	A. Interventions to facilitate oral performance, improve pharyngeal swallow, and potentially reduce the risk of aspiration, if present. Use of these interventions is based on the results of instrumental evaluation of function, with safety of the client as a primary concern. Examples include:

(Continued)

Appendix B.

Advanced-Level Occupational Therapy Practice *(cont.)*

Occupational Therapist	Occupational Therapy Assistant
1. Compensatory swallowing techniques and strategies 2. Thermal or tactile stimulation 3. Grading or altering the bolus size and texture and changing consistency of liquids or route of administering medications orally 4. Specialized positioning	1. Compensatory swallowing techniques and strategies 2. Thermal or tactile stimulation 3. Grading or altering the bolus size and texture 4. Specialized positioning
B. Enteral feeding	B. Enteral feeding
1. Knowledge of purpose, types, indications, limitations, and precautions 2. Ability to integrate enteral feeding systems into the occupational therapy intervention plan 3. Ability to make recommendations regarding use of or need for enteral feeding systems	1. Knowledge of purpose, types, indications, limitations, and precautions
C. Oral appliances (prosthodontics)	C. Oral appliances (prosthodontics)
1. Knowledge of purpose, indications, limitations, and precautions 2. Ability to fabricate or collaborate on fabrication 3. Client training and education	1. Knowledge of purpose, indications, limitations, and precautions
V. *Training and education*—Occupational therapists with advanced-level knowledge and skills disseminate their knowledge and skills to others. Through formal and informal methods, occupational therapists with advanced-level knowledge and skills provide training and education to other occupational therapists, occupational therapy assistants, students, staff members, and professionals from other fields.	V. *Training and education*—Occupational therapy assistants with advanced-level knowledge and skills provide training and education to clients, family, and staff members in collaboration with an occupational therapist.

Accreditation Council for Occupational Therapy Education

2023 ACOTE Standards and Interpretive Guide

(last updated April 7, 2025)

Excerpt for Standard B.3.13. Dysphagia and Feeding:

STANDARD NUMBER	ACCREDITATION STANDARDS FOR A DOCTORAL-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPIST	ACCREDITATION STANDARDS FOR A MASTER'S-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPIST	ACCREDITATION STANDARDS FOR A BACCALAUREATE-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPY ASSISTANT	ACCREDITATION STANDARDS FOR AN ASSOCIATE-DEGREE-LEVEL EDUCATIONAL PROGRAM FOR THE OCCUPATIONAL THERAPY ASSISTANT
B.3.13. Dysphagia and Feeding				
B.3.13.	Evaluate and provide interventions for dysphagia and disorders of feeding and eating to enable performance, and train others in precautions and techniques while considering client and contextual factors.	Evaluate and provide interventions for dysphagia and disorders of feeding and eating to enable performance, and train others in precautions and techniques while considering client and contextual factors.	Demonstrate interventions that address dysphagia and disorders of feeding and eating, and train others in precautions and techniques while considering client and contextual factors.	Demonstrate interventions that address dysphagia and disorders of feeding and eating, and train others in precautions and techniques while considering client and contextual factors.

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MEMORANDUM

DATE	April 30, 2025
TO	Speech-Language Pathology Practice Committee
FROM	Maria Liranzo, Legislation/Regulation/Budget Analyst
SUBJECT	Agenda Item 4: Discussion and Possible Action to Amend Regulations Regarding General Application Requirements and Speech-Language Pathology and Audiology Aide Requirements as Stated in Title 16, California Code of Regulations (CCR) Sections 1399.151.2, 1399.151.3, 1399.151.4, 1399.154 through 1399.154.12, and 1399.157

Background

On November 30, 2023, the Speech-Language Pathology Practice Committee (SLP Committee) directed Board staff to amend the drafted proposed regulatory language that will implement statutory changes for speech-language pathology (SLP) aides. The SLP Committee reviewed and discussed the proposed text at its December 5, 2024, meeting, and asked Board staff to determine (a) how many SLP aides are registered with the Board, and (b) if there has been any request for alternative plan of supervision.

As of April 7, 2025, the Board has fifty-six (56) SLP aides registered with the Board. Board staff inspected applications of SLP aides registered in 2024. There were twenty-six (26) SLP aides. Of those twenty-six (26), eleven (11) requested alternative plan. The level of supervision varied with sixteen (16) receiving immediate and direct supervision, and nine (9) receiving direct and indirect supervision. Immediate supervision was used to mean the supervisor was in the same room as the aide when assisting with patient care. Direct supervision was used to mean the supervisor was in the same facility as the aide. Indirect supervision was used to mean the supervisor was not in the same facility as the aide. A sample of plans submitted to the Board can be found Attachment A.

Summary of Changes

The Audiology Practice Committee (AU Committee) met on December 5, 2024, and made changes to CCR section 1399.154.11(j), (k), and (m). Those changes are included in the proposed text (Attachment B).

Discussion Questions

The current supervision requirement for SLP aides is:

> *1399.154.2(c) Be physically present while the speech-language pathology or audiology aide is assisting with patients, unless an alternative plan of supervision has been approved by the Board.*

1. Does the SLP Committee wish to keep this requirement or revise it to remove the option of requesting approval of an alternative plan of supervision? The committee may also consider defining words that can be used by supervisors when completing supervision plan.

Action Requested

Staff recommends the SLP Committee review and discuss the materials provided. The SLP Committee may wish to determine whether or not to recommend the regulatory language to the Board to initiate the rulemaking process.

Suggested Motion Language

Move to recommend the regulatory text for Title 16, CCR Sections 1399.151.2, 1399.151.3, 1399.151.4, 1399.154 through 1399.154.12, and 1399.157 to the Board to initiate the rulemaking process, as noticed/amended, and direct Board staff to prepare the regulatory text for Board review and approval.

Attachment A: Summary of Proposed Plan for Supervising and Training
Attachment B: Proposed Text as of December 5, 2024

SAMPLE 1 – Aide working in hospital

Duties	Training	Supervision
Clean equipment and treatment spaces before and after sessions. Specialized equipment includes NMES machine and Visipitch. Additional equipment may include pediatric feeding items, stimulus materials, mirrors, etc.	**Training methods:** Established hospital and department-specific policies regarding infection control and cleaning will be reviewed in-person with the aide during new employee orientation and ongoing during annual department reorientation. The licensed supervisor will then provide verbal instruction and demonstration of cleaning techniques for all equipment and treatment rooms. **Necessary minimum competency level:** After training, the aide is expected to clean designated treatment spaces and equipment as directed by the SLP-supervisor. Aide must score a "2" on competency evaluation, indicating they are able to perform this independently. Competency is expected to be achieved within 3 months of hire. **Assessment of Competency:** Competency will be assessed by the supervising speech therapist, who will observe the aide independently perform cleaning of treatment spaces and equipment in accordance with established policy. A competency checklist will be signed and kept in the aide's personnel file. **Past education/training/exp:** Procedures are specific to department policy. No prior training is considered applicable.	After competencies are established, aide will be expected to perform independently as directed by the supervising clinician.

Duties	Training	Supervision
Prepare thickened liquids for dysphagia evaluation/treatment. Clinic primarily utilizes pre-thickened items but may occasionally request the aide to prepare a specific item to a viscosity that is consistent with specific IDDSI classifications. SLP will verify that the prepared items are of the appropriate viscosity prior to use with patients.	**Training methods**: The SLP will train the aide to utilize thickening agent and test for appropriate viscosity. Methods of instruction will include printed materials, demonstration, and hands-on performance by the aide. Terminology and training materials will utilize IDDSI (International Dysphagia Diet Standardization Initiative} classifications. Printed materials re: quantitative testing methods will be taken directly from the IDDSI website and be given to the therapy aide. **Necessary minimum competency level**: Following training, the aide is expected to thicken liquids and test to ensure the designated viscosity without additional oversight. Competency is expected to be achieved within 3 months of hire. Aide must score a "2" on competency evaluation, indicating they are able to perform this independently. **Assessment of competency**: The SLP will observe the therapy aide thicken liquids and test viscosity. SLP will independently test liquids to ensure accuracy, Competency will be achieved when the aide is able to thicken a given liquid to each IDDSI-defined consistency and test it accurately without assistance. A competency checklist/attestation will be signed by the SLP when achieved and kept in the aide's personnel file. **Past education/training/exp**: N/A. Aide applicant does not have prior experience with DOSI classification or testing.	After competencies are established, the aide will be expected to perform these tasks independently as directed by the supervising clinician.

Duties	Training	Supervision
Prepare barium for modified barium swallow studies (MBSS). SLP utilizes pre-thickened items of different viscosities mixed with barium for MBSS and may occasionally request the aide to prepare barium mixtures that is consistent with specific IDDSI classification. SLP will verify that the prepared items are of the appropriate viscosity prior to use with patients.	**Training methods**: The SLP will train the aide to 5 heaping teaspoons barium sulfate suspension with given liquids and test for appropriate viscosity. Methods of instruction will include printed materials, demonstration, and hands-on performance by the aide. Terminology and training materials will utilize IDDSI {International Dysphagia Diet Standardization Initiative) classifications. Printed materials re: quantitative testing methods will be taken directly from the IDDSI website and be given to the therapy aide. **Necessary minimum competency level**: Following training, the aide is expected to mix barium with a given liquid and test to ensure the designated viscosity without additional oversight. Competency is expected to be achieved within 3 months of hire. Aide must score a "2" on competency evaluation, indicating they are able to perform this skill independently. **Assessment on competency**: The SLP will observe therapy aide mix barium with pre-thickened items and test viscosity. SLP will independently test liquids to ensure accuracy. Competency will be achieved when the aide is able to mix a given barium with a given liquid to each IDDSI-defined consistency and test it accurately without assistance. A competency checklist/attestation will be signed by the SLP when achieved and kept in the aide's personnel file. **Past education/training/exp**: N/A. Aide applicant does not have prior experience with IDDSI classification or testing,	After competencies are established, the aide will be expected to perform these tasks independently as directed by the supervising clinician.

Duties	Training	Supervision
Support ST during sessions by presenting stimulus materials as instructed to allow ST to make observations or provide caretaker education. This support will not incorporate data collection or prompting/cuing patients. All stimulus materials {e.g. pictures, questions, comprehension paragraphs, AAC boards) will be selected by the supervising ST. SLP will be responsible for presenting any stimulus items used in standardized assessments.	**Training methods**: Supervising SLP will undertake training. Training methods will incorporate verbal instruction, demonstration, and written information. Written information will include definitions of common communication impairments seen at the clinic (e.g. aphasia, dysarthria, apraxia, stuttering) and strategies to increase comprehension for patients with cognitive and/or communication impairments. **Necessary minimum competency level**: Aide will read printed materials at appropriate rate and intensity for patient. Aid will present visual materials for a sufficient amount of time and in a manner that allows patient to clearly see the item. Aide will follow verbal instructions from ST during therapeutic activities. Competency is expected to be achieved within 3 months of hire. Aide must score a "1" or higher, indicating they are competent with cues or resources. **Assessment of competency**: Competency will be determined using direct SLP observation. A competency checklist that includes terminology and appropriate presentation of stimuli will be completed by the SLP-supervisor. **Past education/training/exp**: N/A. Aide applicant does not have prior experience assisting with communication rehabilitation.	Consistent 1:1 oversight and instruction by the SLP-supervisor will be provided during any therapeutic activity for its duration.

SAMPLE 2 – Aide working in private practice

List of duties of the aid:

- Gather materials for treatment sessions that were assigned by the SLP
- Organizing materials/files
- Assisting in treatment sessions and participating during activities planned/directed by the SLP
- Assisting in tallying data for therapeutic setting as trained by the SLP
- Direct supervision by the SLP during interactions with clients

Training methods

- The speech aide will participate in a two-week training under direct supervision by the SLP that entails treatment, behavior strategies, and collecting data.
- The speech aide will shadow the SLP for two weeks and demonstrate ability to take direction and feedback

SAMPLE 3 – Aide working in hospital setting

Duties

1. Assists the Speech-Language Pathologist in therapy by providing language models, interaction with patients in a developmentally appropriate manner, redirecting children to activities during patient care activities. Aide is supervised 100% of the time by a licensed, certified clinician.
2. Aide will relay information/observation to the SLP as needed during therapy sessions.
3. Aide will be responsible for cleaning the room, toys, materials, mats and sensory gym following the treatment sessions.

Training methods:

a. Observing test and therapy sessions
b. Orient and train Aide to assist with patients
c. Read written materials provided
d. Assist with licensed, certified Speech-Language Pathologists

Minimum Competencies:

a. High school diploma or equivalent
b. CPR certification

Preferred Qualifications

a. Coursework in Communication Disorders
b. Patient care experience
c. Post-high school education

Competencies:

Successful completion of Aide's Competency form signed off by the designated supervisor

Individuals responsible for training:

Licensed ASHA certified Speech-Language Pathologist

Past Education and Training:

Aides will supply a curriculum vitae.

Length of training program:

One to three months

SAMPLE 4 – Aide working in private practice

Duties

1. Bilingual Spanish and English interpretation/translation
2. Cultural and linguistic informant during evaluations
3. Data collection and entry
4. Scheduling recurring visits
5. Supervision: Direct/immediate in-person supervision 100% of the time during clinical tasks

Supervision and Training

Supervisor will provide on-the-job training. Supervisee will receiving 100% direct/immediate supervision. Supervisee will participate in direct observation of speech and language sessions with patients that do not require a high level of clinical acumen. Aide will be checking in patients, verifying identification, assisting with audio-visual recordings and photography, interpreting and translating Spanish and English assisting in evaluations and treatments, and will be transcribing with SLP providing dictation. Assessment of thier training will occur daily for the first 6-8 weeks, and weekly thereafter for 6 months, via oral and written format. Supervisee holds a bachelor's degree in linguistics from a UC, with an emphasis in speech and hearing. Aide currently works and has worked as a scheduling receptionist in our private SLP office for the last 4 months.

SAMPLE 5 – Aide working outside of scope in private practice

Duties

Under direct supervision of licensed Speech Pathologist aide will:

- Check in family to facility, perform health screening including health survey and temperature check, escort family to and from treatment room, clean treatment room.
- Use therapeutic materials developed by SLP to address goals set by Speech Pathologist.
- Implement play based structured therapeutic activities as directed by Speech Pathologist and directly related to goals set by Speech Pathologist.
- Report and document response to intervention in web based practice management system
- Report client therapeutic activities and responses to parents and caregivers following treatment as needed
- Direct any clinical questions from parent to Speech Pathologist
- Assist Speech Pathologist during assessment by engaging client in activities to facilitate the testing process.

Training

- Minimum competency required high school diploma with demonstrated enrollment or completion in one of the following: Associates degree program in Speech Language Pathologist Assistant, or Bachelors degree program in Communicative disorder or related fields, or Speech Language Pathology graduate program.
- Clear livescan fingerprinting and background check, present clear tb skin test
- Facility intake process training will be conducted by clinic coordinator including how to check in clients, health screen, and clean rooms. Documentation training will be conducted by Speech Pathologist and facility coordinator on web based practice management software. Treatment materials implementation training will be provided by Speech Pathologist including demonstration of use of materials. 30 day, and annual competency review will be completed by supervising SLP.
- Supervising Speech Pathologist will train aide on appropriate reporting of client engagement in therapeutic activities and response to parent

SAMPLE 6 – Aide working outside of scope in private practice

Duties	Training	Supervision
Individual treatment: • SLP Aide will assist speech language pathologist in treating individual, 1:1 client in the areas of articulation, language, pragmatic, and/or fluency Group Treatment: • SLP Aide will assist SLP in treating group therapy sessions with a 1:4 ration of clients working on language development	• SLP Aide will observe a minimum of 5 treatment sessions with a fully licensed speech-language pathologist • SLP Aide will participate in an orientation and therapy approaches/techniques, their roles & responsibilities, supervision and training guidelines and requirements • SLP Aide will participate in a minimum of 5 individual sessions with a fully license speech-language pathologist in which the Aide is participating in co-treatment with direct, hands-on feedback from supervisor during the entirety of the session. • SLP Aide will participate in initial observations and orientation for 1 week from their official start date • SLP Aide will participate in co-treatment with hands on, direct feedback from SLP for 2-4 from their official start date (longer, if deemed necessary by SLP) • SLP Aide will then assist independently with treatment of clients (with SLP present, on site at all times)	Indirect supervision: • SLP will discuss each goal in the client's treatment plan and develop plans for treatment including, but not limited to therapy approaches, techniques, scaffolding, materials/activities to elicit targets • SLP will review any written treatment plan or session notes to ensure accuracy of plan or data from the SLP Aide • SLP will meet with the SLP Aide for indirect supervision times, minimum 1 hour a week, to discuss any additional questions or concerns that arise during treatment sessions Direct supervision: • SLP will be present, onsite during the times that the SLP Aide is assisting in treatment sessions • SLP Aide will never be left alone without a licensed SLP during treatment sessions • SLP will provide direct feedback during treatment sessions whenever necessary which may include, but not limited to adjustment of therapy approaches/techniques, cueing and scaffolding, behavior management

SAMPLE 7 – Aide working outside of scope in private practice

Essential Functions:

- Under the direction of the supervising SLP, supports the provision of Speech Therapy services to patients under the appropriate guidelines established by each individual client facility.
- Under the direction of supervising SLP, assists with screening of patients in accordance with the policies of the client facility to determine need for intervention/treatment (without interpretation).
- Under the direction of supervising SLP, assists with assessments of patients in accordance with the policies of the client facility, to determine need for intervention/treatment (without interpretation).
- Assists with documentation as directed by SLP while adhering to client's Speech Therapy Department procedures regarding documentation of Speech Therapy services.
- Follows documented treatment plans or protocols developed by the supervising SLP.
- Documents patient performance and reports the findings/information to the supervising SLP.
- Performs other duties as assigned including clerical duties related to preparing materials and scheduling activities as directed by the SLP.
- Complies with regulations and reimbursement requirements and activities.
- Assists with and participates in client's Quality Assurance Program as directed.
- Maintains safe and clean work area and adheres to facility/company safety standards.
- Assists with maintenance and checks of equipment.
- Projects a positive and professional image at all times.
- Maintains positive relationships and rapport with coworkers, patients, family members and facility personnel.
- Reports to work at the time designated by the client facility and coordinates schedule to achieve maximum productivity and efficiency during assigned shift.
- Responsible for performing tasks that are within the scope of their educational preparation, knowledge, and permitted by the policies and procedures from other local, state, and federal guidelines; and the policies of the facility requesting the services.

Speech Language Pathology Aide Job Training Methods

The tasks you described relate to a range of activities and responsibilities that are typically within the scope of a speech aide working under the supervision of a licensed Speech-Language Pathologist (SLP). These tasks are part of the training process for such roles. The training methods employed for each of the activities listed are generally structured to ensure compliance with professional standards and the specific policies of the client facilities Below are the potential training methods that would be used to ensure competence and compliance in these tasks:

1. **Support Provision of Speech Therapy Services Training Method:** On-the-job training with close supervision by the SLP, focusing on understanding the treatment protocols, patient care techniques, and the specific guidelines of the facility. The aide would learn to assist in providing therapy services and apply procedures established by the SLP. Supervision and feedback are key components of the training.

2. **Assist with Screening of Patients Training Method:** Formal training in screening protocols, typically through workshops or instruction by the supervising SLP. This would include understanding the policies of the client facility and learning how to conduct screening tasks under supervision without interpreting results. The aide may also participate in mock screenings or observe the SLP conducting screenings.
3. **Assist with Assessments Training Method:** Similar to screening, the training involves observation and hands-on experience under the supervision of an SLP. The aide would be trained to assist with gathering information for assessments, adhering to the facility's protocols, and ensuring that no interpretation of results is made. The SLP would provide direct guidance and feedback throughout the process.
4. **Assist with Documentation Training Method:** Instruction on how to properly document patient information and progress in accordance with the client's therapy department procedures. This could include online training modules, written guidelines, and hands-on practice under supervision. The aide would also review confidentiality protocols and legal requirements.
5. **Follow Treatment Plans or Protocols Training Method:** This would involve detailed orientation regarding the treatment plans developed by the SLP, including understanding the goals, methods, and timelines of therapy. The aide would be trained on how to implement these plans with support and feedback from the SLP, with a focus on consistency and accuracy.
6. **Document Patient Performance and Report Findings Training Method:** The aide would receive training in documentation techniques, including specific formats used by the client facility. This may include shadowing the SLP to see how findings are documented and reported and using real patient data (under supervision) to practice.
7. **Perform Other Duties (Clerical and Scheduling) Training Method:** This would likely involve standard administrative training for handling clerical tasks like preparing materials, scheduling, and managing patient files. The aide may receive training on office software, organizational skills, and time management to help with these duties.
8. **Comply with Regulations and Reimbursement Requirements Training Method:** This typically includes training in regulatory compliance, understanding reimbursement guidelines, and how they relate to speech therapy services. This training may be provided through formal workshops or eLearning courses on topics such as HIPAA regulations, Medicare/Medicaid billing, and other legal standards.
9. **Assist with Quality Assurance Program Training Method:** Training in the facility's quality assurance procedures would include reviewing policies, protocols, and performance measures. The aide would learn about data collection methods, reporting formats, and how their role contributes to maintaining quality standards in therapy services.
10. **Maintain Safe and Clean Work Area Training Method:** On-the-job safety training, including proper cleaning and maintenance of therapy equipment, following workplace safety standards, and responding to emergency situations. The aide would be trained through a combination of observation, written guidelines, and practical exercises.
11. **Assist with Equipment Checks and Maintenance Training Method:** Hands-on training in maintaining and checking therapy equipment, including safety protocols and troubleshooting basic issues. The aide would receive direct instruction and practice to ensure equipment is functioning correctly.
12. **Project a Positive and Professional Image Training Method:** Training in professional behavior, communication skills, and patient care etiquette. This could involve workshops, role-playing scenarios, and feedback from the supervising SLP or other team members on how to maintain a positive and professional demeanor in various interactions.

13. **Maintain Positive Relationships and Rapport Training Method:** This would likely involve interpersonal skills training, focusing on communication, empathy, and conflict resolution. The aide may engage in role-playing exercises and receive feedback from the SLP on how to build and maintain rapport with patients, families, and colleagues.
14. **Report to Work and Coordinate Schedule Training Method:** Orientation on facility policies regarding work schedules, punctuality, and productivity expectations. This would likely be taught through an employee handbook and during the initial onboarding process.
15. **Perform Tasks Within Scope of Educational Preparation and Policies Training Method:** Orientation and ongoing training on the legal and ethical scope of practice, ensuring that the aide understands their role, limitations, and responsibilities. This would include reviews of relevant policies from other legal entities governing speech therapy practice.

In general, **supervision**, **hands-on practice**, and **feedback** are central training methods used to ensure that speech aides effectively perform their roles under the guidance of a supervising SLP. These methods help the aides gain both the theoretical knowledge and practical experience needed to support speech therapy services, maintain professionalism, and comply with facility policies and regulatory standards.

SAMPLE 8 – Aide working outside of scope in private practice

Duties and Supervision

1. Select/prepare speech/language instructional materials. Direct observation/indirect
2. Implement treatment plan as directed by SLP. Direct observation/indirect
3. Assist SLP with assessments. Direct observation
4. Document client's progress toward meeting established treatment objectives. Direct observation/indirect
5. Prepare notes/monthly summaries. Direct/indirect editing
6. Prepare charts, graphs, visual displays to communicate client's progress. Direct/indirect editing
7. Assist SLP in conducting research. Direct/indirect

Training

1. 1:1 training to familiarize aide with materials; Direct instruction/mod competency via performance review and observation
2. 1:1 training with each client; observation of sessions; SLP.com seminars on treatment techniques - tests; Indirect Assist/mod competency/performance review
3. 1:1 training on assessments; how to assist SLP; observation, indirect/mod competency/performance review
4. 1:1 training on goals: data collection/data keeping /observation/indirect/mod competency/performance review
5. 1:1 training re format, details, how to summarize data. Direct/indirect observation/mod competency/performance review
6. 1:1 training on preparation of charts, etc. Direct instructions/indirect/mod competency/performance review
7. 1:1 training re: collecting research. Direct/indirect instruction/mod competency/performance review

SLP Supervisors will be responsible for the training.

Supervision: Direct= 1:1 instruction with pertinent materials. Indirect= meeting with supervisor, supervisor observing; supervisor editing work produced.

Coursework

- Autism - Paving the way to success - 10861, 10862, 10864-3 hours
- Autism - Creating optimal change/narrative 10865 -1 hour
- Autism - Parents are an important part of the team 9810 - .5 hour
- Autism - Where to start…. 9809 - .5 hour
- Autism Outreach - Play Based Speech Therapy 9818 - .5 hour
- Autism Outreach - Early Intervention tips 9806 - .5 hour
- Autism - Strategies for Generalizing Language skills 9803 -.5 hour
- DIR Floortime 9642 -4 hours
- Play is FUNdamental 9391-4 hours

- Play is FUNdamental - Social, Emotional Development 9389 1 hour
- Play is FUNdamental - Integrating Social, Motor, Language 9387 -1 hour
- Embedding intervention strategies into everyday activities -9269 -1 hour
- Play, Talk, Read 10708 -1.5 hours
- Yoga and SLP Therapy-10478 -1 hour
- Understanding and Treating Ecolalia 10261-1 hour
- Developmental Language Disorder 10090 -1 hour
- Language Intervention of at risk of developmental disorder 10090 -1 hour
- Communication function and AAC 9950 - .5 hour
- Picture books/AAC 9905 - .5 hour
- Language Therapy via Teletherapy 9306 -1 hour

SAMPLE 9 – Aide working outside of scope

Original

Duties
SLPA will help with the treatment and documentation of clients and will be supervised both directly and indirectly. Supervising SLP will be on site 3 days a week to answer any possible questions and supervise.

Training
Initial orientation: An overview of the SLPA's responsibilities, including boundaries of their practice. This includes reviewing the SLPA's scope of practice according to ASHA or CA regulations. Observation and demonstration: SLP will demonstrate therapeutic techniques and administrative tasks, allowing the SLPA to observe the SLP working with clients in various settings. Structured practice: Allow SLPA to practice under supervision, providing feedback and guidance on therapy techniques, data collection, and client interaction. Gradual independence: Increase the level of independence based on the SLPA's demonstrated competency. Begin with closely monitored sessions and gradually reduce oversight as their skills develop. The SLPA's educational background will be reviewed as well as core competencies and professional skills. Competency will be continuously evaluated through direct observations and discussions.

Resubmit

Duties and Supervision

- Organizing therapy tools - *Indirect supervision*. SLP check therapy tools after they are organized
- Observing therapy - *Direct supervision*. SLP is physically present during therapy sessions
- Organizing files directed by SLP - *Indirect supervision*. SLP check if files were placed In the correct location after they are organized
- Ensuring therapy rooms are organized and welcoming - *Indirect supervision*. SLP inspects therapy rooms after they have been organized.
- Helping coordinate therapy sessions with parents - *Indirect supervision*. SLP checks and approves any changes made to schedules/times.
- Assembling take-home practice materials for clients to use - *Indirect supervision*. SLP reviews materials before they are given to clients.

Training

- Orientation and overview. Reviewing therapy room organization expectations.
- Observation. Aide is allowed to watch therapy sessions
- Step by step instruction. Aide is instructed on how to correctly file documents.
- Orientation and overview. Aide is provided with an example of how therapy rooms are expected to look.
- Step by step instruction. Aide is instructed on the protocol used to alter client session schedules.

- Step by step instruction. Aide is instructed on the specific steps necessary to assemble take-home materials.

Experience - no past experience, no past trainings

Competency level needed - Beginner. The aide is new to the role and requires guidance and supervision. SLP will complete periodic check-ins to assess aides competency level.

SAMPLE 10 – Aide working outside of scope in public school

Duties

- -Provides speech and language therapy to elementary aged students under direct supervision
- -Records data related to each child's goals and demonstrates/tracks progress every session. Data is reviewed by supervisor weekly.
- -Creates materials for therapy, which is reviewed weekly by supervisor.

Supervision and Training

The supervisor periodically will step in and demonstrate a technique to elicit speech and language. Aide is able to demonstrate a level of competency that is sufficient to perform therapy tasks. Aide has regularly attended continuing education courses provided by our district and online. Aide also takes online CEUs in the areas of therapy skills/techniques. We discuss goals for students, what therapy materials to use, and progress of students. Any time the aide has a question or needs support, aide asks SLP directly.

SAMPLE 11 – Aide working outside of scope in public school, applied for RPE at the same time

The following roles/responsibilities and plan of training is listed below:

1. Assist and facilitate individual and group speech therapy sessions (including push in sessions) by following IEP service minutes, goals, and therapy plans developed by the SLP. An SLP will be in the room to provide additional feedback and support as needed.
2. During therapy, aide will provide instruction and give student feedback on goals, help provide behavioral management techniques, and take notes on previously developed goals. An SLP will be in the room to provide additional support and feedback to aide and students. Locations/group/individual services will be provided:
    a. In state preschool and head start programs with the SLP in the room/playground
    b. In therapy rooms with the SLP in the room to supervise
    c. In moderate/severe special education classrooms assisting with an embedded speech program with the SLP present.
3. Write therapy notes documenting progress during and after sessions on goals. This may include writing down language samples, noting accuracy of targets, and writing subjective information about the lesson (e.g., students appeared sick, tired, etc). These notes will be reviewed by the treating SLP.
4. Help prep materials for sessions, such as laminating icons, visual supports, taking out and cleaning up items in the therapy room.
5. Collaborate with the SLP on student progress, techniques, and support. The SLPs values aide's experience and knowledge and any input from aide has is appreciated. The treating SLP is responsible for clinical decision making in regards to therapy strategies, goal development, and eligibility determination.
6. Assist in evaluation procedures, including observing and writing down notes in classrooms or therapy rooms. These observations will not involve direct therapy or treatment and gather information about current functioning.
7. Assist in evaluations by writing down language samples, marking responses are correct or incorrect. Evaluations will be scored and interpreted by the treating SLP.
8. Meet weekly with SLP, to discuss SLP aide support needs, provide feedback/training, and problem solve any challenges.

Aide will in no way perform duties outside of this, such as:

- Will NOT attend IEP meetings or discuss student therapy with parents.
- Will NOT assess or provide independent therapy services without a supervising SLP in the room to provide feedback and support.

~~PROPOSED REGULATORY LANGUAGE AS OF SEPTEMBER 5, 2024~~

General Application Requirements and Speech-Language Pathology and Audiology Aide Requirements
as of December 5, 2024

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§ 1399.151.2. Expedited Licensure or Registration Process.

The Board shall expedite any application of an applicant who:

(a) Pursuant to Section 115.4 of the Code, identifies themself as an honorably discharged member of the United States Armed Forces, and who provides a Certificate of Release or Discharge from Active Duty (DD-214) or other documentary evidence showing the date and type of discharge, pursuant to Section 115.4 of the Code.

(b) Pursuant to Section 115.6 of the Code, identifies themself as a person who is married to, or in a domestic partnership or other legal union with an active-duty member of the Armed Forces of the United States who is assigned to a duty station in California under official active-duty military orders, and the applicant holds a valid license, or comparable authority, to practice as a hearing aid dispenser or audiologist in another United States state, district, or territory, and who provides documentary evidence as specified in paragraphs (1) through (3). application:

(1) Certificate of marriage or certified declaration or registration of domestic partnership filed with the California Secretary of State or other documentary evidence of legal union with an active-duty member of the Armed Forces,

(2) A copy of their current license or registration in another state, district, or territory of the United States, and,

(3) A copy of the military orders establishing their spouse or partner's duty station in California.

(c) Pursuant to Section 135.4 of the Code, identifies themself as an applicant who was admitted to the United States as a refugee pursuant to Section 1157 of Title 8 of the United States Code, or was granted asylum by the Secretary of Homeland Security or the United States Attorney General pursuant to Section 1158 of Title 8 of the United States Code, or has a special immigrant visa (SIV) pursuant to Section 1244 of Public Law 110-181, Public Law 109-163, or Section 602(b) of Title VI of Division F of Public Law 111-8, relating to Iraqi and Afghan translators/interpreters or those who worked for or on behalf of the United States government, and who provides the appropriate documentary evidence specified in paragraphs (1) through (4).

(1) Form I-94, arrival or departure record, with an admission class code such as “RE” (refugee) or “AY” (asylee) or other information designating the person a refugee or asylee;

(2) Special Immigrant Visa that includes the “SI” or “SQ”;

(3) Permanent Resident Card (Form I-551), commonly known as a “green card,” with a category designation indicating that the person was admitted as a refugee or asylee; or,

(4) An order from a court of competent jurisdiction or other documentary evidence that provides reasonable assurances to the Bureau that the applicant qualifies for expedited licensure or registration per Section 135.4 of the Code.

NOTE: Authority cited: Section 2531.95, Business and Professions Code. Reference: Sections 115.4, 115.5, 115.6 and 135.4, Business and Professions Code

§ 1399.151.3. Licensure or Registration, Discipline, and Conviction Disclosure.

(a) An applicant for licensure or registration shall disclose if they have been licensed to practice speech-language pathology or audiology in any other state or country, and if applicable, the state and country where the license or registration was issued.

(b) An applicant for licensure or registration shall disclose if they have been denied a license or registration to practice speech-language pathology or audiology in any other state or country, and if applicable, the state and country where a license or registration was denied. Applicants are not required to disclose any information regarding a denial based upon any of the following:

(1) Convictions dismissed pursuant to Sections 1203.4, 1203.4a, 1203.41, 1203.42, or 1203.425 of the Penal Code, or a comparable dismissal or expungement;

(2) Convictions for which the person has obtained a certificate of rehabilitation under Chapter 3.5 (commencing with Section 4852.01) of Title 6 of Part 3 of the Penal Code;

(3) Convictions for which the person has been granted clemency or a pardon by a state or federal executive;

(4) An arrest that resulted in a disposition other than a conviction including an infraction or citation;

(5) Convictions that were adjudicated in the juvenile court; or,

(6) Convictions under California Health and Safety Code Sections 11357(b), (c), (d), (e), or Section 11360(b) which are two (2) years or older.

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(c) An applicant for licensure or registration shall disclose if, within the preceding seven (7) years, they have had a license or registration subjected to formal discipline by a licensing board in or outside of California. Discipline includes suspension, revocation, voluntary surrender, probation, reprimand, or any other restriction on a license or registration held by the applicant. However, an applicant shall not be required to disclose prior disciplinary action if the basis for that disciplinary action was a conviction that has been dismissed pursuant to Sections 1203.4, 1203.4a, 1203.41, 1203.42, or 1203.425 of the Penal Code, or a comparable dismissal or expungement. If the applicant identifies that they meet this criterion, they shall provide the Board the following information:

(1) Name of the disciplinary action taken against the applicant;

(2) Date of the offense;

(3) Name of the licensing entity;

(4) Dates of probation, if applicable;

(5) Description of the circumstances of the incident;

(6) A certified copy of the determination made by the licensing entity that includes the date and location of the incident, specific violation(s), dates of disciplinary action, sanctions or penalties imposed and the completion dates;

(7) A letter from the applicant describing the applicant's rehabilitation efforts or changes;

(8) Any written statement or documentary evidence that the applicant may wish to submit to present regarding rehabilitation and demonstration of the applicant's fitness for licensure or registration.

(9) A written statement, signed by the applicant, certifying that all of the information provided about the formal discipline in the application is true and correct under penalty of perjury under the laws of the state of California.

(d) As a condition of renewal, a licensee or registrant shall certify whether they, since they last renewed their registration, they have been convicted of any violation of the law in this or any other state, district, or territory of the United States, or in another country, omitting traffic infractions under one thousand dollars ($1,000) not involving alcohol, dangerous drugs, or controlled substances.

(e) As a condition of renewal, a licensee or registrant shall certify whether, since they last renewed their registration, they have had a license or registration disciplined by a government agency or other disciplinary body. Discipline includes suspension, revocation, voluntary surrender, probation, reprimand, or any other restriction on a license or registration.

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(f) If the licensee or registrant affirmatively states they meet the criterion in subsections (d) and (e), they shall provide the Board the following information:

(1) Name of the disciplinary action taken against the applicant;

(2) Date of the offense;

(3) Name of the licensing entity;

(4) Dates of probation, if applicable;

(5) Description of the circumstances of the incident;

(6) A certified copy of the determination made by the licensing entity that includes the date and location of the incident, specific violation(s), dates of disciplinary action, sanctions or penalties imposed and the completion dates;

(7) A letter from the applicant describing the applicant's rehabilitation efforts or changes;

(8) Any written statement or documentary evidence that the applicant may wish to submit to present regarding rehabilitation and demonstration of the applicant's fitness for licensure or registration.

(9) A written statement, signed by the applicant, certifying that all of the information provided in the application is true and correct under penalty of perjury under the laws of the state of California.

NOTE: Authority cited: Section 2531.95, Business and Professions Code. Reference: Sections 144.5, 480, and 2533, Business and Professions Code.

§ 1399.151.4. Fingerprinting.

(a) An applicant for licensure or registration is required to furnish to the Department of Justice a full set of fingerprints for the purpose of conducting a criminal history record check and to successfully complete a state and federal level criminal offender record information search conducted through the Department of Justice.

(1) The applicant shall submit a receipt showing the transmission of Live Scan fingerprints to the Department of Justice or two (2) classifiable sets of fingerprints with the current fees charged by the California Department of Justice and the Federal Bureau of Investigation with the licensure or registration form required in Section 1399.154.1 and fee required in Section 1399.157.

(2) The applicant shall pay any costs for furnishing the fingerprints and conducting the criminal history record check.

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(3) If an applicant is unable to Live Scan or complete the classifiable sets of fingerprints, the Board will work with the Department of Justice to obtain a criminal history record check on the applicant. The applicant shall comply with any instructions and pay any costs to conduct the criminal history record check for any rejected fingerprints.

NOTE: Authority cited: Section 2531.95, Business and Professions Code. Reference: Sections 144, 480, and 2533, Business and Professions Code.

§ 1399.154. Definitions.

As used in this article, the following definitions apply:

(a) "Speech-language pathology aide" means a person who

(1) assists or facilitates while the speech-language pathologist is evaluating the speech ~~and/~~or language of individuals or is treating individuals with a speech-language ~~and/~~or language disorder, and

(2) is registered by the supervisor with the Board and the registration is approved by the Board.

(b) "Audiology aide" means a person who

(1) assists or facilitates while an audiologist or dispensing audiologist is evaluating the hearing of individuals ~~and/~~or is treating individuals with hearing disorders, and

(2) is registered by the supervisor with the Board and the registration is approved by the Board.

(c) "Supervisor" means a licensed speech-language pathologist who supervises a speech-language pathology aide or a licensed audiologist or dispensing audiologist who supervises an audiology aide.

(d) "Industrial audiology aide" means a person who is certified by the Council for Accreditation in Occupational Hearing Conservation and whose primary duty is to assist in a hearing conservation program as described in Section 5097 of Article 105 of Group 15 of Subchapter 7 of Chapter 4 of Division 1 of Title 8 of the California Code of Regulations.~~an audiology aide who conducts pure tone air conduction threshold audiograms for the purpose of industrial hearing testing in addition to other acts and services as provided in these regulations.~~

NOTE: Authority cited: Section 2531.95, Business and Professions Code. Reference: Sections 2530.2 and 2530.6, Business and Professions Code.

§ 1399.154.1. Registration of Aides.

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(a) Before allowing an aide to assist in the practice of speech-language pathology or audiology under ~~his or her~~ their supervision, a supervisor shall register each aide with the Board and pay the registration fee required in Section 1399.157. The form submitted to the Board shall include:

(1) Applicant's full legal name, other names used such as maiden name, address of record which will be publicly disclosed, home address, telephone number, social security number or individual tax identification number, and date of birth;

(2) Applicant's email address, if any;

(3) The applicant has the option to disclose whether they are serving or have previously served in the United States military.

(4) The applicant has the option to disclose their eligibility for an expedited registration process and provide evidence in accordance with Section 1399.151.2.

(5) The applicant shall disclose the information required in Section 1399.151.3.

(6) Certification from the applicant that all of the information provided in the application and any attachments is true and correct under penalty of perjury under the laws of the state of California.

(7) Supervisor's full legal name, address of record, license number, business telephone number, business name, business address, and the supervisor's email address, if any;

(8) Duties the aide will perform while assisting the supervisor in the practice of speech-language pathology or audiology,

(A) If the applicant identifies themselves as an industrial audiology aide, as defined in Section 1399.154, they must provide a copy of their Council for Accreditation in Occupational Hearing Conservation certification with their application.

(9) Training program, training methods, the length of the training program, the minimum competency level of the aide, assessment methods the supervisor will utilize to ensure the aide's competency, and a summary of past education, training, and experience the aide may already have acquired, if any;

(A) The training shall be in accordance with Section 1399.154.4 or 1399.154.10, as applicable.

(10) A written statement, signed by the applicant, certifying that they have discussed the plan for supervision with the supervisor and agree to its implementation, and further certifying under penalty of perjury under the laws of the state of California that all of the

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statements made in the application are true and correct, and that any misrepresentation shall be cause for denial of a license.

(11) A written statement, signed by the supervisor, certifying that the supervisor has discussed the plan for supervision with the aide and accepts professional and ethical responsibility for their performance, and further certifying that under penalty of perjury under the laws of the state of California that all of the statements made in the application are true and correct.

(12) A signature from the aide and the supervisor under penalty of perjury under the laws of the state of California that they reviewed all the laws and regulation pretraining to their duties and responsibilities as an aide or supervisor.

(b) The applicant in subsection (a) is required to furnish to the Department of Justice a full set of fingerprints in accordance with Section 1399.151.4.

(c) Regardless of their title or job classification, any support person who functions as a speech-language pathology or audiology aide and facilitates or assists a supervisor in evaluations or treatment shall be registered with the Board. ~~In the application for registration, the supervisor shall provide to the Board, his or her proposed plan for supervising and training the speech-language pathology or audiology aide. The proposed plan for training shall be in accordance with Section 1399.154.4 and shall include the supervisor's training methods, the necessary minimum competency level of the aide, the manner in which the aide's competency will be assessed, the persons responsible for training, a summary of any past education, training and experience the aide may have already undertaken, and the length of the training program and assessment of the aide's competency level.~~

(d) The Board shall review the application for compliance with the requirements of this article and notify the supervisor of the disposition of the application for registration and whether further information is required in order to complete its review.

(e) If an aide has more than one supervisor, each supervisor shall register the aide as stated in subsection (a).

NOTE: Authority cited: Section 2531.25, Business and Professions Code. Reference: Sections 30, 31, 114.5, 115.4, 115.5, 144, 144.5, 480, 2530.2, 2530.6 ~~and~~, 2532.4, and 2533, Business and Professions Code.

§ 1399.154.2. Responsibilities of Speech-Language Pathology Aide's Supervisor.

A supervisor of a speech-language pathology ~~or audiology~~ aide shall:

(a) Have legal responsibility for the health, safety, and welfare of the patients.

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(b) Have legal responsibility for the acts and services provided by the speech-language pathology ~~or audiology~~ aide, including compliance with the provisions of the Act and these regulations.

(c) Be physically present while the speech-language pathology ~~or audiology~~ aide is assisting with patients, unless an alternative plan of supervision has been approved by the Board. ~~A supervisor of industrial audiology aides shall include a proposed plan for alternative supervision with the application form. An industrial audiology aide may only be authorized to conduct puretone air conduction threshold audiograms when performing outside the physical presence of a supervisor. The supervisor shall review the patient histories and the audiograms and make necessary referrals for evaluation and treatment.~~

(d) Evaluate, treat, and manage all patient care~~and determine the future dispositions of patients~~.

(e) Appropriately train the speech-language pathology ~~or audiology~~ aide to perform duties to effectively assist in evaluation ~~and/~~or treatment. A supervisor shall establish and complete a training program for a speech-language pathology ~~or audiology~~ aide in accordance with Section 1399.154.4, which is unique to the duties of the aide and the setting in which ~~he or she~~the aide will be assisting the supervisor.

(f) Define the services ~~which~~that may be provided by the speech-language pathology ~~or audiology~~ aide. Those services shall not exceed the competency of the aide as determined by ~~his or her~~their education, training, and experience, and shall not include any treatment beyond the plan established by the supervisor for the patient.

(g) Possess and maintain a current, active, and unrestricted California license as a speech-language pathologist pursuant to Sections 2532 of the Code, and have at least two years of full-time experience or 3,120 hours of experience providing services as a licensed speech-language pathologist. “Full-time experience” as used in this section means the individual works a minimum of thirty (30) hours per week for at least thirty-six (36) weeks in a calendar year.

(h) Notify the speech-language pathology aide immediately 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.

(i) Complete a minimum of six (6) hours of continuing professional development in supervision prior to assuming responsibility as a supervisor, and three (3) hours of continuing professional development in supervision every four (4) years thereafter. Continuing professional development training obtained from a Board-approved provider may be applied towards the supervisor’s continuing professional development requirement set forth in Section 1399.160.3. The supervisor shall maintain records of course completion in supervision training for a period of four (4) years after the renewal period in which it was earned.

(j) Review with the speech-language pathology aide the laws and regulations pertaining to the supervision and practice of speech-language pathology.

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(k) Provide the aide with a plan for how to handle emergencies.

NOTE: Authority cited: Section 2531.95, Business and Professions Code. Reference: Sections 2530.2 and 2530.6, Business and Professions Code.

§ 1399.154.3. Maximum Number of Aides.

~~A supervisor shall not supervise more than three (3) speech-language pathology or audiology aides. The Board may authorize more than three supervisees if, in its discretion, the supervisor demonstrates that the public health and safety would not be jeopardized and that he or she can adequately supervise more than three aides.~~
(a) The number of speech-language pathology aides a supervisor can supervise shall not exceed the number specified in Section 1399.170.16.

(b) A supervisor of an audiology aide shall not supervise more than three (3) full-time equivalent support personnel and shall not exceed more than six (6) support personnel at any time. Support personnel includes audiology aides, hearing aid dispenser trainee licensees under Section 2538.28 of the Code, and hearing aid dispenser temporary licensees under Section 2538.27 of the Code. "Full-time equivalent" as used in this section means the individual works a minimum of thirty (30) hours per week.

NOTE: Authority cited: Section 2531.95, Business and Professions Code. Reference: Sections 2530.2 and 2530.6, Business and Professions Code.

§ 1399.154.4. Training of Speech-Language Pathology Aide~~Aides~~.

Before a speech-language pathologist ~~or audiologist~~ allows an aide to assist in the practice of speech-language pathology ~~or audiology~~ under ~~his or her~~ their supervision, a speech-language pathology ~~or audiology~~ aide shall complete a training program established by the supervisor. The training program shall include, but is not limited to:

(a) Instruction in the skills necessary to perform any acts or services which are within the practice of speech-language pathology ~~or audiology~~ as defined in Section 2530.2 of the Code. The supervisor is not required to repeat training the speech-language pathology aide may have already received ~~which may have already been received by the aide~~ as a result of any prior education, training, ~~and~~ or experience.

(b) A supervisor shall require a speech-language pathology ~~or audiology~~ aide to demonstrate ~~his or her~~ their competence to perform any acts or provide any services which are the practice of speech-language pathology ~~or audiology~~ as defined in Section 2530.2 of the Code which may be assigned to the aide or which the aide may provide to patients. A supervisor shall allow a speech-language pathology ~~or audiology~~ aide only to perform those acts or to provide those services for which ~~he or she has~~ they have been provided training and has demonstrated competency, and that are within the scope of responsibility of a speech-language pathology aide.

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(c) A supervisor shall instruct a speech-language pathology ~~or audiology~~ aide as to the limitations imposed upon ~~his or her~~ their duties, acts, or services by these regulations, by ~~his or her~~ their training and skills, and by the evaluation and treatment plan for any patient.

(d) ~~In addition to the requirements of this section, an industrial audiology aide shall be provided training in the use of an audiometer and in the necessary techniques for obtaining valid and reliable audiograms.~~

NOTE: Authority cited: Section 2531.95, Business and Professions Code. Reference: Sections 2530.2 and 2530.6, Business and Professions Code.

§ 1399.154.5. Notice of Termination.

Within 30 days after the termination of the supervision of a speech-language pathology or audiology aide, the supervisor shall notify the Board, in writing, of such termination and the date thereof. Written notification shall include the following:

(a) The aide's full legal name and registration number;

(b) The supervisor's full legal name, license number, business address, telephone number, and email address, if any;

(c) The effective date of the termination; and

(d) A written statement, signed by the supervisor, certifying under penalty of perjury that all statements made in the notification are true in every respect and that misstatements or omissions of material facts shall be cause for denial of the application to terminate supervision, or for suspension or revocation of a license.

NOTE: Authority cited: Section 2531.95, Business and Professions Code. Reference: Sections 2530.2 and 2530.6, Business and Professions Code.

§ 1399.154.6. Noncompliance with Article.

Failure ~~of a supervising licensee~~ to comply with the provisions of this article ~~may~~shall result in a forfeiture of the privilege to supervise an aide.

NOTE: Authority cited: Section 2531.95, Business and Professions Code. Reference: Section 2530.6, Business and Professions Code.

§ 1399.154.7. Aide Experience Not Applicable to Qualifications for Licensure.

Any experience obtained acting as a speech-language pathology aide or audiology aide shall not be creditable toward the supervised clinical experience ~~required in Section 2532.2(c) of the~~

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~~code~~ or the required professional experience required in Sections 2532.2~~(d)~~ and 2532.25 of the Code~~code~~, or the field work experience required in Section 1399.170.8.

NOTE: Authority cited: Section 2531.95, Business and Professions Code. Reference: Section 2530.6, Business and Professions Code.

§ 1399.154.8. Responsibilities of Audiology Aide's Supervisor.

A supervisor of an audiology aide shall:

(a) Have legal responsibility for the health, safety, and welfare of the patients.

(b) Have legal responsibility for the acts and services provided by the audiology aide, including compliance with the provisions of the Act and these regulations.

(c) Provide supervision to the audiology aide when they are engaged in direct client or patient care or assisting with patients in accordance with Section 1399.154.9.

(d) Evaluate, treat, and manage all patient care.

(e) Appropriately train the audiology aide to perform duties to effectively assist in evaluation or treatment. A supervisor shall establish and complete a training program for the audiology aide in accordance with Section 1399.154.10, which is unique to the duties of the aide and the setting in which the aide will be assisting the supervisor.

(f) Define the services that may be provided by the audiology aide in the supervision plan for the particular aide and setting as required by Section 1399.154.1 and list those tasks that an aide will not conduct pursuant to Section 1399.154.11.

(g) Possess and maintain a current, active, and unrestricted California license as an audiologist or dispensing audiologist pursuant to Sections 2532 or 2539.1 of the Code, and have at least two (2) years of full-time experience or 3,120 hours of experience providing services as a licensed audiologist. “Full-time experience” as used in this section means the individual works a minimum of thirty (30) hours per week for at least thirty-six (36) weeks in a calendar year.

(h) Notify the audiology aide immediately 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.

(i) Complete a minimum of six (6) hours of continuing professional development in supervision prior to assuming responsibility as a supervisor, and three (3) hours of continuing professional development in supervision every four (4) years thereafter. Continuing professional development training obtained from a Board-approved provider may be applied towards the supervisor’s continuing professional development requirement set forth in Section 1399.160.3.

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The supervisor shall maintain records of course completion in supervision training for a period of four (4) years after the renewal period in which it was earned

(j) Review with the audiology aide the laws and regulations pertaining to the supervision and practice of audiology.

(k) Provide the audiology aide with a plan for how to handle emergencies.

NOTE: Authority cited: Section 2531.95, Business and Professions Code. Reference: Sections 2530.2 and 2530.6, Business and Professions Code.

§ 1399.154.9. Supervision of Audiology Aide.

(a) For the purposes of the supervision of an audiology aide, the following supervision terms shall apply:

(1) "Immediate supervision" means the supervisor is physically present during services provided to the patient or client by the audiology aide.

(2) "Medically fragile" means a client who is acutely ill and in an unstable condition.

(3) "Direct supervision" means on-site observation and guidance by the supervisor while the audiology aide is treating a patient or client. Direct supervision performed by the supervisor may include the observation of a portion of the testing or treatment procedures performed by the audiology aide, coaching the audiology aide, or modeling for the aide.

(4) "Indirect supervision" means the supervisor is not at the same facility or in close proximity to the audiology aide but is available to provide supervision by telephonic or other electronic means. Indirect supervision activities performed by the supervisor may include demonstration, record review, review and evaluation of recorded sessions, interactive television, or supervisory conferences that may be conducted by telephone or electronic mail.

(b) Immediate supervision shall be provided when an audiology aide performs any acts or services involving medically fragile patients.

(c) Immediate supervision shall be provided when an audiology aide performs any acts or services that the supervisor has trained the audiology aide to perform but the audiology aide has yet to perform the act or service in direct client care.

(d) Following initial registration, immediate supervision of an audiology aide shall be provided at all times during the first ninety (90) calendar days of work, except as provided in subsection (f). The supervisor shall maintain in the audiology aide's personnel file a record that verifies the aide meets the requirements of this subsection.

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(e) After ninety (90) calendar days or until the supervisor determines the audiology aide is competent, whichever occurs later, with the exception of those services provided in subsection (b) and (c), the supervisor shall provide direct supervision at all times when the aide is performing direct client care. At a minimum, indirect supervision shall be provided when the aide is performing indirect client care such as programming a device or cleaning equipment.

(f) At a minimum, indirect supervision shall be provided when an industrial audiology aide, as defined in Section 1399.154, is performing duties for a hearing conservation program as described in Section 5097 of Article 105 of Group 15 of Subchapter 7 of Chapter 4 of Division 1 of Title 8 of the California Code of Regulations.

NOTE: Authority cited: Section 2531.95, Business and Professions Code. Reference: Sections 2530.2 and 2530.6, Business and Professions Code.

§ 1399.154.10. Training of Audiology Aide.

Before an audiologist or dispensing audiologist allows an aide to assist in the practice of audiology under their supervision, an audiology aide shall complete a training program established by the supervisor. The training program shall, at a minimum, include:

(a) Instruction in the skills necessary to perform any acts or services that are within the practice of audiology as defined in Section 2530.2 of the Code. The supervisor is not required to repeat any training the audiology aide may have already received as the result of any prior education, training, or experience.

(b) A supervisor shall require an audiology aide to demonstrate their competence to perform any acts or provide any services that are within the practice of audiology as defined in Section 2530.2 of the Code, and which may be assigned to the aide or which the aide may provide to patients. A supervisor shall allow an audiology aide only to perform those acts or to provide those services for which they have been provided training and demonstrated competency, and that are within the scope of responsibility of an audiology aide.

(c) A supervisor shall instruct an audiology aide as to the limitations imposed upon their duties, acts, or services by these regulations, by their training and skills, and by the evaluation and treatment plan for any patient.

(d) A supervisor shall provide training to an industrial audiology aide, as defined in Section 1399.154, to perform the duties required for a hearing conservation program as described in Section 5097 of Article 105 of Group 15 of Subchapter 7 of Chapter 4 of Division 1 of Title 8 of the California Code of Regulations.

NOTE: Authority cited: Section 2531.95, Business and Professions Code. Reference: Sections 2530.2 and 2530.6, Business and Professions Code.

§ 1399.154.11. Activities, Duties, and Functions Outside the Scope of Responsibility of an Audiology Aide.

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An audiology aide shall not perform any of the following functions:

(a) Conduct diagnostic evaluations, including impedance test battery, videonystagmography (VNG), electronystagmography (ENG), or auditory brainstem response (ABR);

(b) Interpret diagnostic data;

(c) Alter treatment plans;

(d) Provide counseling or advice to a client or to a client's parent or guardian that is beyond the scope of the client's treatment;

(e) Sign any documents in lieu of a supervisor , including treatment plans, client reimbursement forms, or formal reports;

(f) Discharge clients from services;

(g) Make referrals for additional services outside of the audiology practice;

(h) Unless required by law, disclose confidential information either orally or in writing to anyone not designated by the supervisor;

(i) Represent themself as an audiologist or dispensing audiologist;

(j) Fit, ~~or~~ sell, or independently adjust a hearing aid without possessing a valid hearing aid dispensers license or a valid hearing aid trainee license;

(k) Independently adjust ~~hearing aids or~~ cochlear implant settings; ~~or~~

(l) Perform those procedures that require a high level of clinical acumen and technical skill, such as cerumen removal;

(m) Perform any task without the express knowledge and approval of a supervisor; or

(n) Violate laws or regulations pertaining to the Health Insurance Portability and Accountability Act.

NOTE: Authority cited: Section 2531.95, Business and Professions Code. Reference: Sections 2530.2 and 2530.6, Business and Professions Code.

§ 1399.154.12. Registration Renewal of Aides.

(a) A supervisor shall renew the registration of each aide with the Board and pay the renewal fee required in Section 1399.157. The form submitted to the Board shall include:

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(1) The aide's full name, business name, business address, business telephone number, aide's registration number, and the aide's email address, if any;

(2) Supervisor's full legal name, address of record, license number, business telephone number, business name, business address, and the supervisor's email address, if any;

(3) Duties the aide performs while assisting the supervisor in the practice of speech-language pathology or audiology,

(4) Training program, training methods, the length of the training program, the minimum competency level of the aide, assessment methods the supervisor is utilizing to ensure the aide's continued competency, and a summary of past education, training, and experience the aide may already have acquired, if any.

(A) The training shall be in accordance with Section 1399.154.4 or 1399.154.10.

(5) A written statement, signed by the aide, certifying that the aide has discussed the plan for supervision with the supervisor and agrees to its implementation, and further certifying under penalty of perjury under the laws of the state of California that all of the statements made in the application are true and correct, and that any misrepresentation may be cause for denial of a registration.

(6) A written statement, signed by the supervisor, certifying that the supervisor has discussed the plan for supervision with the aide and accepts professional and ethical responsibility for their performance, and further certifying that under penalty of perjury under the laws of the state of California that all of the statements made in the application are true and correct.

(b) Any aide registered with the Board prior to Month XX, 20XX (next full year after the effective date) must renew their registration in accordance with subsection (a).

(c) An aide is exempt from subsection (a) if during the aide's previous registration period they were called to active duty as defined in Section 114.3 of the Code.

NOTE: Authority cited: Section 2531.95, Business and Professions Code. Reference: Sections 114.3, 144.5, 703, 704, 2530.2, 2530.6, 2533, 2535, and 2535.2 Business and Professions Code.

§ 1399.157. Fees.

(a) The application fee and biennial renewal fee for a speech-language pathologist shall be $150.00. The application fee and biennial renewal fee for ~~a non-dispensing~~ an audiologist shall be $150.00.

(b) The application fee and annual renewal fee for a dispensing audiologist shall be $280.00.

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(c) The ~~application~~registration fee for a speech-language pathology assistant shall be $50.00. The biennial renewal fee for a speech-language pathology assistant shall be $100.00.

(d) The delinquency fee to renew an expired license or registration shall be $25.00.

(e) The fee for registration of an aide shall be $30.00. The biennial renewal fee for an aide shall be $30.00.

(f) The application and biennial renewal fee for a continuing professional development provider shall be $200.00.

(g) The fee for each license or registration status and history certification letter shall be $25.00.

(h) The duplicate wall certificate fee shall be $25.00.

(i) The Board shall waive the application or registration fee for an applicant who meets the requirements set forth in Section 115.5 of the Code. Applicant must submit the following with the application:

(1) Certificate of marriage or certified declaration or registration of domestic partnership filed with the California Secretary of State or other documentary evidence of legal union with an active-duty member of the Armed Forces,

(2) A copy of the military orders establishing their spouse's or partner's duty station in California and,

(3) Written verification from the applicant's issuing licensing entity that the applicant's license or registration in another state, district, or territory of the United States is current in that jurisdiction. The verification shall include all of the following:

(A) the full legal name of the applicant and any other name(s) the applicant has used or has been known by,

(B) the license or registration type and number issued to the applicant by the original licensing entity,

(C) the name and location of the licensing entity, and,

(D) the issuance and expiration date of the license.

NOTE: Authority cited: Section 2531.95, Business and Professions Code. Reference: Sections 115.5, 163.5, 2532.6(f), 2534.2, 2535, 2535.2, 2538.1 and 2538.53, Business and Professions Code.

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MEMORANDUM

DATE	May 8, 2025
TO	Speech-Language Pathology Practice Committee
FROM	Cherise Burns, Executive Officer
SUBJECT	Agenda Item 5: Discussion and Possible Action Regarding Continuing Professional Development Requirements for Speech-Language Pathology Assistants as Stated in Business and Professions Code section 2538.1 and Title 16, California Code of Regulations (CCR) section 1399.170.14

Background

During the course of auditing continuing professional development (CPD) records for Board licensees and specifically speech-language pathology assistants (SLPAs), Board staff had to educate current SLPA licensees regarding the limitations on the acceptable types of CPD. During this process, Board staff have raised the question as to whether this issue might merit review for potential statutory amendments as part of the Board's Sunset Review.

Business and Profession Code (BPC) section 2538.1.(b) (6) states that the Board shall adopt regulations regarding the:

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

The Board specifies the number of hours in Title 16 California Code of Regulations (CCR) 1399.170.14:

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

Therefore, a SLPA is only able to complete their CPD hours through:

- State or regional conferences,
- Workshops,
- Formal in-service presentations,
- Independent study programs (which is not defined), or
- Any combination of these

However, the SLPAs supervisor is permitted to fulfil their CPD requirement from an:

- Accredited institutions of higher learning;
- Coursework through an organization approved as continuing education provider by the
    - American Speech-Language Hearing Association
    - American Academy of Audiology,
    - California Medical Association's Institute for Medical Quality Continuing Medical Education Program; or
- Coursework through other entities or organizations approved as continuing professional development providers by the Board.

As the Board prepares for it Sunset Review, the Committee may wish to propose legislative changes if it finds that SLPAs should be able to fulfil their CPD requirement from other providers and through more diverse course type options. The following are discussion questions to consider which will help Board staff draft the text for the Board to consider.

Discussion Questions

1. Should regular CPD coursework be allowed? For example, current law allows conferences and workshop but does not allow the widely available CPD coursework on online platforms unless it is part of a supervisor planned independent study program.
2. Should there be other CPD providers that SLPAs can use to fulfil their CPD requirement?
3. Should college coursework be allowed to fulfill SLPA CPD requirements? Should the coursework only count if the coursework relates to their work as a SLPA or should coursework taken to advance towards a Master's degree also count since it is still in communication sciences and disorders?

Action Requested

Staff recommends the Committee review and discuss the provided materials. The Committee may wish to propose legislative changes to be included as part of the Board's Sunset review.