STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

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

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

COMMITTEE AND BOARD MEETING NOTICE AND AGENDA

PLACE:

Hilton Garden Inn
4200 Taylor Street
San Diego, CA 92110

DATES AND TIMES:

February 9, 2017 at 1:00 p.m. and February 10, 2017 at 9:00 a.m.

BOARD MEMBERS:

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

Audiology Practice Committee Meeting

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

2. Review and Approval of the August 11, 2016 Committee Meeting Minutes

3. Public Comment for Items not on the Agenda

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

4. Discussion and Possible Recommendation to Board regarding Continued Professional Development Requirements for Dispensing Audiologists (DAUs) - California Code of Regulations (CCR), 1399.160.3(e)(3)

5. Discussion and Possible Recommendations to the Board regarding Communication with California Children's Services (CCS)
   a. Risks to Consumers due to CCS Program Delays
   b. Cochlear Implant Requirements and Authorization Delays
   c. Shortage of Pediatric Audiologists

6. Adjournment

Upon Conclusion of the Audiology Practice Committee Meeting:

Full Board Meeting Open Session

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

2. Public Comment for Items not on the Agenda

   The Board may not discuss or take any action on any item raised during this public comment section, except to decide whether to place the matter on the agenda of a future meeting (Government Code Sections 11125, 11125.7(a))

3. Review and Approval of the November 3-4, 2016, November 17, 2016, and December 16, 2016 Board Meeting Minutes

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

Closed Session

5. Pursuant to Government Code Section 11126(c)(3), the Board will Meet in Closed Session to Deliberate on Disciplinary Matters Including Petitions, Proposed Decisions, Stipulated Decisions, Defaults, and Any Other Disciplinary Matters.

Return to Open Session

6. Update on Board's Sunset Review and Hearings

7. Discussion and Possible Action Regarding Sunset Review Responses

8. Report on Speech-Language Pathology Services Credential Variable Term Waiver and Supervision of Speech-Language Pathology Assistants

9. Update on the Approval Process for Speech-Language Pathology Assistant Training Programs

10. Overview of Continuing Education Requirements/Continued Professional Development for all Board Licensees

11. Audiology Practice Committee Report
    a. Discussion and Possible Action on Recommendation regarding Continued Professional Development Requirements for DAUs – Title 16, CCR, Section 1399.160.3(e)(3)
    b. Discussion and Possible Action on Recommendations regarding Communication with California Children's Services (CCS)

12. Update on Board's Development of Telecoil Fact Sheet for Consumers

13. Discussion and Possible Action regarding Performance of Tympanometry Services and Cerumen Management by Hearing Aid Dispensers and Hearing Aid Dispenser's Scope of Practice

14. Discussion regarding Federal Drug Administration Guidance Document: Conditions for Sale for Air-Conduction Hearing Aids (December 12, 2016)

15. Proposed Regulations – Discussion and Possible Action
    a. Title 16, CCR, Sections 1399.131.1 & 1399.155.1 - Uniform Standards for Speech-Language Pathologists, Audiologists, and Hearing Aid Dispensers
    b. Title 16, CCR, Sections 1399.131 & 1399.155 - Disciplinary Guidelines
    c. Title 16, CCR, Section 1399.127 - Hearing Aid Dispenser Advertising

16. Legislation Update, Review, and Possible Action
    a. AB 12 (Cooley) State government: administrative regulations: review
    b. AB 77 (Fong) Regulations: effective dates and legislative review
    c. SB 27 (Morrell) Professions and vocations: licenses: military service

17. Future Agenda Items and Future Board Meeting Dates
    a. May 11-12, 2017 – Bay Area
    b. August 10-11, 2017 – TBD
    c. November 2017 – TBD
    d. February 8-9, 2018, TBD

18. Adjournment

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

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

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

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AUDIOLOGY PRACTICE COMMITTEE
MEETING MINUTES - Draft
Los Angeles Airport Marriott
August 11, 2016

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

Audiology Practice Committee Meeting

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

Alison Grimes, Committee Chair called the Audiology Practice Committee (Committee) meeting to order at 1:19 p.m. Ms. Grimes called roll and three members of the Committee were present and thus a quorum was established.

Committee Members Present
Alison Grimes, Committee Chair
Dee Parker, Committee Member
Marcia Raggio, Committee Member

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

Guests Present
Toni Barrient, Hearing Loss Association of America (HLAA)
Vanessa Cajina, Hearing Healthcare Providers (HHP)
Cindy Kim, West Coast Captioning

2. Review and Approval of the May 12, 2016 Committee Meeting Minutes

M/S/C Parker/Raggio

- **Motion to approve the May 12, 2016 meeting minutes with corrections. The motion carried 3-0**

3. Public Comment for Items not on the Agenda

There were no comments from Public/Outside Agencies/Associations.

4. Discussion and Possible Recommendations to Full Board Regarding Sales Practices that Lock Out Hearing Aids Restricting Consumer Access for Required Audiology and Hearing Aid Services

Ms. Grimes provided a background on the issue of hearing aid manufacturers creating an electronic lock that prevents hearing aid dispensers other than the original dispenser from reprogramming hearing aids. The locking mechanism can restrict consumers from having their hearing aid serviced by a dispenser of their choosing and can be problematic if a consumer moves or is out of the area and needs the hearing aid serviced. The Committee came up with possible solutions to this issue: 1) full disclosure on the sales contract prior to the sale; 2) verbal disclosure to the purchaser; 3) purchaser provided with the key to unlock the hearing aid for service if needed; 4) in California, prohibit the sale of locked hearing aids. Ms. Grimes noted the Board may need statutory authority to further define the regulations. Kelsey Pruden will research to determine if there will be a conflict with Federal law. The committee will be looking into determining how widespread the issue is and if the lock is coming from the manufacturers or at the request of dispensers.

5. Update Regarding the Presidential Council of Advisors on Science and Technology (PCAST)

   a. Over-the-Counter Hearing Aids without Medical Clearance

   Mr. Sanchez stated the Committee requested this item be placed on the agenda to continue the discussion of the PCAST Report and the implications to the Board concerning future issues. PCAST reported last year that hearing loss is a problem affecting a majority of people over the age of 50. Research was conducted and the conclusion was that Americans would be best served by allowing non-surgical hearing aids to be purchased over-the-counter to address mild to moderate hearing loss. Ms. Pruden reported that it is currently premature to address any implications until we know what sections of the report will become law and to address the changes at that time.

6. Discussion and Possible Recommendations to Full Board on Risks to Consumers Due to California Children's Services (CCS) Program Issues
   a. Cochlear Implant Requirements and Authorization Delays

   Ms. Grimes reported that children who are covered under the CCS program do not have the same access to cochlear implants as children who are covered under private insurance. The consumer protections issue is that there is unequal access to care which has lifelong implications for how deaf children communicate and are academically and psychosocially successful for the rest of their lives. The Board has tried to set up a meeting with the CCS manager but has been thwarted due to staff turnover.

   b. Shortage of Pediatric Audiologists

   The Committee remarked that there were four consulting audiologists who covered the entire state of California but there is only one audiologist who reviews s the cochlear implant cases. These decisions are now being made by people who have a background in nursing or public health but not audiologists. It has been noted that the Board may want to raise this issue at the Sunset Review.

M/S/C Grimes/Raggio

- **Motion that the Committee recommend to the Board to initiate a meeting with the California Department of Healthcare Services. The motion carried 3-0**

7. The committee adjourned at 2:30 p.m.

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MEMORANDUM

DATE	January 30, 2017
TO	Audiology Practice Committee
FROM	Paul Sanchez, Executive Officer
SUBJECT	**Discussion and Possible Recommendations to the Board regarding Continued Professional Development Requirements for Dispensing Audiologists**

BACKGROUND

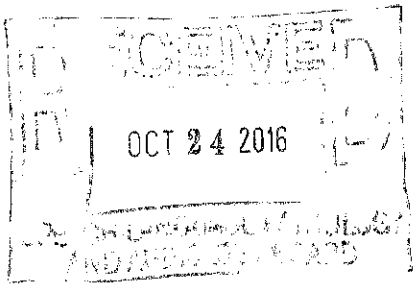
At the November 3-4, 2016 Board meeting, written public comment was submitted by Margaret Winter, Dispensing Audiologist regarding continued professional development requirements for Dispensing Audiologists and the limitations on manufacturer-specific courses hearing aid dispensing courses.

ACTION REQUESTED

This item is provided for committee discussion regarding continued professional requirements as described in the Practice Act. There is no requested action at this time.

USC University of Southern California

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



October 19, 2016

Alison M. Grimes, AuD
Director of Audiology
UCLA Health

Dear Alison,

I am writing to express my frustration over the policies regarding CEUs for dispensing audiologists. You and I have had numerous conversations about this, and I understand that you believe that manufacturer-specific trainings should not count toward the CEU requirement, and I understand why. You believe that these trainings are essential in order for us understand the products we use, but they don't meet the goal of advanced education. You know that I disagree, not only on principle but because the alterative options are so few and far between and the approved courses are so often largely a complete waste of time and money.

Consider a recent seminar offering all of a year's required hearing aid CEUs. The agenda was almost exactly the same as last year's, and it included a presentation by a representative of a cochlear implant manufacturer who explained how a cochlear implant works. The cost of the seminar was $350. A year ago I attended a different but similar seminar, whose content focused mainly on marketing of hearing aids to a reluctant population and tips on how to reduce return rates. Several years ago, I attended a talk at AAA offering CA CEUs for dispensers—presented by Francis Kuk specifically on features of Widex products. "How a cochlear implant works" is not advanced education for hearing aid dispensers and is a colossal bore for a cochlear implant audiologist; marketing techniques –even disguised as a humanitarian effort to reach unaided adults handicapped by hearing loss—have no business being labeled advanced education.

I understand that you are working toward a better system, which is admirable, but that system is not in place at this time. So in the meantime, I cannot count hours that I spent learning about how 2.4gHz wireless transmission is an improvement over FM transmission because the presentation was part of a Phonak training (despite the fact that 2.4gHz isn't just a Phonak feature), or how multiple products now use smart phones for control, troubleshooting and connectivity because the particular training I can attend is put on by Starkey (even though understanding Starkey's version actually helps me to understand other products' use of the technology as well). I don't think all these trainings are "dog and pony shows," as you once called them, but I do think that a seminar that offers virtually no new information for a fee of $350 is worse than a dog and pony show. In fact I am not convinced that, without manufacturers sharing their technology, there is enough new information about hearing aid research and development to warrant 6 CEUs at all. I also maintain that if manufacturer trainings merit AAA and ASHA CEUs, which are also supposed to be awarded for advanced education, they should count as hearing aid CEUs as well.

In short, the hearing aid CEU process is costly and in general distinctly unproductive in terms of any real education. I have not spoken to a single dispensing audiologist who finds the current system and restrictions on what can count as CEUs to be valuable. You have explained that you are working toward approving more online CEUs (which, by the way, are difficult to find because they are not always clearly noted on the Board website or online as meeting the California

HA Dispenser requirements), but as of now we don't have the opportunity to obtain all our CEUs this way. Until we do, and/or until there are better and more readily obtainable CEUs in the seminar format, I would ask that manufacturer trainings (with quality and relevance to be determined by the Board from their proposed agendas) be an option for dispensing audiologists' CEU requirements.

As always, with deepest respect to you,

Margaret Winter, M.S., CCC-A, Board Certified in Audiology
Associate Professor of Clinical Otolaryngology
USC Caruso Family Center for Childhood Communication
Keck Medicine of USC
University of Southern California
806 W. Adams Blvd.
Los Angeles, CA 90007
Office 213-764-2801
Fax 213-764-2899
margaret.winter@med.usc.edu
In the office Tuesdays through Fridays

Cc: Paul Sanchez

Continuing Education Requirements

The content of each continuing education (CE) course must meet the Board's content requirements for each license type, as described below. Content that is ***not*** acceptable for any license type are; courses related to office production, financial planning, employee benefits, marketing, or ways to increase productivity or profitability, and any course in which the licensee, not the consumer, is the primary beneficiary.

The board shall have the right to audit the records of any licensee to verify the completion of the CE requirements. Licensees shall maintain records of completion of required CE coursework for a minimum of two years and shall make these records available to the board for auditing purposes upon request. (B&P Code 2532.6)

AUDIOLOGISTS AND SPEECH-LANGUAGE PATHOLOGISTS

- **Courses that are relevant to the scope of practice may be taken from the following providers:**

  - American Speech-Language- Hearing Association (ASHA)
  - American Academy of Audiology (AAA)
  - California Medical Association – Institute for Medical Quality (CMA)
  - Accredited Universities
  - Board approved Professional Development Providers (PDP). Click the following link for a current list of PDP's: http://www.speechandhearing.ca.gov/forms_pubs/providerlist.pdf

Definitions:

- **Self-Study** – This includes viewing pre-recorded courses, listening to audiotapes, and online courses which are non-participatory (recorded courses that include a live chat or test upon completion are still considered self-study.) ***Live*** *online courses are not self-study and are considered the equivalent to sitting in a class.*

- **Related Courses** – Topics such as: social interaction, cultural and linguistic diversity as it applies to service delivery for diverse populations, professional service delivery models, interdisciplinary case management issues, and medical pathologies related to neurological disorders that also result in communication difficulties.

- **Indirect Patient/Client Care** – Topics related to pragmatic aspects of audiology and speech-language pathology practice such as: legal or ethical issues, consultation, record-keeping, office management, managed care issues, research obligations, and technological applications related to assessment/diagnosis or intervention. See exclusions in Section 1399.160.4(c)(4).

NOTE: ***If you do not complete the CE by your license expiration date, you must place your license on inactive status and cease practice***. When placing your license on inactive status you are still required to pay the full renewal fee. To reactivate your license, you must submit the Request for Reactivation of License and provide proof of completing the CE requirement. Click here for the Request for Reactivation of License form: http://www.speechandhearing.ca.gov/forms_pubs/reactivate.pdf

Requirements:

Biennial Renewal:

24 hours of CE are required for each renewal period.

- Within the 24 hours, a minimum of 20 hours must be directly relevant to the scope of practice of speech-language pathology or audiology.

- Within the 24 hours, a maximum of 6 hours may be in self-study courses.

- Within the 24 hours, a maximum of 4 hours may be taken from related courses and/or indirect client care courses.

- Within the 24 hours, no more than 8 hours may be combined between self-study and related/client care courses.

New Licensees:

If you have been licensed for less than two years (first time renewal), 12 hours of CE are required.

- Minimum of 10 hours must be directly relevant to the scope of practice of speech-language pathology or audiology.
- Maximum of 2 hours may be in self-study courses.
- Maximum of 2 hours may be taken from related courses and/or indirect client care courses.

Dual License Holders:

If you hold both a Speech-Language Pathology license and an Audiology license, 32 hours of CE are required. (16 hours for each license)

- 16 hours must be directly relevant to the scope of practice of speech-language pathology
- 16 hours must be directly relevant to the scope of practice of audiology
- Within the 32 hours, a minimum of 29.5 hours must be live courses.
- Within the 32 hours, a maximum of 2.5 hours may be taken in self-study
- Within the 32 hours, a maximum of 2.5 hours may be taken in related and/or indirect care.

SPEECH-LANGUAGE PATHOLOGY ASSISTANTS – *Renews Biennially*

Requirements:

12 hours of CE are required for each renewal period.

- Courses may be taken from state or regional conferences, workshops, formal in-service presentations, independent study programs, or any combination of these concerning communication and related disorders. *Courses from an accredited university (including a master's degree program) cannot be counted for CE credit.*
- The Speech-Language Pathology Assistant's supervisor shall be responsible for assisting in the selection of the required courses.
- Courses may be taken from Board approved providers; however this is not a requirement. Click the following link for a current list of PDP's: http://www.speechandhearing.ca.gov/forms_pubs/providerlist.pdf
- There is no limit to self-study courses that may be taken.

NOTE: ***If you do not complete the CE by your license expiration date, you must place your license on inactive status and cease practice***. When placing your license on inactive status you are still required to pay the full renewal fee. To reactivate your license, you must submit the Request for Reactivation of License and provide proof of completing the CE requirement. Click here for the Request for Reactivation of License form: http://www.speechandhearing.ca.gov/forms_pubs/reactivate.pdf

DISPENSING AUDIOLOGISTS – *Renews Annually*

- **Courses that are relevant to the scope of practice of Audiology may be taken from the following providers:**
  - American Speech-Language- Hearing Association (ASHA)
  - American Academy of Audiology (AAA)
  - California Medical Association – Institute for Medical Quality (CMA)
  - Accredited Universities

- Board approved Professional Development Providers (PDP). Click the following link for a current list of PDP's: http://www.speechandhearing.ca.gov/forms_pubs/providerlist.pdf

Definitions:

- **Self-Study** – This includes viewing pre-recorded courses, listening to audiotapes, and online courses which are non-participatory (recorded courses that include a live chat or test upon completion are still considered self-study.) ***Live*** *online courses are not self-study and are considered the equivalent to sitting in a class.*

- **Related Courses** – Topics such as: social interaction, cultural and linguistic diversity as it applies to service delivery for diverse populations, professional service delivery models, interdisciplinary case management issues, and medical pathologies related to neurological disorders that also result in communication difficulties.

- **Indirect Patient/Client Care** – Topics related to pragmatic aspects of audiology and speech-language pathology practice such as: legal or ethical issues, consultation, record-keeping, office management, managed care issues, research obligations, and technological applications related to assessment/diagnosis or intervention. See exclusions in Section 1399.160.4(c)(4).

NOTE: ***If you do not complete the CE by your license expiration date, you must place your license on inactive status and cease practice.*** When placing your license on inactive status you are still required to pay the full renewal fee. To reactivate your license, you must submit the Request for Reactivation of License and provide proof of completing the CE requirement. Click here for the Request for Reactivation of License form: http://www.speechandhearing.ca.gov/forms_pubs/reactivate.pdf

Requirements:

12 hours of CE are required for each renewal period.

- 6 hours must be relevant to the practice of audiology.

- 6 hours must be in courses relevant to hearing aid dispensing but shall not be obtained from courses where the content is product or device-specific; i.e., ***manufacturer courses are allowed as long as they are not product and/or device specific.*** In order to ensure compliance with this requirement, it is advisable that manufacturer sponsored courses are pre-approved by the Board.

- Maximum of 1.5 hours may be taken in self-study courses.

- Maximum of 1.5 hours may be taken from related courses and/or indirect client care courses.

  Course completion records must be maintained by the licensee for 2 years from the date of license renewal for which the course was completed.

  NOTE: It is the responsibility of the dispensing audiologist (not the CPD Provider) to determine that the content and learning outcomes of a course are relevant to the practice of audiology.

Dual License Holders:

If you hold both a Dispensing Audiology license and a Speech-Language Pathology license:

- **8 CE hours are required annually to renew the Dispensing Audiology License.**
  - 4 hours must be relevant to the practice of audiology
  - 4 hours must be relevant to the practice of speech-language pathology
  - Maximum of 1 hour may be taken in self-study courses.
  - Maximum of 1 hour may be taken from related courses and/or indirect client care courses.
- **16 CE hours are required biennially to renew the Speech-Language Pathology license.**

- Maximum of 2.5 hours may be taken in self-study courses. *
- Maximum of 2.5 hours may be taken from related courses and/or indirect client care courses. *

*A maximum combination of only 4 hours may be obtained between self-study and related and/or indirect client care courses per renewal cycle.

HEARING AID DISPENSERS – *Renews Annually*

- All courses must be taken from those listed on the Board approved list. Click here for a list of approved courses: http://www.speechandhearing.ca.gov/forms_pubs/cecourses.pdf

Definitions:

- **Self-Study** – This includes viewing pre-recorded courses, listening to audiotapes, and online courses which are non-participatory (recorded courses that include a live chat or test upon completion are still considered self-study.) ***Live*** *online courses are not self-study and are considered the equivalent to sitting in a class.*

- **Related Courses** – Topics such as: social interaction, cultural and linguistic diversity as it applies to service delivery for diverse populations, professional service delivery models, interdisciplinary case management issues, and medical pathologies related to neurological disorders that also result in communication difficulties.

- **Indirect Client Care** – Topics such as: legal or ethical issues, consultation, record-keeping, office management, managed care issues, research obligations, and technological applications related to assessment/diagnosis or intervention.

Requirements:

9 hours of CE are required for each renewal period.

- Minimum of 6 hours must be directly relevant to the scope of practice of Hearing Aid Dispensers.

- Maximum of 3 hours may be taken in ethics courses *(including the ethics of advertising and marketing)* or business practices.

  Currently, there is no limit to the number of hours that may be taken through self-study courses.

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MEMORANDUM

DATE	January 30, 2017
TO	Audiology Practice Committee
FROM	Paul Sanchez, Executive Officer
SUBJECT	**Discussion and Possible Recommendations to the Board regarding Communication with California Children's Services (CCS)**

BACKGROUND

A background document from Committee Member Marcia Raggio is included in your materials.

This agenda item was requested by Audiology Practice Committee members to continue to discussing issues with the CCS program that negatively impact consumers and more importantly children who are CCS recipients.

ACTION REQUESTED

Review background document. This item is provided for discussion to coordinate communication with CCS. There is no requested action at this time.

CCS CONCERNS

California audiologists have participated in the California Children's Services (CCS) program since its inception providing diagnostic audiology and hearing aid fitting services to California children with hearing loss and their parents. At this time, there are grave concerns regarding the ability and willingness of audiologists to adequately provide those services. Although recent conversations with representatives of the CCS and Medi-Cal programs have taken place, the problems and difficulties have yet to be addressed, let alone resolved. In fact, recent attempts to communicate with key individuals within these systems/programs have failed to result in any action.

The concerns reflect both professional and consumer issues, specifically as they relate to, 1) consumer access and protection for children, and 2) provider solvency of those dedicated to serving CCS children. These concerns have existed for at least the past 30 years, and many specific cases have been examined over the years to support these issues. We would now like to move beyond micro-examination and identify resolutions for the systemic problems that exist persistently in California in providing services to our children with hearing loss.

Our goals are to be able to provide timely service to ALL California children with impaired hearing, regardless of insurance status. The state and national best-practice goals are as follows:

- Hearing screening completed by one month of age
- Diagnosis of hearing loss completed by three months of age
- Hearing aid fitting completed by four months of age
- Enrollment in Early Intervention by six months of age

Presently, there is a significant disconnect in achieving these legally mandated goals. It is typically children with private insurance who meet these targets, while it is extraordinarily difficult for children with CCS to meet these goals. Obviously, the disparity between these two populations is not only concerning, but is ethically untenable.

The specific concerns and proposed resolutions:

1) **The processes by which to apply to become a Medi-Cal provider or CCS provider, as well as the linkage of the NPI to the CCS provider, are unclear. In addition, the challenges in efficiently linking Medi-Cal provider status to paneled-CCS provider status and dispensing audiologist license status create significant confusion among audiology professionals.** There is a disconnect between Medi-Cal provider status, CCS provider status, and dispensing audiologist status. Lack of clarity even among state officials within the CCS and MediCal systems renders it difficult to understand and meet the requirements. Time delays between application to be a Medi-Cal provider, and also to be a CCS provider, are unacceptable. And finally, linking the Dispensing Audiology state license to the MediCal/CCS provider agreement is a process that is unclear and time-consuming. This is not only confusing, but also significantly delays the time it takes an audiologist to obtain Medi-Cal provider status, particularly as related to place/type of clinic. Even after lengthy discussion with state CCS and Medi-Cal representatives, requirements were not clear. In addition, the lack of a reasonably central source for answers has created tremendous frustration for audiologists who want to "do the right thing." We are aware of the complexity of the system and the currently mandated response

guidelines, which are not typically met (i.e., 180 days to work the application, then re-tolling if an application is incomplete, with 60 days for provider response to resolve). The statutory requirement for a 90-day turn around for physician applicants has been discussed with Medi-Cal.

Solutions:

- Decrease the complexity and tighten the application turn-around time for CCS/Medi-Cal provider status for audiologists, as it is for physicians.
- Provide instructions to applicants with a provider handbook in clear language that outlines qualifications, the application process, and explains how to bill.
- Create a "bridge" person for the three agencies to streamline the process, bridge the communication gap, and link Medi-Cal, CCS, and hearing aid dispensing. This person would be a direct contact who could provide answers to audiologists.

2) **Delays in services to CCS children due to outdated requirements for 2 years of pediatric experience for CCS paneling.** While it can be appreciated that the goals of the CCS program are to utilize qualified providers, the paneling requirements were instituted prior to the minimum requirement of a doctoral degree to practice as an audiologist. With the current 4-year equivalent post-baccalaureate doctoral degree minimum entry requirement to audiology, the requisite 2 years of pediatric experience for CCS paneling is outdated. This may have been necessary when a 1-2 year post-baccalaureate Master's Degree was the entry level, but today's doctoral students must complete many more didactic courses and internship hours than in the past, not to mention the 4th year clinical externship experience prior to graduation. (As with any area of professional practice, the audiologist is ethically bound by licensure and professional association membership to engage in only those areas in which they are competent, and frankly, the current paneling requirement does not preclude poor or unqualified CCS providers.) The licensure law is reasonably robust, and audiologists can and do provide services to people of all ages, including infants/children, who are privately insured when there is not "2 years pediatric experience." This results in the scenario in which a final year doctoral student completing the California Required Professional Experience (RPE) is licensed to see CCS children under supervision of their preceptor(s), but when they graduate with their Doctor of Audiology (AuD) degree, they are unable to see these same children for another year until they complete the 2-year requirement for paneling. At the same time, these newly-licensed professionals ARE able to see children with private insurance!

Solution: Change CCS requirements to correspond to CA licensure, with a minimum of 1 year experience that includes serving children within the RPE. This would enable recent AuD graduates to serve children (the very same children they saw during their clinical externship) during their first year after graduation and will expedite access.

3) **Delay in services due to paneled ENT medical clearance.** Currently, CCS children must be evaluated and receive medical clearance from a CCS-paneled ENT physician prior to obtaining hearing aids. Delay in medical clearance due to physician accessibility is a significant obstacle to providing hearing aids on a timely basis. Every day without amplification places the child at risk for communication delays.

***Solution*:** Allow non-paneled ENTs to provide medical clearance for hearing aids to expedite the process in providing amplification and audition to children

4) **Poor reimbursement for CCS (and Medi-Cal) earmolds**. Children wearing behind-the-ear hearing aids, as is often the case, require earmolds to couple the aids to their ears. Current reimbursement does not cover the earmold manufacturer's charges for the earmolds, or the added costs to the provider of earmold impression materials, otoblocks, shipping, time, sales tax, and shipping costs. Notably, virtually all children wear behind-the-ear hearing aids requiring earmolds, and require frequent replacement earmolds as the ear grows. This is not an insignificant expense.

   Although cost-containment affects us all, poor reimbursement for earmolds requires that the audiologist take a significant loss. This is not a matter of "cutting the fat," but rather, losing money on products for which the provider has already paid. For example, the least expensive earmold companies charge $28-35 per earmold for a "no frills" earmold (*with* CCS discount), depending on material and features plus tax & shipping. The silicone material used to provide an ear impression to the earmold company is ~ $3.00 per earmold—if the child sits still for the first impression and does not require a remake, a mixing tip of ~$0.57/ear, and the cost of an otoblock per ear, ~$0.11. Additional costs include disposable eartips/specula for an earlight for placing the otoblock and the use of an otoscope for visualization of the ear canal and otoblock placement, and the professional services of the audiologist, which may take from 15-30 minutes (plus charting and packaging), depending on the child. The best estimate of the minimum cost to the audiologist is $50.00 per earmold. And if you are aware of the growing ears of infants and young children, frequent earmold remakes are necessary. Also, this does not account for greater costs of earmold models for use with the newer receiver-in-the-canal hearing aid models, which are upwards of $100.

   Solution: Increase reimbursement for earmolds from the current $27.52 per earmold to cover provider invoice costs (including tax & shipping) plus an allowance for non-reusable supplies. We suggest invoice + 60%.

5) **Delays in reimbursement:** Despite diligence on the part of most providers, even when care is taken to provide billing and all documentation for products and services rendered to CCS children, the lack of timely reimbursement is problematic, especially for those in private practice who have already paid for the products and rendered their services but for whom payment is not received until many months later—if ever. Several clinics and practices have noted repeated "loss" of faxed information when sent to Xerox for payment. At least one audiologist even sought assistance from his legislator in this regard. We are aware that some unscrupulous providers actually hold the child's hearing aids until such time as reimbursement is received by Medi-Cal before dispensing the hearing aids to the child. While we do not condone such practices, we understand the frustration felt when hundreds of dollars of devices walk out the door with no assured reimbursement.

   ***Solution*:** Streamline the billing and reimbursement process (lost faxes are not acceptable) and create a web-based claims system where required documents (i.e., hearing aid and supplies invoices) can be uploaded as opposed to being faxed.

6) **The loss of Medi-Cal/CCS providers:** CCS providers, of whom there is already a limited number, are dropping out of the program in California due to the untenable situations above. Just this past month, the last provider in a northern county ceased accepting CCS children, which will require CCS patients from Shasta County to travel to the San Francisco Bay Area for services. Similar geographic challenges are extant in the southern California area, where there are no providers for infants and children in Oxnard, Ventura, and southern Santa Barbara counties. This creates an access issue for these children and an overload for those few providers who continue to see CCS children. Services are delayed, and families have a difficult time keeping their appointments due to precious time away from work and long travel distances, affecting both their access and rising cost of business for the providers. This substantial decrease in the number of CCS providers creates delays in identification and treatment and also results in the inability to meet state and federal mandates to serve and protect these children.

***Solution*:** Increase the number of CCS providers by implementing the solutions above.

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

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BROWN JR.

BOARD MEETING MINUTES - Draft

November 3-4, 2016

2005 Evergreen Street, "Hearing Room"
Sacramento, CA 95815

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

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

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

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

Board Members Absent
Rodney Diaz, MD, Public Board Member
Jaime Lee, Public Board Member

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

Guests Present
Vanessa Cajina, KP Public Affairs for Hearing Healthcare Providers (HHP)
Erin Evans-Fudem, California Speech Hearing Association (CSHA)
Sean Green, CSHA
Jimmy Fremgen, Consultant, California State Assembly
Amy White, California Academy of Audiology (CAA)

2. Public Comment for Items not on the Agenda

There were no comments from Public/Outside Agencies/Associations.

3. Review and Possible Action on the Board's Draft Sunset Report

Mr. Sanchez led the Board in a section by section review of the Sunset Report draft. The Board noted corrections to the text such as correcting the acronym of the Hearing Aid Dispensers Examination Committee, Board member attendance, and other edits. The Board requested separating the audiology aide and the speech-language pathology aide. Mr. Sanchez requested assistance from Board members in answering trade specific questions. Members volunteered to work on specific items of the report individually or as a committee and submit their work to Mr. Sanchez by November 14, 2016. The Board will meet telephonically on November 17, 2016 at 2:30 p.m. to review the updated Sunset Report draft.

4. The Board recessed at 5:05p.m.

November 4, 2016

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

Alison Grimes, Board Chair, called the Speech-Language Pathology & Audiology & Hearing Aid Dispensers Board meeting to order at 9:25 a.m. Ms. Grimes called roll; eight members of the Board were present and thus a quorum was established.

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

Board Members Absent
Jaime Lee, Public Board Member

Staff Present
Paul Sanchez, Executive Officer
Breanne Humphreys, Program Manager
Francisco Del Pozo, Licensing Analyst
Anita Joseph, Enforcement Coordinator
Kelsey Pruden, Legal Counsel
Karen Robison, Analyst
Tim Yang, Licensing Analyst

Guests Present
Vanessa Cajina, HHP
Sean Green, CSHA
Natalie Martin-Rojas, Department of Consumer Affairs (DCA)
Amy White, CAA

2. Public Comment for Items not on the Agenda

A letter regarding continuing education (CE) requirements for Dispensing Audiologist was submitted by Margaret Winter, M.S. The letter expressed frustration with the current limitations on manufacturer-specific courses.

Closed Session

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

1I-2014-32
Adopt Stipulated Settlement with correction to license type.

1I-2014-33
Adopt Stipulated Settlement

1I-2012-72
The Board did not deliberate on this matter. This matter will be addressed at the telephonic Board Meeting on November 17, 2016.

4. Pursuant to Government Code Section 11126 (a) (1), the Board will Meet in Closed Session for the Executive Officer's Evaluation

The Board met in closed session to discuss the evaluation of the executive officer.

Return to Open Session

5. Review and Approval of the August 11-12, 2016 Meeting Minutes

M/S/C Raggio/Solomon-Rice

- **Move to approve the August 11-12, 2016 Board Meeting Minutes. The motion carried 6-0 with Deane Manning abstaining.**

6. Executive Officer's Report

Mr. Sanchez informed the Board that regulations are being completed slowly and thanked them for their patience. He noted that the Hearing Aid Dispenser Continuing Education regulation was approved on October 26, 2016. In order to get additional staff trained on the regulation process a staff member will

be attending a regulations class given by the Office of Administrative Law (OAL) in December 2016. Ms. Pruden informed the Board that DCA implemented a new policy where the proposed regulation receives a formal review by DCA prior to filing the regulation with OAL.

The Board will be revisiting the Disciplinary Guidelines/Uniform Standards language at the telephonic meeting later this month in an effort to submit the Uniform Standards proposed language by splitting the documents. The Hearing Aid Dispenser Advertising regulation will be reviewed by Ms. Pruden to locate First Amendment violations and will be brought back to the Board for approval.

a. Administration Update

The Board is recruiting a licensing analyst to assist with the processing of speech and audiology applications. The positions the Board requested through Budget Change Proposals (BCP) were denied.

b. Budget Report

The Board is expecting to expend most of its budget for the 2016/2017 fiscal year. The Board will be watching its expenditures throughout the year.

c. Licensing Report

Mr. Sanchez commended Tim Yang and Francisco Del Pozo on their hard work for exceeding licensing timeframe goals.

d. Practical Examination Report

The Board held its last practical examination of the calendar year on October 29, 2016. The examination stations are worked by licensed hearing aid dispensers and dispensing audiologists in an effort to promote fairness and impartiality. The Board has been looking at locations in southern California to hold the practical examination.

e. Enforcement Report

The Board has received approximately the same amount of complaints and convictions this calendar year as it received in calendar year 2015. The Board is underfunded in the area of enforcement. However, there are measures in place so the Board does not overextend itself in this area. Staff will look to give separate AuD, Dispensing Audiology (DAU), and SLP enforcement statistics in the future.

f. Strategic Plan Update

The Board has completed eight of the objectives listed in the Strategic Plan. The Board will receive status updates on the Strategic Plan in the future.

7. Update on Speech-Language Pathology Statewide Issues on Variable Term Waivers

Ms. Parker updated the Board on the Variable Term Waiver (VTW) conference call between Ms. Parker, the Council on Teacher Credentialing (CTC) and California Department of Education (CDE). There will be a one page summary that will go out on CDE letterhead to ensure the school districts follow the procedures when employing those individuals working under the VTW. Additionally, the definition of a Speech-Language Pathology Assistant (SLPA) will be included so the schools understand a SLPA's training, allowable job tasks, and their supervision requirement.

8. Discussion and Possible Action on drafting and issuing a Consumer Hearing Aid Fact Sheet

Mr. Sanchez updated the Board on the need for information, AB 1950, and publishing a consumer fact sheet. Distribution of the fact sheet was addressed. Making the fact sheet available on the website was discussed, in addition to, not making the distribution a mandatory requirement for those who fit and sell hearing aids. Mr. Raggio drafted a fact sheet and received suggestions by the Board on information to include as well as limiting the fact sheet to one page. Ms. Raggio will continue to work on the fact sheet and bring it back to for discussion at the February 2017 Board meeting.

9. Update on AB 2317 (California State University: Doctor of Audiology degrees)

Ms. Raggio reported that AB 2317 was signed into law in late 2016. She informed the Board that without Mr. Sanchez's contributions at the meetings and testimony during the legislative sessions she does not believe we would not have gotten this far. The California State University Chancellor will be putting together a task force to develop a standardized curriculum for the CSU programs. The timeframe of the programs beginning is unknown at this time; however, some programs have the resources to offer classes in the fall of 2017. Additionally, tentative budget reports show these programs will run in the black from year one.

10. Report on the Annual Conference of the National Council of State Board of Examiners

Ms. Grimes reported that the most interesting topic she heard at the Annual Conference of the National Council of State Board of Examiners (NCSB) conference was a presentation by a representative of the National Center for Interstate Compacts (NCIC) about interstate compacts and how they can facilitate licensure portability. The NCSB is forming a task force to look at the issue in greater depth. The Board recommends Mr. Sanchez attend the next meeting which will be held in New Orleans, Louisiana and will add voting to send him to the conference to the agenda of the next Board meeting.

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

Ms. Grimes noted the President's Council of Advisors on Science and Technology (PCAST) report was sent to the President in October 2015 and recommends changes to the way older Americans with age related hearing loss access hearing care. Ms. Grimes opined that if the recommendations in the report are adopted it will change how we handle hearing aids on this Board. The Board discussed the changes the recommendations will bring about and how they will affect licensees, such as, providing a copy of the hearing test at no additional cost to the consumer. The Board was reminded that the recommendations by PCAST have not been implemented by the Federal Drug Administration or the Federal Trade Commission.

12. Future Agenda Items and Future Board Meeting Dates

Future agenda items include: manufacturer continuing education, Audiology update, continuing education program overview, SLP/SLPA fact sheet, sending Mr. Sanchez to the NCSB conference, and the SLP topics of foreign-trained applicants, supervision, and aides.

a. February 9-10, 2017 – Southern California
b. May 11-12, 2017 – Bay Area
c. August 10-11, 2017 – TBD
d. November 9-10, 2017 - TBD

13. Adjournment

The meeting adjourned at 1:35 p.m.

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BROWN JR.

BOARD MEETING MINUTES - Draft
TELECONFERENCE
November 17, 2016

1. Call to Order/ Role Call / Establishment of a Quorum

Alison Grimes, Board Chair, called the Speech-Language Pathology & Audiology & Hearing Aid Dispensers Board meeting to order at 2:35 p.m. Ms. Grimes called roll; seven members of the Board were present and thus a quorum was established.

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

Board Members Absent
Rodney Diaz, MD, Public Board Member
Jamie Lee, Public Board Member

Staff Present
Paul Sanchez, Executive Officer
Breanne Humphreys, Program Manager
Kelsey Pruden, Legal Counsel
Karen Robison, Analyst

Guests Present
Vanessa Cajina, KP Public Affairs for Hearing Healthcare Providers (HHP)
Jimmy Fremgen, Assembly Committee Consultant
Heather Oliveres, DCA Legislation

2. Public Comment for Items not on the Agenda

There were no comments from Public/Outside Agencies/Associations.

3. Review and Possible Action on the Board's Sunset Report

Mr. Sanchez led the Board's review of the additions to the Sunset Report discussed during the previous Board meeting. The Board noted information that needed to be included to complete the report, such as, references in Section 59 and other minor edits.

M/S/C Manning/Raggio

- **Move to approve the changes to the Sunset Report; delegate to the EO the authority to work with the committees and complete the Sunset Report. The motion carried 6-0**

4. Discussion and Possible Action for Sending its Executive Officer to the 2017 Annual Conference of the National Council of State Boards Examiners for Speech-Language Pathology and Audiology in New Orleans, Louisiana

   The Board discussed the importance of the Executive Office representing California by attending the Annual Conference of the National Council of State Boards Examiners for Speech-Language Pathology and Audiology in New Orleans, Louisiana.

   M/S/C Manning/Solomon-Rice

   - **Motion to approve sending the Executive Officer to the 2017 conference of the National Council of State Boards Examiners for Speech-Language Pathology and Audiology**

5. Discussion and Possible Action on Proposed Regulations, Title 16, CCR, Sections 1399.131 & 1399.155, Disciplinary Guidelines and Uniform Standards for Speech-Language Pathologists, Audiologists, and Hearing Aid Dispensers

Ms. Pruden informed the Board that staff is recommending separating the Disciplinary Guidelines and Uniform Standards for Substance Abusing Licensees (Standards). The Board reviewed text and amended the Standards document which will be used when rendering discipline to substance abusing licensees.

M/S/C Grimes/Shalev

- **Move to approve the proposed text for a 45 day public comment period; delegate to the EO the authority to adopt the proposed regulatory changes if there are no adverse comments received during the public comment period and make any technical and non-substantive changes that may be required to complete the rule making file. The motion carried 6-0**

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

   The Board did not deliberate on disciplinary matters due to time constraints.

7. The meeting adjourned at 4:00p.m.

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TELECONFERENCE BOARD MEETING MINUTES - Draft

December 16, 2016

1. Call to Order/ Role Call / Establishment of a Quorum

The Board returned to open session at 11:23 a.m.

Alison Grimes, Board Chair, called the Speech-Language Pathology & Audiology & Hearing Aid Dispensers Board meeting to order at 10:00a.m. Ms. Grimes called roll; eight members of the Board were present and thus a quorum was established.

Board Members Present
Alison Grimes, Board Chair
Patti Solomon-Rice, Vice Chair
Rodney Diaz, MD, Public Board Member
Jaime Lee, Public Board Member
Deane Manning, Board Member
Dee Parker, Board Member
Amnon Shalev, Board Member
Debbie Snow, Public Board Member

Board Members Absent
Marcia Raggio, Board Member

Staff Present
Paul Sanchez, Executive Officer
Breanne Humphreys, Program Manager
Kelsey Pruden, Legal Counsel
Karen Robison, Analyst

Guests Present

Vanessa Cajina, Hearing Healthcare Providers (HHP)

2. Public Comment for Items not on the Agenda

There were no comments from Public/Outside Agencies/Associations.

Closed Session

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

The Board went into closed session at 10:05a.m. Mr. Sanchez, Ms. Humphreys, and Ms. Cajina excused themselves from the meeting.

1I-2015-060
Amended Decision - Adopt

Return to Open Session

The Board returned to open session at 10:20a.m.

The Board acknowledged Mr. Manning's last meeting and wished him well in the future.

4. Adjournment

The meeting adjourned at 10:21

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

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

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MEMORANDUM

DATE	January 30, 2017
TO	Speech Language Pathology and Audiology and Hearing Aid Dispensers Board
FROM	Paul Sanchez, Executive Officer
SUBJECT	**Executive Officer Report**

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

Administration/Personnel/Staffing

The Board recently hired Casey Triggs as a licensing analyst. Ms. Triggs comes to us from the California Employment Development Department where she determined benefits eligibility for Spanish speaking applicants. She also has a background in state budgets and has worked with non-profit organizations providing advocacy for underserved groups.

In December, Licensing Analyst, Francisco Del Pozo transferred to another department to pursue his interest in enforcement and investigations. The Board is in the process of recruiting for another staff member to fill this vacancy.

In February, Nguyet Pham will be leaving the Board for a promotional opportunity with another department. Ms. Pham has been the Board's receptionist for almost two years and provided support to all of the Board's business areas. The Board has begun recruiting and will also pursue temporary help to ensure that service levels are maintained.

Board Budget

Included in your Board materials is the Expenditure Summary Report which reflects month six of the 2016-17 budget year. Based on the report, the Board is projected to slightly go over budget. This is mostly due to increased enforcement costs. As a result of the increase, we are seeking an augmentation of our Attorney General budget line item. We will continue to monitor our expenditures closely throughout the fiscal year.

Licensing/Exams/Enforcement

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

Licensing – Staff continue to maintain their cycle time goals for processing licensing applications. The chart below represents the Board's licensing timeframes for completed applications received during the specified period:

Licensing Cycle Times	2/1/16	5/1/16	8/1/16	11/1/16	2/1/17
SLP and Audiologists Complete Licensing Applications	7 weeks	2 weeks	2 weeks	1 week	2 weeks
Review and Process SLP and Audiologist Supporting Licensing Documents	6 weeks	3 weeks	3 weeks	1 week	2 weeks
Review and Process RPE Applicant's Verification Forms for Full Licensure	4 weeks	2 weeks	2 weeks	1 week	2 weeks
Hearing Aid Dispensers Applications	3 weeks	2 weeks	Current	Current	Current

Practical Examinations – Included in your Board materials are statistical summaries from our most recent HAD practical examination that was held on October 29, 2016. The next practical examinations are scheduled for February 4 and March 18, 2017.

Enforcement – The number of complaints and convictions received by the Board is still on pace with last year's numbers, we should see a slight increase in both areas based on our projections.

There are currently 19 formal discipline cases pending with the Attorney General's Office. The Board is currently monitoring 32 probationers. Eight probationers require drug or alcohol testing and six are in a tolled status.

The following disciplinary actions have been adopted by the Board so far during the fiscal year 2016-17:

Name	License No.	License Type	Case No.	Eff. Date	Action Taken
Rose, Mary Ann	SP 6997	Speech-Language Pathologist	1l 2014 30	12/29/16	Revocation of License
Yeghikian, Leeza	SPA 3237	Speech-Language Pathology Assistant	1l 2014 33	12/9/16	Revocation Stayed, 4 yrs Probation, Specified Terms & Conditions

Name	License No.	License Type	Case No.	Eff. Date	Action Taken
Douglas, Jennifer	SP 11478	Speech-Language Pathologist	1I 2014 32	12/9/16	Revocation Stayed, 4 yrs Probation, Specified Terms & Conditions
Riley, Linda	AID 1293	Audiology Aide	1I 2015 35	10/10/16	Revocation of License
Parks, David	HA 1585	Hearing Aid Dispenser	1C 2015 41	9/6/16	Revocation Stayed, 4 yrs Probation, Specified Terms & Conditions
Palmer, Reeda	SP 14379	Speech-Language Pathologist	1I 2008 26	8/29/16	Surrender of License During Probation
Swanson, Robin	HA 3104	Hearing Aid Dispenser	1C 2012 98	8/15/16	Revocation Stayed, 3 yrs Probation, Specified Terms & Conditions
Krone, Elizabeth	HA 2662	Hearing Aid Dispenser	1C 2012 85	8/15/16	Revocation Stayed, 3 yrs Probation, Specified Terms & Conditions
Wolff, Linda	AU 2177	Audiologist	1I 2013 19	8/8/16	Revocation Stayed, 3 yrs Probation, Specified Terms & Conditions
Vega, Paige Roschelle	SP 21885	Speech-Language Pathologist	1I 2014 70	7/27/16	Revocation Stayed, 4 yrs Probation, Specified Terms & Conditions
Lee, Kwang Ho (Ken)	HA 7552	Hearing Aid Dispenser	1C 2012 62	7/15/16	Revocation Stayed, 3 yrs Probation, Specified Terms & Conditions

Regulations Update

Board staff has one regulatory item for your review and approval. Below is a table of the Board's rulemaking files with status and comments.

Rulemaking File	Final Filing Date	Status	Comments
Disciplinary Guidelines		2/17 – Board to review revised language proposed by staff. 10/16 – Legal review. 8/16 – Drafting ISOR and Notice. 2/16 – Board approved language.	Requires DCA Legislative/Legal and Agency review before publishing.
Uniform Standards		2/17 – Board to review revised language proposed by staff. 11/16 – Board approved revisions. 10/16 – Legal review. 2/16 – Board approved language.	
Fees: Speech-Language Pathology and Audiology		12/16 – Working to provide further analysis for rulemaking file. 8/16 – ISOR, Notice, and Approved language sent to DCA Legal Office for review. 6/15 – Board approved language.	Requires DCA Legislative/Legal and Agency review before publishing.
Hearing Aid Dispenser Advertising Guidelines		2/17 – Board to review staff revisions. 10/16 – Legal counsel reviewing text and will bring edits (if any) to February 2017 Board meeting. 8/16 – Drafting ISOR and Notice. 5/16 – Board approved proposed amended language.	Needs Legislative/Legal review before publishing.
Speech-Language Pathology and Audiology Self-study Hours		1/17 – Drafting ISOR and Notice. 11/15 – Board approved proposed language.	Needs Legislative/Legal review before publishing.
Speech-Language Pathology Assistant/ Supervised Clinical Experience Clock Hours	12/27/16	1/4/2017 – To OAL for Final Approval (30 days). 10/16 – DCA Deputy Director for approval. 8/16 – Board review of public comments & staff recommendations. 6/16 – Comment period ended. 5/16 – Board approved Clock hours language 2/14 – Board approved original SLPA language.	
Hearing Aid Dispenser Continuing Education	9/20/16 (Extended)	**EFFECTIVE 1/1/17, OPERATIVE 7/1/17.** **Complete - Filed with Secretary of State 10/25/16.** 9/15/2016 – Submitted to OAL 7/19/16 – DCA Legislative Office review. 6/21/16 – 15-day comment period – no comments. 3/22/16 – Disapproved by OAL 11/14 – Submitted to OAL 1/13 – Board approved original language.	Includes self-study changes.
Fees: Hearing Aid Dispensers	10/8/16	12/20/16 – Filed with OAL 10/16 – Executive Office review for approval. 7/16 – DCA Legislative Office review. 6/16/16 – Add'l 15-day comment period ended. No Comments. 3/15/16 – 15 day comment period. No comments. 9/15 – Submitted to OAL. 6/15 – Proposed language Board approved.	

Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board - 0376
BUDGET REPORT
FY 2016-17 EXPENDITURE PROJECTION

FISCAL MONTH 6

OBJECT DESCRIPTION	FY 2015-16 ACTUAL EXPENDITURES (MONTH 13)	FY 2015-16 PRIOR YEAR EXPENDITURES 12/31/2015	FY 2016-17 BUDGET STONE 2016-17	FY 2016-17 CURRENT YEAR EXPENDITURES 12/31/2016	FY 2016-17 PERCENT SPENT	FY 2016-17 PROJECTIONS TO YEAR END	FY 2016-17 UNENCUMBERED BALANCE
PERSONNEL SERVICES							
Salary & Wages (Staff)	446,072	220,145	**507,000**	227,702	45%	**471,784**	35,216
Statutory Exempt (EO)	87,228	41,574	**82,000**	43,251	53%	**87,141**	(5,141)
Temp Help Reg (Seasonals)	33,634	28,898	**1,000**	0	0%	**12,000**	(11,000)
Temp Help (Exam Proctors)	1,114	274	**0**	517		**1,200**	(1,200)
Board Member Per Diem	0	0	**0**	0	0%	**0**	0
Committee Members (DEC)	4,500	2,200	**6,000**	2,600	0	**4,500**	1,500
Overtime	20,036	12,959	**5,000**	7,271	0%	**11,242**	(6,242)
Staff Benefits	263,532	135,871	**296,000**	133,289	45%	**258,524**	37,476
TOTALS, PERSONNEL SVC	**856,116**	**441,921**	**897,000**	**414,630**	**46%**	**846,391**	50,609
OPERATING EXPENSE AND EQUIPMENT							
General Expense	12,471	5,319	**45,000**	14,068	31%	**25,984**	19,016
Fingerprint Reports	29,400	8,918	**28,000**	14,426	52%	**32,000**	(4,000)
Minor Equipment	827	827	**2,000**	3,529	176%	**5,000**	(3,000)
Printing	6,836	1,620	**25,000**	1,868	7%	**7,000**	18,000
Communication	4,630	1,697	**18,000**	1,715	10%	**4,679**	13,321
Postage	25,059	12,365	**24,000**	12,457	52%	**25,245**	(1,245)
Insurance	0	0	**0**	0	0%	**0**	0
Travel In State	35,799	12,661	**24,000**	12,922	54%	**36,537**	(12,537)
Travel, Out-of-State	0	0	**0**	0	0%	**0**	0
Training	50	0	**7,000**	0	0%	**500**	6,500
Facilities Operations	63,939	68,462	**78,000**	62,743	80%	**63,543**	14,457
Utilities	0	0	**0**	0	0%	**0**	0
C & P Services - Interdept.	21,784	21,784	**24,000**	0	0%	**24,000**	0
C & P Services - External	1,200	0	**0**	0	0%	**0**	0
DEPARTMENTAL SERVICES:					0%		
Departmental Pro Rata	119,837	84,500	**185,000**	91,998	50%	**185,000**	0
Admin/Exec	107,886	52,000	**117,000**	57,000	49%	**117,000**	0
IA w/ OPES	10,214		**60,000**	66,581	0%	**66,581**	(6,581)
DOI-ProRata Internal	2,949	1,500	**3,000**	1,500	50%	**3,000**	0
Communications Division	7,000	1,500	**17,000**	8,502	50%	**17,000**	0
PPRD Pro Rata	0	2,000	**1,000**	498	0%	**1,000**	0
INTERAGENCY SERVICES:						**0**	
Interagency Services	0	10,214	**29,000**	0	0%	**29,000**	0
Consolidated Data Center	279	138	**10,000**	409	4%	**700**	9,300
DP Maintenance & Supply	6,696	3,754	**17,000**	1,364	8%	**2,433**	14,567
Central Admin Svc-ProRata	146,443	73,222	**0**	0	0%	**0**	0
EXAM EXPENSES:							0
Exam Supplies	0	0	**0**	0	0%	**0**	0
Exam Freight	0	0	**0**	0	0%	**0**	0
Exam Site Rental	1,618	1,618	**8,000**	3,950	49%	**3,950**	4,050
C/P Svcs-External Expert Administrative	28,152	4,435	**25,000**	12,594	50%	**30,000**	(5,000)
C/P Svcs-External Expert Examiners	0	0	**0**	0	0%	**0**	0
C/P Svcs-External Subject Matter	101,618	34,926	**38,000**	40,095	0%	**60,000**	(22,000)
ENFORCEMENT:						**0**	
Attorney General	189,705	102,539	**97,000**	65,900	68%	**200,000**	(103,000)
Office Admin. Hearings	28,530	13,845	**22,000**	21,911	100%	**40,000**	(18,000)
Court Reporters	1,094	350	**0**	489	0%	**1,000**	(1,000)
Evidence/Witness Fees	15,649	6,259	**7,000**	1,750	25%	**10,000**	(3,000)
DOI - Investigations	336,333	165,500	**148,000**	68,502	46%	**148,000**	0
Major Equipment	0	0	**6,000**	0	0%	**6,000**	0
Other - Clothing & Pers Supp	0	0	**0**	0	0%	**0**	0
Special Items of Expense	0	0	**0**	0	0%	**0**	0
Other (Vehicle Operations)	0	0	**0**	0	0%	**0**	0
TOTALS, OE&E	1,305,998	691,953	**1,065,000**	566,771	53%	**1,145,152**	(80,152)
TOTAL EXPENSE	2,162,114	1,133,874	**1,962,000**	981,401	50%	**1,991,543**	(29,543)
Sched. Reimb. - Fingerprints	(30,184)	(9,849)	**(31,000)**	(16,121)	52%	**(31,000)**	0
Sched. Reimb. - Other	(6,110)	(3,525)	**(2,000)**	(2,115)	106%	**(2,000)**	0
Distributed	0		**0**	0	0%	**0**	0
Unsched. Reimb. - Other	(25,398)	(16,337)	**0**	(10,112)		**0**	0
NET APPROPRIATION	2,100,422	1,104,163	**1,929,000**	953,053	49%	**1,958,543**	**(29,543)**
						SURPLUS/(DEFICIT):	**-1.5%**

0376 - Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board
Analysis of Fund Condition

Prepared 1/5/2017

2017-18 Governor's Budget

		ACTUAL 2015-16	Budget Act CY 2016-17	BY 2017-18	BY+1 2018-19
BEGINNING BALANCE		$ 1,526	$ 1,860	$ 1,748	$ 1,590
Prior Year Adjustment		$ 21	$ -	$ -	$ -
Adjusted Beginning Balance		$ 1,547	$ 1,860	$ 1,748	$ 1,590
REVENUES AND TRANSFERS					
Revenues:					
125600	Other regulatory fees	$ 27	$ 18	$ 18	$ 18
125700	Other regulatory licenses and permits	$ 504	$ 425	$ 431	$ 431
125800	Renewal fees	$ 1,397	$ 1,447	$ 1,435	$ 1,435
125900	Delinquent fees	$ 20	$ 19	$ 18	$ 18
141200	Sales of documents	$ -	$ -	$ -	$ -
142500	Miscellaneous services to the public	$ -	$ -	$ -	$ -
150300	Income from surplus money investments	$ 7	$ 5	$ 5	$ 4
150500	Interest income from interfund loans	$ 8	$ -	$ -	$ -
160400	Sale of fixed assets	$ -	$ -	$ -	$ -
161000	Escheat of unclaimed checks and warrants	$ 2	$ 2	$ 2	$ 2
161400	Miscellaneous revenues	$ 1	$ 1	$ 1	$ 1
164300	Penalty Assessments	$ -	$ -	$ -	$ -
Totals, Revenues		$ 1,966	$ 1,917	$ 1,910	$ 1,909
Transfers from Other Funds					
Proposed FY 11-12 GF Loan Repay		$ 450	$ -	$ -	$ -
Transfer from Hearing Aid Dispensers					
Totals, Revenues and Transfers		$ 2,416	$ 1,917	$ 1,910	$ 1,909
Totals, Resources		$ 3,963	$ 3,777	$ 3,658	$ 3,499
EXPENDITURES					
Disbursements:					
8880	Financial Information System for CA (State Operations)	$ 4	$ 3	$ 2	$ 2
9900	Statewide General Administrative Expenditures (Pro Rata)	$ -	$ 97	$ 133	$ 133
1110	Program Expenditures (State Operations) -	$ 2,099	$ -	$ -	$ -
1111	Program Expenditures (State Operations) -	$ -	$ 1,929	$ 1,933	$ 1,972
Total Disbursements		$ 2,103	$ 2,029	$ 2,068	$ 2,107
FUND BALANCE					
Reserve for economic uncertainties		$ 1,860	$ 1,748	$ 1,590	$ 1,392
Months in Reserve		11.0	10.1	9.1	7.8

Speech-Language Pathology & Audiology & Hearing Aid Dispensers Board
As of December 31, 2016

LICENSES ISSUED	FY11/12	FY12/13	FY13/14	FY14/15	FY15/16	FY16/17 Qtr 1-2
AU	55	76	57	89	48	39
DAU	20	19	UA	UA	26	10
AUT	1	1	0	0	0	0
SLP	911	1056	974	1143	1352	736
SPT	0	0	0	0	0	0
SLPA	346	407	325	550	606	287
RPE	667	727	702	836	834	601
AIDE	44	51	40	48	44	26
CPD	16	9	15	17	22	8
HAD Permanent	91	84	49	92	140	59
HAD Trainee	94	95	139	145	180	93
HAD Licensed in Another State	6	7	5	9	16	11
HAD Branch	192	132	282	426	407	163
TOTAL LICENSES ISSUED	**2443**	**2664**	**2588**	**3355**	**3675**	**2033**

LICENSEE POPULATION	FY11/12	FY12/13	FY13/14	FY14/15	FY15/16	FY16/17 * 12/31/16
AU	595	609	584	612	556	710
DAU	930	942	971	988	1,045	1,189
Both License Types	*1,525*	*1,551*	*1,555*	*1,600*	*1,601*	*1,899*
AUT	0	0	0	0	0	0
SLP	12,020	12,696	13,285	13,967	14,860	17,461
SPT	0	0	0	0	0	0
SLPA	1,529	1,771	1,969	2,343	2,795	3,611
RPE	665	682	768	802	806	1,138
AIDE	181	120	119	124	133	216*
HAD	938	946	913	948	996	1,149
HAD Trainees	97	95	145	160	158	122
HAD Licensed in Another State	6	9	8	7	18	19
HAD Branch Office	627	653	710	821	963	1,407
TOTAL LICENSEES	**17,588**	**18,523**	**19,472**	**20,772**	**22,330**	**26,806**

* New Computation: includes delinquent, inactive, and valid licenses; CE not adequate; cite/fine holds

Speech-Language Pathology & Audiology & Hearing Aid Dispensers Board

Hearing Aid Dispensers Practical Examination

October 29, 2016

Candidate Type	Number of Candidates	Passed	%	Failed	%
Applicants with Supervision (Temporary License)					
HA	31	23	74%	8	26%
AU	4	2	50%	2	50%
RPE					
Aide					
Applicants Licensed in Another State (Temporary License)					
HA	1	1	100%		
AU					
Applicants without Supervision					
HA	10	6	60%	4	40%
AU					
RPE					
Total Number of Candidates		**Passed**	**%**	**Failed**	**%**
	46	32	70%	14	30%

Speech-Language Pathology Audiology Hearing Aid Dispensers Board

COMPLAINTS AND CONVICTIONS	FISCAL YEAR 2013 - 2014		FISCAL YEAR 2014 - 2015		FISCAL YEAR 2015 - 2016		Quarter 1-2 2016 - 2017	
	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU
Complaints Received	86	41	56	41	74	43	41	26
Convictions Received	6	29	4	27	27	58	10	48
Average Days to Intake	2	2	31	31	2	2	2	1
Closed	104	69	107	46	109	130	34	54
Pending	100	30	55	56	46	31	58	50

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

INVESTIGATIONS Desk	FISCAL YEAR 2013 - 2014		FISCAL YEAR 2014 - 2015		FISCAL YEAR 2015 - 2016		Quarter 1-2 2016 - 2017	
	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU
Assigned	91	68	59	64	101	101	51	74
Closed	84	63	89	41	107	124	34	52
Average Days to Complete	458	128	339	250	107	138	53	33
Pending	80	28	46	48	42	30	50	42

INVESTIGATONS DOI	FISCAL YEAR 2013 - 2014		FISCAL YEAR 2014 - 2015		FISCAL YEAR 2015 - 2016		Quarter 1-2 2016 - 2017	
	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU
Assigned	12	5	2	3	0	2	4	0
Closed	20	5	15	2	2	6	0	2
Average Days to Complete	451	503	722	527	392	382	0	419
Pending	19	2	6	3	4	1	8	8

ALL TYPES OF INVESTIGATGIONS	FISCAL YEAR 2013 - 2014		FISCAL YEAR 2014 - 2015		FISCAL YEAR 2015 - 2016		Quarter 1-2 2016 - 2017	
	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU
Closed Without Discipline	93	60	83	37	93	112	30	51
Cycle Time - No Discipline	470	152	347	234	74	115	49	44

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

CITATIONS/Cease&Desist	FISCAL YEAR 2013 - 2014		FISCAL YEAR 2014 - 2015		FISCAL YEAR 2015 - 2016		Quarter 1-2 2016 - 2017	
	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU
Issued	7	3	3	8	4	5	3	1
Avg Days to Complete Cite	358	453	292	188	195	305	74	6
Cease & Desist Letter	9	0	5	1	0	1	0	0

ATTORNEY GENERAL CASES	FISCAL YEAR 2013 - 2014		FISCAL YEAR 2014 - 2015		FISCAL YEAR 2015 - 2016		Quarter 1-2 2016 - 2017	
	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU
Pending at the AG	9	13	17	13	18	16	12	7
Accusations Filed	3	6	5	6	8	19	4	2
SOI Filed					2	2	0	0
Acc Withdrawn, Dismissed, Declined	0	0	0	0	1	0	0	1
SOI Withdrawn, Dismissed, Declined	2	1	1	1	0	0	1	1
Average Days to Discipline	703	617	1336	234	888	507	859	883

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

ATTORNEY GENERAL FINAL OUTCOME	FISCAL YEAR 2013 - 2014		FISCAL YEAR 2014 - 2015		FISCAL YEAR 2015 - 2016		Quarter 1-2 2016 - 2017	
	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU	HAD	SP/AU
Probation	4		1	1	1	5	4	4
Surrender of License	1	1		1	1	1	1	
License Denied (SOI)								
Suspension & Probation						1		
Revocation-No Stay of Order		1	1	3	1	2		2
Petition for Reinstatement Denied	1							
Petition for Reconsideration Granted						1		

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

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

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

MEMORANDUM

DATE	January 31, 2017
TO	Speech Language Pathology and Audiology and Hearing Aid Dispensers Board
FROM	Paul Sanchez, Executive Officer
SUBJECT	**Update on Board's Sunset Review Hearings and Discussion and Possible Action Regarding Sunset Review Responses**

On November 30, 2016 staff submitted the 2016 Sunset Review Report to the Senate Committee on Business, Professions, and Economic Development and the Assembly Committee on Business and Professions.

The Board's Sunset Hearing is scheduled along with six other boards for March 6, 2017 in room 4203 of the State Capitol. The hearings are scheduled to start at 9:00 a.m. The following is an outline of the Board's agenda for the hearing:

A. Board Presents Short "Overview" of the Current Regulatory Program (5 minutes)
B. Board Response to Issues, Problem Areas, Questions and Staff Recommendations (20 minutes)
C. Public Comment (15 minutes)
D. Comment by Professional Individuals, Groups or Associations (15 minutes)
E. Any Closing Comments by the Board (5 minutes)

The Board is expecting to receive a Background Paper from the Committees' consultants in mid-February containing issues and recommendations from the Committees. In addition, the Board will receive a list of issues and questions raised by Committee staff approximately one week prior to the hearing.

Included in your materials is the official notice to the Board of the upcoming hearing.

ACTION REQUESTED

The item is informational. If the Board receives information from the Committees' prior to the meeting, the Board may want to discuss or delegate members to address issues or questions raised by the Committees.

CHIEF CONSULTANT
BILL GAGE

CONSULTANTS
SARAH HUCHEL
SARAH MASON
MARK MENDOZA

COMMITTEE ASSISTANT
KRIMILDA McKENZIE

California Legislature

SENATE COMMITTEE ON BUSINESS, PROFESSIONS & ECONOMIC DEVELOPMENT

SENATOR JERRY HILL, CHAIR

MEMBERS
PATRICIA C. BATES
VICE CHAIR
BILL DODD
CATHLEEN GALGIANI
STEVEN M. GLAZER
ED HERNANDEZ, O.D.
JOSH NEWMAN
DR. RICHARD PAN
SCOTT WILK

MEMORANDUM

TO: Boards, Committees and Programs Scheduled for Sunset Review Oversight Hearings

FROM: Senate Committee on Business, Professions and Economic Development
Assembly Committee on Business and Professions

DATE: **January 25, 2017**

SUBJECT: Background Paper, Attendance and Presentation at Sunset Review Oversight Hearings

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The Senate Committee on Business, Professions and Economic Development and the Assembly Committee on Business and Professions, collectively "the Committees", will hold joint sunset review oversight hearings on February 27 and March 6 in Rooms 4203 of the State Capitol starting at 9:00 a.m.

The Committees are the standing committees of the Legislature that have oversight jurisdiction over the Department of Consumer Affairs (Department) and all agencies and entities under the Department. It is the responsibility of the Committees to review the laws and regulations pertaining to a board and evaluating its programs and policies; determine whether the board operates and enforces its regulatory responsibilities and is carrying out its statutory duties mandated by the Legislature and; examine fiscal management practices and financial relationships with other agencies. Through sunset review, we also evaluate whether entities under the Committees' jurisdiction are meeting key performance measures and targets related to the timeliness of action, enforcement and other necessary efforts to serve the needs of California consumers while promoting government efficiency and effectiveness.

The following boards are scheduled for review this year, and are listed in order of appearance before the Committees:

February 27
Board of Chiropractic Examiners
Physical Therapy Board of California
California State Board of Optometry
Department of Consumer Affairs
Medical Board of California
Osteopathic Medical Board of California

State Board of Guide Dogs for the Blind

March 6
Naturopathic Medicine Committee
Respiratory Care Board of California
California Board of Registered Nursing
Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board
California Board of Occupational Therapy
Board of Vocational Nursing and Psychiatric Technicians
California Council for Interior Design Certification

The following is a tentative outline of the agenda, subject to change, for each board, program or committee reviewed:

A. Board Presents Short "Overview" of the Current Regulatory Program (5 minutes)
B. Board Response to Issues, Problem Areas, Questions and Staff Recommendations (20 minutes)
C. Public Comment (15 minutes)
D. Comment by Professional Individuals, Groups or Associations (15 minutes)
E. Any Closing Comments by the Board (5 minutes)

The Executive Officer of your board should plan to participate in the hearing. The President/Chair of the board should also participate. You may also include other board or committee members and staff members as needed. Please provide us with those names as soon as possible by contacting Sarah Mason at (916) 651-4104 or sarah.mason@sen.ca.gov

In providing an "Overview" of your current regulatory program, please be brief. Committee members will have had an opportunity to review your Sunset Review Report prior to the hearing. Please try to limit your overview to about **5 minutes** after introductions.

During your "Overview" presentation, you should discuss the history, function and activities of the board and its current composition, who you license, number of licensees, brief description of your budget and any other information you consider relevant to provide an introduction to your board. You should also briefly discuss what major changes have taken place since the last sunset review of your board. We would also like you to generally discuss any performance measures you have established pursuant to the Consumer Protection Enforcement Initiative (CPEI), or on your own accord, and whether you have been meeting those performance measures or targets, and if not, why not.

After your introductory presentation, you may then present your response to issues and/or questions raised by the Committee staff. We will provide a listing of these issues and questions no later than February 21 if your hearing is scheduled for February 27, and by February 28 if your hearing is scheduled for March 6. There may be other questions which individual Committee members may pose, but we believe that the list of primary issues that will be provided to you represent the most important topics to be addressed by the board at the hearing.

Approximately two weeks prior to the date of your hearing, we will separately send you the "Background Paper" prepared by staff of the Committees for the hearing. This Paper provides background information concerning the issues we have raised for each individual board, and,

where appropriate, staff recommendations to address those issues. The Background Paper will be given to each member of the Committees in advance of the hearing.

We ask each board that is being reviewed to notify their interested parties list of the upcoming hearing, and advise them of the hearing time, date and place, as well as the availability of the Background Paper, which is made public one week prior to the hearing on the Committees' Websites at the following links:

http://sbp.senate.ca.gov/informationalhearingagendaandbackground

http://abp.assembly.ca.gov/jointsunsethearings

Upon completion of the hearings, the board will have 30 days to submit a written response to all of the issues and recommendations raised by Committee staff in the Background Paper or during the hearing.

Certain recommendations may require legislation, which may be included in a "sunset bill" for a particular board, bureau or committee. We anticipate that the sunset bills will be heard by the respective Committees sometime in April.

If you have any questions regarding your presentation, or other concerns about the hearing, please contact sarah.mason@sen.ca.gov at (916) 651-4104. We look forward to your participation in these hearings.

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MEMORANDUM

DATE	January 31, 2017
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FROM	Paul Sanchez, Executive Officer
SUBJECT	**Update on Board's Sunset Review Hearings and Discussion and Possible Action Regarding Sunset Review Responses**

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ACTION REQUESTED

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MEMORANDUM

DATE	January 30, 2017
TO	Speech Language Pathology and Audiology and Hearing Aid Dispensers Board
FROM	Paul Sanchez, Executive Officer
SUBJECT	**Update on the Approval Process for Speech-Language Pathology Assistant Training Programs**

Board Member Patti Solomon-Rice will provide an oral update on this item.

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MEMORANDUM

DATE	January 30, 2017
TO	Speech Language Pathology and Audiology and Hearing Aid Dispensers Board
FROM	Paul Sanchez, Executive Officer
SUBJECT	**Report on Speech-Language Pathology Services Credential Variable Term Waiver and Supervision of Speech-Language Pathology Assistants**

Board Member Dee Parker will provide an oral update on this item.

Continuing Education Requirements

The content of each continuing education (CE) course must meet the Board's content requirements for each license type, as described below. Content that is ***not*** acceptable for any license type are; courses related to office production, financial planning, employee benefits, marketing, or ways to increase productivity or profitability, and any course in which the licensee, not the consumer, is the primary beneficiary.

The board shall have the right to audit the records of any licensee to verify the completion of the CE requirements. Licensees shall maintain records of completion of required CE coursework for a minimum of two years and shall make these records available to the board for auditing purposes upon request. (B&P Code 2532.6)

AUDIOLOGISTS AND SPEECH-LANGUAGE PATHOLOGISTS

- **Courses that are relevant to the scope of practice may be taken from the following providers:**

  - American Speech-Language- Hearing Association (ASHA)
  - American Academy of Audiology (AAA)
  - California Medical Association – Institute for Medical Quality (CMA)
  - Accredited Universities
  - Board approved Professional Development Providers (PDP). Click the following link for a current list of PDP's: http://www.speechandhearing.ca.gov/forms_pubs/providerlist.pdf

Definitions:

- **Self-Study** – This includes viewing pre-recorded courses, listening to audiotapes, and online courses which are non-participatory (recorded courses that include a live chat or test upon completion are still considered self-study.) ***Live*** *online courses are not self-study and are considered the equivalent to sitting in a class.*

- **Related Courses** – Topics such as: social interaction, cultural and linguistic diversity as it applies to service delivery for diverse populations, professional service delivery models, interdisciplinary case management issues, and medical pathologies related to neurological disorders that also result in communication difficulties.

- **Indirect Patient/Client Care** – Topics related to pragmatic aspects of audiology and speech-language pathology practice such as: legal or ethical issues, consultation, record-keeping, office management, managed care issues, research obligations, and technological applications related to assessment/diagnosis or intervention. See exclusions in Section 1399.160.4(c)(4).

NOTE: ***If you do not complete the CE by your license expiration date, you must place your license on inactive status and cease practice***. When placing your license on inactive status you are still required to pay the full renewal fee. To reactivate your license, you must submit the Request for Reactivation of License and provide proof of completing the CE requirement. Click here for the Request for Reactivation of License form: http://www.speechandhearing.ca.gov/forms_pubs/reactivate.pdf

Requirements:

Biennial Renewal:

24 hours of CE are required for each renewal period.

- Within the 24 hours, a minimum of 20 hours must be directly relevant to the scope of practice of speech-language pathology or audiology.

- Within the 24 hours, a maximum of 6 hours may be in self-study courses.

- Within the 24 hours, a maximum of 4 hours may be taken from related courses and/or indirect client care courses.

- Within the 24 hours, no more than 8 hours may be combined between self-study and related/client care courses.

New Licensees:

If you have been licensed for less than two years (first time renewal), 12 hours of CE are required.

- Minimum of 10 hours must be directly relevant to the scope of practice of speech-language pathology or audiology.
- Maximum of 2 hours may be in self-study courses.
- Maximum of 2 hours may be taken from related courses and/or indirect client care courses.

Dual License Holders:

If you hold both a Speech-Language Pathology license and an Audiology license, 32 hours of CE are required. (16 hours for each license)

- 16 hours must be directly relevant to the scope of practice of speech-language pathology
- 16 hours must be directly relevant to the scope of practice of audiology
- Within the 32 hours, a minimum of 29.5 hours must be live courses.
- Within the 32 hours, a maximum of 2.5 hours may be taken in self-study
- Within the 32 hours, a maximum of 2.5 hours may be taken in related and/or indirect care.

SPEECH-LANGUAGE PATHOLOGY ASSISTANTS – *Renews Biennially*

Requirements:

12 hours of CE are required for each renewal period.

- Courses may be taken from state or regional conferences, workshops, formal in-service presentations, independent study programs, or any combination of these concerning communication and related disorders. *Courses from an accredited university (including a master's degree program) cannot be counted for CE credit.*
- The Speech-Language Pathology Assistant's supervisor shall be responsible for assisting in the selection of the required courses.
- Courses may be taken from Board approved providers; however this is not a requirement. Click the following link for a current list of PDP's: http://www.speechandhearing.ca.gov/forms_pubs/providerlist.pdf
- There is no limit to self-study courses that may be taken.

NOTE: ***If you do not complete the CE by your license expiration date, you must place your license on inactive status and cease practice***. When placing your license on inactive status you are still required to pay the full renewal fee. To reactivate your license, you must submit the Request for Reactivation of License and provide proof of completing the CE requirement. Click here for the Request for Reactivation of License form: http://www.speechandhearing.ca.gov/forms_pubs/reactivate.pdf

DISPENSING AUDIOLOGISTS – *Renews Annually*

- **Courses that are relevant to the scope of practice of Audiology may be taken from the following providers:**
  - American Speech-Language- Hearing Association (ASHA)
  - American Academy of Audiology (AAA)
  - California Medical Association – Institute for Medical Quality (CMA)
  - Accredited Universities

- Board approved Professional Development Providers (PDP). Click the following link for a current list of PDP's: http://www.speechandhearing.ca.gov/forms_pubs/providerlist.pdf

Definitions:

- **Self-Study** – This includes viewing pre-recorded courses, listening to audiotapes, and online courses which are non-participatory (recorded courses that include a live chat or test upon completion are still considered self-study.) ***Live*** *online courses are not self-study and are considered the equivalent to sitting in a class.*

- **Related Courses** – Topics such as: social interaction, cultural and linguistic diversity as it applies to service delivery for diverse populations, professional service delivery models, interdisciplinary case management issues, and medical pathologies related to neurological disorders that also result in communication difficulties.

- **Indirect Patient/Client Care** – Topics related to pragmatic aspects of audiology and speech-language pathology practice such as: legal or ethical issues, consultation, record-keeping, office management, managed care issues, research obligations, and technological applications related to assessment/diagnosis or intervention. See exclusions in Section 1399.160.4(c)(4).

NOTE: ***If you do not complete the CE by your license expiration date, you must place your license on inactive status and cease practice.*** When placing your license on inactive status you are still required to pay the full renewal fee. To reactivate your license, you must submit the Request for Reactivation of License and provide proof of completing the CE requirement. Click here for the Request for Reactivation of License form: http://www.speechandhearing.ca.gov/forms_pubs/reactivate.pdf

Requirements:

12 hours of CE are required for each renewal period.

- 6 hours must be relevant to the practice of audiology.

- 6 hours must be in courses relevant to hearing aid dispensing but shall not be obtained from courses where the content is product or device-specific; i.e., ***manufacturer courses are allowed as long as they are not product and/or device specific.*** In order to ensure compliance with this requirement, it is advisable that manufacturer sponsored courses are pre-approved by the Board.

- Maximum of 1.5 hours may be taken in self-study courses.

- Maximum of 1.5 hours may be taken from related courses and/or indirect client care courses.

  Course completion records must be maintained by the licensee for 2 years from the date of license renewal for which the course was completed.

  NOTE: It is the responsibility of the dispensing audiologist (not the CPD Provider) to determine that the content and learning outcomes of a course are relevant to the practice of audiology.

Dual License Holders:

If you hold both a Dispensing Audiology license and a Speech-Language Pathology license:

- **8 CE hours are required annually to renew the Dispensing Audiology License.**
  - 4 hours must be relevant to the practice of audiology
  - 4 hours must be relevant to the practice of speech-language pathology
  - Maximum of 1 hour may be taken in self-study courses.
  - Maximum of 1 hour may be taken from related courses and/or indirect client care courses.
- **16 CE hours are required biennially to renew the Speech-Language Pathology license.**

- Maximum of 2.5 hours may be taken in self-study courses. *
- Maximum of 2.5 hours may be taken from related courses and/or indirect client care courses. *

*A maximum combination of only 4 hours may be obtained between self-study and related and/or indirect client care courses per renewal cycle.

HEARING AID DISPENSERS – *Renews Annually*

- All courses must be taken from those listed on the Board approved list. Click here for a list of approved courses: http://www.speechandhearing.ca.gov/forms_pubs/cecourses.pdf

Definitions:

- **Self-Study** – This includes viewing pre-recorded courses, listening to audiotapes, and online courses which are non-participatory (recorded courses that include a live chat or test upon completion are still considered self-study.) ***Live*** *online courses are not self-study and are considered the equivalent to sitting in a class.*

- **Related Courses** – Topics such as: social interaction, cultural and linguistic diversity as it applies to service delivery for diverse populations, professional service delivery models, interdisciplinary case management issues, and medical pathologies related to neurological disorders that also result in communication difficulties.

- **Indirect Client Care** – Topics such as: legal or ethical issues, consultation, record-keeping, office management, managed care issues, research obligations, and technological applications related to assessment/diagnosis or intervention.

Requirements:

9 hours of CE are required for each renewal period.

- Minimum of 6 hours must be directly relevant to the scope of practice of Hearing Aid Dispensers.

- Maximum of 3 hours may be taken in ethics courses *(including the ethics of advertising and marketing)* or business practices.

  Currently, there is no limit to the number of hours that may be taken through self-study courses.

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

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

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

MEMORANDUM

DATE	January 30, 2017
TO	Speech Language Pathology and Audiology and Hearing Aid Dispensers Board
FROM	Paul Sanchez, Executive Officer
SUBJECT	**Audiology Practice Committee Report**

Committee Chair, Alison Grimes will provide an oral report on the February 9, 2017 Audiology Practice Committee meeting.

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

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MEMORANDUM

DATE	February 1, 2017
TO	Speech Language Pathology and Audiology and Hearing Aid Dispensers Board
FROM	Paul Sanchez, Executive Officer
SUBJECT	**Update on the Board's Development of Consumer Fact Sheet regarding Hearing Aids**

BACKGROUND

At its November 2016 meeting, the Board discussed the need to develop a consumer fact sheet that explains general aspects of hearing aids and their uses, including telecoils. The fact sheet could be useful in helping consumers better understand hearing aid features and their uses.

ACTION REQUESTED

Review and discuss options for development of the consumer fact sheet regarding hearing aids.

Consumer Fact Sheet:
Hearing Loss and Hearing Aids

Types of Hearing Loss:

Sensorineural – damage in the inner ear, permanent and typically progressive; a number of causes including genetics, noise exposure, ototoxic drugs, aging.

Conductive - middle or outer ear pathologies including ear infections, impacted wax, cholesteatoma, tympanic membrane perforation

Mixed – a hearing loss from a combination of sensorineural and conductive causes.

Digital and Programmable Hearing Aids:

Today's hearing aids operate with the use of a computer chip that can amplify speech and reduce background noise. Digital aids can be fully automated or can have multiple listening programs for different environments.

Styles of Hearing Aids

Hearing aid styles come in custom models that include full-shell, half-shell, canal and completely-in the-canal. Hearing aids can also be behind-the ear in small vs. large versions.

Personal Amplification Systems (PSAPs)

These are over-the-counter devices with fewer features than those found in hearing aids. They are less sophisticated and less costly. There are pros and cons for all styles.

Telecoils

Telecoils are copper wires that are coiled inside of a hearing aid. It allows hearing aids to pick up magnetic spillage from a telephone so it can be amplified, as well as picking up electromagnetic emissions from a looped room.

Directional Microphones

There are two microphones on aids that amplify differentially in a noisy environment. That is, in quiet both microphones are working. In a noisy environment, the back microphone typically shuts off so that sound is louder in front than behind.

Feedback Suppression

Hearing Aid circuits today can reduce unwanted sound or squeals that come from a hearing aid with insertion or removal of an aid. It also suppresses feedback when holding a phone near the aid.

Low Battery Warning System

When the battery in a hearing aid nears the end of its life, the aid will emit a warning sound to tell the wearer that it is time to change the battery.

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

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MEMORANDUM

DATE	January 31, 2017
TO	Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board
FROM	Paul Sanchez, Executive Officer
SUBJECT	**Discussion regarding Federal Drug Administration Guidance Document: Conditions for Sale for Air-Conduction Hearing Aids**

BACKGROUND

Included in your materials are a FDA News Release dated December 7, 2016 and a FDA Guidance Document regarding Hearing Aid Sales.

ACTION REQUESTED

Please review the materials included in this item and be prepared to discuss the effect the FDAs changes will have on hearing aid sales in California.

FDA News Release

FDA takes steps to improve hearing aid accessibility

For Immediate Release

December 7, 2016

Release

Español (/NewsEvents/Newsroom/ComunicadosdePrensa/ucm532010.htm)

The U.S. Food and Drug Administration today announced important steps to better support consumer access to hearing aids. The agency issued a guidance document explaining that it does not intend to enforce the requirement that individuals 18 and up receive a medical evaluation or sign a waiver prior to purchasing most hearing aids. This guidance is effective immediately. Today, the FDA is also announcing its commitment to consider creating a category of over-the-counter (OTC) hearing aids that could deliver new, innovative and lower-cost products to millions of consumers.

"Today's actions are an example of the FDA considering flexible approaches to regulation that encourage innovation in areas of rapid scientific progress," said FDA Commissioner Robert Califf, M.D. "The guidance will support consumer access to most hearing aids while the FDA takes the steps necessary to propose to modify our regulations to create a category of OTC hearing aids that could help many Americans improve their quality of life through better hearing."

The FDA has cited that hearing loss affects some 30 million people in the United States and can have a significant impact on communication, social participation and overall health and quality of life. Despite the high prevalence and public health impact of hearing loss, only about one-fifth of people who could benefit from a hearing aid seek intervention.

In October 2015, the President's Council of Advisors on Science and Technology (PCAST) issued **recommendations (https://www.whitehouse.gov/sites/default/files/microsites/ostp/PCAST/pcast_hearing_tech_letterreport_final.pdf)** intended to facilitate hearing aid device innovation, and improve affordability and patient access. Additionally, the FDA and other federal agencies and a consumer advocacy group sponsored a **study (http://www.hearingreview.com/2016/06/national-academies-sciences-release-report-hearing-aid-accessibility-affordability/)** **(http://www.fda.gov/AboutFDA/AboutThisWebsite/WebsitePolicies/Disclaimers/default.htm)** published by the National Academies of Sciences, Engineering and Medicine (NAS) in June 2016.

Both PCAST and NAS cited FDA regulations regarding **conditions for sale (https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfcfr/CFRSearch.cfm?fr=801.421)** as a potential barrier to availability and accessibility of hearing aids, and concluded that the regulation was providing little to no meaningful benefit to patients. PCAST noted that, at present, hearing aids often cost more than $2,000 a piece, and such barriers to distribution channels may limit new entrants who could achieve technological breakthroughs that could offer a greater variety of lower-cost hearing aid options to those suffering from hearing loss. The regulation requires that all prospective hearing aid users have a medical evaluation by a licensed physician to determine the cause of hearing loss and whether medical or surgical treatments would be more appropriate. Individuals 18 and up may waive the requirement for a medical evaluation by signing a waiver statement.

For the guidance document issued today, the FDA considered recommendations from the PCAST and NAS reports and public comments received on a **draft guidance (/MedicalDevices/DeviceRegulationandGuidance/GuidanceDocuments/ucm373461.htm)** issued in 2013, as well as comments received at an April 2016 **FDA workshop (/MedicalDevices/NewsEvents/WorkshopsConferences/ucm480336.htm)**.

Under the new guidance, the FDA will continue to enforce the medical evaluation requirement for prospective hearing aid users under 18. Under the FDA's hearing aid regulations, hearing aid labeling must include information about medical conditions that should be evaluated by a licensed physician. In addition, the FDA requires that information and instructions about hearing aids be provided to consumers before any purchase from a licensed hearing aid dispenser.

The guidance is "Immediately in Effect," which means it is implemented without prior public comment because it presents a less burdensome policy that is consistent with public health. The public can still comment on the guidance, and the FDA will consider all comments received and revise the guidance document as appropriate.

The FDA intends to consider and address PCAST and NAS recommendations regarding a regulatory framework for over-the-counter hearing aids without the requirement for consultation with a credentialed dispenser. The agency is committed to seeking additional public input before proposing such an approach.

The FDA, an agency within the U.S. Department of Health and Human Services, protects the public health by assuring the safety, effectiveness, security of human and veterinary drugs, vaccines and other biological products for human use, and medical devices. The agency is also responsible for the safety and security of our nation's food supply, cosmetics, dietary supplements, products that give off electronic radiation, and for regulating tobacco products.

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Inquiries

Media

Theresa Eisenman (mailto:theresa.eisenman@fda.hhs.gov)
301-796-2969

Consumers

888-INFO-FDA

Related Information

- Immediately in Effect Guidance Document: Conditions for Sale for Air-Conduction Hearing Aids (PDF - 402KB) (/downloads/MedicalDevices/DeviceRegulationandGuidance/GuidanceDocuments/UCM531995.pdf)
- Hearing Aids (/MedicalDevices/ProductsandMedicalProcedures/HomeHealthandConsumer/ConsumerProducts/HearingAids/default.h

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Contains Nonbinding Recommendations

Immediately in Effect Guidance Document: Conditions for Sale for Air-Conduction Hearing Aids

Guidance for Industry and Food and Drug Administration Staff

Document issued on December 12, 2016.

For questions about this document, contact Eric Mann at (301) 796-5620.

U.S. Department of Health and Human Services
Food and Drug Administration
Center for Devices and Radiological Health

Office of Device Evaluation
Division of Ophthalmic and Ear, Nose and Throat Devices (DOED)

Contains Nonbinding Recommendations

Preface

Public Comment

You may submit electronic comments and suggestions at any time for Agency consideration to http://www.regulations.gov. Submit written comments to the Division of Dockets Management, Food and Drug Administration, 5630 Fishers Lane, Room 1061, (HFA-305), Rockville, MD 20852. Identify all comments with the docket number FDA-2016-D-3466. Comments may not be acted upon by the Agency until the document is next revised or updated.

Additional Copies

Additional copies are available from the Internet. You may also send an e-mail request to CDRH-Guidance@fda.hhs.gov to receive a copy of the guidance. Please use the document number GUD-16-041 to identify the guidance you are requesting.

Contains Nonbinding Recommendations

Immediately in Effect Guidance Document: Conditions for Sale for Air-Conduction Hearing Aids

Guidance for Industry and Food and Drug Administration Staff

This guidance represents the current thinking of the Food and Drug Administration (FDA or Agency) on this topic. It does not establish any rights for any person and is not binding on FDA or the public. You can use an alternative approach if it satisfies the requirements of the applicable statutes and regulations. To discuss an alternative approach, contact the FDA staff or Office responsible for this guidance as listed on the title page.

I. Introduction

This guidance document describes one part of FDA's effort to create a flexible and adaptive regulatory approach to the oversight of hearing aids to increase availability and accessibility of these devices.

Hearing loss is estimated to affect 30 million people in the United States[1] and can have a significant impact on communication, social participation, and overall health and quality of life.[2] Despite the high prevalence and public health impact of hearing loss, only about one-fifth of people who could benefit from a hearing aid seek intervention.[3] Several barriers may contribute to the low use of hearing aids in hearing impaired individuals such as high cost, stigma of being perceived as old or debilitated, and value (hearing benefit relative to price).[4]

FDA regulations regarding conditions for sale have also been cited as a potential barrier to availability and accessibility of hearing aids.[5,6] FDA is issuing this guidance to communicate to

[1] Lin FR, Niparko JK, Ferrucci L. *Hearing loss prevalence in the United States*. Archives of Internal Medicine 2011;171(20):1851-1853.
[2] Dalton DS. *The impact of hearing loss on quality of life in older adults*. The Gerontologist 2005;43(5):661-668.
[3] World Health Organization Deafness and hearing impairment. Fact sheet No. 300. 2006 http://www.who.int/mediacentre/factsheets/fs300/en/index.html.
[4] McCormack A, Fortnum H. *Why do people fitted with hearing aids not wear them?* International Journal of Audiology 2013;52(5):360-368.
[5] President's Council of Advisors on Science and Technology (PCAST) Report on *Hearing Aids: Aging America & Hearing Loss: Imperative of Improved Hearing Technologies*, October 2015 available at https://www.whitehouse.gov/sites/default/files/microsites/ostp/PCAST/pcast_hearing_tech_letterreport_final.pdf.
[6] National Academics of Sciences, Engineering and Medicine (NAS) Report on *Hearing Health Care for Adults: Priorities for Improving Access and Affordability*. June 2016 available at

consumers, hearing aid dispensers, hearing aid manufacturers, and hearing health professionals that FDA does not intend to enforce certain conditions for sale of hearing aid devices that are required per FDA regulation. Specifically, FDA does not intend to enforce the medical evaluation (21 CFR 801.421(a)) or recordkeeping (21 CFR 801.421(d)) requirements prior to the dispensing of certain hearing aid devices to individuals 18 years of age and older. However, FDA will continue to enforce 21 CFR 801.421(b) and (c), which require hearing aid dispensers to provide prospective users an opportunity to review and to make available the "User Instructional Brochure," containing specific required labeling, before the sale of a hearing aid.

This guidance is being implemented without prior public comment because the Agency has determined that prior public participation is not feasible or appropriate (Section 701(h)(1)(C)(i) of the FD&C Act and 21 CFR 10.115(g)(2)). FDA has determined that this guidance document presents a less burdensome policy that is consistent with public health. Although this guidance is immediately in effect, FDA will consider all comments received and revise the guidance document as appropriate.

FDA's guidance documents, including this guidance, do not establish legally enforceable responsibilities. Instead, guidances describe the Agency's current thinking on a topic and should be viewed only as recommendations, unless specific regulatory or statutory requirements are cited. The use of the word *should* in Agency guidances means that something is suggested or recommended, but not required.

II. Background

Despite the high prevalence and public health impact of hearing loss, only about one-fifth of people who could benefit from a hearing aid seek intervention. In light of this, FDA has previously taken regulatory actions intended to promote the availability and accessibility of hearing aid devices to consumers. For example, the Agency has exempted certain hearing aids from premarket notification, including those regulated as air-conduction hearing aids under 21 CFR 874.3300(b)(1) and 21 CFR 874.3305. However, other FDA regulations that require specific labeling and conditions for sale, initially implemented in the late 1970's, have been cited as a potential barrier to access.[7,8] The labeling regulation (21 CFR 801.420) outlines requirements for a User Instructional Brochure for all hearing aid devices which must include: 1) general labeling instructions (e.g., instructions for device use, maintenance and service, and a statement that hearing aids will not restore normal hearing), 2) a "Warning to Hearing Aid Dispensers" which advises a dispenser to promptly refer any prospective user to a licensed physician (preferably an ear specialist) if the dispenser detects certain listed medical conditions which may indicate a medically treatable cause of hearing loss, 3) an "Important Notice for Prospective Hearing Aid Users" which stresses the importance of a medical evaluation (preferably by a specialist in ear disorders), and 4) technical data useful in

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http://www.hearingreview.com/2016/06/national-academics-sciences-release-report-hearing-aid-accessibility-affordability/.

[7] Gudmundsen petition, 2003, Docket No. FDA-2003-P-0342, http://www.fda.gov/ohrms/dockets/dailys/03/aug03/081203/03p-0363-cp00001-vol1.pdf.

[8] FDA enacted regulations regarding "Hearing aid devices; professional and patient labeling" (21 CFR 801.420) and "Hearing aid devices; conditions for sale" (21 CFR 801.421).

selecting, fitting and checking the performance of a hearing aid. In part, the "Conditions for Sale" regulation (21 CFR 801.421(a)) requires that all prospective hearing aid users must have a medical evaluation by a licensed physician within the 6 months prior to the hearing aid dispensation. Individuals 18 years of age and older may waive the requirement for a medical evaluation by signing a waiver statement.

Two recent reports issued recommendations intended to facilitate hearing aid innovation and to improve affordability and patient access. A report in October 2015 by the President's Council of Advisors on Science and Technology (PCAST) recommended that, "FDA should approve [a] class of hearing aids for over-the-counter (OTC) sale, without the requirement for consultation with a credentialed dispenser." The report also concluded that "the requirement for a medical examination (or a written waiver of such examination) provides little patient benefit, while acting as a barrier to access for the millions of Americans needing hearing assistance."[5] In addition to the PCAST report, FDA and other federal agencies and consumer advocacy groups co-sponsored a study entitled, "Hearing Health Care for Adults: Priorities for Improving Access and Affordability," through the National Academies of Sciences, Engineering and Medicine (NAS).[6] The NAS published the study report on June 2, 2016, which recommends that the medical evaluation requirement be removed for adults. After a review of the literature and relevant clinical databases from the U.S. Department of Defense and the U.S. Department of Veterans Affairs, NAS concluded that the health risk of missed diagnosis of treatable causes of hearing loss is low, and "the regulation provides no clinically meaningful benefit, and the waiver presents a barrier to access with no substantial enhancement of patient safety." Finally, it has been reported that a majority of consumers today are signing the waiver in lieu of a medical evaluation.[9]

Based on the information described above, and in an effort to improve the accessibility of hearing aid devices to consumers, FDA is issuing this guidance to communicate that it does not intend to enforce certain conditions for sale applicable to hearing aids. In addition to recommendations about the medical evaluation and recordkeeping requirements addressed in this guidance, the PCAST and NAS reports provide other recommendations regarding FDA's regulation of hearing aids. FDA does intend to consider and address those recommendations in the future as appropriate, including those regarding a regulatory framework for hearing aids that can be sold directly OTC to consumers, without the requirement for consultation with a credentialed dispenser. FDA intends to solicit additional public input from stakeholders before adopting such an approach.

III. Scope

This guidance applies to the subset of hearing aids that are regulated as class I air-conduction hearing aids under 21 CFR 874.3300(b)(1) and class II wireless air-conduction hearing aids under 21 CFR 874.3305, where hearing aids mean "any wearable instrument or device designed for, offered for the purpose of, or represented as aiding persons with or compensating for, impaired hearing," as defined in 21 CFR 801.420(a)(1).

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[9] Adams, SB. *Who will hear? An examination of the regulation of hearing aids*. Journal of Contemporary Health Law & Policy 1995;11(2):505-521.

This guidance does not apply to class II bone-conduction hearing aids as identified in 21 CFR 874.3300(b)(2). Bone-conduction hearing aids are generally used for specific types of hearing loss (e.g., conductive/mixed hearing loss, unilateral hearing loss), and are commonly used for patients with important medical conditions (e.g., chronic draining ears, atresia or deformity of ear canal) which require medical attention. Also, hearing aids labeled for prescription-use only, e.g., those that are inserted deep in the ear canal by a hearing health professional, should continue to be sold only as directed.

This guidance does not apply to hearing aid users younger than 18 years of age. FDA will continue to enforce the medical evaluation requirement for all prospective hearing aid users younger than 18 years of age.

IV. Approach to Conditions for Sale

As described above, recent expert reports and recommendations from PCAST and NAS, as well as public comments to the dockets[10,11] for the guidance entitled "Regulatory Requirements for Hearing Aid Devices and Personal Sound Amplification Products - Draft Guidance for Industry and Food and Drug Administration Staff" (http://www.fda.gov/MedicalDevices/DeviceRegulationandGuidance/GuidanceDocuments/ucm373461.htm) and FDA's workshop on "Streamlining Good Manufacturing Process for Hearing Aids" (http://www.fda.gov/MedicalDevices/NewsEvents/WorkshopsConferences/ucm480336.htm), have provided FDA with new information and perspective on the current regulatory scheme for hearing aids. The PCAST and NAS reports in particular reach a similar conclusion that the medical examination and waiver requirements are providing little public benefit for users 18 years of age and older, while posing barriers to access for consumers that would benefit from the use of a hearing aid. On the basis of these viewpoints, and in light of the fact that the majority of consumers today are opting to waive the requirement for a medical examination, FDA intends to reexamine and propose to modify the corresponding "conditions for sale" regulation (21 CFR 801.421). Notice of such a proposal would be provided in the Federal Register. However, for the same reasons prompting FDA to reassess the hearing aid regulations, and until such publication of a final rule or order, FDA does not intend to enforce compliance with the specified "conditions of sale" for certain hearing aids as described in this guidance.

This policy is also informed by the continued enforcement of existing labeling requirements for hearing aids including the required notice for prospective hearing aid users (21 CFR 801.420(c)(3)) which states, in part:

> *The User Instructional Brochure shall contain the following notice:*
> *IMPORTANT NOTICE FOR PROSPECTIVE HEARING AID USERS*

[10] 81 FR 786, Docket No. FDA-2013-D-1295, https://www.regulations.gov/document?D=FDA-2013-D-1295-0048.
[11] 81 FR 784 and 81 FR 28083, Docket No. FDA-2015-N-4602, https://www.regulations.gov/searchResults?rpp=25&po=0&s=FDA-2015-N-4602&fp=true&ns=true.

Good health practice requires that a person with a hearing loss have a medical evaluation by a licensed physician (preferably a physician who specializes in diseases of the ear) before purchasing a hearing aid. Licensed physicians who specialize in diseases of the ear are often referred to as otolaryngologists, otologists or otorhinolaryngologists. The purpose of the medical evaluation is to assure that all medically treatable conditions that may affect hearing are identified and treated before the hearing aid is purchased.

Additionally, a warning statement is also required as provided in 21 CFR 801.420(c)(2), which states the following:

Warning statement. The User Instructional Brochure shall contain the following warning statement:

Warning to Hearing Aid Dispensers

A hearing aid dispenser should advise a prospective hearing aid user to consult promptly with a licensed physician (preferably an ear specialist) before dispensing a hearing aid if the hearing aid dispenser determines through inquiry, actual observation, or review of any other available information concerning the prospective user, that the prospective user has any of the following conditions:

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

(ii) History of active drainage from the ear within the previous 90 days.

(iii) History of sudden or rapidly progressive hearing loss within the previous 90 days.

(iv) Acute or chronic dizziness.

(v) Unilateral hearing loss of sudden or recent onset within the previous 90 days.

(vi) Audiometric air-bone gap equal to or greater than 15 decibels at 500 hertz (Hz), 1,000 Hz, and 2,000 Hz.

(vii) Visible evidence of significant cerumen accumulation or a foreign body in the ear canal.

(viii) Pain or discomfort in the ear.

Special care should be exercised in selecting and fitting a hearing aid whose maximum sound pressure level exceeds 132 decibels because there may be risk of impairing the remaining hearing of the hearing aid user. (This provision is required only for those hearing aids with a maximum sound pressure capability greater than 132 decibels (dB).)

Finally, under 21 CFR 801.421(b) and (c), hearing aid dispensers are required to provide prospective users an opportunity to review and to make available the User Instructional Brochure, containing the above labeling requirements, before the sale of a hearing aid.

Due to the specific needs and health concerns associated with children with hearing loss, we believe that the medical evaluation requirement should continue to be enforced for all prospective hearing aid users younger than 18 years of age. As such, this guidance does not apply to users under 18 years of age.

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DEPARTMENT OF CONSUMER AFFAIRS

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MEMORANDUM

DATE	January 31, 2017
TO	Speech Language Pathology and Audiology and Hearing Aid Dispensers Board
FROM	Paul Sanchez, Executive Officer
SUBJECT	**Uniform Standards for Speech-Language Pathologists, Audiologists, and Hearing Aid Dispensers**

BACKGROUND

At its November 17, 2016 meeting the Board approved regulatory amendments to incorporate by reference the legislative mandated Uniform Standards Related to Substance Abusing Licensees.

Included in your materials is revised regulatory text along with the Uniform Standards document for submission to the Office of Administrative Law.

ACTION REQUESTED

Review and possibly approve the proposed regulatory language and Uniform Standards for submission to the Office of Administrative Law.

Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board

Title 16, Chapters 13.3 and 13.4 Speech-Language Pathology and Audiology and Hearing Aid Dispenser Regulations Article 6. Enforcement and Article 6. Disciplinary Guidelines Proposed Language

California Code of Regulations, Title 16, Section 1399.131 is amended to read:

1399.131.1 Uniform Standards Related to Substance-Abusing Licensees

(a) If after notice and hearing conducted in accordance with Chapter 5, Part 1, Division 3, Title 2 of the Government Code (commencing with sections 11500 et seq.), the Board finds that the evidence establishes that an individual is a substance-abusing licensee, then the terms and conditions contained in the document entitled "Uniform Standards Related to Substance-Abusing Licensees (2017)", which is hereby incorporated by reference, shall be used in any probationary order of the Board affecting that licensee.

(b) Nothing in this Section shall prohibit the Board from imposing additional terms or conditions of probation that are specific to a particular case or that are derived from the Board's guidelines referenced in subsection 1399.131 in any order that the Board determines would provide greater public protection.

Note: Authority cited: Sections 315, 315.2, 315.4, and 2531.95, Business and Professions Code. Reference: Sections 315, 315.2, and 315.4 of the Business and Professions Code; and Sections 11400.20 and 11425.50(e), Government Code.

California Code of Regulations, Title 16, Section 1399.155 is amended to read:

1399.155.1 Uniform Standards Related to Substance-Abusing Licensees ~~Audiologists – Screening Tests [Renumbered]~~

(a) If after notice and hearing conducted in accordance with Chapter 5, Part 1, Division 3, Title 2 of the Government Code (commencing with sections 11500 et seq.), the Board finds that the evidence establishes that an individual is a substance-abusing licensee, then the terms and conditions contained in the document entitled "Uniform Standards Related to Substance-Abusing Licensees (2017)", which is hereby incorporated by reference, shall be used in any probationary order of the Board affecting that licensee.

(b) Nothing in this Section shall prohibit the Board from imposing additional terms or conditions of probation that are specific to a particular case or that are derived from the Board's guidelines referenced in subsection 1399.155 in any order that the Board determines would provide greater public protection.

Note: Authority cited: Sections 315, 315.2, 315.4, and 2531.95, Business and Professions Code. Reference: Sections 315, 315.2, and 315.4 of the Business and Professions Code; and Sections 11400.20 and 11425.50(e), Government Code.

SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY AND HEARING AID DISPENSERS BOARD

UNIFORM STANDARDS RELATED TO SUBSTANCE ABUSING LICENCEES

2017

TABLE OF CONTENTS

- Introduction Page 4
- Uniform Standards for Those Licensees Whose License is on Probation Due to a Substance Abuse Problem Page 7
- Clinical Diagnostic Evaluations Page 7
- Clinical Diagnostic Evaluation Report Page 7
- Treatment Page 8
- Group Support Meetings Page 8
- Worksite Monitor Requirements Page 9
- Major and Minor Violations Page 10
- Positive Test for Alcohol and/or a Controlled Substance Page 11
- Drug Testing Standards Page 11
- Criteria to Petition to Return to Practice Page 13

INTRODUCTION

The Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board (Board) is a consumer protection agency with the primary mission of protecting consumers of speech-language pathology, audiology, and hearing aid dispenser services from potentially harmful licensees. In keeping with its obligation to protect the consumer, the Board has adopted the following Uniform Standards Related to Substance Abusing Licensees.

The Board carefully considers all facts and circumstances associated with each case in its efforts to protect consumers. Subsequently, the Administrative Law Judge ("ALJ") shall provide in all proposed decisions a detailed basis of his or her decision in the "Findings of Fact". An ALJ is prohibited from deviating from the Uniform Standards Related to Substance Abusing Licensees when it has been determined that the licensee/registrant is a substance abusing licensee.

If at the time of hearing the ALJ finds that the Respondent, for any reason, is not capable of safe practice, the ALJ shall order outright revocation of the license.

UNIFORM STANDARDS FOR THOSE LICENSEES WHOSE LICENSE IS ON PROBATION DUE TO A SUBSTANCE ABUSE PROBLEM

The following Uniform Standards (Standards) shall be adhered to in all cases when a licensee's license is placed on probation due to, in part, a substance abuse problem without deviation.

Clinical Diagnostic Evaluations:

Whenever a licensee is ordered to undergo a clinical diagnostic evaluation, the evaluator shall be a licensed practitioner who holds a valid, unrestricted license to conduct clinical diagnostic evaluations, has three (3) years' experience in providing evaluations of health professionals with substance abuse disorders, and is approved by the Board. The evaluations shall be conducted in accordance with acceptable professional standards for conducting substance abuse clinical diagnostic evaluations.

The following practice restrictions apply to each licensee or registrant who undergoes a clinical diagnostic evaluation:

1. The Board shall suspend the license or registration during the clinical diagnostic evaluation pending the results of the clinical diagnostic evaluation and review by the Board.
2. While awaiting the results of a clinical diagnostic evaluation, the licensee or registrant shall be randomly drug tested at least two (2) times per week.

Clinical Diagnostic Evaluation Report:

The clinical diagnostic evaluation report shall set forth, in the evaluator's opinion, whether the licensee has a substance abuse problem, whether the licensee is a threat to himself or herself or others, and recommendations for substance abuse treatment, practice restrictions, or other recommendations related to the licensee's rehabilitation and safe practice.

The evaluator shall not have a financial, personal or business relationship with the licensee or other relationship that could reasonably be expected to compromise the ability of the evaluator to render an impartial and unbiased report, within the last five (5) years. The evaluator shall provide an objective, unbiased, and independent evaluation.

If the evaluator determines during the evaluation process that a licensee is a threat to himself or herself or others, the evaluator shall notify the Board within 24 hours of such a determination.

For all evaluations, a final written report shall be provided to the Board no later than ten (10) days from the date the evaluator is assigned the matter unless the evaluator requests additional information to complete the evaluation, not to exceed thirty (30) days.

The Board shall order the licensee to cease practice during the clinical diagnostic evaluation pending the results of the clinical diagnostic evaluation and review by the Board's probation monitor.

The Board shall review the clinical diagnostic evaluation to determine whether or not the licensee or registrant is safe to return to either part-time or full-time practice and what restrictions or recommendations should be imposed on the licensee or registrant based on the application of the following criteria:

1. License or registration type;
2. Licensee or registrant's history;
3. Documented length of sobriety;
4. Scope and pattern of substance abuse;
5. Treatment history;
6. Medical history;
7. Current medical condition;
8. Nature, duration and severity of substance abuse problem; and
9. Whether the licensee or registrant is a threat to himself or herself or others.

No licensee or registrant shall be returned to practice until he or she has at least 30 calendar days of negative drug tests.

While the license is suspended, pending the results of the clinical diagnostic evaluation, the Respondent shall submit to two random drug tests per week.

Treatment:

When determining if the licensee should be required to participate in inpatient, outpatient or any other type of treatment, the Board shall take into consideration the recommendation of the clinical diagnostic evaluation, license type, licensee's history, length of sobriety, scope and pattern of substance abuse, treatment history, medical history, current medical condition, nature, duration and severity of substance abuse and whether the licensee is a threat to himself or herself or others.

Group Support Meetings:

If the Board requires the licensee to participate in group support meetings, the Board shall consider the following in determining the frequency of group meeting attendance:

1. the licensee or registrant's history;
2. the documented length of sobriety;
3. the recommendation of the clinical diagnostic evaluator;
4. the scope and pattern of substance abuse;
5. the licensee or registrant's treatment history; and
6. the nature, duration, and severity of substance abuse.

The meeting facilitator must have a minimum of three (3) years of experience in the treatment and rehabilitation of substance abuse, and shall be licensed or certified by the state or other nationally certified organization.

The meeting facilitator must not have a financial relationship, personal relationship, or business relationship with the licensee within the last year.

The group meeting facilitator shall provide the Board a signed document showing the licensee or registrant's name, the group name, the date and location of the meeting, the licensee or registrant's attendance, and the licensee or registrant's level of participation and progress.

The group meeting facilitator shall report any unexcused absence to the Board within twenty-four (24) hours.

Worksite Monitor Requirements:

If a Board determines that a worksite monitor is necessary for a particular licensee, the worksite monitor must meet the following requirements to be considered for approval by the Board:

1. The supervisor shall not have a current or former financial, personal, business or professional relationship with the licensee or registrant, or other relationship that could reasonably be expected to compromise the ability of the supervisor to render impartial and unbiased reports to the Board. If it is impractical for anyone but the licensee or registrant's employer to serve as the supervisor, this requirement may be waived by the Board; however, under no circumstances shall a licensee or registrant's supervisor be an employee or supervisee of the licensee or registrant.
2. The supervisor's license scope of practice shall include the scope of practice of the licensee or registrant who is being monitored or be another health care professional if no supervisor with like scope of practice is available.
3. The supervisor shall be a current California licensed practitioner and have an active unrestricted license, with no disciplinary action within the last five (5) years.
4. The supervisor shall sign an affirmation that he or she has reviewed the terms and conditions of the licensee or registrant's disciplinary order and agrees to monitor the licensee or registrant as set forth by the Board.

The supervisor must adhere to the following required methods of monitoring the licensee or registrant:

1. Have a face-to-face contact with the licensee or registrant in the work environment on as frequent a basis as determined by the Board, but at least once per week.
2. Interview other staff in the office regarding the licensee or registrant's behavior, if applicable.
3. Review the licensee or registrant's work attendance.

Reporting by the supervisor to the Board shall be as follows:

1. Any suspected substance abuse must be orally reported to the Board and the licensee or registrant's employer within one (1) business day of occurrence. If the occurrence is not during the Board's normal business hours, the oral report must be within one (1) hour of the next business day. A written report shall be submitted to the Board within 48 hours of occurrence.
2. The supervisor shall complete and submit a written report directly to the Board monthly or as directed by the Board. The report shall include:
    a. the licensee or registrant's name;
    b. license or registration number;
    c. supervisor's name and signature;
    d. supervisor's license number;
    e. worksite location(s);
    f. dates licensee or registrant had face-to-face contact with supervisor;
    g. worksite staff interviewed, if applicable;

h. attendance report;
i. any change in behavior and/or personal habits; and
j. any indicators that can lead to suspected substance abuse.

The licensee or registrant shall complete the required consent forms and sign an agreement with the supervisor and the Board to allow the Board to communicate with the supervisor.

Major and Minor Violations:

Major Violations include, but are not limited to, the following:

1. Failure to complete a Board-ordered program;
2. Failure to undergo a required clinical diagnostic evaluation;
3. Committing multiple minor violations of probation terms and conditions;
4. Treating a patient while under the influence of drugs or alcohol;
5. Committing any drug or alcohol offense that is a violation of the Business and Professions Code or state or federal law;
6. Failure to obtain biological testing for substance abuse;
7. Testing positive for a banned substance; and
8. Knowingly using, making, altering or possessing any object or product in such a way as to defraud a drug test designed to detect the presence of alcohol or a controlled substance.

Consequences for major violations include, but are not limited to:

1. Licensee will be ordered to cease practice.
   a) The licensee must undergo a new clinical diagnostic evaluation, and
   b) The licensee must test negative for at least a month of continuous drug testing before being allowed to go back to work.
2. Termination of a contract/agreement
3. Referral for disciplinary action, such as suspension, revocation, or other action as determined by the Board.

Minor Violations include, but are not limited to, the following:

1. Failure to submit required documentation as required;
2. Unexcused absence at required meetings;
3. Failure to contact a monitor as required and;
4. Any other violations that do not present an immediate threat to the licensee or to the public.

Consequences for minor violations include, but are not limited to:

1. Removal from practice;
2. Practice limitations;
3. Required supervision;
4. Increased documentation;
5. Issuance of citation and fine or a warning notice;
6. Required re-evaluation or testing and;
7. Other action as determined by the Board.

Positive Test for Alcohol and/or a Controlled Substance

If a licensee or registrant tests positive for alcohol and/or a controlled substance, the Board shall do the following:

- Automatically suspend the license or registration;
- Immediately contact the licensee or registrant and inform him or her that his or her license or registration has been suspended and he or she may not practice until the suspension is lifted; and
- Immediately notify the licensee or registrant's employer that the license or registration has been automatically suspended, and that he or she may not practice until the suspension is lifted.

The Board should do the following, as applicable, to determine whether a positive test for alcohol and/or a controlled substance is evidence of prohibited use:

- Consult the specimen collector and the laboratory;
- Communicate with the licensee or registrant and/or treating physician; and
- Communicate with any treatment provider, including a group facilitator.

The Board shall immediately lift the suspension if the positive drug test is not found to be evidence of prohibited use.

Drug Testing Standards

The drug testing standards below shall apply to each licensee or registrant subject to drug testing. At its discretion, the Board may use other testing methods in place of, or to supplement, drug and alcohol testing, if appropriate.

1. Drug testing may be required on any day, including weekends and holidays.
2. Except as directed, the scheduling of drug tests shall be done on a random basis, preferably by a computer program.
3. Licensees or registrants shall be required to make daily contact as directed to determine if drug testing is required.
4. Licensees or registrants shall be drug tested on the date of notification as directed by the Board.
5. Specimen collectors must either be certified by the Drug and Alcohol Testing Industry Association or have completed the training required to serve as a collector for the U.S. Department of Transportation.
6. Specimen collectors shall adhere to the current U.S. Department of Transportation Specimen Collection Guidelines.
7. Testing locations shall comply with the Urine Specimen Collection Guidelines published by the U.S. Department of Transportation, regardless of the type of test administered.
8. Collection of specimens shall be observed.
9. Prior to vacation or absence, alternative drug testing location(s) must be approved by the Board.
10. Laboratories shall be certified and accredited by the U.S. Department of Health and Human Services.

A collection site must submit a specimen to the laboratory within one (1) business day of receipt. A chain of custody shall be used on all specimens. The laboratory shall process results and provide legally defensible test results within seven (7) days of receipt of the specimen. The Board will be notified of non-negative test results within one (1) business day and will be notified of negative test results within seven (7) business days.

Nothing herein shall limit the Board's authority to reduce or eliminate the standards specified herein pursuant to a petition for reinstatement or reduction of penalty filed pursuant to Government Code Section 11522 or statutes applicable to the Board that contain different provisions for reinstatement or reduction of penalty.

Drug Testing Frequency Schedule

The Board may order a licensee or registrant to drug test at any time. In addition, each licensee or registrant shall be tested randomly according to the following drug testing frequency schedule:

Level	Segments of Probation/Diversion	Minimum Range of Number of Random Tests
I	Year 1	52-104 per year
II	Years 2-5	36-104 per year
III	After Year 5	Once per month*

*If no positive drugs tests in the previous 5 consecutive years.

The Board may increase the number of random tests required at its discretion. If the Board suspects or finds that a licensee or registrant has violated the prescribed testing program, or finds that a licensee or registrant has committed a major violation, it may re-establish the testing cycle by placing that licensee or registrant at the beginning of Level I. This is in addition to any other disciplinary action.

Drug Testing Frequency Schedule Exceptions

The Board may make exceptions to the prescribed drug testing frequency schedule for the following reasons:

1. Licensee or Registrant Demonstrates Previous Testing and Sobriety
   The licensee or registrant can demonstrate participation in a treatment or monitoring program which requires random testing, prior to being subject to testing by the Board. In such a case, the Board may give consideration to the previous testing by altering the testing frequency schedule so that it is equivalent to the standard.
2. Violations Outside of Employment
   A licensee or registrant whose license or registration is placed on probation for a single conviction or incident, or two convictions or incidents, spanning greater than seven years from each other, where alcohol or drugs were a contributing factor, may bypass Level I and participate in Level II of the testing frequency schedule if the violations did not occur at work or on the way to or from work.
3. Not Employed in Health Care Field
   The Board may reduce testing frequency to a minimum of twelve (12) times per year if the licensee or registrant is not practicing or working in any health care field. If reduced testing frequency is established for this reason, and the licensee or registrant returns to practice, the licensee or registrant shall notify and obtain approval from the Board. The licensee or registrant

shall then be subject to Level I testing frequency for at least 60 days. If the licensee or registrant had not previously met the Level I frequency standard, the licensee or registrant shall be subject to completing a full year at Level I of the testing frequency schedule. If the licensee or registrant had previously met the Level I frequency standard, the licensee or registrant shall be subject to Level II testing after completing Level I testing for at least 60 days.

4. Tolling
   The Board may postpone all testing for any person whose probation is placed in a tolling status if the overall length of the probationary period is also tolled. The licensee or registrant shall notify the Board upon his or her return to California and shall be subject to testing as provided in the testing frequency standard. If the licensee or registrant returns to practice and has not previously met the Level I testing frequency standard, the licensee or registrant shall be subject to completing a full year at Level I of the testing frequency schedule. If the licensee or registrant has previously met the Level I testing frequency standard, then Level II shall be in effect.
5. Substance Use Disorder Not Diagnosed
   If a licensee or registrant is not diagnosed with a current substance use disorder, a lesser period of monitoring and toxicology screening may be adopted by the Board. This period may not be less than 24 times per year.

Criteria to Petition to Return to Practice

In order to petition to return to full time practice, a licensee or registrant shall have demonstrated all of the following:

1. Sustained compliance with his or her current recovery program;
2. The ability to practice safely as evidenced by current work site reports, evaluations, and any other information related to his or her substance abuse;
3. Must have at least six (6) months of negative drug screening reports and two (2) positive supervisor reports; and
4. Complete compliance with the other terms and conditions of his or her program.

Criteria to Petition for Reinstatement to Unrestricted License or Registration

In order to petition for reinstatement to a full and unrestricted license or registration, a licensee or registrant shall meet all of the following criteria:

1. Demonstrated sustained compliance with the terms of the disciplinary order (if applicable);
2. Demonstrated successful completion of a rehabilitation program (if required);
3. Demonstration of a consistent and sustained participation in activities that promote and support his or her recovery, including, but not limited to, ongoing support meetings, therapy, counseling, relapse prevention plan, and community activities;
4. Demonstrated ability to practice safely; and
5. Continuous sobriety for at least three (3) to five (5) years.

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MEMORANDUM

DATE	January 31, 2017
TO	Speech Language Pathology and Audiology and Hearing Aid Dispensers Board
FROM	Paul Sanchez, Executive Officer
SUBJECT	**Disciplinary Guidelines for Speech-Language Pathologists, Audiologists, and Hearing Aid Dispensers**

BACKGROUND

At its February 2016 meeting the Board approved regulatory amendments to incorporate by reference the proposed disciplinary guidelines along with an updated single disciplinary guidelines document to replace the Board's two existing disciplinary guidelines which were last updated in 1997 for Hearing Aid Dispensers and 2004 for Speech-Language Pathology and Audiology professions.

Included in your materials is revised regulatory text and a final proposal of the Board's Disciplinary Guidelines document. The most recent proposed changes are highlighted in yellow.

ACTION REQUESTED

Review and approve the proposed regulatory language and attached Disciplinary Guidelines for submission to the Office of Administrative Law.

Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board

Title 16, Chapters 13.3 and 13.4
Speech-Language Pathology and Audiology and Hearing Aid Regulations
Article 6. Enforcement and Article 6. Disciplinary Guidelines

Proposed Language

California Code of Regulations, Title 16, Section 1399.131 is amended to read:

1399.131 Disciplinary Guidelines

(a) In reaching a decision on a disciplinary action under the Administrative Procedure Act (Government Code Section 11400 et seq.), the ~~b~~Board shall ~~consider~~ comply with the disciplinary guidelines entitled "Disciplinary Guidelines" ~~and Model Disciplinary Orders" Sixth Edition, June 1997~~ (2017), hereinafter "Guidelines", which are hereby incorporated by reference. Deviation from these ~~g~~Guidelines ~~and orders~~, including the standard terms of probation, is appropriate where the ~~b~~Board in its sole discretion determines that the facts of the particular case warrant such a deviation - for example: the presence of mitigating factors; the age of the case; evidentiary problems.

(b) Notwithstanding subsection (a), the Board shall use the Uniform Standards for Substance Abusing Licensees as provided in Section 1399.131.1, without deviation, for each individual determined to be a substance abusing licensee.

(c) Notwithstanding the ~~disciplinary~~ ~~g~~Guidelines, any proposed decision issued in accordance with the procedures set forth in Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code that contains any finding of fact that the licensee engaged in any act of sexual contact, as defined in subdivision (c) of Section 729 of the Code, with a patient, or any finding that the licensee has committed a sex offense or been convicted of a sex offense, shall contain an order revoking the license. The proposed decision shall not contain any order staying the revocation of the license.

As used in this section, the term "sex offense" shall mean any of the following:

(~~a~~1) Any offense for which registration is required by Section 290 of the Penal Code or a finding that a person committed such an act.

(~~b~~2) Any offense defined in Section 261.5, 313.1, 647b, 243.4 (a)-(d), or 647 subsections (a) or (d) of the Penal Code or a finding that a person committed such an act.

(~~c~~3) Any attempt to commit any of the offenses specified in this section.

(~~d~~4) Any offense committed or attempted in any other state or against the laws of the United States which, if committed or attempted in this state, would have been punishable as one or more of the offenses specified in this section.

Note: Authority cited: Section 2531.95, Business and Professions Code; and Sections 11400.20 and 11425.50(e), Government Code. Reference: Sections 475, 480, 2533,

2533.1, 2533.2, and 2538.40, Business and Professions Code; and Sections 11400.20 and 11425.50(e), Government Code.

California Code of Regulations, Title 16, Section 1399.155 is amended to read:

1399.155. Disciplinary Guidelines.

(a) In reaching a decision on a disciplinary action under the Administrative Procedure Act (Section 11400 et seq. of the Government Code) the Board shall ~~consider~~ comply with the disciplinary guidelines entitled "Disciplinary Guidelines (2017) ~~July 16, 2004~~" hereinafter "Guidelines" that are hereby incorporated by reference. Deviation from these ~~g~~Guidelines ~~and orders~~, including the standard terms of probation, is appropriate where the Board, in its sole discretion, determines that the facts of the particular case warrant such a deviation - for example: the presence of mitigating factors; the age of the case and evidentiary problems.

(b) Notwithstanding subsection (a), the Board shall use the Uniform Standards for Substance Abusing Licensees as provided in Section 1399.55.1, without deviation, for each individual determined to be a substance abusing licensee.

(c) Notwithstanding the ~~disciplinary~~ ~~g~~Guidelines, any proposed decision issued in accordance with the procedures set forth in Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code that contains any finding of fact that the licensee engaged in any act of sexual contact, as defined in subdivision (c) of Section 729 of the Code, with a patient, or any finding that the licensee has committed a sex offense or been convicted of a sex offense, shall contain an order revoking the license. The proposed decision shall not contain any order staying the revocation of the license.

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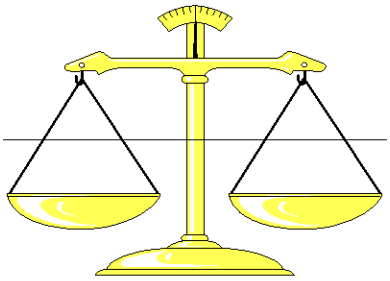
(~~c~~3) Any attempt to commit any of the offenses specified in this section.

(~~d~~4) Any offense committed or attempted in any other state or against the laws of the United States which, if committed or attempted in this state, would have been punishable as one or more of the offenses specified in this section.

Note: Authority cited: Sections 2531.95, Business and Professions Code; and Section 11400.20, Government Code. Reference: Sections 2533, 2533.1 and 2533.2, Business and Professions Code; and Sections 11400.20 and 11425.50(e), Government Code.

Disciplinary Guidelines and Model Disciplinary Orders



Sixth Edition
June 1997

Additional copies of the Disciplinary Guidelines
and Model Disciplinary Orders
may be ordered from the following address:

Hearing Aid Dispensers Examining Committee
1422 Howe Avenue, Suite 5
Sacramento, CA 95825-3230
(916) 263-2288
FAX: (916) 263-2290

Table of Contents

	Page No.
Introduction	1
Standard Probation Conditions	2
Optional Probation Conditions	2

Disciplinary Guidelines

B&P Section	Cause for Discipline	Page No.
726	Sexual Misconduct	3
820	Mental or Physical Illness	3
3350	Unlicensed Practice	3
3359	Temporary Licensee as Sole Proprietor, Manager, or Operator or Claiming to Hold Dispenser's License	3
3362	Practicing Without Notification of Business Address	4
3363	Failure to Post License	4
3364	Practicing from an Unlicensed Branch Office	4
3365	Failure to Deliver Proper Receipt	4
3365.5	Failure to Make Physician Referral	4
3365.6	Unauthorized Sale to Person Under 16 Years	5
3366	Failure to Maintain Records	5
3401(a)	Improper or Unnecessary Fit	5
3401(b)	Gross Negligence	5
3401(c)	Repeated Negligent Acts	5
3401(d)	Criminal Conviction	5
3401(e)	Obtaining License Fraudulently	6
3401(f)	Unauthorized Use of Titles	6
3401(g)	Fraud or Misrepresentation in Practice	6
3401(h)	Employing Unlicensed Person	6
3401(i)	Illegal Advertising	7
3401(j)	Abuse of Drugs or Alcohol	7
3401(k)	Letting Another Use License	7
3401(m)	Doing Act Which is Grounds for License Denial	7
3421	Sale or Barter of License	7
3422	Purchase or Barter of License	8
3423	Fraudulent Alteration of Materials	8
3426	Lying on License Application	8
3427	Practicing Without a Valid License	8
3427.5	Unlawful Practice	8
3428	Advertising Without a Valid License	9
3429	Practice Without a Business license	9

Model Disciplinary Orders

Model No.	Model Disciplinary Order	Page No.
1.	Revocation - Single Cause	10
2.	Revocation - Multiple Causes	10
3.	Suspension - Single Cause	10
4.	Suspension - Multiple Causes (run concurrently)	10
5.	Suspension - Multiple Causes (run consecutively)	10
6.	Public Reproval	10
7.	Standard Stay Order	11
	Optional Terms and Conditions	
8.	Actual Suspension	12
9.	Drugs & Abstain From Use	12
10.	Alcohol - Abstain From Use	12
11.	Drug/Alcohol Rehabilitation Program	12
12.	Biological Fluid Testing	12
13.	Written or Practical Examination	12
14.	Ethics Course	13
15.	Monitoring	13
16.	Psychological Evaluation/Treatment	14
17.	Medical Evaluation/Treatment	15
18.	Third Party Presence - Sexual Transgressors	15
	Standard Terms and Conditions	
19.	Obey All Laws	16
20.	Quarterly Reports	16
21.	Surveillance Program	16
22.	Interview with Committee	16
23.	Committee Cost Recovery	16
24.	Consumer Restitution	17
25.	Tolling for Out-of-State Practice or Residence	17
26.	Tolling for Cessation of Practice While Maintaining In-State Residence	17
27.	Completion of Probation	17
28.	Violation of Probation	17
29.	Voluntary License Surrender	17

1

Introd

Purpose:

This *Disciplinary Guidelines and Model Disciplinary Orders* booklet is intended as a guide to persons involved in setting administrative disciplinary terms and conditions for violations of the Laws Relating to the Practice of Hearing Aid Dispensing, and other laws and regulations. Use of these guidelines will help ensure that the selected terms and conditions are appropriate and consistent with decisions reached in comparable disciplinary actions.

This booklet is designed for use by persons involved in the administrative disciplinary process of California licensed hearing aid dispensers. Appropriate users of these guidelines and model orders include administrative law judges, defense attorneys, hearing aid dispensers, attorneys from the Office of the Attorney General, committee members (who review proposed decisions, stipulated agreements, and make final decisions), the executive officer, and others. This sixth edition was approved at a public meeting in June 1997.

Policy:

The Hearing Aid Dispensers Examining Committee (HADEC) recognizes that these penalties and conditions of probation are guidelines and that mitigating or aggravating circumstances may necessitate deviations. If there are deviations or omissions from the guidelines, the Committee requests that the Administrative Law Judge hearing the case include some explanation of this in the proposed decision so that the circumstances can be better understood by the Committee during its review of the case for ultimate action.

Probation Conditions:

Probation conditions are divided into two categories:

1) Standard Conditions that generally appear in all probation cases; and
2) Optional Conditions that depend on the nature and circumstances of the particular case.

~~Standard Probation Conditions~~

~~The eleven standard conditions generally appearing in every probation case are as follows:~~

1. ~~Obey all laws[1] [19]~~
2. ~~File quarterly reports [20]~~
3. ~~Cooperate with probation surveillance [21]~~
4. ~~Interview with Committee [22]~~
5. ~~Cost recovery to Committee [23]~~
6. ~~Restitution for consumers, if applicable [24]~~
7. ~~Tolling of probation if respondent moves out-of-state [25]~~
8. ~~Tolling of probation if respondent ceases practice and remains in-state [26]~~
9. ~~Completion of probation [27]~~
10. ~~Violation of probation [28]~~
11. ~~Voluntary License Surrender [29]~~

~~Optional Conditions~~

~~Optional conditions may include, but are not limited to, imposing a period of actual license suspension, requiring biological fluid testing, requirement to take a licensing examination, and establishing restrictions on practice. The optional conditions selected will be relevant to the sustained violations and any significant mitigating circumstances. (See detailed listing of optional conditions on pages 12-15.)~~

[1] The numbers in brackets, refer to the numbers of the model conditions expounded in the Model Disciplinary Orders and Optional and Standard Terms and Conditions.

B&P Section Cause for Discipline

726: Sexual Misconduct

Minimum penalty: Revocation, stayed, with 5 years probation
Maximum penalty: Revocation

1. If warranted, psychological evaluation/treatment [16]
2. If warranted, medical evaluation/treatment [17]
3. If warranted, suspension of 60 days to 90 days [8]
4. If warranted, monitoring [15]
5. If warranted, ethics course [14]

820: Mental or Physical Illness

Minimum penalty: Revocation, stayed, with 5 years probation
Maximum penalty: Revocation

1. Psychological evaluation/treatment [16]
2. Medical evaluation/treatment [17]
3 If warranted, suspension of 60 days to 90 days [8]
4 If warranted, monitoring [15]

3350: Unlicensed practice

Minimum penalty: Revocation, stayed, at least 2 years probation
Maximum penalty: Revocation

1. If warranted, suspension of 30 days to 60 days [8]

3359: Temporary licensee as sole proprietor, manager, or operator or claiming to hold license as a hearing aid dispenser

Minimum penalty: License issued, 2 years probation
Maximum penalty: License denied

3362: Practicing without notifying committee of business address

Minimum penalty: Suspension, stayed with 1 year probation
Maximum penalty: Suspension, stayed with 2 years probation

1. If warranted, 10 days or more suspension [8]
2. Written examination including questions on License Law [13]

3363: Practicing without properly posting license

Minimum penalty: Public Reproval
Maximum penalty: Suspension, stayed with 2 years probation

1. If warranted, 10 days or more suspension [8]
2. Written examination including questions on License Law [13]

3364: Practicing from a branch office which is not licensed

Minimum penalty: Suspension, stayed with 1 year probation
Maximum penalty: Suspension, stayed with 2 years probation

1. If warranted, 10 days or more suspension [8]
2. Written examination including questions on License Law [13]

3365: Failure to deliver proper receipt

Minimum penalty: Public Reproval
Maximum penalty: 1 year suspension, stayed with 3 years probation

1. If warranted, 15 days or more suspension [8]
2. Written examination including questions on License Law [13]
3. If warranted, ethics course [14]

3365.5: Failure to make physician referral

Minimum penalty: Revocation, stayed with 5 years probation
Maximum penalty: Revocation

1. If warranted, 10 days or more suspension [8]
2. Written examination on including questions on License Law [13]
3. If warranted, monitoring [15]

3365.6: Unauthorized selling of a hearing aid to a person under sixteen (16) years of age

Minimum penalty: Revocation, stayed with 5 years probation
Maximum penalty: Revocation

1. If warranted, 10 days or more suspension [8]
2. Written examination including questions on License Law [13]
3. If warranted, monitoring [15]

3366: Failure to maintain required records

Minimum penalty: Public Reproval
Maximum penalty: 1 year suspension, stayed with 3 years probation

1. If warranted, 15 days or more suspension [8]
2. Written examination on including questions on License Law [13]
3. If warranted, monitoring [15]

3401(a): The improper or unnecessary fitting of a hearing aid

Minimum penalty: Revocation, stayed with 5 years probation
Maximum penalty: Revocation

1. If warranted, 15 days or more suspension for each violation [8]
2. If warranted, monitoring [15]
3. Written examination including questions on License Law and practical examination [13]
4. If warranted, ethics course [14]

3401(b): Gross Negligence

Minimum penalty: Revocation, stayed with 5 years probation
Maximum penalty: Revocation

1. If warranted, 60 days or more suspension for each violation [8]
2. If warranted, monitoring [15]
3. Written examination including questions on License Law and practical examination [13]

3401(c): Repeated negligent acts

Minimum penalty: Revocation, stayed with 5 years probation
Maximum penalty: Revocation
1. If warranted, 15 days or more suspension for each violation [8]
2. If warranted, monitoring [15]

3. Written examination including questions on License Law and practical examination [13]

3401(d): Criminal Conviction

Minimum penalty: Revocation, stayed with 5 years probation
Maximum penalty: Revocation

1. If warranted, no less than 90 days suspension [8]
2. If warranted, monitoring [15]
3. If warranted, ethics course [14]

3401(e): Obtaining a license by fraud

Minimum penalty: Revocation
Maximum penalty: Revocation

3401(f): Using the term "doctor", "physician" or "audiologist" unless authorized

Minimum penalty: Revocation, stayed with 5 years probation
Maximum penalty: Revocation
1. If warranted, 15 days or more suspension for each violation [8]
2. Written examination including questions on License Law [13]
3. If warranted, monitoring [15]
4. If warranted, ethics course [14]

3401(g): Fraud or misrepresentation in practice

Minimum penalty: Revocation, stayed with 5 years probation
Maximum penalty Revocation
1. If warranted, 15 days or more suspension for each violation [8]
2. If warranted, monitoring [15]
3. Written examination including questions on License Law and practical examination [13]
4. If warranted, ethics course [14]

3401(h): Employing an unlicensed person

Minimum penalty: Revocation, stayed with 5 years probation
Maximum penalty: Revocation
1. If warranted, 90 days or more suspension [8]
2. Written examination including questions on License Law [13]
3. If warranted, monitoring [15]

3401(i): Illegal advertising

Minimum penalty: Public Reproval
Maximum penalty: Revocation

1. If warranted, 15 days or more suspension for each violation [8]
2. If warranted, monitoring [15]
3. Written examination including questions on License Law [13]
4. Ethics course [14]

3401(j): Habitual intemperance with drugs or alcohol

Minimum penalty: Revocation, stayed with 5 years probation
Maximum penalty: Revocation

1. If warranted, at least 90 days suspension [8]
2. Abstain from use of drugs [9]
3. Abstain from alcohol [10]
4. If warranted, drug testing [12]
5. If warranted, drug/alcohol rehabilitation program [11]
6. If warranted, psychological evaluation/treatment [16]
7. If warranted, medical evaluation/treatment [17]

3401(k): Letting another use his or her license

Minimum Penalty: Revocation
Maximum Penalty: Revocation

3401(m): Doing any act which would be grounds for license denial

Revocation, if facts show false statements were made on the application

3421: Sale or barter of a license or offer to sell or barter a license

Minimum penalty: Revocation, stayed with 5 years probation
Maximum penalty: Revocation

1. 60 days actual suspension [8]
2. Written examination including questions on License Law [13]
3. If warranted, monitoring [15]

3422: Purchase or procure by barter a license with the intent to practice

Denial of right to seek licensure as a hearing aid dispenser pursuant to B & P 480 (2) (3).

3423: Alter with fraudulent intent any material issued by the committee

If done by a temporary licensee:

Revocation of temporary license and denial of permanent licensure

If done by a permanent licensee:

~~Minimum penalty: Revocation, stayed with 5 years probation~~
~~Maximum penalty: Revocation~~

1. ~~If warranted, 60 days suspension [8]~~
2. ~~Written examination including questions on License Law and practical examination [13]~~
3. ~~If warranted, monitoring [15]~~

~~3426: Lying on the license application~~

~~License denial pursuant to B & P 480 (c)~~

~~3427: Practicing without a valid license~~

~~Minimum penalty: Revocation, stayed with at least 2 years probation~~
~~Maximum penalty: Revocation~~

1. ~~Written examination including questions on License Law and practical examination [13]~~

~~3427.5: Unlawful practice~~

~~Minimum penalty: Revocation, stayed with 5 years probation~~
~~Maximum penalty: Revocation~~

1. ~~If warranted, 10 days or more suspension [8]~~
2. ~~Written examination including questions on License Law [13]~~
3. ~~If warranted, monitoring [15]~~
4. ~~If warranted, ethics course [14]~~

3428: Advertising without a valid license

Minimum penalty: Suspension, stayed with 3 years probation
Maximum penalty: Revocation

1. If warranted, 15 days or more suspension for each violation [8]
2. If warranted, monitoring [15]
3. Written examination including questions on License Law and practical examination [13]
4. If warranted, ethics course [14]

3429: Practicing without a business address

Minimum penalty: 1 year suspension, stayed with 2 years probation
Maximum penalty: 1 year suspension, stayed with 3 years probation

1. If warranted, 15 days or more suspension [8]
2. Written examination including questions on License Law [13]

Model Number

1. Revocation - Single Cause

License No. (Ex:HA 004444) issued to respondent (Ex: John Smith, HAD) is revoked.

2. Revocation - Multiple Causes

License No. _____ issued to respondent _____ is revoked pursuant to Determination of Issues (Ex: I, II, and III) separately and for all of them.

3. Suspension - Single Cause

License No. _____ issued to respondent _____ is suspended (Ex: 30 days/one year).

4. Suspension - Multiple Causes (run concurrently)

License No. _____ issued to respondent
is suspended _____ pursuant to Determination of Issues _____, separately and for all of them. All suspensions shall run concurrently.

5. Suspension - Multiple Causes (run consecutively)

License No. _____ issued to respondent _____ is suspended (Ex: 30 days) pursuant to Determination of Issues _____ and (Ex: 60 days) pursuant to Determination of Issues _____. These suspensions shall run consecutively, for a total of (Ex: 90 days).

6. Public Reproval

Respondent (Ex: John Smith, HAD) shall be, and hereby is, publicly reproved.

7. Standard Stay Order

However, ___(revocation/suspension)_____ is stayed and respondent is placed on probation (Ex: five) years upon the following terms and conditions:

Model Number

8. Actual Suspension

As part of probation, respondent is suspended from the practice of hearing aid dispensing for (Ex: 90 days) beginning the effective date of this decision and a suspension notice provided by the Committee shall be prominently posted at the entrance to the respondent's place of business or places of business.

9. Drugs - Abstain From Use

Respondent shall abstain completely from the personal use or possession of controlled substances as defined in the California Uniform Controlled Substances Act, and dangerous drugs as defined by Section 4211 of the Business and Professions Code unless the use or possession of these drugs is for documented personal illness.

10. Alcohol - Abstain From Use

Respondent shall abstain completely from the use of alcoholic beverages.

11. Drug/Alcohol Rehabilitation Program

Respondent shall satisfactorily complete a drug or alcohol rehabilitation program approved by the Committee.

12. Biological Fluid Testing

Respondent shall submit to biological fluid testing, at the respondent's cost, upon the request and at the direction of the Committee.

13. Written or Practical Examination

Respondent shall take and pass the first administration after the effective date of this decision of the written and/or practical examination as designated by the Committee.[2] If respondent fails this examination, respondent must take and pass a re-examination

[2] Generally speaking, the respondent will be required to take the written and practical examinations administered for the purpose of licensure.

consisting of the written and the practical examination which is administered for the purpose of licensure. If respondent is required to take and pass both the written and practical examinations, the written examination must be taken and passed prior to taking the practical examination. The waiting period between repeat written examinations shall be at least two weeks, until the examinations are passed. The respondent shall pay the cost of the examination and any subsequent re-examinations at the examination fee in place at that time. Failure to pass the required examinations no later than 100 days prior to the termination date of probation shall constitute a violation of probation.

Option #1: Particularly recommended in cases where the respondent has been found to be incompetent or repeatedly negligent.

If respondent fails the first examination, respondent shall cease the practice of hearing aid dispensing until the examination has been passed, as evidenced by the written notice to respondent from the Committee.

Option #2: Particularly recommended in cases where respondent has been found to be incompetent or grossly negligent and patient/client injury has resulted.

Respondent shall not practice hearing aid dispensing until respondent has passed the required examination and has been so notified by the committee in writing.

14. Ethics Course

Respondent shall complete a course in ethics approved in advance by the Committee or its desginee during the first year of probation and shall pay the costs of the course.

15. Monitoring

Within 30 days following the effective date of this decision, respondent shall submit to the Committee for its prior approval a plan of practice in which respondent's practice shall be monitored by another hearing aid dispenser, who shall provide periodic reports to the Committee.

If the monitor resigns or is no longer available, respondent shall, within 15 days, move to have a new monitor appointed, through nomination by respondent and approval by the Committee.

Option #1: Particularly recommended in cases where respondent has been found to be incompetent or negligent and patient/client injury has resulted.

Respondent is prohibited from engaging in solo practice.

16. Psychological Evaluation/Treatment

Within 60 days of the effective date of this decision, and on a periodic basis thereafter if deemed necessary by the Committee or its designee, respondent shall undergo a

psychological evaluation and psychological testing, if necessary, by a Committee-appointed psychiatrist. The Committee shall receive a current written report from the psychiatrist regarding respondent's judgement and/or ability to function safely and independently as a hearing aid dispenser, and any other information the Committee deems necessary to the case. Respondent shall execute a release authorizing the evaluator to release all information to the Committee. The completed evaluation is the sole property of the Committee.

(optional) If respondent is determined to be unable to practice independently and safely, he/she shall immediately cease practice as a hearing aid dispenser and shall not resume practice until notified by the Committee or its designee. Respondent shall not engage in any practice for which a hearing aid dispensers license is required until the Committee or its designee has notified the respondent of its determination that respondent may resume practice.

If the Committee concludes from the results of the evaluation that respondent would benefit from ongoing psychotherapy, respondent shall within 30 days of the requirement notice submit to the Committee for its prior approval the name and qualifications of a psychological evaluator of respondent's choice. Upon approval of the psychological evaluator, respondent shall undergo and continue psychological treatment until further notice from the Committee. Respondent shall have treating psychological evaluator submit quarterly status reports to the Committee indicating whether the respondent is capable of practice safely.

Respondent shall pay all psychological evaluation and counseling costs. Failure to pay any of such costs will be a considered a violation of probation.

(optional) Respondent shall not engage in the practice of hearing aid dispensing until notified by the Committee or its designee of its determination that respondent is mentally fit to practice safely.

(Note: This condition is for those cases where the evidence demonstrates that mental illness or disability was a contributing cause of the violations.)

17. Medical Evaluation/Treatment

Within 60 days of the effective date of this decision, and on a periodic basis thereafter if deemed necessary by the Committee or its designee, respondent shall undergo a medical evaluation and/or treatment, if necessary, by a Committee-appointed physician who shall furnish a medical report to the Committee or its designee. The Committee shall receive a current written report from the physician regarding respondent's judgement and/or ability to function safely and independently as a hearing aid dispenser, and any other information the Committee deems necessary to the case. Respondent shall execute a release authorizing the evaluator to release all information to the Committee. The completed evaluation is the sole property of the Committee.

(optional) If respondent is determined to be unable to practice independently and safely,

he/she shall immediately cease practice as a hearing aid dispenser and shall not resume practice until notified by the Committee or its designee. Respondent shall not engage in any practice for which a hearing aid dispensers license is required until the Committee or its designee has notified the respondent of its determination that respondent may resume practice.

If the Committee concludes from the results of the evaluation that respondent would benefit from ongoing medical treatment, respondent shall within 30 days of the requirement notice submit to the Committee for its prior approval the name and qualifications of a physician of respondent's choice. Upon approval of the treating physician, respondent shall undergo and continue medical treatment until further notice from the Committee. Respondent shall have the treating physician submit quarterly status reports to the Committee indicating whether the respondent is capable of practice safely. Respondent shall pay all medical treatment costs. Failure to pay any of such costs will be a considered a violation of probation.

(optional) Respondent shall not engage in the practice of hearing aid dispensing until notified by the Committee or its designee of its determination that respondent is mentally fit to practice safely.

(Note: This condition is for those cases where the evidence demonstrates that medical illness or disability was a contributing cause of the violations.)

18. Third Party Presence - Sexual Transgressors

During probation, respondent shall have a third party present while examining ___(female/male/minor)___ patients.

NOTE: Sexual transgressors should be placed in a monitoring environment.

19. Obey All Laws

Respondent shall obey all federal, state and local laws, and all rules governing the practice of hearing aid dispensing in California.

20. Quarterly Reports

Respondent shall submit quarterly declarations under penalty of perjury on forms provided by the Committee, stating whether there has been compliance with all conditions of probation. The first probation *******report should be held within 90 days of the final decision between respondent and the Committee or its designee. ("Designee" shall mean an enforcement officer of the Medical Board of California, the Department of Consumer Affairs, or the Department of Health Services.)

21. Surveillance Program

Respondent shall comply with the Committee's probation compliance surveillance program.

22. Interview with Committee

Respondent shall appear in person for interviews with the Committee's Enforcement Subcommittee or the full Committee upon request at various intervals and with reasonable notice.

23. Committee Cost Recovery

Respondent shall reimburse the Committee the amount of $_____ for the cost of the investigation and prosecution resulting in discipline within 90 days following the effective date of the decision. Failure to comply with the cost recovery order shall constitute a violation of the probation order. The filing of bankruptcy shall not relieve the respondent of his/her responsibility to reimburse the Committee for its investigative costs.
(Note: Most hearing aid dispenser cost recovery orders are paid on an installment plan.)

24. Consumer Restitution

Respondent shall make restitution to consumer(s) named in the decision to the amount of damage specified in the action within one (1) year of the effective date of decision.

25. Tolling for Out-of-State Practice or Residence

The period of probation shall not run during the time respondent is residing or practicing outside the jurisdiction of California. If, during probation, respondent moves out of the jurisdiction of California to reside or practice elsewhere, respondent is required to immediately notify the Committee in writing of the date of departure, and the date of return, if any.

26. Tolling for Cessation of Practice While Maintaining In-State Residence

The period of probation shall not run during the time the respondent has ceased to practice while continuing to reside in California. If, during probation, the respondent ceases practice, respondent is required to immediately notify the Committee in writing of the date practice ceased and the date practice will be resumed.

27. Completion of Probation

Upon successful completion of probation, respondent's license will be fully restored.

28. Violation of Probation

If respondent violates probation in any respect, the Committee, after giving respondent notice and the opportunity to be heard, may revoke probation and carry out the disciplinary order that was stayed. If an accusation or petition to revoke probation is filed against respondent during probation, the Committee shall have continuing jurisdiction until the matter is final, and the period of probation shall be extended until the matter is final.

29. Voluntary License Surrender

Following the effective date of this probation, if respondent ceases practicing due to retirement, health reasons, or is otherwise unable to satisfy the terms and conditions of probation, respondent may voluntarily surrender his/her license to the Committee. The Committee reserves the right to evaluate respondent's request and to exercise its discretion whether to grant the request, or to take any other action deemed appropriate and reasonable under the circumstances. Upon formal acceptance of the surrendered license, respondent will no longer be subject to the terms and conditions of probation.

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

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

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

DATE	January 30, 2017
TO	Speech Language Pathology and Audiology and Hearing Aid Dispensers Board
FROM	Paul Sanchez, Executive Officer
SUBJECT	**Hearing Aid Dispenser (HAD) Advertising Regulations**

BACKGROUND

At its May 2016 meeting, the Board approved language to amend the HAD advertising regulations. Board staff and DCA Legal Counsel have been working to make changes necessitated by current legal issues and the overall need for clarity by licensees and consumers.

Included in your materials is an updated version for your review and approval.

ACTION REQUESTED

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

SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY AND HEARING AID DISPENSERS BOARD

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

Proposed Language

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

§ 1399.127. Advertising for the purpose of fitting and selling hearing aids

(a) A person licensed to dispense hearing aids ~~dispenser~~ may advertise ~~any goods or~~ fitting and selling hearing aids or other services authorized to be provided by such license in a manner authorized by Section 651 of the Business and Professions Code, ~~so~~ long as such advertising does not promote the unnecessary or excessive use of such goods and/or services.

(b) An advertisement for fitting and selling hearing aids is false, fraudulent, misleading, or deceptive in violation of ~~violates~~ Section 651 if it violates any provision of Article 8 of chapter 5.3 of Division 2 of the Business and Professions Code. ~~when it:~~

(c) Advertising by a person license to dispense hearing aids for the purpose of fitting and selling hearing aids shall include the following information:

(1) The name and established retail business address(es) of the licensed hearing aid dispenser as required by Business and Professions Code Section 2538.33 and registered under Business and Professions Code Section 2538.34 or the name and address of the principal place of business of business of the licensed dispensing audiologists as required by Business and Professions Code section 2539.4(c);

(2) The license number of the person licensed to dispense hearing aids, including the letters HA, HT, HTL, or DAU, as appropriate.

(d) the following other information, if included on an advertisement for fitting and selling hearing aids, is false, fraudulent, misleading, and /or likely to deceive:

(1) An educational degree that does not specify the exact degree and field in which the degree was earned.

(A) The title “Dr.” when the degree is a non-medical doctorate.

(2) A job title or dispenser’s certification by a professional organization that is not clearly identified by the full job title or certification and name of certifying organization.

(e) An Advertisement disseminated by a licensed hearing aid dispenser is likely to deceive, mislead, or fail to disclose material facts for the following:

(1) The advertisement is for a hearing test and does not clearly state that the test is being performed to properly fit and sell hearing aids.

(2) The description of services in the advertisement is so broad as to violate Business and Professions Code Section 2530.3(b).

(f) It is a misrepresentation of fact when an advertisement leads one to believe that the offer of new technology or a new hearing aid is part of a research study when the technology and/or hearing aid is currently on the market.
(g) The use of rebate coupons or rebate checks without informing the consumer of all variable and material factors relating to the actual price of the device and discounts or sales that are currently available on that device is a false, fraudulent, misleading, or deceptive advertisement.
(h) Directly soliciting consumers with preset appointment information when the consumer has not requested such an appointment is a false, fraudulent, misleading, or deceptive advertisement.
(i) An advertisement of price must be exact and fully disclose all variables and other material factors.
(1) An advertisement of price shall not be used to entice the consumer into a more costly transaction than the advertised item or service at the advertised price.
(j) An advertisement for price that uses a price comparison must be based on verifiable data. Such data must be retained by the licensee for one year after the advertisement is published.
(k)An advertisement that uses a discount must:
(1) List the dollar amount of the non-discounted fee for the hearing aid or provide counsumers with a method to ascertain the actual price, like the Manufacturer's Suggested Retail Price; or
(2) List the dollar amount of the discount fee or the percentage of the discount for the specific device; and
(3) Inform the public of the dates on which the sale or discount price will be in effect if the sale or discount price is a limited time offer; and
(4) Inform the specific groups who qualify for the discount of any other terms and conditions or restrictions for qualifying for the discount.
(l) Any national advertisement run in California shall comply with California laws and regulations.
~~(1) Is not exact, and any conditions or other variables to an advertised price are not disclosed.~~
~~(2) Includes a statement of price comparison that is not based upon verifiable data.~~
~~(3) Advertises a discount in a false or misleading manner, including but not limited to, failing to disclose the dates on which the sale or discount price will be in effect if the sale or discount price is a limited time offer.~~
~~When advertising a specific hearing aid model:~~

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

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

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

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

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

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

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

~~(6) Includes sending to a consumer preset appointment information or "rebate coupons" that resemble checks as part of a direct mail solicitation.~~

~~(7) Includes an educational degree but does not list the degree and field, or includes the title "Dr." where the degree is a non-medical doctorate and the advertisement does not disclose that fact.~~

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

~~(8) Includes abbreviations for job titles or job certifications as letters after a name where those letters do not represent an academic degree or credential.~~

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

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

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

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

Note: Authority cited: Section 2531.06, Business and Professions Code. Reference: Sections 651, 651.3, 2533, and 2539.1, Business and Professions Code.

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

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

SPEECH-LANGUAGE PATHOLOGY & AUDIOLOGY& HEARING AID DISPENSERS BOARD
2005 Evergreen Street, Suite 2100, Sacramento, CA 95815
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MEMORANDUM

DATE	January 30, 2017
TO	Speech Language Pathology and Audiology and Hearing Aid Dispensers Board
FROM	Paul Sanchez, Executive Officer
SUBJECT	**Legislation Update**

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

AB 12 (Cooley D) State government: administrative regulations: review.

Current Text: Introduced: 12/5/2016

Introduced: 12/5/2016

Summary: Would require each state agency to, on or before January 1, 2020, review that agency's regulations, identify any regulations that are duplicative, overlapping, inconsistent, or out of date, to revise those identified regulations, as provided, and report to the Legislature and Governor, as specified. The bill would repeal these provisions on January 1, 2021.

AB 77 (Fong R) Regulations: effective dates and legislative review.

Current Text: Introduced: 1/4/2017 Text

Introduced: 1/4/2017

Summary: Would require the Office of Administrative law to submit to each house of the Legislature for review a copy of each major regulation that it submits to the Secretary of State. The bill would eliminate the quarterly schedule pursuant to which regulations and orders of repeal become effective, as well as the provisions specifically addressing the effective dates of regulations adopted by the Fish and Game Commission. The bill would, instead, provide that a regulation or order of repeal required to be filed with the Secretary of State generally becomes effective the 90th day after the date of filing, subject to certain exceptions.

SB 27 (Morrell R) Professions and vocations: licenses: military service.

Current Text: Introduced: 12/5/2016 Text

Introduced: 12/5/2016

Summary: Would require every board within the Department of Consumer Affairs to

grant a fee waiver for the application for and the issuance of an initial license to an applicant who supplies satisfactory evidence, as defined, to the board that the applicant has served as an active duty member of the California National Guard or the United States Armed Forces and was honorably discharged. The bill would require that a veteran be granted only one fee waiver, except as specified.

California LEGISLATIVE INFORMATION

AB-12 State government: administrative regulations: review. (2017-2018)

Senate:

Assembly: 1st Cmt

Bill Status	
Measure:	AB-12
Lead Authors:	Cooley (A)
Principal Coauthors:	-
Coauthors:	-
Topic:	State government: administrative regulations: review.
31st Day in Print:	01/05/17
Title:	An act to add and repeal Chapter 3.6 (commencing with Section 11366) of Part 1 of Division 3 of Title 2 of the Government Code, relating to state agency regulations.
House Location:	Assembly
Introduced Date:	12/05/16
Committee Location:	Asm Accountability and Administrative Review

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

Last 5 History Actions	
Date	**Action**
01/19/17	Referred to Com. on A. & A.R.
12/06/16	From printer. May be heard in committee January 5.
12/05/16	Read first time. To print.

AB-12 State government: administrative regulations: review. (2017-2018)

SHARE THIS:

Date Published: 12/05/2016 08:52 PM

CALIFORNIA LEGISLATURE— 2017–2018 REGULAR SESSION

ASSEMBLY BILL No. 12

Introduced by Assembly Member Cooley

December 05, 2016

An act to add and repeal Chapter 3.6 (commencing with Section 11366) of Part 1 of Division 3 of Title 2 of the Government Code, relating to state agency regulations.

LEGISLATIVE COUNSEL'S DIGEST

AB 12, as introduced, Cooley. State government: administrative regulations: review.

Existing law authorizes various state entities to adopt, amend, or repeal regulations for various specified purposes. The Administrative Procedure Act requires the Office of Administrative Law and a state agency proposing to adopt, amend, or repeal a regulation to review the proposed changes for, among other things, consistency with existing state regulations.

This bill would require each state agency to, on or before January 1, 2020, review that agency's regulations, identify any regulations that are duplicative, overlapping, inconsistent, or out of date, to revise those identified regulations, as provided, and report to the Legislature and Governor, as specified. The bill would repeal these provisions on January 1, 2021.

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

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

SECTION 1. Chapter 3.6 (commencing with Section 11366) is added to Part 1 of Division 3 of Title 2 of the Government Code, to read:

CHAPTER 3.6. Regulatory Reform
Article 1. Findings and Declarations

11366. The Legislature finds and declares all of the following:

(a) The Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340), Chapter 4 (commencing with Section 11370), Chapter 4.5 (commencing with Section 11400), and Chapter 5 (commencing with Section

11500)) requires agencies and the Office of Administrative Law to review regulations to ensure their consistency with law and to consider impacts on the state's economy and businesses, including small businesses.

(b) However, the act does not require agencies to individually review their regulations to identify overlapping, inconsistent, duplicative, or out-of-date regulations that may exist.

(c) At a time when the state's economy is slowly recovering, unemployment and underemployment continue to affect all Californians, especially older workers and younger workers who received college degrees in the last seven years but are still awaiting their first great job, and with state government improving but in need of continued fiscal discipline, it is important that state agencies systematically undertake to identify, publicly review, and eliminate overlapping, inconsistent, duplicative, or out-of-date regulations, both to ensure they more efficiently implement and enforce laws and to reduce unnecessary and outdated rules and regulations.

Article 2. Definitions

11366.1. For the purposes of this chapter, the following definitions shall apply:

(a) "State agency" means a state agency, as defined in Section 11000, except those state agencies or activities described in Section 11340.9.

(b) "Regulation" has the same meaning as provided in Section 11342.600.

Article 3. State Agency Duties

11366.2. On or before January 1, 2020, each state agency shall do all of the following:

(a) Review all provisions of the California Code of Regulations adopted by that state agency.

(b) Identify any regulations that are duplicative, overlapping, inconsistent, or out of date.

(c) Adopt, amend, or repeal regulations to reconcile or eliminate any duplication, overlap, inconsistencies, or out-of-date provisions, and shall comply with the process specified in Article 5 (commencing with Section 11346) of Chapter 3.5, unless the addition, revision, or deletion is without regulatory effect and may be done pursuant to Section 100 of Title 1 of the California Code of Regulations.

(d) Hold at least one noticed public hearing, which shall be noticed on the Internet Web site of the state agency, for the purposes of accepting public comment on proposed revisions to its regulations.

(e) Notify the appropriate policy and fiscal committees of each house of the Legislature of the revisions to regulations that the state agency proposes to make at least 30 days prior to initiating the process under Article 5 (commencing with Section 11346) of Chapter 3.5 or Section 100 of Title 1 of the California Code of Regulations.

(g) (1) Report to the Governor and the Legislature on the state agency's compliance with this chapter, including the number and content of regulations the state agency identifies as duplicative, overlapping, inconsistent, or out of date, and the state agency's actions to address those regulations.

(2) The report shall be submitted in compliance with Section 9795 of the Government Code.

11366.3. (a) On or before January 1, 2020, each agency listed in Section 12800 shall notify a department, board, or other unit within that agency of any existing regulations adopted by that department, board, or other unit that the agency has determined may be duplicative, overlapping, or inconsistent with a regulation adopted by another department, board, or other unit within that agency.

(b) A department, board, or other unit within an agency shall notify that agency of revisions to regulations that it proposes to make at least 90 days prior to a noticed public hearing pursuant to subdivision (d) of Section 11366.2 and at least 90 days prior to adoption, amendment, or repeal of the regulations pursuant to subdivision (c) of Section 11366.2. The agency shall review the proposed regulations and make recommendations to the department, board, or other unit within 30 days of receiving the notification regarding any duplicative, overlapping, or inconsistent regulation of another department, board, or other unit within the agency.

11366.4. An agency listed in Section 12800 shall notify a state agency of any existing regulations adopted by that agency that may duplicate, overlap, or be inconsistent with the state agency's regulations.

11366.45. This chapter shall not be construed to weaken or undermine in any manner any human health, public or worker rights, public welfare, environmental, or other protection established under statute. This chapter shall not be construed to affect the authority or requirement for an agency to adopt regulations as provided by statute. Rather, it is the intent of the Legislature to ensure that state agencies focus more efficiently and directly on their duties as prescribed by law so as to use scarce public dollars more efficiently to implement the law, while achieving equal or improved economic and public benefits.

Article 4. Chapter Repeal

11366.5. This chapter shall remain in effect only until January 1, 2021, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2021, deletes or extends that date.

California LEGISLATIVE INFORMATION

AB-77 Regulations: effective dates and legislative review. (2017-2018)

Senate:

Assembly: 1st Cmt

Bill Status	
Measure:	AB-77
Lead Authors:	Fong (A)
Principal Coauthors:	Gallagher (A)
Coauthors:	-
Topic:	Regulations: effective dates and legislative review.
31st Day in Print:	02/04/17
Title:	An act to amend Sections 11343.4 and 11349.3 of the Government Code, relating to regulations.
House Location:	Assembly
Introduced Date:	01/04/17
Committee Location:	Asm Accountability and Administrative Review

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

Last 5 History Actions	
Date	**Action**
01/19/17	Referred to Com. on A. & A.R.
01/05/17	From printer. May be heard in committee February 4.
01/04/17	Read first time. To print.

AB-77 Regulations: effective dates and legislative review. (2017-2018)

SHARE THIS:

Date Published: 01/04/2017 08:55 PM

CALIFORNIA LEGISLATURE— 2017–2018 REGULAR SESSION

ASSEMBLY BILL **No. 77**

Introduced by Assembly Member Fong
(Principal coauthor: Assembly Member Gallagher)

January 04, 2017

An act to amend Sections 11343.4 and 11349.3 of the Government Code, relating to regulations.

LEGISLATIVE COUNSEL'S DIGEST

AB 77, as introduced, Fong. Regulations: effective dates and legislative review.

The Administrative Procedure Act governs the procedure for the adoption, amendment, or repeal of regulations by state agencies and for the review of those regulatory actions by the Office of Administrative Law. That act requires an agency, prior to submitting a proposal to adopt, amend, or repeal an administrative regulation, to determine the economic impact of that regulation, in accordance with certain procedures. The act defines a major regulation as a regulation that the agency determines has an expected economic impact on California business enterprises and individuals estimated to exceed $50,000,000. The act requires the office to transmit a copy of a regulation to the Secretary of State for filing if the office approves the regulation or fails to act on it within 30 days. The act provides that a regulation or an order of repeal of a regulation becomes effective on a quarterly basis, as prescribed, except in specified instances, including if a regulation adopted by the Fish and Game Commission requires a different effective date to conform with federal law.

This bill would require the office to submit to each house of the Legislature for review a copy of each major regulation that it submits to the Secretary of State. The bill would eliminate the quarterly schedule pursuant to which regulations and orders of repeal become effective, as well as the provisions specifically addressing the effective dates of regulations adopted by the Fish and Game Commission. The bill would, instead, provide that a regulation or order of repeal required to be filed with the Secretary of State generally becomes effective the 90th day after the date of filing, subject to certain exceptions. The bill would add another exception to those currently provided that specifies that a regulation does not become effective if the Legislature passes a statute to override the regulation.

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

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

SECTION 1. Section 11343.4 of the Government Code, as amended by Section 26 of Chapter 546 of the Statutes of 2016, is amended to read:

11343.4. ~~(a)Except as otherwise provided in subdivision (b), a~~ *A* regulation or an order of repeal required to be filed with the Secretary of State shall become effective on ~~a quarterly basis as follows:~~ *the 90th day after the date of filing unless any of the following occur:*

~~(1)January 1 if the regulation or order of repeal is filed on September 1 to November 30, inclusive.~~

~~(2)April 1 if the regulation or order of repeal is filed on December 1 to February 29, inclusive.~~

~~(3)July 1 if the regulation or order of repeal is filed on March 1 to May 31, inclusive.~~

~~(4)October 1 if the regulation or order of repeal is filed on June 1 to August 31, inclusive.~~

~~(b)The effective dates in subdivision (a) shall not apply in all of the following:~~

~~(1)The effective date is specifically provided by the~~

(a) The statute pursuant to which the regulation or order of repeal was ~~adopted,~~ *adopted specifically provides otherwise,* in which event it becomes effective on the day prescribed by the statute.

~~(2)~~

(b) A later date is prescribed by the state agency in a written instrument filed with, or as part of, the regulation or order of repeal.

~~(3)~~

(c) The agency makes a written request to the office demonstrating good cause for an earlier effective date, in which case the office may prescribe an earlier date.

~~(4)(A)A regulation adopted by the Fish and Game Commission that is governed by Article 2 (commencing with Section 250) of Chapter 2 of Division 1 of the Fish and Game Code.~~

~~(B)A regulation adopted by the Fish and Game Commission that requires a different effective date in order to conform to a federal regulation.~~

(d) The Legislature passes a statute to override the regulation.

SEC. 2. Section 11349.3 of the Government Code is amended to read:

11349.3. (a) *(1)* The office shall either approve a regulation submitted to it for review and transmit it to the Secretary of State for filing or disapprove it within 30 working days after the regulation has been submitted to the office for review. If the office fails to act within 30 days, the regulation shall be deemed to have been approved and the office shall transmit it to the Secretary of State for filing.

(2) The office shall submit a copy of each major regulation submitted to the Secretary of State pursuant to paragraph (1) to each house of the Legislature for review.

(b) If the office disapproves a regulation, it shall return it to the adopting agency within the 30-day period specified in subdivision (a) accompanied by a notice specifying the reasons for disapproval. Within seven calendar days of the issuance of the notice, the office shall provide the adopting agency with a written decision detailing the reasons for disapproval. No regulation shall be disapproved except for failure to comply with the standards set forth in Section 11349.1 or for failure to comply with this chapter.

(c) If an agency determines, on its own initiative, that a regulation submitted pursuant to subdivision (a) should be returned by the office prior to completion of the office's review, it may request the return of the regulation. All requests for the return of a regulation shall be memorialized in writing by the submitting agency no later than one week following the request. Any regulation returned pursuant to this subdivision shall be resubmitted to the office for review within the one-year period specified in subdivision (b) of Section 11346.4 or shall comply with Article 5 (commencing with Section 11346) prior to resubmission.

(d) The office shall not initiate the return of a regulation pursuant to subdivision (c) as an alternative to disapproval pursuant to subdivision (b).

California LEGISLATIVE INFORMATION

SB-27 Professions and vocations: licenses: military service. (2017-2018)

Senate: 1st Cmt

Assembly:

Bill Status	
Measure:	SB-27
Lead Authors:	Morrell (S)
Principal Coauthors:	-
Coauthors:	-
Topic:	Professions and vocations: licenses: military service.
31st Day in Print:	01/05/17
Title:	An act to add Section 114.6 to the Business and Professions Code, relating to professions and vocations.
House Location:	Senate
Introduced Date:	12/05/16
Committee Location:	Sen Business, Professions and Economic Development

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

Last 5 History Actions	
Date	**Action**
01/12/17	Referred to Coms. on B., P. & E.D. and V.A.
12/06/16	From printer. May be acted upon on or after January 5.
12/05/16	Introduced. Read first time. To Com. on RLS. for assignment. To print.

SB-27 Professions and vocations: licenses: military service. (2017-2018)

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Date Published: 12/05/2016 08:52 PM

CALIFORNIA LEGISLATURE— 2017–2018 REGULAR SESSION

SENATE BILL **No. 27**

Introduced by Senator Morrell

December 05, 2016

An act to add Section 114.6 to the Business and Professions Code, relating to professions and vocations.

LEGISLATIVE COUNSEL'S DIGEST

SB 27, as introduced, Morrell. Professions and vocations: licenses: military service.

Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs. Existing law authorizes any licensee or registrant whose license expired while he or she was on active duty as a member of the California National Guard or the United States Armed Forces to reinstate his or her license or registration without examination or penalty if certain requirements are met. Existing law also requires the boards to waive the renewal fees, continuing education requirements, and other renewal requirements, if applicable, of any licensee or registrant called to active duty as a member of the United States Armed Forces or the California National Guard, if certain requirements are met. Existing law requires each board to inquire in every application if the individual applying for licensure is serving in, or has previously served in, the military. Existing law requires a board within the Department of Consumer Affairs to expedite, and authorizes a board to assist with, the initial licensure process for an applicant who has served as an active duty member of the United States Armed Forces and was honorably discharged.

This bill would require every board within the Department of Consumer Affairs to grant a fee waiver for the application for and the issuance of an initial license to an applicant who supplies satisfactory evidence, as defined, to the board that the applicant has served as an active duty member of the California National Guard or the United States Armed Forces and was honorably discharged. The bill would require that a veteran be granted only one fee waiver, except as specified.

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

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

SECTION 1. Section 114.6 is added to the Business and Professions Code, to read:

114.6. (a) (1) Notwithstanding any other law, every board within the department shall grant a fee waiver for the application for and issuance of an initial license to an applicant who supplies satisfactory evidence to the board that the applicant has served as an active duty member of the California National Guard or the United States Armed Forces and was honorably discharged.

(2) For purposes of this section, "satisfactory evidence" means a completed "Certificate of Release or Discharge from Active Duty" (DD Form 214).

(b) (1) A veteran shall be granted only one fee waiver, except as specified in paragraph (2). After a fee waiver has been issued by any board within the department, the veteran is no longer eligible for a waiver.

(2) If a board charges a fee for the application for a license and another fee for the issuance of a license, the veteran shall be granted fee waivers for both the application for and issuance of a license.

(3) The fee waiver shall apply only to an application of and a license issued to an individual veteran and not to an application of or a license issued to an individual veteran on behalf of a business or other entity.

(4) A fee waiver shall not be issued for any of the following:

(A) Renewal of a license.

(B) The application for and issuance of an additional license, a certificate, a registration, or a permit associated with the initial license.

(C) The application for an examination.

Speech-Language Pathology & Audiology & Hearing Aid Dispensers Board
CALENDAR - FISCAL YEAR 2016/2017

Rev 1-30-17

Month	Date	Description
February 2017	9-10 20	Board & Committee Meeting – San Diego State Holiday – Office Closed – Presidents Day
March 2017	31	State Holiday – Office Closed – Caesar Chavez Day
April 2017	5-8 28-29	American Academy of Audiology – Indianapolis, IN HHP Convention - Sacramento
May 2017	11-12 29	Board & Committee Meetings –Bay Area State Holiday – Office Closed – Memorial Day
June 2017		

Speech-Language Pathology & Audiology & Hearing Aid Dispensers Board
CALENDAR - FISCAL YEAR 2017/2018

Rev. 1-30-17

Month	Date	Description
July 2017	4	State Holiday – Office Closed – Fourth of July
August 2017	10-11	Board & Committee Meetings - TBD
September 2017	4 7-9	State Holiday – Office Closed – Labor Day California Academy of Audiology Convention - Sacramento
October 2017	TBD	National Council of State Boards of Examiners for Speech-Language Pathology and Audiology – TBD
November 2017	9-10 11 15-17 23/24	Board & Committee Meetings - TBD State Holiday – Office Closed – Veteran's Day ASHA Convention – Los Angeles State Holiday – Office Closed – Thanksgiving Holiday
December 2017	25	State Holiday – Office Closed - Christmas Day
January 2018	1 15	State Holiday – Office Closed – New Year's Day State Holiday – Office Closed – Martin Luther King Jr. Day
February 2018	8-9 19	Board & Committee Meeting - TBD State Holiday – Office Closed – Presidents Day
March 2018	22-25 31	CSHA Convention - Sacramento State Holiday – Office Closed – Caesar Chavez Day
April 2018	5-8 27-29	America Academy of Audiology – Indianapolis, IN HHP Convention - Sacramento
May 2018	10-11 28	Board & Committee Meetings -TBD State Holiday – Office Closed – Memorial Day
June 2018		