



## **AUDIOLOGY PRACTICE COMMITTEE MEETING MINUTES**

**March 25, 2010**

Hotel Kabuki  
1625 Post Street  
San Francisco, CA 94115  
(415) 922-3200

### **Committee Members Present**

Alison Grimes, Chair AuD., Audiologist  
Robert Green, Au.D. Audiologist  
Sandra Danz, Hearing Aid Dispenser

### **Board Members Present**

Carol Murphy, M.A.  
Lisa O'Connor, M.A.  
Rodney Diaz, M.D.  
Deane Manning, Hearing Aid Dispenser

### **Board Members Absent**

Monty Martin, M.A.

### **Guests Present**

Tim Shannon, Hearing Health Care Providers California  
Susan Kidwell, San Joaquin Delta Community College  
Tricia Hunter, Hearing Health Care Providers California  
Cindy Peffers, Hearing Health Care Providers California  
Jody Winzelberg, California Academy of Audiology  
Marcia Raggio, California Academy of Audiology  
Rebecca Binge, University of California, San Francisco  
Kimberly Kirchmeyer, Deputy Director of Board Relations, Department of Consumer Affairs  
Art Sturm, Rexton Inc.  
Priya James  
Siamak Sani  
Sia Sani, World Hearing Organization Inc.

### **Staff Present**

Annemarie Del Mugnaio, Executive Officer  
LaVonne Powell, Legal Counsel  
George Ritter, Legal Counsel  
Kathi Burns, Staff  
Cynthia Alameda, Staff  
Yvonne Crawford, Staff  
Debbie Newcomer, Staff  
Lori Pinson, Staff

### **I. Call to Order**

Chairperson Grimes called the meeting to order at 9:15 a.m.

### **II. Introductions**

Those in attendance introduced themselves.

### **III. Discussion Regarding Implementation of Legislation Passed in 2009**

**A. SB 821- Omnibus Legislation – Senator Negrete McLeod- Entry-Level Licensing Standards for Audiologists (Doctorate Education) & Amendments to Audiology Aide Supervision Standards- Discuss Regulatory Amendments for Audiology Aides**

Ms. Del Mugnaio stated that SB 821 was the health omnibus bill and was signed by the Governor and became effective January 1, 2010. She stated SB 821 contained several clean-up and technical provisions for many healing arts boards and included provisions to raise the entry-level educational standard for audiology to the doctorate training level, in addition to making conforming changes to the required professional experience (RPE) provisions regarding audiology doctoral students completing the requisite 4<sup>th</sup> year externship in another state. Ms. Del Mugnaio reported that SB 821 also includes language to delete the “direct” supervision requirement for audiology aides, providing the Board the flexibility to establish appropriate supervision parameters for audiology aides by regulation. She stated that the Audiology Practice Committee should continue the work started at previous meetings to further define by regulation the supervision standards or parameters appropriate for audiology aides. Ms. Del Mugnaio suggested the Committee review the supervision regulations for speech-language pathology assistants and consider defining the levels of supervision, i.e., immediate, direct, and indirect.

Chairperson Grimes provided background on the position statement of the American Academy of Audiology regarding audiology support personnel. She stated that not all states regulate audiology support personnel and that those states where some form of oversight is enforced, the education, training, and rules regarding audiology support personnel vary to a large degree. Chairperson Grimes stated that she believes that, from a consumer protection standpoint, regulation of audiology support personnel in terms of the supervision required and assignment of appropriate tasks is imperative. She indicated that she is aware of individuals in California who use unregistered personnel to assist with audiology services either because they are unaware of the requirements for registration or because they believe that the tasks assigned are not technically audiology services. Chairperson Grimes stated that the Board has the enormous task of educating its professional population about the appropriate use of audiology aides in California. She requested that the Committee research the audiology support personnel provisions of other states, the American Academy of Audiology’s recent position statement, and the draft regulations of the Board, and provide suggestions to Ms. Del Mugnaio regarding the framework of the Board’s proposed audiology aide regulations, e.g., supervision terms, scope of responsibility, prohibited tasks, etc. Chairperson Grimes also requested that the survey responses the Board collected from its licensing population regarding the use and supervision of audiology aides be provided to the new members.

The Committee discussed the broad terminology of the statute regarding the oversight of audiology aides and it was concluded that much more specificity be included in regulations.

Cindy Peffers indicated that HHP has concerns that audiology support personnel may be performing tasks associated with the fitting and selling of a hearing aid, which requires a separate authorization.

Chairperson Grimes referenced a legal opinion as prepared by George Ritter, concluding that the “fitting” of a hearing aid is within the scope of practice of an audiologist and, as such, audiology aides under supervision may legally perform hearing aid fitting services; however, the selling of a hearing aid is not a task that can be delegated to an audiology aide.

Ms. Del Mugnaio referenced Business and Professions Code Section 3351.3 of the Hearing Aid Dispensers Practice Act, which excludes individuals from the hearing aid licensure requirements

who are supervised by audiologists in conducting fitting procedures, as long as the individuals are not involved directly or indirectly in the sale of hearing aids.

Ms. Peffers indicated that the provisions regarding such exclusions may need to be clarified.

Ms. Del Mugnaio requested that the Committee members submit their regulatory suggestions directly to her and she will forward the information to Chairperson Grimes for further drafting.

**B. AB 1535 – Assembly Member Jones- Authorization for Audiologists to Dispense Hearing Aids/ Merger of the Speech-Language Pathology & Audiology Board and the Hearing Aid Dispensers Bureau- Discuss Necessary Regulation Changes for Dispensing Audiologists Pertaining to License Renewal Requirements, Fees, and Continuing Professional Development**

Ms. Del Mugnaio stated that further information regarding necessary amendments to the provisions adopted under Assembly Bill 1535 will be discussed during the full Board meeting under agenda item X.A. However, the purpose of the discussion before the Committee is to define the renewal cycle and associated continuing professional development (CPD) for dispensing audiologists. She indicated that the time frame for a license renewal is not defined in statute for licensees of the Board, but instead, provided for in regulation. Ms. Del Mugnaio indicated that the renewal cycle for a dispensing audiologist should be defined as a one-year renewal with the specified \$280 renewal fee in order to provide for a sufficient revenue stream for operating expenses. She also stated that the CPD for dispensing audiologists must be defined in order to coincide with the revised renewal cycle and, most importantly, to reflect the appropriate amount of CPD in hearing aid dispensing courses required of a dispensing audiologist.

Ms. Del Mugnaio referenced the proposed regulations included in the meeting packet and indicated that the language reflected under Section 1399.157 (c) regarding the renewal cycle for dispensing audiologists should read “annual” renewal cycle, not biennial. She also requested that the Committee review the new language under Section 1399.160.3 (e) regarding specification of a number of CPD hours that dispensing audiologists must take in hearing aid related courses where the content is focused on advancements in hearing aid technology and not the marketing of a particular device from a hearing aid manufacturer. Ms. Del Mugnaio stated that the proposed language specifies that 50% of the required CPD hours for a dispensing audiologist must be in hearing aid related courses. However, the language does not provide for a stipulation of the remainder 50% of the requisite CPD hours.

Jody Winzelberg commented that the proposed language in Section 1399.160.3 (e) impacts the CPD requirements of dispensing audiologists in terms of specifying a number of hours in hearing aid related coursework and but does not include specific language regarding the remaining 50% of the requisite CPD hours and thus may be confusing.

The Committee discussed language that would require the remaining 50% of the CPD hours required of dispensing audiologists to be in courses where the content is directly related to the practice of audiology and does not include courses sponsored by hearing aid manufacturers.

Chairperson Grimes commented that an educational course related to hearing aids should focus on the best practices in hearing aid selection, fitting, verification, and validation and not the marketing or intended “use” of a particular device.

Tricia Hunter indicated that HHP is supportive of restricting the number of hours hearing aid dispensers may obtain in hearing aid courses where the course content focuses on the marketing or sale of a particular device.

The Committee discussed at length the differences between hearing aid dispensing courses designed to market a particular product and those where the content provides continuing education in advancements in hearing aid technology and the intended benefits of such advancement to the hearing impaired population.

The Committee determined that the proposed changes to the renewal cycle and CPD requirements for dispensing audiologists should include:

- An annual renewal cycle with a \$280 renewal fee.
- A requirement for twelve (12) hours of CPD to be completed annually upon license renewal.
- A requirement that 50% of the CPD for a dispensing audiologist shall be obtained from hearing aid related courses but shall not be from courses where the content focuses on equipment, devices, or other products of a particular manufacturer
- Specifications regarding the remaining 50% in terms of clarifying the remaining hours as directly related to the practice of audiology including hearing aids.

**M/S/C Diaz/Danz**

**The Committee voted to recommend to the full Board the approval of the revised proposed regulations for California Code of Regulations Sections 1399.157 (Fees) and 1399.160.3 regarding the continuing professional development requirements for dispensing audiologists.**

**IV. Update on the Status of the Correspondence with Department of Developmental Services Regarding the Need for Further Services Provided by Regional Centers for Deaf/Heard of Hearing Children**

Chairperson Grimes referenced a letter dated September 5, 2009, included in the meeting packets, directed to the Department of Developmental Services (DDS) from the Board regarding the Board's concerns for the provision of services offered by the Regional Centers to infants and toddlers who are deaf or hard of hearing. She stated that the letter addressed the lack of appropriate providers and services afforded by the Regional Centers to infants and toddlers with profound hearing loss.

Chairperson Grimes stated that she and Ms. O'Connor participated in a telephone conference call with representatives of DDS in early December to discuss the issues outlined in the letter and was under the impression that DDS would be sending follow-up correspondence to the Board confirming the telephone discussion and outlining the identified proposed solutions. She stated that, to date, the Board has not received follow-up correspondence.

Jody Winzelberg stated that to her knowledge there is no specific requirement in California for children who qualify for regional center services to have a diagnostic audiological evaluation as part of their initial assessment. She stated that this presents a significant problem when these children enter the public school system.

Chairperson Grimes stated that there is a best practices document, the Joint Committee on Infant Hearing (JCIH) 2007, which states that any child who is at risk for hearing impairment, even if the child passes the newborn hearing screening, should be reassessed by an audiologist between the ages of 24-30 months. She commented that the regional center is likely not mandated to comply with the JCIH best practices document. She stated that DDS is aware that several organizations and state departments are concerned about the issues surrounding services to Deaf/Hard of Hearing children, including the

National Initiative for Children's Health Care Quality (NICHQ), the Department of Education, and the Department of Health Care Services Newborn Hearing Screening Program.

Chairperson Grimes stated that she or Ms. O'Connor will follow-up with DDS by way of Board correspondence.

Chairperson Grimes adjourned the meeting at 10:24 a.m.