

TELECONFERENCE BOARD MEETING NOTICE AND AGENDA

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

Friday, July 17, 2026, from 9:00 a.m. to 5:00 p.m.

TELECONFERENCE LOCATIONS – OPEN TO THE PUBLIC:

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

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

*Edmund Pat Brown Building
505 Van Ness Avenue
Golden Gate Room
San Francisco, CA 94102
(415) 703-2936*

IMPORTANT NOTICE TO THE PUBLIC:

For convenience, the Board will also provide additional public access to observe and participate in the meeting via WebEx. (Instructions to connect to this meeting can be found at the end of this agenda).

To participate in the meeting via WebEx Events, please log on to the following websites each day of the meeting:

Friday, July 17, 2026, WebEx Link, beginning at 9:00 a.m.:

If accessing by computer or online: **Click [here](#) to join the meeting.** If joining using the link above:

Webinar number: 2490 985 0910, Webinar password: SLPAHA717. If accessing by phone:

Dial +1-415-655-0001 US Toll, Access code: 2490 985 0910, Passcode: 75724271.

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

Due to potential technical difficulties, please consider submitting written comments by 5:00 pm, Wednesday, July 15, 2026, to speechandhearing@dca.ca.gov for consideration.

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

Friday, July 17, 2026, beginning at 9:00 a.m.

Board Members

Gilda Dominguez, Speech-Language Pathologist, Board Chair
Amy White, Dispensing Audiologist, Board Vice Chair
Tod Borges, Hearing Aid Dispenser
Tamara Chambers, Otolaryngologist, Public Member
Maya Chupkov, Public Member
Francis David, Speech-Language Pathologist
Charles Sanders, Dispensing Audiologist
VACANT, Hearing Aid Dispenser
VACANT, Public Member

Full Board Meeting Agenda

OPEN SESSION

1. Call to Order / Roll Call / Establishment of Quorum
2. Swearing in New Board Member and Appointment to Board Committees
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))

Recess to Committee Meeting Business

Hearing Aid Dispensing Committee Members

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

Hearing Aid Dispensers Committee Agenda

1. Call to Order / Roll Call / Establishment of Quorum
2. Public Comment for Items Not on the Agenda
(The Committee may not discuss or take any action on any item raised during this public comment section, except to decide whether to place the matter on the agenda of a future meeting (Government Code Sections 11125, 11125.7(a))
3. Discussion on the Creation of Educational Materials to Increase Consumer Awareness of Over-the-Counter Hearing Aids as Part of the Board's 2025-28 Strategic Plan.
4. Adjournment

Upon Adjournment of the Hearing Aid Dispensers Committee

Speech-Language Pathology Practice Committee Members

Gilda Dominguez, Speech-Language Pathologist, Committee Chair

Tamara Chambers, Otolaryngologist, Public Member

Maya Chupkov, Public Member

Francis David, Speech-Language Pathologist

Speech-Language Pathology Practice Committee Agenda

1. Call to Order / Roll Call / Establishment of Quorum
2. Public Comment for Items Not on the Agenda
(The Committee may not discuss or take any action on any item raised during this public comment section, except to decide whether to place the matter on the agenda of a future meeting (Government Code Sections 11125, 11125.7(a))
3. Discussion and Possible Action to Make a Recommendation to the Board to Amend Regulations Regarding Scope of Responsibility, Duties, and Functions of Speech-Language Pathology Assistants Related to Feeding and Swallow Therapy as Stated in Title 16, California Code of Regulations (CCR) sections 1399.170.1, 1399.170.2, and 1399.170.3
4. Discussion on Speech-Language Pathology Assistant Course of Study and Curriculum as Stated in Business and Professions Code section 2538.3 and in Title 16, CCR sections 1399.170.6, 1399.170.10, and 1399.170.11
5. Adjournment

Upon Adjournment of the Speech-Language Pathology Practice Committee Meeting

Board Members

Gilda Dominguez, Speech-Language Pathologist, Board Chair

Amy White, Dispensing Audiologist, Board Vice Chair

Tod Borges, Hearing Aid Dispenser

Tamara Chambers, Otolaryngologist, Public Member

Maya Chupkov, Public Member

Francis David, Speech-Language Pathologist

Charles Sanders, Dispensing Audiologist

VACANT, Hearing Aid Dispenser

VACANT, Public Member

Full Board Meeting Agenda

RECONVENE IN OPEN SESSION

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

5. 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))*)
6. Review and Possible Action to Approve the April 3, 2026, Board Meeting Minutes
7. **11:00 am – 1:00 pm** Update and Discussion on the Hearing Aid Dispensers (HAD) Examination, as Referenced in BPC Section 2538.5, Including the International Hearing Society's (IHS) Presentation on the International Licensing Examination (ILE) for Hearing Healthcare Professionals.

BREAK 1:00 – 1:45 pm (Time Approximate)

8. Board Chair's Report
 - a) Board and Committee Meeting Calendar
 - b) Board Committee Reports
 - i. Speech-Language Pathology Practice Committee
 - ii. Hearing Aid Dispensing Committee
9. Executive Officer's Report
 - a) Administration Update
 - b) Outreach Update
 - c) Budget Report
 - d) Regulations Report
 - e) Licensing Report
 - f) Practical Examination Report
 - g) Enforcement Report
10. Update on the Board's 2026 Sunset Bill
11. Discussion and Possible Action on the Public Comment Raised at the April 3, 2026 Board Meeting Regarding the Creation of a Database to Support Language Access for Licensees
12. Legislative Report: Review, Discussion, and Possible Action to Take or Modify a Position on Proposed Legislation
 - a. Legislative Calendar and Deadlines
 - b. Bills with Position Taken by the Board
 - i. AB 1811 (Rogers) Health professionals
 - ii. AB 1775 (Ward) Veterans
 - iii. AB 2233 (Ta) Behavioral health treatment plans.
 - iv. SB 1130 (Reyes) Crimes: invasion of privacy: wearable recording devices.
 - v. SB 1368 (Wahab) Hearing aid dispensers.
 - c. Bills on Watch Status
 - i. AB 322 (Ward) Precise geolocation information.
 - ii. AB 346 (Nguyen) In-home supportive services: licensed health care professional certification.
 - iii. AB 410 (Wilson) Bots: disclosure.
 - iv. AB 485 (Ortega) Labor Commissioner: unsatisfied judgments: nonpayment of wages.
 - v. AB 1542 (Ward) Sensitive personal information.
 - vi. AB 1564 (Ahrens) Employer-employee relations: confidential communications.

- vii. AB 1566 (Jackson) Crimes: mandated reporters: severe neglect.
- viii. AB 1593 (Dixon) State agencies: revenue: report.
- ix. AB 1652 (Patterson) State agencies: regulations and legislation: nondisclosure agreements.
- x. AB 1671 (Tangipa) Rural medical services grant program.
- xi. AB 1688 (Carrillo) Child abuse or neglect: reporting.
- xii. AB 1803 (Lowenthal) Employment: sexual harassment training and education: anti-hate speech training.
- xiii. AB 1898 (Schultz) Workplace artificial intelligence tools.
- xiv. AB 2021 (Schiavo) California Consumer Privacy Act of 2018: whistleblower complaints.
- xv. AB 2063 (Wallis) Legislative information system: bill position letters.
- xvi. AB 2064 (Sharp-Collins) Discrimination: formerly incarcerated status.
- xvii. AB 2095 (Lee) Employment discrimination: conviction history.
- xviii. AB 2190 (Wallis) Internet website accessibility.
- xix. AB 2195 (Rodriguez, Celeste) Child support: license suspensions.
- xx. AB 2360 (Arambula) State agencies: governmental linguistics.
- xxi. AB 2366 (Ávila Farías) Administrative Procedure Act: proposed regulations: cost-of-living impact on residents of the state.
- xxii. AB 2412 (Ta) State agencies or departments: public communications.
- xxiii. AB 2414 (Nguyen) Developmental services: direct support professionals.
- xxiv. AB 2557 (Bauer-Kahan) Legislative information system: bill position letters.
- xxv. AB 2575 (Ortega) Health care services: artificial intelligence.
- xxvi. AB 2746 (Schiavo) Consumer debt: medical debt.
- xxvii. SB 923 (Becker) Consumer privacy requests: deletion request records and request submission methods.
- xxviii. SB 980 (Hurtado) Access to medical records.
- xxix. SB 986 (Seyarto) Major regulations.
- xxx. SB 1050 (Ashby) False advertising: synthetic digital performers.
- xxxi. SB 1146 (Gonzalez) Health-related consumer products and services: artificial intelligence.
- xxxii. SB 1159 (Cabaldon) Artificial intelligence: transparency and governance.
- xxxiii. SB 1204 (Ochoa Bogh) Administrative regulations.
- xxxiv. SB 1248 (Cabaldon) State agencies: automated decision systems.
- xxxv. SB 1391 (Wahab) Department of Consumer Affairs: retired category licenses.
- d. Bills with Position Recommendation
 - i. AB 1811 (Rogers) Health professionals
 - ii. AB 1775 (Ward) Veterans
- e. Bills with Watch Status Recommendation
 - i. AB 667 (Solache) Professions and vocations: license examinations: interpreters.
 - ii. AB 1979 (Bonta) Health care services: artificial intelligence.
 - iii. AB 2027 (Ward) Worker data: prohibitions: artificial intelligence.
 - iv. AB 2140 (Johnson) Healing arts: reports: claims against licensees.
 - v. AB 2680 (Arambula) Deaf and Disabled Telecommunications Program: certification.
 - vi. SB 435 (Wahab) California Consumer Privacy Act of 2018: sensitive personal information.
 - vii. SB 898 (Weber Pierson) Connected consumer products
 - viii. SB 1445 (Committee on Business, Professions and Economic Development) Healing Arts

13. Update on Board and DCA Progress to Improve the Board's Website to Increase Accessibility and User Friendliness

14. Regulatory Report: Update, Review, and Possible Action on Board Regulation Packages
 - a) Update on Regulations Regarding Hearing Aid Dispensers Trainee and Temporary Licensee Supervision as Stated in Title 16, CCR sections 1399.102 and 1399.115 through 1399.119
 - b) Update on Regulations Regarding General Application Requirements and Hearing Aid Dispensers and Dispensing Audiologists Examination Requirements as Stated in Title 16, CCR sections 1399.112, 1399.120, 1399.121, 1399.122, and 1399.152.4
 - c) Update on Regulations Regarding Approved Institutions as Stated in Title 16, CCR section 1399.152
 - d) Update on Regulations Regarding Fingerprinting Requirements as Stated in Title 16, CCR sections 1399.112, 1399.151.2, and 1399.170.14
15. Solicitation of Future Agenda Items

CLOSED SESSION

16. The Board Will Meet in Closed Session Pursuant to Government Code Section 11126(c)(3) to Discuss Disciplinary Matters Including Proposed Decisions, Stipulated Decisions, Defaults, Petitions for Reductions in Penalty, Petitions for Reconsideration, and Remands.

OPEN SESSION

17. 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. Adjournment, if it is the only item that occurs after a closed session, may not be webcast.

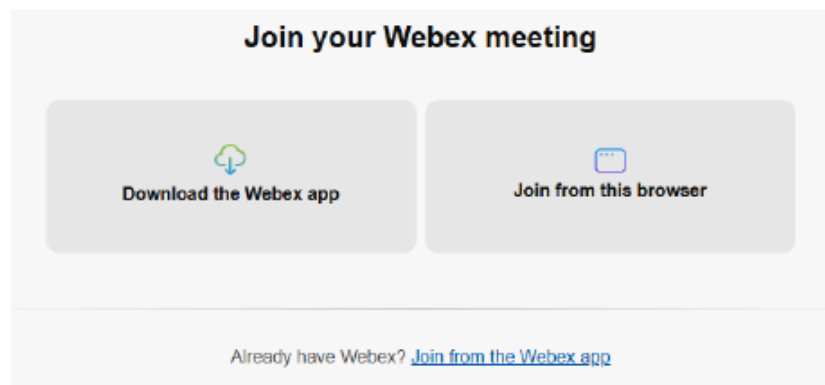
The meeting facilities are accessible to persons with a disability. Any person who needs a disability-related accommodation or modification in order to participate in the meeting may make a request by contacting the Board office at (916) 287-7915 or making a written request to Michael Magat, Assistant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

For information about the meeting contact Michael Magat, Assistant Executive Officer, 1601 Response Road, Suite 260, Sacramento, California 95815; (916) 287-7915

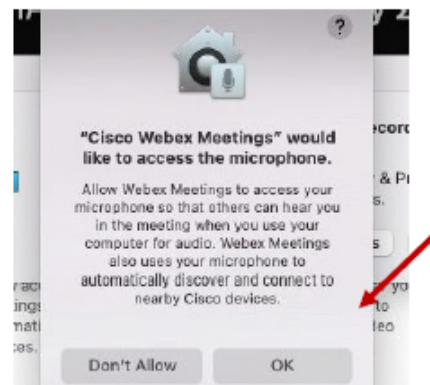
Recommended: Join using the meeting link.

- 1 Click on the meeting link. This can be found in the meeting notice you received and is on the meeting agenda.
- 2 If you already have Webex on your device, click the bottom instruction, "Join from the Webex app."

If you have **not** previously used Webex on your device, your web browser will offer "Download the Webex app." Follow the download link and follow the instructions to install Webex.



- 3 Enter your name and email address*. Click "Next."
Accept any request for permission to use your microphone and/or camera.



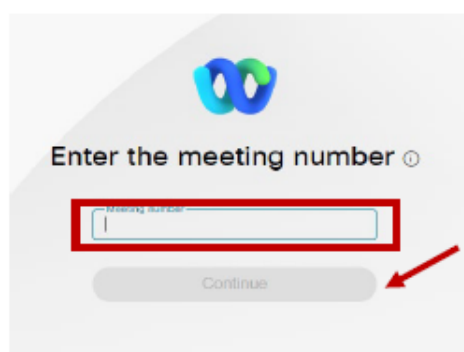
*Members of the public are not obligated to provide their name or personal information and may provide a unique identifier such as their initials or another alternative as well as a fictitious email address like in the following sample format: XXXXX@mailinator.com.

Alternative 1. Join from Webex.com

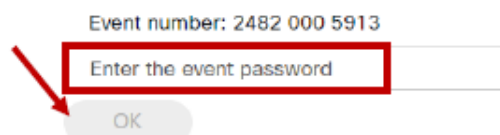
- 1 Click on "Join a Meeting" at the top of the Webex window.



- 2 Enter the meeting/event number and click "Continue." Enter the event password and click "OK." This can be found in the meeting notice you received or on the meeting agenda.



To view more information about the event, enter the event password.



- 3 The meeting information will be displayed. Click "Join Event."

[< Back to List](#)

Meeting Name

Jones, Shelly@DCA | 9:45 AM - 9:55 AM | Thursday, Oct 14 2021 |
(UTC-07:00) Pacific Time (US & Canada)



Join Event



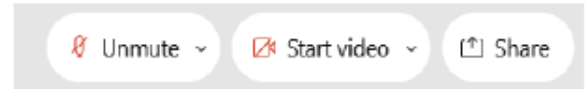
OR

Alternative 2. Connect via Telephone

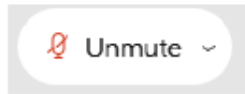


You may also join the meeting by calling in using the phone number, access code, and passcode provided in the meeting notice or on the agenda.

Microphone control (mute/unmute button) is located at the bottom of your Webex window.



Green microphone = Unmuted: People in the meeting can hear you.



Red microphone = Muted: No one in the meeting can hear you.

Note: Only panelists can mute/unmute their own microphones. Attendees will remain muted unless the moderator invites them to unmute their microphone. Only panelists will be offered starting their video camera.

Attendees/Members of the Public

Joined via Meeting Link

The moderator will call you by name and indicate a request has been sent to unmute your microphone. Upon hearing this prompt:

Click the Unmute me button on the pop-up box that appears.



Joined via Telephone (Call-in User)



- When you are asked to unmute yourself, press *6.
- When you are finished speaking, press *6 to mute yourself again.

Joined via Meeting Link

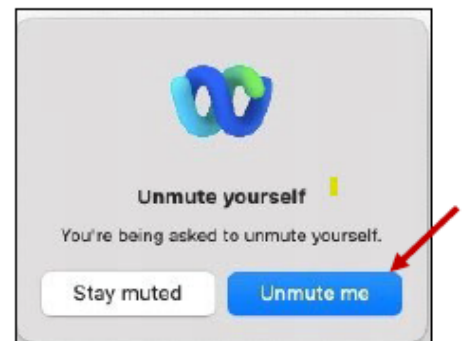
- Locate the hand icon at the bottom of the Webex window.
- Click the hand icon to raise your hand.
- Repeat this process to lower your hand.



The moderator will call you by name and indicate a request has been sent to unmute your microphone.

Upon hearing this prompt:

Click the Unmute me button on the pop-up box that appears.



Joined via Telephone (Call-in User)



Press *3 to raise or lower your hand.

- When you are asked to unmute yourself, press *6.
- When you are finished speaking, press *6 to mute yourself again.



If you cannot hear or be heard

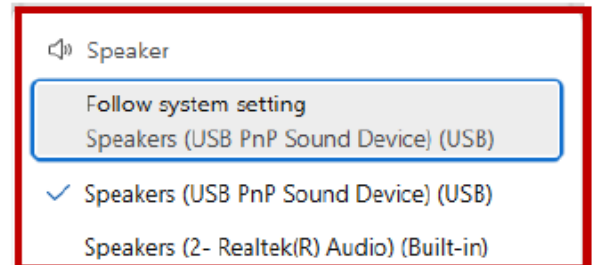
1 Click on the bottom facing arrow located on the Mute/Unmute button at the bottom of the Webex window.



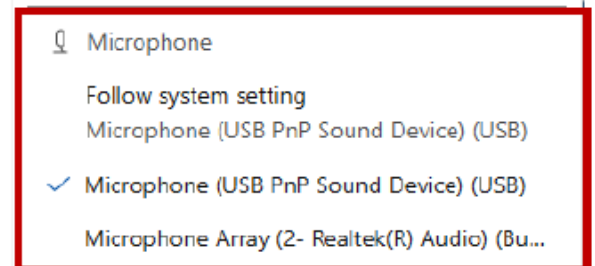
2 From the drop-down menu, select different:

- A. Speaker options if **you can't hear** participants.
- B. Microphone options if **participants can't hear you**.
- C. Audio settings will offer testing of your devices, and let you choose a different device.

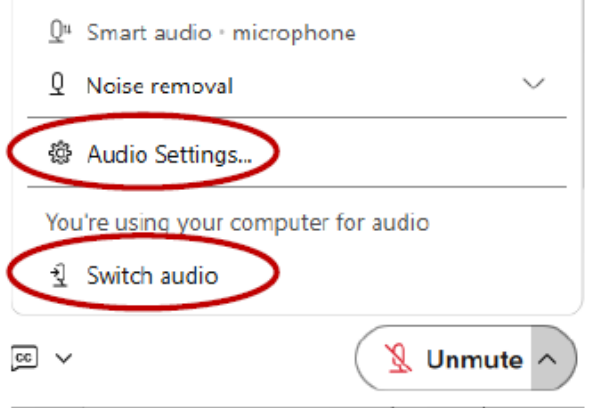
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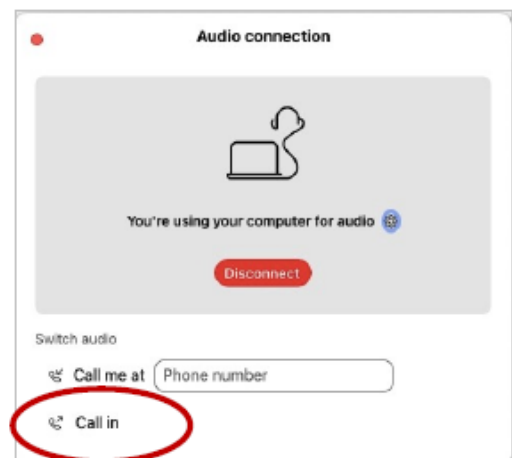


C

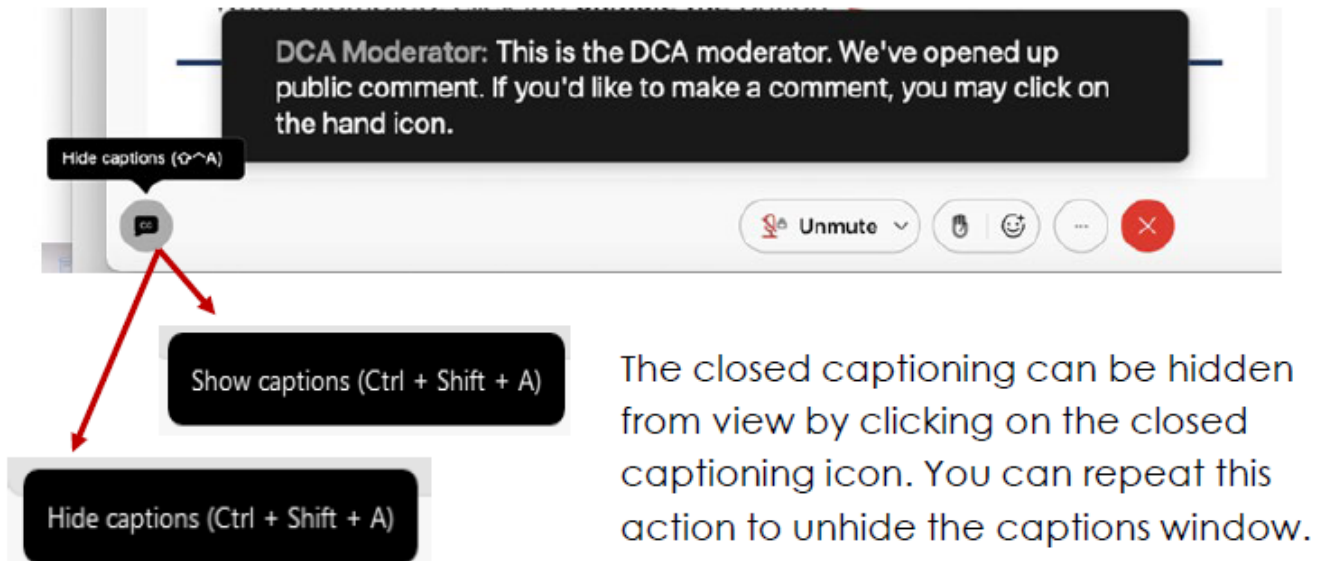


3 To link your phone to your Webex session, enabling your phone to become your microphone and speaker source:

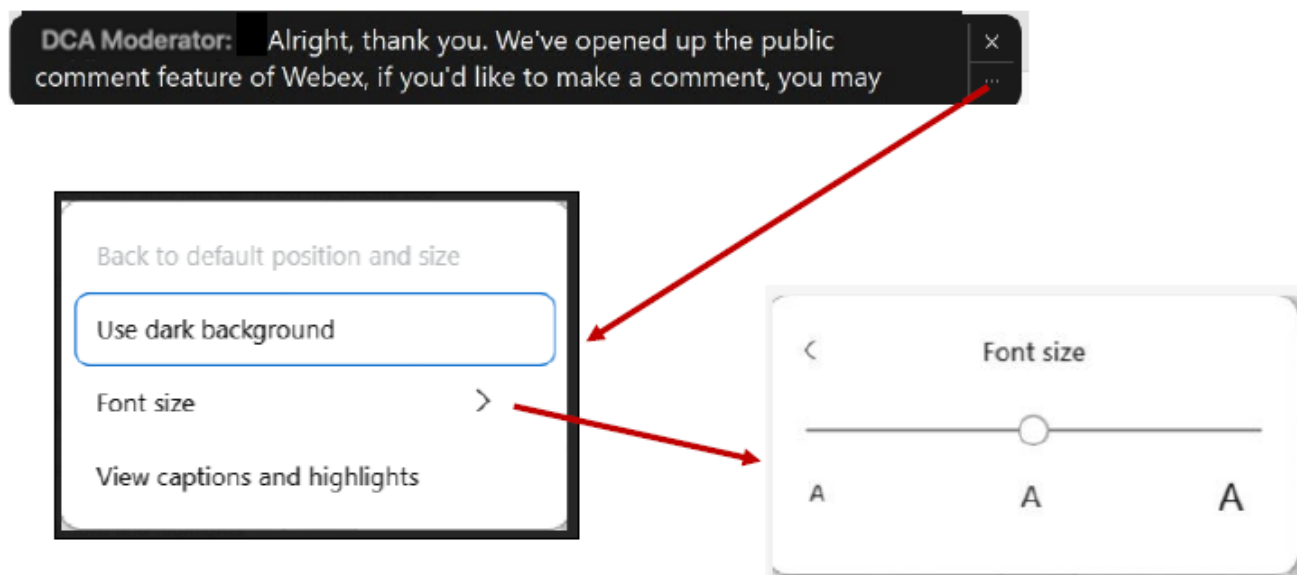
- Click on "Switch audio".
- Select "Call in", which will show the phone number to call and the meeting login information.



Webex provides real-time closed captioning displayed in a dialog box in your Webex window. The captioning box can be moved by clicking on the box and dragging it to another location on your screen.



You can view the closed captioning dialog box with a light or dark background or change the font size by clicking the 3 dots on the right side of the dialog box.



MEMORANDUM

DATE	July 17, 2026
TO	Hearing Aid Dispensing Committee
FROM	Michael Magat, Assistant Executive Officer
SUBJECT	Agenda Item 3: Discussion on the Creation of Educational Materials to Increase Consumer Awareness of Over-the-Counter Hearing Aids as Part of the Board's 2025-28 Strategic Plan

Background

The United States Food and Drug Administration (FDA) issued final rule [Medical Devices: Ear, Nose, and Throat Devices; Establishing Over-the-Counter Hearing Aids](#) to establish over-the-counter (OTC) hearing aids, which became effective on October 17, 2022. These federal regulations govern the sale of OTC hearing aids in all states and territories in the United States, including California. The regulation clarified that individuals who sell only OTC hearing aids, including those sold online, do not need to be licensed with the Board. The final ruling made several regulatory changes affecting the broader hearing aid marketplace including:

- Allowing adults 18 years and older with perceived mild to moderate hearing impairment to purchase OTC hearing aid without the involvement of a hearing healthcare professional.
- Repealing the former conditions for sale under Title 21 Code of Federal Regulations (CFR) Section 801.421.
- Defining non-OTC hearing aids as prescription devices, regulated under 21 CFR Section 801.109 rather than as restrictive devices.
- Updated labeling and related requirements for prescription hearing aids under new 21 CFR Section 801.422.

Importantly, the FDA's final ruling did not change state laws and regulations regarding non-OTC hearing aids, nor did it change state laws that require a licensed hearing aid dispenser or dispensing audiologist to fit and sell non-OTC hearing aids. In January of 2022, the Board highlighted that the final ruling also clarified the following:

- The ruling did not exempt a licensed hearing aid dispenser or dispensing audiologist from being subject to the requirements of the Practice Act even if the licensee

“undertakes commercial or professional activities only in relation to OTC hearing aids.” (21 CFR 800.30(h)(2)(iii)).

- The ruling did not remove, “modify or otherwise affect the ability of any person to exercise a private right of action under any State or Federal product liability, tort, warranty, contract, or consumer protection law.” (21 CFR 800.30(h)(3))

As OTC hearing aid devices become more widely available, clear and accurate public education is essential to help consumers understand when OTC hearing aid options may be appropriate, when professional care may still be needed, how to address return and warranty issues related to OTC hearing aids, and how the FDA regulatory changes affect access to both OTC and prescription hearing aids. In May of 2023, the FDA created an [OTC Hearing Aids: What You Should Know](#) webpage that covers what OTC hearing aids are, what you should know before and after buying an OTC hearing aid, and links to additional resources.

Discussion Questions

1. Does the Committee recommend the Board create a webpage similar to the FDA’s OTC Hearing Aids: What You Should Know that provides California specific consumer information on OTC hearing aids and consumer remedies available to consumers of OTC hearing aids?
2. Does the Committee recommend the Board create additional consumer information webpages on OTC and non-OTC hearing aids similar to the FDA’s website?
3. Does the Committee recommend the Board try to get the Attorney General’s Office to publish an updated Consumer Alert on OTC hearing aids?
4. Does the Committee recommend the Board make a separate booklet similar to the Hearing Loss and Hearing Aids for Adults specifically for OTC hearing aids? Alternatively, would the Committee recommend updating and incorporating information on OTC hearing aids into the current booklet?
5. Does the Committee recommend the Board update the Mail Order/Internet Hearing Aids webpage?
6. Are there other consumer education materials the Committee would want the Board to research and develop?
7. Are there licensee education materials the Committee would want the Board to research and develop?

Action Requested

Board staff recommend the Committee review the materials provided and discuss the above questions to determine what types of educational materials the Committee recommends the Board create to increase consumer awareness of OTC hearing aids as part of the Board's 2025-28 Strategic Plan.

Attachment A – FDA website [OTC Hearing Aids: What You Should Know](#)

Attachment B - [Attorney General Bonta Issues Consumer Alert on Hearing Aids Sold Online or Over-the-Counter](#)

Attachment C - [Mail Order/Internet Hearing Aids](#) information currently on the Board's website

Attachment D - [Hearing Loss and Hearing Aids for Adults](#) Booklet

OTC Hearing Aids: What You Should Know

Close to 30 million adults living in the U.S. have some degree of hearing loss (<https://www.nidcd.nih.gov/health/statistics/quick-statistics-hearing>). Despite the high number of people affected by hearing loss, only about one-fifth (<https://www.federalregister.gov/d/2022-17230/p-45>) of those who could benefit from a hearing aid seek intervention. Using hearing aids may reduce (<https://www.federalregister.gov/documents/2022/08/17/2022-17230/medical-devices-ear-nose-and-throat-devices-establishing-over-the-counter-hearing-aids#p-666>) the frequency or severity of cognitive decline, depression, and other health problems in adults. Added benefits can include improved social participation and a better quality of life. To increase the public's access to hearing aids and improve hearing, the FDA established a new category of over-the-counter (OTC) hearing aids (<https://www.federalregister.gov/documents/2022/08/17/2022-17230/medical-devices-ear-nose-and-throat-devices-establishing-over-the-counter-hearing-aids>) for adults 18 years of age and older with perceived mild to moderate hearing loss that went into effect on October 17, 2022.

Feedback

On this page:

- [Over-the-Counter \(OTC\) Hearing Aids](#)
- [Before You Buy an OTC Hearing Aid: What You Should Know](#)
- [After You Buy an OTC Hearing Aid: What You Should Know](#)
- [OTC Hearing Aid Resources](#)

Over-the-Counter (OTC) Hearing Aids

A hearing aid is a medical device (</consumers/consumer-updates/hearing-aids-and-personal-sound-amplification-products-what-know>) that is intended to help with hearing loss and is worn behind or within the ear canal. The FDA regulates all hearing aids to ensure safety and effectiveness for consumers.

OTC Hearing Aids:

- Are air-conduction hearing aids (</consumers/consumer-updates/hearing-aids-and-personal-sound-amplification-products-what-know>) that do not require implantation or other surgical intervention. They bring amplified sound into the ear canal. Sound then

moves through the eardrum and three tiny bones in the middle ear to reach the inner ear, where it's processed and sent to the brain.

- Are intended for use by people 18 years of age and older to help with perceived mild to moderate hearing loss.
- Allow users to control the device settings and customize the device to the user's hearing needs, through tools, tests, or software.
- May use wireless technology or may include tests for self-assessment of hearing loss.
- Are available to consumers over-the-counter without the supervision, involvement, or prescription of a licensed health care professional. You can buy OTC hearing aids that meet the FDA's requirements (<https://www.federalregister.gov/documents/2022/08/17/2022-17230/medical-devices-ear-nose-and-throat-devices-establishing-over-the-counter-hearing-aids>) in a store or online.

Within the OTC hearing aid category, consumers 18 years of age and older with perceived mild to moderate hearing loss may have the following device options:

- Legacy (traditional) and wireless hearing aids which include basic features like volume control and preset programs.
- Self-fitting hearing aids with or without a wireless feature that have greater customization through technology such as hearing tests, software, and smartphone apps.

Note: A prescription hearing aid is any hearing aid that is not an OTC hearing aid (<https://www.federalregister.gov/documents/2022/08/17/2022-17230/medical-devices-ear-nose-and-throat-devices-establishing-over-the-counter-hearing-aids#p-806>). Prescription hearing aids are only available through a licensed hearing health care professional who can program the device to your unique level of hearing loss. These devices may be appropriate for all levels of hearing loss and for all ages based on the indications for use.

Before You Buy an OTC Hearing Aid: What You Should Know

Who Can Buy an OTC Hearing Aid

If you are 18 years of age or older and believe you have perceived mild to moderate hearing loss, you can buy an OTC hearing aid in a store or online without seeing an ear-nose-throat (ENT) doctor, or a licensed hearing health care professional (audiologist). Please note that OTC hearing aids are intended only for perceived mild to moderate hearing loss, and NOT for the treatment of severe or profound hearing loss. If you, or a friend, or family member suspect that

you have a more severe or profound hearing loss, you should consult with a licensed hearing health care professional, as OTC hearing aids may not provide adequate benefit for more severe hearing losses. This is because OTC hearing aids are limited in their maximum output and may not be adequate to treat more severe hearing losses.

If you are younger than 18 years of age, you need to buy your hearing aids by prescription, and you should go to a doctor, preferably an ENT, because your condition needs specialized care.

Where You Can Buy an OTC Hearing Aid

You can buy OTC hearing aids in person at a store or through an online retailer without the need for a medical exam, prescription, or a fitting adjustment by an audiologist.

You can also buy OTC hearing aids from a hearing health care professional (audiologist or hearing aid dispenser). These professionals can perform a hearing test and hearing aid evaluation. You can request your hearing evaluation records from your hearing health care professional and may buy your hearing aid elsewhere.

You should review the outside package labeling before you buy your OTC hearing aid. If you cannot find the outside package labeling, contact the seller or manufacturer. The OTC hearing aid regulation requires important information to be displayed on the outside package labeling for consumers to review before buying OTC hearing aids.

OTC Hearing Aid – Outside the Box Labeling

The FDA regulations (<https://www.federalregister.gov/documents/2022/08/17/2022-17230/medical-devices-ear-nose-and-throat-devices-establishing-over-the-counter-hearing-aids#p-228>) require certain information on the outside the box for OTC hearing aids. Carefully review the packaging for important information. The following information is required to appear on the outside packaging.

1) Warnings and additional information regarding your hearing health.

- ***Warning against use in people younger than 18***



WARNING: If you are younger than 18, do not use this.
You should go to a doctor, preferably an ear-nose-throat doctor (an ENT), because your condition needs specialized care. Over-the-counter hearing aids are only for users who are age 18 or older.

- ***Symptoms suggesting perceived mild to moderate hearing loss.***

This hearing aid is for adults with signs of mild to moderate hearing loss. How do you know if you have this?

- You have trouble hearing speech in noisy places
- You find it hard to follow speech in groups
- You have trouble hearing on the phone
- Listening makes you tired
- You need to turn up the volume on the TV or radio, and other people complain it's too loud

- ***Advice on when to seek health care services.***

Some people with hearing loss may need help from a hearing healthcare professional. How do you know if you need to see one?

- You can't hear speech even if the room is quiet
- You don't hear loud sounds well, for example, you don't hear loud music, power tools, engines, or other very noisy things

If your hearing loss makes it hard to hear loud noises, this hearing aid may not be your best choice without help from a professional. If this hearing aid does not help you enough, ask for help from a hearing healthcare professional.

- ***"Red flag" conditions.***

WARNING: When to See a Doctor

If you have any of the problems listed below, please see a doctor, preferably an ear-nose-throat doctor (an ENT).

- Your ear has a birth defect or an unusual shape. Your ear was injured or deformed in an accident.
- You saw blood, pus, or fluid coming out of your ear in the past 6 months
- Your ear feels painful or uncomfortable

- You have a lot of ear wax, or you think something could be in your ear
- You get really dizzy or have a feeling of spinning or swaying (called vertigo)
- Your hearing changed suddenly in the past 6 months
- Your hearing changes: it gets worse then gets better again
- You have worse hearing in one ear
- You hear ringing or buzzing in only one ear

- ***Notice of contact information.***

This information and other labeling, including the user instructional brochure, are available on the internet at: [weblink to all labeling and any additional resources]

You may also call [telephone number] or write to [email address] or [postal address] to request a paper copy of this information and other labeling.

- ***Manufacturer's return policy.***

Manufacturer's return policy: [succinct, accurate statement of return policy or absence of return policy]

- 2) Whether the device is used or rebuilt.
- 3) The words "OTC" and "hearing aid" are prominently displayed on the packaging.
- 4) Information regarding the type and number of batteries, and whether batteries are included.
- 5) Whether a mobile phone or remote-control device is necessary to control the OTC hearing aid.

Please note, statements such as "FDA Registered" and "FDA Certified" medical devices, and the use of an FDA logo on an OTC hearing aid package labeling may be misleading. For more information, please refer to [Are There "FDA Registered" or "FDA Certified" Medical Devices? How Do I Know What Is FDA Approved? \(/medical-devices/consumers-medical-devices/are-there-fda-registered-or-fda-certified-medical-devices-how-do-i-know-what-fda-approved?how_do_i_know_what_is_fda_approved%3F=\)](#), and [FDA Logo Policy \(/about-fda/website-policies/fda-name-and-logo-policy\)](#).

Additionally, the FDA's OTC hearing aid regulations do not require manufacturers to provide a warranty. However, you should understand the terms of any applicable return or warranty period from the manufacturer, so you have enough time to test your device in different environments and allow yourself time to adjust to the new sounds in different listening environments.

After You Buy an OTC Hearing Aid: What You Should Know

It takes time and practice to get used to wearing hearing aids. You should wear your hearing aids regularly and become familiar with their features. You may have to practice putting the hearing aids in and taking them out, as well as learn to adjust the program settings in different listening environments. If you feel you are not receiving benefit from your OTC hearing aids, consider seeking a consultation with a hearing health care professional.

Report Problems with OTC Hearing Aids to the FDA

Tell the FDA about any injuries, malfunctions, or other adverse events related to medical devices, including OTC hearing aids, through the online [MedWatch \(/safety/medwatch-fda-safety-information-and-adverse-event-reporting-program\)](https://www.fda.gov/safety/medwatch-fda-safety-information-and-adverse-event-reporting-program) form or by calling 1-800-FDA-1088. Submit the information to the FDA as soon as possible after the event. Adverse events may include ear canal or outer ear skin irritation, injury from the device (like cuts, scratches, or burns from an overheated battery), pieces of the device lodged in your ear canal, or sudden increased severity in hearing loss with device use.

Report Allegations of Regulatory Misconduct

An allegation of regulatory misconduct is a claim that a medical device manufacturer or individuals marketing medical devices, including OTC hearing aids, may be doing so in a manner that violates the law. Reporting these allegations can help make the FDA aware of regulatory concerns it may not learn of otherwise. This information can help the FDA identify the potential risks to patients and determine whether further investigation is warranted, as well as any steps needed to address or correct a potential violation. Instructions and online forms are available at [Reporting Allegations of Regulatory Misconduct \(/medical-devices/medical-device-safety/reporting-allegations-regulatory-misconduct\)](https://www.fda.gov/medical-devices/medical-device-safety/reporting-allegations-regulatory-misconduct).

OTC Hearing Aid Resources

The following resources may help you learn more about OTC hearing aids.

- [FDA Hearing Aids \(/medical-devices/consumer-products/hearing-aids\)](https://www.fda.gov/medical-devices/consumer-products/hearing-aids)
- [FDA Types of Hearing Aids \(/medical-devices/hearing-aids/types-hearing-aids\)](https://www.fda.gov/medical-devices/hearing-aids/types-hearing-aids)

- [National Institute on Deafness and Other Communication Disorders \(NIDCD/NIH\) - OTC Hearing Aids](https://www.nidcd.nih.gov/health/over-counter-hearing-aids) (<https://www.nidcd.nih.gov/health/over-counter-hearing-aids>)
- [American Academy of Audiology - Consumers and OTC Hearing Aids](https://www.audiology.org/consumers-and-patients/managing-hearing-loss/consumers-and-otc-hearing-aids/) (<https://www.audiology.org/consumers-and-patients/managing-hearing-loss/consumers-and-otc-hearing-aids/>) [↗](http://www.fda.gov/about-fda/website-policies/website-disclaimer) (<http://www.fda.gov/about-fda/website-policies/website-disclaimer>)
- [American Speech-Language-Hearing Association - OTC Hearing Aids](https://www.asha.org/aud/otc-hearing-aid-toolkit/tools-for-audiologists/) (<https://www.asha.org/aud/otc-hearing-aid-toolkit/tools-for-audiologists/>) [↗](http://www.fda.gov/about-fda/website-policies/website-disclaimer) (<http://www.fda.gov/about-fda/website-policies/website-disclaimer>)
- [Hearing Industries Association - OTC Hearing Aids](https://betterhearing.org/policy-research/otc-hearing-aids/) (<https://betterhearing.org/policy-research/otc-hearing-aids/>) [↗](http://www.fda.gov/about-fda/website-policies/website-disclaimer) (<http://www.fda.gov/about-fda/website-policies/website-disclaimer>)
- [American Academy of Otolaryngology-Head and Neck Surgery - OTC Hearing Aids](https://www.entnet.org/advocacy/regulatory-advocacy/over-the-counter-sale-of-hearing-aids/aa-hns-summary-fda-over-the-counter-hearing-aids-final-rule/) (<https://www.entnet.org/advocacy/regulatory-advocacy/over-the-counter-sale-of-hearing-aids/aa-hns-summary-fda-over-the-counter-hearing-aids-final-rule/>) [↗](http://www.fda.gov/about-fda/website-policies/website-disclaimer) (<http://www.fda.gov/about-fda/website-policies/website-disclaimer>)
- [Hearing Loss Association of America - OTC Hearing Aids](https://www.hearingloss.org/hearing-help/technology/otc-hearing-aids/) (<https://www.hearingloss.org/hearing-help/technology/otc-hearing-aids/>) [↗](http://www.fda.gov/about-fda/website-policies/website-disclaimer) (<http://www.fda.gov/about-fda/website-policies/website-disclaimer>)
- [Hear Well - OTC Hearing Aid FAQ](https://www.hearing.org/hearing-aids-101/#faq) (<https://www.hearing.org/hearing-aids-101/#faq>) [↗](http://www.fda.gov/about-fda/website-policies/website-disclaimer) (<http://www.fda.gov/about-fda/website-policies/website-disclaimer>)

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**ROB BONTA***Attorney General*

Attorney General Bonta Issues Consumer Alert on Hearing Aids Sold Online or Over-the-Counter

Press Release / Attorney General Bonta Issues Consumer Alert on Hearing Aids...

Wednesday, August 4, 2021

Contact: (916) 210-6000, agpressooffice@doj.ca.gov

OAKLAND – California Attorney General Rob Bonta issued a consumer alert today warning Californians to exercise caution when purchasing direct-to-consumer hearing products, such as hearing aids, over-the-counter or online. With the growing popularity, availability, and confusion about these products, the Attorney General urges the public to educate themselves about their options, and consider whether a hearing aid sold online or over-the-counter, rather than prescribed by a doctor, will address their needs.

“Healthcare costs can add up, which is why many of us seek out more affordable options that make sense for our families,” **said Attorney General Bonta.** “While hearing aids sold online or over-the-counter may appear to be more cost-effective than traditional hearing

aids, they may not properly address your particular hearing loss needs or may be outright scams. As you explore your options, know your rights, beware of false claims, and exercise caution if you choose to purchase from an unlicensed seller.”

As federal administrators draft proposed regulations for over-the-counter hearing aids, California law requires all hearing aid sellers, including online and over-the-counter sellers, to be licensed with the Department of Consumer Affairs’ Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board. Please consider the following before purchasing an over-the-counter hearing aid from an online or over-the-counter seller:

- **Get checked by a licensed hearing professional.** Hearing loss may be caused by a variety of factors – from simple ear wax build up to more serious complications. While online or app-based hearing tests may be convenient, they may fail to detect individualized or serious hearing loss issues. If you need a hearing aid, a licensed hearing professional, who is authorized to test your hearing, can prescribe one that is individualized to your needs or refer you to someone who can, including a licensed seller of over-the-counter devices. You should be aware that some over-the-counter devices are limited in their ability to fine-tune adjustments to your specific needs.
- **Beware of misleading claims.** Over-the-counter hearing aids are meant to treat mild to moderate hearing loss and may not be able to treat severe hearing loss. Hearing aids advertised as “FDA registered” are not necessarily “FDA approved.” “FDA registered” merely means the company has registered with the U.S. Food and Drug Administration (FDA) and does not mean that the FDA has reviewed or approved a specific product. The FDA recently issued cease and desist notices to companies advertising their products as “FDA registered.”
- **Know your rights:** If you are unhappy with your hearing aids, California law (Civil Code section 1793.02) allows you to return them within 45 days of receipt for a full

refund or exchange without any additional fees. The seller must provide you with a written statement with this information and the date of expiration for the return period. If a seller offers a longer return period, they must honor it.

Audiologists and hearing aid dispensers are licensed by the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board. For more resources regarding hearing loss, to look up a license, or to file a complaint against a hearing aid dispenser, visit www.speechandhearing.ca.gov.

If you believe you have purchased an over-the-counter hearing aid from a business that misrepresented its claims, please file a complaint at www.oag.ca.gov/report.

Today's consumer alert was issued by the Healthcare Rights and Access (HRA) Section of the California Department of Justice. HRA works proactively to increase and protect the affordability, accessibility, and quality of healthcare in California. HRA's attorneys monitor and contribute to various areas of the Attorney General's healthcare work, including consumer rights; anticompetitive consolidation in the healthcare market; anticompetitive drug pricing; nonprofit healthcare transactions; privacy issues; civil rights, such as reproductive rights and LGBTQ healthcare-related rights; and public health work on tobacco, e-cigarettes, and other products.

#



Mail Order/Internet Hearing Aids

PURCHASING A HEARING AID BY MAIL ORDER/INTERNET MAY SEEM INEXPENSIVE, BUT THERE COULD BE HIDDEN COSTS.**Know your rights and the seller's responsibilities:**

- ▶ California law provides that mail order/internet hearing aids may only be purchased through a dispenser licensed by the California Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board.
- ▶ The law states that when hearing aids are purchased by mail order/internet there must be no fitting, selection or adaptation of the instrument.
- ▶ By law, the seller may give no advice with respect to the taking of an ear impression (ear impressions are made to ensure the proper fit of a hearing aid).
- ▶ The law also requires that, prior to purchasing a hearing aid through mail order or the Internet, you must provide a statement signed by a physician, audiologist or licensed dispenser that verifies direct examination of your ear.

Beware of potential risks:

- ▶ To work effectively, hearing aids must fit right. If a mail-order/internet sale doesn't involve personal contact with a licensed dispenser, it's difficult for you to benefit from a proper fitting.
- ▶ Follow-up evaluation, which is important to ensure the hearing aid is working appropriately and meeting your needs, probably isn't available.
- ▶ It may be difficult to get a refund from an out-of-state seller. According to California law, if you are not satisfied with a hearing aid, and the hearing aid has not been specifically fit for your particular needs, you may receive a full refund if you return it to the seller within 30 days of receipt.

When preparing to purchase a hearing aid, remember to:

- ▶ Always deal with a licensed Hearing Aid Dispenser, to take best advantage of California's consumer-protection laws. Ask the dispenser if they're licensed in California, call the Board or check the Board's Web site to [verify license status](#).
- ▶ Read the fine print on advertisements. If a pitch seems "too good to be true," it probably is.

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Hearing Loss and Hearing Aids for Adults



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



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STATE OF CALIFORNIA



DEPARTMENT OF CONSUMER AFFAIRS

About the Board

The Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board (Board) licenses and regulates speech-language pathologists, audiologists, and hearing aid dispensers, along with other providers registered to assist in the delivery of speech-language pathology, audiology, and hearing aid dispensing services. The Board protects consumers by requiring adherence to laws designed to ensure the qualifications and competency of licensed providers, and further protects Californians with hearing loss by informing them of their legal rights and obligations when purchasing or returning hearing aids. The Board is also responsible for protecting consumers from unlicensed, incompetent, and unethical practitioners by investigating complaints regarding possible violations of its laws, suspending or revoking licenses, and imposing disciplinary sanctions, when necessary.

Introduction

This consumer guide provides information on the types and degrees of hearing loss and today's hearing aids, and features a glossary of common terms related to hearing testing, hearing aid technology, and hearing professionals.

We hope you find our guide helpful!



Three Types of Hearing Loss

There are three general types of hearing loss, which are distinguished by underlying causes, symptoms, and possible treatments.

Sensorineural

Sensorineural hearing loss (SNHL) is permanent and typically progressive, and occurs when there is damage to the inner ear (cochlea) or to the nerve pathway from the inner ear to the brain. Both loudness and clarity of sounds are affected. This is the most common type of permanent hearing loss, and typically cannot be medically or surgically corrected. There are a number of causes for SNHL, including aging, genetics, excessive noise exposure, and chemotherapy/pharmaceuticals.

Conductive

Conductive hearing loss occurs when sound is not conducted efficiently through the outer and/or middle ear. In some cases, medical or surgical intervention can be undertaken. The outer ear consists of the pinna, ear lobe, conchal bowl, ear canal, and many other small structures. The middle ear consists of the eardrum, three small bones (ossicles), muscles, and tendons. Conductive loss reduces the loudness of sounds; however, if sounds are loud enough, they are usually clear because the cochlea is not involved. Some causes of conductive hearing loss are:

- Middle ear infection (otitis media)
- Poor eustachian tube function

- Perforated eardrum
- Impacted earwax (cerumen)
- Presence of a foreign body
- Absence or malformation of the outer ear, ear canal, or middle ear
- Disease or damage to middle ear structures

Mixed

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

Degrees of Hearing Loss and Associated Speech Recognition		
Mild	25–39 dB*	Difficulty only with faint speech
Moderate	40–69 dB*	Frequent difficulty with loud speech
Severe	70–89 dB*	Can only understand amplified speech
Profound	90+ dB*	Usually cannot understand even amplified speech

* dB stands for decibel and is a unit for expressing the relative intensity of sounds. Higher dB values indicate poorer hearing.

Hearing Aids: The Basics

Assistive Listening Devices

There are a number of devices that provide alerting signals to those with hearing loss such as alarms, doorbells, smoke detectors, etc. In addition, there are devices that can send a television signal from a transmitter attached to the television to a receiver worn by the individual with hearing loss. The wearer can control the volume. There are a number of no-cost, speech-to-text phone systems available for those who have difficulty understanding speech on the phone, even with a telecoil.



Digital and Programmable Hearing Aids

Today's hearing aids operate with the use of a computer chip that primarily amplifies speech and has background noise-reduction capabilities for a comfortable listening experience. Digital hearing aids can be fully automated or can have multiple listening programs for different environments. Many hearing aids can be programmed to meet the hearing and communicative needs of the wearer. Analog hearing aids are no longer available from the major manufacturers.

Feedback Suppression

Hearing aid circuits can reduce feedback—unwanted sound or squeals that come from a hearing aid. Feedback suppression circuitry is available in most hearing aids.

FM Systems

FM systems are wireless sound transmission systems that transmit sound or speech on a radio frequency. They require a transmitter microphone worn by a speaker or at a sound source and a receiver worn by the listener that is coupled to a hearing aid or a cochlear implant. FM systems can dramatically improve the signal-to-noise ratio in a noisy environment or when listening at a distance from the source.

Hearing Aid Gain

Hearing aids can have different levels of power—or gain—for different degrees of hearing loss, with power levels ranging from mild to super power. In addition, hearing aids today provide different amounts of gain depending on the incoming sound; i.e., more gain for soft sounds, less for loud sounds.

Hearing Aid Styles

Hearing aids can be custom in the ear, receiver in canal (RIC) with hearing aid behind the ear, or conventional behind the ear (BTE) with a custom earmold. BTEs require a type of coupling earmold that can come in various styles. Contralateral routing of signal (CROS) aids can transmit sound from the poorer to the better ear.

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. Most aids have this warning system.

Omni Versus Directional Microphones (DMs)

There can be one or two microphones on hearing aids. Omni, or single microphones, pick up sound from all directions around the head. DMs consist of a microphone pick-up pattern that typically emphasizes sound coming from the front versus unwanted sound coming from behind. In quiet, typically both microphones are working. In a noisy environment, the back microphone typically shuts off so that sound is louder in front of the listener and softer from behind, which assists with hearing speech in noise. DMs are not available in every hearing aid, but they are a common feature.

Over-the-Counter (OTC) Devices

OTC devices—which will be made available to the public once federal regulations are approved—are hearing devices that will likely be sold in retail or electronics outlets. They are intended only for those more than 18 years old with perceived mild-to-moderate hearing loss. Consumers should still seek a hearing test and counseling by an audiologist or hearing aid dispenser prior to a purchase of this type.

Personal Sound Amplification Products (PSAPs)

These are over-the-counter devices with fewer features than those found in hearing aids. They are primarily designed for those without hearing loss and are less sophisticated and less costly. There are pros and cons for all styles.

Telecoils (T-coils)

Telecoils, or T-coils, are induction coils of wire inside a hearing aid. T-coils allow hearing aids to pick up electromagnetic spillage from a phone so it can be amplified, thereby improving the signal-to-noise ratio in a noisy environment. It can also pick up electromagnetic emissions from an induction loop, which can also be amplified. Loops are typically found in public venues such as theaters, churches, and auditoriums. T-coils are not available in every hearing aid style. The advantages and disadvantages of T-coils should be discussed with your dispensing professional and ordered at the time of a hearing aid evaluation.

Wireless (Bluetooth) Hearing Aids

Some hearing aids can be “paired” with electronic devices that can create a Bluetooth or wireless data-transfer process; for example, hearing aids can be paired to smartphones, televisions, computers, and other electronic devices. Using this process and similar wireless technologies, acoustic information can be streamed directly from the electronic device to the hearing aid. To accomplish streaming, some hearing instruments may require an intermediate instrument called a “streamer.”

Glossary of Hearing, Hearing Loss, and Hearing Aid Terms

Acoustic Gain: Difference between the input to the microphone of a hearing aid and the output of the receiver in the aid.

Aided Threshold: Lowest level at which a signal is audible to an individual wearing a hearing aid.

Air-Bone Gap: Difference in dB between air-conducted (earphone) and bone-conducted (bone oscillator) hearing thresholds for a given frequency in the same ear.

Analog: In hearing aids, amplification that uses traditional, continually varying signal processing.

Audiogram: Graphic representation of threshold of hearing sensitivity as a function of frequency.

Audiologist: A professional with a graduate degree, typically a doctorate degree, licensed to provide diagnostic hearing evaluations and can be licensed to dispense hearing aids. An audiologist can also provide rehabilitation of hearing loss and evaluate balance disorders.

Audiometer: Calibrated electronic equipment designed for the measurement of hearing sensitivity.

Aural Rehabilitation: A program of treatment designed to help restore communicative function that can result from hearing loss.

Aures Unitas (AU): Both ears together.

Auris Dextrae (AD): Right ear.

Auris Sinistrum (AS): Left ear.

Cerumen: Ear wax; ceruminous gland secretion in the ear canal.

Cochlear Implant: Surgically implanted device that enables primarily profoundly deaf individuals to perceive sound. A cochlear implant produces an electrical signal that is detected by the auditory nerve.

Compression: Nonlinear amplifier gain in hearing aids used to regulate uncomfortably loud sound.

Decibel (dB): Unit of sound intensity used in hearing testing.

Digital: Sound is converted to a digital signal for processing by the hearing aid and then converted back to a meaningful acoustic signal.

Direct Audio Input (DAI): Direct input of sound into a hearing aid by means of a hardwire connection between the hearing aid and an assistive listening device or other sound source.

Earhook: An aspect of a behind-the-ear hearing aid that connects the aid to the earmold tubing.

Ear Impression: Cast made of the outer ear (concha) and ear canal for creating a customized hearing aid or earmold.

Frequency (Pitch): Number of times a repetitive event occurs in a specified amount of time; e.g., the number of times cycles of a sound wave occurs in one second, expressed in hertz (Hz). Hearing is typically measured at 250–8000 Hz.

Hair Cells: Sensory cells of the organ of Corti in the cochlea or inner ear.

Hearing Aid Dispenser: An individual licensed to fit and sell hearing aids.

Hearing Aid Evaluation: A process of choosing suitable hearing aid amplification for a given individual.

Hearing Threshold: An absolute threshold of hearing sensitivity or the lowest intensity level at which a sound is perceived.

Immittance Audiometry: Battery of tests that measures the function of the middle ear, including tympanometry.

Listening Check: Informal assessment of the output of a hearing aid to ensure proper functioning.

Masking: In audiometry, to introduce sound to one ear while testing the other to eliminate any influence of crossover of sound from the test ear to the nontest ear.

Microphone: Device found in hearing aids that transduces sound waves into electrical signals.

Most Comfortable Loudness (MCL): Intensity level at which sound is perceived to be the most comfortable.

Multichannel Hearing Aid: Hearing aid in which each of two or more frequency bands can be controlled independently.

Neckloop: Necklace-size loop of wire that can be plugged into an assistive listening device or receiver, a radio, TV, and some computer speakers and phones. It generates a magnetic signal that can be received by the hearing aid telecoil and amplified.

Occlusion Effect: Low-frequency enhancement in the loudness level of bone-conducted signals due to the occlusion of the ear canal.

Pressure Vent: Small vent in an earmold or hearing aid to provide pressure equalization in the ear canal.

Pure Tone Average (PTA): The average pure tone threshold at 500 Hz, 1000 Hz, and 2000 Hz.

Receiver: Device that converts electrical energy into acoustic energy in a hearing aid.

Recruitment: Increase in the loudness growth rate found in sensorineural hearing loss.

Speech Audiometry: Speech measurements performed during a standard audiometric evaluation, including speech recognition threshold (SRT) and word recognition testing.

Streamer: Device that allows for wireless Bluetooth transmission of sound from external devices to hearing aids.

Uncomfortable Loudness Level (UCL): Intensity level at which sound is perceived to be uncomfortable.

Vent: A bore made in an earmold or hearing aid that permits the passage of sound and air into the otherwise blocked ear canal.

Vestibular: Pertaining to the balance mechanism (vestibular system).

Volume Control: Manual or automatic control designed to adjust the output of a hearing instrument.

Additional Resources

National Institute on Deafness and Other Communication Disorders: www.nidcd.nih.gov

Hearing Loss Association of America: www.hearingloss.org



Edmund G. Brown Jr., Governor

Alexis Podesta, Secretary
Business Consumer Services and Housing Agency

Dean R. Grafilo, Director
Department of Consumer Affairs





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MEMORANDUM

DATE	June 22, 2026
TO	Speech-Language Pathology Practice Committee
FROM	Maria Liranzo, Legislation/Regulation/Budget Analyst
SUBJECT	Agenda Item 3: Discussion and Possible Action to Make a Recommendation to the Board to Amend Regulations Regarding Scope of Responsibility, Duties, and Functions of Speech-Language Pathology Assistants Related to Feeding and Swallowing Therapy as Stated in Title 16, California Code of Regulations (CCR) sections 1399.170.1, 1399.170.2, and 1399.170.3

Background

On November 30, 2023, the Speech-Language Pathology Practice Committee (Committee) discussed the restrictions on speech-language pathology assistants (SLPAs) performing oral pharyngeal swallow therapy with bolus material.

The Committee met on December 5, 2024, and May 15, 2025, to determine if SLPAs should be allowed to perform oral pharyngeal swallow therapy with bolus material by comparing neighboring state and national requirements and requirements of other healing arts professions such as occupational therapy. The Committee determined that SLPAs should be able perform feeding and swallowing therapy with bolus material and began discussion on possible requirements. Discussions on possible requirements continued on August 21, 2025, December 4, 2025, and April 3, 2026.

Summary of Changes

The following are changes Board staff have made in response to Committee discussion on April 3, 2026:

- Amended 1399.170.1(c)(1)(A) to replace the word “dysphasia” with the word “dysphagia” and add aspiration as a content to be covered under signs and symptoms of swallowing and dysphagia.
- Amended 1399.170.1(c)(1)(B) to remove the word “California”.
- Amended 1399.170.1(c)(2) to require the supervising speech-language pathologist (SLP) at the time the SLPA completes the required education and supervised experience to verify out-of-state experience were performed in states where SLPAs were authorized to perform feeding and swallowing therapy with bolus material and it was completed in accordance with the Board’s requirements.

- Amended 1399.170.1(c)(5) to prohibit SLPAs from performing feeding and swallowing therapy with bolus material on medically fragile patients and remove “cognitive impairments” to instead specify that the patient is “unwilling or unable to cooperate with, consent to, or otherwise understand any aspect of the procedure”.

The following are changes Board staff have made to the text:

- Amended 1399.1701(c)(1) to remove duplicative language regarding competency which can be found under the written verification requirements.

Discussion Questions

1. Board staff recommend the Committee revise Section 1399.170.3 as staff have concerns that licensees may be misinterpreting the current language to mean that a SLPA can perform evaluations, interpret data, and alter treatments plan with express knowledge and approval of the supervising SLP.

Board staff recommend that the first sentence be separated as two items and added to the list of prohibited activities for clarity.

Board staff also recommend adding “conducting assessments” to the list of prohibited activities for further clarity as SLPAs are only permitted to assist pursuant to Business and Professions Code section 2538.1(b)(4)(E).

Does the Committee wish to accept the Board staff recommendation? *Note: The text includes the changes Board staff recommend.*

Action Requested

Staff recommend the Committee review and discuss the materials provided, and consider whether to recommend the regulatory text to the Board to initiate the rulemaking process.

Suggested Motion Language

Move to recommend the regulatory text for Title 16, CCR Sections 1399.170.1, 1399.170.2, and 1399.170.3 to the Board to initiate the rulemaking process, as noticed/amended, and direct Board staff to prepare the regulatory text for Board review and approval.

Attachment A: SLPA Feeding and Swallowing Therapy Requirements Text Proposal as Amended on June 22, 2026

Text Proposal
Speech-Language Pathology Assistant
Feeding and Swallowing Therapy Requirements
as Amended on June 22, 2026

Legend:	Added text is indicated with an <u>underline</u> . Omitted text is indicated by (* * * *) Deleted text is indicated by ~~strikeout~~ .

§ 1399.170.1. Responsibilities, Duties, and Functions of a Speech-Language Pathology Assistant.

(a) A speech-language pathology assistant shall be limited to the responsibilities, duties, and functions as provided in section 2538.1 of the Code and article 12 of division 13.4 of title 16 of the California Code of Regulations.

(b) While working, a speech-language pathology assistant shall disclose ~~while working,~~ their name and registration status, as granted by the state, on a name tag in at least 18-point type in a manner easily visible to others.

(c) A speech-language pathology assistant may perform feeding and swallowing therapy with bolus material if the following conditions are met:

(1) The speech-language pathology assistant has completed forty-five (45) hours of education and performed one hundred (100) hours of supervised feeding and swallowing therapy with bolus material.

(A) Education under subsection (c) must be obtained from a provider pursuant to Section 2532.6 of the Code and the course content must cover individuals of a wide range of ages and include the following topics:

(i) Anatomy and physiology of swallowing;

(ii) Etiology or causes of swallowing disorders or dysphagia;

(iii) Signs and symptoms of swallowing disorders or dysphagia, including aspiration;

(iv) Screening and assessments for swallowing disorders or dysphagia including clinical bedside assessments and instrumental assessments such as Fiberoptic Endoscopic Evaluation of Swallowing, Modified Barium Swallow Study, and Videofluoroscopy; and

(v) Treatment of swallowing disorders or dysphagia including instruments and materials used, food/diet texture and liquid

consistency set forth by the International Dysphagia Diet Standardisation Initiative, swallowing maneuvers; and documentation.

(B)The one hundred (100) hours of feeding and swallowing therapy with bolus material under this section must be performed under the immediate supervision of a licensed speech-language pathologist who performs feeding and swallowing therapy with bolus material as part of their practice, and shall be direct client care with patients that cover all phases of swallowing and a variety of ages.

(2) The speech-language pathology assistant has received a written verification signed by their supervising speech-language pathologist upon completion of their education and supervised feeding and swallowing therapy with bolus material hours, as required in subsection (c)(1).

(A) The speech-language pathologist who signs the verification must be California-licensed and perform feeding and swallowing therapy with bolus material as part of their practice.

(B) The written verification shall verify that the speech-language pathology assistant has completed the education and supervised hours requirements as required in subsection (c)(1), and is competent to perform feeding and swallowing therapy with bolus material.

(i) The speech-language pathologist who signs the verification must verify the speech-language pathologist assistant's competency with any speech-language pathologist who supervised any portion of the speech-language pathology assistant's one hundred (100) hours of feeding and swallowing therapy with bolus material as required in subsection (c). If the hours were completed in a state other than California, the speech-language pathologist who signs the verification must verify the speech-language pathologist assistant was authorized to perform feeding and swallowing therapy with bolus material in that state at the time the hours were completed, and that the hours were completed in accordance with subsection (c)(1)(B).

(C)The written verification must include the license number of the speech-language pathologist who signs the verification.

(D) The supervising speech-language pathologist shall maintain a copy of the written verification in the speech-language pathology assistant's personnel file and make it available for inspection upon request by the Board.

(3) The speech-language pathology assistant received prior approval from the supervising speech-language pathologist each time they perform feeding and swallowing therapy with bolus material on a patient, and the approval is documented in the patient records.

(4) The speech-language pathology assistant is working in the following settings that require the facility to have protocols for emergency medical backup procedures, including requiring a physician and surgeon or other appropriate medical professional being readily available.

(A) A clinic, as defined in Section 1200 of the Health and Safety Code.

(B) A facility described in Chapter 2.5 (commencing with Section 1440) of Division 2 of the Health and Safety Code.

(C) A health facility, as defined in Section 1250 of the Health and Safety Code.

(D) A hospice facility licensed pursuant to Chapter 8.5 (commencing with Section 1745) of Division 2 of the Health and Safety Code.

(E) A medical group practice, including a professional medical corporation, as defined in Section 2406 of the Code, another form of corporation controlled by physicians and surgeons, a medical partnership, a medical foundation exempt from licensure, or another lawfully organized group of physicians and surgeons that provides health care services.

(5) The patient is not medically fragile and has no contraindications. For purposes of this section, contraindications may include, but are not limited to, cases of severe movement disorders; severe agitation; unwillingness or inability to cooperate with, consent to, or otherwise understand any aspect of the procedure; patients with an advanced airway; and neonate and infant patient.

(6) The supervising speech-language pathologist provides the speech-language pathology assistant with direct supervision that consists of on-site observation and guidance supervision when the speech-language pathology assistant is performing feeding and swallowing therapy with bolus material on patients.

NOTE: Authority cited: Sections 2531.95 and 2538.1~~(a)~~, Business and Professions Code. Reference: Sections 2538.1~~(b)~~(3) and (4) and 2538.7~~(b)~~, Business and Professions Code.

§ 1399.170.2. Types of Supervision Required for Duties Performed by a Speech-Language Pathology Assistant.

(a) Duties performed by the speech-language pathology assistant that require immediate supervision may include, but are not limited to, any direct client activity involving medically fragile patients. In such instances, the speech-language pathology assistant shall act only under the direction of the supervisor.

(b) Duties performed by the speech-language pathology assistant that require direct supervision may include, but are not limited to, any new screening or treatment activity that the assistant has been trained to perform by the supervisor, but has not yet been performed by the speech-language pathology assistant in direct client care.

(c) Duties performed by the speech-language pathology assistant that require indirect supervision may include, but are not limited to, the following:

(1) Screening or treatment activities where the supervisor has previously given instructions as to how to perform the task, has observed the assistant in the conduct of these activities, and is satisfied that the activities can be competently performed by the speech-language pathology assistant, i.e., repetitive drill exercises, generalization or carryover activities;

(2) Clerical tasks such as record keeping, materials preparation, scheduling, equipment maintenance; and,

(3) Other non-client care activities.

(d) Notwithstanding subdivisions (a), (b), and (c), the supervisor shall provide supervision to the speech-language pathology assistant following their initial licensure in accordance with Section 1399.170.15(b)(4) of the California Code of Regulations.

(e) Notwithstanding subdivisions (a), (b), (c) and (d), the supervisor shall provide supervision to the speech-language pathology assistant who performs feeding and swallowing therapy with bolus material in accordance with Section 1399.170.1(c) of the California Code of Regulations.

Note: Authority cited: Sections 2531.95 and 2538.1(a), Business and Professions Code.
Reference: Section 2538.1(b)(7), Business and Professions Code.

§ 1399.170.3. Activities, Duties, and Functions Outside the Scope of Responsibilities of a Speech-Language Pathology Assistant.

~~A speech-language pathology assistant may not conduct evaluations, interpret data, alter treatment plans, or perform any task without the express knowledge and approval of a supervising speech-language pathologist. The speech-language pathology assistant may not perform any of the following functions:~~

(a) ~~Conduct assessments or evaluations, interpret data, or alter treatment plans;~~

(b) ~~Perform any task without the express knowledge and approval of a supervising speech-language pathologist;~~

(a~~c~~) ~~Participate in parent conferences, case conferences, or inter-disciplinary team conferences without the supervising speech-language pathologist or another speech-language pathologist being present;~~

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

(c~~e~~) ~~Sign any documents in lieu of the supervising speech-language pathologist, i.e., treatment plans, client reimbursement forms, or formal reports;~~

(d~~f~~) ~~Discharge clients from services;~~

(e~~g~~) ~~Make referrals for additional services;~~

(f~~h~~) ~~Unless required by law, disclose confidential information either orally or in writing to anyone not designated by the supervising speech-language pathologist;~~

(g~~i~~) ~~Represent himself or herself as a speech-language pathologist; and,~~

(h~~j~~) ~~Perform procedures that require a high level of clinical acumen and technical skill, i.e., vocal tract prosthesis shaping or fitting, and vocal tract imaging, ~~and oropharyngeal swallow therapy with bolus material.~~~~

NOTE: Authority cited: Sections 2531.95 and 2538.1~~(a)~~, Business and Professions Code. Reference: Section 2538.1~~(b)~~~~(3)~~, Business and Professions Code.

MEMORANDUM

DATE	July 9, 2026
TO	Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board
FROM	Cherise Burns, Executive Officer Maria Liranzo; Legislation, Regulation and Budget Analyst
SUBJECT	Agenda Item 4: Discussion and Possible Action Regarding Speech-Language Pathology Assistant Course of Study and Curriculum as Stated in Business and Professions Code section 2538.3 and Title 16, California Code of Regulations (CCR) sections 1399.170.6, 1399.170.10, and 1399.170.11

Background

At its December 2025 meeting, Board member Francis David requested that the Board consider foreign education for speech-language pathology assistant (SLPA) licensure.

Current law under Business and Professions Code (BPC) section 2538.3 requires (underline added for emphasis only):

A person applying for approval as a speech-language pathology assistant shall have graduated from a speech-language pathology assistant associate degree program, or equivalent course of study, approved by the board. A person who has successfully graduated from a board-approved bachelor's degree program in speech-language pathology or communication disorders shall be deemed to have satisfied an equivalent course of study.

The Board further clarifies this in Title 16 California Code of Regulations (CCR) section 1399.170.11(b), which requires that (underline added for emphasis only):

To be eligible for registration by the Board as a speech-language pathology assistant, the applicant must possess at least one of the following qualifications:

(a) An associate of arts or sciences degree from a speech-language pathology assistant program accredited by the Accrediting Commission for Community and Junior Colleges, Western Association of Schools and Colleges, and approved by the Board; or

(b) Evidence of completion of a bachelor's degree program in speech-language pathology or communication disorders from an institution listed in the "Accredited Institutions of Postsecondary Education" handbook issued by the American Council on Education, and completion of the field work experience as required in Section 1399.170.10(c)(2)(B) from a Board-approved program, or completion of a minimum of one hundred (100) hours of field work experience or clinical experience equivalent to that required in Section 1399.170.10(c)(2)(B) in a bachelor's degree program as recognized in this subsection.

(1) The equivalent field work hours or clinical experience completed in a bachelor's degree program in speech-language pathology or communication disorders shall be evaluated for verification by the current training program director.

(A) In the event that the field work experience or clinical experience completed in the bachelor's degree program is deemed deficient by the authorized representative of a board-approved speech-language pathology assistant training program, the applicant may petition the Board for reconsideration.

(B) In lieu of completion of the one-hundred (100) hours of field work experience or clinical experience in a bachelor's degree program as defined in subsection (b) above, the Board may consider the completion of thirty-six (36) weeks of full-time work experience performing the duties of a speech-language pathology assistant enumerated in paragraph (4) of subsection (b) of Section 2538.1 of the Business and Professions Code as equivalent to the required clinical training.

(c) Evidence of completion of an equivalent speech-language pathology assistant associate of arts or science degree program, which includes the competencies listed in the American Speech-Language-Hearing Association's Guidelines for the Training, Credentialing, Use, and Supervision of Speech-Language Pathology Assistants, Appendix C -- Speech-Language Pathology Assistant Suggested Competencies (1996, Spring).

Under this regulation, the Board has two educational pathways for SLPA licensure: SLPA associate degree and bachelor's degree in speech language pathology or communication disorders. Because of these regulations, bachelor's degree programs from another country for SLPA licensure are prohibited as all programs listed in the "Accredited Institutions of Postsecondary Education" handbook issued by the American Council on Education are within the United States and now an online searchable database. While the statutory reference to an equivalent SLPA associate degree program does not include the same limiting language, where it allows the Board the authority to determine an equivalency, it has only been applied to out-of-state SLPA programs within the United States as the Board is not aware of any foreign SLPA associate degree programs.

In the past, due to a misunderstanding of the Board's laws and regulations, the Board did inadvertently permit post-baccalaureate (post-bac) certifications as an appropriate qualification for SLPA licensure. However, this was discontinued in 2020 as the law and

regulations specifically state that qualifying education must be from a SLPA associate degree program or a bachelor's degree program in speech-language pathology or communication disorders. A post-bac certification was given to a student by a bachelor's degree program when a student completed additional coursework in speech-language pathology or participated in a leveling course program, which is an intensive, short-term program for people with a bachelor's degree that is not necessarily in SLP or communication disorders but is actually intended to prepare the student for entry into a master's degree program for speech-language pathology or communication sciences and disorders .

In addition to the regulations previously provided, the Board has relied on the competencies listed in the *American Speech-Language-Hearing Association's Guidelines for the Training, Credentialing, Use, and Supervision of Speech-Language Pathology Assistants, Appendix C -- Speech-Language Pathology Assistant Suggested Competencies (1996, Spring)* which is incorporated by reference in CCR sections 1399.170.6 and 1399.170.10; however, as raised in a public comment during the 2022-2023 SLPA program and academic rulemaking, the document is outdated. It was not updated at that time because one of the sections this document is also referenced in was not included in that rulemaking. The Board responded to the comment noting that it will consider the recommendation as a separate rulemaking; this discussion can be the start of that discussion. The American Speech-Language-Hearing Association (ASHA) 1996 Guidelines for SLPA can be found in Attachment A and ASHA's current guidelines can be found in Attachment B.

All the current laws and regulations related to SLPA course of study can be found in Attachment C.

The Board only reviews and approves foreign education for speech-language pathologist and audiologist licensure on a course-by-course basis as BPC section 2532.2(a) gives the Board the authority to determine qualifications deemed equivalent to an approved master's degree in speech-language pathology from an approved educational institution.

Action Requested

Board staff recommend the Committee review and discuss the materials provided. The Committee may wish to determine whether further review of foreign education programs is warranted, and whether review and potential revisions of SLPA licensure statutes and/or regulatory changes to CCR sections 1399.170.6, 1399.170.10, and 1399.170.11 are necessary.

Attachment A: 1996 ASHA Guidelines for SLPA

Attachment B: 2022 ASHA SLPA Scope of Practice

Attachment C: Laws and Regulations Related to SLPA Course of Study and Curriculum



AMERICAN
SPEECH-LANGUAGE-
HEARING
ASSOCIATION

Guidelines for the Training, Credentialing, Use, and Supervision of Speech-Language Pathology Assistants

Task Force on Support Personnel

These guidelines are an official statement of the American Speech-Language-Hearing Association. They provide guidance on the training, credentialing, use, and supervision of one category of support personnel in speech-language pathology: speech-language pathology assistants. Guidelines are not official standards of the Association. They were developed by the Task Force on Support Personnel: Dennis J. Arnst, Kenneth D. Barker, Ann Olsen Bird, Sheila Bridges, Linda S. DeYoung, Katherine Formichella, Nena M. Germany, Gilbert C. Hanke, Ann M. Horton, DeAnne M. Otore, Sidney L. Ramsey, Cathy A. Runnels, Brenda Terrell, Gerry W. Werven, Denise West, Patricia A. Mercaitis (consultant), Lisa C. O'Connor (consultant), Frederick T. Spahr (coordinator), Diane Paul-Brown (associate coordinator), Ann L. Carey (Executive Board liaison). The 1994 guidelines supersede the 1981 guidelines entitled, "Guidelines for the Employment and Utilization of Supportive Personnel" (Asha, March 1981, 165-169). Refer to the 1995 position statement on the "Training, Credentialing, Use, and Supervision of Support Personnel in Speech-Language Pathology" (Asha, 37 [Suppl. 14], 21).

Preamble

Changes in the service delivery system, increasing numbers of persons who need communication and related services, ever-rising costs of providing services in both health care and education, and technological and scientific advances have resulted in an expanding scope of practice for the profession of speech-language pathology. Speech-language pathologists have by necessity expanded their roles

so that they are not only service providers, but also managers of service delivery. As managers, responsibilities include oversight of service delivery programs and supervision of personnel. Qualified professionals possess the knowledge and skills necessary to make clinical judgments and decisions.

Speech-language pathology must respond to the spiraling costs of health care and education and the increase in managed care systems. There is a need to be more cost-effective and to better allocate limited resources. The exclusive use of a one-on-one service model with a certified, licensed professional may not be an option in an ever-increasing managed care environment. At the same time, quality and access to service must be maintained for all those in need. One possible way to accomplish these diverse goals is by incorporating a nonprofessional level of personnel who can support speech-language pathologists. These guidelines present a model for the training, use, and supervision of one category of support personnel in speech-language pathology: speech-language pathology assistants.

Support personnel are people who, following academic and/or on-the-job training, perform tasks as prescribed, directed, and supervised by certified speech-language pathologists. There are different levels of support personnel based on training and scope of responsibilities. Support personnel can be used to increase the frequency, efficiency, and availability of services; they can assist the supervising speech-language pathologist with generalization of learned skills to multiple settings; and they can assist with habilitation and restorative programs. The use of support personnel can increase access to care for diverse and underserved patient/client populations, and increase diversity in the work force by having different levels of entry into the profession. The use of well-trained and -supervised support personnel is one way to increase the frequency of services while maintaining the quality of services provided. These guidelines present a model for establishing and

Reference this material as: American Speech-Language-Hearing Association. (1996, Spring). Guidelines for the training, credentialing, use, and supervision of speech-language pathology assistants. *Asha*, 38 (Suppl. 16, pp. 21-34)

Index terms: Assistants-speech-language pathology, credentialing, support personnel-speech-language pathology, supervision

credentialing assistant-level support personnel in speech-language pathology. The use of credentialed assistants is already a well-established practice for other core rehabilitation professions, such as occupational and physical therapy.

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

The guidelines are consistent with the principles of ASHA's Code of Ethics (American Speech-Language-Hearing Association, 1994a). Recognizing the diversity of service delivery settings (e.g., schools, clinics, hospitals) and populations served, the guidelines were designed to be flexible enough to allow variations in support services, yet definitive enough to provide a model for qualifications, training, supervision, credentialing, and use of assistant-level support personnel.

Most important, these guidelines were developed to respond to the consumer's right to know about the level of service provided (i.e., professional or support level). Speech-language pathologists must inform consumers when services are provided by support personnel. Professionals may delegate certain tasks to support personnel, but the professionals retain the legal and ethical responsibility for all services provided or omitted. Although ASHA endorses the use of trained and supervised support personnel (American Speech-Language-Hearing Association, 1995), it is important to emphasize that ASHA does not mandate the use of support personnel. ASHA condemns the inappropriate use of support personnel and will impose sanctions accordingly. Support personnel may be an appropriate option in some settings, particularly when administrative support and supporting licensure laws exist. In other settings, the use of support personnel may be inappropriate. Speech-language pathologists should never be obliged to use support personnel, particularly if they feel that quality of service may be compromised.

The foundation for successfully using an assistant-level support personnel service delivery model may include:

- Administrative understanding that will support the use of assistants in speech-language pathology.
- Administrative understanding of the benefits and restrictions of using assistants.
- Availability of speech-language pathologists with an understanding and commitment to the use of assistants.
- Appropriate target population for use of assistants.
- Availability of qualified people to work as assistants.
- Sufficient education so other personnel (e.g., teachers) are aware of the role of assistants when they are used.
- Availability of preparation for speech-language pathologists in the area of supervision of speech-language pathology assistants.
- Availability of appropriate training programs for speech-language pathology assistants.
- Provision of sufficient resources and empowerment of speech-language pathologists to decide whether to use assistants.
- Provision of sufficient time to adequately train and supervise speech-language pathology assistants.

It must be stressed that the optional use of assistants does not preclude active recruitment of speech-language pathologists to the workforce.

Key Word Definitions

Support personnel: Support personnel in speech-language pathology are people who, following academic and/or on-the-job training, perform tasks as prescribed, directed, and supervised by certified speech-language pathologists. There are different levels of support personnel based on training and scope of responsibilities.

Supervising speech-language pathologist: A speech-language pathologist certified by the American Speech-Language-Hearing Association and licensed by the state (where applicable), who has been practicing for at least 2 years following ASHA certification.

Direct supervision: Direct supervision means on-site, in-view observation and guidance by a speech-language pathologist while an assigned activity is performed by support personnel.

Indirect supervision: Indirect supervision means those activities other than direct observation and guidance conducted by a speech-language pathologist that may include demonstration, record review, review and evaluation of audio- or video-taped sessions, and/or interactive television.

Credentialing: Mechanism for formal recognition. May take different forms such as recognition, registration, or certification. Certification is the type of credential ASHA awards professionals. Another type of credential, such as registration (with specified requirements), will be developed for speech-language pathology assistants.

Screening: A pass-fail procedure to identify people who may require further assessment.

Plan of care (treatment plan): This terminology is meant to include, but not be limited to, the "Plan of Care," "Individualized Education Program (IEP)," or "Individualized Family Service Plan (IFSP)," and other titles that outline the care of the patient/client.

Interpreter: A person who conveys information from one language to another and who has the minimum linguistic competencies necessary to accurately interpret for speech-language pathologists during conference sessions, assessments, and treatment, and who has been adequately trained in the underlying principles and procedures specific to the activity. (These guidelines do not address the use of interpreters as support personnel in speech-language pathology. Additional training is required. See the question and answer section in Appendix A.)

Translator: A person who uses the written modality to convey information from one language to another, has the minimum linguistic competencies necessary to accurately interpret for speech-language pathologists during conference sessions, assessments, treatments and correspondences, and who has been adequately trained in the underlying principles and procedures specific to the activity. (These guidelines do not address the use of translators as support personnel in speech-language pathology. Additional training is required. See the question and answer section in Appendix A.)

Introduction

These guidelines provide a model for the use of speech-language pathology assistants and specify the accepted title, credentials, required training, responsibilities and restrictions, and level of supervision. The guidelines address these considerations for one category of support personnel: the speech-language pathology assistant. Guidelines for the training, use, and supervision of assistants in speech-language pathology were established to be applicable in a variety of work settings. Training requirements for speech-language pathology assistants are based on the type of tasks specified in their scope of responsibility. Specific education and on-the-job training may be necessary to prepare assistants for unique roles in certain settings (e.g., hospitals and schools). Separate guidelines are being developed by ASHA for the use of interpreters and translators as support personnel. Monolingual supervisors working with bilingual assistants should evaluate the assistant's skills in the language shared by both. A question and answer section is included in Appendix A to provide the rationale for the guidelines.

Different Levels of Support Personnel

The specific training and credentialing requirements established by ASHA for the speech-language pathology assistant do not preclude use of appropriately trained and supervised support personnel at another level (e.g., less skilled aide level). However, official recognition through an ASHA credentialing program is limited to the speech-language pathology assistant. Other support personnel models have a different, often narrower scope of responsibilities (e.g., multiskilled practitioner, rehabilitation aide) and a different, often narrower training base relative to speech-language pathology assistants. The availability of speech-language pathology assistants is not feasible in some work settings, yet the use of some level of support personnel may still be appropriate. The use of personnel at this level is acknowledged. For personnel at this level, the term "aide" is appropriate. Aides differ from assistants in their degree of training and, correspondingly, in the types of responsibilities that can be assigned to them (e.g., set up treatment room, prepare materials, order supplies, record data). Training for aides is most accurately described as "on the job," is provided by a supervising speech-language pathologist, and furnishes task-specific knowledge and skills. Any individual assisting the speech-language pathologist should

have a general knowledge base similar to that described in these guidelines, with the amount and type of supervision determined by the specific responsibilities (see "Guidelines for Caseload Size and Speech-Language Service Delivery in the Schools," American Speech-Language-Hearing Association, 1993).

Individuals who hold a bachelor's degree in speech-language pathology are considered at the same level as assistants who meet the training requirements specified in this document. However, these distinctions could be viewed as separate rungs of a career ladder for support personnel that for some could culminate with a master's degree and ASHA certification in speech-language pathology. A bachelor's degree does not automatically qualify an individual as a speech-language pathology assistant. All training requirements apply, including supervised practicum, on-the-job training, and demonstrated competence through outcome-based measures.

Ethical Responsibilities

The guidelines attempt a balance between requiring specified direct supervision and creating a treatment system that is flexible and functionally managed based on individual patient/client needs. It is imperative that speech-language pathologists "... continually consider the Code of Ethics in their roles as supervisors of such personnel" (American Speech-Language-Hearing Association, 1994b). In accordance with the Code of Ethics, Principle of Ethics I states that "Individuals shall honor their responsibility to hold paramount the welfare of persons they serve professionally," and Principle of Ethics II Rule D states that "Individuals shall delegate the provision of clinical services only to persons who are certified or to persons in the education or certification process who are appropriately supervised. The provision of support services may be delegated to persons who are neither certified nor in the certification process only when a certificate holder provides appropriate supervision" (American Speech-Language-Hearing Association, 1994a).

The consumer must be informed about the use of support personnel. The supervising professional and support personnel "... must exercise extreme caution to avoid misrepresentation by implying that the aide is a speech-language pathologist or audiologist"

(American Speech-Language-Hearing Association, 1994b).

Principle of Ethics III Rule A states that "Individuals shall not misrepresent their credentials, competence, education, training, or experience" (American Speech-Language-Hearing Association, 1994a).

As a manager of services, the supervisor has direct responsibility for correction of inappropriate actions by support personnel. The speech-language pathology assistant does not exist without the supervisor. Support personnel are an accessory rather than an alternative to professional service. Supervisors who fail to provide appropriate supervision of assistants are in violation of ASHA's Code of Ethics.

Recommended Requirements for a Speech-Language Pathology Assistant

1. Responsibilities for a speech-language pathology assistant may be designated to an individual:

- who meets the expected training requirements,
- who demonstrates proficiency in skills required for a speech-language pathology assistant,
- who holds the current credential from ASHA as a speech-language pathology assistant,
- who is supervised by an ASHA-certified speech-language pathologist who has practiced for at least 2 years (following ASHA certification).
- who adheres to ASHA's scope of responsibilities for speech-language pathology assistants,
- who performs tasks as prescribed by the supervising speech-language pathologist, and
- who adheres to applicable state licensure laws and rules regulating the practice of speech-language pathology such as those requiring licensure or registration of support personnel.¹

2. Minimum requirements to function as a speech-language pathology assistant are to:

¹ State laws and rules, in particular those relating to licensure, may differ from ASHA guidelines. Fully qualified professionals and support personnel are legally bound to follow the licensure laws and rules that regulate them and their practice in the state in which they work. Use of support personnel is not permitted in every state. In states with less stringent requirements, ASHA members should follow ASHA guidelines.

a. Complete a minimum of an associate's degree in an ASHA-approved speech-language pathology assistant training program, a college-based speech-language pathology assistant certificate program, or an equivalent course of study with a major emphasis in the area of speech-language pathology. (See Appendix B for a sample curriculum.)

b. Complete practicum under the supervision of an ASHA-certified speech-language pathologist.

c. Complete and file with ASHA an application listing preparation (i.e., training) and signed by the speech-language pathologist who has agreed to provide supervision in the employment setting.

d. Successfully complete a uniform, functionally based proficiency evaluation developed by ASHA that checks the minimum skills necessary for fulfilling responsibilities as a speech-language pathology assistant. (See Appendix C for suggested competencies.)

e. Possess, within 6 months of employment, written confirmation of a current support personnel credential from ASHA.

f. Be employed in a setting in which direct and indirect supervision are provided on a regular and systematic basis by an ASHA-certified speech-language pathologist.

Scope of Responsibilities for a Speech-Language Pathology Assistant

Although the speech-language pathologist may delegate specific tasks to the speech-language pathology assistant, the legal (e.g., professional liability) and ethical responsibility to the patient/client for all services provided or omitted cannot be delegated; it must remain the full responsibility of the supervising speech-language pathologist. The speech-language pathology assistant may execute specific components of a speech and language program as specified in an individualized treatment plan composed by the speech-language pathologist. Tasks listed on the treatment plan and executed by the speech-language pathology assistant are only those that are within the scope of responsibilities for the speech-language pathology assistant and are tasks that the speech-language pathologist has determined the speech-language pathology assistant has the training and expertise to perform. The speech-language pathologist must provide at least the minimum specified level of supervision to ensure quality of care to all persons served. The amount of supervision may vary and must depend on the complexity of the case

and the experience of the assistant. The speech-language pathologist must maintain documentation of preservice training, in-service training, and supervision of the assistant. Under no circumstance may the intent of these guidelines, particularly in relation to the ASHA Code of Ethics, be diluted or circumvented by the use of a speech-language pathology assistant. Again, the use of a speech-language pathology assistant should be considered optional, and a speech-language pathology assistant should be used only when appropriate.

Provided that the training, supervision, documentation, and planning are appropriate (i.e., consistent with the guidelines), the following tasks may be designated to a speech-language pathology assistant:

a. Conduct speech-language screenings (without interpretation) following specified screening protocols developed by the supervising speech-language pathologist.

b. Provide direct treatment assistance to patients/clients identified by the supervising speech-language pathologist.

c. Follow documented treatment plans or protocols developed by the supervising speech-language pathologist.

d. Document patient/client progress toward meeting established objectives as stated in the treatment plan, and report this information to the supervising speech-language pathologist.

e. Assist the speech-language pathologist during assessment of patients/clients, such as those who are difficult to test.

f. Assist with informal documentation (e.g., tallying notes for the speech-language pathologist to use), prepare materials, and assist with other clerical duties as directed by the speech-language pathologist.

g. Schedule activities, prepare charts, records, graphs, or otherwise display data.

h. Perform checks and maintenance of equipment.

i. Participate with the speech-language pathologist in research projects, in-service training, and public relations programs.

Activities Outside the Scope of Responsibilities of a Speech-Language Pathology Assistant

There is a potential for possible misuse of the speech-language pathology assistant, particularly when responsibilities are delegated by administrative staff or nonclinical staff without the knowledge and approval of the supervising speech-language pathologist. Therefore, the speech-language pathology assistant should not perform any task without the express knowledge and approval of the supervising speech-language pathologist.

An individual's communication or related disorder or other factors may preclude the use of services from anyone other than an ASHA-certified speech-language pathologist.

The speech-language pathology assistant may not:

- a. Perform standardized or nonstandardized diagnostic tests, formal or informal evaluations, or interpret test results.
- b. Participate in parent conferences, case conferences, or any interdisciplinary team without the presence of the supervising speech-language pathologist or other ASHA-certified speech-language pathologist designated by the supervising speech-language pathologist.
- c. Provide patient/client or family counseling.
- d. Write, develop, or modify a patient/client's individualized treatment plan in any way.
- e. Assist with patients/clients without following the individualized treatment plan prepared by the speech-language pathologist or without access to supervision (see Supervision Guidelines).
- f. Sign any formal documents (e.g., treatment plans, reimbursement forms, or reports; the assistant should sign or initial informal treatment notes for review and co-signature by the supervising professional).
- g. Select patients/clients for services.
- h. Discharge a patient/client from services.
- i. Disclose clinical or confidential information either orally or in writing to anyone not designated by the supervising speech-language pathologist.
- j. Make referrals for additional services.
- k. Communicate with the patient/client, family, or others regarding any aspect of the patient/client status or service without the specific consent of the supervising speech-language pathologist.
- l. Represent himself or herself as a speech-language pathologist.

Exclusive Responsibilities of the Speech-Language Pathologist²

1. Complete initial supervision training prior to accepting an assistant for supervision and upgrade supervision training on a regular basis.
2. Participate significantly in hiring the assistant.
3. Document preservice training and credentials of the assistant.
4. Inform patients/clients and families about the level (professional vs. support personnel), frequency, and duration of services as well as supervision.
5. Represent the speech-language pathology team in all collaborative, interprofessional, inter-agency meetings, correspondence, and reports. This would not preclude the assistant from attending meetings along with the speech-language pathologist as a team member or drafting correspondence and reports for editing, approval, and signature by the speech-language pathologist.
6. Make all clinical decisions, including determining patient/client selection for inclusion/exclusion in the case load, and dismissing patients/clients from treatment.
7. Communicate with patients/clients, parents, and family members about diagnosis, prognosis, and treatment plan.
8. Conduct diagnostic evaluations, assessments, or appraisals, and interpret obtained data in reports.
9. Review each treatment plan with the assistant at least weekly.
10. Delegate specific tasks to the assistant while retaining legal and ethical responsibility for all patient/client services provided or omitted.

² See Idaho State Board for Vocational Education. (1994). *Technical committee report and curriculum guide for speech-language pathology assistant*. Vo. Ed. 292.

11. Prepare an individualized treatment plan and make modifications prior to or during implementation.

12. Discuss the case with or refer the patient/client to other professionals.

13. Sign all formal documents (e.g., treatment plans, reimbursement forms, reports; the supervisor should indicate on documents that the assistant performed certain activities).

14. Review and sign all informal progress notes prepared by the assistant.

15. Provide ongoing training to the assistant on the job.

16. Provide and document appropriate supervision of the assistant.

17. Ensure that the assistant only performs tasks within the scope of responsibility of the speech-language pathology assistant.

18. Participate in the performance appraisal of the speech-language pathology assistant.

NOTE: The speech-language pathologist should not supervise a speech-language pathology assistant until the speech-language pathologist has completed the ASHA certification examination, the Clinical Fellowship, and 2 additional years of clinical experience after receiving the Certificate of Clinical Competence in Speech-Language Pathology from ASHA.

Supervision Guidelines for a Speech-Language Pathology Assistant

The variety of roles and responsibilities involved in clinical supervision are described in the position statement developed by the ASHA Committee on Supervision in Speech-Language Pathology and Audiology (American Speech-Language-Hearing Association, 1985). Additional guidance for the supervising speech-language pathologist comes from the ASHA Code of Ethics.

Even though this document provides essential guidance, it is the speech-language pathologist's responsibility to design and implement a supervision system that protects patient/client care and maintains the highest possible standards of quality. The amount and type of supervision required should be based on the skills and experience of the speech-language pathology assistant, the needs of patients/clients served, the service setting, the tasks assigned, and other factors. More intense supervision, for example, would be required in such instances as the orientation of a new speech-language pathology assistant, initiation of a new program, equipment, or task; or a

change in patient/client status (e.g., medical complications).

As the supervisory responsibility of the speech-language pathologist increases, the clinical responsibilities of the speech-language pathologist must decrease. Functional assessment of the speech-language pathology assistant's skills with assigned tasks should be an ongoing, integral element of supervision.

Treatment for the patient/client served remains the responsibility of the supervisor. Therefore, the level of supervision required is considered the minimum level necessary for the supervisor to retain direct contact with the patient/client.

The speech-language pathology assistant must be supervised by a speech-language pathologist who holds a Certificate of Clinical Competence in Speech-Language Pathology from ASHA, has state licensure (where applicable), who has an active interest and wants to use support personnel, and who has practiced speech-language pathology for at least 2 years following ASHA certification. In addition, completion of at least one preservice course or continuing education unit in supervision is required. Periodic updating of supervision skills through in-service training is also considered highly desirable (see American Speech-Language-Hearing Association, 1989). Because the clinical supervision process is such a close, interpersonal experience, the supervising speech-language pathologist should participate in the selection of the speech-language pathology assistant.

A total of at least 30% direct and indirect supervision is required and must be documented for the first 90 workdays. (For a 40-hour workweek this would be 12 hours for both direct and indirect supervision.) Documented direct supervision of patient/client care shall be required no less than 20% of the actual patient/client contact time weekly for each speech-language pathology assistant. This ensures that the supervisor will have direct contact time with the speech-language pathology assistant as well as with the patient/client. During each week, data on every patient/client seen by the speech-language pathology assistant must be reviewed by the supervisor. In addition, the 20% direct supervision should be scheduled so that all patients/clients seen by the assistant are directly supervised in a timely manner. Supervision days and time of day (morning/afternoon) may be alternated to ensure that all patients/clients receive some direct contact with the speech-language pathologist at least once every 2 weeks. Direct supervision means on-site, in-view observa-

tion and guidance while a clinical activity is performed. Supervision should provide information about the quality of the speech-language pathology assistant's performance of assigned tasks and should verify that clinical activity is limited to tasks specified in the speech-language pathology assistant's scope of responsibilities. Information obtained during direct supervision may include data relative to (a) agreement (reliability) between the assistant and the supervisor on correct/incorrect recording of target behavior, (b) accuracy in implementation of screening and treatment procedures, (c) accuracy in recording data, and (d) ability to interact effectively with the patient/client.

In addition, indirect supervision is required no less than 10% of the actual patient/client contact time and may include demonstration, record review, review and evaluation of audio- or videotaped sessions, interactive television, and/or supervisory conferences that may be conducted by telephone. Additional direct and indirect supervision, beyond the minimum 30% required in the first 90 workdays, may be necessary depending on the skills of the assistant and the needs of the patient/client. The speech-language pathologist will review each plan of care as needed for timely implementation of modifications.

After the initial 90-day work period, the amount of supervision may be adjusted depending on the competency of the assistant, the needs of the patients/clients served, and the nature of the assigned tasks. The minimum is 20% supervision, with no less than 10% being direct supervision. (For a 40-hour work-week, this is 8 hours of supervision, at least 4 of which is direct supervision.)

At no time may a speech-language pathology assistant perform tasks when a supervising speech-language pathologist cannot be reached by personal contact, phone, pager, or other immediate means. If for any reason (i.e., maternity leave, illness, change of jobs) the supervisor is no longer available to provide the level of supervision stipulated, the speech-language pathology assistant may not perform tasks until an ASHA-certified speech-language pathologist has been designated as the speech-language pathology assistant's supervisor.

Although more than one speech-language pathologist may provide supervision of a speech-language pathology assistant, at no time may a speech-language pathologist supervise or be listed as a supervisor for more than three (3) speech-language pathology assistants. The supervising speech-language pathologist should be the only professional to

decide the number of assistants to use (i.e., 0, 1, 2, or 3). When multiple supervisors are used, the supervisors are encouraged to coordinate and communicate with each other.

The purpose of the assistant level position is not to increase the caseload size for speech-language pathologists (see American Speech-Language-Hearing Association, 1993, for caseload size guidelines in school settings). Assistants should be used to manage the existing caseloads of speech-language pathologists.

Individualized Treatment Plan for Speech-Language Pathology Services

The individualized treatment plan serves as the specific clinical instruction from the speech-language pathologist to the speech-language pathology assistant. It is to be followed as written and may only be adjusted, modified, or amended by the speech-language pathologist. It contains identifying information about the patient/client, the measurable goals and objectives of treatment, and the tasks and/or assessments that are to be used to meet those objectives and goals and measure progress. Periodic review of the treatment plan (usually weekly) shall be done by the speech-language pathologist in consultation with the speech-language pathology assistant. The patient's/client's progress will be documented and changes in goals, objectives, and tasks made as deemed appropriate.

Conclusion

Support personnel may be used to supplement, enhance, and extend speech-language pathology services in all practice settings, including schools, hospitals, clinics, home-health, long-term care, and others. In no setting is the use of support personnel obligatory. The use of appropriately trained and supervised support personnel provides an opportunity for speech-language pathologists to develop and refine management skills by serving as managers of service delivery. Professionals perform at a management level, corresponding with trends in health care and education. In allied health professions, qualified professionals are moving toward managerial positions. In such a capacity they are responsible for developing plans of care and supervising personnel. In education, the move toward the use of support personnel is increasing. Affirmation of this trend was provided in a recent report, "Issues and Trends in Special Education" for the Office of Special Edu-

cation Programs (Hales & Carlson, 1992). This report, based on responses of 137 representatives in the field of special education, projected that paraprofessionals will have an increasing role in service delivery because of the critical shortage of special education personnel at all levels.

Varying service delivery models in schools and clinical settings also provide opportunities for the use of support personnel with professionals serving in a managerial role. For example, a collaborative/consultation model, as one service delivery option (i.e., when the speech-language pathologist, teacher, and parents work together to facilitate a student's communication and learning in educational environments), could be enhanced through the use of support personnel who could assist in the classroom with practice and generalization of learned skills (see American Speech-Language-Hearing Association, 1993).

The fact that the profession of speech-language pathology has identified certain tasks that can be performed by assistant-level support personnel should be the primary rationale for their use. The use of appropriately trained and supervised assistants is seen as a mechanism to achieve effective

patient/client outcomes within a cost-effective system of quality care. The guidelines provide a means for standardization, uniformity, and evaluation of the use of one level of support personnel—speech-language pathology assistants.

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Appendix A — Rationale for Guidelines

Question and Answer Section

During the peer review process for these guidelines, respondents asked a number of pertinent questions about the decisions made on issues such as supervision, credentialing, and training requirements. This section attempts to address major areas of concern and provides the rationale for decisions made by the Task Force on Support Personnel in the course of developing these guidelines.

1. Do the majority of audiologists and speech-language pathologists perceive a need for support personnel?

There are differences in perceived need for support personnel between the professions of speech-language pathology and audiology, and between employment settings. Whereas 72% of speech-language pathologists reported a moderate or high degree of need for support personnel, 59% of audiologists reported a moderate or high degree of need. In addition, speech-language pathologists working in hospitals reported the greatest need for support personnel; those in residential health care facilities reported the least need. In contrast, hospital-based audiologists reported the least degree of need, and those in colleges and universities perceived the greatest need (ASHA Omnibus Survey, 1992). Separate guidelines are being developed for the use of support personnel in audiology.

According to the 1991 ASHA Omnibus Survey, 15% of respondents employed three or more support personnel in their facilities. Up to 31% of speech-language pathologists and audiologists were assisted by support personnel.

2. Are these guidelines applicable to assistants in all work settings?

The guidelines are intended to be applicable in any health care or educational setting. In health care settings, Medicare policies and managed care systems have created a need for assistants. The use of assistants may not be immediately feasible in some school systems, but there is a strong potential for future use as assistants become trained and incorporated into the service delivery system. Consideration was given to the special needs of service providers in rural settings. Feasible supervisory guidelines were established to allow some indirect supervision and to recognize that the supervisor may not be on-site at all times.

3. Why is there a need for ASHA to credential assistants in the area of speech-language pathology?

Although many states have some regulatory mechanism that deals with support personnel, they are far from uniform. As stated in this document, the speech-language pathology assistant is a specific level of support personnel and is very clearly defined. The ASHA credential will provide the unity of definition that is now lacking from state to state. Further, it will place the credentialing process in a single national location, using the single standard for training programs as well as for these specific levels of support personnel. Third party payers, as well as state and national governmental and service organizations, often look for ASHA credentials when considering the areas of communication disorders; credentialing through ASHA is consistent with that current practice.

4. Will ASHA have an accreditation process for training programs offering an associate's degree for speech-language pathology assistants?

A mechanism will be established for ASHA to review curricula. ASHA plans to develop a credentialing process for individuals with the training necessary to be speech-language pathology assistants. Any credentialing process will include outcome-based performance measures. ASHA may develop an accreditation process for training programs for assistants in the future.

5. Did you consider requiring a national examination for assistants?

Consideration was given to requiring successful completion of a standardized examination testing requisite knowledge for competence as a speech-language pathology assistant. However, the final guidelines instead require use of a functional, outcome-based proficiency checklist (see Appendix C) that is related directly to the assistants' scope of responsibilities. Any credentialing program established will involve outcome-based measures.

6. What if an employer hires an assistant instead of a qualified professional, or insists that someone other than the speech-language pathologist supervise the assistant?

Employers need to be informed of the supervisory requirements and limited scope of responsibilities for assistants. They need to know that the

credential of the speech-language pathologist will be in jeopardy if the decision to use assistants or extend their responsibilities is made by someone other than an ASHA-certified speech-language pathologist. ASHA will support the professional as the only responsible agent for making supervisory decisions regarding assistants.

7. Why is more supervision required for individuals in Clinical Fellowship than assistants (following the initial 90-day period)?

It is important to emphasize that the amount of supervision required for assistants is only a minimum. Supervisors may determine that assistants need more supervision.

More supervision may be needed for clinical fellows than assistants because the supervisory goals are different. The goal for supervisors of clinical fellows is to bring fellows to a level of independence in the same scope of practice as the professional. The duties of an assistant are more restricted and narrower in scope than a clinical fellow. Furthermore, independent practice is contradictory to the role of assistants. Assistants can work only under the supervision of an ASHA-certified speech-language pathologist. Some assistants may work for a number of years and may be experienced with their scope of responsibilities. Supervisors need to evaluate the assistant's ability to implement directions as received. In contrast, clinical fellows, typically in their first work experience, are supervised for a relatively short period of time (i.e., 9 months to 1 year) and supervisors need to evaluate their independent clinical decision-making skills.

8. Why are there documentation requirements for assistants?

The documentation required for assistants has been specified for four primary reasons: (a) mechanism for consumer protection; (b) practice for responsible management; (c) accountability to employers; and (d) protection to professionals if litigation or ethical practice concerns occur. The documentation required by states with licensure laws would be acceptable in fulfilling the requirements for documentation in these guidelines for assistants.

9. How should professionals handle reimbursement of services provided by speech-language assistants?

The use of assistants can improve access to and reduce costs of quality services. It is appropriate to bill for the service provided; whether conducted by a professional or trained and supervised assistant, the level of care should remain the same.

10. Should continuing education be required for speech-language pathology assistants?

It is the professional's responsibility to ascertain the continuing training needs of assistants. The proficiency checklist may be used by supervisors to determine whether the assistants' skills are current.

11. Should speech-language pathology assistants be used as interpreters/translators?

These guidelines are limited to the specified scope of responsibilities for assistants. Additional training is needed for assistants to be used as interpreters/translators. ASHA's Multicultural Issues Board reviewed these guidelines for assistants from the perspective of culturally and linguistically diverse populations with communication disabilities. The Board suggested that there is a unique role for assistants and for interpreters/translators. Therefore, the Board recommended that the guidelines for assistants eliminate all references to interpreters/translators. Instead, they suggested that a separate paper be developed describing the use of support personnel as interpreters/translators for the following reasons:

- There is a paucity of bilingual speech-language pathologists. Persons who assist monolingual professionals should have training and minimum competencies to adequately serve the growing multicultural population.

- The assistant who serves as an interpreter/translator must receive training in interpretation and translation in order to provide the highest quality of service to multicultural populations.

- Professionals must be trained to use interpreters/translators when providing services to linguistically and culturally diverse populations.

Appendix B — Sample Curriculum for the Speech-Language Pathology Assistant

Any of the three training options for the speech-language pathology assistant (i.e., an associate's degree, certificate program, equivalent course of study) could include the following core coursework and practicum experience. The coursework may vary depending on the setting within which the assistant will be working. For example, the curriculum may include a course in neurogenic disorders for those assistants whose anticipated employment setting is a hospital or clinic. Multicultural information should be integrated in all points of the curriculum for assistants. A mechanism for ASHA approval of the curriculum will be established.

Coursework pertaining to clinical populations, clinical management, or any of the duties to be assumed by the assistant should be taught by ASHA-certified speech-language pathologists (e.g., survey of disabilities, normal development, clinical methods, acquired disorders) or audiologists (e.g., introduction to audiology). Practicum supervision must be provided by ASHA-certified speech-language pathologists.

Suggested Course	Suggested Number of Credit Hours
English Composition/Grammar	6
Math	3
Psychology/Sociology/Multicultural Studies (some combination)	9
Phonetics	3
Human Anatomy and Physiology	6
Survey of Disabilities	3
Normal Speech, Language, and Hearing Development Across the Life Span	3
Articulation Disorders and Rehabilitation	3
Language Disorders and Rehabilitation	3
Clinical Methods/Procedures	3
Acquired Disorders and Rehabilitation	3
Practicum 1 – Program-Based Observation	4*
Practicum 2 – Public School (on-the-job-training)	4
Practicum 3 – Hospital/Rehabilitation (on-the-job training)	4
Introduction to Audiology/Aural Rehabilitation	3
	60 hours plus electives**

* This practicum consists of extensive observation in at least two different sites selected by the training program.

** An elective in computer technology is strongly suggested.

Appendix C — Speech-Language Pathology Assistant Suggested Competencies

The functionally based proficiency evaluation may check competencies in the following areas:

I. Interpersonal Skills (communicates honestly, clearly, accurately, coherently, and concisely.)

1. Deals effectively with attitudes and behaviors of the patient/client

- a. Maintains appropriate patient/client relationships
- b. Communicates sensitivity to the needs of the patient/client and family
- c. Takes into proper consideration patient/client needs and cultural values
- d. Demonstrates an appropriate level of self-confidence when performing assigned tasks
- e. Establishes rapport with patient/client and family
- f. Demonstrates insight in patient/client attitudes and behaviors
- g. Directs patient/client, family, and professionals to supervisor for information regarding testing, treatment, and referral

2. Uses appropriate language (written and oral) in dealing with patient/client and others

- a. Uses language appropriate for patient/client and other's age and educational level
- b. Is courteous and respectful at all times
- c. Maintains appropriate pragmatic skills

3. Deals effectively with supervisor

- a. Is receptive to constructive criticism
- b. Requests assistance from supervisor as needed
- c. Actively participates in interaction with supervisor

II. Personal Qualities

1. Manages time effectively

- a. Arrives punctually and prepared for patient/client appointments
- b. Arrives punctually for work-related meetings (e.g., meetings with supervisor, staff, etc.)
- c. Turns in all documentation on time

2. Demonstrates Appropriate Conduct

- a. Respects/maintains confidentiality of patients/clients
- b. Maintains personal appearance appropriate for the work setting
- c. Uses appropriate language for the work setting
- d. Evaluates own performance
- e. Recognizes own professional limitations and performs within boundaries of training and job responsibilities

III. Technical-Assistant Skills

1. Maintains a facilitating environment for assigned tasks

- a. Adjusts lighting and controls noise level
- b. Organizes treatment space

2. Uses time effectively

- a. Performs assigned tasks with no unnecessary distractions
- b. Completes assigned tasks within designated treatment session

3. Selects, prepares, and presents materials effectively

- a. Prepares and selects treatment materials ahead of time
- b. Chooses appropriate materials based on treatment plan
- c. Prepares clinical setting to meet the needs of the client for obtaining optimal performance
- d. Selects materials that are age- and culturally appropriate as well as motivating

4. Maintains documentation

- a. Documents treatment plans and protocols accurately and concisely for supervisor
- b. Documents and reports patient/client performance to supervisor
- c. Signs documents reviewed and co-signed by the supervisor
- d. Prepares and maintains patient/client charts, records, graphs for displaying data

5. Provides assistance to speech-language pathologist

- a. Assists speech-language pathologist during patient/client assessment
- b. Assists with informal documentation
- c. Schedules activities
- d. Participates with speech-language pathologist in research projects
- e. Participates in in-service training
- f. Participates in public relations programs

IV. Screening

- 1. Demonstrates knowledge and use of a variety of screening tools and protocols
 - a. Completed training on screening procedures
 - b. Uses two to three screening instruments reliably
- 2. Demonstrates appropriate administration and scoring of screening tools
 - a. Differentiates correct versus incorrect responses
 - b. Completes (fills out) screening protocols accurately
 - c. Scores screening instruments accurately
- 3. Manages screenings and documentation
 - a. Reports any difficulty encountered in screening
 - b. Schedules screenings
 - c. Organizes screening materials
- 4. Communicates screening results and all supplemental information to supervisor
 - a. Seeks supervisor's guidance should adaptation of screening tools and administration be in question
 - b. Provides descriptive behavioral observations that contribute to screening results

V. Treatment

- 1. Performs tasks as outlined and instructed by the supervisor
 - a. Accurately and efficiently implements activities using procedures planned by the supervisor
 - b. Uses constructive feedback from supervisor for modifying interaction (interpersonal or otherwise) with patient/client
- 2. Demonstrates skills in managing behavior and treatment program
 - a. Maintains on-task behavior
 - b. Provides appropriate feedback as to the accuracy of patient/client response
 - c. Uses feedback and reinforcement that are consistent, discriminating, and meaningful to the patient/client
 - d. Gives directions and instructions that are clear, concise, and appropriate to the patient's/client's age level and level of understanding
 - e. Applies knowledge of behavior modification during interaction with the patient/client
 - f. Implements designated treatment objectives/goals in specified sequence
- 3. Demonstrates knowledge of treatment objectives and plan
 - a. Demonstrates understanding of patient/client disorder and needs
 - b. Identifies correct versus incorrect responses
 - c. Describes behaviors demonstrating a knowledge of the patient's/client's overall level of progress
 - d. Verbally reports and provides appropriate documentation of assigned activities



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SCOPE OF PRACTICE FOR THE SPEECH- LANGUAGE PATHOLOGY ASSISTANT (SLPA)

AD HOC COMMITTEE TO UPDATE THE SCOPE OF PRACTICE FOR SPEECH-LANGUAGE PATHOLOGY
ASSISTANTS

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ABOUT THIS DOCUMENT

This Scope of Practice for the Speech-Language Pathology Assistant (SLPA) was developed by the American Speech-Language-Hearing Association (ASHA) Ad Hoc Committee to Update the Scope of Practice for Speech-Language Pathology Assistants (hereafter, “the Ad Hoc Committee”). In January 2021, the ASHA Board of Directors approved a resolution for the development of the ad hoc committee to complete this task. Members of the committee were Jerrold Jackson, MA, CCC-SLP (chair, Texas),

Tyler T. Christopoulos, PhD, CCC-SLP (Utah), Erin Judd, C-SLPA (Minnesota), Ashley Northam, CCC-SLP (Oregon), Katie Orzechowski, MS, CCC-SLP (Illinois), Jennifer Schultz, MA, CCC-SLP (South Dakota), Nancy Thul, MS, CCC-SLP (Minnesota), Nicole Wilson-Friend, C-SLPA (California), and Lemmietta McNeilly, PhD, CCC-SLP (ex officio). Linda I. Rosa-Lugo, EdD, CCC-SLP, Vice President for Speech-Language Pathology Practice, served as the Board liaison. The composition of the Ad Hoc committee included ASHA-certified speech-language pathologists (SLPs) and SLPAs with specific knowledge and experience working with/as support personnel in clinical practice in schools, health care, and/or private practice settings.

This document is intended to provide guidance for SLPAs and their SLP supervisors regarding ethical considerations related to the SLPA practice parameters. It addresses how services performed by SLPAs should be utilized and what specific responsibilities are within and outside their roles of clinical practice. This information was developed by analyzing current practice standards, certification requirements, methods of academic and clinical training (from academic program directors, clinical educators, etc.), and feedback from stakeholders in communication sciences and disorders. Given that standards, state credentialing (e.g., licensure, etc.), and practice issues vary from state to state, this document's purpose is to provide information regarding ASHA's guidelines for the use of SLPAs for the treatment of communication disorders across practice settings.

DEDICATION

In loving memory of Steve Ritch, whose dedication, commitment, and perseverance contributed to ensuring integrity and quality in addressing the topic of SLPAs within the ASHA structure.

ACKNOWLEDGEMENTS

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EXECUTIVE SUMMARY

ASHA has identified critical shortages of speech-language pathologists (SLP) in all regions of the country, particularly in school settings. These shortages impede the ability of individuals with communication and related disorders to reach their full academic, social, and emotional potential. The use of speech-language pathologist assistants (SLPAs) is an essential element of aiding those professionals who provide services and individuals who rely on such services. It is the position of ASHA that the use of any support personnel be done with the explicit purpose of support for the SLP rather than used as an alternative.

This scope of practice presents minimum recommendations for the training, use, and supervision of speech-language pathology assistants. SLPAs perform tasks as prescribed, directed, and supervised by

ASHA-certified and/or state-credentialed SLPs. Support personnel can be used to increase the availability, frequency, and efficiency of services.

Some tasks, procedures, or activities used to treat individuals with communication and related disorders can be successfully performed by individuals other than SLPs if the persons conducting the activity are properly trained and supervised by ASHA-certified and/or state-credentialed SLPs. The use of evidence as well as ethical and professional judgment should be at the heart of the selection, management, training, supervision, and use of SLPAs.

This scope of practice specifies the minimum qualifications and responsibilities for an SLPA and delineates the tasks that are the exclusive responsibilities of the SLP. In addition, the document provides guidance regarding ethical considerations when SLPAs provide clinical services and outlines the supervisory responsibilities of the supervising SLP.

INTRODUCTION

The *Scope of Practice for the SLPA* provides information regarding the training, use, and supervision of assistants in speech-language pathology – a designation that ASHA established to be applicable in a variety of work settings. Training for SLPAs should be based on the type of tasks specified in their scope of responsibility. Specific education and training may be necessary to prepare assistants for unique roles in various professional settings.

ASHA has addressed the topic of support personnel in speech-language pathology since the 1960s. In 1967, the ASHA Executive Board established the Committee on Supportive Personnel and, in 1969, the document ASHA Legislative Council (LC) approved the document *Guidelines on the Role, Training and Supervision of the Communicative Aide*. In the 1990s, several entities—including committees, a task force, and a consensus panel—were established and the LC approved a position statement, technical report, guidelines, and curriculum content for support personnel. In 2002, ASHA developed an approval process for SLPA programs, and in 2003 ASHA established a registration process for SLPAs. Both were discontinued by vote of the LC because of fiscal concerns. In 2004, the LC approved a position statement on the training, use, and supervision of support personnel in speech-language pathology. Since then, the number of SLPAs has increased primarily in schools and private practice settings. ASHA members in many states continue to request specific guidance from ASHA. In 2016, the ASHA Board of Directors (BOD) completed a feasibility study for the standardization of requirements for assistants; that study demonstrated strong support for certifying assistants, across all stakeholders. The ASHA BOD voted to approve the Assistants Certification program in 2017. In December 2020, the ASHA Assistants Certification Program launched; this program sets standards for the practices and operations for SLPAs as well as for audiology assistants.

This document does not supersede federal legislation and regulation requirements or any existing state credentialing laws, nor does it affect the interpretation or implementation of such laws. The

document may serve, however, as a guide for the development of new laws or, at the appropriate time, for revising existing licensure laws.

STATEMENT OF PURPOSE

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

- parameters for education and professional development for SLPAs
- SLPAs' responsibilities within and outside the scope of practice
- varied practice settings
- information for others (e.g., special educators, parents, consumers, health professionals, payers, regulators, members of the general public) regarding services that SLPAs perform
- information regarding the ethical and liability considerations for the supervising SLP and the SLPA
- supervisory requirements for the SLP and the SLPA.

MINIMUM REQUIREMENTS FOR AN SLPA

An SLPA must complete an approved course of academic study, complete a supervised clinical experience, successfully pass the ASHA Assistants Certification Exam, **meet credentialing requirements for the state in which they practice**, and receive orientation as well as on-the-job training of SLPA responsibilities specific to the setting.

The minimum educational, clinical, and examination requirements for all SLPAs are outlined in the subsections below:

THREE EDUCATIONAL OPTIONS

An SLPA has three educational options:

1. Completion of an SLPA program from a regionally accredited institution (e.g., an associate degree, a technical training program, a certificate program).

OR

2. Receipt of a bachelor's degree in communication sciences and disorders from a regionally accredited institution AND completion of [ASHA education modules](#).

OR

3. Receipt of a bachelor's degree in a field other than communication sciences and disorders AND completion of [ASHA education modules](#) AND successful completion of coursework from a regionally or nationally accredited institution in all of the following areas:
 - introductory or overview course in communication disorders
 - phonetics
 - speech sound disorders
 - language development

- language disorders
- anatomy and physiology of speech and hearing mechanisms

ADDITIONAL REQUIREMENTS

In addition to having satisfied one of the above three educational options, the SLPA must also meet all the following three requirements:

1. Completion of a supervised clinical experience that consists of a minimum of one hundred (100) hours under the direct supervision of an ASHA certified SLP. The supervising SLP must meet all [ASHA certification and supervising requirements](#) and state credentialing requirements.
2. Achieve a passing score on the [ASHA Assistants Certification Exam](#).
3. Meet all [state credentialing requirements](#).

EXPECTATIONS OF AN SLPA

The following list details of the roles and performance expectations of an ASHA-certified SLPA:

- Adhere to all applicable state laws and rules regulating the practice of speech-language pathology.
- Adhere to the responsibilities for SLPAs specified in this scope of practice document and in state requirements.
- Avoid performing tasks or activities that are the exclusive responsibility of the SLP.
- Perform only those tasks approved by the supervising SLP.
- Work only in settings for which the SLPA has been trained and in which state regulations allow for SLPA employment.
- Deliver services only with an ASHA-certified and state licensed SLP providing direct and indirect supervision on a regular and systematic basis. Frequency and type of supervision should be based on the SLPA's competencies, and the caseload need, both of which are determined by the supervising SLP.
- Conduct oneself ethically within the [ASHA Assistant's Code of Conduct](#) (ASHA, 2020b) and state ethical codes.
- Self-advocate for needed supervision and training and for adherence to this SLPA scope of practice and other requirements.
- Provide culturally responsive services while communicating and collaborating with students, patients, clients, the supervising SLP, colleagues, families, caregivers, and other stakeholders.
- Actively pursue continuing education and professional development activities.
- Obtain information regarding availability and need for liability insurance.

RESPONSIBILITIES WITHIN THE SCOPE OF PRACTICE FOR SLPAS

The supervising SLP retains full legal and ethical responsibility for students, patients, and clients served but may delegate specific tasks to the SLPA. The SLPA may execute components of services as specified by the SLP in the plan of care. Services performed by the SLPA are only those within the scope of practice and are tasks that the SLPA has the training and skill to perform as verified by the supervising SLP. The SLP must provide appropriate and adequate direct and indirect supervision to ensure quality care for all persons served. The amount of supervision may vary depending on the case's complexity and the SLPA's experience. Under no circumstances should the use of an SLPA's services (a) violate the [ASHA Code of Ethics](#) (2016a) or the [ASHA Assistants Code of Conduct](#) (2020b) or (b) negatively impact the quality of services. An SLPA's services are designed to enhance the quality of care provided by the SLP.

Decisions regarding the tasks that are appropriate to assign to the SLPA should be made by the supervising SLP in collaboration with the SLPA. The SLPA is responsible for communicating their knowledge, experience, and self-assessment of competence with specific skills to the supervising SLP. It is the SLP's responsibility to observe the SLPA performing specific tasks; to provide feedback regarding clinical performance; to recommend or provide education and training to develop skills to meet the needs of the students, patients, and clients served; and to validate the SLPA's competence. The SLPA's competence in practice areas can be determined by observations, collaboration between the supervising SLP and the SLPA, as well as other resources deemed significant by the supervisor/supervisee pair.

If the SLPA has demonstrated the necessary competencies and the supervising SLP provides the appropriate amount and type of supervision, the SLPA may engage in or assigned to perform the following tasks:

- service delivery
- culturally responsive practices
- responsibilities for all practitioners
- responsibilities for practitioners who use multiple languages
- administration and support
- prevention and advocacy.

SERVICE DELIVERY

The SLPA should engage in the following activities when performing necessary tasks related to speech-language service provision:

- Self-identifying (e.g., verbally, in writing, signage, titles on name badges, etc.) as an SLPA to students, patients, clients, families, staff, and others.
- Exhibiting compliance with federal, state, and local regulations including: The Health Insurance Portability and Accountability Act (HIPAA), the Family Educational Rights and Privacy Act (FERPA); reimbursement requirements; and state statutes and rules regarding SLPA education, training, and scope of practice.
- Administering and scoring screenings for clinical interpretation by the SLP.

- Assisting the SLP during assessment of students, patients, and clients (e.g., setting up the testing environment, gathering and prepping materials, taking notes as advised by the SLP, etc.).
- Administering and scoring assessment tools that (a) the SLPA meets the examiner requirements specified in the examiner's manual and (b) the supervising SLP uses to verify the SLPA's competence in administration, exclusive of clinical interpretation.
- Administering and scoring progress monitoring tools exclusive of clinical interpretation if (a) the SLPA meets the examiner requirements specified in the examiner's manual and (b) the supervisor has verified the SLPA's competence in administration.
- Implementing documented care plans or protocols (e.g., individualized education plan [IEP], individualized family service plan [IFSP], treatment plan) developed and directed by the supervising SLP.
- Providing direct therapy services addressing treatment goals developed by the supervising SLP to meet the needs of the student, patient, client, and family.
- Adjusting and documenting the amount and type of support or scaffolding provided to the student, patient, or client in treatment to facilitate progress.
- Developing and implementing activities and materials for teaching and practice of skills to address the goals of the student, patient, client, and family per the plan of care developed by the supervising SLP.
- Providing treatment through a variety of service delivery models (e.g., individual, group, classroom-based, home-based, co-treatment with other disciplines) as directed by the supervising SLP.
- Providing services via telepractice to students, patients, and clients who are selected by the supervising SLP.
- Documenting student, patient, or client performance (e.g., collecting data and calculating percentages for the SLP to use; preparing charts, records, and graphs) and report this information to the supervising SLP in a timely manner.
- Providing caregiver coaching (e.g., model and teach communication strategies, provide feedback regarding caregiver-child interactions) for facilitation and carryover of skills.
- Sharing objective information (e.g., accuracy in speech and language skills addressed, participation in treatment, response to treatment) regarding student, patient, and client performance to students, patients, clients, caregivers, families and other service providers without interpretation or recommendations as directed by the SLP.
- Programming augmentative and alternative communication (AAC) devices.
- Providing training and technical assistance to students, patients, clients, and families in the use of AAC devices.
- Developing low-tech AAC materials for students, patients, and clients.
- Demonstrating strategies included in the feeding and swallowing plan developed by the SLP and share information with students, patients, clients, families, staff, and caregivers.

- Assisting students, patients, and clients with feeding and swallowing skills developed and directed by the SLP when consuming food textures and liquid consistencies.

CULTURALLY RESPONSIVE PRACTICES

Cultural responsiveness has been described as providing individuals “with a broader perspective from which to view our behaviors as they relate to our actions with individuals across a variety of cultures that are different from our own” (Hyter & Salas-Provence, 2019, p.7).

Engaging in culturally responsive practices refers to the “explicit use of culturally based care and health knowledge in sensitive, creative, and meaningful ways” (Leininger, 2002, p. 84). It is important to remember that cultural and linguistic backgrounds exist on a continuum and not all individuals will exhibit characteristics of one group at any given time. Practitioners must meet the student, patient, client, and their families or caregivers in a space of mutual understanding and respect.

Not only is the supervising SLP responsible for engaging in these practices, but they should also train and provide support for the SLPA to develop these skills

RESPONSIBILITIES FOR SLPS AND SLPAS

All practitioners have the following responsibilities related to cultural and linguistic supports:

- Adjust communication style and expectations to meet the needs of clients, patients, and students from different cultural groups and to provide services in a culturally responsive manner. For more information, see the ASHA Practice Portal on [Cultural Competence](#) [ASHA, n.d.-b].
- Provide information to families and staff regarding the influence of first language on the development of communication and related skills in a second language (under the direction of the supervising SLP).
- Develop an understanding of the family dynamic from a cultural perspective to effectively engage in meetings surrounding intake, discussions of the therapy plan of care and other communication scenarios surrounding practices for addressing communication concerns
- Engage in continuing education and training opportunities focusing on the assessment and intervention process when working with individuals from culturally and linguistically diverse backgrounds.

RESPONSIBILITIES FOR PRACTITIONERS WHO USE MULTIPLE LANGUAGES

Based on prior training and experiences in working with multilingual students, patients or clients and their families, the SLPA may engage in the following tasks:

- Assist the SLP with interpretation and translation in the student’s, patient’s, or client’s first language during screening and assessment activities exclusive of clinical interpretation of results. For more information, see [Issues in Ethics: Cultural and Linguistic Competence](#) (ASHA 2017) and the ASHA Practice Portal Page on [Bilingual Service Delivery](#) (ASHA, n.d.-a)

- Interpret for students, patients, clients, and families who communicate using a language other than English, when the provider has received specialized training with interpreting skills in the student's, patient's, or client's first language. For more information, see [*Issues in Ethics: Cultural and Linguistic Competence*](#) (ASHA 2017) and the ASHA Practice Portal Page on [*Bilingual Service Delivery*](#) (ASHA, n.d.-a)
- Provide services in another language for individuals who communicate using a language other than English or for those who are developing English language skills. Such services are based on the provider's skills and knowledge of the language spoken by the student, patient, or client. For more information, see [*Issues in Ethics: Cultural and Linguistic Competence*](#) (ASHA 2017) and the ASHA Practice Portal Page on [*Bilingual Service Delivery*](#) (ASHA, n.d.-a).

ADMINISTRATIVE SUPPORT

Depending on the setting, adequate training, and guidance from the supervising SLP, the SLPA may:

- assist with clerical duties and site operations (e.g., scheduling, recordkeeping, maintaining inventory of supplies and equipment);
- perform safety checks and maintenance of equipment, and
- prepare materials for screening, assessment, and treatment services.

PREVENTION AND ADVOCACY

Depending on the setting, adequate training, and guidance from the supervising SLP, the SLPA may

- present primary prevention information to individuals and groups known to be at risk for communication and swallowing disorders;
- promote early identification and early intervention activities;
- advocate for individuals and families through community awareness, health literacy, education, and training programs to promote and facilitate access to full participation in communication—including addressing the social determinants of health and health disparities;
- provide information to emergency response agencies for individuals who have communication, swallowing, and/or related disorders;
- advocate at the local, state, and national levels for improved public policies affecting access to services and research funding;
- support the supervising SLP in research projects, in-service training, marketing, and public relations programs; and
- participate actively in professional organizations.

RESPONSIBILITIES OUTSIDE THE SCOPE OF PRACTICE FOR SPEECH-LANGUAGE PATHOLOGY ASSISTANTS

There is potential for misuse of an SLPA's services, particularly when responsibilities are delegated by other staff members (e.g., administrators, nursing staff, physical therapists, occupational therapists, psychologists, etc.) without the approval of the supervising SLP. It is highly recommended that this *ASHA SLPA Scope of Practice* as well as the [ASHA Code of Ethics](#) (ASHA, 2016a) and the [ASHA Assistants Code of Conduct](#) (ASHA, 2020b) be reviewed with all personnel involved when employing an SLPA. It should be emphasized that an individual's communication and/or related disorders and/or other factors may preclude the use of services from anyone other than an ASHA-certified and/or licensed SLP. The SLPA should not perform any task without the approval of the supervising SLP. The student, patient, or client should be informed that they are receiving services from an SLPA under the supervision of an SLP.

The SLPA should *NOT* engage in any of the following activities:

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

PRACTICE SETTINGS

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

- public, private, and charter elementary and secondary schools
- early intervention settings (e.g., homes, preschools, daycare settings)
- hospitals (inpatient and outpatient)
- residential health care settings (e.g., long-term care and skilled nursing facilities)
- nonresidential health care settings (e.g., adult daycare, home health services, and clinics)
- private practice settings
- university/college clinics
- research facilities
- corporate and industrial settings
- student's, patient's, or client's residences

ETHICAL CONSIDERATIONS

ASHA strives to ensure that its members and certificate holders preserve the highest standards of integrity and ethical practice. ASHA maintains two separate documents that set forth the fundamentals of ethical conduct in the professions. The [ASHA Code of Ethics](#) (2016a) sets forth the fundamental principles and rules deemed essential for SLPs. This code applies to every individual who is (a) an ASHA member, whether certified or not, (b) a nonmember holding the ASHA Certificate of Clinical Competence, (c) an applicant for membership or certification, or (d) a Clinical Fellow seeking to fulfill standards for certification.

The [ASHA Assistants Code of Conduct](#) (2020b) sets forth the principles and fundamentals of ethical practice for SLPAs. The Assistants Code of Conduct applies to all ASHA-certified audiology and speech-language pathology assistants, as well as applicants for assistant certification. It defines the SLPA's role in the provision of services under the SLP's supervision and provides a framework to support decision-making related to the SLPA's actions. The Assistants Code of Conduct holds assistants to the same level of ethical conduct as the supervising SLP with respect to responsibilities to people served professionally, the public, and other professionals; however, it does not address ethics in supervision and other duties that are outside the SLPA Scope of Practice.

It is imperative that the supervising SLP and the SLPA are knowledgeable about the provisions of both codes and that they behave in a manner consistent with the principles and rules outlined in the ASHA Code of Ethics and the ASHA Assistants Code of Conduct. Because the ethical responsibility for students, patients, and clients--or for subjects in research studies--cannot be delegated, the supervising SLP takes overall responsibility for the actions of any SLPA when that SLPA is performing their assigned duties. If the SLPA engages in activities that violate the Assistants Code of Conduct, then the supervising SLP may be found in violation of the Code of Ethics--if it is found that adequate oversight has not been provided.

The following principles and rules of the Code of Ethics specifically address issues that are pertinent when an SLP supervises SLPAs in the provision of services or when conducting research. Failure to comply with principles and rules related to supervisory activities in the Code of Ethics or failure to ensure that the SLPA complies with the Assistants Code of Conduct could result in a violation of the Code of Ethics by the supervisor.

Principle of Ethics I, Rule of Ethics A: Individuals shall provide all clinical services and scientific activities competently.

Guidance:

The supervising SLP must ensure that all services, including those provided directly by the SLPA, meet practice standards, and are administered competently. The supervising SLP is responsible for providing training as needed or requested by the SLPA, identifying the services that the SLPA is competent to perform, monitoring the provision of those services to ensure quality of care, and intervening to correct the actions of the SLPA as needed.

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

Guidance:

The supervising SLP must ensure that students, patients, clients, caregivers, and research subjects are informed of the title and qualifications of the SLPA. This is not a passive responsibility; that is, the supervisor must make this information easily available and understandable to the students, patients, clients, caregivers, and research subjects and not rely on the individual to inquire about or ask directly for this information.

Principle of Ethics I, Rule of Ethics E: Individuals who hold the Certificate of Clinical Competence may delegate tasks related to the provision of clinical services to aides, assistants, technicians, support personnel, or any other persons only if those persons are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the certified individual.

Guidance:

The supervising SLP is responsible for providing appropriate and adequate direct and indirect supervision to ensure that the services provided are appropriate and meet practice standards. The SLP must consider student, patient, or client needs and the SLPA's knowledge and skills to determine what constitutes appropriate supervision, which may be more than the minimum required in state regulations. The SLP must document supervisory activities and adjust the amount and type of supervision to ensure that the Code of Ethics and Assistants Code of Conduct are followed.

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

Guidance:

The supervising SLP is responsible for monitoring the professional activities performed by the SLPA and ensuring that they remain within the guidelines set forth in the ASHA SLPA Scope of Practice and applicable state and facility guidelines. In some cases, ASHA requirements may differ from state regulations. ASHA requirements do not supersede state licensure laws or affect the interpretation or implementation of such laws. The supervising SLP should ensure that the highest standards of ethical conduct are maintained.

Principle of Ethics II, Rule of Ethics A: Individuals who hold the Certificate of Clinical Competence shall engage in only those aspects of the professions that are within the scope of their professional practice and competence, considering their certification status, education, training, and experience.

Guidance:

The supervising SLP is responsible for ensuring that they have the skills and competencies needed to provide appropriate supervision. This includes completion of required continuing education in supervision and may include seeking additional continuing education in supervision to remain current in this area.

Principle of Ethics II, Rule of Ethics E: Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct research activities that exceed the staff member's certification status, competence, education, training, and experience.

Guidance:

The supervising SLP must ensure that the SLPA only performs those activities that are defined as appropriate for the level of training and experience and in accordance with applicable state regulations and facility guidelines. If the SLPA exceeds the practice role that has been defined for them, the SLP must intervene to correct the actions of the SLPA as needed.

Principle of Ethics III, Rule of Ethics D: Individuals shall not defraud through intent, ignorance, or negligence or engage in any scheme to defraud in connection with obtaining payment, reimbursement, or grants and contracts for services provided, research conducted, or products dispensed.

Guidance:

States and third-party payers (e.g., insurance, Medicaid) vary in their policies regarding recognition of SLPAs as approved service providers, rate of reimbursement for assistant-level services, and other

policies. The supervising SLP and SLPA are jointly responsible for knowing and understanding federal and state regulations and individual payer policies, billing for services at the appropriate level, and providing the amount and type of supervision required by the payer when billing for SLPA services.

Principle of Ethics IV, Rule of Ethics I: Individuals shall not knowingly allow anyone under their supervision to engage in any practice that violates the Code of Ethics.

Guidance:

Because the SLPA provides services as an extension of those provided by the certified SLP, the SLP is responsible for ensuring the SLPA adheres to the Assistants Code of Conduct and monitoring the performance of the SLPA.

LIABILITY ISSUES

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

GUIDELINES FOR SLP SUPERVISION OF SLPAS

For SLPAs to practice, a supervising SLP must be identified. The following indicates considerations for the supervising SLP:

- qualifications for the supervising SLP
- expectations of the supervising SLP
- considerations for the ratio of SLPs to SLPAs
- requirements for frequency and duration of supervision.

MINIMUM QUALIFICATIONS FOR A SUPERVISING SLP

The minimum qualifications for an SLP to supervise the SLPA include the following:

- Hold the Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP) from ASHA and/or possess the necessary state-credentials
- Completion of a minimum of 9 months of experience after being awarded ASHA certification (i.e., completion of the 9-month Clinical Fellowship followed by 9 months of experience)
- Completion of a minimum of 2 hours of professional development in clinical instruction/supervision
- Adherence to state guidelines for supervision of the SLPA

- It is recommended that the professional development course taken in clinical instruction or supervision include content related to the supervision of SLPAs

EXPECTATIONS FOR THE SUPERVISING SLP

In addition to the minimum qualifications listed above, the following are additional roles and behavior that are expected of the supervising SLP:

- Adhere to the principles and rules of the ASHA Code of Ethics (ASHA, 2016a)
- Adhere to applicable licensure laws and rules regulating the practice of speech-language pathology
- Conduct ongoing competency evaluations of the SLPAs
- Provide and encourage ongoing education and training opportunities for the SLPA consistent with competency and skills required to meet the needs of the students, patients, and clients served
- Develop, review, and modify treatment plans for students, patients, and clients that the SLPA implements under the supervision of the SLP
- Make all case management decisions
- Adhere to the supervisory responsibilities for SLPs
- Retain legal and ethical responsibility for all students, patients, and clients served
- Maintain an active interest in collaborating with SLPAs

SUPERVISION OF SLPAS

The relationship between the supervising SLP and the SLPA is paramount to the welfare of the student, patient, or client. Because the clinical supervision process is a close, interpersonal experience, the supervising SLP should participate in the selection of the SLPA when possible. It is the SLP's responsibility to design and implement a supervision system that protects the students', patients', and clients' care and that maintains the highest possible standards of quality. The amount and type of supervision must meet (a) minimum requirements as specified in this document and (b) state requirements. Supervision must be based on (a) the needs, competencies, skills, expectations, philosophies, and experience of the SLPA and the supervisor; (b) the needs of students, patients, and clients served; (c) the service setting; (d) the tasks assigned; and (e) other factors. More intense supervision, for example, would be required in such instances as the orientation of a new SLPA; initiation of a new program, equipment, or task; or a change in student, patient, or client status (e.g., medical complications). Functional assessment of the SLPA's skills with assigned tasks should be an ongoing, regular, and integral element of supervision. SLPs and SLPAs should treat each other with respect and should interact in a manner that will provide the best possible outcomes for student, patient, and client care. It is also critical that the SLP and SLPA understand that their language, culture, and experiences will be different within the dyad and across the triad (SLP, SLPA, and patient, client, and student). It is expected that the practitioners stay grounded in cultural responsiveness and culturally responsive practices when engaged in all aspects of interactions.

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

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

SLP-TO-SLPA RATIO

The supervising SLP should determine the appropriate number of assistants whose practice can be supervised within their workload. Although more than one SLP may provide supervision of an SLPA, it is recommended that the SLP not supervise or be listed as a supervisor for more than three full-time equivalent (FTE) SLPAs in any setting. The number of SLPAs who can be appropriately supervised by a single SLP will depend on a variety of factors including caseload characteristics, SLPA experience, and SLP experience. The SLP is responsible for determining how many SLPAs can be supervised while maintaining the highest level of quality for services provided. When multiple SLPs supervise a single SLPA, it is critical that the supervisors coordinate and communicate with each other so that they collectively meet minimum supervisory requirements and ensure that they maintain the highest quality of services.

REQUIREMENTS FOR THE FREQUENCY AND AMOUNT OF SUPERVISION

Supervision requirements may vary based on a variety of factors. The amount and type of supervision required must be consistent with (a) the SLPA's skills and experience; the needs of the students, patients, and clients; (c) the service setting; (d) the tasks assigned; and (e) the laws and regulations that govern SLPAs. To ensure adequate and appropriate supervision, the supervising SLP should outline their expectations in collaboration with the SLPA. As the relationship continues to develop over time, the SLP/SLPA team can decide how and to what extent supervision is needed.

Before the SLPA begins to provide support independently, the supervising SLP must have first contact with all individuals on the caseload. "First contact" includes establishing rapport, gathering baseline data, and securing other necessary documentation to begin (or continue) the plan of care for the student, patient, or client. As the SLP/SLPA team dynamic continues to develop beyond the initial onboarding, minimum ongoing supervision must always include documentation of direct supervision provided by the SLP for each student, patient, or client **at least every 30–60 days (depending on frequency of visits/sessions and setting).**

The SLP can adjust the amount of supervision if they determine that the SLPA has met appropriate competencies and skill levels in treating students, patients, and clients who have a variety of communication disorders. Data on every student, patient, and client serviced by the SLPA should be reviewed by the supervisor in regular intervals and can be considered “indirect supervision.” Supervisors should arrange designated days and times of day (morning or afternoon) in such a way that all students, patients, and clients receive direct contact with the supervising SLP.

The supervising SLP must accurately document and regularly record all supervisory activities, both direct and indirect. Further, 100% direct supervision (synchronous or “live” telesupervision is acceptable) of SLPAs for medically fragile students, patients, or clients is required.

The supervising SLP is responsible for designing and implementing a supervisory plan, which ensures that the SLP maintains the highest standard of quality care for students, patients, and clients. A written supervisory plan is a tangible way to document progress and outline the practices of the supervising SLP and the SLPA. Care of the student, patient, or client remains the supervisor’s responsibility.

Direct supervision means in-view observation and guidance while the SLPA is performing a clinical activity. This can include the supervising SLP viewing and communicating with the SLPA via telecommunication technology as the SLPA provides clinical services, this scenario allows the SLP to provide ongoing immediate feedback. Direct supervision does not include reviewing an audio or video recorded session later.

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

Indirect supervision does not require the SLP to be physically present or available via telecommunication while the SLPA is providing services. Indirect supervisory activities may include (a) reviewing demonstration videos; (b) reviewing student, client, or patient files; (c) reviewing and evaluating audio or video recorded sessions; and/or (d) conducting supervisory conferences either in person or via telephone and/or live, secure virtual meetings. The SLP will review each care plan as needed for timely implementation of modifications.

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

Any supervising SLP who will not be able to supervise an SLPA for more than 1 week will need to (a) inform the SLPA of the planned absence, (b) notify the employer or site administrator that other arrangements for the SLPA's supervision of services need to be made while the SLP is unavailable, and (c) inform the students, patients, or clients that their speech-language services will be rescheduled.

In some instances, multiple SLPs may supervise the SLPA. Those doing so must give special consideration to, and think carefully about, the impact that this supervisory arrangement may have on service providers. It is recommended that the SLPA not be supervised by more than three SLPs.

CONCLUSION

This document aims to provide guidance for the use of SLPAs in appropriate settings, thereby increasing access to timely and efficient speech-language services. The supervising SLP or SLPs are responsible for staying abreast of current guidelines (including state credentialing guidelines) and ensuring the quality of services rendered. Given that standards, state credentialing (e.g., licensure, etc.), and practice issues vary from state to state, this document's purpose is to provide information regarding ASHA's guidelines for the use of SLPAs for the treatment of communication disorders across practice settings.

DEFINITIONS

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

aide/technician—individual who has completed on-the-job training, workshops, and other related tasks and who works under the direct supervision of an ASHA-certified SLP. See also *speech-language pathology aide/technician*.

assessment—procedures implemented by the SLP for the differential diagnosis of communication and swallowing disorders, which may include, per the [ASHA Speech-Language Pathology Scope of Practice \[PDF\]](#), “culturally and linguistically appropriate behavioral observation and standardized and/or criterion-referenced tools; use of instrumentation; review of records, case history, and prior test results; and interview of the individual and/or family to guide decision making” (ASHA, 2016b, p. 11). *Assessments* may also be referred to as *evaluations*, *tests*, and so forth.

cultural responsiveness—provides individuals with “a broader perspective from which to view our behaviors as they relate to our actions with individuals across a variety of cultures that are different from our own”. (Hyter and Salas-Provence, 2019, p. 7)

culturally responsive practices—Care that takes the client's cultural perspectives, beliefs, and values into consideration in all aspects of education and/or service provision. Leininger (2002) defines this term as “the explicit use of culturally based care and health knowledge in sensitive, creative, and meaningful ways”.

direct supervision—in-view observation and guidance by an SLP while the SLPA performs an assigned activity. Direct supervision activities performed by the supervising SLP may include, but are not limited to, the following: observing a portion of the screening or treatment procedures performed by the SLPA, coaching the SLPA, and modeling for the SLPA. The supervising SLP must be present during all services provided to a medically fragile client by the SLPA (e.g., on-site or via synchronous telesupervision). The SLP can view and communicate with the student, patient, or client and SLPA via “real-time” telecommunication technology to supervise the SLPA, giving the SLP the opportunity to provide immediate feedback. This does not include reviewing a recorded session later.

indirect supervision—the monitoring or reviewing of an SLPA’s activities outside of observation and guidance during direct services provided to a student, patient, or client. Indirect supervision activities performed by the supervising SLP may include, but are not limited to, demonstration, records review, review and evaluation of audio or video recorded sessions, and interactive conferences that may be conducted by telephone, email, or other forms of telecommunication (e.g., virtual platforms).

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

medically fragile—a term used to describe an individual who is acutely ill and in an unstable health condition. If an SLPA treats such an individual that treatment requires 100% direct supervision by an SLP.

plan of care—a written service plan developed and monitored by the supervising SLP to meet the needs of an individual student, patient, or client. The plan may address needs for screening, observation, monitoring, assessment, treatment, and other services. Examples of care plans include Individualized Education Plans (IEPs), Individualized Family Service Plans (IFSPs), rehabilitation services plans, and so forth.

progress monitoring—a process of collecting, graphing, and reviewing data on an individual's target skills to assess their response to treatment and then comparing their growth to a target trend line or goal to determine whether sufficient progress is being made. Definition adapted from Progress Monitoring webpage. (*National Center on Intensive Intervention*, n.d.)

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

social determinants of health—the conditions in which people are born, grow, live, work, and age, including the health system. These circumstances are shaped by the distribution of money, power, and resources at global, national, and local levels, which are themselves influenced by policy choices. The social determinants of health are mostly responsible for health inequities—the unfair and avoidable differences in health status seen within and between countries. (World Health Organization, n.d.)

speech-language pathology aides/technician—an individual who has completed on-the-job training, workshops, and other related tasks and who works under the direct supervision of an ASHA-certified SLP; this is another type of support personnel that may not meet the requirements as an ASHA certified SLPA. See also aide/technician

speech-language pathology assistant—an individual who, following academic coursework, clinical practicum, and credentialing can perform tasks prescribed, directed, and supervised by ASHA-certified SLPs.

supervising speech-language pathologist—an SLP who holds a Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP) from ASHA and/or a state licensure (where applicable), has an active interest and desire to collaborate with support personnel, has a minimum of 9 months of experience after being awarded ASHA certification, has completed the 2-hour supervision requirement per the [ASHA Certification Standards](#) (ASHA, 2020a) and adheres to state credentialing guidelines for supervision of the SLPA, and who is licensed and/or credentialed by the state (where applicable).

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

support personnel—these individuals perform speech-language tasks as prescribed, directed, and supervised by ASHA-certified SLPs. There are different levels of support personnel based on training and scope of responsibilities. The term support personnel includes SLPAs and speech-language pathology aides/technicians. ASHA is operationally defining these terms for ASHA resources. Some states use different terms and definitions for support personnel (e.g., *assistant speech-language pathologist*, *speech-language pathologist paraprofessional*, and *SLP assistant*, among others).

telepractice—applying telecommunications technology to the delivery of professional services at a distance by linking clinician to client, or clinician to clinician, for assessment, intervention, and/or consultation (ASHA, n.d.).

telesupervision—the SLP can view and communicate with the patient and SLPA in real time via telecommunication software (e.g., virtual platforms), webcam, telephone, and similar devices and services to supervise the SLPA. This enables the SLP to give immediate feedback. Telesupervision does not include reviewing a recorded session later.

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Laws and Regulations Related to Speech-Language Pathology Assistant Course of Study and Curriculum

Business and Professions Code (BPC) section 2538.1.

(a) The board shall adopt regulations, in collaboration with the State Department of Education, the Commission on Teacher Credentialing, and the Advisory Commission on Special Education, that set forth standards and requirements for the adequate supervision of speech-language pathology assistants.

(b) The board shall adopt regulations as reasonably necessary to carry out the purposes of this article, that shall include, but need not be limited to, the following:

(1) Procedures and requirements for application, registration, renewal, suspension, and revocation.

(2) Standards for approval of Associate Degree Speech-Language Pathology Assistant training programs based upon standards and curriculum guidelines established by the National Council on Academic Accreditation in Audiology and Speech-Language Pathology, or the American Speech-Language-Hearing Association, or equivalent formal training programs consisting of two years of technical education, including supervised field placements. The board may impanel site review committees to conduct onsite evaluations, inspections, and investigations of a speech-language pathology assistant training program and to assess the training program's compliance with the board's laws and regulations. The members of the site review committee shall receive no compensation but shall be reimbursed for their actual travel and per diem expenses by the institution that is the subject of the evaluation, inspection, or investigation.

(3) Standards for accreditation of a Speech-Language Pathology Assistant training program's institution by the Accrediting Commission for Community and Junior Colleges of the Western Association of Schools and Colleges or the Senior College Commission of the Western Association of Schools and Colleges, or equivalent accreditation.

(4) The scope of responsibility, duties, and functions of speech-language pathology assistants, that shall include, but not be limited to, all of the following:

(A) Conducting speech-language screening, without interpretation, and using screening protocols developed by the supervising speech-language pathologist.

(B) Providing direct treatment assistance to patients or clients under the supervision of a speech-language pathologist.

(C) Following and implementing documented treatment plans or protocols developed by a supervising speech-language pathologist.

(D) Documenting patient or client progress toward meeting established objectives, and reporting the information to a supervising speech-language pathologist.

(E) Assisting a speech-language pathologist during assessments, including, but not limited to, assisting with formal documentation, preparing materials, and performing clerical duties for a supervising speech-language pathologist.

(F) When competent to do so, as determined by the supervising speech-language pathologist, acting as an interpreter for non-English-speaking patients or clients and their family members.

(G) Scheduling activities and preparing charts, records, graphs, and data.

(H) Performing checks and maintenance of equipment, including, but not limited to, augmentative communication devices.

(I) Assisting with speech-language pathology research projects, in-service training, and family or community education.

The regulations shall provide that speech-language pathology assistants are not authorized to conduct evaluations, interpret data, alter treatment plans, or perform any task without the express knowledge and approval of a supervising speech-language pathologist.

(5) The requirements for the wearing of distinguishing name badges with the title of speech-language pathology assistant.

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

(7) Minimum continuing professional development requirements for the supervisor of a speech-language pathology assistant.

(8) The type and amount of direct and indirect supervision required for speech-language pathology assistants.

(9) The maximum number of assistants permitted per supervisor.

(10) A requirement that the supervising speech-language pathologist shall remain responsible and accountable for clinical judgments and decisions and the maintenance of the highest quality and standards of practice when a speech-language pathology assistant is utilized.

BPC section 2538.3.

A person applying for approval as a speech-language pathology assistant shall have graduated from a speech-language pathology assistant associate degree program, or equivalent course of study, approved by the board. A person who has successfully graduated from a board-approved bachelor's degree program in speech-language pathology or communication disorders shall be deemed to have satisfied an equivalent course of study.

California Code of Regulations (CCR) § 1399.170.6. Requirements of the Sponsoring Institution.

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

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

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

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

CCR § 1399.170.10. Required Curriculum.

(a) A program's curriculum shall not be implemented or revised until it has been approved by the Board.

(b) The curriculum shall be designed so that a speech-language pathology assistant who completes the program will have the knowledge and skills necessary to function in accordance with the minimum standards set forth in Section 2538.1(b)(3) of the Business and Professions Code.

(c) The curriculum shall consist of not less than sixty (60) semester units or ninety (90) quarter units, which shall include the following:

(1) Twenty (20) to thirty (30) semester units or thirty (30) to forty-five (45) quarter units in general education requirements, including but not limited to, basic communication skills, knowledge of mathematics, liberal arts, and biological, behavioral, and health sciences.

(2) Thirty (30) to forty (40) semester units or forty-five (45) to sixty (60) quarter units in course work that satisfies the competencies defined in the American Speech-Language-Hearing Association's Guidelines for the Training, Credentialing, Use, and Supervision of Speech-Language Pathology Assistants Appendix C -- Speech-Language Pathology Assistant Suggested Competencies (1996, Spring) including the following observation and field work experiences:

(A) A minimum of fifteen (15) clock hours of directed observation; and

(B) A minimum of one hundred (100) clock hours of field work experience.

(d) The course of instruction shall be presented in semester or quarter units under the following formula:

(1) One (1) hour of instruction in theory each week throughout a semester or quarter equals one (1) unit.

(2) Three (3) hours of field work practice each week throughout a semester or quarter equals one (1) unit.

CCR § 1399.170.11. Qualifications for Registration as a Speech-Language Pathology Assistant.

To be eligible for registration by the Board as a speech-language pathology assistant, the applicant must possess at least one of the following qualifications:

(a) An associate of arts or sciences degree from a speech-language pathology assistant program accredited by the Accrediting Commission for Community and Junior Colleges, Western Association of Schools and Colleges, and approved by the Board; or

(b) Evidence of completion of a bachelor's degree program in speech-language pathology or communication disorders from an institution listed in the "Accredited Institutions of Postsecondary Education" handbook issued by the American Council on Education, and completion of the field work experience as required in Section 1399.170.10(c)(2)(B) from a Board-approved program, or completion of a minimum of one hundred (100) hours of field work experience or clinical experience equivalent to that required in Section 1399.170.10(c)(2)(B) in a bachelor's degree program as recognized in this subsection.

(1) The equivalent field work hours or clinical experience completed in a bachelor's degree program in speech-language pathology or communication disorders shall be evaluated for verification by the current training program director.

(A) In the event that the field work experience or clinical experience completed in the bachelor's degree program is deemed deficient by the authorized representative of a board-approved speech-language pathology assistant training program, the applicant may petition the Board for reconsideration.

(B) In lieu of completion of the one-hundred (100) hours of field work experience or clinical experience in a bachelor's degree program as defined in subsection (b) above, the Board may consider the completion of thirty-six (36) weeks of full-time work experience performing the duties of a speech-language pathology assistant enumerated in paragraph (4) of subsection (b) of Section 2538.1 of the Business and Professions Code as equivalent to the required clinical training.

(c) Evidence of completion of an equivalent speech-language pathology assistant associate of arts or science degree program, which includes the competencies listed in the American Speech-Language-Hearing Association's Guidelines for the Training, Credentialing, Use, and Supervision of Speech-Language Pathology Assistants, Appendix C -- Speech-Language Pathology Assistant Suggested Competencies (1996, Spring).



MEMORANDUM

DATE	June 12, 2026
TO	Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board
FROM	Maria Liranzo, Legislation/Regulation/Budget Analyst
SUBJECT	Agenda Item 6: Review and Possible Approval of the April 3, 2026 Board Meeting Minutes

Background

Attached is a draft of the meeting minutes from the April 3, 2026 Board meeting.

Action Requested

Staff recommends the Board review and discuss the provided materials. The Board may wish to determine whether or not to approve the April 3, 2026 Board meeting minutes.

Attachment: April 3, 2026 Board Meeting Minutes

BOARD MEETING MINUTES - DRAFT
Teleconference - Sacramento and Glendora
Friday, April 3, 2026

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

Gilda Dominguez, Board Chair, called the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board (Board) meeting to order on Friday, April 3, 2026, at 9:00 a.m. Ms. Dominguez called roll; seven members of the Board were present and thus a quorum was established.

Board Members Present

Gilda Dominguez, Speech-Language Pathologist, Board Chair
Amy White, Dispensing Audiologist, Board Vice Chair
Tod Borges, Hearing Aid Dispenser
Tamara Chambers, Otolaryngologist, Public Member
Francis David, Speech-Language Pathologist
Charles Sanders, Dispensing Audiologist
Karen Chang, Public Member

Staff Present

Cherise Burns, Executive Officer
Michael Magat, Assistant Executive Officer
Maria Liranzo, Legislation, Regulation and Budget Analyst
Tim Yang, Enforcement Analyst
Yuping Lin, DCA Legal Counsel
Navdeep "Deepi" Miller, DCA Regulatory Counsel
Ann Fisher, DCA Webex Moderator

2. Public Comment for Items Not on the Agenda

Ms. Dominguez asked for public comment for items not on the agenda. There were no comments from the public, outside agencies, or associations.

SPEECH-LANGUAGE PATHOLOGY PRACTICE COMMITTEE – DRAFT
Teleconference - Sacramento and Glendora
Friday, April 3, 2026

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

Gilda Dominguez, Committee Chair, called the Speech-Language Pathology Practice Committee (Committee) meeting to order on Friday, April 3, 2026, at 9:07 a.m. Ms. Dominguez called roll; three members of the Committee were present and thus a quorum was established.

Committee Members Present

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

Staff Present

Cherise Burns, Executive Officer
Michael Magat, Assistant Executive Officer
Maria Liranzo, Legislation, Regulation and Budget Analyst
Tim Yang, Enforcement Analyst
Yuping Lin, DCA Legal Counsel
Navdeep “Deepi” Miller, DCA Regulatory Counsel
Ann Fisher, DCA Webex Moderator

2. Public Comment for Items Not on the Agenda

Ms. Dominguez asked for public comment for items not on the agenda. There were no comments from the public, outside agencies, or associations.

3. Discussion and Possible Action to Amend Regulations Regarding Scope of Responsibility, Duties, and Functions of Speech-Language Pathology Assistants (SLPA) Related to Swallow Therapy as Stated in Title 16, California Code of Regulations (CCR) sections 1399.170.1, 1399.170.2, and 1399.170.3

Ms. Dominguez invited Maria Liranzo to discuss possible action to amend regulations regarding SLPA scope of responsibility, duties, and functions related to swallow therapy. Ms. Liranzo provided a background on the proposed regulatory changes and summary of changes to the proposed text.

Ms. Dominguez asked if the letter “s” can be replaced with the letter “g” in the word “dysphasia” throughout the proposed text and said that dysphasia is a communication impairment whereas dysphagia is a swallowing disorder. Ms. Liranzo noted the changes.

Ms. Dominguez asked if the Committee wished to prohibit out-of-state SLPAs from using their out-of-state experience towards the one hundred (100) hours requirement. Cherise Burns said that a SLPA, who moves to California, may have experience from a state that permits them to perform therapy with bolus material and asked if these experiences should be excluded from the one hundred (100) hours requirement.

Francis David asked how we could ensure that the requirements are the same in another state. Ms. Burns said that the requirement for the work to be completed under immediate supervision of a licensed speech-language pathologist (SLP) who performs feeding and swallowing therapy with bolus material as part of their practice and direct client care with patients that cover all phases of swallowing and a variety of age would remain the same but it would not specify that it needs to be under a California licensed SLP. Ms. Dominguez said that out-of-state SLPAs should be permitted to use their out-of-state experience towards the one hundred (100) hours requirement provided that the experience comes from a state that permits a SLPA to perform therapy with bolus material. Ms. Dominguez noted that the meeting materials include a list of neighboring states where they are not allowed to perform therapy

with bolus material. Mr. Francis and Dr. Tamara Chambers expressed agreement with allowing out-of-state SLPAs to use their out-of-state experience as stated by Ms. Dominguez.

Ms. Liranzo asked if the Committee intended the written verification to be a one-time verification and not with every supervisor, and noted the proposed text was revised to ensure that it is a one-time written verification. Mr. David asked if it would be the final verification. Ms. Liranzo said that it would be the final verification and the proposed text was revised to require that the supervisor at the time the SLPA completes the required education and experience, will provide the written verification. The Committee expressed agreement with the written verification being a one-time verification.

Ms. Liranzo asked whether the Committee intended the verification of the SLPA's experience to be for any SLP for any portion of the SLPA's experience rather than with every SLP for all of the SLPA's experience, and said that the proposed text was written to require that the SLP signing the written verification must verify with any SLP for any portion of the SLPA's experience. Ms. Burns said that the Board comes across this issue with Required Professional Experience (RPEs) when the supervisor is completing the final verification of the RPE's hours. Ms. Burns further said that the supervisor may not be able to get a hold of a SLP who passed away or moved to another state or country, and in this situation, those hours are counted toward the RPE hours provided that enough of the other hours are performed at an acceptable standard of care. Ms. Dominguez asked if removing the word "any" would remove that barrier. Ms. Burns said that it does remove that barrier. The Committee expressed agreement to require the SLP signing the written verification to verify with any SLP for any portion of the SLPA's experience.

Ms. Liranzo asked if SLPAs should be prohibited from performing therapy with bolus material on medically fragile patients. Mr. David asked if the supervisor is directly in the room under immediate supervision. Ms. Liranzo said that they are in the room with the SLPA under immediate supervision. Dr. Chambers said that the patient may not be a candidate for therapy with bolus material if they are acutely ill and in an unstable condition and recommend that SLPAs are prohibited from performing therapy with bolus material on medically fragile patients. Ms. Dominguez expressed agreement with the recommendation.

Mr. David asked if there is a definition for medically fragile patients. Ms. Liranzo said that there is a definition for medically fragile patients. Ms. Liranzo recommended adding it in front of the language regarding contraindications and deferred to the Board's regulatory counsel for language and location. Deepi Miller said that it can be added in front of the language regarding contraindications and it could be written to say, "the patient is not medically fragile patients or has no contraindications." Ms. Dominguez said that there could be clients with cognitive impairment that SLPAs could work with and asked if it could be clarified further. Ms. Liranzo asked if it would fall under unwillingness or inability to cooperate with the procedure. Ms. Dominguez said that it could. Ms. Miller recommended adding "inability to consent" as a contraindication.

Mr. David asked how the changes would look like in the proposed text. Ms. Liranzo said that the proposed text would now read as "for purposes of this section, contraindications may include, but are not limited to, cases of severe movement disorders, severe agitation, unwillingness or inability to cooperate or consent with the procedure, patients with an advanced airway, and neonate and infant patient." Ms. Miller asked if the Committee wished to

remove the words “cognitive impairment” and add the word “consent” to “unwillingness or inability to cooperate with the procedure.”

Mr. David asked if there was a way to define cognitive impairment to include the level of cognitive impairment. Ms. Miller said that there could be a way of achieving that without using the words “cognitive impairment” because defining it could be overinclusive or underinclusive. Ms. Dominguez said that cognitive impairment would have an impact on the person’s ability to cooperate or settle in, especially if they are agitated, or refuse to, or are unwilling to do the procedure due to the lack of awareness of the task at hand. Ms. Miller recommended the that proposed text could include the patient’s understanding of the procedure and it could read as “unwillingness or inability to cooperate with, consent to, or otherwise understand any aspect of the procedure.” The Committee expressed agreement with the recommendation.

Ms. Miller asked if there are states where the law doesn’t prohibit SLPAs from performing therapy with bolus material, but it also doesn’t state it explicitly. Ms. Domingez asked if this is for out-of-state SLPAs. Ms. Liranzo said that this would be SLPAs with out-of-sate experience. Ms. Dominguez said that Attachment B lists states that prohibit SLPAs from performing therapy with bolus material, states that prohibit intervention protocols like modified barium swallow studies, and states that don’t have laws or regulations on SLPA scope of practice. Ms. Dominguez further said that she would want to confirm that the state allows SLPAs to perform therapy with bolus material and ensure that we maintain knowledge of any changes. Ms. Liranzo recommended that it becomes a requirement of the SLP verifying the hours for the written verification.

Ms. Miller asked if the Committee would still want the written verification to be from a California licensed SLP if the SLPA’s experience is from out of state. Ms. Dominguez said the Committee would still want the written verification to be from a California licensed SLP. Ms. Liranzo said it would have to be from a California licensed SLP because other states may not have this kind of requirement.

Ms. Liranzo asked what SLPAs need to know about aspiration and if it would fall under the course content already listed or as its own item. Ms. Dominguz and Mr. David said that it would be part of signs and symptoms of swallowing disorders or dysphagia. Ms. Liranzo said, “signs and symptoms of swallowing disorders or dysphagia” will end with “including aspiration” in CCR section 1399.170.1(c)(1)(A)(iii). The Committee expressed agreement with the changes.

Ms. Liranzo recommended the Committee to not recommend the proposed text to the Board but allow staff to revise the text and bring it back to the Committee.

Ms. Dominguez asked for public comment. There were no comments from the public, outside agencies, or associations.

4. Adjournment

The meeting adjourned at 9:43 a.m.

AUDIOLOGY PRACTICE COMMITTEE – DRAFT
Teleconference - Sacramento and Glendora
Friday, April 3, 2026

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

Dr. Amy White, Committee Chair, called the Audiology Practice Committee (Committee) meeting to order on Friday, April 3, 2026, at 9:44 a.m. Dr. White called roll; four members of the Committee were present and thus a quorum was established.

Committee Members Present

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

Staff Present

Cherise Burns, Executive Officer
Michael Magat, Assistant Executive Officer
Maria Liranzo; Legislation, Regulation and Budget Analyst
Tim Yang, Enforcement Analyst
Yuping Lin, DCA Legal Counsel
Navdeep “Deepi” Miller, DCA Regulatory Counsel
Ann Fisher, DCA Webex Moderator

2. Public Comment for Items Not on the Agenda

Dr. White asked for public comment for items not on the agenda. There were no comments from the public, outside agencies, or associations.

3. Discussion and Possible Action to Amend Regulations Regarding General Application Requirements and Speech-Language Pathology Aide and Audiology Aide Requirements and Scope of Activities, Duties and Functions as Stated in Title 16, California Code of Regulations (CCR) Sections 1399.151.2, 1399.151.3, 1399.151.4, 1399.154 through 1399.154.12, and 1399.157

Dr. White invited Cherise Burns to discuss possible action to amend regulations regarding general application requirements and audiology aide requirements. Ms. Burns provided a background on the proposed regulatory changes and summary of changes to the proposed text.

Dr. White asked if the word “shall” have the same meaning as “must.” Deepi Miller said the word “shall” does have the same meaning as “must” and it can be replaced if hearing screening is not a required task of an aide. Ms. Burns recommended rephrasing the sentence so that the training depends on whether the task is assigned to the aide.

Dr. Tamara Chambers asked how supervisors demonstrate that they trained the aide. Dr. Charles Sanders said the supervisor attests to it when they sign and submit the form to the Board. Ms. Burn commented on the enforcement of competency through the complaint

process. Ms. Burns said that, during an investigation, staff will request and look for documentation of the training. Dr. Sanders said that the supervisor must list the activities they are going to allow the aide to perform along with the training when they register an aide. Ms. Liranzo said that it will also be asked as part of renewal once that process is established.

Ms. Miller asked Ms. Liranzo if the requested changes were clear. Ms. Liranzo said that CCR section 1399.154.10(d) will begin with “If the aide conducts hearing screening.”.

Dr. Sanders asked about the word “binary” in hearing screening. Dr. White said it means you either heard it or didn’t hear it because it is not a threshold search. Ms. Liranzo said that is how she understood it to mean based on the Committee’s last discussion that it was a yes/no or pass/fail type of test or screening. Ms. Liranzo also said that she could not cite the section in the Practice Act because it uses a specific license type, so it was written word-for-word in the regulations. Dr. Sanders said that he thought it said binaural, which is a different type of screening or test.

Karen Chang said that there is a typo on page 13 of 17 of the proposed regulatory text and it should say “servicing hearing aids” and not “servicing hear aids.” Dr. White noted that the typo is in CCR section 1399.154.9(f)(2). Ms. Burns noted the change.

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

Tamara Chambers seconded the motion.

The motion carried 4-0. (Ayes: White, Chang, Chambers, Sanders)

Dr. White asked for public comments. There were no comments from the public, outside agencies, or associations.

4. Adjournment

The meeting adjourned at 10:01 a.m.

BOARD MEETING MINUTES - DRAFT
Teleconference - Sacramento and Glendora
Friday, April 3, 2026

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

Gilda Dominguez, Board Chair, called the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board (Board) meeting to order on Friday, April 3, 2026, at 10:16 a.m. Ms. Dominguez called roll; seven members of the Board were present and thus a quorum was established.

Board Members Present

Gilda Dominguez, Speech-Language Pathologist, Board Chair
Amy White, Dispensing Audiologist, Board Vice Chair
Tod Borges, Hearing Aid Dispenser
Tamara Chambers, Otolaryngologist, Public Member
Karen Chang, Public Member (left at 12:26 p.m.)
Francis David, Speech-Language Pathologist
Charles Sanders, Dispensing Audiologist

Staff Present

Cherise Burns, Executive Officer
Michael Magat, Assistant Executive Officer
Maria Liranzo, Legislation, Regulation and Budget Analyst
Tim Yang, Enforcement Analyst
Yuping Lin, DCA Legal Counsel
Navdeep “Deepi” Miller, DCA Regulatory Counsel
Ann Fisher, DCA Webex Moderator
Fabiha Aziz, DCA Webex Moderator

4. Public Comment for Items Not on the Agenda

Ms. Dominguez asked for public comment for items not on the agenda.

Cherise Burns read a written comment from Roxanne Moyen Safa requesting that second language proficiency be a part of the information in the public license search database and said that she lost valuable time looking for a provider who speaks Farsi to treat her parent that suffered a stroke because the information was not readily available.

5. Update, Discussion, and Possible Action on Board Responses to the Joint Sunset Review Oversight Committee’s Background Paper with Identified Issues, Background and Recommendations and the March 24, 2026 Joint Sunset Review Oversight Hearing

Gilda Dominguez invited Cherise Burns to provide an update on the Board’s Sunset Review. Ms. Burns provided a background and update on the Board’s Sunset Review and said that the Joint Sunset Review Oversight Hearing occurred on March 24, 2026. Ms. Dominguez and Dr. Amy White commented on the hearing. Dr. White said that the Joint Sunset Review Oversight Committee asked the Board one question and it was about the letter from the California Academy of Audiology regarding the creation of a new license category for audiologist assistants. Ms. Burns said that the Board received a public comment from a law student regarding the creation of statutory authority for ongoing and proactive inspections programs, the ability to meet disciplinary timeframes, more public board members on the board so that the majority are members of the public, and inspection timeframes and disciplinary targets. Ms. Burns also said that the Board has 30 days to respond to the questions from the Joint Sunset Review Oversight Committee Background Paper and presented the draft Board response.

Ms. Burns asked for Board discussion on the draft Board response to the first issue regarding additional public members on the Board. Tod Borges said that increasing the number of board members would increase Board expense and asked if the Board would get additional funding.

Ms. Burns said that it would have to request it. Mr. Borges said that quorum could be an issue with more board members and noted the vacant positions the Board currently has. Dr. White said that her biggest concern is the quorum and asked if the response should be revised. Dr. Charles Sanders and Karen Chang expressed concern with the issue of quorum if more members are added to the Board. Ms. Burns asked if the response should be revised to highlight the concerns the Board has expressed. The Board said that it should. Ms. Burns suggested the response can say that the Board is open to more members but that it has concerns. The Board expressed agreement with the recommendation. Ms. Burns noted the changes to the response.

Ms. Burns asked for Board discussion on the draft Board response to the second issue regarding aides. Ms. Burns noted that no changes were requested to the response.

Ms. Burns asked for Board discussion on the draft Board response to the third issue regarding occupational analysis for national examinations. Mr. Borges asked if there will be Board discussion to consider a national examination for hearing aid dispenser written examination and said that he didn't see it discussed in the draft response. Ms. Burns said that the question is asking why an occupational analysis should be required for national examinations, which is only for the practices of speech-language pathology (SLP) and audiology. Ms. Burns noted that no changes were requested to the response.

Ms. Burns asked for Board discussion on the draft Board response to the fourth issue regarding examination fees for the hearing aid dispenser written and practical examinations. Francis David asked if there were any recommendations for the fee increase. Ms. Burns said that there will be an increase of \$25 for the written and \$100 for the practical through the regulatory process. Ms. Burns noted that no changes were requested to the response.

Ms. Burns asked for Board discussion on the draft Board response to the fifth issue regarding retired license category. Ms. Burns noted that no changes were requested to the response.

Ms. Burns asked for Board discussion on the draft Board response to the sixth issue regarding temporary license and the National Practitioner Data Bank. Ms. Burns noted that no changes were requested to the response.

Ms. Burns asked for Board discussion on the draft Board response to the seventh issue regarding continuing education and continuing professional development providers. Ms. Burns noted that no changes were requested to the response.

Ms. Burns asked for Board discussion on the draft Board response to the eighth issue regarding audiology assistants. Ms. Burns noted that no changes were requested to the response.

Ms. Burns asked for Board discussion on the draft Board response to the ninth issue regarding the reciprocity and the Audiology and Speech-Language Pathology Interstate Compact. Ms. Burns noted that no changes were requested to the response.

Ms. Burns asked for Board discussion on the draft Board response to the tenth issue regarding federal changes to financial aid borrowing limits for the professions of SLP and audiology in California. Dr. Tamara Chambers said that this will have an impact and is interested to know

how it goes. Ms. Burns noted that no changes were requested to the response.

Ms. Burns asked for Board discussion on the draft Board response to the eleventh issue regarding online business and the selling of hearing aids. Ms. Burns noted that no changes were requested to the response.

Ms. Burns asked for Board discussion on the draft Board response to the twelfth issue regarding the impact of emerging technology such as artificial intelligence and the delivery of services to SLP and audiology patients and the public. Ms. Chang said that the response should note that the Board is cognizant of the rapidly evolving technology and will continue to monitor it. Ms. Burns noted the changes to the response.

Ms. Burns asked for Board discussion on the draft Board response to the thirteenth issue regarding the technical changes to the Board's licensure Act. Ms. Burns noted that no changes were requested to the response.

Ms. Burns asked for Board discussion on the draft Board response to the fourteenth issue regarding the continuation of the Board. Ms. Burns noted that no changes were requested to the response.

Ms. Dominguez asked for public comments. There were no comments from the public, outside agencies, or associations.

Dr. Amy White moved to approve the Board's Response to the Committee's Background Paper, as amended, and delegate to the Executive Officer to make technical or editorial changes necessary for submission to the Committee by the April 23, 2026, deadline.

Gilda Dominguez seconded the motion.

The motion carried 7-0. (Ayes: Dominguez, White, Borges, Chambers, David, Sanders, Chang)

6. Discussion and Possible Action Regarding Pursuing Federal Bureau of Investigation Rap Back Capabilities through Sunset Review Process

Ms. Dominguez invited Ms. Burns to discuss possible action regarding the Federal Bureau of Investigation (FBI) rap back program. Ms. Burns provided a background on the FBI rap back program.

Ms. Dominguez asked for Board discussion. There was no Board discussion.

Ms. Dominguez asked for public comments. There were no comments from the public, outside agencies, or associations.

Tod Borges moved to adopt the legislative proposal to be included as part of the Board's Sunset Review as noticed.

Dr. Tamara Chambers seconded the motion.

The motion carried 7-0. (Ayes: Dominguez, White, Borges, Chambers, David, Sanders, Chang)

7. Legislative Report: Review, Discussion, and Possible Action on Proposed Legislation

Ms. Dominguez invited Maria Liranzo to provide the legislative report. Ms. Liranzo reported on the legislative calendar and deadlines, and implemented legislation. Ms. Liranzo noted legislation added to the list of implemented legislation which were Assembly Bill (AB) 82 regarding health care and legally protected health care activity, and AB 144 on Health, which specifies requirements for health care practitioners invited to provide professional services at the 2028 Olympic and Paralympic Games. Ms. Liranzo reported bills on watch status including those that died.

Ms. Dominguez asked for Board discussion on the legislative calendar and deadlines, implemented legislation, and bills on watch status. There was no Board discussion.

Ms. Dominguez asked for public comments on the legislative calendar and deadlines, implemented legislation, and bills on watch status. There were no comments from the public, outside agencies, or associations.

Ms. Liranzo reported bills with position recommendations.

Ms. Liranzo provided a background on AB 2233 regarding behavioral health treatment plans and said that Board staff recommended a Support position. Ms. Liranzo deferred to Ms. Chang for more information.

Ms. Chang said that the Legislative and Regulatory Ad Hoc Committee recommended a Support position and noted that the Board received a comment on similar practice for SLP services. Ms. Chang said that while this isn't specific to SLP services, SLPs do provide services to people with autism, which this bill addresses.

Ms. Dominguez asked for public comments. There were no comments from the public, outside agencies, or associations.

Karen Chang moved to approve a Support position on AB 2233 regarding behavioral health treatment plans, and direct Board staff to provide a letter to the author of the bill stating that it addresses similar concerns raised by stakeholders regarding similar practice for SLP services.

Francis David seconded the motion.

The motion carried 7-0. (Ayes: Dominguez, White, Borges, Chambers, David, Sanders, Chang)

Ms. Liranzo provided background on SB 1130 regarding crimes and invasion of privacy related to wearable recording devices, and said that Board staff recommended a Neutral if Amended position. Ms. Liranzo deferred to Ms. Chang for more information.

Ms. Chang said that the Legislative and Regulatory Ad Hoc Committee recommended a Neutral if Amended position, and said that hearing aids may be transmitting data to another device or internet for the purpose of helping a person afflicted with impaired hearing transcribe sound or speech into text. Ms. Chang also said that this bill could create barriers for consumers to use these features for this purpose and recommended that the text is amended to include similar language found in Penal Code section 3662 regarding electronic amplifying or recording device to eavesdrop which reads: *“This section does not apply to the use of hearing aids and similar devices, by persons afflicted with impaired hearing, for the purpose of overcoming the impairment to permit the hearing of sounds ordinarily audible to the human ear.”*

Ms. Liranzo recommended revising the recommended text as she thinks this could impact speech-to-text functionality between hearing aids and phones more than the hearing of sounds. Dr. White said that speech-to-text functionality is mostly driven by the phone but that could change and noted a hearing aid that does foreign language translation in real time. Dr. Sanders said that there is and noted that there are glasses that do speech-to-text where the person can see the text in real time on the glasses. Dr. Sanders also said that he doesn't think either device stores data. Ms. Liranzo said that it may be useful to add similar language in this section for consumers who wear hearing aids.

Dr. Sanders commented on the expectation of privacy in public or private. Mr. Borges said that California is a two-party state so permission from the other person is required. Ms. Liranzo said that the recommended language would exclude consumers of hearing aid if it's for the purpose of overcoming hearing impairments. Dr. Sanders said that there are pads that transcribe information so that people can talk to another person, but he doesn't think they store the information and noted that Veterans Affairs is looking into this pad.

Dr. White asked if the Board needs to add something about text in the proposed amendments. Ms. Burns said that the Board can direct Board staff to work with the author of the bill to exclude hearing aid and similar devices. The Board expressed agreement to direct Board staff to work with the author of the bill. Dr. White and Dr. Sanders recommended the Board take an Opposed Unless Amended position. Ms. Burns said that when taking an Opposed Unless Amended position it usually means that it will change to a Support position once amended. Mr. Borges asked if the Board can't take an Opposed Unless Amended position and change it to Neutral position once amended. Ms. Burns said that it can, but it is less common. Mr. Borges expressed agreement with the recommendation that the Board should take an Opposed Unless Amended position.

Mr. David asked if this includes Augmentative and Alternative Communication (AAC) devices that record and transcribe. Ms. Liranzo asked if they are considered wearable. Mr. David said they can wear them around their neck. Ms. Chang asked what AAC devices are. Mr. David said that AAC devices are Augmentative and Alternative Communication devices used to communicate. Dr. White asked for the definition of wearable. Ms. Liranzo said that it is any device that can be worn on or attached to the body. Ms. Liranzo said that AAC devices can be included in the proposed amendments. Mr. David said that it would be for the purpose of communicating. Ms. Liranzo noted the purpose.

Ms. Chang said that bill may have been intended devices like the Meta Ray-Ban and asked about glasses with hearing aids. Mr. Borges said that the glasses mentioned earlier were not a

hearing aid. Dr. Sanders said that there are glasses that do close captioning where the person can see the text in real time on the glasses and noted that the lens doesn't need to be prescription lenses.

Ms. Chang asked what the intent of the bill was and if it was for devices like the Meta Ray-Ban. Ms. Liranzo said that it was for those types of devices, but the definition might be too broad and that it might include other wearable devices. Dr. White said that there were pens that allow students to record what the teachers were saying. Dr. Chambers said that there are devices used by total laryngectomy patients.

Ms. Chang recommended working with the author of the bill and asked if the Board can do that instead of taking a position. Ms. Burns said that position letters are how the public engages with the author of a bill and committees assigned to the bill if a bill needs to be amended.

Ms. Chang asked what position the Board could take after the bill has been amended if it takes an Opposed Unless Amended position. Ms. Burns said that it can take a Neutral position though it is not common. Ms. Dominguez asked if the Board could change its position after the amendments are made. Mr. Borges said that it would be a future board discussion after the bill has been amended. Ms. Burns said that the Board will take an Opposed Unless Amended position and work with the author so that speech and hearing devices that are wearable are excluded so that it doesn't impact consumers of hearing and speech services. Ms. Burns also said that the Board can look at the amendments once they are made and change its position to Neutral. The Board expressed agreement with Ms. Burns recommended action.

Ms. Chang noted that the amendments would not be similar to Penal Code section 3662 regarding electronic amplifying or recording devices to eavesdrop because the language doesn't include communication devices.

Ms. Dominguez asked for public comments. There were no comments from the public, outside agencies, or associations.

Karen Chang moved to approve an Opposed Unless Amended position on SB 1130 regarding crimes and invasion of privacy as it relates to wearable recording devices, and direct Board staff to provide a letter to the author of the bill stating that it creates barrier for a person afflicted with communication disabilities and amend the language and the language in the Penal Code section 3662.

Dr. Charles Sanders seconded the motion.

The motion carried 7-0. (Ayes: Dominguez, White, Borges, Chambers, David, Sanders, Chang)

Ms. Liranzo provided background on SB 1368 regarding hearing aid dispensers, and said that Board staff recommended a Support position. Ms. Liranzo deferred to Ms. Chang for more information.

Ms. Chang said that the Legislative and Regulatory Ad Hoc Committee recommend a Support position, and said that this will be the Board's Sunset bill. Ms. Chang noted that the Board

should direct the staff to provide a letter once it has been amended as it currently has only one of the proposed changes.

Mr. Borges asked if the definition for “temporary basis” is too vague. Ms. Burns said that statutes can be vague and, when they are, they usually require regulations to make them more specific. Ms. Burns noted that it will be a future Board discussion. Dr. White said that there was an extra word in 2538.34. Ms. Burns noted the amendments.

Dr. White asked if this is a spot bill. Ms. Burns said that it’s a placeholder while the Committee reviews the Board’s report and proposals.

Ms. Dominguez asked for public comments. There were no comments from the public, outside agencies, or associations.

Karen Chang moved to approve a Support position on SB 1368 regarding hearing aid dispensers, and direct Board staff to provide a letter to the author of the bill after the bill has been amended expressing support.

Tod Borges seconded the motion.

The motion carried 7-0. (Ayes: Dominguez, White, Borges, Chambers, David, Sanders, Chang)

Ms. Liranzo reported bills with watch status recommendations and said that Board staff do not recommend an official position on these bills but instead to watch them. Ms. Liranzo deferred to Ms. Chang for more information.

Ms. Chang said that the Legislative and Regulatory Ad Hoc Committee recommended a Watch status on these bills as they will keep licensees informed of changes to laws that would impact how they practice or how the Board operates and no official Board position is required.

Ms. Dominguez asked for public comments. There were no comments from the public, outside agencies, or associations.

8. Solicitation of Legislative Agenda Items for Future Meeting (The Board may discuss other items of legislation in sufficient detail to determine whether such items should be on a future board meeting agenda and/or whether to hold a special meeting of the Board to discuss such items pursuant to Government Code section 11125.4)

Ms. Dominguez asked for legislative agenda items for future meeting. Ms. Liranzo said that Board staff have six bills:

1. AB 667 regarding applicants’ language preferences and interpreter services.
2. AB 1979 regarding the use of artificial intelligence for activities requiring professional judgment from a licensed health care professional.
3. AB 2027 regarding the use of worker data to train an artificial intelligence system to replicate, automate, or replace a worker’s job.

4. AB 2140 regarding reporting claims against licensee.
5. AB 2680 regarding Deaf and Disabled Telecommunications Program certification requirements.
6. SB 435 regarding publicly available sensitive personal information.

Ms. Dominguez asked for public comments. There were no comments from the public, outside agencies, or associations.

9. Discussion and Possible Action on the Board's Rulemaking Calendar with the Office of Administrative Law

Ms. Dominguez invited Ms. Burns and Ms. Liranzo to discuss possible action on the Board's rulemaking calendar with the Office of Administrative Law. Ms. Burns provided a background on the Board's rulemaking calendar with the Office of Administrative Law. Ms. Liranzo discussed the Board's regulatory review process and regulatory priorities.

Ms. Dominguez asked Board for discussion. There was no Board discussion.

Ms. Dominguez asked for public comments. There were no comments from the public, outside agencies, or associations.

10. Review and Possible Approval of the December 4 - 5, 2025, Board Meeting Minutes

Ms. Dominguez opened the discussion on the review and possible approval of the minutes. Ms. Liranzo provided a summary of the minutes.

Ms. Dominguez asked if the letter "s" could be replaced with the letter "g" in "dysphasia" on page 4 of 18. Ms. Liranzo noted the changes.

Ms. Dominguez asked if a date was chosen for the last Board meeting in 2026 and, if so, it could be included in the Minutes on page 17 of 18. Ms. Liranzo noted the changes.

Dr. Chambers said that the letter "s" is missing from her last name on page 6 of 18.

Ms. Dominguez asked for public comments. There were no comments from the public, outside agencies, or associations.

Dr. Charles Sanders moved to approve the December 4 - 5, 2025 Meeting minutes as amended.

Francis David seconded the motion.

The motion carried 6-0. (Ayes: Dominguez, White, Borges, Chambers, David, Sanders)

11. DCA Update – DCA Board and Bureau Relations

Ms. Dominguez invited Lucy Saldivar to provide an update from DCA Board and Bureau

Relations. Ms. Saldivar provided an update on DCA's Acting Director Christine Lally; renewal reminders for licensees affected by the Los Angeles fire in 2025; restructuring of the Business, Consumer Services, and Housing Agency into two agencies; travel and expenses for Board business; and Board member training including unconscious bias training and Board Member Orientation Training.

Mr. David asked if there are any changes to travel for Board business due to the current situation in the world. Ms. Saldivar said that there are no changes but she will keep board staff informed if there are any.

Ms. Dominguez asked for public comments. There were no comments from the public, outside agencies, or associations.

12. Board Chair's Report

Ms. Dominguez reported on the Board meeting calendar including upcoming dates and locations.

Ms. Dominguez asked for updates on Committee discussion.

Ms. Dominguez reported on discussions from the Speech-Language Pathology Practice Committee.

Dr. Amy White reported on discussions from the Audiology Practice Committee.

Ms. Dominguez reported on discussions from the Legislative and Regulatory Ad Hoc Committee and said that the committee recommended renaming it from the Legislative Ad Hoc Committee to the Legislative and Regulatory Ad Hoc Committee so that it can discuss and recommend to the Board regulatory priorities.

Mr. Borges asked what the Audiology Practice Committee intended when it listed programming hearing aids as clerical and servicing hearing aids that audiology aides can perform. Dr. White said that it was downloading previous settings to a hearing aid. Ms. Liranzo said that this was the intent and recommended rephrasing it so that it captures it better. Dr. White asked if the text could be updated without coming back to the committee. Ms. Liranzo said that she can add it as an item for Board discussion when the text is presented to the Board.

Mr. Borges asked if real ear measurement could be added to the list of prohibited testing. Ms. Liranzo asked if real ear measurement is a diagnostic test. Mr. Borges said that it is not per se, but it is part of fitting a hearing aid. Ms. Burns recommended adding it to the proposed California Code of Regulations (CCR) section 1399.154.11(k). Dr. White recommended adding it to the proposed CCR section 1399.154.11(d). Ms. Liranzo said that she can add it as an item for Board discussion when the text is presented to the Board.

Ms. Dominguez asked for public comments. There were no comments from the public, outside agencies, or associations.

13. Executive Officer's Report

Ms. Dominguez invited Ms. Burns to provide the Executive Officer's report.

Ms. Burns provided an administration update and said that there is one vacant position that the Board is working on filling and expects that it will be filled next month.

Ms. Burns reported on outreach efforts including meetings with the California Speech Language Hearing Association (CSHA), California Academy of Audiology (CCA), and Hearing HealthCare Providers/California, and a presentation with Ms. Dominguez to students at the University of Southern California SLP program.

Ms. Burns reported on the budget including enforcement costs, augmentation for Attorney General (AG) and Office of Administrative Hearing (OAH) costs, and disencumbrance of funds for procurement contracts that won't be spent in their entirety.

Ms. Burns provided a brief report on the Board's regulations and deferred to the regulatory report.

Ms. Burns reported on licensing, including processing times and noted the licensing report included in the meeting materials.

Ms. Burns reported on hearing aid dispensing practical examination results.

Ms. Burns reported on Board enforcement including complaints and subsequent arrest notifications, citations and fines, formal discipline cases pending at the AG, probation monitoring, AG outcomes adopted by the Board, and continuing education (CE) and continuing professional development (CPD) audits. Ms. Burns noted the enforcement statistics included in the meeting materials.

Mr. Borges asked what a citation looks like. Mr. Burns said that it has an order of abatement to make up those hours and may have a fine that can range from \$100 to \$2,500.

Mr. Borges asked if there is a table that lists the fine for different number of CE/CPD hours missing. Ms. Burns said that there is no table as mitigating factors are taken into consideration and may impact the fine amount, and noted that regulations dictate this process. Ms. Burns also said that licensees should always request an informal conference for a CE/CPD audit because the discussion can shed light on mitigating factors that can be considered and can often times discover there was a qualifying event for an exemption.

Dr. Chambers asked if there was an exemption category in the CE/CPD audit report and noted that the number doesn't add up. Ms. Burns said that there are a few that are in between stages in the process, who may not be included in the count and others who received an education letter who also wouldn't be included.

Ms. Dominguez asked for public comments. There were no comments from the public, outside agencies, or associations.

14. Update and Discussion of Board Progress in Meeting 2025 – 2028 Strategic Plan Goals

Ms. Dominguez invited Michael Magat to provide an update on the Board's progress in meeting its 2025-2028 Strategic Plan Goals. Mr. Magat provided an update on goals the Board had worked on and their progress, and noted that the Board will continue to make progress on other goals and provide updates at a future meeting.

Ms. Burns said that she has met with the Governor's office to discuss the balance of different work settings licensees work during the appointment process for more balance input into Board decisions and their impact on different work settings.

Ms. Dominguez expressed gratitude for the updates on the Board's goal in its strategic plan.

Ms. Dominguez asked for public comments. There were no comments from the public, outside agencies, or associations.

15. Regulatory Report: Update, Review, and Possible Action on Board Regulation Packages

Ms. Dominguez invited Ms. Liranzo to present on Board regulation packages. Ms. Liranzo provided an update on Board regulation packages.

Ms. Dominguez asked for Board discussion. There was no Board discussion.

Ms. Dominguez asked for public comments. There were no comments from the public, outside agencies, or associations.

16. Solicitation of Future Agenda Items

Ms. Dominguez asked for future agenda items.

Ms. Liranzo and Ms. Burns said that Board staff has a few items:

1. Discussion and possible action to revise the Board's Administrative Procedure Manual to make changes to the information related to the Legislative Ad Hoc Committee.
2. Discussion on regulatory priorities.
3. Discussion on the Board's ability to collect and display data regarding secondary language.

Mr. David asked to add discussion to allow foreign educated bachelors for SLPA licensure.

Ms. Dominguez asked to add discussion to display of license.

Mr. Borges asked when the hearing aid dome removal regulatory proposal will be added to the agenda. Ms. Liranzo said that an update on it will be part of the regulatory priorities discussion.

Ms. Dominguez asked for public comments. There were no comments from the public, outside agencies, or associations.

17. The Board Will Meet in Closed Session Pursuant to Government Code Section 11126(c)(3) to Discuss Disciplinary Matters Including Proposed Decisions, Stipulated Decisions, Defaults, Petitions for Reductions in Penalty, Petitions for Reconsideration, and Remands.

The Board did not meet in closed session.

18. Adjournment

The meeting adjourned at 2:38 p.m.

DRAFT

MEMORANDUM

DATE	July 17, 2026
TO	Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board
FROM	Michael Magat, Assistant Executive Officer
SUBJECT	Agenda Item #7: Update and Discussion on the Hearing Aid Dispensers (HAD) Examination, as Referenced in Section 2538.5, Including the International Hearing Society's (IHS) Presentation on the International Licensing Examination (ILE) for Hearing Healthcare Professionals

Background

At its September 2024 Board meeting, then Board member John Dandurand submitted a letter endorsed by the Hearing Healthcare Providers (HHP)/California Association titled "Recommended Regulatory Changes to Support Hearing Healthcare Patients and Provider Workforce" recommending several regulatory changes to be considered as a future agenda item. At its August 2025 meeting, Board members discussed the recommendations provided in the letter, including the Adoption of the International Hearing Society's (IHS) International Licensing Examination (ILE) and Practical Examination for Hearing Health Professionals, raising several questions from Board members regarding both the written and practical components of the ILE. To support the Board's ongoing evaluation and ensure members have accurate and complete information, it was suggested that IHS provide a presentation addressing the Board's questions at a later Board meeting.

This agenda item provides a presentation from IHS addressing questions raised at the August 21–22, 2025 Board meeting regarding the ILE and to support the Board's future discussions on hearing aid dispensing examination options.

Action Requested

This item is for informational purposes only; no action is required.

MEMORANDUM

DATE	July 17, 2026
TO	Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board
FROM	Gilda Dominguez, Board Chair
SUBJECT	Agenda Item 8: Board Chair's Report

The Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board (Board) Chair will provide a verbal update on Board and Committee activities and assignments.

a. Board and Committee Meeting Calendar

Meeting Date	Location	Agenda	Meeting Materials	Minutes	Webcast
2026					
December 3 – 4, 2026	Northern California				
October 1 – 2, 2026	Southern California				
July 17, 2026	Teleconference	Agenda			
April 3, 2026	Teleconference	Agenda	Materials Hand Carry – Agenda Item 5 Hand Carry – Agenda Item 12 Hand Carry – Agenda Item 13		

b. Board Committee Reports

The Hearing Aid Dispensing Committee and Speech-Language Pathology Practice Committee will provide a verbal report regarding their committee meetings.

STANDING COMMITTEES

Standing Committee composition and leadership are determined by the Board President and are fully within the scope of the Open Meetings Act. Standing Committee meetings are often held in conjunction with regularly scheduled Board Meetings.

SLP PRACTICE COMMITTEE		
<i>Addresses changes in practice patterns and recommends position statements and/or scope of practice amendments for consideration.</i>		
Name	Position	Profession
Gilda Dominguez	Chair	SLP
Francis David	Member	SLP
Tamara Chambers	Member	ORL/Public
Maya Chupkov	Member	Public
AUDIOLOGY PRACTICE COMMITTEE		
<i>Addresses changes in practice patterns and recommends position statements and/or scope of practice amendments for consideration.</i>		
Name	Position	Profession
Amy White	Chair	DAU
Charles Sanders	Member	DAU
Tamara Chambers	Member	ORL/Public
Maya Chupkov	Member	Public
HEARING AID DISPENSERS PRACTICE COMMITTEE		
<i>Addresses changes in practice patterns and recommends position statements and/or scope of practice amendments for consideration.</i>		
Name	Position	Profession
Tod Borges	Chair	HAD
VACANT	Member	HAD
Maya Chupkov	Member	Public
HEARING AID DISPENSING COMMITTEE		
<i>Provides policy and regulatory guidance with respect to hearing aid dispensing practices and recommends scope of practice amendments for consideration.</i>		
Name	Position	Profession
Tod Borges	Chair	HAD
VACANT	Member	HAD
Charles Sanders	Member	DAU
Amy White	Member	DAU
Tamara Chambers	Member	ORL/Public

AD HOC COMMITTEES

Ad Hoc Committees may be established by the Board Chair as needed. Composition and leadership will be appointed by the Board Chair. Ad Hoc Committees may include the appointment of non-Board members at the Board Chair's discretion. Ad Hoc Committees are not fully within the scope of the Open Meetings act, however all recommendations made by Ad Hoc Committees must be reviewed and voted on by the Board in a public Board Meeting.

SUNSET REVIEW AD HOC COMMITTEE <i>Develop for the Board's review the Board's Sunset Review Report to the California Legislature</i>		
Name	Position	Profession
Gilda Dominguez	Chair	SLP
Amy White	Member	DAU
ENFORCEMENT AD HOC COMMITTEE <i>Review and recommend to the Board proposed revisions to the laws, regulations, and policies related to the Board's enforcement of the Board's Practice Act.</i>		
Name	Position	Profession
Gilda Dominguez	Chair	SLP
Tod Borges	Member	HAD
LEGISLATIVE AND REGULATORY AD HOC COMMITTEE <i>Review and recommend to the Board proposed positions on legislation impacting the Board, its licensees, and the Board's Practice Act, and recommend prioritization of regulatory priorities to improve the Board's responsiveness to high priority issues.</i>		
Name	Position	Profession
Maya Chupkov	Chair	Public
Gilda Dominguez	Member	SLP

Legend:

DAU - Dispensing Audiologist
 ORL/ENT - Otolaryngologist/Ear, Nose & Throat

HAD - Hearing Aid Dispenser
 SLP - Speech-Language Pathologist

MEMORANDUM

DATE	July 9, 2026
TO	Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board
FROM	Cherise Burns, Executive Officer
SUBJECT	Agenda Item 9: Executive Officer's Report

This report and the statistical information are provided by leadership and staff to update members on the current operations of the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board (Board).

a) Administration Update

The Board is currently fully staffed in all positions that have ongoing funding.

b) Outreach Update

Since the Board's April meeting, the Board's Executive Officer attended conference calls with representatives from the California Speech Language Hearing Association (CSHA), California Academy of Audiology (CAA), and Hearing Healthcare Professionals of California (HHP/CA), to discuss issues affecting Speech-Language Pathologists, Audiologists, and Hearing Aid Dispensers in California.

On May 4, 2026, the Executive Officer gave a presentation to San Francisco State University audiology and speech-language pathology students on the Board's role and responsibilities, the Board's Practice Act, their connection with the Board as they get closer to applying for licensure, and some tips and advice as they are considering their future as future Audiologists and Speech-Language Pathologists in California.

c) Budget Report

Included in your Board meeting materials is the FY 2025-26 Budget Report – FM 11 that reflects operating expenditures through the fiscal month 11 (May 31, 2026) of the 2025-26 budget year as well as the projections through the fiscal year-end. Due to extremely high Office of Attorney General (OAG) and Office of Administrative Hearings (OAH) expenditures, the Board requested and was approved for a statutorily authorized current year augmentation to the Board's budget authority for OAG and OAH costs.

With the current year augmentation and cost saving measures implemented by the Board, the Budget Report shows a reversion of approximately \$48,101, which is a surplus of 1.45 percent of the Board's budget.

Also included in your materials is the Fund Condition Report prepared June 19, 2026, that reflects the current projections with the approved OAG and OAH augmentation. This report is a snapshot of the Board's fund condition and shows the Board's revenue and budget allocation for the current 2025-26 budget year plus two future years. The Fund Condition looks healthier in the future as it now reflects higher than expected revenues received by the Board largely from renewal fees, which is understandable considering the increase in licenses issued over the past two fiscal years.

d) Regulations Report

The Board does not have any rulemaking packages in the official rulemaking process with the Office of Administrative Law. The Board is currently working on getting more packages ready to enter the official rulemaking process, however these packages are larger and more complex than some of the packages we have been able to complete over the last six years. Specifically, Board staff have been diligently working on a multi-year effort to review, update and prepare a rulemaking package for Board review later this calendar year that will update the Board's Disciplinary Guidelines and strengthen consumer protections and the Board's Enforcement program.

e) Licensing Report

Licensing cycle times continue to be dramatically better than previous years. Board staff continue to work diligently on maintaining these processing time reductions while also working to continuously improve the Board's online applications. Board management evaluates the online licensing program and application processes on an ongoing basis.

Average Processing Times in Weeks (Complete Applications)												
Year	January	February	March	April	May	June	July	August	September	October	November	December
2020	4	3	4	3	3	3	5	7	6	4	3	5
2021	5	5	6	4	5	6	6	8	9	8	9	7
2022	4	5	4	3	3	3	4	5	7	7	7	10
2023	11	11	11	13	13	12	11	12	11	10	10	8
2024	5	3	2	1	2	2	2	2	1	1	1	1
2025	2	1	1	1	1	2	2	1	1	1	1	2
2026	1	2	1	1	1	1						
Average Reduction	55%	75%	76%	68%	69%	73%	57%	85%	86%	82%	80%	75%

Licensing Cycle Times – The chart below provides a snapshot of the Board’s current and past licensing processing times.

Licensing Cycle Times	5/5/25	6/26/25	8/8/25	11/21/25	3/27/26	6/22/26
Speech-Language Pathologists (SLP) and Audiologists (AUD) Complete Licensing Applications	1 week	2 weeks	1 week	1 week	1 week	1 week
Review and Process SLP and AUD Supporting Licensing Documents	1 week	1 week	1 week	1 week	1 week	1 week
Review and Process RPE Applicant's Verification of Experience Forms for Full Licensure	1 week	1 week	1 week	1 week	1 week	1 week
Hearing Aid Dispensers (HAD) Complete Applications	1 week	2 weeks	1 week	1 week	1 week	1 week

f) Practical Examination Report

The most recent practical exam was held on March 20 - 21, 2026. The results are noted below.

The next practical exam will be held on July 24 - 25, 2026.

Future practical exams are posted on the website.

https://www.speechandhearing.ca.gov/applicants/exam_dates.shtml

HAD Practical Examination Results for March 20 – 21, 2026					
Candidate Type	Number of Candidates	Passed	%	Failed	%
Applicants with Supervision (Temporary Trainee License)					
Hearing Aid Dispensers	21	15		6	
Audiologists	9	7		2	
Required Professional Experience	8	5		3	
Aide					
Applicants Licensed in Another State (Temporary License)					
Hearing Aid Dispenser	2	2			
Audiologist					
Applicants without Supervision					
Hearing Aid Dispensers	3	2		1	
Audiologists	6	5		1	
Total					
Total Number of Candidates	50	38	76%	12	24%

g) Enforcement Report

The Board has received 245 complaints and subsequent arrest notifications through the fourth quarter of 2025-2026 fiscal year. During that same period, the Board has issued 38 citations and fines (including CE/CPD related citations and fines). Additional enforcement statistics through the second quarter are available in the separate Enforcement Report attachment.

Currently, there are five (5) formal discipline cases pending with the Attorney General's Office. The Board is currently monitoring 15 probationers of which five (5) probationers require drug or alcohol testing and four (4) are in a tolled status.

The following disciplinary outcomes have been taken by the Board from July 1, 2025 through June 30, 2026:

Name	License No.	License Type	Case No.	Effective Date	Action Taken
Gebroee, David Brian	HA 8326	Hearing Aid Dispenser	1C-2020-010	May 17, 2026	Voluntary Surrender of License
Tubbs, Sean Michael	AU 1896	Audiologist	1I-2024-051	April 2, 2026	Voluntary Surrender of License
Ortiz, Ivanna Lisette	SP 23998	Speech-Language Pathologist	1I-2026-50	March 25, 2026	Suspension – Penal Code 23 Order Issued
Cruz, Zeth Anne R.	SPA 2498	Speech-Language Pathology Assistant	1I-2024-057	March 22, 2026	Revocation Stayed, Five Years Probation with Specified Terms and Conditions
Spejcher, Bryn Pearce	AU 3215	Audiologist	1I-2018-151	February 20, 2026	Revocation of License
Tubbs, Sean Michael	AU 1896	Audiologist	1I-2024-051	January 29, 2026	Revocation Stayed, Five Years Probation with Specified Terms and Conditions
Plotkin, Alexander	HA 7818	Hearing Aid Dispenser	1C-2022-018	November 21, 2025	Voluntary Surrender of License
Sandhu, Avneet Kaur	SP 33000	Speech-Language Pathologist	1I-2022-016	July 11, 2025	Revocation Stayed, Seven Years Probation with Specified Terms and Conditions
Aiello-O'Connor, Erika Anne	SP 33238	Speech-Language Pathologist	1I-2023-033	July 7, 2025	Voluntary Surrender of License

CE/CPD Audits

In December 2024, the Board completed its first continuing education audit since 2018. The first audit was a five (5) percent random selection of Speech-Language Pathologists, Speech-Language Pathology Assistants, Audiologists, and Hearing Aid Dispensers who renewed in January of 2024. Since that time, the Board has now completed audits of five (5) percent of the licensees identified above through September of 2024, excluding a handful of licensees that have approved extensions for providing their documentation.

The Board is currently in the middle of auditing licensees that renewed in October through December of 2024.

The results for the 2024 audits are provided below, including audits still in progress.

CE/CPD Audit Results									
Audit Period	Number Audited	Passed	%	Failed	%	Exemption Granted	%	Citation Issued	%
January 2024	38	23	61%	9	24%	6	16%	8	21%
February 2024	39	22	56%	11	28%	6	15%	6	15%
March 2024	43	21	49%	15	35%	6	14%	8	19%
April 2024	49	28	57%	7	14%	11	22%	6	12%
May 2024	40	23	58%	9	23%	8	20%	5	13%
June 2024	40	22	55%	11	28%	7	18%	3	8%
July 2024	42	27	64%	11	26%	4	10%	4	10%
August 2024	55	25	45%	19	35%	11	20%	4	7%
September 2024	38	17	45%	16	42%	3	8%	8	21%
October 2024*	20	6	30%	3	15%	1	5%	0	0
November 2024*	35	15	43%	6	17%	3	9%	0	0
December 2024*	29	11	38%	7	24%	2	7%	0	0
* Audit is in progress									

Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board - 0376

FY 2025-26 BUDGET REPORT - FM 11 (Current Projection)

July 17, 2026 Board Meeting

OBJECT DESCRIPTION	FY 2023-24	FY 2024-25	FY 2025-26				
	ACTUAL EXPENDITURES (Prelim FM13)	ACTUAL EXPENDITURES (Prelim FM13)	GOVERNOR'S BUDGET 2025-26	CURRENT YEAR EXPENDITURES 5.31.2026	% SPENT	PROJECTIONS TO YEAR END	UNENCUMBERED BALANCE
PERSONNEL SERVICES							
Salary & Wages (Staff)	809,790	887,678	970,000	861,848	89%	943,450	26,550
Statutory Exempt (EO)	111,479	107,634	114,000	103,902	91%	112,976	1,024
Temp Help	4,749	0	1,000	0	0%	0	1,000
Board Member Per Diem	2,400	2,050	6,000	1,900	32%	3,000	3,000
Overtime/Flex Elect/Lump Sum	75,927	45,100	5,000	25,979	520%	26,000	(21,000)
Staff Benefits	581,545	582,291	673,000	613,040	91%	670,600	2,400
TOTALS, PERSONNEL SVC	1,585,890	1,626,803	1,769,000	1,606,669	91%	1,756,026	12,974
OPERATING EXPENSE AND EQUIPMENT							
General Expense	54,010	57,831	66,000	31,021	47%	51,302	14,698
Printing	86,218	40,540	27,000	19,076	71%	65,250	(38,250)
Communication	1,725	1,525	13,000	1,989	15%	2,828	10,172
Postage	4,943	9,000	15,000	7,681	51%	11,824	3,176
Insurance	23	23	0	0	0%	0	0
Travel In State	15,534	35,339	27,000	26,164	97%	35,000	(8,000)
Training	0	8	11,000	0	0%	0	11,000
Facilities Operations	143,422	143,498	148,000	133,534	90%	146,496	1,504
C & P Services - Interdept.	0	0	24,000	0	0%	0	24,000
Attorney General	151,478	372,624	307,000	221,290	72%	265,548	41,452
Office Admin. Hearings	24,708	48,520	102,000	67,980	67%	98,415	3,585
C & P Services - External	103,164	141,852	116,000	90,481	78%	164,117	(48,117)
DCA Pro Rata	441,400	749,862	531,000	492,250	93%	531,000	0
DOI - Investigations	7,262	6,806	108,000	96,750	90%	108,000	0
Interagency Services	633	519	1,000	582	58%	554	446
IA w/ OPES	46,414	61,923	28,000	36,124	129%	36,124	(8,124)
Consolidated Data Center	23,517	7,081	29,000	0	0%	7,873	21,127
Information Technology	8,928	15,334	17,000	21,232	125%	22,205	(5,205)
Equipment	1,239	5,470	0	2,046	0%	2,561	(2,561)
Other Items of Expense	462	620	15,000	776	0%	776	14,224
TOTALS, OE&E	1,115,687	1,698,352	1,585,000	1,248,976	79%	1,549,873	35,128
TOTAL EXPENSE	2,630,237	3,325,155	3,354,000	2,855,645	85%	3,305,899	48,101
Reimbursements		33,000	0			33,000	(33,000)
Budget Letter 24-20: Vacancy Reduction		29,000	0	0		0	0
Budget Letter 24-24: 7.95% Budget Efficiency Reduction		21,000	0	0		0	0
NET APPROPRIATION		3,253,815	3,321,000	2,855,646	86%	3,272,899	48,101
SURPLUS/(DEFICIT):							1.45%

**0376 - Speech-Language Pathology and Audiology and Hearing
Aid Dispensers Fund
Analysis of Fund Condition
(Dollars in Thousands)**

Prepared 6.19.2026

2026-27 May Revise with FM 11 Projections

	Actuals 2024-25	CY 2025-26	BY 2026-27	BY +1 2027-28
BEGINNING BALANCE				
Prior Year Adjustment	\$ 1,927	\$ 1,920	\$ 2,081	\$ 2,072
Adjusted Beginning Balance	\$ -26	\$ -	\$ -	\$ -
	\$ 1,901	\$ 1,920	\$ 2,081	\$ 2,072
REVENUES, TRANSFERS AND OTHER ADJUSTMENTS				
Revenues				
4121200 - Delinquent fees	\$ 37	\$ 43	\$ 37	\$ 37
4127400 - Renewal fees	\$ 2,472	\$ 2,684	\$ 2,505	\$ 2,505
4129200 - Other regulatory fees	\$ 75	\$ 88	\$ 37	\$ 37
4129400 - Other regulatory licenses and permits	\$ 759	\$ 666	\$ 765	\$ 765
4163000 - Income from surplus money investments	\$ 106	\$ 74	\$ 75	\$ 83
4171400 - Escheat of unclaimed checks and warrants	\$ 5	\$ 4	\$ -	\$ -
Totals, Revenues	\$ 3,454	\$ 3,559	\$ 3,419	\$ 3,427
TOTALS, REVENUES, TRANSFERS AND OTHER ADJUSTMENTS	\$ 3,454	\$ 3,559	\$ 3,419	\$ 3,427
TOTAL RESOURCES	\$ 5,355	\$ 5,479	\$ 5,500	\$ 5,499
Expenditures:				
1111 Department of Consumer Affairs (State Operations)	\$ 3,275	\$ 3,256	\$ 3,122	\$ 3,216
9892 Supplemental Pension Payments (State Operations)	\$ 10	\$ -	\$ -	\$ -
9900 Statewide General Administrative Expenditures (Pro Rata) (State Operations)	\$ 150	\$ 142	\$ 306	\$ 306
TOTALS, EXPENDITURES AND EXPENDITURE ADJUSTMENTS	\$ 3,435	\$ 3,398	\$ 3,428	\$ 3,522
FUND BALANCE				
Reserve for economic uncertainties	\$ 1,920	\$ 2,081	\$ 2,072	\$ 1,977
Months in Reserve	6.7	7.3	7.1	6.6

NOTES:

1. Assumes workload and revenue projections are realized in BY+1 and ongoing

Speech-Language Pathology & Audiology & Hearing Aid Dispensers Board
Licensing Report 2025-26

LICENSES ISSUED	FY 18/19	FY 19/20	FY 20/21	FY 21/22	FY 22/23	FY 23/24	FY 24/25	FY 25/26
								QTR 4
AIDE	32	44	22	44	52	60	53	46
AU	63	63	71	79	51	89	98	99
DAU	35	31	23	28	26	33	31	41
AUT	4	3	1	4	1	0	2	0
PDP	15	5	13	14	10	29	19	21
RPE	977	1,059	1,039	1,177	1,095	1,469	1,305	1,360
SLP	1,446	1,444	1,621	1,782	1,664	2,129	2,296	1,979
SPT	0	0	0	1	1	4	3	1
SLPA	602	615	505	649	640	914	821	805
HAD	135	95	55	108	83	145	139	129
HAD Trainee	156	116	93	124	142	173	153	122
HAD Licensed in Another State	17	12	11	22	7	13	13	19
HAD Branch	333	312	249	263	162	256	247	232
TRP (Military Temporary)	N/A	N/A	N/A	N/A	N/A	0	1	0
TSA (Military Temporary)	N/A	N/A	N/A	N/A	N/A	2	0	0
TSP (Military Temporary)	N/A	N/A	N/A	N/A	N/A	6	0	0
TOTAL LICENSES ISSUED	3,783	3,755	3,681	4,251	3,934	5,322	5,181	4,854

LICENSEE POPULATION	FY 18/19	FY 19/20	FY 20/21	FY 21/22	FY 22/23	FY 23/24	FY 24/25	FY 25/26
								QTR 4
AIDE	245	273	290	306	310	344	295	234
AU	831	837	830	869	840	869	907	896
DAU	1,334	1,384	1,375	1,416	1,453	1,487	1,505	1,529
<i>Both License Types</i>	<i>2,165</i>	<i>2,221</i>	<i>2,205</i>	<i>2,285</i>	<i>2,293</i>	<i>2,356</i>	<i>2,412</i>	<i>2,425</i>
AUT	4	7	8	8	7	7	8	1
PDP	178	165	160	152	141	160	161	153
RPE	1,364	1,595	1,626	1,740	1,871	2,304	1,656	2,217
SLP	21,374	22,527	23,309	24,894	25,929	27,403	28,956	29,989
SPT	0	0	0	1	1	5	5	6
SLPA	4,822	5,297	5,538	5,962	6,260	6,825	7,215	7,657
HAD	1,380	1,407	1,398	1,439	1,399	1,429	1,479	1,457
HAD Trainees	214	237	243	267	297	314	227	261
HAD Licensed in Another State	31	42	47	66	59	66	72	45
HAD Branch Office	1,347	1,401	1,411	1,429	1,267	1,297	1,256	1,231
TRP (Military Temporary)	N/A	N/A	N/A	N/A	N/A	0	1	0
TSA (Military Temporary)	N/A	N/A	N/A	N/A	N/A	2	0	0
TSP (Military Temporary)	N/A	N/A	N/A	N/A	N/A	4	0	0
TOTAL LICENSEES	32,879	34,899	35,945	38,243	39,834	42,516	43,743	45,676

* Data as of July 1, 2026

Legend:

AID = Speech-Language Pathology/Audiology	HTL = Hearing Aid Dispenser Temporary (1-year)
AU = Audiologist	HT = Hearing Aid Dispenser Trainee
DAU = Dispensing Audiologist	BR = Hearing Aid Dispenser Branch
AUT = Audiologist (6-month Temporary)	TIA = Military Spouse/Domestic Partner 1- Year Temporary AID
PDP = Continuing Education Provider	TAU = Military Spouse/Domestic Partner 1- Year Temporary AU
RPE = Required Professional Experience	TRP = Military Spouse/Domestic Partner 1- Year Temporary RPE
SP = Speech-Language Pathologist	TSP = Military Spouse/Domestic Partner 1- Year Temporary SP
SPT = Speech-Language Pathologist (6-Month	TSA = Military Spouse/Domestic Partner 1- Year Temporary SPA
SPA = Speech-Language Pathology Assistant	THA = Military Spouse/Domestic Partner 1- Year Temporary HAD
HAD = Hearing Aid Dispenser	THT = Military Spouse/Domestic Partner 1- Year Temporary HT

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

COMPLAINTS AND CONVICTIONS	FY 2019-20	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26 Q4
Complaints Received	164	91	79	89	80	198	245
Convictions Received	103	45	48	60	67	71	84
Average Days to Intake	1	5	7	4	5	4	3
Closed	17	2	0	0	0	0	0
Pending	1	6	0	0	4	0	3

INVESTIGATIONS	Desk	FY 2019-20	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26 Q4
Assigned		260	131	131	151	148	270	282
Closed		189	193	178	143	113	192	207
Average Days to Complete		222	380	598	289	185	224	198
Pending		260	198	132	130	149	237	338

INVESTIGATIONS	DOI	FY 2019-20	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26 Q4
Assigned		9	0	1	0	8	10	11
Closed		10	8	6	1	8	4	1
Average Days to Complete		770	839	1,409	150	207	139	262
Pending		19	11	2	1	6	13	22

ALL TYPES OF INVESTIGATIONS	FY 2019-20	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26 Q4
Closed w/o Discipline Referral	181	187	178	140	104	189	196
Cycle Time - No Discipline	251	368	491	285	147	185	179

CITATIONS/CEASE & DESIST	FY 2019-20	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26 Q4
Citations Issued	11	6	7	6	4	36	38
Avg Days to Citation & Fine	336	429	1,138	439	211	128	54
Cease & Desist Letters Issued	0	2	0	1	0	0	0

ATTORNEY GENERAL CASES	FY 2019-20	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26 Q4
Pending at the AG	23	21	10	3	10	5	5
Accusations Filed	8	8	5	1	4	2	6
Statement of Issue (SOI) Filed	1	2	0	0	0	1	1
Accusation Withdrawn, Dismissed, Declined	1	0	1	3	0	0	0
SOI Withdrawn, Dismissed, Declined	1	0	0	0	0	1	0
Average Days to Discipline	824	2,245	1,362	1,221	405	1428	1225

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

ATTORNEY GENERAL FINAL OUTCOMES	FY 2019-20	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26 Q4
Probation Only	5	1	1	4	2	3	3
Surrender of License	3	3	2	0	0	2	4
License Denied (SOI)	1	0	1	0	0	0	1
Suspension & Probation	0	0	2	0	0	0	1
Revocation-No Stay of Order	3	2	4	1	0	3	0
Public Reprimand/Reproval	0	0	0	0	0	0	0
Total Disciplinary Actions Taken	12	6	10	5	2	8	9

Note: All data provided prior to FY 2022-23 uses complaint open date as the start to any "Days to" data provided in this report.

MEMORANDUM

DATE	July 17, 2026
TO	Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board
FROM	Cherise Burns, Executive Officer
SUBJECT	Agenda Item 10: Update on the Board's Sunset Bill

Background

Each year, the Assembly Business and Professions Committee and the Senate Business, Professions, and Economic Development Committee hold joint Sunset Review oversight hearings to review the boards and bureaus under the Department of Consumer Affairs (DCA). The sunset review process provides the opportunity for DCA, the Legislature, the boards and bureaus, and stakeholders to discuss the performance of the boards and bureaus, make recommendations for improvements, and extend the sunset date of a board or bureau. The Board's sunset date and provisions can be found in Business and Professions Code section 2531, which is currently January 1, 2027.

Update

The sunset review process culminates in the creation of a bill that updates the Board's sunset date and Practice Act, which is Senate Bill (SB) 1368 (Wahab). Since the Board's last meeting in April, the Executive Officer has worked with Assembly and Senate Committee staff to incorporate Board requested changes to its Practice Act into SB 1368, as well as additional technical clean-up of language identified by Committee staff and Legislative Counsel.

The Executive Officer provided testimony in support of SB 1368 when it was heard before the Senate Business, Professions, and Economic Development Committee on April 20, 2026 and the Assembly Business and Professions Committee on June 30, 2026. There were no questions asked by individual legislators about the bill during the hearings.

On April 22, 2026 the Executive Officer was notified of a request for amendments to the SB 1368 (Wahab) submitted to Senator Wahab's office by the Hearing Healthcare Providers of California that were described as technical amendments. This request included three suggested amendments to the bill as follows:

1. Providing explicit statutory authority for both Hearing Aid Specialists and Audiologists to order the use of prescription hearing aids and updating the

definition of “hearing aid” and adding a statutory definition for “over-the-counter (OTC) hearing aid” consistent with federal terminology.

2. Revising Board statutes to expressly recognize the International Hearing Society as an approved continuing professional development provider for Hearing Aid Dispensers.
3. Creating a new statutory section that would specify that the Board’s Practice Act does not apply to the selling of OTC hearing aids.

Due to the substantive nature of these suggested amendments, legislative calendar deadlines, and the Board’s meeting schedule, Board staff presented these amendments to the Board Chair and Board Vice Chair for discussion and consideration under the provisions of the Board’s Administrative Procedure Manual under Chapter 5. Board Administration And Staff, Legislation. The Board Chair and Vice Chair considered these amendments and voted to oppose the inclusion of these amendments in the Board’s Sunset Bill for the following reasons:

1. After the FDA updated the federal regulations related to hearing aids and OTC hearing aids in 2022, the Board in consultation with its DCA Legal Counsel, determined that statutory changes were not necessary to the Board’s Practice Act. This was also noted in the FDA’s October 13, 2022 letter to State Officials, that it “Does not change the necessary qualifications of who may provide hearing healthcare with prescription hearing aids, including the recommendation, selection, fitting, and dispensing of these devices;”. While statutory amendments were not deemed necessary, as part of the Board’s current Strategic Plan, the Board will be developing consumer education materials to communicate the risk and limitations of OTC hearing aids to increase consumer awareness. The Board had not previously received a request to consider language to modify the Practice Act in this manner and would need additional time to consider the legal ramifications of the recommended changes and determine if any changes, including ensuring accurate and appropriate cross references to the federal regulation sections identified, should be included.
2. The proposed amendment to create a statutorily approved hearing aid dispenser continuing education provider is also not technical or clarifying in nature, but rather a wholesale overhaul to the structure and format of the way the Board reviews, approves, and monitors continuing education coursework for hearing aid dispensers in California. This item also had not been previously requested for the Board to discuss, nor has it been discussed or considered at the Board level to our knowledge, and would require additional statutory authority to implement as well as require amendments to the continuing education regulations of the Board, and could potentially result in negative budgetary impacts to the Board’s Fund as proposed. This proposal would need to be discussed and considered by the full Board to ensure that any statutory change upholds Board standards for continuing education coursework and is also a cost-neutral solution.

3. The proposed amendment to add statutory language regarding the Board's Practice Act not applying to OTC hearing aids is also not technical or clarifying in nature. The Board received legal guidance from DCA Legal Counsel in 2022 that while many state laws are preempted under the federal OTC hearing aid regulations, not all are preempted. State warranties and consumer protection laws are specifically not included within the federal preemption: "Private remedies. This section does not modify or otherwise affect the ability of any person to exercise a private right of action under any State or Federal product liability, tort, warranty, contract, or consumer protection law." Also not included in the federal preemption is that a licensed hearing aid dispenser or dispensing audiologist remains subject to the requirements of the Practice Act even if the licensee "undertakes commercial or professional activities only in relation to OTC hearing aids." Therefore, the Board has jurisdiction to investigate and enforce the Practice Act with regard to a complaint against a licensee that sells OTC hearing aids. This issue was highlighted in the Board's meeting materials for its January 13, 2022 Board meeting during discussion of the Board's action to file a public comment on the federal OTC hearing aid regulations. Consideration of any statutory language regarding OTC hearing aids requires additional review and discussion by the full Board.

After SB 1368 has been approved by both houses of the legislature and signed by the Governor, the Board's new sunset date of January 1, 2031 and the changes to its Practice Act will go into effect on January 1, 2027.

Action Requested

This item is for informational purposes only; no action is required.

Attachment A: Current Text of SB 1368 (Wahab) Speech-language pathologists, audiologists, and hearing aid dispensers.

Attachment B: April 22, 2026 Hearing Healthcare Providers of California Letter

SECTION 1. Section 2530.2 of the Business and Professions Code is amended to read:

2530.2. As used in this chapter, unless the context otherwise requires:

(a) “Board” means the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board.

(b) “Person” means any individual, partnership, corporation, ~~limited liability company~~, or other organization or combination thereof, except that only individuals can be licensed ~~or~~ **registered** under this chapter.

(c) A “speech-language pathologist” is a person who practices speech-language pathology.

(d) The practice of speech-language pathology means all of the following:

(1) The application of principles, methods, instrumental procedures, and noninstrumental procedures for measurement, testing, screening, evaluation, identification, prediction, and counseling related to the development and disorders of speech, voice, language, or swallowing.

(2) The application of principles and methods for preventing, planning, directing, conducting, and supervising programs for habilitating, rehabilitating, ameliorating, managing, or modifying disorders of speech, voice, language, or swallowing in individuals or groups of individuals.

(3) Conducting hearing screenings.

(4) Performing suctioning in connection with the scope of practice described in paragraphs (1) and (2), after compliance with a medical facility’s training protocols on suctioning procedures.

(e) (1) Instrumental procedures referred to in subdivision (d) are the use of rigid and flexible endoscopes to observe the pharyngeal and laryngeal areas of the throat in order to observe, collect data, and measure the parameters of communication and swallowing as well as to guide communication and swallowing assessment and therapy. Passage of these instruments without the presence of a physician and surgeon is subject to paragraph (2).

(2) Nothing in this subdivision shall be construed as a diagnosis. Any observation of an abnormality shall be referred to a physician and surgeon.

(f) (1) A licensed speech-language pathologist shall not perform a flexible fiber optic transnasal endoscopic procedure unless they have received written verification from one otolaryngologist certified by the American Board of Otolaryngology – Head and Neck Surgery that the speech-language pathologist has performed a minimum of 25 supervised flexible fiber optic transnasal endoscopic procedures and they are competent to perform these procedures. Of these 25 procedures, the first 10 procedures shall be supervised by a licensed physician and surgeon who performs nasal endoscopy as part of their practice and the subsequent 15 procedures shall be supervised by either a licensed physician and surgeon who performs nasal endoscopy as part of their practice or by another licensed speech-language pathologist who is verified as competent in performing flexible fiber optic transnasal endoscopic procedures. The speech-language pathologist shall have this written verification on file and readily available for inspection upon request by the board. A speech-language pathologist with a verification on file shall pass a flexible fiber optic transnasal endoscopic instrument only upon the orders of a licensed physician and surgeon. The order by a physician and surgeon is deemed to allow a speech-language pathologist with verification, in accordance with this paragraph, to perform fiber optic transnasal endoscopic procedures at a location based on the patient’s medical needs that complies with procedures specified in paragraph (1) of subdivision (g).

(2) A licensed speech-language pathologist who holds a written verification pursuant to this subdivision that was issued before January 1, 2023, shall be deemed to meet the requirements described in paragraph (1).

(g) (1) A licensed speech-language pathologist shall only perform flexible endoscopic procedures described in subdivision ~~(e)~~ **(f)** in the following settings that requires the facility to

have protocols for emergency medical backup procedures, including a physician and surgeon or other appropriate medical professionals being readily available.

(A) A clinic, as defined in Section 1200 of the Health and Safety Code.

(B) A facility described in Chapter 2.5 (commencing with Section 1440) of Division 2 of the Health and Safety Code.

(C) A health facility, as defined in Section 1250 of the Health and Safety Code.

(D) A hospice facility licensed pursuant to Chapter 8.5 (commencing with Section 1745) of Division 2 of the Health and Safety Code.

(E) A medical group practice, including a professional medical corporation, as defined in Section 2406, another form of corporation controlled by physicians and surgeons, a medical partnership, a medical foundation exempt from licensure, or another lawfully organized group of physicians and surgeons that provides health care services.

(2) A licensed speech-language pathologist performing flexible fiber optic transnasal endoscopic procedures on patients who have contraindications to the procedure shall consult and document clearance with the physician and surgeon that the licensed speech-language pathologist can safely perform the procedure. For purposes of this paragraph, contraindications for these procedures may include, but are not limited to, cases of bilateral obstruction of nasal passages, refractory epistaxis, cardiac disorder with acute risk of vasovagal episode and bradycardia, history of vasovagal episodes, facial trauma, recent trauma to the nasal cavity, or surrounding tissue and structures secondary to surgery or injury, severe bleeding disorders, severe movement disorders, severe agitation, and inability to cooperate with the examination.

(h) "Speech-language pathology aide" means any person meeting the minimum requirements established by the board, who works directly under the supervision of a speech-language pathologist.

(i) (1) "Speech-language pathology assistant" means a person who meets the academic and supervised training requirements set forth by the board and who is approved by the board to assist in the provision of speech-language pathology under the direction and supervision of a speech-language pathologist who shall be responsible for the extent, kind, and quality of the services provided by the speech-language pathology assistant.

(2) The supervising speech-language pathologist employed or contracted for by a public school may hold a valid and current license issued by the board, a valid, current, and professional clear clinical or rehabilitative services credential in language, speech, and hearing issued by the Commission on Teacher Credentialing, or other credential authorizing service in language, speech, and hearing issued by the Commission on Teacher Credentialing that is not issued on the basis of an emergency permit or waiver of requirements. For purposes of this paragraph, a "clear" credential is a credential that is not issued pursuant to a waiver or emergency permit and is as otherwise defined by the Commission on Teacher Credentialing. Nothing in this section referring to credentialed supervising speech-language pathologists expands existing exemptions from licensing pursuant to Section 2530.5.

(j) An "audiologist" is one who practices audiology.

(k) "The practice of audiology" means the application of principles, methods, and procedures of measurement, testing, appraisal, prediction, consultation, counseling, and instruction related to auditory, vestibular, and related functions and the modification of communicative disorders involving speech, language, auditory behavior, or other aberrant behavior resulting from auditory dysfunction; and the planning, directing, conducting, supervising, or participating in programs of identification of auditory disorders, hearing conservation, cerumen removal, aural habilitation, and rehabilitation, including hearing aid recommendation and evaluation procedures, including, but not limited to, specifying amplification requirements and evaluation of the results thereof, auditory training, and speech reading, and the **selling fitting** of hearing aids.

- (l) A “dispensing audiologist” is ~~a person~~ **an audiologist** who is authorized to sell hearing ~~aids pursuant to their audiology license.~~ **aids.**
- (m) “Audiology aide” means any person meeting the minimum requirements established by the board who works directly under the supervision of an audiologist. The board may by regulation exempt certain functions performed by an industrial audiology aide from supervision provided that their employer has established a set of procedures or protocols that the aide shall follow in performing these functions.
- (n) “Medical board” means the Medical Board of California.
- (o) A “hearing screening” performed by a speech-language pathologist means a binary puretone screening at a preset intensity level for the purpose of determining if the screened individuals are in need of further medical or audiological evaluation.
- (p) “Cerumen removal” means the nonroutine removal of cerumen within the cartilaginous ear canal necessary for access in performance of audiological procedures that shall occur under physician and surgeon supervision. Cerumen removal, as provided by this section, shall only be performed by a licensed audiologist. Physician and surgeon supervision shall not be construed to require the physical presence of the physician, but shall include all of the following:
- (1) Collaboration on the development of written standardized protocols. The protocols shall include a requirement that the supervised audiologist immediately refer to an appropriate physician any trauma, including skin tears, bleeding, or other pathology of the ear discovered in the process of cerumen removal as defined in this subdivision.
 - (2) Approval by the supervising physician of the written standardized protocol.
 - (3) The supervising physician shall be within the general vicinity, as provided by the physician-audiologist protocol, of the supervised audiologist and available by telephone contact at the time of cerumen removal.
 - (4) A licensed physician and surgeon may not simultaneously supervise more than two audiologists for purposes of cerumen removal.

SEC. 2. Section 2530.3 of the Business and Professions Code is amended to read:

2530.3. (a) A person represents themselves to be a speech-language pathologist when they hold themselves out to the public by any ~~title~~ **title, business name**, or description of services incorporating the words “speech pathologist,” “speech pathology,” “speech therapy,” “speech correction,” “speech correctionist,” “speech therapist,” “speech clinic,” “speech clinician,” “language pathologist,” “language pathology,” “logopedics,” “logopedist,” “communicology,” “communicologist,” “aphasiologist,” “voice therapy,” “voice therapist,” “voice pathology,” or “voice pathologist,” “language therapist,” or “phoniatrist,” or any similar titles; or when they purport to treat stuttering, stammering, or other disorders of speech.

(b) A person represents themselves to be an audiologist when they hold themselves out to the public by any ~~title~~ **title, business name**, or description of services incorporating the terms “audiology,” “audiologist,” “audiological,” “hearing clinic,” “hearing clinician,” “hearing therapist,” or any similar titles.

SEC. 3. Section 2530.5 of the Business and Professions Code is amended to read:

2530.5. (a) Nothing in this chapter shall be construed as restricting hearing testing conducted by licensed physicians and surgeons or by persons conducting hearing tests under the direct supervision of a physician and surgeon.

(b) Nothing in this chapter shall be construed to prevent a licensed hearing aid dispenser from engaging in testing of hearing and other practices and procedures used solely for the fitting and selling of hearing aids nor does this chapter restrict persons practicing their licensed

profession and operating within the scope of their licensed profession or employed by someone operating within the scope of their licensed professions, including persons fitting and selling hearing aids who are properly licensed or registered under the laws of the State of California.

(c) Nothing in this chapter shall be construed as restricting or preventing the practice of speech-language pathology or audiology by personnel holding the appropriate credential from the Commission on Teacher Credentialing as long as the practice is conducted within the confines of or under the jurisdiction of a public preschool, elementary, or secondary school by which they are employed and those persons do not either offer to render or render speech-language pathology or audiology services to the public for compensation over and above the salary they receive from the public preschool, elementary, or secondary school by which they are employed for the performance of their official duties.

(d) Nothing in this chapter shall be construed as restricting the activities and services of a student or speech-language pathology intern in speech-language pathology pursuing a course of study leading to a degree in speech-language pathology at an accredited or approved college or university or an approved clinical training facility, provided that these activities and services constitute a part of their supervised course of study and that those persons are designated by the title as “speech-language pathology intern,” “speech-language pathology trainee,” or other title clearly indicating the training status appropriate to their level of training.

(e) Nothing in this chapter shall be construed as restricting the activities and services of a student or audiology intern in audiology pursuing a course of study leading to a degree in audiology at an accredited or approved college or university or an approved clinical training facility, provided that these activities and services constitute a part of their supervised course of study and that those persons are designated by the title as “audiology intern,” “audiology trainee,” or other title clearly indicating the training status appropriate to their level of training.

(f) Nothing in this chapter shall be construed as restricting the practice of an applicant who is obtaining the required professional experience specified in subdivision (c) of Section 2532.2 or subdivision (b) of Section 2532.25 and who has been issued a temporary license pursuant to Section 2532.7. The number of applicants who may be supervised by a licensed speech-language pathologist or a speech-language pathologist having qualifications deemed equivalent by the board shall be determined by the board. The supervising speech-language pathologist shall register with the board the name of each applicant working under their ~~supervision, and shall submit to the board a description of the proposed professional responsibilities of the applicant working under their~~ supervision. The number of applicants who may be supervised by a licensed audiologist or an audiologist having qualifications deemed equivalent by the board shall be determined by the board. The supervising audiologist shall register with the board the name of each applicant working under their ~~supervision, and shall submit to the board a description of the proposed professional responsibilities of the applicant working under their~~ supervision.

(g) Nothing in this chapter shall be construed as restricting hearing screening services in public or private elementary or secondary schools so long as these screening services are provided by persons registered as qualified school audiometrists pursuant to Sections 1685 and 1686 of the Health and Safety Code or hearing screening services supported by the State Department of Health Care Services so long as these screening services are provided by appropriately trained or qualified personnel.

(h) Persons employed as speech-language pathologists or audiologists by a federal agency shall be exempt from this chapter.

(i) Nothing in this chapter shall be construed as restricting consultation or the instructional or supervisory activities of a faculty member of an approved or accredited college or university for the first 60 days following appointment after the effective date of this subdivision.

SEC. 4. Section 2530.6 of the Business and Professions Code is amended to read:

2530.6. (a) Speech-language pathologists and audiologists supervising speech-language pathology or audiology aides shall register with the board the name of each aide working under their supervision.

(b) The number of aides who may be supervised by a licensee shall be determined by the board.

(c) The supervising audiologist or speech-language pathologist shall be responsible for the extent, kind, and quality of services performed by the aide, consistent with the board's designated standards and requirements.

(d) A speech-language pathology and audiology aide registration shall expire every two years and is subject to the renewal requirements in Article 6 (commencing with Section 2535).

(e) At the time of registration renewal, the speech-language pathologist or audiologist supervising the speech-language pathology or audiology aide shall update the board on the duties the aide performs while assisting the supervisor in the practice of speech-language pathology or audiology, and the training program and assessment methods the supervisor is utilizing to ensure the aide's continued competency.

(f) An aide shall not advertise or otherwise represent that they hold a license as a speech-language pathologist, speech-language pathology assistant, or audiologist.

SEC. 5. *Section 2530.8 is added to the Business and Professions Code, to read:*

2530.8. Every person holding a license or registration under this chapter shall display it conspicuously in their primary place of practice or business.

SEC. 6. *Section 2530.9 is added to the Business and Professions Code, to read:*

2530.9. (a) An aide or a required professional experience license holder shall not be the sole proprietor of, manage, or independently operate a business that engages in the practice of speech-language pathology or audiology.

(b) A speech-language pathology assistant shall not be the sole proprietor of, manage, or independently operate a business that engages in the practice of speech-language pathology.

SEC. 7. Section 2531 of the Business and Professions Code is amended to read:

2531. (a) There is in the Department of Consumer Affairs the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board in which the enforcement, administration, and other regulatory duties of this chapter are vested. The Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board shall consist of nine members, three of whom shall be public members.

(b) This section shall remain in effect only until January 1, ~~2027~~, **2031**, and as of that date is repealed.

(c) Notwithstanding any other law, the repeal of this section renders the board subject to review by the appropriate policy committees of the Legislature.

SEC. 8. Section 2531.3 of the Business and Professions Code is repealed.

~~**2531.3.** The board shall examine every applicant for a speech-language pathology license or an audiology license at the time and place designated by the board in its discretion, but at least once in each year, and for that purpose may appoint qualified~~

~~persons to give the whole or any portion of the examination, who shall be designated as commissioners on examination. A commissioner on examination need not be a member of the board, but shall be subject to the same rules and regulations and shall be entitled to the same fee as if he or she were a member of the board. The board shall perform all examination functions, including but not limited to, participation in uniform examination systems.~~

SEC. 9. Section 2531.4 of the Business and Professions Code is repealed.

~~2531.4. The board shall have full authority to investigate and to evaluate each and every applicant applying for a license to practice speech-language pathology or a license to practice audiology and to determine the admission of the applicant to the examination, if administered by the board, or to issue a license, in conformance with the provisions of, and qualifications required by, this chapter.~~

SEC. 10. Section 2531.5 of the Business and Professions Code is amended to read:

2531.5. The board shall issue, suspend, and revoke licenses *or registrations* and approvals to practice speech-language ~~pathology and audiology~~ *pathology, audiology, and hearing aid dispensing* as authorized by this chapter.

SEC. 11. Section 2531.75 of the Business and Professions Code is amended to read:

2531.75. (a) The board may appoint a person exempt from civil service who shall be designated as an executive officer. The executive officer shall exercise the powers and perform the duties delegated by the board and vested in them by this chapter.

(b) This section shall remain in effect only until January 1, ~~2027~~, *2031*, and as of that date is repealed.

SEC. 12. Section 2532 of the Business and Professions Code is amended to read:

2532. No person shall engage in the practice of speech-language pathology or audiology or represent themselves as a speech-language pathologist or audiologist unless they are licensed in accordance with this ~~chapter~~, *article*.

SEC. 13. Section 2532.2 of the Business and Professions Code is amended to read:

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

(a) Possess at least a master's degree in speech-language ~~pathology~~ *pathology,*

communication disorders, communication sciences and disorders, communicative disorders, speech, language, and hearing sciences, or audiology from an educational institution approved by the board or qualifications deemed equivalent by the board.

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

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

(c) **(1)** Submit evidence of no less than 36 weeks of satisfactorily completed supervised professional full-time experience or 72 weeks of professional part-time experience obtained under the supervision of a licensed speech-language pathologist or audiologist or a speech-language pathologist or audiologist having qualifications deemed equivalent by the board. This experience shall be evaluated and approved by the board. The required professional experience shall follow completion of the requirements listed in subdivisions (a) and (b). Full time is defined as at least 36 weeks in a calendar year and a minimum of 30 hours per week. Part time is defined as a minimum of 72 weeks and a minimum of 15 hours per week.

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

(2) A speech-language pathologist or audiologist who holds a license from another state or territory of the United States or who holds equivalent qualifications as determined by the board and who has completed no less than one year of full-time continuous employment as a speech-language pathologist or audiologist within the past three years is exempt from the supervised professional experience in ~~subdivision (c), paragraph (1).~~

~~(d) Pass an examination or examinations approved by the board.~~

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

SEC. 14. Section 2532.25 of the Business and Professions Code is amended to read:

2532.25. (a) An applicant seeking licensure as an audiologist shall possess a doctorate in audiology earned from an educational institution approved by the board. The board may, in its discretion, accept qualifications it deems to be equivalent to a doctoral degree in audiology. The board shall not, however, accept as equivalent qualifications graduation from a master's program that the applicant was enrolled in on or after January 1, 2008.

(b) In addition to meeting the qualifications specified in subdivision (a), an applicant seeking licensure as an audiologist shall do all of the following:

(1) Submit evidence of the satisfactory completion of supervised clinical practice with individuals representative of a wide spectrum of ages and audiological disorders. The board shall establish by regulation the required number of clock hours of supervised clinical practice necessary for the applicant. The clinical practice shall be under the direction of an audiology doctoral program at an educational institution approved by the board.

(2) Submit evidence of no less than 12 months of satisfactorily completed supervised professional full-time experience or its part-time equivalent obtained under the supervision of a licensed audiologist or an audiologist having qualifications deemed equivalent by the board. This experience shall be completed under the direction of an audiology doctoral program at an educational institution approved by the board.

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

(c) This section shall apply to applicants who graduate from an approved educational institution on and after January 1, 2008.

SEC. 15. Section 2532.4 of the Business and Professions Code is amended to read:

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

(b) The ~~examination may be written or oral or both. The examination shall be given at least once a year at the time and place and under such supervision as the board may determine. The board~~ **board** shall determine what ~~shall constitute~~ **constitutes** a passing grade. *An applicant who fails an examination may be reexamined at a subsequent examination.*

(c) The board, at its discretion, may waive the examination or examinations when in the judgment of the board the applicant has already demonstrated competence in areas covered by the examination or examinations.

~~(c) (d) The board shall keep an accurate recording of any oral examination and keep the recordings as well as any written examination as part of its records for at least two years following the date of examination.~~ *examination or examinations required by the board for a license under this article may be conducted by the board or by a public or private organization specified by the board. The examination or examinations may be conducted under a uniform examination system, and for that purpose, the board may make arrangements with organizations furnishing examination or examinations materials as may, in its discretion, be desirable. All aspects of the examination or examinations shall be in compliance with Section 139.*

SEC. 16. Section 2532.5 of the Business and Professions Code is repealed.

~~**2532.5. Every person holding a license under this chapter shall display it conspicuously in their primary place of practice.**~~

SEC. 17. Section 2532.6 of the Business and Professions Code is amended to read:

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

(b) The board shall not renew any license or registration pursuant to this ~~chapter~~ **article** unless the applicant certifies to the board that they have completed in the preceding two years not less than the minimum number of continuing professional development hours established by the board pursuant to subdivision (c) for the professional practice authorized by their license or registration.

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

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

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

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

(e) (1) The continuing professional development services shall be obtained from any of the following:

(A) Accredited institutions of higher learning.

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

(C) A federal, state, or local governmental entity.

(D) Other entities or organizations approved as continuing professional development providers by the board, in its discretion.

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

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

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

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

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

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

(g) The continuing professional development requirements adopted by the board shall comply with any guidelines for mandatory continuing education established by the Department of Consumer Affairs.

SEC. 18. Section 2532.8 of the Business and Professions Code is amended to read:

2532.8. (a) The board shall, until January 1, ~~2027~~, **2031**, deem a person who holds a valid Certificate of Clinical Competence in Speech-Language Pathology issued by the American

Speech-Language-Hearing Association's Council for Clinical Certification to have met the educational and experience requirements set forth for speech-language pathologists in Section 2532.2.

(b) The board shall, until January 1, ~~2027~~, **2031**, deem a person who holds either a valid Certificate of Clinical Competence in Audiology issued by the American Speech-Language-Hearing Association's Council for Clinical Certification or a valid American Board of Audiology certificate issued by the American Academy of Audiology to have met the educational and experience requirements set forth for audiologists in Section 2532.2 and 2532.25.

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

SEC. 19. Section 2532.9 is added to the Business and Professions Code, to read:

2532.9. (a) The board shall issue, upon an application prescribed by the board and payment of a fee of seventy-five dollars (\$75), a retired license to a licensed speech-language pathologist, speech-language pathology assistant, audiologist, hearing aid dispenser, or dispensing audiologist who holds a license that is current and active or a license that is inactive, and whose license is not suspended, revoked, or surrendered, is subject to disciplinary action under this chapter, has an accusation filed against their license by the Attorney General's office and the charges are pending, or is confirmed by an internal investigation report signed by the executive officer to be under investigation by the board.

(b) The holder of a retired license issued pursuant to this section shall not engage in any activity for which an active license is required or represent that they have an active license.

(c) A retired license shall not be subject to renewal.

(d) The holder of a retired license may apply once to restore their license to active status if the holder of a retired license meets all of the following requirements:

(1) Has not committed an act or crime constituting grounds for denial, revocation, or discipline of a license.

(2) Pays the renewal fee required.

(3) Completes the required continuing education as specified in subdivision (e).

(4) Complies with the fingerprint submission requirements established by the board in regulation.

(5) Either of the following apply:

(A) The retired license was issued less than three years from the date of issuance.

(B) The retired license was issued more than three years from the date of issuance, but the holder has continuously maintained a current, valid, active, and clear license in the same profession in another state or territory within the United States.

(e) A holder of a retired license requesting to restore their license to active status pursuant to subdivision (d) shall complete continuing education equivalent to that required for a single license renewal period. Continuing education shall be completed in accordance with Section 2532.6 or 2538.18 except that all hours may be completed through self-study, as defined by the board in regulation.

(f) The board shall issue a retired license for a second time pursuant to subdivision (a). A license shall remain on retired status after it has been placed on retired status for the second time.

(g) The holder of a retired license shall apply for and obtain a new license if they have been on retired status for more than three years from the date of issuance, unless the holder continuously maintains a current, valid, active, and clear license in the same profession in another state or United States territory within the United States.
(h) The holder of a retired license shall be permitted to use the title "retired." The designation of retired shall not be abbreviated in any way.

SEC. 20. Section 2533 of the Business and Professions Code is amended to read:

2533. The board may refuse to issue, or issue subject to terms and conditions, a license **or registration** on the grounds specified in Section 480, or may suspend, revoke, or impose terms and conditions upon the license **or registration** of any licensee **or registrant** for any of the following:

- (a) Conviction of a crime substantially related to the qualifications, functions, and duties of a speech-language pathologist or audiologist or hearing aid dispenser, as the case may be. The record of the conviction shall be conclusive evidence thereof.
- (b) Securing a license **or registration** by fraud or deceit.
- (c) (1) The use or administering to themselves of any controlled substance.
- (2) The use of any of the dangerous drugs specified in Section 4022, or of alcoholic beverages, to the extent or in a manner as to be dangerous or injurious to the ~~licensee,~~ **licensee or registrant**, to any other person, or to the public, or to the extent that the use impairs the ability of the licensee **or registrant** to practice speech-language pathology or audiology **or hearing aid dispensing** safely.
- (3) More than one misdemeanor or any felony involving the use, consumption, or self-administration of any of the substances referred to in this section.
- (4) Any combination of paragraph (1), (2), or (3).
The record of the conviction shall be conclusive evidence of unprofessional conduct.
- (d) Engaging in any act in violation of Section 650.
- (e) Advertising in violation of Section 17500. Advertising an academic degree that was not validly awarded or earned under the laws of this state or the applicable jurisdiction in which it was issued is deemed to constitute a violation of Section 17500.
- (f) Committing a dishonest or fraudulent act that is substantially related to the qualifications, functions, or duties of a ~~licensee.~~ **licensee or registrant**.
- (g) Incompetence, gross negligence, or repeated negligent acts.
- (h) Other acts that have endangered or are likely to endanger the health, welfare, and safety of the public.
- (i) Use by a hearing aid dispenser of the term "doctor" or "physician" or "clinic" or "audiologist," or any derivation thereof, except as authorized by law.
- (j) The use, or causing the use, of any advertising or promotional literature in a manner that has the capacity or tendency to mislead or deceive purchasers or prospective purchasers.
- (k) Any cause that would be grounds for denial of an application for a ~~license.~~ **license or registration**.
- (l) Violation of Section 1689.6 or 1793.02 of the Civil Code.
- (m) Violation of a term or condition of a probationary order of a license **or registration** issued by the board pursuant to Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code.
- (n) Violation of a term or condition of a conditional license **or registration** issued by the board pursuant to this section.
- (o) Disciplinary action taken by any public agency in any state or territory for any act substantially related to the practice of speech-language pathology, audiology, or hearing aid dispensing.

- (p) Aiding or abetting any person to engage in the unlicensed practice of speech-language pathology, audiology, or hearing aid dispensing.
- (q) Violating or attempting to violate, directly or indirectly, any of the provisions of this chapter.

SEC. 21. Section 2533.1 of the Business and Professions Code is amended to read:

2533.1. A plea or verdict of guilty or a conviction following a plea of nolo contendere made to a charge substantially related to the qualifications, functions, and duties of a speech-language pathologist, audiologist, or hearing aid dispenser is deemed to be a conviction within the meaning of this article. The board may order a licensee **or registrant to** be disciplined or denied a license **or registration** as provided in Section 2533 when the time for appeal has elapsed, or the judgment of conviction has been affirmed on appeal, or when an order granting probation is made suspending the imposition of sentence irrespective of a subsequent order under Section 1203.4, 1203.4a, or 1203.41 of the Penal Code allowing the person to withdraw their plea of guilty and to enter a plea of not guilty, or setting aside the verdict of guilty, or dismissing the accusation, information, or indictment.

SEC. 22. Section 2533.4 of the Business and Professions Code is amended to read:

2533.4. Whenever a person other than a ~~licensed speech-language pathologist, audiologist, or hearing aid dispenser~~ **person licensed or registered under this chapter** has engaged in an act or practice which constitutes an offense under this chapter, a superior court of any county, on application of the board, may issue an injunction or other appropriate order restraining the conduct. Proceedings under this section shall be governed by Chapter 3 (commencing with Section 525) of Title 7 of Part 2 of the Code of Civil Procedure. The board may commence action in the superior court under this section on its own motion.

SEC. 23. Section 2533.6 of the Business and Professions Code is amended to read:

2533.6. (a) A person whose license **or registration** has been ~~revoked or~~ **revoked,** suspended, or **surrendered, or** who has been placed on probation, may petition the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board for reinstatement or modification of penalty, including modification or termination of probation, after a period of not less than the following minimum period of time has elapsed from the effective date of the decision ordering that disciplinary ~~action:~~ **action or surrender of license:**

- (1) At least three years for reinstatement of a license **or registration** revoked for unprofessional ~~conduct,~~ **conduct or surrendered,** except that the board may, for good cause shown, specify in a revocation order that a petition for reinstatement may be filed after two years.
- (2) At least two years for early termination or one year for modification of a condition of probation of three years or more.
- (3) At least one year for reinstatement of a license ~~revoked~~ **or registration revoked or surrendered** for mental or physical illness, or for modification of a condition, or termination of probation of less than three years.

(b) The petition shall be on a form provided by the board and shall state any facts and information as may be required by the board, including, but not limited to, proof of compliance with the terms and conditions of the underlying disciplinary order. The petition shall be verified by the petitioner who shall file an original and sufficient copies of the petition, together with any supporting documents, for the members of the board, the administrative law judge, and the Attorney General.

- (c) The petition may be heard by the board, with the matter presided over by an administrative law judge. After a hearing on the petition, the administrative law judge shall provide a decision as determined by the board which shall be acted upon in accordance with the Administrative Procedure Act.
- (d) The board or the administrative law judge hearing the petition may consider all activities of the petitioner since the disciplinary action was taken, the offense for which the petitioner was disciplined, the petitioner's activities during the time the license **or registration** was in good standing, and the petitioner's rehabilitative efforts, general reputation for truth, and professional ability. The hearing may be continued, as the board or the administrative law judge finds necessary.
- (e) The administrative law judge when hearing a petition for reinstating a **license, license or registration, or** modifying a penalty, may recommend the imposition of any terms and conditions deemed necessary.
- (f) No petition shall be considered while the petitioner is under sentence for any criminal offense, including any period during which the petitioner is on court-imposed probation or parole. No petition shall be considered while there is an accusation or petition to revoke probation pending against the petitioner. The board may deny, without a hearing or argument, any petition filed pursuant to this section within a period of two years from the effective date of the prior decision following a hearing under this section.
- (g) The board may deny, without a hearing or argument, any petition for termination or modification of probation filed pursuant to this section for any of the following:
- (1) The petitioner has failed to comply with the terms and conditions of the disciplinary order.
 - (2) The board is conducting an investigation of the petitioner while they are on probation.
 - (3) The petitioner has a subsequent arrest that is substantially related to the qualifications, functions, or duties of the licensee or registrant and this arrest occurred while on probation.
 - (4) The petitioner's probation with the board is currently tolled.
- (h) Nothing in this section shall be deemed to alter Sections 822 and 823.

SEC. 24. Section 2534.2 of the Business and Professions Code is amended to read:

2534.2. The amount of the fees prescribed by this chapter is that established by the following schedule:

- (a) (1) The application fee and renewal fee for speech-language pathologists and nondispensing audiologists shall be established by the board in an amount that does not exceed one hundred fifty dollars (\$150) but is sufficient to support the functions of the board that relate to the functions authorized by this chapter, excluding Article 9 (commencing with Section 2539.1).
- (2) The application fee and renewal fee for dispensing audiologists shall be established by the board in an amount that does not exceed two hundred eighty dollars (\$280) but is sufficient to support the functions of the board that relate to the functions authorized by this chapter.
- (b) The delinquency fee shall be twenty-five dollars (\$25).
- (c) The reexamination fee shall be established by the board in an amount that does not exceed seventy-five dollars (\$75).
- (d) The registration fee and renewal fee of an aide shall be established by the board in an amount that does not exceed thirty dollars (\$30).
- (e) A fee to be set by the board of not more than one hundred dollars (\$100) shall be charged for each application for approval as a speech-language pathology assistant.
- (f) A fee of one hundred fifty dollars (\$150) shall be charged for the issuance of and for the renewal of each approval as a speech-language pathology assistant, unless a lower fee is established by the board.
- (g) The duplicate wall certificate fee is twenty-five dollars (\$25).

- (h) The duplicate renewal receipt fee is twenty-five dollars (\$25).
- (i) The application fee and renewal fee for a temporary license is thirty dollars (\$30).
- (j) The fee for issuance of a license **or registration** status and history certification letter shall be established by the board in an amount not to exceed twenty-five dollars (\$25).

SEC. 25. Section 2535 of the Business and Professions Code is amended to read:

2535. (a) All licenses ~~issued as of January 1, 1992, or registrations issued under Sections 2530.6, 2532, and 2538~~ shall expire at 12 a.m. of the last date of the birth month of the licensee **or registrant** during the second year of a two-year ~~term term~~, if not renewed.
~~(b) All licenses issued under this chapter, except those licenses issued pursuant to subdivision (a), shall expire at 12 a.m. of the last date of the birth month of the licensee during the second year of a two-year term, if not renewed.~~
~~(c)~~ (b) To renew an unexpired ~~license, license or registration~~, the licensee **or registrant** shall, on or before the date of expiration of the ~~license, license or registration~~, apply for renewal on a form provided by the board, accompanied by the prescribed renewal fee.

SEC. 26. Section 2535.2 of the Business and Professions Code is amended to read:

2535.2. Except as provided in Section 2535.3, a license **or registration** that has expired may be renewed at any time within five years after its expiration upon filing of an application for renewal on a form prescribed by the board and payment of all accrued and unpaid renewal fees. If the license **or registration** is not renewed on or before its expiration, the ~~licensee, licensee or registrant~~, as a condition precedent to renewal, shall also pay the prescribed delinquency fee. Renewal under this section shall be effective on the date on which the application is filed, on the date on which all renewal fees are paid, or on the date on which the delinquency fee is paid, whichever last occurs. If so renewed, the license **or registration** shall continue in effect through the expiration date provided in Section 2535, after the effective date of the renewal, when it shall expire and become invalid if it is not again renewed.

SEC. 27. Section 2535.4 of the Business and Professions Code is amended to read:

2535.4. A person who fails to renew their license **or registration** within the five years after its expiration may not renew it, and it may not be restored, reissued, or reinstated thereafter, but that person may apply for and obtain a new license **or registration** if they meet all of the following requirements:

- (a) Have not committed any acts or crimes constituting grounds for denial of licensure **or registration** under Division 1.5 (commencing with Section 475).
- (b) Take and pass the examination or examinations, if any, that would be required of them if an initial application for licensure **or registration** was being made, or otherwise establishes to the satisfaction of the board that, with due regard for the public interest, they are qualified to practice as a speech-language pathologist or audiologist, as the case may be.
- (c) Pays all of the fees that would be required if an initial application for licensure **or registration** was being made. In addition, the board may charge the applicant a fee to cover the actual costs of any examination that it may administer.

SEC. 28. Section 2538.1 of the Business and Professions Code is amended to read:

2538.1. (a) The board shall adopt regulations, in collaboration with the State Department of Education, the Commission on Teacher Credentialing, and the Advisory Commission on

Special Education, that set forth standards and requirements for the adequate supervision of speech-language pathology assistants.

(b) The board shall adopt regulations as reasonably necessary to carry out the purposes of this article, that shall include, but need not be limited to, the following:

(1) Procedures and requirements for application, registration, renewal, suspension, and revocation.

(2) Standards for approval of ~~Associate-Degree~~ Speech-Language Pathology Assistant ~~associate degree~~ training programs based upon standards and curriculum guidelines established by the ~~National~~ Council on Academic Accreditation in Audiology and Speech-Language Pathology, or the American Speech-Language-Hearing Association, or equivalent formal training programs consisting of two years of technical education, including supervised field placements. The board may impanel site review committees to conduct onsite evaluations, inspections, and investigations of a speech-language pathology assistant training program and to assess the training program's compliance with the board's laws and regulations. The members of the site review committee shall receive no compensation but shall be reimbursed for their actual travel and per diem expenses by the institution that is the subject of the evaluation, inspection, or investigation.

(3) Standards for accreditation of a Speech-Language Pathology Assistant ~~associate degree~~ training program's institution by the Accrediting Commission for Community and Junior Colleges of the Western Association of Schools and Colleges or the Senior College Commission of the Western Association of Schools and Colleges, or equivalent accreditation.

(4) The scope of responsibility, duties, and functions of speech-language pathology assistants, that shall include, but not be limited to, all of the following:

(A) Conducting speech-language screening, without interpretation, and using screening protocols developed by the supervising speech-language pathologist.

(B) Providing direct treatment assistance to patients or clients under the supervision of a speech-language pathologist.

(C) Following and implementing documented treatment plans or protocols developed by a supervising speech-language pathologist.

(D) Documenting patient or client progress toward meeting established objectives, and reporting the information to a supervising speech-language pathologist.

(E) Assisting a speech-language pathologist during assessments, including, but not limited to, assisting with formal documentation, preparing materials, and performing clerical duties for a supervising speech-language pathologist.

(F) When competent to do so, as determined by the supervising speech-language pathologist, acting as an interpreter for non-English-speaking patients or clients and their family members.

(G) Scheduling activities and preparing charts, records, graphs, and data.

(H) Performing checks and maintenance of equipment, including, but not limited to, augmentative communication devices.

(I) Assisting with speech-language pathology research projects, in-service training, and family or community education.

The regulations shall provide that speech-language pathology assistants are not authorized to conduct evaluations, interpret data, alter treatment plans, or perform any task without the express knowledge and approval of a supervising speech-language pathologist.

(5) The requirements for the wearing of distinguishing name badges with the title of speech-language pathology assistant.

(6) Minimum continuing professional development requirements for the speech-language pathology assistant, not to exceed 12 hours in a two-year period. The speech-language pathology assistant's supervisor shall act as a professional development advisor. The speech-language pathology assistant's professional growth may be satisfied with successful completion of state or regional conferences, workshops, formal in-service presentations,

independent study programs, ***courses offered by entities listed in paragraph (1) of subdivision (e) of Section 2532.6***, or any combination of these concerning communication and related disorders. ***Coursework from a master's degree that would qualify an applicant for licensure as a speech-language pathologist pursuant to Section 2532.2 shall not be used to satisfy this requirement.***

(7) Minimum continuing professional development requirements for the supervisor of a speech-language pathology assistant.

(8) The type and amount of direct and indirect supervision required for speech-language pathology assistants.

(9) The maximum number of assistants permitted per supervisor.

(10) A requirement that the supervising speech-language pathologist shall remain responsible and accountable for clinical judgments and decisions and the maintenance of the highest quality and standards of practice when a speech-language pathology assistant is utilized.

SEC. 29. Section 2538.3 of the Business and Professions Code is amended to read:

2538.3. A person applying for approval as a speech-language pathology assistant shall have graduated from a speech-language pathology assistant associate degree program, or equivalent course of study, approved by the board. A person who has successfully graduated from a board-approved bachelor's degree program in speech-language ~~pathology or communication~~ ***pathology, communication disorders, speech, language, and hearing sciences, communication sciences and disorders, or communicative*** disorders shall be deemed to have satisfied an equivalent course of study.

SEC. 30. Section 2538.5 of the Business and Professions Code is amended to read:

2538.5. This article shall not be construed to limit the utilization of a speech aide or other personnel employed by a public school working under the direct supervision of a credentialed speech-language pathologist as set forth in subdivision (c) of Section 3051.1 of Title 5 of the California Code of ~~Regulations.~~ ***Regulations so long as the speech aide or other personnel is not performing the scope of responsibility, duties, and functions of a speech-language pathology assistant as described in paragraph (4) of subdivision (b) of Section 2538.1.***

SEC. 31. Section 2538.7 of the Business and Professions Code is amended to read:

2538.7. (a) No person who is not registered as a speech-language pathology assistant shall utilize the title speech-language pathology ~~assistant or~~ ***assistant, SLP assistant, or the letters "SLPA,"*** or a similar title that includes the words speech or language when combined with the term assistant.

(b) No person who is not registered as a speech-language pathology assistant shall perform the duties or functions of a speech-language pathology assistant, except as provided by this ~~chapter.~~ ***article.***

SEC. 32. ***Section 2538.8 is added to the Business and Professions Code, to read:***

2538.8. ***A speech-language pathology assistant shall not advertise or otherwise represent that they hold a license as a speech-language pathologist.***

SEC. 33. Section 2538.10 of the Business and Professions Code is amended to read:

2538.10. For the purposes of this article, the following definitions shall apply:

(a) "Advertise" and its variants include the use of a newspaper, magazine, or other publication, book, notice, circular, pamphlet, letter, handbill, poster, bill, sign, placard, card, label, tag, window display, store sign, radio, or television announcement, or any other means or methods now or hereafter employed to bring to the attention of the public the practice of fitting or selling of hearing aids.

(b) "License" means a license to engage in the practice of fitting or selling hearing aids to an individual or individuals with impaired hearing.

(b) (c) "License" "Licensee" means a ~~hearing aid dispenser~~ person holding a license issued pursuant to this article and includes a ~~temporary~~ permanent, temporary, or trainee license.

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

(d) "Hearing aid" means any wearable instrument or device designed for, or offered for the purpose of, aiding or compensating for impaired human hearing.

(e) "Fund" means the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Fund.

SEC. 34. Section 2538.11 of the Business and Professions Code is amended to read:

2538.11. (a) "Practice of fitting or selling hearing aids," as used in this article, means those practices used for the purpose of selection and adaptation of hearing aids, including direct observation of the ear, testing of hearing in connection with the fitting and selling of hearing aids, taking of ear mold impressions, fitting or sale of hearing aids, and any necessary postfitting counseling.

The practice of fitting or selling hearing aids does not include the act of concluding the transaction by a retail clerk.

When any audiometer or other equipment is used in the practice of fitting or selling hearing aids, it shall be kept properly calibrated and in good working condition, and the calibration of the audiometer or other equipment shall be checked at least annually.

(b) A ~~hearing aid dispenser~~ licensee shall not conduct diagnostic hearing tests when conducting tests in connection with the practice of fitting or selling hearing aids.

(c) Hearing tests conducted pursuant to this article shall include those that are in compliance with the Food and Drug Administration Guidelines for Hearing Aid Devices and those that are specifically covered in the licensing examination prepared and administered by the board.

SEC. 35. Section 2538.13 of the Business and Professions Code is amended to read:

2538.13. In fitting hearing aids, a ~~hearing aid dispenser~~ licensee shall not take facial measurements or fit, adjust, or adapt lenses or spectacle frames, except that a ~~hearing aid dispenser~~ licensee may replace the temple or temples of a person's spectacle frames with a temple or temples incorporating hearing aid components.

SEC. 36. Section 2538.14 of the Business and Professions Code is amended to read:

2538.14. "Hearing aid dispenser," as used in this article, means a person ~~engaged in the practice of fitting or selling hearing aids to an individual with impaired hearing.~~ who is issued a permanent license pursuant to this article.

SEC. 37. Section 2538.18 of the Business and Professions Code is amended to read:

2538.18. All ~~holders of licenses to sell or fit hearing aids~~ **hearing aid dispensers** shall continue their education after receiving ~~the~~ **their** license. The board shall provide by regulation, as a condition to the renewal of a license, that ~~licensees~~ **the hearing aid dispenser** shall submit documentation satisfactory to the board that they have informed themselves of current practices related to the fitting of hearing aids by having pursued courses of study satisfactory to the board or by other means defined as equivalent by the board. Continuing education courses shall be subject to monitoring to ensure compliance with the regulations adopted by the board pursuant to this section.

SEC. 38. Section 2538.23 of the Business and Professions Code is amended to read:

2538.23. (a) Hearing aids may be sold **online**, by ~~catalog~~ **catalog**, or direct mail provided that:

- (1) The seller is licensed as a hearing aid dispenser in this ~~state~~ **state or is a temporary licensee who does not require supervision**.
 - (2) There is no fitting, selection, or adaptation of the instrument and no advice is given with respect to fitting, selection, or adaptation of the instrument and no advice is given with respect to the taking of an ear impression for an earmold by the seller.
 - (3) The seller has received a statement which is signed by a physician and surgeon, audiologist, or a hearing aid dispenser, licensed by the State of California which verifies that Section 2538.36 and subdivision (b) of Section 2538.49 have been complied with.
- (b) A copy of the statement referred to in paragraph (3) of subdivision (a) shall be retained by the seller for the period provided for in Section 2538.38.
- (c) A ~~licensed~~ hearing aid ~~dispenser who~~ **dispenser, or temporary licensee who does not require supervision, who** sells a hearing aid under this section shall not be required to comply with subdivision (b) of Section 2538.49.

SEC. 39. Section 2538.26 of the Business and Professions Code is amended to read:

2538.26. The board shall issue a license to all applicants who have satisfied this ~~chapter,~~ **article**, who are at least 18 years of age, who possess a high school diploma or its equivalent, who have not committed acts or crimes constituting grounds for denial of licensure under Section 480, and who have paid the fees provided for in Section 2538.57. No license shall be issued to any person other than an individual.

SEC. 40. Section 2538.28 of the Business and Professions Code is amended to read:

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

(b) The board shall adopt regulations setting forth criteria for its refusal to approve a hearing aid dispenser to supervise a trainee licensee, including procedures to appeal that decision.

(c) A trainee license issued pursuant to this section is effective and valid for six months from date of issue. The board may renew the trainee license for an additional period of six months. Except as provided in subdivision (d), the board shall not issue more than two renewals of a

trainee license to any applicant. Notwithstanding subdivision (d), if a trainee licensee who is entitled to renew a trainee license does not renew the trainee license and applies for a new trainee license at a later time, the new trainee license shall only be issued and renewed subject to the limitations set forth in this subdivision.

(d) A new trainee license may be issued pursuant to this section if a trainee license issued pursuant to subdivision (c) has lapsed for a minimum of three years from the expiration or cancellation date of the previous trainee license. The board may issue only one new trainee license under this subdivision.

SEC. 41. Section 2538.33 of the Business and Professions Code is amended to read:

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

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

SEC. 42. Section 2538.34 of the Business and Professions Code is amended to read:

2538.34. (a) Every ~~licensee who~~ *hearing aid dispenser, or temporary licensee who does not require supervision, who* engages in the practice of fitting or selling hearing aids shall have ~~and maintain~~ an established retail business address ~~to engage in that fitting or selling,~~ routinely open for service to customers or clients. The address of ~~the licensee's~~ *that* place of business shall be registered with the board as provided in Section 2538.33.

(b) Except as provided in subdivision (c), if a ~~licensee maintains~~ *hearing aid dispenser, or temporary licensee who does not require supervision, engages in the practice of fitting or selling hearing aids at* more than one place of business within this state, they shall apply for and procure a ~~duplicate~~ *branch office* license for each branch ~~office maintained.~~ *place of business.* The application shall state the name of the person and the ~~location~~ *address* of the place or places of business for which the ~~duplicate~~ *branch office* license is desired.

(c) *(1)* A hearing aid ~~dispenser~~ *dispenser, or temporary licensee who does not require supervision,* may, without obtaining a ~~duplicate license for a branch office,~~ *branch office license,* engage on a temporary basis in the practice of fitting or selling hearing aids at ~~the primary or branch location of another licensee's~~ *another* business or at a location or facility that they may use on a temporary basis, provided that the hearing aid ~~dispenser~~ *dispenser, or temporary licensee who does not require supervision,* notifies the board in advance in writing of the dates and addresses of those businesses, locations, or facilities at which they will engage in the practice of fitting or selling hearing aids.

(2) For purposes of paragraph (1), "temporary basis" means a limited and short period of time that is not intended to occur repeatedly.

SEC. 43. Section 2538.37 of the Business and Professions Code is amended to read:

2538.37. No hearing aid shall be sold by an individual licensed under this ~~chapter,~~ *article,* to a person 16 years of age or younger, unless within the preceding six months a recommendation for a hearing aid has been made by both a board-certified, or a board-eligible physician specializing in otolaryngology, and by a ~~state-licensed~~ *state-licensed* audiologist.

A replacement of an identical hearing aid within one year shall be an exception to this requirement.

SEC. 44. Section 2538.38 of the Business and Professions Code is amended to read:

2538.38. A ~~licensee~~ *hearing aid dispenser, or temporary licensee who does not require supervision*, shall, upon the consummation of a sale of a hearing aid, keep and maintain records in the licensee's office or place of business at all times and each record shall be kept and maintained for a seven-year period. All records related to the sale and fitting of hearing aids shall be open to inspection by the board or its authorized representatives upon reasonable notice. The records kept shall include:

- (a) Results of test techniques as they pertain to fitting of the hearing aid.
- (b) A copy of the written notice and the written receipt required by Section 2538.35 and the written recommendation and receipt required by Section 2538.36 when applicable.
- (c) Records of maintenance or calibration of equipment used in the practice of fitting or selling hearing aids.

SEC. 45. Section 2538.48 of the Business and Professions Code is amended to read:

2538.48. It is unlawful to engage in the practice of fitting or selling hearing aids in this state without having at the time of so doing a valid, unrevoked, and unexpired ~~license or temporary~~ license.

SEC. 46. Section 2538.49 of the Business and Professions Code is amended to read:

2538.49. It is unlawful for a ~~licensed hearing aid dispenser~~ *licensee* to fit or sell a hearing aid unless they first do all of the following:

- (a) Comply with all provisions of state laws and regulations relating to the fitting or selling of hearing aids.
- (b) Conduct a direct observation of the purchaser's ear canals.
- (c) Inform the purchaser of the address and office hours at which the licensee shall be available for fitting or postfitting adjustments and servicing of the hearing aid or aids sold.

SEC. 47. Section 2538.50 of the Business and Professions Code is amended to read:

2538.50. It is unlawful to advertise by displaying a sign or otherwise or hold themselves out to be a person engaged in the practice of fitting or selling hearing aids without having at the time of so doing a valid, unrevoked ~~license or temporary~~ license.

SEC. 48. Section 2538.51 of the Business and Professions Code is amended to read:

2538.51. It is unlawful to engage in the practice of fitting or selling hearing aids without the ~~licensee having and maintaining~~ *hearing aid dispenser, or temporary licensee who does not require supervision, having* an established business address, routinely open for service to their clients.

SEC. 49. Section 2538.53 of the Business and Professions Code is amended to read:

2538.53. (a) A license issued under this article expires at midnight on its assigned renewal date.

- (b) To renew an unexpired **permanent** license, the ~~licensee~~ **hearing aid dispenser** shall, on or before the date of expiration of the license, apply for renewal on a form provided by the board, accompanied by the prescribed renewal fee.
- (c) ~~Temporary Trainee~~ license holders shall renew their ~~licenses~~ **license** in accordance with Section ~~2538.27, 2538.28~~ and apply for that renewal on a form provided by the board, accompanied by the prescribed renewal fee for ~~temporary licenses. a trainee license.~~
- (d) Each ~~duplicate~~ license issued for a branch office shall expire on the same date as the permanent license of the hearing aid dispenser to whom the ~~duplicate~~ **branch office** license was issued. ~~These duplicate licenses. A branch office license~~ shall be renewed according to subdivision (b).

SEC. 50. Section 2538.57 of the Business and Professions Code is amended to read:

2538.57. The amount of fees and penalties prescribed by this article shall be those set forth in this section unless a lower fee is fixed by the board:

- (a) The fee for applicants applying for the first time for a license is seventy-five dollars (\$75), which shall not be refunded, except to applicants who are found to be ineligible to take an examination for a license. Those applicants are entitled to a refund of fifty dollars (\$50).
- (b) The fees for taking or retaking the written and practical examinations shall be amounts fixed by the board, which shall be equal to the actual cost of preparing, grading, analyzing, and administering the examinations.
- (c) The initial temporary **or trainee** license fee is one hundred dollars (\$100). The fee for renewal of a ~~temporary trainee~~ license is one hundred dollars (\$100) for each renewal.
- (d) The initial permanent license fee is two hundred eighty dollars (\$280). The fee for renewal of a permanent license is not more than two hundred eighty dollars (\$280) for each renewal.
- (e) The initial branch office license fee is twenty-five dollars (\$25). The fee for renewal of a branch office license is twenty-five dollars (\$25) for each renewal.
- (f) The delinquency fee is twenty-five dollars (\$25).
- (g) The fee for issuance of a replacement license is twenty-five dollars (\$25).
- (h) The continuing education course approval application fee is fifty dollars (\$50).
- (i) The fee for official certification of licensure is fifteen dollars (\$15).

SEC. 51. Section 2539.1 of the Business and Professions Code is amended to read:

2539.1. (a) (1) ~~On and after January 1, 2010, in~~ **In** addition to satisfying the licensure and examination requirements described in Sections 2532, 2532.2, and 2532.25, no licensed audiologist shall sell hearing aids unless they complete an application for a dispensing audiology license, pay all applicable fees, and pass an examination, approved by the board, relating to selling hearing aids.

(2) The board shall issue a dispensing audiology license to a licensed audiologist who meets the requirements of paragraph (1).

(b) ~~(1) The On and after January 1, 2010, a licensed audiologist with an unexpired license to sell hearing aids pursuant to Article 8 (commencing with Section 2538.10) may continue to sell hearing aids pursuant to that license until that license expires pursuant to Section 2538.53, and upon that expiration the licensee shall be deemed to have satisfied the requirements described in subdivision (a) and may continue to sell hearing aids pursuant to their audiology license subject to this chapter. Upon the expiration of the audiologist's license to sell hearing aids, the board shall issue them a dispensing audiology license pursuant to paragraph (2) of subdivision (a). This paragraph shall~~ **board shall** not prevent an audiologist who also has a hearing aid

dispenser ~~license~~ *license, issued pursuant to Article 8 (commencing with Section 2538.10)*, from maintaining dual or separate licenses if they choose to do so.

~~(2) A licensed audiologist whose license to sell hearing aids, issued pursuant to Article 8 (commencing with Section 2538.10), is suspended, surrendered, or revoked shall not be authorized to sell hearing aids pursuant to this subdivision and they shall be subject to the requirements described in subdivision (a) and the other provisions of this chapter.~~

(c) A licensed hearing aid dispenser who meets the qualifications for licensure as an audiologist *described in Sections 2532, 2532.2, and 2532.25* shall be deemed to have satisfied the requirements of paragraph (1) of subdivision (a) for the purposes of obtaining a dispensing audiology license.

(d) For purposes of subdivision (a), the board shall provide the hearing aid dispenser examination provided by the former Hearing Aid Dispensers Bureau until the next examination validation and occupational analysis is completed by the Department of Consumer Affairs pursuant to Section 139 and a determination is made that a different examination is to be administered.

SEC. 52. Section 2539.2 of the Business and Professions Code is amended to read:

2539.2. (a) Hearing aids may be sold *online*, by ~~catalog~~ *catalog*, or direct mail provided that:

(1) The seller is licensed as an audiologist in this state and is authorized to sell hearing aids pursuant to Section 2539.1.

(2) There is no fitting, selection, or adaptation of the instrument and no advice is given with respect to fitting, selection, or adaptation of the instrument and no advice is given with respect to the taking of an ear impression for an earmold by the seller.

(3) The seller has received a statement which is signed by a physician and surgeon, audiologist, or a hearing aid dispenser, licensed by the State of California which verifies that Section 2539.6 has been complied with.

(b) A copy of the statement referred to in paragraph (3) of subdivision (a) shall be retained by the seller for the period provided for in Section 2539.10.

SEC. 53. Section 2539.6 of the Business and Professions Code is amended to read:

2539.6. (a) Whenever any of the following conditions are found to exist either from observations by the licensed *dispensing* audiologist or on the basis of information furnished by the prospective hearing aid user, a licensed *dispensing* audiologist shall, prior to fitting or selling a hearing aid to any individual, suggest to that individual in writing that the individual's best interests would be served if they consult a licensed physician and surgeon specializing in diseases of the ear or, if none are available in the community, a duly licensed physician and surgeon:

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

(2) History of, or active, drainage from the ear within the previous 90 days.

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

(4) Acute or chronic dizziness.

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

(6) Significant air-bone gap (when generally acceptable standards have been established).

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

(8) Pain or discomfort in the ear.

(b) No referral for medical opinion need be made by any licensed *dispensing* audiologist in the instance of replacement only of a hearing aid that has been lost or damaged beyond repair within one year of the date of purchase. A copy of the written recommendation shall be

retained by the licensed **dispensing** audiologist for the period provided for in Section 2539.10. A person receiving the written recommendation who elects to purchase a hearing aid shall sign a receipt for the same, and the receipt shall be kept with the other papers retained by the licensed **dispensing** audiologist for the period provided for in Section 2539.10. Nothing in this section required to be performed by a licensed **dispensing** audiologist shall mean that the licensed **dispensing** audiologist is engaged in the diagnosis of illness or the practice of medicine or any other activity prohibited by the provisions of this code.

SEC. 54. Section 2539.8 of the Business and Professions Code is repealed.

~~**2539.8. No hearing aid shall be sold by an individual licensed as an audiologist under this chapter to a person 16 years of age or younger, unless within the preceding six months a recommendation for a hearing aid has been made by both a board-certified, or a board-eligible physician specializing in otolaryngology, and by a state licensed audiologist. A replacement of an identical hearing aid within one year shall be an exception to this requirement.**~~

SEC. 55. Section 2539.12 of the Business and Professions Code is amended to read:

2539.12. A licensed **dispensing** audiologist who is the owner, manager, or franchisee at a location where hearing aids are fit or sold, shall be responsible for the adequacy of the fitting or selling of any hearing aid fit and sold by any licensee or licensees at that location.

SEC. 56. Section 2539.14 of the Business and Professions Code is amended to read:

2539.14. (a) A licensed dispensing audiologist who satisfies the requirements of Section 2539.1 is authorized to sell hearing aids pursuant to the requirements in Article 8 (commencing with Section 2538.10).

(b) The provisions of subdivisions (b) and (c) of Section 2538.11 ~~and the provisions of Section 2538.12 or Sections 2538.12, 2538.14, 2538.37, 2538.53, 2538.54, 2538.55, and 2538.56~~ do not apply to a licensed audiologist who satisfies the requirements of Section 2539.1.

SEC. 57. Section 2539.15 is added to the Business and Professions Code, to read:

2539.15. All dispensing audiologists shall continue their education after receiving their license. The board shall provide by regulation, as a condition to the renewal of a license, that the dispensing audiologist shall submit documentation satisfactory to the board that they have informed themselves of current practices related to audiology and the fitting of hearing aids by having pursued courses of study satisfactory to the board or by other means defined as equivalent by the board.

Continuing education courses shall be subject to monitoring to ensure compliance with the regulations adopted by the board pursuant to this section.

SEC. 58. Section 2539.16 is added to the Business and Professions Code, to read:

2539.16. (a) A license issued under this article expires at midnight on its assigned renewal date.

(b) To renew an unexpired license, the licensee shall, on or before the date of expiration of the license, apply for renewal on a form provided by the board, accompanied by the prescribed renewal fee.

SEC. 59. Section 2539.17 is added to the Business and Professions Code, to read:

2539.17. Except as otherwise provided in this article, an expired license may be renewed at any time within three years after its expiration on filing of an application for renewal on a form prescribed by the board, and payment of all accrued and unpaid renewal fees. If the license is renewed after its expiration, the licensee, as a condition precedent to renewal, shall also pay the delinquency fee prescribed by this article. Renewal under this section shall be effective on the date on which the application is filed, on the date on which the renewal fee is paid, or on the date on which the delinquency fee, if any, is paid, whichever last occurs. If so renewed, the license shall continue in effect through the date provided in Section 2539.16 which next occurs after the effective date of the renewal, when it shall expire if it is not again renewed.

SEC. 60. Section 2539.18 is added to the Business and Professions Code, to read:

2539.18. (a) A license which has been suspended is subject to expiration and shall be renewed as provided in this article but renewal does not entitle the holder of the license, while it remains suspended and until it is reinstated, to engage in the fitting or selling of hearing aids, or in any other activity or conduct in violation of the order or judgment by which the license was suspended.

(b) A license that has been revoked is subject to expiration, but it shall not be renewed. If it is reinstated after its expiration, the licensee, as a condition precedent to its reinstatement, shall pay a reinstatement fee in an amount equal to the renewal fee in effect on the last regular renewal date before the date on which it is reinstated, plus the delinquency fee, if any, accrued at the time of its revocation.

SEC. 61. Section 2539.19 is added to the Business and Professions Code, to read:

2539.19. A license that is not renewed within three years after its expiration may not be renewed, restored, reissued, or reinstated thereafter, but the holder of the expired license may apply for and obtain a new license if all of the following apply:

(a) They have not committed acts or crimes constituting grounds for denial of licensure under Section 480.

(b) They pay all of the fees that would be required if they were applying for a license for the first time.

(c) They take and pass the examination that would be required if they were applying for a license for the first time or otherwise establish to the satisfaction of the board that, with due regard for the public interest, they are qualified to practice as a dispensing audiologist.

SEC. 62. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.

Dear Senator Wahab,

On behalf of Hearing Healthcare Providers/California (HHPC), representing more than 1400 licensed hearing aid professionals across California, we write to thank you for your leadership on SB 1368 and to respectfully offer several technical amendments that would further strengthen the bill, ensure continuity of patient access to licensed hearing healthcare professionals, expand access to additional continuing education providers, and maintain regulatory consistency with the U.S. Food and Drug Administration's final rule on over-the-counter (OTC) hearing aids.

We respectfully request your consideration of the following amendments:

1. Align State Law with the FDA OTC Final Rule (October 2022)

We recommend amending SB 1368 to more fully align California statute with the FDA's final OTC hearing aid rule by:

- Providing explicit statutory authority for both Hearing Aid Specialists and Audiologists to order the use of prescription hearing aids; and
- Updating the definition of "hearing aid" and adding a statutory definition for "over-the-counter (OTC) hearing aid" consistent with federal terminology

Regarding the authority to "order the use of" prescription hearing aids, we recommend adding this phrase to the definition of "Practice of fitting or selling hearing aids," in 2538.11 to clarify that licensed Hearing Aid Dispensers possess this authority. This amendment is technical in nature, does not expand the scope of practice for Hearing Aid Dispensers, reflects longstanding professional practice, and aligns California law with federal regulatory changes implemented in 2022.

In 2022, the FDA promulgated regulatory changes establishing over-the-counter (OTC) hearing aids. In the same regulation, FDA reclassified all non-OTC hearing aids from "restricted devices" to "prescription devices" now governed by 21 CFR 801.109 (FDA's "prescription device regulation"). Under this regulation, prescription medical devices may only be dispensed by state-licensed practitioners authorized to "prescribe or order" the device. FDA guidance explicitly leaves it to the states to define which licensed professionals have this authority.

In a “Dear State Official” letter, FDA clarified its intent that the same professionals who lawfully recommended, selected, fitted, and dispensed hearing aids prior to 2022, including Hearing Aid Dispensers and Audiologists, should continue to do so after reclassification. More than 20 states have already made this technical update, and California’s adoption of this language would be consistent with national best practices. Please see the attached FDA Dear State Official letter for additional details.

2. Recognize IHS as an Approved Continuing Education Provider

We recommend revising statute to expressly recognize the International Hearing Society as an approved continuing professional development provider for Hearing Aid Dispensers. IHS is the only organization solely dedicated to education, testing, and competency development for Hearing Aid Dispensing professionals and has decades of experience supporting state licensing agencies nationwide.

Suggested language:

2538.10.

For the purposes of this article, the following definitions shall apply:

(d) “Hearing aid” ~~means any wearable instrument or device designed for, or offered for the purpose of, aiding or compensating for impaired human hearing.~~ as defined by the United States Food and Drug Administration in 21 C.F.R. § 801, without requiring a consumer to first obtain an order or authorization from another healthcare provider. The term does not include over-the-counter hearing aids, earmold impressions, earmold, batteries, and cords.

(e) “Fund” means the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Fund.

(f) Over-the-counter hearing aid. - As defined in 21 C.F.R. § 800.30(b).

2538.11.

(a) “Practice of fitting or selling hearing aids,” as used in this article, means those practices used for the purpose of ordering the use of, selection and adaptation of hearing aids, including direct observation of the ear, testing of hearing in

connection with the ordering the use of, fitting and selling of hearing aids, taking of ear mold impressions, fitting or sale of hearing aids, and any necessary postfitting counseling.

The practice of fitting or selling hearing aids does not include the act of concluding the transaction by a retail clerk.

When any audiometer or other equipment is used in the practice of fitting or selling hearing aids, it shall be kept properly calibrated and in good working condition, and the calibration of the audiometer or other equipment shall be checked at least annually.

(b) A hearing aid dispenser shall not conduct diagnostic hearing tests when conducting tests in connection with the practice of fitting or selling hearing aids.

(c) Hearing tests conducted pursuant to this article shall include those that are in compliance with the Food and Drug Administration Guidelines for Hearing Aid Devices and those that are specifically covered in the licensing examination prepared and administered by the board.

2538.18.

All holders of licenses to sell or fit hearing aids shall continue their education after receiving the license. The board shall provide by regulation, as a condition to the renewal of a license, that licensees shall submit documentation satisfactory to the board that they have informed themselves of current practices related to the fitting of hearing aids by having pursued courses of study satisfactory to the board or by other means defined as equivalent by the board.

~~Continuing education courses shall be subject to monitoring to ensure compliance with the regulations adopted by the board pursuant to this section.~~

The continuing professional development services shall be obtained from an organization approved by the International Hearing Society as a continuing education provider, provided that continuing education is within the definition of the practice of fitting or selling hearing aids or

(B) Other entities or organizations approved as continuing professional development providers by the board, in its discretion.

New section

The provisions of this chapter do not apply to the selling of over-the-counter hearing aids.

We would welcome the opportunity to discuss these technical recommendations and answer any questions regarding licensed Hearing Aid Dispensers and patient access to hearing healthcare in California. Would April 29 or 30 be convenient for a brief meeting in-person or via Microsoft Teams or Zoom?

Thank you for your time and consideration. We appreciate your leadership and would value the opportunity to work collaboratively to support accessible, high-quality hearing healthcare for Californians.

Respectfully,

Joe Bartlett
Legislative Director
Hearing Healthcare Providers of California





October 13, 2022

Dear State Official:

It has come to our attention that there may be some confusion with FDA's final rule establishing a regulatory category for over-the-counter (OTC) hearing aids and amending certain FDA regulations. We [published the final rule](#) on August 17, 2022, and it goes into effect on October 17, 2022 (see [87 FR 50608](#)). The final rule primarily establishes a category of OTC hearing aids that consumers aged 18 years and older with perceived mild to moderate hearing impairment can purchase without the involvement of a hearing healthcare professional. The final rule also makes several changes to Federal regulations that apply to hearing aids, including: repealing the conditions for sale for hearing aids under 21 CFR § [801.421](#); defining non-OTC hearing aids as prescription devices, subject to 21 CFR § [801.109](#), rather than restricted devices (see [87 FR at 50755](#), removing § 801.421); and providing updated labeling requirements for such prescription hearing aids (see *id.*, adding new 21 CFR § [801.422](#)).

We have received questions about some implications of these actions, including who may prescribe hearing aids and whether medical evaluations are necessary to obtain non-OTC hearing aids, which will be defined as prescription hearing aids under the rule. We clarify below that the final rule:

- Does not change the necessary qualifications of who may provide hearing healthcare with prescription hearing aids, including the recommendation, selection, fitting, and dispensing of these devices;
- Does not require an additional professional to take actions, for example, does not in any way require a physician's involvement prior to fitting these devices; and
- Does not require an examination of any kind to obtain a prescription hearing aid.

A State can authorize many kinds of practitioners to order the use of (or prescribe) a prescription device. Federal regulations in § 801.109 do not require that a prescriber be a physician (a person licensed to practice allopathic or osteopathic medicine), physician assistant, or nurse practitioner. Instead, the relevant requirements for prescription devices apply in the case of practitioners licensed by the law of the State to use or order the use of the device (see § 801.109). FDA's intent is that the same professionals who recommended, selected, fitted, and dispensed restricted hearing aids before the effective date would continue to do so for prescription hearing aids after the effective date. Further, the final rule does not require the involvement of an additional licensed practitioner such as a physician. A licensed audiologist, for example, would not need to consult a physician under FDA's final rule.

Similarly, Federal regulations in § 801.109 do not require that a prescriber provide or require a medical or other examination prior to using or ordering the use of a prescription device. As has been observed elsewhere, medically treatable causes of hearing loss are relatively rare, and while certain circumstances may warrant the involvement of a physician in some individual cases—for example, those included as “red flag conditions” in required labeling for prescription hearing aids—the final rule does not state or imply that a medical evaluation is generally necessary or generally more advisable for people 18 and older under Federal regulations to obtain a prescription hearing aid.¹

Regarding terminology and the use of the word “prescription,” we note that FDA regulations for prescription devices refer to a “prescription *or other order*” (emphasis added) and a practitioner who is licensed “to use or order the use” of the device (see § 801.109). Therefore, the document or action to obtain a prescription hearing aid need not be called a “prescription” under State law. Thus, for example, if a hearing aid purchaser obtained a document called a “hearing aid use authorization” or a “hearing aid certificate of need” from an audiologist or hearing instrument specialist who had authority in that State to provide such a document, this would likely satisfy the practitioner-order requirements under § 801.109.

In conclusion, the final rule defining non-OTC hearing aids as prescription devices does not, and is not intended to, create barriers to accessing hearing aids, including prescription devices. It does not require the involvement of different or additional health care providers or examinations upon the effective date.

States or localities that have questions may contact FDA’s Intergovernmental Affairs Staff at IGA@fda.hhs.gov.

Sincerely,

Jeffrey E. Shuren -S

Digitally signed by
Jeffrey E. Shuren -S
Date: 2022.10.13
14:09:40 -0400

Jeffrey Shuren, M.D., J.D.
Director
Center for Devices and
Radiological Health

¹ See reference 7 for the final rule, from the National Academies of Sciences, Engineering, and Medicine, “Hearing Healthcare for Adults: Priorities for Improving Access and Affordability,” Board on Health Sciences Policy, Committee on Accessible and Affordable Hearing Health Care for Adults; Blazer, D.G., S. Domnitz, and C.T. Liverman, Eds., 2016. DOI: 10.17226/23446. Available at: <https://www.nap.edu/catalog/23446/hearing-health-care-for-adults-priorities-for-improving-access-and>. Unlike conditions such as otitis media (an infection of the middle ear) or ear canal blockages, “most sensorineural hearing loss...cannot be repaired using current medical or surgical interventions,” (p. 22).

MEMORANDUM

DATE	July 17, 2026
TO	Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board
FROM	Cherise Burns, Executive Officer
SUBJECT	Agenda Item #11: Discussion and Possible Action on the Public Comment Raised at the April 3, 2026 Board Meeting Regarding the Creation of a Database to Support Language Access for Licensees

Background

At its April 3, 2026 Board meeting, the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board (Board) heard a written public comment from Roxanne Moya Safa requesting that second language proficiency be a part of the information in the public license search database and said that she lost valuable time looking for a provider who spoke Farsi because the information was not readily available to consumers which delayed the treatment of her parent's aphasia and apraxia that was a result of a stroke.

The Medical Board of California provides additional information related to their licensees that is displayed within the DCA Search, including but not limited to, activities in medicine, specialty, practice status, zip code of primary practice location, cultural background, and foreign language fluency. The statutory authority to collect and publicly share this information was established through Assembly Bill (AB) 1586 (Negrete McLeod, Chapter 509, Statutes of 2001). This bill was sponsored by the California Medical Association to obtain necessary data on the physician workforce to better inform policy discussions and solutions aimed at addressing lack of access to physicians and lack of medical specialties across California. AB 1586 was amended during the legislative process to also allow the voluntary collection of foreign language proficiency and for the Medical Board of California to place this information on their website on or before July 1, 2003. Board staff would note that self-reported language proficiency data on Medical Board of California licensees is displayed on the DCA Search, but it is unfortunately not a data item that is searchable in the advanced search. The Medical Board of California does provide information about their [Physician Survey](#) on their website as well as data for specified years, but this is aggregated data and is also not searchable.

In terms of access to care for consumers whose primary language is not English, in California's fragmented health care system, this can create a significant barrier to accessing time sensitive care. This issue is addressed in very uneven ways where some health care systems provide easy to search information on secondary languages of health care providers within their online care portals, while others do not.

If the Board wanted to collect language proficiency data on its licensees and share that information online, whether that is through the DCA Search or other another online method, the first step the Board would need to take is seeking statutory authority to collect and share this information.

Additionally, Board staff would need to engage with DCA Office of Information Services regarding technology options for collecting and displaying this information as that information is not currently collected as part of our online renewal process, and our antiquated database that holds licensee information and data that is displayed in the DCA Search does not currently have fields for language. This is not to say that there are no other ways that the Board could explore in order to collect and disseminate self-reported language proficiency information online, but it does present some technology challenges for our Board that do not exist for the Medical Board of California.

Action Requested

Staff recommend the Board review and discuss the materials provided to help determine the next course of action.

Attachment A: Public Comment Read to Board at April 3, 2026 Board Meeting

Attachment B: AB 1586 (Negrete McLeod, Chapter 509, Statutes of 2001) Bill Text

Attachment C: Medical Board of California [Physician Survey](#) Webpage

Language Directory Request for SLP Database

From Roxanne Moin Safa [REDACTED]
Date Thu 2/26/2026 1:56 PM
To Burns, Cherise@DCA <Cherise.Burns@dca.ca.gov>

Dear Ms. Burns,

I am writing to request the Board consider adding a second language proficiency field to the public license verification database for Speech-Language Pathologists and allow consumers to search for licensed SLPs by languages spoken.

Last year my mom suffered a stroke leaving her with aphasia and apraxia. I spent months looking for an SLP who speaks Farsi to help my mom and it came down to hours and hours of cold calling, searching through a large excel database from your agency trying to guess by name who might speak Farsi, and Googling. I want you to know I lost valuable time.

For individuals recovering from stroke, traumatic brain injury, or living with aphasia, receiving therapy in their first language is not simply a preference — it directly affects clinical outcomes, safety, and quality of care. Not being able to reliably locate the right SLP disproportionately impacts immigrant communities, older adults, and individuals with limited English proficiency.

There is a simple fix to this health equity issue. I'm hoping you see my perspective and can advocate for better access and better outcomes for all patients and their families. I respectfully propose the Board explore adding:

- An optional, self-reported language proficiency field as part of licensee profile information
- A searchable filter within the public license verification system allowing consumers to identify providers by language.

I welcome the opportunity to provide public comment at an upcoming Board meeting or to submit additional written input if helpful. Thank you for your consideration of this request and for your service to California consumers.

Respectfully,

--

Roxanne Moin-Safa

Assembly Bill No. 1586 CHAPTER 509

An act to add Sections 2425.1 and 2425.3 to the Business and Professions Code, relating to the healing arts.

[Filed with Secretary of State October 04, 2001. Approved by Governor October 04, 2001.]

SECTION 1.

Section 2425.1 is added to the Business and Professions Code, to read:

2425.1.

The Legislature finds and declares all of the following:

- (a) Currently, California is experiencing an access to health care crisis that, in large measure, is the result of medical group insolvency, health facility closures, low or no reimbursement rates, and an increasing number of uninsured.**
- (b) Adding to the access to health care crisis is a state population that is growing in cultural and linguistic diversity as well as in absolute numbers.**
- (c) On paper, California appears to have an adequate number of physicians in most areas of the state. California, however, does not have data indicating the cultural and linguistic background of licensed physicians, how many physicians are actively practicing medicine, how many physicians are practicing part time, how many physicians have retired from practice, or how many physicians have moved into administrative positions and no longer treat patients.**
- (d) In order to fully understand and cope with California's access to health care crisis, it is necessary to collect data concerning the status and scope of practice of California's licensed physicians as well as his or her cultural and linguistic background.**

SEC. 2.

Section 2425.3 is added to the Business and Professions Code, to read:

2425.3.

- (a) The Medical Board of California shall request that a licensed physician report to the board at the time of license renewal any specialty board certification he or she holds issued by a member board of the American Board of Medical Specialties or approved by the Medical Board of California.**
- (b) A licensed physician shall also report to the board at the time of license renewal, his or her practice status, designated as one of the following:**
 - (1) Full-time practice in California.**
 - (2) Full-time practice outside of California.**
 - (3) Part-time practice in California.**
 - (4) Medical administrative employment that does not include direct patient care.**
 - (5) Retired.**
 - (6) Other practice status, as may be further defined by the Division of Licensing.**
- (c) A licensed physician may report to the board at the time of license renewal, and the board shall collect, information regarding his or her cultural background and foreign language proficiency.**
- (d) The information collected pursuant to this section may be placed on the board's Internet Web site.**
- (e) This section shall be implemented on or before July 1, 2003.**

[Home](#) / [Resources](#) / [Statistics](#) / [Physician Survey](#)

Resources

An online library of the Board's various forms, publications, brochures, alerts, statistics, and medical resources.

Physician Survey

During the renewal process, the Board is required to obtain data from every physician with a California license ([Business and Professions Code sections 803.1](#), [2425.1](#), and [2425.3](#)). The data collected includes, but is not limited to, activities in medicine, specialty, practice status, zip code of primary practice location, cultural background, and foreign language fluency. The survey must be completed online using BreEZe Online Services or mailed back to the Board. The data collected is available on the Board's website. However, data regarding foreign language fluency and ethnic background will only be available with consent of the physician.

The goal of the survey is to gain a better understanding of the physician workforce in California, to address physician access issues, assist patients to find physicians who will meet their needs, and identify physician shortages. While the Board knows how many licensed physicians reside in the state, there is little information regarding the time that is spent in actual clinical practice, the location, or specialty of that practice. Data collected will increase an understanding of the state's need in the areas of language, numbers of specialists, and other physician workforce characteristics.

Web Links

- [Complete Survey Online](#)
- [Physician Survey Data Collected](#)

Resources

- [BreEZe Resources Center](#)

View Physician Survey Data

Physician Survey Data 2013

County	City	Zip Code	African-American /Blac..	American Indian /Native Americ..	Asian - Cambodian	Asian - Chinese
ALAMEDA	ALAMEDA	94501	5	1	0	10
		94502	0	0	0	1
	BERKELEY	94701	0	0	0	0
		94702	0	0	0	2
		94703	0	0	0	0
		94704	2	0	0	1
		94705	12	2	0	21
		94706	0	0	0	4
		94707	1	0	0	0
		94709	0	0	0	2
		94710	0	0	0	2
		94712	0	0	0	0
	CASTRO VALLEY	94546	2	0	0	12
		94552	2	1	0	3
	DUBLIN	94568	6	2	0	6
	EMERYVILLE	94608	8	0	0	4
	FREMONT	94536	0	0	0	6
		94537	0	0	0	1
		94538	14	1	0	73
		94539	1	0	0	10
		94555	1	0	0	2
	HAYWARD	94540	0	0	0	1
		94541	5	0	0	1
		94542	1	0	0	1
		94543	0	0	0	0
		94544	1	0	0	1
		94545	12	1	0	40
		94557	0	0	0	0

Foreign Language Reports 2013

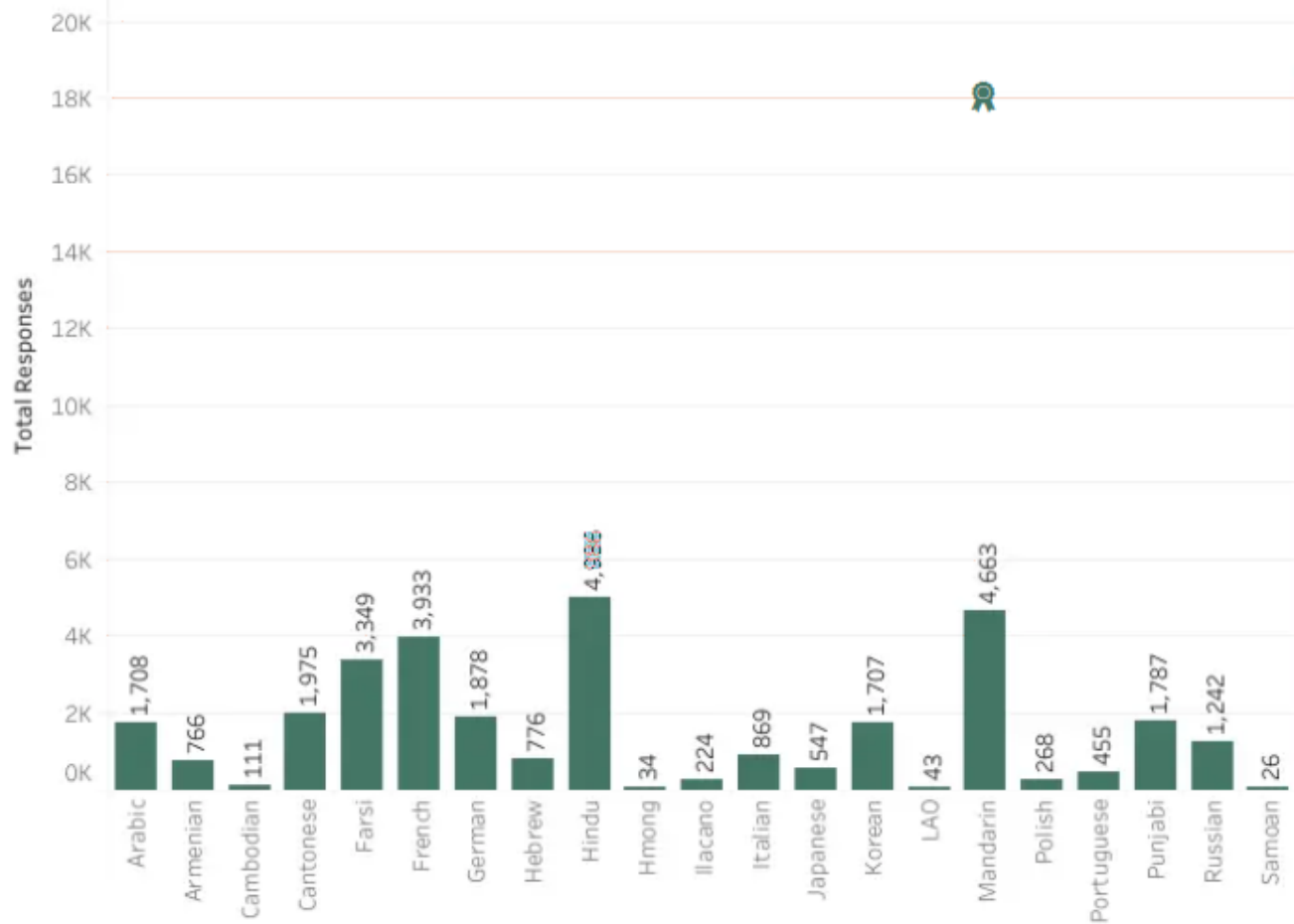
County	City	Zip Code	American Sign Language(Asl)	Arabic	Armenian	Cambodian	Cantonese
ALAMEDA	ALAMEDA	94501	0	0	0	0	8
		94502	0	0	0	0	0
	BERKELEY	94701	0	0	0	0	0
		94702	0	0	0	0	1
		94703	0	0	0	0	0
		94704	0	1	0	0	0
		94705	0	1	1	1	2
		94706	0	0	0	0	2
		94707	0	0	0	0	0
		94709	0	1	0	0	0

	94710	0	0	0	0	1
	94712	0	0	0	0	0
CASTRO VALLEY	94546	0	1	0	0	3
	94552	0	0	0	0	1
DUBLIN	94568	0	0	0	0	0
EMERYVILLE	94608	0	0	0	0	1
FREMONT	94536	0	1	0	0	0
	94537	0	0	0	0	0
	94538	0	5	0	0	1
	94539	0	0	0	0	3
	94555	0	1	0	0	0
HAYWARD	94540	0	0	0	0	1
	94541	1	2	0	0	1
	94542	0	0	0	0	0
	94543	0	0	0	0	0
	94544	0	0	0	0	0
	94545	0	0	0	0	1
	94557	0	0	0	0	0
KENSINGTON	94708	0	0	0	0	0

Total Responses by Cultural Background



Total Responses by Foreign Language



MEMORANDUM

DATE	July 7, 2026
TO	Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board
FROM	Maria Liranzo; Legislation, Regulation and Budget Analyst
SUBJECT	Agenda Item 12: Legislative Report: Update, Review, and Possible Action on Proposed Legislation

a) Legislative Calendar and Deadlines

- April 24 – Last day for policy committees to hear and report to fiscal committees fiscal bills introduced in their house.
- May 1 – Last day for policy committees to hear and report to the Floor nonfiscal bills introduced in their house.
- May 15 – Last day for fiscal committees to hear and report to the Floor bills introduced in their house.
- May 26-29 – Floor Session. No committee except for bills referred to the Rules Committee pursuant to Assembly Rule 77.2, and Conference Committees.
- May 29 – Last day for each house to pass bills introduced in that house.
- June 15 – Budget Bill must be passed by midnight.
- July 2 – Last day for policy committees to meet and report bills. Summer Recess begins upon adjournment, provided Budget Bill has been passed.
- August 3 – Legislature reconvenes from Summer Recess.
- August 14 – Last day for fiscal committees to meet and report bills.
- August 17-31 – Floor Session. No committee except for bills referred to the Rules Committee pursuant to Assembly Rule 77.2, and Conference Committees.
- August 21 – Last day to amend bills on the Floor.
- August 31 – Last day for each house to pass bills. Final Recess begins upon adjournment.
- September 30 – Last day for Governor to sign or veto bills passed by the Legislature before September 1 and in the Governor's possession on or after September 1.
- October 2 – Bills enacted on or before this date take effect January 1, 2027.

b) Bills with Position

i. AB 2233 (Ta) Behavioral health treatment plans.

Status: This bill is on the Senate Floor, Third Reading.

Summary: This bill would prohibit a health care service plan or health insurer from imposing restrictions on the utilization of authorized treatment hours within the treatment plan's 6-month authorization period. This bill would require authorized hours to remain available for use throughout the authorization period if the use of the hours is consistent with the treatment plan and clinical guidelines, and is documented in the treatment plan and progress reports.

Current law requires a health care service plan contract or health insurance policy to provide coverage for behavioral health treatment for pervasive developmental disorder or autism under a prescribed treatment plan that is reviewed no less than every 6 months by the qualified autism service provider and modified whenever appropriate.

Position: Support

ii. Senate Bill (SB) 1130 (Reyes) Invasion of privacy: wearable recording devices.

Status: This bill is in the Assembly Appropriations.

Summary: This bill would additionally prohibit a person from operating a wearable recording device to capture sound or video of any other person in any area within a place of business where the person has a reasonable expectation of privacy unless the person operating the device has the explicit consent of that person to capture sound or video of that person. This bill would prohibit a person from disabling any light or other device on a wearable recording device that indicates that the device is capturing sound or video. This bill would exempt from these provisions the use of hearing aids, augmentative and alternative communication devices, and similar devices by persons afflicted with impaired hearing or communication disorders when used for the purpose of overcoming the impairment or disorder to permit the hearing of sounds ordinarily audible to the human ear or to support communication with the person. This bill would make a violation of these provisions punishable by a fine not exceeding \$1,500, by imprisonment as a misdemeanor, or by both that fine and imprisonment, and would make the exemptions from the provisions described above applicable to violations of this bill's prohibitions.

This bill would also prohibit a person or entity from manufacturing, selling, delivering, holding, or offering for sale in commerce any technology that enables a person to disable any light or other device on a wearable recording device that indicates that the device is capturing sound or video and would prohibit a person from purchasing, trading for, otherwise acquiring, or using that technology. This bill would make a knowing violation of these provisions punishable by a civil penalty not exceeding \$2,500 per violation.

Current law prohibits wiretapping, eavesdropping, intercepting or recording, or assisting with the interception or reception of a communication without the consent of all parties, and prohibits trespassing on property for the purpose of committing or attempting to commit a violation of those prohibitions. A violation of those provisions is punishable by a fine not exceeding \$2,500, by imprisonment as either a misdemeanor or a felony, or by both the fine and imprisonment, unless otherwise exempted. If that person has previously been convicted of a violation of any of those provisions, a violation of any of those provisions is punishable by a fine not exceeding \$10,000, by imprisonment as either a misdemeanor or a felony, or by both the fine and imprisonment.

Position: Neutral

iii. **SB 1368 (Wahab) Speech-language pathologists, audiologists, and hearing aid dispensers.**

Status: This bill is in the Assembly Appropriations.

Summary: This bill would extend the operation of the board until January 1, 2031. This bill would specify a person also holds themselves out to the public as a speech-language pathologist or audiologist by using a business name with those titles. This bill would delete the requirement that requires a supervising speech-language pathologist or supervising audiologist to submit to the board a description of the proposed professional responsibilities of an applicant who is issued a temporary license as a speech-language pathologist or audiologist working under their supervision. This bill would prohibit a speech-language pathology or audiology aide from advertising or representing that they hold a license as a speech-language pathologist, speech-language pathology assistant, or audiologist. This bill would prohibit a speech-language pathology or audiology aide, a professional experience license holder, or a speech-language pathology assistant from being the sole proprietor of, or managing or independently operating, a business that engages in the practice of speech-language pathology or audiology. This bill would replace examination requirements to instead require an applicant to pass an examination approved by the board, which may be conducted by the board or by an organization specified by the board. This bill would expand the list of degrees that would satisfy that requirement to include at least a master's degree in communication disorders, communication sciences and disorders, communicative disorders, or speech, language, or hearing science. This bill would revise the list of authorized continuing education providers to also include federal, state, or local governmental entities. This bill would require the board, upon payment of a \$75 fee, to issue a retired license to a licensed speech-language pathologist, speech-language pathology assistant, audiologist, hearing aid dispenser, or dispensing audiologist who holds a license that is current and active or a license that is inactive, and whose license is not suspended, revoked, surrendered, or is subject to disciplinary action. This bill would prohibit coursework from a master's degree that would qualify an applicant for licensure as a speech-language pathologist from being used to satisfy those continuing professional development requirements. This bill would expand the list of degrees that would satisfy those requirements to include a bachelor's degree in communication disorders, speech-language and hearing sciences, communication sciences and disorders, or communicative disorders. This bill would clarify that speech

aide or other personnel employed by a public school working under the supervision of a speech-language pathologist are not performing the responsibilities, duties, and functions of a speech-language pathology assistant. This bill would prohibit a person who is not registered as a speech-language pathology assistant from using the title “SLP assistant” or the letters “SLPA,” and would prohibit a speech-language pathology assistant from advertising or otherwise representing that they hold a license as a speech-language pathologist. This bill would authorize hearing aids to be sold online subject to requirements similar to hearing aids sold by catalog or direct mail. This bill would specify that some of those provisions apply to hearing aid dispensers instead of licensees, and would change some of those provisions so they apply to an address or addresses instead of a place of business. This bill would instead require a hearing aid dispenser engaged in the practice of fitting or selling hearing aids at more than one place of business to apply for and procure a branch office license. This bill would define “temporary basis” for the purpose of branch office license. This bill would expand the list of restrictions and requirements applicable to licensed hearing aid dispensers that licensed dispensing audiologists are exempt from to include, among other things, provisions prohibiting a licensed hearing aid dispenser from making or seeking referrals for testing, fitting, or dispensing of hearing aids in connection with the conduction of hearing screenings. This bill would revise and recast certain provisions required of dispensing audiologist. This bill would make other definitional, technical, and conforming changes, including defining “hearing aid dispenser” as a person who is issued a permanent license pursuant to these provisions, revising the definitions of “license” and “licensee” under Article 8.

Current law establishes the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board within the Department of Consumer Affairs for the licensure and regulation of speech-language pathologists, speech-language pathology aides, speech language speech-language pathology assistants, audiologists, dispensing audiologists, and hearing aid dispensers until January 1, 2027.

Position: Support

c) Bills on Watch Status

i. AB 322 (Ward) Precise geolocation information.

Status: This bill is in the Senate Appropriations Committee on Suspense File.

Summary: This bill would require a business that collects precise geolocation information to prominently display a notice to the consumer whose information is being collected in a manner and for the reasons specified in this bill. This bill would prohibit a business that collects precise geolocation information from retaining the information longer than necessary to provide the goods or services requested by the consumer or longer than one year after the consumer’s last intentional interaction with the business, whichever is earlier.

Current law, known as the California Consumer Privacy Act of 2018 (CCPA), grants a consumer various rights with respect to personal information that is collected by a

business including the right to direct a business that collects sensitive personal information about the consumer to limit its use. Current law defines “sensitive personal information” to mean personal information that reveals a consumer’s precise geolocation, among other things.

ii. **AB 346 (Nguyen) In-home supportive services: licensed health care professional certification.**

Status: This bill is in the Senate Appropriations Committee on Suspense File.

Summary: This bill would define “licensed health care professional” to mean individual licensed in California by the appropriate California regulatory agency, acting within the scope of their license or certificate, as defined in the Business and Professions Code, including a physician or surgeon, physician assistant, podiatrist, dentist, or nurse practitioner.

Current law defines a licensed health care professional to mean an individual licensed in California by the appropriate California regulatory agency, acting within the scope of their license or certificate as defined in the Business and Professions Code. Current law also defines supportive services to include those necessary paramedical services that are ordered by a licensed health care professional for purposes of the IHSS program. Current law requires an applicant for, or recipient of, IHSS services obtain a certification from a licensed health care professional declaring that the applicant or recipient is unable to perform some activities of daily living independently, and that without services to assist the applicant or recipient with activities of daily living, the applicant or recipient is at risk of placement in out-of-home care.

iii. **AB 410 (Wilson) Bots: disclosure.**

Status: This bill is in the Senate Appropriations Committee on Suspense File.

Summary: This bill would redefine “bot” to mean an automated online account or application that a reasonable person could believe is a human being and with respect to which substantially all of the actions or posts of that account or application are the outputs of generative artificial intelligence. This bill would require a person who uses a bot to autonomously communicate with another to ensure that the bot discloses to any person with whom the bot communicates when the bot first communicates with the person that the bot is a bot and not a human being, answer truthfully any query from a person regarding its identity as a bot or a human, and refrain from attempting to mislead a person regarding its identity as a bot. This bill would define “generative artificial intelligence” to mean artificial intelligence that can generate derived synthetic content, including text, images, video, and audio that emulates the structure and characteristics of the system’s training data. This bill would also define “artificial intelligence” to mean an engineered or machine-based system that varies in its level of autonomy and that can, for explicit or implicit objectives, infer from the input it receives how to generate outputs that can influence physical or virtual environments. This bill would exempt a person who uses a bot that is required to comply with a more prescriptive disclosure scheme. This bill would remove the definition of online platform and exemption for

service providers of online platforms. This bill would permit the Attorney General, a district attorney, a county counsel, a city attorney, or a city prosecutor to bring an action against a person who violates this law to obtain either an injunctive relief or a civil penalty of one thousand dollars (\$1,000) per violation.

Current law makes it unlawful for any person to use a bot to communicate or interact with another person online, in this state, with the intent to mislead the other person about its artificial identity for the purposes of knowingly deceiving the person about the content of the communication in order to incentivize a purchase or sale of goods or services in a commercial transaction or to influence a vote in an election, unless the person using the bot discloses that it is a bot. Current law defines a “bot” as an automated online account where all or substantially all of the actions or posts of that account are not the result of a person.

iv. AB 485 (Ortega) Labor Commissioner: unsatisfied judgments: nonpayment of wages.

Status: This bill is in the Senate Appropriations Committee on Suspense File.

Summary: This bill would require any state agency to deny a new license or permit or the renewal of an existing license if the applicant, licensee, or registrant is in violation of Section 238 of the Labor Code regarding unpaid wages. This bill would also require the Labor Commissioner to notify the state agency of any licensees or registrants who are in violation of Section 238 of the Labor Code. This bill would repeal similar provisions applicable to employers in the long-term care industry and instead would permit the State Public Health Officer to exempt a hospital employer from this bill’s requirements upon a determination that a denial, suspension, or revocation of the hospital’s license, permit, or renewal could have imminent or substantial adverse effects upon public health or safety or would violate constitutional law.

Current law generally prohibits an employer with an unsatisfied final judgment for nonpayment of wages from continuing to conduct business in California, unless that employer has obtained a bond from a surety company and filed that bond with the Labor Commissioner. Current law requires the State Department of Public Health or the State Department of Social Services to deny a new license or the renewal of an existing license if an employer who is required to obtain a license from such department has violated this law. Current law requires the Labor Commissioner to notify those departments upon finding that an employer in the long-term care industry is violating this law.

v. AB 1542 (Ward) Sensitive personal information.

Status: This bill is in the Senate Appropriations Committee.

Summary: This bill would prohibit a business, service provider, or contractor from selling or sharing sensitive personal information to a third party.

Current law allows a consumer to have the right, at any time, to direct a business that collects sensitive personal information about the consumer to limit its use of the consumer's sensitive personal information to that use that is necessary to perform the services or provide the goods reasonably expected by an average consumer who requests those goods or services, to perform the services set forth by the law. Current laws require a business that uses or discloses a consumer's sensitive personal information for purposes other than those specified by the law to provide notice to consumers that their information may be used, or disclosed to a service provider or contractor, for additional, specified purposes and that consumers have the right to limit the use or disclosure of their sensitive personal information. Current laws require a business that has received direction from a consumer not to use or disclose the consumer's sensitive personal information, except as authorized by law to not use or disclose the consumer's sensitive personal information for any other purpose after its receipt of the consumer's direction unless the consumer subsequently provides consent for the use or disclosure of the consumer's sensitive personal information for additional purposes. Current laws require a service provider or contractor that assists a business in performing the purposes authorized by the law to not use the sensitive personal information after it has received instructions from the business and to the extent it has actual knowledge that the personal information is sensitive personal information for any other purpose. A service provider or contractor is only required to limit its use of sensitive personal information received pursuant to a written contract with the business in response to instructions from the business and only with respect to its relationship with that business. Current laws do not require that sensitive personal information collected or processed without the purpose of inferring characteristics about a consumer to be not subject to this law or be treated as personal information.

vi. AB 1564 (Ahrens) Employer-employee relations: confidential communications.

Status: This bill is in the Senate Appropriations Committee.

Summary: This bill would prohibit a public employer from questioning a public employee, a representative of a recognized employee organization, or an exclusive representative regarding communications made in confidence between an employee and an employee representative in connection with representation relating to any matter within the scope of the recognized employee organization's representation. This bill would also prohibit a public employer from compelling a public employee, a representative of a recognized employee organization, or an exclusive representative to disclose those confidential communications to a third party. This bill would not apply to a criminal investigation or when a public safety officer is under investigation and certain circumstances exist.

Current law governs the labor relations of public employees and employers, including prohibiting employers from taking certain actions relating to employee organization. Current law further prohibits denying to employee organizations the rights guaranteed to them by the law.

vii. AB 1566 (Jackson) Crimes: mandated reporters: severe neglect.

Status: This bill died in the Assembly.

Summary: This bill would recast the second definition of “severe neglect” to mean if any person having the care or custody of a child, willfully causes or permits serious illness or serious injury to the child, willfully causes or permits the death of the child, or causes the child to be placed at imminent risk of serious illness, serious injury, or death, including, but not limited to, the willful failure to provide adequate food, clothing, shelter, or medical care.

Current law defines “severe neglect” as the negligent failure of a person having the care or custody of a child to protect the child from severe malnutrition or medically diagnosed nonorganic failure to thrive, as well as those situations of neglect where any person having the care or custody of a child willfully causes or permits the person or health of the child to be placed in a situation such that their person or health is endangered as proscribed by specified law, including the intentional failure to provide adequate food, clothing, shelter, or medical care.

viii. AB 1593 (Dixon) State agencies: revenue: report.

a

Status: This bill died in the Assembly.

Summary: This bill will require a state agency that imposes a monetary charge, including a regulatory fee or administrative penalty, to report on its internet website the revenue generated from those charges, organized by category on or before January 1, 2028, and annually thereafter. This bill would require the reports to be made available for download in a machine-readable format and made available for download on the department’s internet website in accordance with standards established by the Department of Finance.

Current law imposes various reporting requirements on state agencies.

ix. AB 1652 (Patterson) State agencies: regulations and legislation: nondisclosure agreements.

Status: This bill is in the Senate Appropriations Committee with recommendation to Consent Calendar.

Summary: This bill would prohibit an elective or appointive officer of a state agency acting in their official capacity from entering into, or requesting that another party enter into, a nondisclosure agreement relating to the drafting, negotiation, or discussion of a proposed regulation or legislation. This bill would also make any nondisclosure agreement relating to the drafting, negotiation, or discussion of a proposed regulation or legislation entered into by an elective or appointive officer of a state agency acting in their official capacity after the effective date of this bill void and unenforceable. This bill would provide an exception for nondisclosure agreements, or portions thereof, that prevent only the disclosure of trade secrets, private financial information, or proprietary information.

Current law prohibits Members of the Legislature from entering into, or requesting that another party enter into, a nondisclosure agreement relating to the drafting, negotiation, or discussion of proposed legislation, and makes any nondisclosure agreement relating to the drafting, negotiation, or discussion of proposed legislation void and unenforceable. Current law provides an exception for nondisclosure agreements, or portions thereof, that prevent only the disclosure of trade secrets, financial information, or proprietary information as specified by the law.

x. AB 1671 (Tangipa) Rural medical services grant program.

Status: This bill died in the Assembly.

Summary: This bill would require the Office of Rural Health upon appropriation to develop and administer a competitive grant program to compensate qualified providers for the delivery of medical services, or the support, sustenance, or expansion of the delivery of medical services, to individuals who reside in rural areas of California. This bill would authorize the Office of Rural Health upon appropriation to expend up to three million dollars (\$3,000,000) annually and would authorize a qualified provider to apply to the Office of Rural Health once per year for a grant of up to ten thousand dollars (\$10,000). This bill would require the Office of Rural Health to establish criteria and standards for eligibility and publish this information on its internet website and, on or before January 1, 2028, and annually thereafter.

Current law establishes the Office of Rural Health within the California Health and Human Services Agency to promote a strong working relationship between state government and local and federal agencies, universities, private and public interest groups, rural consumers, health care providers, foundations, and other offices of rural health, as well as to develop health initiatives and maximize the use of existing resources without duplicating existing effort. Current law requires the office to serve as a key information and referral source to promote coordinated planning for the delivery of health services in rural California.

xi. AB 1688 (Carrillo) Child abuse or neglect: reporting.

Status: This bill is in the Senate Appropriations Committee.

Summary: This bill would require agencies specified by the law who receive reports from a mandated reporter of a child in protective custody to additionally send a copy of the report to the attorney who represents a parent or legal guardian of the child within 36 hours, except for when a parent whose parental rights have been terminated. This bill would prohibit the notice from disclosing any information concerning the substance of the report, including the identity of any person named or referenced in the report. This bill would also require agencies specified by the law to send a copy of the report to all attorneys who represent children with an open dependency case in that placement if the suspected abuse or neglect occurred in a placement as defined by this bill.

Current law requires agencies as specified by the law who receive reports from a mandated reporter to notify the licensing office with jurisdiction over the facility within 24

hours if it occurred in facilities licensed by the State Department of Social Services. Current law also requires an employee of an agency specified by the law, in certain circumstances, to send or have sent a copy of a report from a mandated reporter to the attorney who represents the child in dependency court within 36 hours. Current law requires agencies specified by the law to maintain a copy of the written report and provide all information when requested by the attorney for the child or the child's guardian ad litem within 30 days of the request. Current law also requires agencies specified by the law to notify the attorney who represents the minor parent or non-minor dependent in dependency court of a report from a mandated reporter within 36 hours.

xii. AB 1803 (Lowenthal) Employment: sexual harassment training and education: anti-hate speech training.

Status: This bill is in the Senate Appropriations Committee.

Summary: This bill would additionally require an employer having five or more employees to include anti-hate speech training as a component of the training and education regarding sexual harassment.

Current law requires an employer having five or more employees to provide at least two hours of classroom or other effective interactive training and education regarding sexual harassment to all supervisory employees and at least one hour of classroom or other effective interactive training and education regarding sexual harassment to all nonsupervisory employees in California.

xiii. AB 1898 (Schultz) Workplace artificial intelligence tools.

Status: This bill died in the Assembly.

Summary: This bill would require a worker to provide a written notice to an employee that a workplace AI tool was used to assist the employer in making employment-related decisions or to surveil the workplace. This bill would require the notice to be given to a worker within a specified time and would require the notice to contain specified information. This bill would require the employer to have the worker sign the notice to confirm they received and understand the notice and prohibit the employer from using the workplace AI tool until the affected workers return their signed notices. This bill would require an employer to maintain an updated list of all workplace AI tools currently in use and their impact on jobs and to provide the list to workers annually. This bill would provide for enforcement by the Labor Commissioner or a public prosecutor, and would authorize any worker who has suffered damages, or their exclusive representative, to file a civil action for damages caused by the adverse action. This bill would establish remedies and penalties for violations, including a penalty of up to \$500 for each violation.

Current law establishes the Division of Labor Standards Enforcement within the Department of Industrial Relations to administer and enforce various laws relating to employment and working conditions.

xiv. **AB 2021 (Schiavo) California Consumer Privacy Act of 2018: whistleblower complaints.**

Status: This bill died in the Assembly.

Summary: This bill would authorize a person to submit to the California Privacy Protection Agency a whistleblower complaint and would make the whistleblower eligible for an award if the agency designates a complaint for administrative enforcement and certain requirements are met. This bill would create the Consumer Privacy Whistleblower Subfund within the Consumer Privacy Fund and would require the funds awarded by the California Privacy Protection Agency to a whistleblower or for attorney's fees to be deposited into the Consumer Privacy Whistleblower Subfund. This bill would make those funds available for payment to the whistleblower or the whistleblower's attorney, upon appropriation by the Legislature. This bill would require an eligible whistleblower to receive at least 15% but not more than 33% of the fines collected through an administrative enforcement action or settlement, calculated after the allocation to Consumer Privacy Grant Subfund. This bill would require the California Privacy Protection Agency to consider certain factors in determining the amount of the award.

This bill would additionally authorize the California Privacy Protection Agency to assess an administrative penalty against a person who violates the California Consumer Privacy Act of 2018 in an amount to cover the reasonable attorney's fees of the whistleblower. This bill would require the whistleblower, in order to be eligible for a whistleblower award, to meet certain requirements, including that the whistleblower be represented by an attorney and declare under penalty of perjury that the information submitted with the whistleblower complaint is true and correct to the best of the whistleblower's knowledge and belief. This bill would authorize a person to submit a whistleblower complaint anonymously, subject to certain conditions, including that the whistleblower's attorney certify, under penalty of perjury, that the attorney has taken certain actions, including verifying the whistleblower's identity. This bill would make a whistleblower's identity confidential, except as provided, and would exempt disclosure of the whistleblower's identity from the California Public Records Act. This bill would entitle an employee, contractor, or agent to bring a civil action to seek specified relief and damages if the employee, contractor, or agent is subject to specified forms of discrimination in the terms and conditions of their employment because of lawful acts done by the employee, contractor, agent, or associated others in furtherance of a whistleblower complaint or administrative enforcement action under this bill or other efforts to stop one or more violations of the California Consumer Privacy Act of 2018.

Current law, known as the California Consumer Privacy Act of 2018, establishes the California Privacy Protection Agency with full administrative power, authority, and jurisdiction to implement and enforce the California Consumer Privacy Act of 2018. Current law creates the Consumer Privacy Fund in the State Treasury and makes moneys in the fund available upon appropriation by the Legislature to be used exclusively by the agency in carrying out its duties or to administer and distribute grants to promote and protect consumer privacy, educate children in the area of online privacy, and fund cooperative programs with international law enforcement organizations to combat fraudulent activities with respect to consumer data breaches. Current law

makes a business, service provider, contractor, or other person that violates the California Consumer Privacy Act of 2018 liable for an administrative fine.

xv. AB 2063 (Wallis) Legislative information system: bill position letters.

Status: This bill died in the Assembly.

Summary: This bill would additionally require all letters submitted through the Legislature's internet portal, in connection with each bill commencing with bills introduced during the 2027–28 Regular Session, to be publicly available in electronic form.

Current law requires the Legislative Counsel, with the advice of the Assembly Committee on Rules and the Senate Committee on Rules, to make certain legislative information available to the public in electronic form, including the legislative calendar, text of each bill introduced, bill history of each bill introduced and amended, among other legislative information.

xvi. AB 2064 (Sharp-Collins) Discrimination: criminal history.

Status: This bill died in the Assembly.

Summary: This bill would add criminal history to the list of protected characteristics under the Unruh Civil Rights Act.

Current law, the Unruh Civil Rights Act, provides that all persons within the jurisdiction of this state are entitled to full and equal accommodations in all business establishments regardless of their sex, race, color, religion, ancestry, national origin, disability, medical condition, genetic information, marital status, sexual orientation, citizenship, primary language, or immigration status.

xvii. AB 2095 (Lee) Employment discrimination: conviction history.

Status: This bill died in the Assembly.

Summary: This bill would additionally prohibit an employer with five or more employees from requesting consent for or beginning a conviction history background check before providing the applicant with a list of all essential job duties; requiring a job applicant to cover the cost of a conviction history background check; and requiring that an applicant self-disclose conviction history or provide the employer with any documentary evidence related to conviction history or rehabilitation at any time before or after the conditional job offer. This bill would require an employer to rebut the presumption in their individualized assessment that the relationship between the applicant's conviction and the position is not sufficiently direct and adverse to justify denying the applicant the position the applicant has completed a sentence for the conviction of the crime or the applicant possesses a license, certificate, authorization, or any other similar credential from a licensing, regulatory, or other government agency or board that is required for the position. This bill would require that the individualized assessment be provided to

the applicant when notifying them of the preliminary decision and final decision that the applicant's conviction history disqualifies the applicant from employment. This bill would remove the exemption for farm labor contractors and add additional requirements to be satisfied to qualify for an exemption with regard to a position for which an employer or agent thereof is required by any state or federal law to conduct a conviction history background check for employment purposes or to restrict employment based on conviction history.

Current law prohibits an employer with five or more employees from engaging in certain employment practices including any question that seeks the disclosure of an applicant's conviction history before the employer makes a conditional offer of employment to the applicant; and inquiries into or consider the conviction history of the applicant until after the employer has made a conditional offer of employment. Current law requires an employer that intends to deny an applicant a position of employment solely or in part because of the applicant's conviction history to make an individualized assessment of whether the applicant's conviction history has a direct and adverse relationship with the specific duties of the job that justify denying the applicant the position. Current law requires an employer that makes a preliminary decision or a final decision that the applicant's conviction history disqualifies the applicant from employment to notify the applicant of this preliminary decision in writing. Currents law provides the applicant with at least five business days to respond to the notice of the preliminary decision before the employer may make a final decision. Currents law excludes circumstances including a state or local agency is otherwise required by law to conduct a conviction history background check, a position with a criminal justice agency, and farm labor contractor.

xviii. AB 2190 (Wallis) Internet website accessibility.

Status: This bill died in the Assembly.

Summary: This bill would grant to an entity an affirmative defense to a claim seeking statutory damages under the provisions described below on the basis of a specific accessibility barrier on the entity's internet website if the entity provided evidence to the plaintiff demonstrating within an unspecified number of days of receiving a written pre-lawsuit demand from the plaintiff that either (1) the entity published a digital accessibility report on the accessibility page of its internet website disclosing the specific access barrier and updated that report to reflect remediation of the access barrier or (2) that various things were true regarding the entity's efforts to identify and remediate access barriers on its internet website, including the entity had a reasonable and good faith basis to believe that the internet website was accessible and conformed with the internet website accessibility standard. This bill would also prohibit a resource service provider from, in exchange for money or any other form of remuneration, negligently, recklessly, or knowingly construct, license, distribute, or maintain for online use a resource or part of an internet website that causes an entity's internet website to be inaccessible or not conformant with the internet website accessibility standard if the resource or part of the internet website is within the control of the resource service provider to remediate or from making a false representation that a resource or part of an internet website is accessible or conforms to the internet website accessibility standard.

This bill would authorize a small business entity and certain public attorneys, including the Attorney General, to bring a civil action to enforce these provisions.

Current law, known as the Unruh Civil Rights Act, requires persons within the jurisdiction of the state to be free and equal and, regardless of the person's sex, race, color, religion, ancestry, national origin, disability, medical condition, genetic information, marital status, sexual orientation, citizenship, primary language, or immigration status to be entitled to the full and equal accommodations, advantages, facilities, privileges, or services in all business establishments, as prescribed, and makes a violation of the federal Americans with Disabilities Act of 1990 (ADA) a violation of the act. Current law imposes liability upon a person who denies, aids, or incites a denial of, or makes any discrimination or distinction contrary to, rights afforded by law for actual damages suffered, exemplary damages, a civil penalty, and attorney's fees to any person who was denied the specified rights. Current law also imposes liability upon a person, firm, or corporation that denies or interferes with admittance to, or enjoyment of, public facilities or otherwise interferes with the rights of an individual with a disability for damages and attorney's fees to a person who was denied those rights.

xix. AB 2195 (Rodriguez, Celeste) Child support: license suspensions.

Status: This bill is in the Senate Appropriations Committee.

Summary: This bill would expand the prohibition described below to government entities that issue a license, certificate, credential, permit, registration, or any other authorization to engage in a business, occupation, or profession, or operate a motor vehicle, for the purpose of denying, withholding, or suspending a license.

Current law prohibits Department of Motor Vehicles from receiving a list of persons subject to an order or judgment for the payment of child support and that these persons are not in compliance with the order or judgment if the annual household income of the person is at or below 70 percent of the median income for the county in which the department or the local child support agency believes the person resides, based on the most recent available data published by the Department of Housing and Community Development pursuant to Section 6932 of Title 25 of the California Code of Regulations or successor regulation thereto.

xx. AB 2360 (Arambula) State agencies: governmental linguistics.

Status: This bill is in the Senate Appropriations Committee.

Summary: This bill would require state agency to write each document that it produces after January 1, 2027, either digitally or in print, in plain, plain language, avoiding technical terms as much as possible, and using a coherent and easily readable style using standards created by the Office of Data and Innovation that identify how a state agency incorporates plain language principles and practices. This bill would require, within existing personnel resources, the head of each state agency to designate one or more senior officials to oversee implementation of its plain language policy,

communicate the requirements to the employees, establish a process for overseeing the ongoing compliance of these requirements.

Current law requires state entities to write each document that it produces in plain, straightforward language, avoiding technical terms as much as possible, and using a coherent and easily readable style.

xxi. AB 2366 (Ávila Farías) Administrative Procedure Act: proposed regulations: cost-of-living impact on residents of the state.

Status: This bill died in the Assembly.

Summary: This bill would additionally require a state agency proposing to adopt, amend, or repeal any regulation to include the cost-of-living impacts on residents of the state when assessing the potential for adverse economic impact on California business enterprises and individuals. This bill would require a state agency to notify the Office of Administrative Law if it contracts outside service to perform the analyses and the Office of Administrative Law shall select the contractor and oversee its work. This bill would require the Legislative Analyst's Office to adopt a standardized cost-of-living methodology for use by all agencies, and also include a process for determining whether those cost-of-living impacts are significant. This bill would require each state agency that has prepared a standardized regulatory impact analysis for a major regulation to submit that analysis to the Legislative Analyst's Office upon completion, and require the Legislative Analyst's Office to conduct an independent analysis of the adequacy of an agency's economic analyses including conducting its own analysis of the cost-of-living impacts on residents of the state of a proposed regulation. This bill would require the Legislative Analyst's Office to provide its analysis and comments to the state agency within 60 days, and permit the agency to make update to its analysis to reflect any revisions or comments received. This bill would require the Department of Finance to develop and maintain a regulatory economic burden tracker that will gather and analyze the cumulative economic burden of regulations by sector of the economy, and integrate the regulatory costs across agencies that impact each sector. This bill would require the Department of Finance to post the tracker on its internet website and update the tracker on an annual basis. This bill would require the Office of Administrative Law, for major regulations, to hold a public hearing on the submitted regulation within 30 working days after the regulation has been submitted to the office for review, and allow for public testimony and comment before the office acts on the regulation. This bill would require the Office of Administrative Law to require the agency to pursue a less costly alternative or explain in detail why a less costly alternative is infeasible, if one of the reasons for disapproval includes a significant cost-of-living impact.

Current law requires a state agency proposing to adopt, amend, or repeal any regulation to assess the potential for adverse economic impact on California business enterprises and individuals in a manner described in the law.

xxii. AB 2412 (Ta) State agencies or departments: public communications.

Status: This bill is in the Senate Committee on Committee on Privacy, Digital Technologies, and Consumer Protection.

Summary: This bill would instead require the disclaimer described below when a state agency or department uses generative artificial intelligence (GenAI) to directly communicate with the public and would define “directly communicate” to mean to use GenAI, instead of a natural person, to communicate directly with a specific member of the public or to communicate a general public announcement communicates with the public.

Current law requires a state agency or department that utilizes GenAI to directly communicate with a person regarding government services and benefits to ensure that those communications include a disclaimer that indicates to the person that the communication was generated by GenAI. .

xxiii. AB 2414 (Nguyen) Developmental services: direct support professionals.

Status: This bill is in the Senate Appropriations Committee with recommendation to Consent Calendar.

Summary: This bill would change the title of direct service professionals to instead be direct support professionals and define it as an individual who receives compensation to provide direct support to children or adults with intellectual and developmental disabilities, is employed by a service provider receiving regional center funding, and spends at least 50% of their working time completing direct support tasks. This bill would require the department to, on or before April 1, 2027, and subject to an appropriation of funds for this purpose in the annual Budget Act, develop the billing guidance necessary to facilitate compensation associated with the training described below.

Current law finds and declares that direct service professionals are critical to the provision of services and support to individuals with intellectual and developmental disabilities and their families; and additional training and development will enhance the services they provide and foster a more sustainable workforce. Current law requires the State Department of Developmental Services to develop or utilize existing curriculum to implement enhanced direct service professional training that promotes services that are person centered and culturally and linguistically sensitive, and that improve outcomes for individuals with intellectual and developmental disabilities.

xxiv. AB 2557 (Bauer-Kahan) Legislative information system: bill position letters.

Status: This bill died in the Assembly.

Summary: This bill would additionally require all letters submitted through the Legislature’s internet portal in connection with each bill commencing with bills introduced during the 2027–28 Regular Session to be publicly available in electronic form.

Current law requires the Legislative Counsel, with the advice of the Assembly Committee on Rules and the Senate Committee on Rules, to make certain legislative information available to the public in electronic form, including the legislative calendar, text of each bill introduced, bill history of each bill introduced and amended, among other legislative information.

xxv. AB 2575 (Ortega) Health care services: artificial intelligence.

Status: This bill is in the Senate Appropriations Committee.

Summary: This bill would require a health facility, clinic, physician's office, or office of a group practice that uses or deploys a clinical decision support system for patient care, on or before July 1, 2027, to make available, upon request from a licensed health care professional or other person using a clinical decision support system or viewing outputs from a clinical decision support system, an inventory of all clinical decision support systems currently in use or deployed for patient care. This bill would require a health facility, clinic, physician's office, or office of a group practice that uses a clinical decision support system for patient care to make specified information about the clinical decision support system upon request from a licensed health care professional or other person using a clinical decision support system or viewing outputs from a clinical decision support system, including, among other things, a summary of how the clinical decision support system generates outputs. This bill would also require a health facility, clinic, physician's office, or office of a group practice subject to these provisions to notify a licensed health care professional or other person whose duties include using a clinical decision support system or viewing outputs from a clinical decision support system upon being hired and annually of their right to request the above-described information. This bill would prohibit a defendant who developed, modified, selected, or deployed a clinical decision support system that is alleged to have harmed the plaintiff from asserting a defense that the failure of a licensed health care professional or other health care worker to override an output of the clinical decision support system is a superseding cause severing the defendant's liability for the alleged harm.

Current law requires a health facility, clinic, physician's office, or office of a group practice that uses generative artificial intelligence to generate written or verbal patient communications pertaining to patient clinical information to ensure that those communications include both a disclaimer that indicates to the patient that a communication was generated by generative artificial intelligence and clear instructions describing how a patient may contact a human health care provider, employee, or other appropriate person. Current law provides that everyone is responsible not only for the result of their willful acts, but also for an injury occasioned to another by their want of ordinary care or skill in the management of their property or person; and prohibits a defendant who developed, modified, or used artificial intelligence from asserting a defense that the artificial intelligence autonomously caused the harm to the plaintiff.

xxvi. AB 2746 (Schiavo) Consumer debt: medical debt.

Status: This bill died in the Assembly.

Summary: This bill would regulate offers for a medical credit card, which the bill would define as a credit card issued under an open-end or closed-end plan offered specifically for the payment of medical services, products, or devices. This bill would redefine “medical debt” to mean debt related to, in whole or in part, a transaction, account, or balance arising from a medical service, product, or device as defined by the law. This bill would exclude specific debt charged to a credit card, a loan secured by real property, debt charged to a general-purpose line of credit, and a general -purpose unsecured installment loan from the definition of medical debt.

Current law defines “medical debt” as a debt owed by a consumer to a person whose primary business is providing medical services, products, or devices as defined by the law, or to the person’s agent or assignee, for the provision of medical services, products, or devices; and include includes medical bills that are not past due or that have been paid.

xxvii. SB 923 (Becker) Consumer privacy requests: deletion request records and request submission methods.

Status: This bill is in the Assembly Appropriations Committee.

Summary: This bill would deem a business that has obtained personal information about a consumer from a source other than the consumer, to be in compliance with a consumer’s request to delete that data pursuant to the law if it retains a record of the deletion request and the minimum data necessary for the purpose of ensuring the consumer’s personal information remains deleted from the business’s records and is not being used for any other purpose.

Current law requires a business that receives a verifiable consumer request from a consumer to delete the consumer’s personal information pursuant to the law to delete the consumer’s personal information from its records, notify any service providers or contractors to delete the consumer’s personal information from their records, and notify all third parties to whom the business has sold or shared the personal information to delete the consumer’s personal information unless this proves impossible or involves disproportionate effort. Current law allows a business to maintain a confidential record of deletion requests solely for the purpose of preventing the personal information of a consumer who has submitted a deletion request from being sold, for compliance with laws or for other purposes, solely to the extent permissible under the law.

xxviii. SB 980 (Hurtado) Access to medical records.

Status: This bill died in the Senate.

Summary: This bill would additionally prohibit a health care provider from charging a fee to a patient for completing health-related forms required by an educational institution or childcare provider for participation in school, childcare, or school-sponsored activities.

Current law prohibits a health care provider from charging a fee to a patient for filling out forms or providing information responsive to forms that support a claim or appeal regarding eligibility for a public benefit program.

xxix. SB 986 (Seyarto) Major regulations.

Status: This bill died in the Senate.

Summary: This bill would additionally require every agency to submit specified information of proposed regulation to the Legislature. This bill would additionally require, for major regulations, that each state agency include the following in the standardized regulatory impact analysis: the estimated effect on state revenue; the estimated cost savings or financial benefits to society; the estimated compliance costs for regulated entities, including secondary or indirect costs; the estimated effect on state expenditures, including estimated administrative expenses; the estimated opportunity cost, including the cost of compliance as a result of the removal of private capital from the market; and the sources consulted, key assumptions, and sources of uncertainty. This bill would additionally require that each state agency include in the notice of a proposed regulation a determination of whether the regulation is a major regulation, including an explanation of why it presumptively is or is not a major regulation. This bill would prohibit a major regulation from taking effect until submission to, and expiration of a 60-day review period by, the Legislature, except as provided for emergency regulations. This bill would, prior to the expiration of the 60-day review period, require the Legislature to hold an informational hearing on the major regulation. The bill would authorize the Legislature to reject a major regulation during the review period by adoption of a concurrent resolution, and would prohibit a major regulation that has been rejected from taking effect. This bill would deem the regulation disapproved if the Legislature fails to enact a law to approve the regulation or does not vote on the regulation within 60 days of receiving the regulation from the Office of Administrative Law. This bill would allow the Governor to assemble the Legislature in special session for the sole purpose of voting to approve or disapprove the proposed major regulation if the Legislature is not in session.

Current law requires every agency to submit specified information to the Office of Administrative Law for proposing the adoption, amendment, or repeal of a regulation. Current law requires a state agency proposing to adopt, amend, or repeal any regulation to assess the potential for adverse economic impact on California business enterprises and individuals in a manner described in the law. Current law requires the Office of Administrative Law to review, approve, and disapprove a regulation in a manner described in the law. Current law permits any interested person to obtain a judicial declaration as to the validity of any regulation or order of repeal by bringing an action for declaratory relief in the superior court in accordance with the Code of Civil Procedure.

xxx. SB 1050 (Ashby) False advertising: synthetic digital performers.

Status: This bill is in the Assembly Appropriations Committee.

Summary: This bill would make it unlawful for a person to create and cause to be published in an advertising medium an advertisement that prominently includes a synthetic performer without a clear and conspicuous disclosure that the advertisement includes a synthetic performer. This bill would prohibit an advertising medium from transmitting, distributing, displaying, airing, or otherwise making available an advertisement containing a synthetic performer if a court of competent jurisdiction has issued an order finding that the advertisement violates this bill's provisions or enjoining the creator from publishing the advertisement, and the advertising medium is served with the order.

Current law makes it a misdemeanor for a person or a firm, corporation, or association, or any employee thereof, to engage in advertising that is untrue or misleading.

xxxi. SB 1146 (Gonzalez) Advertisement claims: health-related consumer products and services: artificial intelligence.

Status: This bill is in the Assembly Appropriations Committee.

Summary: This bill would require a person who creates or causes to be created an advertisement that includes a digital replica or synthetic performer depicted as a health care provider to promote the sale of a health-related consumer product or service to include a clear and conspicuous disclosure that the health care provider is depicted in the advertisement was generated or substantially altered by artificial intelligence or that no human health care provider is depicted. This bill would provide that a violation of its provisions constitutes a violation of specified unfair competition and false advertising laws. This bill would authorize a natural person whose digital replica is used in an advertisement to bring a civil action to enforce these provision. This would provide specify that a violation of this bill does not constitute a misdemeanor under provisions regulating healing arts licensees.

Current law makes it a misdemeanor for a person or a firm, corporation, or association, or any employee thereof, to engage in advertising that is untrue or misleading.

xxxii. SB 1159 (Cabaldon) Artificial intelligence: transparency and governance.

Status: This bill is on the Assembly Floor, Third Reading.

Summary: This bill would specify that the terms "person," "interested person," "participant," "member of the public," and any other similar terms referring to those who may engage with governmental agencies do not include artificial intelligence systems, autonomous agents, robots, or other nonhuman entities, whether physical or digital, for the purpose of specified acts including the California Public Records Act, the Bagley-Keene Open Meeting Act, the Administrative Procedure Act. The bill would authorize governmental agencies to use a disclosure verification tool to determine if artificial intelligence is present. The bill would prohibit a person from knowingly using artificial intelligence to falsely represent that a natural person appeared before, submitted information to, or otherwise engaged with a governmental agency.

Current law allows the public to engage with governmental agencies.

xxxiii. SB 1204 (Ochoa Bogh) Administrative regulations.

Status: This bill passed and is in the Senate Engrossing and Enrolling.

Summary: This bill would require the Office of Administrative Law to report a disapproval and the reasons for disapproval to the Legislature within 60 days of returning a regulation to the adopting agency.

Current law requires the Office of Administrative Law to return to the adopting agency a regulation it disapproves within the 30-day period accompanied by a notice specifying the reasons for disapproval. Current law requires the Office of Administrative Law to provide the adopting agency with a written decision detailing the reasons for disapproval within seven calendar days of the issuance of the notice. Current law prohibits a regulation from being disapproved except for failure to comply with the standards set forth in the law or for failure to comply with the law.

xxxiv. SB 1248 (Cabaldon) State agencies: automated decision systems.

Status: This bill died in the Senate.

Summary: This bill would impose restrictions on the use of an automated decision system by a state agency for services, not including competitive determinations. This bill would permit the Government Operations Agency, in collaboration with any other state entity the agency deems appropriate, to develop, adopt, and make publicly available guidance for a state agency's use of automated decision systems consistent with this chapter; and notify the Joint Legislative Budget Committee of its decision to issue guidance. Before issuing the guidance. This bill would permit the Government Operations Agency to provide technical assistance to state agencies to comply with the requirements for the use of an automated decision system.

Current law establishes the Government Operations Agency and, within the agency, the Department of Technology to conduct, in coordination with other interagency bodies as it deems appropriate, a comprehensive inventory of all high-risk automated decision systems that have been proposed for use, development, or procurement by, or are being used, developed, or procured by, any state agency.

xxxv. SB 1391 (Wahab) Department of Consumer Affairs: retired category licenses.

Status: This bill is in the Senate Appropriations Committee with recommendation to the Consent Calendar.

Summary: This bill would additionally require a board that offers a retired category of licensure to disclose that information on its internet website.

Current law permits any of the boards, bureaus, or commissions within DCA to establish, by regulation, a system for a retired category of licensure for persons who are not actively engaged in the practice of their profession or vocation.

d) Bills with Position Recommendation

i. AB 1775 (Ward) Veterans.

Status: This bill is in the Senate Appropriations Committee.

Summary: This bill would additionally require boards to expedite, and authorize them to assist, the initial licensure process for an applicant who were discharged or received a discharge solely as a result of a specified executive order.

Current law requires boards to expedite, and authorizes them to assist, the initial licensure process for an applicant who supplies satisfactory evidence to the board that the applicant has served as an active duty member of the Armed Forces of the United States and was honorably discharged.

Position Recommendation: Opposed Unless Amended due to the need for delayed implementation clause to be included in the bill

ii. AB 1811 (Rogers) Health professionals.

Status: This bill is in the Senate Appropriations Committee with recommendation to the Consent Calendar.

Summary: This bill would additionally require workforce data to be collected by boards at the time of electronic license or registration issuance. This bill would require additional information to be collected by boards including, among other things, the hours worked in inpatient care, hours worked in outpatient care, and whether the licensee or registrant offers a formal sliding fee scale. This bill would instead require each board to provide licensee and registrant data on a monthly basis to the Department of Health Care Access and Information.

Current law requires workforce data to be collected by boards at the time of electronic license or registration renewal. Current law requires the workforce data collected to include specified information, including, among others, the type of employer or classification of primary practice site. Current law requires each board to provide licensee and registrant data on a quarterly basis. Current law prohibits a licensee or registrant from being required to provide the information as a condition for renewal and prohibits licensees or registrants from being subject to discipline for not providing the information. Current law requires the boards and the Department of Health Care Access and Information to maintain the confidentiality of licensee and registrant information collected and authorizes release of the information only in aggregate form.

Position Recommendation: Opposed Unless Amended due to the need for delayed implementation clause to be included in the bill

e) Bills with Watch Status Recommendation

i. AB 667 (Solache) Professions and vocations: license examinations: interpreters.

Status: This bill is on the Senate Floor, Inactive File.

Summary: This bill would require boards under the jurisdiction of the Department of Consumer Affairs to include an additional section in a license application that asks an applicant to identify their preferred written, spoken, and signed languages by January 1, 2027. This bill would require each board to conduct an annual review of applicants' language preferences that are collected from license applications beginning July 1, 2027. This bill would require each board to determine whether there is a substantial number of non-English-speaking applicants who require the services of an interpreter by July 1, 2027, and report the determinations to the Legislature by January 1, 2028. This bill would require each board to annually report to the Senate Business, Professions, and Economic Development and the Assembly Business and Professions Committees on language preference data collected from license applications beginning January 1, 2029.

Current law establishes the Department of Consumer Affairs, which is composed of various boards that license and regulate various professions.

ii. AB 1979 (Bonta) Health care services: artificial intelligence.

Status: This bill is in the Assembly Appropriations Committee.

Summary: This bill would require a health facility, clinic, physician's office, or office of a group practice to take reasonable steps to ensure a licensed health care professional, acting within their scope of practice, retains the ability to exercise independent professional judgment in their care of a patient whenever that care is informed by the output of a clinical decision support system. The bill would authorize a violation to be subject to specified enforcement mechanisms including the appropriate professional licensing board to pursue an injunction or restraining order to enforce these provisions to the extent that a violation constitutes the practice of a health care profession without a license. This bill would not apply to the use of automated decision systems for documentation and communication that does not involve the application of professional judgment, including, but not limited to, automated messages to inform patients of updates to their health records.

Current law deems specified business to be a provider of health care only for the purpose of subjecting them to the requirements of the Confidentiality of Medical Information Act. Current law makes a violation that results in economic loss or personal injury to a patient punishable as a misdemeanor. Current law requires a health facility, clinic, physician's office, or office of a group practice that uses generative artificial intelligence to generate written or verbal patient communications pertaining to patient clinical information to ensure that those communications include both a disclaimer that indicates to the patient that a communication was generated by generative artificial

intelligence, as specified, and clear instructions describing how a patient may contact a human health care provider, employee, or other appropriate person, except as specified.

iii. AB 2027 (Ward) Worker data: prohibitions: artificial intelligence.

Status: This bill died in the Assembly.

Summary: This bill would prohibit an employer from using a worker's personal information, as defined, to train an artificial intelligence system to replicate, automate, or replace a worker's job; and would prohibit an employer from selling, disclosing, or otherwise providing access to a worker's personal information to a third party for the purpose of training an artificial intelligence system to replicate, automate, or replace a worker's job. This bill would prohibit a vendor providing services to an employer under a contract from providing access to the personal information of an employer's worker to a third party or using the personal information of an employer's worker to train artificial intelligence, as specified. The bill would require a contract between an employer and vendor to include a requirement that the vendor implement and maintain reasonable security procedures to protect the worker's personal information from, among other things, unauthorized or illegal access. This bill would require the Labor Commissioner and authorize a public prosecutor to enforce these provisions. This bill would authorize a worker, or their exclusive representative, who suffered a violation of these provisions to bring a civil action for damages, injunctive relief, punitive damages, and attorney's fees and costs. This bill would establish a statutory penalty for a violation of these provisions of up to \$500 for each violation.

Current law establishes the Division of Labor Standards Enforcement within the Department of Industrial Relations. Current law authorizes the division, which is headed by the Labor Commissioner, to enforce the Labor Code and all labor laws of the state, the enforcement of which is not specifically vested in any other officer, board, or commission.

iv. AB 2140 (Johnson) Healing arts: reports: claims against licensees.

Status: This bill died in the Assembly.

Summary: This bill would increase the minimum fine for a violation of the provision described below from \$50 to \$100.

Current law requires a licensee who does not possess professional liability insurance as to the claim to report a settlement, judgment, or arbitration award over \$3,000 of a claim or action for damages for death or personal injury caused by negligence, error or omission in practice, or by the unauthorized rendering of professional services within 30 days to the agency that issued the license, certificate, or similar authority, punishable by a fine.

Current law makes it a public offense punishable by a fine of not less than fifty dollars (\$50) or more than five hundred dollars (\$500) for failing to comply with these

provisions. Current law makes it a public offense punishable by a fine of not less than five thousand dollars (\$5,000) nor more than fifty thousand dollars (\$50,000) for knowingly and intentionally failing to comply with these provisions or conspiracy or collusion to not comply with these provisions, or hindering or impeding any other person in the compliance of these provisions.

v. AB 2680 (Arambula) Deaf and Disabled Telecommunications Program: certification.

Status: This bill died in the Assembly.

Summary: This bill would remove all of the certification requirements for a subscriber described below and would make conforming changes.

Current law requires any subscriber of a telecommunications device capable of serving the needs of individuals who are deaf or hard of hearing to be certified as an individual who is deaf or hearing impaired by a licensed physician and surgeon, audiologist, licensed hearing aid dispenser, or a qualified state or federal agency, as determined by the commission. Current law requires any subscriber of a telecommunications speech-generating device to be certified as having a speech disability by a licensed physician, licensed speech-language pathologist, nurse practitioner, or qualified state or federal agency.

vi. SB 435 (Wahab) California Consumer Privacy Act of 2018: sensitive personal information.

Status: This bill is in the Assembly Appropriations Committee.

Summary: This bill would revise that part of the definition of “publicly available” by removing the condition that the business have a reasonable basis to believe the information is lawfully made available. This bill would remove from the definition of “publicly available” part that the information made available by a person to whom the consumer has disclosed the information if the consumer has not restricted the information to a specific audience.

Current law defines “publicly available” to include 3 types of information. One type is information that a business has a reasonable basis to believe is lawfully made available to the general public by the consumer or from widely distributed media.

Attachments:

1. AB 2233 (Ta) Behavioral health treatment plans.
2. SB 1130 (Reyes) Invasion of privacy: wearable recording devices.
3. SB 1368 (Wahab) Speech-language pathologists, audiologists, and hearing aid dispensers.
4. AB 1542 (Ward) Sensitive personal information.
5. AB 1564 (Ahrens) Employer-employee relations: confidential communications.
6. AB 1688 (Carrillo) Child abuse or neglect: reporting.

7. AB 1803 (Lowenthal) Employment: sexual harassment training and education: anti-hate speech training.
8. AB 2195 (Rodriguez, Celeste) Child support: license suspensions.
9. AB 2360 (Arambula) State agencies: governmental linguistics.
10. AB 2412 (Ta) State agencies or departments: public communications.
11. AB 2414 (Nguyen) Developmental services: direct support professionals.
12. AB 2575 (Ortega) Health care services: artificial intelligence.
13. SB 923 (Becker) Consumer privacy requests: deletion request records and request submission methods.
14. SB 1050 (Ashby) False advertising: synthetic digital performers.
15. SB 1146 (Gonzalez) Advertisement claims: health-related consumer products and services: artificial intelligence.
16. SB 1159 (Cabaldon) Artificial intelligence: transparency and governance.
17. AB 1775 (Ward) Veterans.
18. AB 1811 (Rogers) Health professionals.
19. AB 667 (Solache) Professions and vocations: license examinations: interpreters.
20. AB 1979 (Bonta) Health care services: artificial intelligence.
21. AB 2027 (Ward) Worker data: prohibitions: artificial intelligence.
22. AB 2140 (Johnson) Healing arts: reports: claims against licensees.
23. AB 2680 (Arambula) Deaf and Disabled Telecommunications Program: certification.
24. SB 435 (Wahab) California Consumer Privacy Act of 2018: sensitive personal information.

SECTION 1. Section 1374.73 of the Health and Safety Code is amended to read:

1374.73. (a) (1) Every health care service plan contract that provides hospital, medical, or surgical coverage shall also provide coverage for behavioral health treatment for pervasive developmental disorder or autism no later than July 1, 2012. The coverage shall be provided in the same manner and is subject to the same requirements as provided in Section 1374.72.

(2) Notwithstanding paragraph (1), as of the date that the proposed final rulemaking for essential health benefits is issued, this section does not require any benefits to be provided that exceed the essential health benefits that all health plans will be required by federal regulations to provide under Section 1302(b) of the federal Patient Protection and Affordable Care Act (Public Law 111-148), as amended by the federal Health Care and Education Reconciliation Act of 2010 (Public Law 111-152).

(3) This section does not affect services for which an individual is eligible pursuant to Division 4.5 (commencing with Section 4500) of the Welfare and Institutions Code or Title 14 (commencing with Section 95000) of the Government Code.

(4) This section does not affect or reduce any obligation to provide services under an individualized education program, as defined in Section 56032 of the Education Code, or an individual service plan, as described in Section 5600.4 of the Welfare and Institutions Code, or under the federal Individuals with Disabilities Education Act (20 U.S.C. Sec. 1400 et seq.) and its implementing regulations.

(b) Every health care service plan subject to this section shall maintain an adequate network that includes qualified autism service providers who supervise or employ qualified autism service professionals or paraprofessionals who provide and administer behavioral health treatment. A health care service plan is not prevented from selectively contracting with providers within these requirements.

(c) (1) A health care service plan contract issued, amended, or renewed on or after January 1, 2026, shall not require an enrollee previously diagnosed with pervasive developmental disorder or autism to receive a rediagnosis to maintain coverage for behavioral health treatment for pervasive developmental disorder or autism.

(2) This subdivision does not prohibit or restrict a treating provider from reevaluating an enrollee for purposes of determining the appropriate treatment. The treatment plan shall be made available to the health care service plan upon request.

(3) This subdivision does not prohibit a treating provider from prescribing a rediagnosis at the discretion of the physician licensed pursuant to Chapter 5 (commencing with Section 2000) of Division 2 of the Business and Professions Code or a psychologist licensed pursuant to Chapter 6.6 (commencing with Section 2900) of Division 2 of the Business and Professions Code.

(4) A health care service plan shall not discontinue or delay existing treatment while waiting for a rediagnosis to be completed.

(5) This subdivision does not prohibit a health care service plan from requiring utilization review. For the purpose of this section, utilization review is distinct from a rediagnosis.

(d) For the purposes of this section, the following definitions shall apply:

(1) "Behavioral health treatment" means professional services and treatment programs, including applied behavior analysis and evidence-based behavior intervention programs, that develop or restore, to the maximum extent practicable, the functioning of an individual with pervasive developmental disorder or autism and that meet all of the following criteria:

(A) The treatment is prescribed by a physician and surgeon licensed pursuant to Chapter 5 (commencing with Section 2000) of, or is developed by a psychologist licensed pursuant to Chapter 6.6 (commencing with Section 2900) of, Division 2 of the Business and Professions Code.

(B) The treatment is provided under a treatment plan prescribed by a qualified autism service provider and is administered by one of the following:

(i) A qualified autism service provider.

(ii) A qualified autism service professional supervised by the qualified autism service provider.

(iii) A qualified autism service paraprofessional supervised by a qualified autism service provider or qualified autism service professional.

(C) The treatment plan has measurable goals over a specific timeline that is developed and approved by the qualified autism service provider for the specific patient being treated. The treatment plan shall be reviewed no less than once every six months by the qualified autism service provider and modified whenever ~~appropriate, and shall~~ *appropriate. A health care service plan shall not impose restrictions on the utilization of authorized treatment hours within the six-month authorization period, including weekly caps or limitations that result in the forfeiture of unused hours due to unavoidable circumstances, including patient illness, family travel, or provider unavailability, if the use of the hours is reasonably consistent with the treatment plan and clinical guidelines, and is documented in the treatment plan and progress reports. Authorized hours shall remain available for use throughout the authorization period to ensure the enrollee may fully access their approved treatment if the use of the hours is reasonably consistent with the treatment plan and clinical guidelines, and is documented in the treatment plan and progress reports. The treatment shall* be consistent with Section 4686.2 of the Welfare and Institutions Code pursuant to which the qualified autism service provider does all of the following:

(i) Describes the patient's behavioral health impairments or developmental challenges that are to be treated.

(ii) Designs an intervention plan that includes the service type, number of hours, and parent participation needed to achieve the plan's goal and objectives, and the frequency at which the patient's progress is evaluated and reported.

(iii) Provides intervention plans that utilize evidence-based practices, with demonstrated clinical efficacy in treating pervasive developmental disorder or autism.

(iv) Discontinues intensive behavioral intervention services when the treatment goals and objectives are achieved or no longer appropriate.

(D) The treatment plan is not used for purposes of providing or for the reimbursement of respite, daycare, or educational services and is not used to reimburse a parent for participating

in the treatment program. The treatment plan shall be made available to the health care service plan upon request.

(2) "Qualified autism service provider" means an individual described in Section 4999.200 of the Business and Professions Code.

(3) "Qualified autism service professional" means an individual who meets all of the criteria set forth in Section 4999.201 of the Business and Professions Code.

(4) "Qualified autism service paraprofessional" means an unlicensed and uncertified individual who meets all of the criteria set forth in Section 4999.202 of the Business and Professions Code.

(5) "Rediagnosis" means a subsequent undertaking by any method, device, or procedure, whether gratuitous or not, to ascertain or establish if a person is suffering from a physical or mental health disorder, pursuant to Section 2038 of the Business and Professions Code. "Rediagnosis" also means prescription of a subsequent diagnosis of pervasive developmental disorders or autism to ascertain or establish if a person is suffering from a pervasive developmental disorder or autism.

(6) "Utilization review" means utilization review or utilization management functions that prospectively, retrospectively, or concurrently review and approve, modify, or deny, based in whole or in part on medical necessity to cure and relieve, treatment recommendations by physicians licensed pursuant to Chapter 5 (commencing with Section 2000) of Division 2 of the Business and Professions Code before, after, or concurrent with the provision of medical treatment services. "Utilization review" refers to an evaluation of existing treatment to ensure an enrollee receives the proper care at the proper time.

(e) This section does not apply to either of the following:

(1) A specialized health care service plan that does not deliver mental health or behavioral health services to enrollees.

(2) A health care service plan contract in the Medi-Cal program (Chapter 7 (commencing with Section 14000) of Part 3 of Division 9 of the Welfare and Institutions Code).

(f) This section does not limit the obligation to provide services under Section 1374.72.

(g) As provided in Section 1374.72 and in paragraph (1) of subdivision (a), in the provision of benefits required by this section, a health care service plan may utilize case management, network providers, utilization review techniques, prior authorization, copayments, or other cost sharing.

(h) This section does not prohibit a health care service plan from applying evidence-based utilization management or a clinically appropriate schedule, provided an enrollee is permitted to reasonably make up missed services within the authorization period.

SEC. 2. Section 10144.51 of the Insurance Code is amended to read:

10144.51. (a) (1) Every health insurance policy shall also provide coverage for behavioral health treatment for pervasive developmental disorder or autism no later than July 1, 2012. The coverage shall be provided in the same manner and is subject to the same requirements as provided in Section 10144.5.

(2) Notwithstanding paragraph (1), as of the date that the proposed final rulemaking for essential health benefits is issued, this section does not require any benefits to be provided that exceed the essential health benefits that all health insurers will be required by federal regulations to provide under Section 1302(b) of the federal Patient Protection and Affordable Care Act (Public Law 111-148), as amended by the federal Health Care and Education Reconciliation Act of 2010 (Public Law 111-152).

(3) This section does not affect services for which an individual is eligible pursuant to Division 4.5 (commencing with Section 4500) of the Welfare and Institutions Code or Title 14 (commencing with Section 95000) of the Government Code.

(4) This section does not affect or reduce any obligation to provide services under an individualized education program, as defined in Section 56032 of the Education Code, or an individual service plan, as described in Section 5600.4 of the Welfare and Institutions Code, or under the federal Individuals with Disabilities Education Act (20 U.S.C. Sec. 1400 et seq.) and its implementing regulations.

(b) Pursuant to Article 6 (commencing with Section 2240) of Subchapter 2 of Chapter 5 of Title 10 of the California Code of Regulations, every health insurer subject to this section shall maintain an adequate network that includes qualified autism service providers who supervise or employ qualified autism service professionals or paraprofessionals who provide and administer behavioral health treatment. A health insurer is not prevented from selectively contracting with providers within these requirements.

(c) (1) A health insurance policy issued, amended, or renewed on or after January 1, 2026, shall not require an insured previously diagnosed with pervasive developmental disorder or autism to receive a rediagnosis to maintain coverage for behavioral health treatment for pervasive developmental disorder or autism.

(2) This subdivision does not prohibit or restrict a treating provider from reevaluating an insured for purposes of determining the appropriate treatment. The treatment plan shall be made available to the insurer upon request.

(3) This subdivision does not prohibit a treating provider from prescribing a rediagnosis at the discretion of the physician licensed pursuant to Chapter 5 (commencing with Section 2000) of Division 2 of the Business and Professions Code or a psychologist licensed pursuant to Chapter 6.6 (commencing with Section 2900) of Division 2 of the Business and Professions Code.

(4) A health insurer shall not discontinue or delay existing treatment while waiting for a rediagnosis to be completed.

(5) This subdivision does not prohibit a health insurer from requiring utilization review. For the purpose of this section, utilization review is distinct from a rediagnosis.

(d) For the purposes of this section, the following definitions shall apply:

(1) "Behavioral health treatment" means professional services and treatment programs, including applied behavior analysis and evidence-based behavior intervention programs, that develop or restore, to the maximum extent practicable, the functioning of an individual with pervasive developmental disorder or autism, and that meet all of the following criteria:

(A) The treatment is prescribed by a physician and surgeon licensed pursuant to Chapter 5 (commencing with Section 2000) of, or is developed by a psychologist licensed pursuant to Chapter 6.6 (commencing with Section 2900) of, Division 2 of the Business and Professions Code.

(B) The treatment is provided under a treatment plan prescribed by a qualified autism service provider and is administered by one of the following:

(i) A qualified autism service provider.

(ii) A qualified autism service professional supervised by the qualified autism service provider.

(iii) A qualified autism service paraprofessional supervised by a qualified autism service provider or qualified autism service professional.

(C) The treatment plan has measurable goals over a specific timeline that is developed and approved by the qualified autism service provider for the specific patient being treated. The treatment plan shall be reviewed no less than once every six months by the qualified autism service provider and modified whenever ~~appropriate, and shall~~ *appropriate. A health insurer shall not impose restrictions on the utilization of authorized treatment hours within the six-month authorization period, including weekly caps or limitations that result in the forfeiture of unused hours due to unavoidable circumstances, including patient illness, family travel, or provider unavailability, if the use of the hours is reasonably consistent with the treatment plan and clinical guidelines, and is documented in the treatment plan and progress reports. Authorized hours shall remain available for use throughout the authorization period to ensure the insured may fully access their approved treatment if the use of the hours is reasonably consistent with the treatment plan and clinical guidelines, and is documented in the treatment plan and progress reports. The treatment shall* be consistent with Section 4686.2 of the Welfare and Institutions Code pursuant to which the qualified autism service provider does all of the following:

(i) Describes the patient's behavioral health impairments or developmental challenges that are to be treated.

(ii) Designs an intervention plan that includes the service type, number of hours, and parent participation needed to achieve the plan's goal and objectives, and the frequency at which the patient's progress is evaluated and reported.

(iii) Provides intervention plans that utilize evidence-based practices, with demonstrated clinical efficacy in treating pervasive developmental disorder or autism.

(iv) Discontinues intensive behavioral intervention services when the treatment goals and objectives are achieved or no longer appropriate.

(D) The treatment plan is not used for purposes of providing or for the reimbursement of respite, daycare, or educational services and is not used to reimburse a parent for participating in the treatment program. The treatment plan shall be made available to the insurer upon request.

(2) "Qualified autism service provider" means an individual described in Section 4999.200 of the Business and Professions Code.

(3) "Qualified autism service professional" means an individual who meets all of the criteria set forth in Section 4999.201 of the Business and Professions Code.

(4) "Qualified autism service paraprofessional" means an unlicensed and uncertified individual who meets all of the criteria set forth in Section 4999.202 of the Business and Professions Code.

(5) "Rediagnosis" means a subsequent undertaking by any method, device, or procedure, whether gratuitous or not, to ascertain or establish if a person is suffering from a physical or mental health disorder, pursuant to Section 2038 of the Business and Professions Code. "Rediagnosis" also means prescription of a subsequent diagnosis of pervasive developmental disorders or autism to ascertain or establish if a person is suffering from a pervasive developmental disorder or autism.

(6) "Utilization review" means utilization review or utilization management functions that prospectively, retrospectively, or concurrently review and approve, modify, or deny, based in whole or in part on medical necessity to cure and relieve, treatment recommendations by physicians licensed pursuant to Chapter 5 (commencing with Section 2000) of Division 2 of the Business and Professions Code before, after, or concurrent with the provision of medical treatment services. "Utilization review" refers to an evaluation of existing treatment to ensure the insured receives the proper care at the proper time.

(e) This section does not apply to either of the following:

(1) A specialized health insurance policy that does not cover mental health or behavioral health services or an accident-only, specified disease, hospital indemnity, or Medicare supplement policy.

(2) A health insurance policy in the Medi-Cal program (Chapter 7 (commencing with Section 14000) of Part 3 of Division 9 of the Welfare and Institutions Code).

(f) This section does not limit the obligation to provide services under Section 10144.5.

(g) As provided in Section 10144.5 and in paragraph (1) of subdivision (a), in the provision of benefits required by this section, a health insurer may utilize case management, network providers, utilization review techniques, prior authorization, copayments, or other cost sharing.

(h) This section does not prohibit a health insurer from applying evidence-based utilization management or a clinically appropriate schedule, provided an insured is permitted to reasonably make up missed services within the authorization period.

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

SECTION 1. Chapter 40 (commencing with Section 22949.85) is added to Division 8 of the Business and Professions Code, to read:

CHAPTER 40. Wearable Recording Devices

22949.85. For the purposes of this chapter, “wearable recording device” has the same meaning as defined in Section 632.8 of the Penal Code.

22949.86. A person or entity shall not manufacture, sell, deliver, hold, or offer for sale in commerce in this state a wearable recording device without a light, sound, or other indicator that is sufficiently prominent so that a reasonable person in the vicinity would be alerted to the recording activity.

22949.87. (a) A person or entity shall not manufacture, sell, deliver, hold, or offer for sale in commerce in this state any technology that is designed for the primary purpose of, marketed primarily for, or likely primarily used for enabling a person to disable any light, sound, or other indicator on a wearable recording device that indicates that the device is capturing sound or video.

(b) A person in this state shall not purchase, trade for, or otherwise acquire the technology described in subdivision (a).

(c) A person in this state shall not use any technology to permanently or temporarily disable any light, sound, or other indicator on a wearable recording device that indicates that the device is capturing sound or video if the device would otherwise indicate that it is capturing sound or video.

22949.88. A person who knowingly violates this chapter shall be liable for a civil penalty not exceeding two thousand five hundred dollars (\$2,500) per violation.

SEC. 2. Section 632.8 is added to the Penal Code, to read:

632.8. (a) For purposes of this section, the following terms have the following meanings:

(1) “Place of business” means any physical office or retail establishment in which members of the public receive goods or services from the business.

(2) (A) “Wearable recording device” means any device that is designed to be worn on or attached to the body that has the capacity to make sound or video recordings or transmit data received by the device to another device or to the internet.

(B) A wearable recording device does not include a body-worn camera when used by a public officer or peace officer in the course of their official duties.

(b) (1) A person shall not operate a wearable recording device to capture sound or video of any other person in any area within a place of business where the person has a reasonable expectation of privacy unless the person operating the device has the explicit consent of that person to capture sound or video of that person.

(2) The fact that a person takes a photograph or makes an audio or video recording of a public officer or peace officer, while the officer is in a public place or the person taking the photograph or making the recording is in a place the person has the right to be, does not constitute, in and

of itself, a violation of paragraph (1), nor does it constitute reasonable suspicion to detain the person or probable cause to arrest the person.

(c) A person shall not disable any light, sound, or other indicator on a wearable recording device that indicates that the device is capturing sound or video.

(d) A violation of this section is punishable by a fine not exceeding one thousand five hundred dollars (\$1,500) per violation, or imprisonment in a county jail not exceeding one year, or by both that fine and imprisonment.

(e) This section does not apply to the use of hearing aids, augmentative and alternative communication devices, and similar devices by a person afflicted with impaired hearing or any communication disorder when the hearing aid or device is used for the purpose of overcoming the impairment or disorder to permit the hearing of sounds ordinarily audible to the human ear or to support communication with the person.

SEC. 3. Section 633 of the Penal Code is amended to read:

633. (a) Nothing in Section 631, 632, 632.5, 632.6, **632.7**, or ~~632.7~~ **632.8** prohibits the Attorney General, any district attorney, or any assistant, deputy, or investigator of the Attorney General or any district attorney, any officer of the California Highway Patrol, any peace officer of the Office of Internal Affairs of the Department of Corrections and Rehabilitation, any chief of police, assistant chief of police, or police officer of a city or city and county, any sheriff, undersheriff, or deputy sheriff regularly employed and paid in that capacity by a county, police officer of the County of Los Angeles, or any person acting pursuant to the direction of one of these law enforcement officers acting within the scope of ~~his or her~~ **their** authority, from overhearing or recording any communication that they could lawfully overhear or record prior to January 1, 1968.

(b) Nothing in Section 631, 632, 632.5, 632.6, **632.7**, or ~~632.7~~ **632.8** renders inadmissible any evidence obtained by the above-named persons by means of overhearing or recording any communication that they could lawfully overhear or record prior to January 1, 1968.

SEC. 4. Section 633.1 of the Penal Code is amended to read:

633.1. (a) Nothing in Section 631, 632, 632.5, 632.6, **632.7**, or ~~632.7~~ **632.8** prohibits any person regularly employed as an airport law enforcement officer, as described in subdivision (d) of Section 830.33, acting within the scope of ~~his or her~~ **their** authority, from recording any communication which is received on an incoming telephone line, for which the person initiating the call utilized a telephone number known to the public to be a means of contacting airport law enforcement officers. In order for a telephone call to be recorded under this subdivision, a series of electronic tones shall be used, placing the caller on notice that ~~his or her~~ **their** telephone call is being recorded.

(b) Nothing in Section 631, 632, 632.5, 632.6, **632.7**, or ~~632.7~~ **632.8** renders inadmissible any evidence obtained by an officer described in subdivision (a) if the evidence was received by means of recording any communication which is received on an incoming public telephone line, for which the person initiating the call utilized a telephone number known to the public to be a means of contacting airport law enforcement officers.

(c) This section shall only apply to airport law enforcement officers who are employed at an airport which maintains regularly scheduled international airport service and which maintains permanent facilities of the United States Customs Service.

SEC. 5. Section 633.5 of the Penal Code is amended to read:

633.5. Sections 631, 632, 632.5, 632.6, [632.7](#), and ~~632.7~~ [632.8](#) do not prohibit one party to a confidential communication from recording the communication for the purpose of obtaining evidence reasonably believed to relate to the commission by another party to the communication of the crime of extortion, kidnapping, bribery, any felony involving violence against the person, including, but not limited to, human trafficking, as defined in Section 236.1, or a violation of Section 653m, or domestic violence as defined in Section 13700. Sections 631, 632, 632.5, 632.6, [632.7](#), and ~~632.7~~ [632.8](#) do not render any evidence so obtained inadmissible in a prosecution for extortion, kidnapping, bribery, any felony involving violence against the person, including, but not limited to, human trafficking, as defined in Section 236.1, a violation of Section 653m, or domestic violence as defined in Section 13700, or any crime in connection therewith.

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

SB 1368 Amends The Law: Amended 6/25/2026

SECTION 1. Section 2530.2 of the Business and Professions Code is amended to read:

2530.2. As used in this chapter, unless the context otherwise requires:

(a) “Board” means the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board.

(b) “Person” means any individual, partnership, corporation, ~~limited liability company~~, or other organization or combination thereof, except that only individuals can be licensed ~~or registered~~ under this chapter.

(c) A “speech-language pathologist” is a person who practices speech-language pathology.

(d) The practice of speech-language pathology means all of the following:

(1) The application of principles, methods, instrumental procedures, and noninstrumental procedures for measurement, testing, screening, evaluation, identification, prediction, and counseling related to the development and disorders of speech, voice, language, or swallowing.

(2) The application of principles and methods for preventing, planning, directing, conducting, and supervising programs for habilitating, rehabilitating, ameliorating, managing, or modifying disorders of speech, voice, language, or swallowing in individuals or groups of individuals.

(3) Conducting hearing screenings.

(4) Performing suctioning in connection with the scope of practice described in paragraphs (1) and (2), after compliance with a medical facility’s training protocols on suctioning procedures.

(e) (1) Instrumental procedures referred to in subdivision (d) are the use of rigid and flexible endoscopes to observe the pharyngeal and laryngeal areas of the throat in order to observe, collect data, and measure the parameters of communication and swallowing as well as to guide communication and swallowing assessment and therapy. Passage of these instruments without the presence of a physician and surgeon is subject to paragraph (2).

(2) Nothing in this subdivision shall be construed as a diagnosis. Any observation of an abnormality shall be referred to a physician and surgeon.

(f) (1) A licensed speech-language pathologist shall not perform a flexible fiber optic transnasal endoscopic procedure unless they have received written verification from one otolaryngologist certified by the American Board of Otolaryngology – Head and Neck Surgery that the speech-language pathologist has performed a minimum of 25 supervised flexible fiber optic transnasal endoscopic procedures and they are competent to perform these procedures. Of these 25 procedures, the first 10 procedures shall be supervised by a licensed physician and surgeon who performs nasal endoscopy as part of their practice and the subsequent 15 procedures shall be supervised by either a licensed physician and surgeon who performs nasal endoscopy as part of their practice or by another licensed speech-language pathologist who is verified as competent in performing flexible fiber optic transnasal endoscopic procedures. The speech-language pathologist shall have this written verification on file and readily available for inspection upon request by the board. A speech-language pathologist with a verification on file shall pass a flexible fiber optic transnasal endoscopic instrument only upon the orders of a

licensed physician and surgeon. The order by a physician and surgeon is deemed to allow a speech-language pathologist with verification, in accordance with this paragraph, to perform fiber optic transnasal endoscopic procedures at a location based on the patient's medical needs that complies with procedures specified in paragraph (1) of subdivision (g).

(2) A licensed speech-language pathologist who holds a written verification pursuant to this subdivision that was issued before January 1, 2023, shall be deemed to meet the requirements described in paragraph (1).

(g) (1) A licensed speech-language pathologist shall only perform flexible endoscopic procedures described in subdivision ~~(e)~~ (f) in the following settings that requires the facility to have protocols for emergency medical backup procedures, including a physician and surgeon or other appropriate medical professionals being readily available.

(A) A clinic, as defined in Section 1200 of the Health and Safety Code.

(B) A facility described in Chapter 2.5 (commencing with Section 1440) of Division 2 of the Health and Safety Code.

(C) A health facility, as defined in Section 1250 of the Health and Safety Code.

(D) A hospice facility licensed pursuant to Chapter 8.5 (commencing with Section 1745) of Division 2 of the Health and Safety Code.

(E) A medical group practice, including a professional medical corporation, as defined in Section 2406, another form of corporation controlled by physicians and surgeons, a medical partnership, a medical foundation exempt from licensure, or another lawfully organized group of physicians and surgeons that provides health care services.

(2) A licensed speech-language pathologist performing flexible fiber optic transnasal endoscopic procedures on patients who have contraindications to the procedure shall consult and document clearance with the physician and surgeon that the licensed speech-language pathologist can safely perform the procedure. For purposes of this paragraph, contraindications for these procedures may include, but are not limited to, cases of bilateral obstruction of nasal passages, refractory epistaxis, cardiac disorder with acute risk of vasovagal episode and bradycardia, history of vasovagal episodes, facial trauma, recent trauma to the nasal cavity, or surrounding tissue and structures secondary to surgery or injury, severe bleeding disorders, severe movement disorders, severe agitation, and inability to cooperate with the examination.

(h) "Speech-language pathology aide" means any person meeting the minimum requirements established by the board, who works directly under the supervision of a speech-language pathologist.

(i) (1) "Speech-language pathology assistant" means a person who meets the academic and supervised training requirements set forth by the board and who is approved by the board to assist in the provision of speech-language pathology under the direction and supervision of a speech-language pathologist who shall be responsible for the extent, kind, and quality of the services provided by the speech-language pathology assistant.

(2) The supervising speech-language pathologist employed or contracted for by a public school may hold a valid and current license issued by the board, a valid, current, and

professional clear clinical or rehabilitative services credential in language, speech, and hearing issued by the Commission on Teacher Credentialing, or other credential authorizing service in language, speech, and hearing issued by the Commission on Teacher Credentialing that is not issued on the basis of an emergency permit or waiver of requirements. For purposes of this paragraph, a “clear” credential is a credential that is not issued pursuant to a waiver or emergency permit and is as otherwise defined by the Commission on Teacher Credentialing. Nothing in this section referring to credentialed supervising speech-language pathologists expands existing exemptions from licensing pursuant to Section 2530.5.

(j) An “audiologist” is one who practices audiology.

(k) “The practice of audiology” means the application of principles, methods, and procedures of measurement, testing, appraisal, prediction, consultation, counseling, and instruction related to auditory, vestibular, and related functions and the modification of communicative disorders involving speech, language, auditory behavior, or other aberrant behavior resulting from auditory dysfunction; and the planning, directing, conducting, supervising, or participating in programs of identification of auditory disorders, hearing conservation, cerumen removal, aural habilitation, and rehabilitation, including hearing aid recommendation and evaluation procedures, including, but not limited to, specifying amplification requirements and evaluation of the results thereof, auditory training, and speech reading, and the ~~selling~~ *fitting* of hearing aids.

(l) A “dispensing audiologist” is ~~a person~~ *an audiologist* who is authorized to sell hearing ~~aids pursuant to their audiology license.~~ *aids.*

(m) “Audiology aide” means any person meeting the minimum requirements established by the board who works directly under the supervision of an audiologist. The board may by regulation exempt certain functions performed by an industrial audiology aide from supervision provided that their employer has established a set of procedures or protocols that the aide shall follow in performing these functions.

(n) “Medical board” means the Medical Board of California.

(o) A “hearing screening” performed by a speech-language pathologist means a binary puretone screening at a preset intensity level for the purpose of determining if the screened individuals are in need of further medical or audiological evaluation.

(p) “Cerumen removal” means the nonroutine removal of cerumen within the cartilaginous ear canal necessary for access in performance of audiological procedures that shall occur under physician and surgeon supervision. Cerumen removal, as provided by this section, shall only be performed by a licensed audiologist. Physician and surgeon supervision shall not be construed to require the physical presence of the physician, but shall include all of the following:

(1) Collaboration on the development of written standardized protocols. The protocols shall include a requirement that the supervised audiologist immediately refer to an appropriate physician any trauma, including skin tears, bleeding, or other pathology of the ear discovered in the process of cerumen removal as defined in this subdivision.

(2) Approval by the supervising physician of the written standardized protocol.

(3) The supervising physician shall be within the general vicinity, as provided by the physician-audiologist protocol, of the supervised audiologist and available by telephone contact at the time of cerumen removal.

(4) A licensed physician and surgeon may not simultaneously supervise more than two audiologists for purposes of cerumen removal.

SEC. 2. Section 2530.3 of the Business and Professions Code is amended to read:

2530.3. (a) A person represents themselves to be a speech-language pathologist when they hold themselves out to the public by any ~~title~~ *title, business name*, or description of services incorporating the words “speech pathologist,” “speech pathology,” “speech therapy,” “speech correction,” “speech correctionist,” “speech therapist,” “speech clinic,” “speech clinician,” “language pathologist,” “language pathology,” “logopedics,” “logopedist,” “communicology,” “communicologist,” “aphasiologist,” “voice therapy,” “voice therapist,” “voice pathology,” or “voice pathologist,” “language therapist,” or “phoniatrist,” or any similar titles; or when they purport to treat stuttering, stammering, or other disorders of speech.

(b) A person represents themselves to be an audiologist when they hold themselves out to the public by any ~~title~~ *title, business name*, or description of services incorporating the terms “audiology,” “audiologist,” “audiological,” “hearing clinic,” “hearing clinician,” “hearing therapist,” or any similar titles.

SEC. 3. Section 2530.5 of the Business and Professions Code is amended to read:

2530.5. (a) Nothing in this chapter shall be construed as restricting hearing testing conducted by licensed physicians and surgeons or by persons conducting hearing tests under the direct supervision of a physician and surgeon.

(b) Nothing in this chapter shall be construed to prevent a licensed hearing aid dispenser from engaging in testing of hearing and other practices and procedures used solely for the fitting and selling of hearing aids nor does this chapter restrict persons practicing their licensed profession and operating within the scope of their licensed profession or employed by someone operating within the scope of their licensed professions, including persons fitting and selling hearing aids who are properly licensed or registered under the laws of the State of California.

(c) Nothing in this chapter shall be construed as restricting or preventing the practice of speech-language pathology or audiology by personnel holding the appropriate credential from the Commission on Teacher Credentialing as long as the practice is conducted within the confines of or under the jurisdiction of a public preschool, elementary, or secondary school by which they are employed and those persons do not either offer to render or render speech-language pathology or audiology services to the public for compensation over and above the salary they receive from the public preschool, elementary, or secondary school by which they are employed for the performance of their official duties.

(d) Nothing in this chapter shall be construed as restricting the activities and services of a student or speech-language pathology intern in speech-language pathology pursuing a course of study leading to a degree in speech-language pathology at an accredited or approved college or university or an approved clinical training facility, provided that these activities and services constitute a part of their supervised course of study and that those persons are designated by the title as “speech-language pathology intern,” “speech-language pathology trainee,” or other title clearly indicating the training status appropriate to their level of training.

(e) Nothing in this chapter shall be construed as restricting the activities and services of a student or audiology intern in audiology pursuing a course of study leading to a degree in audiology at an accredited or approved college or university or an approved clinical training facility, provided that these activities and services constitute a part of their supervised course of study and that those persons are designated by the title as “audiology intern,” “audiology trainee,” or other title clearly indicating the training status appropriate to their level of training.

(f) Nothing in this chapter shall be construed as restricting the practice of an applicant who is obtaining the required professional experience specified in subdivision (c) of Section 2532.2 or subdivision (b) of Section 2532.25 and who has been issued a temporary license pursuant to Section 2532.7. The number of applicants who may be supervised by a licensed speech-language pathologist or a speech-language pathologist having qualifications deemed equivalent by the board shall be determined by the board. The supervising speech-language pathologist shall register with the board the name of each applicant working under their supervision, and shall submit to the board a description of the proposed professional responsibilities of the applicant working under their supervision. The number of applicants who may be supervised by a licensed audiologist or an audiologist having qualifications deemed equivalent by the board shall be determined by the board. The supervising audiologist shall register with the board the name of each applicant working under their supervision, and shall submit to the board a description of the proposed professional responsibilities of the applicant working under their supervision.

(g) Nothing in this chapter shall be construed as restricting hearing screening services in public or private elementary or secondary schools so long as these screening services are provided by persons registered as qualified school audiometrists pursuant to Sections 1685 and 1686 of the Health and Safety Code or hearing screening services supported by the State Department of Health Care Services so long as these screening services are provided by appropriately trained or qualified personnel.

(h) Persons employed as speech-language pathologists or audiologists by a federal agency shall be exempt from this chapter.

(i) Nothing in this chapter shall be construed as restricting consultation or the instructional or supervisory activities of a faculty member of an approved or accredited college or university for the first 60 days following appointment after the effective date of this subdivision.

SEC. 4. Section 2530.6 of the Business and Professions Code is amended to read:

2530.6. (a) Speech-language pathologists and audiologists supervising speech-language pathology or audiology aides shall register with the board the name of each aide working under their supervision.

(b) The number of aides who may be supervised by a licensee shall be determined by the board.

(c) The supervising audiologist or speech-language pathologist shall be responsible for the extent, kind, and quality of services performed by the aide, consistent with the board’s designated standards and requirements.

(d) A speech-language pathology and audiology aide registration shall expire every two years and is subject to the renewal requirements in Article 6 (commencing with Section 2535).

(e) At the time of registration renewal, the speech-language pathologist or audiologist supervising the speech-language pathology or audiology aide shall update the board on the duties the aide performs while assisting the supervisor in the practice of speech-language pathology or audiology, and the training program and assessment methods the supervisor is utilizing to ensure the aide's continued competency.

(f) An aide shall not advertise or otherwise represent that they hold a license as a speech-language pathologist, speech-language pathology assistant, or audiologist.

SEC. 5. Section 2530.8 is added to the Business and Professions Code, to read:

2530.8. Every person holding a license or registration under this chapter shall display it conspicuously in their primary place of practice or business.

SEC. 6. Section 2530.9 is added to the Business and Professions Code, to read:

2530.9. (a) An aide or a required professional experience license holder shall not be the sole proprietor of, manage, or independently operate a business that engages in the practice of speech-language pathology or audiology.

(b) A speech-language pathology assistant shall not be the sole proprietor of, manage, or independently operate a business that engages in the practice of speech-language pathology.

SEC. 7. Section 2531 of the Business and Professions Code is amended to read:

2531. (a) There is in the Department of Consumer Affairs the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board in which the enforcement, administration, and other regulatory duties of this chapter are vested. The Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board shall consist of nine members, three of whom shall be public members.

(b) This section shall remain in effect only until January 1, ~~2027~~, ~~2031~~, and as of that date is repealed.

(c) Notwithstanding any other law, the repeal of this section renders the board subject to review by the appropriate policy committees of the Legislature.

SEC. 8. Section 2531.3 of the Business and Professions Code is repealed.

~~**2531.3.** The board shall examine every applicant for a speech-language pathology license or an audiology license at the time and place designated by the board in its discretion, but at least once in each year; and for that purpose may appoint qualified persons to give the whole or any portion of the examination, who shall be designated as commissioners on examination. A commissioner on examination need not be a member of the board, but shall be subject to the same rules and regulations and shall be entitled to the same fee as if he or she were a member of the board.~~

~~The board shall perform all examination functions, including but not limited to, participation in uniform examination systems.~~

SEC. 9. Section 2531.4 of the Business and Professions Code is repealed.

~~**2531.4.** The board shall have full authority to investigate and to evaluate each and every applicant applying for a license to practice speech-language pathology or a license to practice audiology and to determine the admission of the applicant to the examination, if administered~~

~~by the board, or to issue a license, in conformance with the provisions of, and qualifications required by, this chapter.~~

SEC. 10. Section 2531.5 of the Business and Professions Code is amended to read:

2531.5. The board shall issue, suspend, and revoke licenses *or registrations* and approvals to practice speech-language ~~pathology and audiology~~ *pathology, audiology, and hearing aid dispensing* as authorized by this chapter.

SEC. 11. Section 2531.75 of the Business and Professions Code is amended to read:

2531.75. (a) The board may appoint a person exempt from civil service who shall be designated as an executive officer. The executive officer shall exercise the powers and perform the duties delegated by the board and vested in them by this chapter.

(b) This section shall remain in effect only until January 1, ~~2027~~, *2031*, and as of that date is repealed.

SEC. 12. Section 2532 of the Business and Professions Code is amended to read:

2532. No person shall engage in the practice of speech-language pathology or audiology or represent themselves as a speech-language pathologist or audiologist unless they are licensed in accordance with this ~~chapter~~. *article*.

SEC. 13. Section 2532.2 of the Business and Professions Code is amended to read:

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

(a) Possess at least a master's degree in speech-language ~~pathology~~ *pathology, communication disorders, communication sciences and disorders, communicative disorders, speech, language, and hearing sciences*, or audiology from an educational institution approved by the board or qualifications deemed equivalent by the board.

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

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

(c) *(1)* Submit evidence of no less than 36 weeks of satisfactorily completed supervised professional full-time experience or 72 weeks of professional part-time experience obtained under the supervision of a licensed speech-language pathologist or audiologist or a speech-language pathologist or audiologist having qualifications deemed equivalent by the board. This experience shall be evaluated and approved by the board. The required professional experience shall follow completion of the requirements listed in subdivisions (a) and (b). Full time is defined as at least 36 weeks in a calendar year and a minimum of 30 hours per week. Part time is defined as a minimum of 72 weeks and a minimum of 15 hours per week.

~~(d) (1) Pass an examination or examinations approved by the board. The board shall determine the subject matter and scope of the examinations and may waive the examination upon evidence that the applicant has successfully completed an examination approved by the board. Written examinations may be supplemented by oral examinations as the board shall~~

~~determine. An applicant who fails their examination may be reexamined at a subsequent examination upon payment of the reexamination fee required by this chapter.~~

(2) A speech-language pathologist or audiologist who holds a license from another state or territory of the United States or who holds equivalent qualifications as determined by the board and who has completed no less than one year of full-time continuous employment as a speech-language pathologist or audiologist within the past three years is exempt from the supervised professional experience in ~~subdivision (c)~~ *paragraph (1)*.

(d) Pass an examination or examinations approved by the board.

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

SEC. 14. Section 2532.25 of the Business and Professions Code is amended to read:

2532.25. (a) An applicant seeking licensure as an audiologist shall possess a doctorate in audiology earned from an educational institution approved by the board. The board may, in its discretion, accept qualifications it deems to be equivalent to a doctoral degree in audiology. The board shall not, however, accept as equivalent qualifications graduation from a master's program that the applicant was enrolled in on or after January 1, 2008.

(b) In addition to meeting the qualifications specified in subdivision (a), an applicant seeking licensure as an audiologist shall do all of the following:

(1) Submit evidence of the satisfactory completion of supervised clinical practice with individuals representative of a wide spectrum of ages and audiological disorders. The board shall establish by regulation the required number of clock hours of supervised clinical practice necessary for the applicant. The clinical practice shall be under the direction of an audiology doctoral program at an educational institution approved by the board.

(2) Submit evidence of no less than 12 months of satisfactorily completed supervised professional full-time experience or its part-time equivalent obtained under the supervision of a licensed audiologist or an audiologist having qualifications deemed equivalent by the board. This experience shall be completed under the direction of an audiology doctoral program at an educational institution approved by the board.

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

(c) This section shall apply to applicants who graduate from an approved educational institution on and after January 1, 2008.

SEC. 15. Section 2532.4 of the Business and Professions Code is amended to read:

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

(b) ~~The examination may be written or oral or both. The examination shall be given at least once a year at the time and place and under such supervision as the board may determine. The board~~ *board* shall determine what ~~shall constitute~~ *constitutes* a passing grade. *An applicant who fails an examination may be reexamined at a subsequent examination.*

(c) The board, at its discretion, may waive the examination or examinations when in the judgment of the board the applicant has already demonstrated competence in areas covered by the examination or examinations.

~~(c) (d) The board shall keep an accurate recording of any oral examination and keep the recordings as well as any written examination as part of its records for at least two years following the date of examination.~~ *examination or examinations required by the board for a license under this article may be conducted by the board or by a public or private organization specified by the board. The examination or examinations may be conducted under a uniform examination system, and for that purpose, the board may make arrangements with organizations furnishing examination or examinations materials as may, in its discretion, be desirable. All aspects of the examination or examinations shall be in compliance with Section 139.*

SEC. 16. Section 2532.5 of the Business and Professions Code is repealed.

~~**2532.5.** Every person holding a license under this chapter shall display it conspicuously in their primary place of practice.~~

SEC. 17. Section 2532.6 of the Business and Professions Code is amended to read:

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

(b) The board shall not renew any license or registration pursuant to this ~~chapter~~ *article* unless the applicant certifies to the board that they have completed in the preceding two years not less than the minimum number of continuing professional development hours established by the board pursuant to subdivision (c) for the professional practice authorized by their license or registration.

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

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

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

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

(e) (1) The continuing professional development services shall be obtained from any of the following:

(A) Accredited institutions of higher learning.

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

(C) A federal, state, or local governmental entity.

(D) Other entities or organizations approved as continuing professional development providers by the board, in its discretion.

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

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

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

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

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

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

(g) The continuing professional development requirements adopted by the board shall comply with any guidelines for mandatory continuing education established by the Department of Consumer Affairs.

SEC. 18. Section 2532.8 of the Business and Professions Code is amended to read:

2532.8. (a) The board shall, until January 1, ~~2027~~, **2031**, deem a person who holds a valid Certificate of Clinical Competence in Speech-Language Pathology issued by the American Speech-Language-Hearing Association's Council for Clinical Certification to have met the educational and experience requirements set forth for speech-language pathologists in Section 2532.2.

(b) The board shall, until January 1, ~~2027~~, **2031**, deem a person who holds either a valid Certificate of Clinical Competence in Audiology issued by the American Speech-Language-Hearing Association's Council for Clinical Certification or a valid American Board of Audiology certificate issued by the American Academy of Audiology to have met the educational and experience requirements set forth for audiologists in Section 2532.2 and 2532.25.

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

SEC. 19. *Section 2532.9 is added to the Business and Professions Code, to read:*

2532.9. (a) *The board shall issue, upon an application prescribed by the board and payment of a fee of seventy-five dollars (\$75), a retired license to a licensed speech-language pathologist, speech-language pathology assistant, audiologist, hearing aid dispenser, or dispensing audiologist who holds a license that is current and active or a license that is inactive, and whose license is not suspended, revoked, or surrendered, is subject to disciplinary action under this chapter, has an accusation filed against their license by the Attorney General's office and the charges are pending, or is confirmed by an internal investigation report signed by the executive officer to be under investigation by the board.*

(b) *The holder of a retired license issued pursuant to this section shall not engage in any activity for which an active license is required or represent that they have an active license.*

(c) *A retired license shall not be subject to renewal.*

(d) *The holder of a retired license may apply once to restore their license to active status if the holder of a retired license meets all of the following requirements:*

(1) *Has not committed an act or crime constituting grounds for denial, revocation, or discipline of a license.*

(2) *Pays the renewal fee required.*

(3) *Completes the required continuing education as specified in subdivision (e).*

(4) *Complies with the fingerprint submission requirements established by the board in regulation.*

(5) *Either of the following apply:*

(A) *The retired license was issued less than three years from the date of issuance.*

(B) *The retired license was issued more than three years from the date of issuance, but the holder has continuously maintained a current, valid, active, and clear license in the same profession in another state or territory within the United States.*

(e) A holder of a retired license requesting to restore their license to active status pursuant to subdivision (d) shall complete continuing education equivalent to that required for a single license renewal period. Continuing education shall be completed in accordance with Section 2532.6 or 2538.18 except that all hours may be completed through self-study, as defined by the board in regulation.

(f) The board shall issue a retired license for a second time pursuant to subdivision (a). A license shall remain on retired status after it has been placed on retired status for the second time.

(g) The holder of a retired license shall apply for and obtain a new license if they have been on retired status for more than three years from the date of issuance, unless the holder continuously maintains a current, valid, active, and clear license in the same profession in another state or United States territory within the United States.

(h) The holder of a retired license shall be permitted to use the title "retired." The designation of retired shall not be abbreviated in any way.

SEC. 20. Section 2533 of the Business and Professions Code is amended to read:

2533. The board may refuse to issue, or issue subject to terms and conditions, a license *or registration* on the grounds specified in Section 480, or may suspend, revoke, or impose terms and conditions upon the license *or registration* of any licensee *or registrant* for any of the following:

(a) Conviction of a crime substantially related to the qualifications, functions, and duties of a speech-language pathologist or audiologist or hearing aid dispenser, as the case may be. The record of the conviction shall be conclusive evidence thereof.

(b) Securing a license *or registration* by fraud or deceit.

(c) (1) The use or administering to themselves of any controlled substance.

(2) The use of any of the dangerous drugs specified in Section 4022, or of alcoholic beverages, to the extent or in a manner as to be dangerous or injurious to the ~~licensee,~~ *licensee or registrant*, to any other person, or to the public, or to the extent that the use impairs the ability of the licensee *or registrant* to practice speech-language pathology or audiology *or hearing aid dispensing* safely.

(3) More than one misdemeanor or any felony involving the use, consumption, or self-administration of any of the substances referred to in this section.

(4) Any combination of paragraph (1), (2), or (3).

The record of the conviction shall be conclusive evidence of unprofessional conduct.

(d) Engaging in any act in violation of Section 650.

(e) Advertising in violation of Section 17500. Advertising an academic degree that was not validly awarded or earned under the laws of this state or the applicable jurisdiction in which it was issued is deemed to constitute a violation of Section 17500.

- (f) Committing a dishonest or fraudulent act that is substantially related to the qualifications, functions, or duties of a ~~licensee~~. *licensee or registrant*.
- (g) Incompetence, gross negligence, or repeated negligent acts.
- (h) Other acts that have endangered or are likely to endanger the health, welfare, and safety of the public.
- (i) Use by a hearing aid dispenser of the term “doctor” or “physician” or “clinic” or “audiologist,” or any derivation thereof, except as authorized by law.
- (j) The use, or causing the use, of any advertising or promotional literature in a manner that has the capacity or tendency to mislead or deceive purchasers or prospective purchasers.
- (k) Any cause that would be grounds for denial of an application for a ~~license~~. *license or registration*.
- (l) Violation of Section 1689.6 or 1793.02 of the Civil Code.
- (m) Violation of a term or condition of a probationary order of a license *or registration* issued by the board pursuant to Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code.
- (n) Violation of a term or condition of a conditional license *or registration* issued by the board pursuant to this section.
- (o) Disciplinary action taken by any public agency in any state or territory for any act substantially related to the practice of speech-language pathology, audiology, or hearing aid dispensing.
- (p) Aiding or abetting any person to engage in the unlicensed practice of speech-language pathology, audiology, or hearing aid dispensing.
- (q) Violating or attempting to violate, directly or indirectly, any of the provisions of this chapter.

SEC. 21. Section 2533.1 of the Business and Professions Code is amended to read:

2533.1. A plea or verdict of guilty or a conviction following a plea of nolo contendere made to a charge substantially related to the qualifications, functions, and duties of a speech-language pathologist, audiologist, or hearing aid dispenser is deemed to be a conviction within the meaning of this article. The board may order a licensee *or registrant to* be disciplined or denied a license *or registration* as provided in Section 2533 when the time for appeal has elapsed, or the judgment of conviction has been affirmed on appeal, or when an order granting probation is made suspending the imposition of sentence irrespective of a subsequent order under Section 1203.4, 1203.4a, or 1203.41 of the Penal Code allowing the person to withdraw their plea of guilty and to enter a plea of not guilty, or setting aside the verdict of guilty, or dismissing the accusation, information, or indictment.

SEC. 22. Section 2533.4 of the Business and Professions Code is amended to read:

2533.4. Whenever a person other than a ~~licensed speech-language pathologist, audiologist, or hearing aid dispenser~~ *person licensed or registered under this chapter* has engaged in an act or practice which constitutes an offense under this chapter, a superior court of any county, on

application of the board, may issue an injunction or other appropriate order restraining the conduct. Proceedings under this section shall be governed by Chapter 3 (commencing with Section 525) of Title 7 of Part 2 of the Code of Civil Procedure. The board may commence action in the superior court under this section on its own motion.

SEC. 23. Section 2533.6 of the Business and Professions Code is amended to read:

2533.6. (a) A person whose license *or registration* has been ~~revoked or~~ *revoked*, suspended, or *surrendered, or* who has been placed on probation, may petition the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board for reinstatement or modification of penalty, including modification or termination of probation, after a period of not less than the following minimum period of time has elapsed from the effective date of the decision ordering that disciplinary ~~action:~~ *action or surrender of license:*

(1) At least three years for reinstatement of a license *or registration* ~~revoked for unprofessional conduct,~~ *conduct or surrendered,* except that the board may, for good cause shown, specify in a revocation order that a petition for reinstatement may be filed after two years.

(2) At least two years for early termination or one year for modification of a condition of probation of three years or more.

(3) At least one year for reinstatement of a license ~~revoked-~~ *or registration revoked or surrendered* for mental or physical illness, or for modification of a condition, or termination of probation of less than three years.

(b) The petition shall be on a form provided by the board and shall state any facts and information as may be required by the board, including, but not limited to, proof of compliance with the terms and conditions of the underlying disciplinary order. The petition shall be verified by the petitioner who shall file an original and sufficient copies of the petition, together with any supporting documents, for the members of the board, the administrative law judge, and the Attorney General.

(c) The petition may be heard by the board, with the matter presided over by an administrative law judge. After a hearing on the petition, the administrative law judge shall provide a decision as determined by the board which shall be acted upon in accordance with the Administrative Procedure Act.

(d) The board or the administrative law judge hearing the petition may consider all activities of the petitioner since the disciplinary action was taken, the offense for which the petitioner was disciplined, the petitioner's activities during the time the license *or registration* was in good standing, and the petitioner's rehabilitative efforts, general reputation for truth, and professional ability. The hearing may be continued, as the board or the administrative law judge finds necessary.

(e) The administrative law judge when hearing a petition for reinstating a ~~license,~~ *license* or *registration, or* modifying a penalty, may recommend the imposition of any terms and conditions deemed necessary.

(f) No petition shall be considered while the petitioner is under sentence for any criminal offense, including any period during which the petitioner is on court-imposed probation or parole. No petition shall be considered while there is an accusation or petition to revoke probation pending against the petitioner. The board may deny, without a hearing or argument, any petition filed pursuant to this section within a period of two years from the effective date of the prior decision following a hearing under this section.

(g) The board may deny, without a hearing or argument, any petition for termination or modification of probation filed pursuant to this section for any of the following:

(1) The petitioner has failed to comply with the terms and conditions of the disciplinary order.

(2) The board is conducting an investigation of the petitioner while they are on probation.

(3) The petitioner has a subsequent arrest that is substantially related to the qualifications, functions, or duties of the licensee or registrant and this arrest occurred while on probation.

(4) The petitioner's probation with the board is currently tolled.

(h) Nothing in this section shall be deemed to alter Sections 822 and 823.

SEC. 24. Section 2534.2 of the Business and Professions Code is amended to read:

2534.2. The amount of the fees prescribed by this chapter is that established by the following schedule:

(a) (1) The application fee and renewal fee for speech-language pathologists and nondispensing audiologists shall be established by the board in an amount that does not exceed one hundred fifty dollars (\$150) but is sufficient to support the functions of the board that relate to the functions authorized by this chapter, excluding Article 9 (commencing with Section 2539.1).

(2) The application fee and renewal fee for dispensing audiologists shall be established by the board in an amount that does not exceed two hundred eighty dollars (\$280) but is sufficient to support the functions of the board that relate to the functions authorized by this chapter.

(b) The delinquency fee shall be twenty-five dollars (\$25).

(c) The reexamination fee shall be established by the board in an amount that does not exceed seventy-five dollars (\$75).

(d) The registration fee and renewal fee of an aide shall be established by the board in an amount that does not exceed thirty dollars (\$30).

(e) A fee to be set by the board of not more than one hundred dollars (\$100) shall be charged for each application for approval as a speech-language pathology assistant.

(f) A fee of one hundred fifty dollars (\$150) shall be charged for the issuance of and for the renewal of each approval as a speech-language pathology assistant, unless a lower fee is established by the board.

(g) The duplicate wall certificate fee is twenty-five dollars (\$25).

(h) The duplicate renewal receipt fee is twenty-five dollars (\$25).

(i) The application fee and renewal fee for a temporary license is thirty dollars (\$30).

(j) The fee for issuance of a license *or registration* status and history certification letter shall be established by the board in an amount not to exceed twenty-five dollars (\$25).

SEC. 25. Section 2535 of the Business and Professions Code is amended to read:

2535. (a) All licenses ~~issued as of January 1, 1992,~~ *or registrations issued under Sections 2530.6, 2532, and 2538* shall expire at 12 a.m. of the last date of the birth month of the licensee *or registrant* during the second year of a two-year ~~term~~ *term*, if not renewed.
~~(b) All licenses issued under this chapter, except those licenses issued pursuant to subdivision (a), shall expire at 12 a.m. of the last date of the birth month of the licensee during the second year of a two-year term, if not renewed.~~

~~(c)~~ *(b)* To renew an unexpired ~~license,~~ *license or registration*, the licensee *or registrant* shall, on or before the date of expiration of the ~~license,~~ *license or registration*, apply for renewal on a form provided by the board, accompanied by the prescribed renewal fee.

SEC. 26. Section 2535.2 of the Business and Professions Code is amended to read:

2535.2. Except as provided in Section 2535.3, a license *or registration* that has expired may be renewed at any time within five years after its expiration upon filing of an application for renewal on a form prescribed by the board and payment of all accrued and unpaid renewal fees. If the license *or registration* is not renewed on or before its expiration, the ~~licensee,~~ *licensee or registrant*, as a condition precedent to renewal, shall also pay the prescribed delinquency fee. Renewal under this section shall be effective on the date on which the application is filed, on the date on which all renewal fees are paid, or on the date on which the delinquency fee is paid, whichever last occurs. If so renewed, the license *or registration* shall continue in effect through the expiration date provided in Section 2535, after the effective date of the renewal, when it shall expire and become invalid if it is not again renewed.

SEC. 27. Section 2535.4 of the Business and Professions Code is amended to read:

2535.4. A person who fails to renew their license *or registration* within the five years after its expiration may not renew it, and it may not be restored, reissued, or reinstated thereafter, but that person may apply for and obtain a new license *or registration* if they meet all of the following requirements:

(a) Have not committed any acts or crimes constituting grounds for denial of licensure *or registration* under Division 1.5 (commencing with Section 475).

(b) Take and pass the examination or examinations, if any, that would be required of them if an initial application for licensure *or registration* was being made, or otherwise establishes to the satisfaction of the board that, with due regard for the public interest, they are qualified to practice as a speech-language pathologist or audiologist, as the case may be.

(c) Pays all of the fees that would be required if an initial application for licensure *or registration* was being made. In addition, the board may charge the applicant a fee to cover the actual costs of any examination that it may administer.

SEC. 28. Section 2538.1 of the Business and Professions Code is amended to read:

2538.1. (a) The board shall adopt regulations, in collaboration with the State Department of Education, the Commission on Teacher Credentialing, and the Advisory Commission on Special Education, that set forth standards and requirements for the adequate supervision of speech-language pathology assistants.

(b) The board shall adopt regulations as reasonably necessary to carry out the purposes of this article, that shall include, but need not be limited to, the following:

- (1) Procedures and requirements for application, registration, renewal, suspension, and revocation.
- (2) Standards for approval of ~~Associate Degree~~ Speech-Language Pathology Assistant *associate degree* training programs based upon standards and curriculum guidelines established by the ~~National~~ Council on Academic Accreditation in Audiology and Speech-Language Pathology, or the American Speech-Language-Hearing Association, or equivalent formal training programs consisting of two years of technical education, including supervised field placements. The board may impanel site review committees to conduct onsite evaluations, inspections, and investigations of a speech-language pathology assistant training program and to assess the training program's compliance with the board's laws and regulations. The members of the site review committee shall receive no compensation but shall be reimbursed for their actual travel and per diem expenses by the institution that is the subject of the evaluation, inspection, or investigation.
- (3) Standards for accreditation of a Speech-Language Pathology Assistant *associate degree* training program's institution by the Accrediting Commission for Community and Junior Colleges of the Western Association of Schools and Colleges or the Senior College Commission of the Western Association of Schools and Colleges, or equivalent accreditation.
- (4) The scope of responsibility, duties, and functions of speech-language pathology assistants, that shall include, but not be limited to, all of the following:
 - (A) Conducting speech-language screening, without interpretation, and using screening protocols developed by the supervising speech-language pathologist.
 - (B) Providing direct treatment assistance to patients or clients under the supervision of a speech-language pathologist.
 - (C) Following and implementing documented treatment plans or protocols developed by a supervising speech-language pathologist.
 - (D) Documenting patient or client progress toward meeting established objectives, and reporting the information to a supervising speech-language pathologist.
 - (E) Assisting a speech-language pathologist during assessments, including, but not limited to, assisting with formal documentation, preparing materials, and performing clerical duties for a supervising speech-language pathologist.
 - (F) When competent to do so, as determined by the supervising speech-language pathologist, acting as an interpreter for non-English-speaking patients or clients and their family members.
 - (G) Scheduling activities and preparing charts, records, graphs, and data.
 - (H) Performing checks and maintenance of equipment, including, but not limited to, augmentative communication devices.
 - (I) Assisting with speech-language pathology research projects, in-service training, and family or community education.

The regulations shall provide that speech-language pathology assistants are not authorized to conduct evaluations, interpret data, alter treatment plans, or perform any task without the express knowledge and approval of a supervising speech-language pathologist.

(5) The requirements for the wearing of distinguishing name badges with the title of speech-language pathology assistant.

(6) Minimum continuing professional development requirements for the speech-language pathology assistant, not to exceed 12 hours in a two-year period. The speech-language pathology assistant's supervisor shall act as a professional development advisor. The speech-language pathology assistant's professional growth may be satisfied with successful completion of state or regional conferences, workshops, formal in-service presentations, independent study programs, *courses offered by entities listed in paragraph (1) of subdivision (e) of Section 2532.6*, or any combination of these concerning communication and related disorders. *Coursework from a master's degree that would qualify an applicant for licensure as a speech-language pathologist pursuant to Section 2532.2 shall not be used to satisfy this requirement.*

(7) Minimum continuing professional development requirements for the supervisor of a speech-language pathology assistant.

(8) The type and amount of direct and indirect supervision required for speech-language pathology assistants.

(9) The maximum number of assistants permitted per supervisor.

(10) A requirement that the supervising speech-language pathologist shall remain responsible and accountable for clinical judgments and decisions and the maintenance of the highest quality and standards of practice when a speech-language pathology assistant is utilized.

SEC. 29. Section 2538.3 of the Business and Professions Code is amended to read:

2538.3. A person applying for approval as a speech-language pathology assistant shall have graduated from a speech-language pathology assistant associate degree program, or equivalent course of study, approved by the board. A person who has successfully graduated from a board-approved bachelor's degree program in speech-language ~~pathology or communication pathology~~, *communication disorders, speech, language, and hearing sciences, communication sciences and disorders, or communicative* disorders shall be deemed to have satisfied an equivalent course of study.

SEC. 30. Section 2538.5 of the Business and Professions Code is amended to read:

2538.5. This article shall not be construed to limit the utilization of a speech aide or other personnel employed by a public school working under the direct supervision of a credentialed speech-language pathologist as set forth in subdivision (c) of Section 3051.1 of Title 5 of the California Code of ~~Regulations~~. *Regulations so long as the speech aide or other personnel is not performing the scope of responsibility, duties, and functions of a speech-language pathology assistant as described in paragraph (4) of subdivision (b) of Section 2538.1.*

SEC. 31. Section 2538.7 of the Business and Professions Code is amended to read:

2538.7. (a) No person who is not registered as a speech-language pathology assistant shall utilize the title speech-language pathology ~~assistant or~~ *assistant, SLP assistant, or the letters*

“SLPA,” or a similar title that includes the words speech or language when combined with the term assistant.

(b) No person who is not registered as a speech-language pathology assistant shall perform the duties or functions of a speech-language pathology assistant, except as provided by this ~~chapter.~~ *article.*

SEC. 32. *Section 2538.8 is added to the Business and Professions Code, to read:*

2538.8. *A speech-language pathology assistant shall not advertise or otherwise represent that they hold a license as a speech-language pathologist.*

SEC. 33. Section 2538.10 of the Business and Professions Code is amended to read:

2538.10. For the purposes of this article, the following definitions shall apply:

(a) “Advertise” and its variants include the use of a newspaper, magazine, or other publication, book, notice, circular, pamphlet, letter, handbill, poster, bill, sign, placard, card, label, tag, window display, store sign, radio, or television announcement, or any other means or methods now or hereafter employed to bring to the attention of the public the practice of fitting or selling of hearing aids.

(b) “License” means a license to engage in the practice of fitting or selling hearing aids to an individual or individuals with impaired hearing.

~~(b)~~ (c) ~~“License”~~ *“Licensee”* means a ~~hearing aid dispenser~~ *person holding a* license issued pursuant to this article and includes a ~~temporary~~ *permanent, temporary,* or trainee license.

~~(c) “Licensee” means a person holding a license.~~

(d) “Hearing aid” means any wearable instrument or device designed for, or offered for the purpose of, aiding or compensating for impaired human hearing.

(e) “Fund” means the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Fund.

SEC. 34. Section 2538.11 of the Business and Professions Code is amended to read:

2538.11. (a) “Practice of fitting or selling hearing aids,” as used in this article, means those practices used for the purpose of selection and adaptation of hearing aids, including direct observation of the ear, testing of hearing in connection with the fitting and selling of hearing aids, taking of ear mold impressions, fitting or sale of hearing aids, and any necessary postfitting counseling.

The practice of fitting or selling hearing aids does not include the act of concluding the transaction by a retail clerk.

When any audiometer or other equipment is used in the practice of fitting or selling hearing aids, it shall be kept properly calibrated and in good working condition, and the calibration of the audiometer or other equipment shall be checked at least annually.

(b) A ~~hearing aid dispenser~~ *licensee* shall not conduct diagnostic hearing tests when conducting tests in connection with the practice of fitting or selling hearing aids.

(c) Hearing tests conducted pursuant to this article shall include those that are in compliance with the Food and Drug Administration Guidelines for Hearing Aid Devices and those that are specifically covered in the licensing examination prepared and administered by the board.

SEC. 35. Section 2538.13 of the Business and Professions Code is amended to read:

2538.13. In fitting hearing aids, a ~~hearing aid dispenser licensee~~ shall not take facial measurements or fit, adjust, or adapt lenses or spectacle frames, except that a ~~hearing aid dispenser licensee~~ may replace the temple or temples of a person's spectacle frames with a temple or temples incorporating hearing aid components.

SEC. 36. Section 2538.14 of the Business and Professions Code is amended to read:

2538.14. "Hearing aid dispenser," as used in this article, means a person ~~engaged in the practice of fitting or selling hearing aids to an individual with impaired hearing.~~ *who is issued a permanent license pursuant to this article.*

SEC. 37. Section 2538.18 of the Business and Professions Code is amended to read:

2538.18. All ~~holders of licenses to sell or fit hearing aids~~ *hearing aid dispensers* shall continue their education after receiving ~~the~~ *their* license. The board shall provide by regulation, as a condition to the renewal of a license, that ~~licensees~~ *the hearing aid dispenser* shall submit documentation satisfactory to the board that they have informed themselves of current practices related to the fitting of hearing aids by having pursued courses of study satisfactory to the board or by other means defined as equivalent by the board.

Continuing education courses shall be subject to monitoring to ensure compliance with the regulations adopted by the board pursuant to this section.

SEC. 38. Section 2538.23 of the Business and Professions Code is amended to read:

2538.23. (a) Hearing aids may be sold *online*, by ~~catalog~~ *catalog*, or direct mail provided that:

(1) The seller is licensed as a hearing aid dispenser in this ~~state.~~ *state or is a temporary licensee who does not require supervision.*

(2) There is no fitting, selection, or adaptation of the instrument and no advice is given with respect to fitting, selection, or adaptation of the instrument and no advice is given with respect to the taking of an ear impression for an earmold by the seller.

(3) The seller has received a statement which is signed by a physician and surgeon, audiologist, or a hearing aid dispenser, licensed by the State of California which verifies that Section 2538.36 and subdivision (b) of Section 2538.49 have been complied with.

(b) A copy of the statement referred to in paragraph (3) of subdivision (a) shall be retained by the seller for the period provided for in Section 2538.38.

(c) A ~~licensed~~ hearing aid ~~dispenser who~~ *dispenser, or temporary licensee who does not require supervision, who* sells a hearing aid under this section shall not be required to comply with subdivision (b) of Section 2538.49.

SEC. 39. Section 2538.26 of the Business and Professions Code is amended to read:

2538.26. The board shall issue a license to all applicants who have satisfied this ~~chapter,~~ *article*, who are at least 18 years of age, who possess a high school diploma or its equivalent, who have not committed acts or crimes constituting grounds for denial of licensure under

Section 480, and who have paid the fees provided for in Section 2538.57. No license shall be issued to any person other than an individual.

SEC. 40. Section 2538.28 of the Business and Professions Code is amended to read:

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

(b) The board shall adopt regulations setting forth criteria for its refusal to approve a hearing aid dispenser to supervise a trainee licensee, including procedures to appeal that decision.

(c) A trainee license issued pursuant to this section is effective and valid for six months from date of issue. The board may renew the trainee license for an additional period of six months. Except as provided in subdivision (d), the board shall not issue more than two renewals of a trainee license to any applicant. Notwithstanding subdivision (d), if a trainee licensee who is entitled to renew a trainee license does not renew the trainee license and applies for a new trainee license at a later time, the new trainee license shall only be issued and renewed subject to the limitations set forth in this subdivision.

(d) A new trainee license may be issued pursuant to this section if a trainee license issued pursuant to subdivision (c) has lapsed for a minimum of three years from the expiration or cancellation date of the previous trainee license. The board may issue only one new trainee license under this subdivision.

SEC. 41. Section 2538.33 of the Business and Professions Code is amended to read:

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

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

SEC. 42. Section 2538.34 of the Business and Professions Code is amended to read:

2538.34. (a) Every ~~licensee who~~ *hearing aid dispenser, or temporary licensee who does not require supervision, who* engages in the practice of fitting or selling hearing aids shall have ~~and maintain~~ an established retail business address ~~to engage in that fitting or selling,~~ routinely open for service to customers or clients. The address of ~~the licensee's~~ *that* place of business shall be registered with the board as provided in Section 2538.33.

(b) Except as provided in subdivision (c), if a ~~licensee maintains~~ *hearing aid dispenser, or temporary licensee who does not require supervision, engages in the practice of fitting or selling hearing aids at* more than one place of business within this state, they shall apply for and procure a ~~duplicate~~ *branch office* license for each branch ~~office maintained.~~ *place of*

business. The application shall state the name of the person and the ~~location address~~ of the place or places of business for which the ~~duplicate- branch office~~ license is desired.

(c) (1) A hearing aid ~~dispenser- dispenser, or temporary licensee who does not require supervision,~~ may, without obtaining a ~~duplicate license for a branch office- branch office license,~~ engage on a temporary basis in the practice of fitting or selling hearing aids at ~~the primary or branch location of another licensee's- another~~ business or at a location or facility that they may use on a temporary basis, provided that the hearing aid ~~dispenser- dispenser, or temporary licensee who does not require supervision,~~ notifies the board in advance in writing of the dates and addresses of those businesses, locations, or facilities at which they will engage in the practice of fitting or selling hearing aids.

(2) For purposes of paragraph (1), "temporary basis" means a limited and short period of time that is not intended to occur repeatedly.

SEC. 43. Section 2538.37 of the Business and Professions Code is amended to read:

2538.37. No hearing aid shall be sold by an individual licensed under this ~~chapter, article,~~ to a person 16 years of age or younger, unless within the preceding six months a recommendation for a hearing aid has been made by both a board-certified, or a board-eligible physician specializing in otolaryngology, and by a ~~state-licensed- state-licensed~~ audiologist. A replacement of an identical hearing aid within one year shall be an exception to this requirement.

SEC. 44. Section 2538.38 of the Business and Professions Code is amended to read:

2538.38. A ~~licensee- hearing aid dispenser, or temporary licensee who does not require supervision,~~ shall, upon the consummation of a sale of a hearing aid, keep and maintain records in the licensee's office or place of business at all times and each record shall be kept and maintained for a seven-year period. All records related to the sale and fitting of hearing aids shall be open to inspection by the board or its authorized representatives upon reasonable notice. The records kept shall include:

(a) Results of test techniques as they pertain to fitting of the hearing aid.

(b) A copy of the written notice and the written receipt required by Section 2538.35 and the written recommendation and receipt required by Section 2538.36 when applicable.

(c) Records of maintenance or calibration of equipment used in the practice of fitting or selling hearing aids.

SEC. 45. Section 2538.48 of the Business and Professions Code is amended to read:

2538.48. It is unlawful to engage in the practice of fitting or selling hearing aids in this state without having at the time of so doing a valid, unrevoked, and unexpired ~~license or temporary~~ license.

SEC. 46. Section 2538.49 of the Business and Professions Code is amended to read:

2538.49. It is unlawful for a ~~licensed hearing aid dispenser- licensee~~ to fit or sell a hearing aid unless they first do all of the following:

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

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

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

SEC. 47. Section 2538.50 of the Business and Professions Code is amended to read:

2538.50. It is unlawful to advertise by displaying a sign or otherwise or hold themselves out to be a person engaged in the practice of fitting or selling hearing aids without having at the time of so doing a valid, unrevoked ~~license or temporary~~ license.

SEC. 48. Section 2538.51 of the Business and Professions Code is amended to read:

2538.51. It is unlawful to engage in the practice of fitting or selling hearing aids without the ~~licensee having and maintaining~~ *hearing aid dispenser, or temporary licensee who does not require supervision, having* an established business address, routinely open for service to their clients.

SEC. 49. Section 2538.53 of the Business and Professions Code is amended to read:

2538.53. (a) A license issued under this article expires at midnight on its assigned renewal date.

(b) To renew an unexpired *permanent* license, the ~~licensee~~ *hearing aid dispenser* shall, on or before the date of expiration of the license, apply for renewal on a form provided by the board, accompanied by the prescribed renewal fee.

(c) ~~Temporary Trainee~~ license holders shall renew their ~~licenses~~ *license* in accordance with Section ~~2538.27, 2538.28~~ and apply for that renewal on a form provided by the board, accompanied by the prescribed renewal fee for ~~temporary licenses~~ *a trainee license*.

(d) Each ~~duplicate~~ license issued for a branch office shall expire on the same date as the permanent license of the hearing aid dispenser to whom the ~~duplicate~~ *branch office* license was issued. ~~These duplicate licenses~~ *A branch office license* shall be renewed according to subdivision (b).

SEC. 50. Section 2538.57 of the Business and Professions Code is amended to read:

2538.57. The amount of fees and penalties prescribed by this article shall be those set forth in this section unless a lower fee is fixed by the board:

(a) The fee for applicants applying for the first time for a license is seventy-five dollars (\$75), which shall not be refunded, except to applicants who are found to be ineligible to take an examination for a license. Those applicants are entitled to a refund of fifty dollars (\$50).

(b) The fees for taking or retaking the written and practical examinations shall be amounts fixed by the board, which shall be equal to the actual cost of preparing, grading, analyzing, and administering the examinations.

(c) The initial temporary *or trainee* license fee is one hundred dollars (\$100). The fee for renewal of a ~~temporary trainee~~ license is one hundred dollars (\$100) for each renewal.

(d) The initial permanent license fee is two hundred eighty dollars (\$280). The fee for renewal of a permanent license is not more than two hundred eighty dollars (\$280) for each renewal.

(e) The initial branch office license fee is twenty-five dollars (\$25). The fee for renewal of a branch office license is twenty-five dollars (\$25) for each renewal.

- (f) The delinquency fee is twenty-five dollars (\$25).
- (g) The fee for issuance of a replacement license is twenty-five dollars (\$25).
- (h) The continuing education course approval application fee is fifty dollars (\$50).
- (i) The fee for official certification of licensure is fifteen dollars (\$15).

SEC. 51. Section 2539.1 of the Business and Professions Code is amended to read:

2539.1. (a) (1) ~~On and after January 1, 2010, in~~ *In* addition to satisfying the licensure and examination requirements described in Sections 2532, 2532.2, and 2532.25, no licensed audiologist shall sell hearing aids unless they complete an application for a dispensing audiology license, pay all applicable fees, and pass an examination, approved by the board, relating to selling hearing aids.

(2) The board shall issue a dispensing audiology license to a licensed audiologist who meets the requirements of paragraph (1).

(b) ~~(1) The On and after January 1, 2010, a licensed audiologist with an unexpired license to sell hearing aids pursuant to Article 8 (commencing with Section 2538.10) may continue to sell hearing aids pursuant to that license until that license expires pursuant to Section 2538.53, and upon that expiration the licensee shall be deemed to have satisfied the requirements described in subdivision (a) and may continue to sell hearing aids pursuant to their audiology license subject to this chapter. Upon the expiration of the audiologist's license to sell hearing aids, the board shall issue them a dispensing audiology license pursuant to paragraph (2) of subdivision (a). This paragraph shall~~ *board shall* not prevent an audiologist who also has a hearing aid dispenser ~~license~~ *license, issued pursuant to Article 8 (commencing with Section 2538.10),* from maintaining dual or separate licenses if they choose to do so.

~~(2) A licensed audiologist whose license to sell hearing aids, issued pursuant to Article 8 (commencing with Section 2538.10), is suspended, surrendered, or revoked shall not be authorized to sell hearing aids pursuant to this subdivision and they shall be subject to the requirements described in subdivision (a) and the other provisions of this chapter.~~

(c) A licensed hearing aid dispenser who meets the qualifications for licensure as an audiologist *described in Sections 2532, 2532.2, and 2532.25* shall be deemed to have satisfied the requirements of paragraph (1) of subdivision (a) for the purposes of obtaining a dispensing audiology license.

(d) For purposes of subdivision (a), the board shall provide the hearing aid dispenser examination provided by the former Hearing Aid Dispensers Bureau until the next examination validation and occupational analysis is completed by the Department of Consumer Affairs pursuant to Section 139 and a determination is made that a different examination is to be administered.

SEC. 52. Section 2539.2 of the Business and Professions Code is amended to read:

2539.2. (a) Hearing aids may be sold *online*, by ~~catalog~~ *catalog*, or direct mail provided that:
(1) The seller is licensed as an audiologist in this state and is authorized to sell hearing aids pursuant to Section 2539.1.

(2) There is no fitting, selection, or adaptation of the instrument and no advice is given with respect to fitting, selection, or adaptation of the instrument and no advice is given with respect to the taking of an ear impression for an earmold by the seller.

(3) The seller has received a statement which is signed by a physician and surgeon, audiologist, or a hearing aid dispenser, licensed by the State of California which verifies that Section 2539.6 has been complied with.

(b) A copy of the statement referred to in paragraph (3) of subdivision (a) shall be retained by the seller for the period provided for in Section 2539.10.

SEC. 53. Section 2539.6 of the Business and Professions Code is amended to read:

2539.6. (a) Whenever any of the following conditions are found to exist either from observations by the licensed *dispensing* audiologist or on the basis of information furnished by the prospective hearing aid user, a licensed *dispensing* audiologist shall, prior to fitting or selling a hearing aid to any individual, suggest to that individual in writing that the individual's best interests would be served if they consult a licensed physician and surgeon specializing in diseases of the ear or, if none are available in the community, a duly licensed physician and surgeon:

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

(2) History of, or active, drainage from the ear within the previous 90 days.

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

(4) Acute or chronic dizziness.

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

(6) Significant air-bone gap (when generally acceptable standards have been established).

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

(8) Pain or discomfort in the ear.

(b) No referral for medical opinion need be made by any licensed *dispensing* audiologist in the instance of replacement only of a hearing aid that has been lost or damaged beyond repair within one year of the date of purchase. A copy of the written recommendation shall be retained by the licensed *dispensing* audiologist for the period provided for in Section 2539.10. A person receiving the written recommendation who elects to purchase a hearing aid shall sign a receipt for the same, and the receipt shall be kept with the other papers retained by the licensed *dispensing* audiologist for the period provided for in Section 2539.10. Nothing in this section required to be performed by a licensed *dispensing* audiologist shall mean that the licensed *dispensing* audiologist is engaged in the diagnosis of illness or the practice of medicine or any other activity prohibited by the provisions of this code.

SEC. 54. Section 2539.8 of the Business and Professions Code is repealed.

~~**2539.8.** No hearing aid shall be sold by an individual licensed as an audiologist under this chapter to a person 16 years of age or younger, unless within the preceding six months a recommendation for a hearing aid has been made by both a board-certified, or a board-eligible~~

~~physician specializing in otolaryngology, and by a state licensed audiologist. A replacement of an identical hearing aid within one year shall be an exception to this requirement.~~

SEC. 55. Section 2539.12 of the Business and Professions Code is amended to read:

2539.12. A licensed *dispensing* audiologist who is the owner, manager, or franchisee at a location where hearing aids are fit or sold, shall be responsible for the adequacy of the fitting or selling of any hearing aid fit and sold by any licensee or licensees at that location.

SEC. 56. Section 2539.14 of the Business and Professions Code is amended to read:

2539.14. (a) *A licensed dispensing audiologist who satisfies the requirements of Section 2539.1 is authorized to sell hearing aids pursuant to the requirements in Article 8 (commencing with Section 2538.10).*

(b) The provisions of subdivisions (b) and (c) of Section 2538.11 ~~and the provisions of Section 2538.12~~ or Sections 2538.12, 2538.14, 2538.37, 2538.53, 2538.54, 2538.55, and 2538.56 do not apply to a licensed audiologist who satisfies the requirements of Section 2539.1.

SEC. 57. Section 2539.15 is added to the Business and Professions Code, to read:

2539.15. *All dispensing audiologists shall continue their education after receiving their license. The board shall provide by regulation, as a condition to the renewal of a license, that the dispensing audiologist shall submit documentation satisfactory to the board that they have informed themselves of current practices related to audiology and the fitting of hearing aids by having pursued courses of study satisfactory to the board or by other means defined as equivalent by the board.*

Continuing education courses shall be subject to monitoring to ensure compliance with the regulations adopted by the board pursuant to this section.

SEC. 58. Section 2539.16 is added to the Business and Professions Code, to read:

2539.16. (a) *A license issued under this article expires at midnight on its assigned renewal date.*

(b) *To renew an unexpired license, the licensee shall, on or before the date of expiration of the license, apply for renewal on a form provided by the board, accompanied by the prescribed renewal fee.*

SEC. 59. Section 2539.17 is added to the Business and Professions Code, to read:

2539.17. *Except as otherwise provided in this article, an expired license may be renewed at any time within three years after its expiration on filing of an application for renewal on a form prescribed by the board, and payment of all accrued and unpaid renewal fees. If the license is renewed after its expiration, the licensee, as a condition precedent to renewal, shall also pay the delinquency fee prescribed by this article. Renewal under this section shall be effective on the date on which the application is filed, on the date on which the renewal fee is paid, or on the date on which the delinquency fee, if any, is paid, whichever last occurs. If so renewed, the license shall continue in effect through the date provided in Section 2539.16 which next occurs after the effective date of the renewal, when it shall expire if it is not again renewed.*

SEC. 60. Section 2539.18 is added to the Business and Professions Code, to read:

2539.18. (a) *A license which has been suspended is subject to expiration and shall be renewed as provided in this article but renewal does not entitle the holder of the license, while it remains suspended and until it is reinstated, to engage in the fitting or selling of hearing aids,*

or in any other activity or conduct in violation of the order or judgment by which the license was suspended.

(b) A license that has been revoked is subject to expiration, but it shall not be renewed. If it is reinstated after its expiration, the licensee, as a condition precedent to its reinstatement, shall pay a reinstatement fee in an amount equal to the renewal fee in effect on the last regular renewal date before the date on which it is reinstated, plus the delinquency fee, if any, accrued at the time of its revocation.

SEC. 61. *Section 2539.19 is added to the Business and Professions Code, to read:*

2539.19. *A license that is not renewed within three years after its expiration may not be renewed, restored, reissued, or reinstated thereafter, but the holder of the expired license may apply for and obtain a new license if all of the following apply:*

(a) They have not committed acts or crimes constituting grounds for denial of licensure under Section 480.

(b) They pay all of the fees that would be required if they were applying for a license for the first time.

(c) They take and pass the examination that would be required if they were applying for a license for the first time or otherwise establish to the satisfaction of the board that, with due regard for the public interest, they are qualified to practice as a dispensing audiologist.

SEC. 62. *No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.*

AB 1542 Amends The Law: Amended 6/25/2026

SECTION 1. Section 1798.100 of the Civil Code is amended to read:

1798.100. General Duties of Businesses that Collect Personal Information

(a) A business that controls the collection of a consumer's personal information shall, at or before the point of collection, inform consumers of the following:

(1) The categories of personal information to be collected and the purposes for which the categories of personal information are collected or used and whether that information is sold or shared. A business shall not collect additional categories of personal information or use personal information collected for additional purposes that are incompatible with the disclosed purpose for which the personal information was collected without providing the consumer with notice consistent with this section.

(2) If the business collects sensitive personal information, the categories of sensitive personal information to be collected and the purposes for which the categories of sensitive personal information are collected or ~~used, and whether that information is sold or shared.~~ *used.* A business shall not collect additional categories of sensitive personal information or use sensitive personal information collected for additional purposes that are incompatible with the disclosed purpose for which the sensitive personal information was collected without providing the consumer with notice consistent with this section.

(3) The length of time the business intends to retain each category of personal information, including sensitive personal information, or if that is not possible, the criteria used to determine that period provided that a business shall not retain a consumer's personal information or sensitive personal information for each disclosed purpose for which the personal information was collected for longer than is reasonably necessary for that disclosed purpose.

(b) A business that, acting as a third party, controls the collection of personal information about a consumer may satisfy its obligation under subdivision (a) by providing the required information prominently and conspicuously on the homepage of its internet website. In addition, if a business acting as a third party controls the collection of personal information about a consumer on its premises, including in a vehicle, then the business shall, at or before the point of collection, inform consumers as to the categories of personal information to be collected and the purposes for which the categories of personal information are used, and whether that personal information is sold, in a clear and conspicuous manner at the location.

(c) A business' collection, use, retention, and sharing of a consumer's personal information shall be reasonably necessary and proportionate to achieve the purposes for which the personal information was collected or processed, or for another disclosed purpose that is compatible with the context in which the personal information was collected, and not further processed in a manner that is incompatible with those purposes.

(d) A business that collects a consumer's personal information and that sells that personal information to, or shares it with, a third party or that discloses it to a service provider or contractor for a business purpose shall enter into an agreement with the third party, service provider, or contractor, that:

(1) Specifies that the personal information is sold or disclosed by the business only for limited and specified purposes.

- (2) Obligates the third party, service provider, or contractor to comply with applicable obligations under this title and obligate those persons to provide the same level of privacy protection as is required by this title.
- (3) Grants the business rights to take reasonable and appropriate steps to help ensure that the third party, service provider, or contractor uses the personal information transferred in a manner consistent with the business' obligations under this title.
- (4) Requires the third party, service provider, or contractor to notify the business if it makes a determination that it can no longer meet its obligations under this title.
- (5) Grants the business the right, upon notice, including under paragraph (4), to take reasonable and appropriate steps to stop and remediate unauthorized use of personal information.
- (e) A business that collects a consumer's personal information shall implement reasonable security procedures and practices appropriate to the nature of the personal information to protect the personal information from unauthorized or illegal access, destruction, use, modification, or disclosure in accordance with Section 1798.81.5.
- (f) Nothing in this section shall require a business to disclose trade secrets, as specified in regulations adopted pursuant to paragraph (3) of subdivision (a) of Section 1798.185.

SEC. 2. Section 1798.121 of the Civil Code is amended to read:

1798.121. Consumers' ~~Right to Limit Use and Disclosure of~~ Sensitive Personal Information

(a) A consumer shall have the right, at any time, to direct a business that collects sensitive personal information about the consumer to limit its use of the consumer's sensitive personal information to that use ~~which~~ *that* is necessary to perform the services or provide the goods reasonably expected by an average consumer who requests those goods or services, to perform the services set forth in paragraphs (2), (4), (5), and (8) of subdivision (e) of Section 1798.140, and as authorized by regulations adopted pursuant to subparagraph (C) of paragraph (18) of subdivision (a) of Section 1798.185. A business that uses or discloses a consumer's sensitive personal information for purposes other than those specified in this subdivision shall provide notice to consumers, pursuant to subdivision (a) of Section 1798.135, that this information may be used, or disclosed to a service provider or contractor, for additional, specified purposes and that consumers have the right to limit the use or disclosure of their sensitive personal information.

(b) A business that has received direction from a consumer not to use or disclose the consumer's sensitive personal information, except as authorized by subdivision (a), shall ~~be prohibited,~~ *not*, pursuant to paragraph (4) of subdivision (c) of Section 1798.135, ~~from using use~~ or ~~disclosing~~ *disclose* the consumer's sensitive personal information for any other purpose after its receipt of the consumer's direction unless the consumer subsequently provides consent for the use or disclosure of the consumer's sensitive personal information for additional purposes.

(c) A service provider or contractor that assists a business in performing the purposes authorized by subdivision (a) ~~may~~ *shall* not use the sensitive personal information after it has received instructions from the business and to the extent it has actual knowledge that the personal information is sensitive personal information for any other purpose. A service provider or contractor is only required to limit its use of sensitive personal information received pursuant

to a written contract with the business in response to instructions from the business and only with respect to its relationship with that business.

(d) Sensitive personal information that is collected or processed without the purpose of inferring characteristics about a consumer is not subject to this section, as further defined in regulations adopted pursuant to subparagraph (C) of paragraph (18) of subdivision (a) of Section 1798.185, and shall be treated as personal information for purposes of all other sections of this act, including Section 1798.100.

(e) Subject to subparagraph (A) of paragraph (2) of subdivision (ad) of Section 1798.140 and subparagraph (B) of paragraph (2) of subdivision (ah) of Section 1798.140, a business, service provider, or contractor shall not sell or share sensitive personal information to a third party.

SEC. 3. The Legislature finds and declares that this act furthers the purposes and intent of the California Privacy Rights Act of 2020.

SECTION 1. *Section 3558.9 is added to the Government Code, to read:*

3558.9. *(a) (1) A public employer shall not question a public employee, a representative of a recognized employee organization, or an exclusive representative regarding communications made in confidence between a public employee and the representative in connection with representation relating to any matter within the scope of the recognized employee organization's representation.*

(2) Paragraph (1) is intended to be consistent with, and not in conflict with, William S. Hart Union High School District (2018) PERB Decision No. 2595.

(b) A public employer shall not compel a public employee, a representative of a recognized employee organization, or an exclusive representative to disclose to a third party, communications made in confidence between a public employee and the representative in connection with representation relating to any matter within the scope of the recognized employee organization's representation.

(c) Notwithstanding subdivisions (a) and (b), this section does not apply to a criminal investigation and does not supersede Section 3303.

AB 1688 Amends The Law: Amended 6/17/2026

SECTION 1. Section 11166.1 of the Penal Code is amended to read:

11166.1. (a) (1) When an agency receives a report pursuant to Section 11166 that contains either of the following, it shall, within 24 hours, notify the licensing office with jurisdiction over the facility:

(A) A report of abuse alleged to have occurred in ~~facilities~~ *a facility* licensed to care for children by the State Department of Social Services.

(B) A report of the death of a child who was, at the time of death, living at, enrolled in, or regularly attending a facility licensed to care for children by the State Department of Social ~~Services~~, *Services* unless the circumstances of the child's death are clearly unrelated to the child's care at the facility.

(2) The agency shall send the licensing agency a copy of its investigation and any other pertinent materials.

(b) ~~Any~~ *(1) An* employee of an agency specified in Section 11165.9 who has knowledge of, or observes in their professional capacity or within the scope of their employment, a child in protective custody whom the employee knows or reasonably suspects has been the victim of child abuse or neglect shall, within 36 hours, send or have sent to the attorney who represents the child in dependency court, a copy of the report prepared in accordance with Section 11166. The agency shall maintain a copy of the written report. All information requested by the attorney for the child or the child's guardian ad litem shall be provided by the agency within 30 days of the request.

(2) When a county welfare agency receives a report pursuant to paragraph (1) for an incident that occurred in an out-of-home placement, the agency shall, within 36 hours, provide notice of the report to the attorney who represents a parent or legal guardian of the child in dependency court.

(3) The notification requirement in paragraph (2) shall consist of notice that a report has been made and shall not disclose any information concerning the substance of the report, including the identity of a person named or referenced in the report.

(4) The requirement in paragraph (2) does not apply to a parent whose parental rights have been terminated pursuant to Section 366.26 of the Welfare and Institutions Code.

(5) (A) If the suspected abuse or neglect occurred in a placement, all attorneys who represent a child with an open dependency case in that placement shall receive the notice described in paragraph (2) from the county welfare agency.

(B) For purposes of this paragraph, a placement includes, but is not limited to, placement in foster care or congregate care, placement in a short-term residential therapeutic program facility, or a relative placement.

(c) (1) When an agency receives a report pursuant to Section 11166 alleging abuse or neglect of the child of a minor parent or a nonminor dependent parent, the agency shall, within 36 hours, provide notice of the report to the attorney who represents the minor parent or nonminor dependent in dependency court.

(2) For purposes of this subdivision, “minor parent” and “nonminor dependent parent” have the same meaning as in Section 16002.5 of the Welfare and Institutions Code.

SEC. 2. To the extent that this act has an overall effect of increasing the costs already borne by a local agency for programs or levels of service mandated by the 2011 Realignment Legislation within the meaning of Section 36 of Article XIII of the California Constitution, it shall apply to local agencies only to the extent that the state provides annual funding for the cost increase. Any new program or higher level of service provided by a local agency pursuant to this act above the level for which funding has been provided shall not require a subvention of funds by the state or otherwise be subject to Section 6 of Article XIII B of the California Constitution.

SECTION 1. Section 12950.1 of the Government Code is amended to read:

12950.1. (a) (1) By January 1, 2021, an employer having five or more employees shall provide at least two hours of classroom or other effective interactive training and education regarding sexual harassment to all supervisory employees and at least one hour of classroom or other effective interactive training and education regarding sexual harassment to all nonsupervisory employees in California. Thereafter, each employer covered by this section shall provide sexual harassment training and education to each employee in California once every two years. New nonsupervisory employees shall be provided training within six months of hire. New supervisory employees shall be provided training within six months of the assumption of a supervisory position. An employer may provide this training in conjunction with other training provided to the employees. The training may be completed by employees individually or as part of a group presentation, and may be completed in shorter segments, as long as the applicable hourly total requirement is met. An employer who has provided this training and education to an employee in 2019 is not required to provide refresher training and education again until two years thereafter. The training and education required by this section shall include information and practical guidance regarding the federal and state statutory provisions concerning the prohibition against and the prevention and correction of sexual harassment and the remedies available to victims of sexual harassment in employment. The training and education shall also include practical examples aimed at instructing supervisors in the prevention of harassment, discrimination, and retaliation, and shall be presented by trainers or educators with knowledge and expertise in the prevention of harassment, discrimination, and retaliation. The department shall provide a method for employees who have completed the training to save electronically and print a certificate of completion.

(2) An employer shall also include prevention of abusive conduct as a component of the training and education specified in paragraph (1).

(3) An employer shall also provide training inclusive of harassment based on gender identity, gender expression, and sexual orientation as a component of the training and education specified in paragraph (1). The training and education shall include practical examples inclusive of harassment based on gender identity, gender expression, and sexual orientation, and shall be presented by trainers or educators with knowledge and expertise in those areas.

(4) Beginning January 1, 2028, an employer shall also include anti-hate speech training as a component of the training and education specified in paragraph (1). Anti-hate speech training shall provide supervisors and employees with practical guidance on recognizing, reporting, and confronting workplace speech that vilifies, humiliates, or incites hatred against people based on the protected characteristics listed in subdivision (a) of Section 12940.

(b) The state shall incorporate the training required by subdivision (a) into the 80 hours of training provided to all new employees pursuant to subdivision (b) of Section 19995.4, using existing resources.

(c) Notwithstanding subdivisions (j) and (k) of Section 12940, a claim that the training and education required by this section did not reach a particular individual or individuals shall not in and of itself result in the liability of any employer to any present or former employee or applicant in any action alleging sexual harassment. Conversely, an employer's compliance with this section does not insulate the employer from liability for sexual harassment of any current or former employee or applicant.

(d) If an employer violates this section, the department may seek an order requiring the employer to comply with these requirements.

(e) The training and education required by this section is intended to establish a minimum threshold and should not discourage or relieve any employer from providing for longer, more frequent, or more elaborate training and education regarding workplace harassment or other forms of unlawful discrimination in order to meet its obligations to take all reasonable steps necessary to prevent and correct harassment and discrimination. This section shall not be construed to override or supersede statutes, including, but not limited to, Section 1684 of the Labor Code, that meet or exceed the training for nonsupervisory employees required under this section.

(f) Except as provided in subdivision (l), beginning January 1, 2021, for seasonal, temporary, or other employees that are hired to work for less than six months, an employer shall provide training within 30 calendar days after the hire date or within 100 hours worked, whichever occurs first. In the case of a temporary employee employed by a temporary services employer, as defined in Section 201.3 of the Labor Code, to perform services for clients, the training shall be provided by the temporary services employer, not the client.

(g) Beginning January 1, 2020, sexual harassment prevention training for migrant and seasonal agricultural workers, as defined in the federal Migrant and Seasonal Agricultural Worker Protection Act (29 U.S.C. 1801, et seq.), shall be consistent with training for nonsupervisory employees pursuant to paragraph (8) of subdivision (a) of Section 1684 of the Labor Code.

(h) (1) For purposes of this section only, "employer" means any person regularly employing five or more persons or regularly receiving the services of five or more persons providing services pursuant to a contract, or any person acting as an agent of an employer, directly or indirectly, the state, or any political or civil subdivision of the state, and cities.

(2) For purposes of this section, "abusive conduct" means conduct of an employer or employee in the workplace, with malice, that a reasonable person would find hostile, offensive, and unrelated to an employer's legitimate business interests. Abusive conduct may include repeated infliction of verbal abuse, such as the use of derogatory remarks, insults, and epithets, verbal or physical conduct that a reasonable person would find threatening, intimidating, or humiliating, or the gratuitous sabotage or undermining of a person's work performance. A single act shall not constitute abusive conduct, unless especially severe and egregious.

(i) For purposes of providing training to employees as required by this section, an employer may develop its own training module or may direct employees to view the online training course referenced in subdivision (j) and this shall be deemed to have complied with and satisfied the employers' obligations as set forth in this section and Section 12950.

(j) The department shall develop or obtain two online training courses on the prevention of sexual harassment in the workplace in accordance with the provisions of this section. The course for nonsupervisory employees shall be one hour in length and the course for supervisory employees shall be two hours in length.

(k) The department shall make the online training courses available on its internet website. The online training courses shall contain an interactive feature that requires the viewer to respond to a question periodically in order for the online training courses to continue to play. Any

questions resulting from the online training course described in this subdivision shall be directed to the trainee's employer's human resources department or equally qualified professional rather than the department.

(l) (1) An employer that employs workers pursuant to a multiemployer collective bargaining agreement in the construction industry may satisfy the requirements of subdivision (a) or (f) by demonstrating that the employee has received the training required by subdivision (a) within the past two years under any of the following circumstances:

(A) While the employee was employed by another employer that is also signatory to a multiemployer collective bargaining agreement with the same trade in the building and construction industry.

(B) While the employee was an apprentice registered in a building and construction trades apprenticeship program approved by the Division of Apprenticeship Standards.

(C) Through a building and construction trades apprenticeship program approved by the Division of Apprenticeship Standards, a labor management training trust, or labor management cooperation committee. For purposes of this subdivision, "labor management cooperation committee" shall mean a committee that is established pursuant to Section 175a of Title 29 of the United States Code.

(2) For purposes of this subdivision, "multiemployer collective bargaining agreement" means a bona fide collective bargaining agreement to which multiple employers are signatory, including predecessor and successor agreements.

(3) An employer shall require verification that an employee has undergone prevention of harassment training pursuant to this subdivision within the past two years. The employer shall provide prevention of harassment training pursuant to subdivision (a) for any employee for whom verification cannot be obtained.

(4) A state-approved apprenticeship program, labor management training trust, or labor management cooperation committee shall maintain a certificate of completion of training for each person to whom the entity has provided prevention of harassment training pursuant to this subdivision for a period of not less than four years. The apprenticeship program, labor management training trust, or labor management cooperation committee shall maintain a database of journey-level worker and apprentice training that entity has provided and shall provide verification of an employee's or apprentice's prevention of harassment training status upon the request of an employer that is a party to the multiemployer collective bargaining agreement.

(5) (A) A qualified trainer may provide prevention of harassment training on behalf of an apprenticeship program, labor management training trust, or labor management cooperation committee.

(B) A "qualified trainer," for purposes of this subdivision, is any person who, through a combination of training and experience, has the ability to train employees about the following:

(i) How to identify behavior that may constitute unlawful harassment, discrimination, or retaliation under both California and federal law.

(ii) What steps to take when harassing behavior occurs in the workplace.

- (iii) How to report harassment complaints.
 - (iv) Supervisory employees' obligation to report harassing, discriminatory, or retaliatory behavior of which they become aware.
 - (v) How to respond to a harassment complaint.
 - (vi) The employer's obligation to conduct a workplace investigation of a harassment complaint.
 - (vii) What constitutes retaliation and how to prevent it.
 - (viii) Essential components of an antiharassment policy.
 - (ix) The effect of harassment on harassed employees, coworkers, harassers, and employers.
- (C) A "qualified trainer" includes, but is not limited to, an attorney admitted to the State Bar of California with at least two years of experience practicing employment law, a human resources professional with at least two years of practical experience in prevention of harassment training, investigation, and advising employers in the prevention of harassment, or any other person who has received training in the provision of prevention of harassment training from a qualified trainer.
- (6) An apprenticeship program, labor management training trust, or labor management cooperation committee may also provide training by use of the online training courses referenced in subdivision (j).
- (7) An apprenticeship program, labor management training trust, or labor management cooperation committee shall not incur any liability for providing prevention of harassment training or for maintaining records pursuant to this subdivision.
- (m) An employee who has received training in compliance with this section within the prior two years either from a current, a prior, or an alternate or a joint employer, or who received a valid work permit from the Labor Commissioner that required the employee to receive training in compliance with this section within the prior two years, shall be given, and required to read and to acknowledge receipt of, the employer's ~~anti-harassment~~ *antiharassment* policy within six months of assuming the employee's new position. That employee shall then be put on a two year tracking schedule based on the employee's last training. The current employer shall have the burden of establishing that the prior training was legally compliant with this section.

SECTION 1. Section 17520 of the Family Code is amended to read:

17520. (a) As used in this section:

(1) “Applicant” means a person applying for issuance or renewal of a license.

(2) “Board” means an entity specified in Section 101 of the Business and Professions Code, the entities referred to in Sections 1000 and 3600 of the Business and Professions Code, the State Bar of California, the Department of Real Estate, the Department of Motor Vehicles, the Secretary of State, the Department of Fish and Wildlife, and any other state commission, department, committee, examiner, or agency that issues a license, certificate, credential, permit, registration, or any other authorization to engage in a business, occupation, or profession, or to the extent required by federal law or regulations, for recreational purposes. This term includes all boards, commissions, departments, committees, examiners, entities, and agencies that issue a license, certificate, credential, permit, registration, or any other authorization to engage in a business, occupation, or profession. The failure to specifically name a particular board, commission, department, committee, examiner, entity, or agency that issues a license, certificate, credential, permit, registration, or any other authorization to engage in a business, occupation, or profession does not exclude that board, commission, department, committee, examiner, entity, or agency from this term.

(3) “Certified list” means a list provided by the local child support agency to the Department of Child Support Services in which the local child support agency verifies, under penalty of perjury, that the names contained therein are support obligors found to be out of compliance with a judgment or order for support in a case being enforced under Title IV-D of the federal Social Security Act.

(4) “Compliance with a judgment or order for support” means that, as set forth in a judgment or order for child or family support, the obligor is no more than 30 calendar days in arrears in making payments in full for current support, in making periodic payments in full, whether court ordered or by agreement with the local child support agency, on a support arrearage, or in making periodic payments in full, whether court ordered or by agreement with the local child support agency, on a judgment for reimbursement for public assistance, or has obtained a judicial finding that equitable estoppel as provided in statute or case law precludes enforcement of the order. The local child support agency is authorized to use this section to enforce orders for spousal support only when the local child support agency is also enforcing a related child support obligation owed to the obligee parent by the same obligor, pursuant to Sections 17400 and 17604.

(5) “License” includes membership in the State Bar of California, and a certificate, credential, permit, registration, or any other authorization issued by a board that allows a person to engage in a business, occupation, or profession, or to operate a commercial motor vehicle, including appointment and commission by the Secretary of State as a notary public. “License” also includes any driver’s license issued by the Department of Motor Vehicles, any commercial fishing license issued by the Department of Fish and Wildlife, and to the extent required by federal law or regulations, any license used for recreational purposes. This term includes all licenses, certificates, credentials, permits, registrations, or any other authorization issued by a board that allows a person to engage in a business, occupation, or profession. The failure to specifically name a particular type of license, certificate, credential, permit, registration, or other authorization issued by a board that allows a person to engage in a business,

occupation, or profession, does not exclude that license, certificate, credential, permit, registration, or other authorization from this term.

(6) "Licensee" means a person holding a license, certificate, credential, permit, registration, or other authorization issued by a board, to engage in a business, occupation, or profession, or a commercial driver's license as defined in Section 15210 of the Vehicle Code, including an appointment and commission by the Secretary of State as a notary public. "Licensee" also means a person holding a driver's license issued by the Department of Motor Vehicles, a person holding a commercial fishing license issued by the Department of Fish and Wildlife, and to the extent required by federal law or regulations, a person holding a license used for recreational purposes. This term includes all persons holding a license, certificate, credential, permit, registration, or any other authorization to engage in a business, occupation, or profession, and the failure to specifically name a particular type of license, certificate, credential, permit, registration, or other authorization issued by a board does not exclude that person from this term. For licenses issued to an entity that is not an individual person, "licensee" includes an individual who is either listed on the license or who qualifies for the license.

(b) The local child support agency shall maintain a list of those persons included in a case being enforced under Title IV-D of the federal Social Security Act against whom a support order or judgment has been rendered by, or registered in, a court of this state, and who are not in compliance with that order or judgment. ~~The~~ *Subject to the requirements of Section 17520.5, the* local child support agency shall submit a certified list with the names, social security numbers, individual taxpayer identification numbers, or other uniform identification numbers, and last known addresses of these persons and the name, address, and telephone number of the local child support agency who certified the list to the department. The local child support agency shall verify, under penalty of perjury, that the persons listed are subject to an order or judgment for the payment of support and that these persons are not in compliance with the order or judgment. The local child support agency shall submit to the department an updated certified list on a monthly basis.

(c) The department shall consolidate the certified lists received from the local child support agencies and, within 30 calendar days of receipt, shall provide a copy of the consolidated list to each board that is responsible for the regulation of licenses, as specified in this section.

(d) On or before November 1, 1992, or as soon thereafter as economically feasible, as determined by the department, all boards subject to this section shall implement procedures to accept and process the list provided by the department, in accordance with this section. Notwithstanding any other law, all boards shall collect social security numbers or individual taxpayer identification numbers from all applicants for the purposes of matching the names of the certified list provided by the department to applicants and licensees and of responding to requests for this information made by child support agencies.

(e) (1) Promptly after receiving the certified consolidated list from the department, and prior to the issuance or renewal of a license, each board shall determine whether the applicant is on the most recent certified consolidated list provided by the department. The board shall have the authority to withhold issuance or renewal of the license of an applicant on the list.

(2) If an applicant is on the list, the board shall immediately serve notice as specified in subdivision (f) on the applicant of the board's intent to withhold issuance or renewal of the license. The notice shall be made personally or by mail to the applicant's last known mailing

address on file with the board. Service by mail shall be complete in accordance with Section 1013 of the Code of Civil Procedure.

(A) The board shall issue a temporary license valid for a period of 150 days to any applicant whose name is on the certified list if the applicant is otherwise eligible for a license.

(B) Except as provided in subparagraph (D), the 150-day time period for a temporary license shall not be extended. Except as provided in subparagraph (D), only one temporary license shall be issued during a regular license term and it shall coincide with the first 150 days of that license term. As this paragraph applies to commercial driver's licenses, "license term" shall be deemed to be 12 months from the date the application fee is received by the Department of Motor Vehicles. A license for the full or remainder of the license term shall be issued or renewed only upon compliance with this section.

(C) In the event that a license or application for a license or the renewal of a license is denied pursuant to this section, any funds paid by the applicant or licensee shall not be refunded by the board.

(D) This paragraph shall apply only in the case of a driver's license, other than a commercial driver's license. Upon the request of the local child support agency or by order of the court upon a showing of good cause, the board shall extend a 150-day temporary license for a period not to exceed 150 extra days.

(3) (A) The department may, when it is economically feasible for the department and the boards to do so as determined by the department, in cases where the department is aware that certain child support obligors listed on the certified lists have been out of compliance with a judgment or order for support for more than four months, provide a supplemental list of these obligors to each board with which the department has an interagency agreement to implement this paragraph. Upon request by the department, the licenses of these obligors shall be subject to suspension, provided that the licenses would not otherwise be eligible for renewal within six months from the date of the request by the department. The board shall have the authority to suspend the license of any licensee on this supplemental list.

(B) If a licensee is on a supplemental list, the board shall immediately serve notice as specified in subdivision (f) on the licensee that the license will be automatically suspended 150 days after notice is served, unless compliance with this section is achieved. The notice shall be made personally or by mail to the licensee's last known mailing address on file with the board. Service by mail shall be complete in accordance with Section 1013 of the Code of Civil Procedure.

(C) The 150-day notice period shall not be extended.

(D) In the event that any license is suspended pursuant to this section, any funds paid by the licensee shall not be refunded by the board.

(E) This paragraph shall not apply to licenses subject to annual renewal or annual fee.

(f) Notices shall be developed by each board in accordance with guidelines provided by the department and subject to approval by the department. The notice shall include the address and telephone number of the local child support agency that submitted the name on the certified list, and shall emphasize the necessity of obtaining a release from that local child

support agency as a condition for the issuance, renewal, or continued valid status of a license or licenses.

(1) In the case of applicants not subject to paragraph (3) of subdivision (e), the notice shall inform the applicant that the board shall issue a temporary license, as provided in subparagraph (A) of paragraph (2) of subdivision (e), for 150 calendar days if the applicant is otherwise eligible and that upon expiration of that time period the license will be denied unless the board has received a release from the local child support agency that submitted the name on the certified list.

(2) In the case of licensees named on a supplemental list, the notice shall inform the licensee that the license will continue in its existing status for no more than 150 calendar days from the date of mailing or service of the notice and thereafter will be suspended indefinitely unless, during the 150-day notice period, the board has received a release from the local child support agency that submitted the name on the certified list. Additionally, the notice shall inform the licensee that any license suspended under this section will remain so until the expiration of the remaining license term, unless the board receives a release along with applications and fees, if applicable, to reinstate the license during the license term.

(3) The notice shall also inform the applicant or licensee that if an application is denied or a license is suspended pursuant to this section, any funds paid by the applicant or licensee shall not be refunded by the board. The Department of Child Support Services shall also develop a form that the applicant shall use to request a review by the local child support agency. A copy of this form shall be included with every notice sent pursuant to this subdivision.

(g) (1) Each local child support agency shall maintain review procedures consistent with this section to allow an applicant to have the underlying arrearage and any relevant defenses investigated, to provide an applicant information on the process of obtaining a modification of a support order, or to provide an applicant assistance in the establishment of a payment schedule on arrearages if the circumstances so warrant.

(2) It is the intent of the Legislature that a court or local child support agency, when determining an appropriate payment schedule for arrearages, base its decision on the facts of the particular case and the priority of payment of child support over other debts. The payment schedule shall also recognize that certain expenses may be essential to enable an obligor to be employed. Therefore, in reaching its decision, the court or the local child support agency shall consider both of these goals in setting a payment schedule for arrearages.

(h) If the applicant wishes to challenge the submission of their name on the certified list, the applicant shall make a timely written request for review to the local child support agency who certified the applicant's name. A request for review pursuant to this section shall be resolved in the same manner and timeframe provided for resolution of a complaint pursuant to Section 17800. The local child support agency shall immediately send a release to the appropriate board and the applicant, if any of the following conditions are met:

(1) The applicant is found to be in compliance or negotiates an agreement with the local child support agency for a payment schedule on arrearages or reimbursement.

(2) The applicant has submitted a request for review, but the local child support agency will be unable to complete the review and send notice of its findings to the applicant within the time specified in Section 17800.

(3) The applicant has filed and served a request for judicial review pursuant to this section, but a resolution of that review will not be made within 150 days of the date of service of notice pursuant to subdivision (f). This paragraph applies only if the delay in completing the judicial review process is not the result of the applicant's failure to act in a reasonable, timely, and diligent manner upon receiving the local child support agency's notice of findings.

(4) The applicant has obtained a judicial finding of compliance as defined in this section.

(5) The applicant is exempt pursuant to Section 17520.5.

(i) An applicant is required to act with diligence in responding to notices from the board and the local child support agency with the recognition that the temporary license will lapse or the license suspension will go into effect after 150 days and that the local child support agency and, where appropriate, the court must have time to act within that period. An applicant's delay in acting, without good cause, which directly results in the inability of the local child support agency to complete a review of the applicant's request or the court to hear the request for judicial review within the 150-day period shall not constitute the diligence required under this section which would justify the issuance of a release. *Submission of income information pursuant to Section 17520.5 shall be considered a diligent response.*

~~(j) Except as otherwise provided in this section, the local child support agency shall not issue a release if the applicant is not in compliance with the judgment or order for support.~~ The local child support agency shall notify the applicant, in writing, that the applicant may, by filing an order to show cause or notice of motion, request any or all of the following:

(1) Judicial review of the local child support agency's decision not to issue a release.

(2) A judicial determination of compliance.

(3) A modification of the support judgment or order.

The notice shall also contain the name and address of the court in which the applicant shall file the order to show cause or notice of motion and inform the applicant that their name shall remain on the certified list if the applicant does not timely request judicial review. The applicant shall comply with all statutes and rules of court regarding orders to show cause and notices of motion.

This section does not limit an applicant from filing an order to show cause or notice of motion to modify a support judgment or order or to fix a payment schedule on arrearages accruing under a support judgment or order or to obtain a court finding of compliance with a judgment or order for support.

(k) The request for judicial review of the local child support agency's decision shall state the grounds for which review is requested and judicial review shall be limited to those stated grounds. The court shall hold an evidentiary hearing within 20 calendar days of the filing of the request for review. Judicial review of the local child support agency's decision shall be limited to a determination of each of the following issues:

(1) Whether there is a support judgment, order, or payment schedule on arrearages or reimbursement.

(2) Whether the petitioner is the obligor covered by the support judgment or order.

(3) Whether the support obligor is or is not in compliance with the judgment or order of support.

(4) Whether the support obligor is exempt from suspension pursuant to Section 17520.5.

~~(4)~~ (5) (A) The extent to which the needs of the obligor, taking into account the obligor's payment history and the current circumstances of both the obligor and the obligee, warrant a conditional release as described in this subdivision.

(B) The request for judicial review shall be served by the applicant upon the local child support agency that submitted the applicant's name on the certified list within seven calendar days of the filing of the petition. The court has the authority to uphold the action, unconditionally release the license, or conditionally release the license.

(C) If the judicial review results in a finding by the court that the obligor is in compliance with the judgment or order for support, the local child support agency shall immediately send a release in accordance with subdivision (I) to the appropriate board and the applicant. If the judicial review results in a finding by the court that the needs of the obligor warrant a conditional release, the court shall make findings of fact stating the basis for the release and the payment necessary to satisfy the unrestricted issuance or renewal of the license without prejudice to a later judicial determination of the amount of support arrearages, including interest, and shall specify payment terms, compliance with which are necessary to allow the release to remain in effect.

(I) (1) The department shall prescribe release forms for use by local child support agencies. When the obligor is in compliance, the local child support agency shall mail to the applicant and the appropriate board a release stating that the applicant is in compliance. The receipt of a release shall serve to notify the applicant and the board that, for the purposes of this section, the applicant is in compliance with the judgment or order for support. A board that has received a release from the local child support agency pursuant to this subdivision shall process the release within five business days of its receipt.

(2) When the local child support agency determines, subsequent to the issuance of a release, that the applicant is once again not in compliance with a judgment or order for support, or with the terms of repayment as described in this subdivision, the local child support agency may notify the board, the obligor, and the department in a format prescribed by the department that the obligor is not in compliance.

(3) The department may, when it is economically feasible for the department and the boards to develop an automated process for complying with this subdivision, notify the boards in a manner prescribed by the department, that the obligor is once again not in compliance. Upon receipt of this notice, the board shall immediately notify the obligor on a form prescribed by the department that the obligor's license will be suspended on a specific date, and this date shall be no longer than 30 days from the date the form is mailed. The obligor shall be further notified that the license will remain suspended until a new release is issued in accordance with subdivision (h). This section does not limit the obligor from seeking judicial review of suspension pursuant to the procedures described in subdivision (k).

(m) The department may enter into interagency agreements with the state agencies that have responsibility for the administration of boards necessary to implement this section, to the extent that it is cost effective to implement this section. These agreements shall provide for the receipt by the other state agencies and boards of federal funds to cover that portion of costs allowable in federal law and regulation and incurred by the state agencies and boards in

implementing this section. Notwithstanding any other law, revenue generated by a board or state agency shall be used to fund the nonfederal share of costs incurred pursuant to this section. These agreements shall provide that boards shall reimburse the department for the nonfederal share of costs incurred by the department in implementing this section. The boards shall reimburse the department for the nonfederal share of costs incurred pursuant to this section from moneys collected from applicants and licensees.

(n) Notwithstanding any other law, in order for the boards subject to this section to be reimbursed for the costs incurred in administering its provisions, the boards may, with the approval of the appropriate department director, levy on all licensees and applicants a surcharge on any fee or fees collected pursuant to law, or, alternatively, with the approval of the appropriate department director, levy on the applicants or licensees named on a certified list or supplemental list, a special fee.

(o) The process described in subdivision (h) shall constitute the sole administrative remedy for contesting the issuance of a temporary license or the denial or suspension of a license under this section. The procedures specified in the administrative adjudication provisions of the Administrative Procedure Act (Chapter 4.5 (commencing with Section 11400) and Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code) shall not apply to the denial, suspension, or failure to issue or renew a license or the issuance of a temporary license pursuant to this section.

(p) In furtherance of the public policy of increasing child support enforcement and collections, on or before November 1, 1995, the State Department of Social Services shall make a report to the Legislature and the Governor based on data collected by the boards and the district attorneys in a format prescribed by the State Department of Social Services. The report shall contain all of the following:

(1) The number of delinquent obligors certified by district attorneys under this section.

(2) The number of support obligors who also were applicants or licensees subject to this section.

(3) The number of new licenses and renewals that were delayed, temporary licenses issued, and licenses suspended subject to this section and the number of new licenses and renewals granted and licenses reinstated following board receipt of releases as provided by subdivision (h) by May 1, 1995.

(4) The costs incurred in the implementation and enforcement of this section.

(q) A board receiving an inquiry as to the licensed status of an applicant or licensee who has had a license denied or suspended under this section or has been granted a temporary license under this section shall respond only that the license was denied or suspended or the temporary license was issued pursuant to this section. Information collected pursuant to this section by a state agency, board, or department shall be subject to the Information Practices Act of 1977 (Chapter 1 (commencing with Section 1798) of Title 1.8 of Part 4 of Division 3 of the Civil Code).

(r) Any rules and regulations issued pursuant to this section by a state agency, board, or department may be adopted as emergency regulations in accordance with the rulemaking provisions of the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code). The adoption of these regulations

shall be deemed an emergency and necessary for the immediate preservation of the public peace, health, and safety, or general welfare. The regulations shall become effective immediately upon filing with the Secretary of State.

(s) The department and boards, as appropriate, shall adopt regulations necessary to implement this section.

(t) The Judicial Council shall develop the forms necessary to implement this section, except as provided in subdivisions (f) and (l).

(u) The release or other use of information received by a board pursuant to this section, except as authorized by this section, is punishable as a misdemeanor.

(v) The State Board of Equalization shall enter into interagency agreements with the department and the Franchise Tax Board that will require the department and the Franchise Tax Board to maximize the use of information collected by the State Board of Equalization, for child support enforcement purposes, to the extent it is cost effective and permitted by the Revenue and Taxation Code.

(w) (1) The suspension or revocation of a driver's license, including a commercial driver's license, under this section shall not subject the licensee to vehicle impoundment pursuant to Section 14602.6 of the Vehicle Code.

(2) Notwithstanding any other law, the suspension or revocation of a driver's license, including a commercial driver's license, under this section shall not subject the licensee to increased costs for vehicle liability insurance.

(x) If any provision of this section or the application thereof to any person or circumstance is held invalid, that invalidity shall not affect other provisions or applications of this section which can be given effect without the invalid provision or application, and to this end the provisions of this section are severable.

(y) All rights to administrative and judicial review afforded by this section to an applicant shall also be afforded to a licensee.

SECTION 1. SEC. 2. Section 17520.5 of the Family Code is amended to read:

17520.5. (a) ~~(1)~~ -Notwithstanding any other law, the department shall not include in the list sent to ~~the Department of Motor Vehicles~~ *all boards, as defined and* pursuant to Section 17520, for the purpose of denying, withholding, or suspending a ~~driver's~~ license, the information of a support obligor found to be out of compliance with a judgment or order for support in a case being enforced under Title IV-D of the federal Social Security Act, if the annual household income of the support obligor is at or below 70 percent of the median income for the county in which the department or the local child support agency believes the support obligor resides, based on the most recent available data published by the Department of Housing and Community Development pursuant to Section 6932 of Title 25 of the California Code of Regulations or successor regulation thereto.

(b) (1) For support obligors found to be out of compliance with a judgment or order for support, as defined in Section 17520, the local child support agency shall send the obligor a notice instructing the obligor to submit employment and income documentation to the local child support agency within 30 days of receiving the notice to determine the obligor's annual household income. The notice shall include the direct telephone number for the assigned

caseworker or other individual designated to receive this information. Service of the notice shall be completed in accordance with Section 1013 of the Code of Civil Procedure.

(2) An obligor who fails to provide employment and income documentation requested by the local child support agency is presumed to earn more than 70 percent of the area median income. An obligor may dispute this presumption or any determination that their income is above 70 percent of the area median income by requesting administrative and judicial review, pursuant to subdivisions (h) and (k) of Section 17520.

~~(2) (3) Commencing January 1, 2027, this subdivision shall apply only. This presumption cannot be relied upon with respect to noncommercial driver's licenses. a noncommercial driver's license or if the notice was returned as undeliverable.~~

(c) (1) Where the local child support agency has verified the obligor's income and determined that the obligor's annual household income is at or below 70 percent of the area median income, the agency shall not require additional employment and income documentation for a period of six months unless the agency has reason to believe the obligor's income has materially changed. After the six-month period, if the obligor becomes delinquent on child support payments, the local child support agency may request updated documentation pursuant to the requirements of subdivision (b).

(2) If an obligor provides employment and income documentation to the local child support agency after the 30-day period that shows their income is less than 70 percent of the area median income, the local child support agency shall follow the release procedure pursuant to paragraph (1) of subdivision (l) of Section 17520.

(d) Subdivisions (b) and (c) shall not apply to support obligors during the first 12 months after the initial establishment of an order of support.

~~(b)~~ (e) This section shall be implemented to the extent allowed under federal law.

~~(c) This section shall become operative on January 1, 2025.~~

SEC. 3. If the Commission on State Mandates determines that this act contains costs mandated by the state, reimbursement to local agencies and school districts for those costs shall be made pursuant to Part 7 (commencing with Section 17500) of Division 4 of Title 2 of the Government Code.

AB 2360 Amends The Law: Amended 5/18/2026

SECTION 1. Section 6219 of the Government Code is amended to read:

6219. (a) *As used in this section, the following definitions apply:*

(1) *"Plain language" means language that is clear and easily understood by the intended audience, avoids unnecessary legal or technical jargon, and uses words, sentences, and structures that facilitate comprehension and accessibility for common literacy levels, including individuals with disabilities or limited English proficiency.*

(2) *"State agency" means each department, commission, office, or other administrative agency of state government.*

(3) *"State agency document" means any publicly available instruction, form, license, communication, regulation, manual, memorandum, or any other written communication that is necessary to carry out the state agency's responsibilities under the law.*

~~(a) (b) Each department, commission, office, or other administrative agency of state government~~ *state agency* shall write each document that it produces ~~in plain, straightforward after January 1, 2027, either digitally or in print, in plain~~ language, avoiding technical terms as much as possible, and using a coherent and easily readable style.

~~(b) (c) As used in-~~ *To implement* this section, a ~~"state agency document" means any contract, form, license, announcement, regulation, manual, memorandum, or any other written communication that is necessary to carry out the agency's responsibilities under the law.~~ *state agency may use standards created by the Office of Data and Innovation that identify how a state agency incorporates plain language principles and practices.*

(d) *Within existing personnel and resources, the head of each state agency shall do all of the following:*

(1) *Designate one or more senior officials within the state agency to oversee state agency implementation of this section.*

(2) *Communicate the requirements of this section to the employees of the state agency.*

(3) *Establish a process for overseeing the ongoing compliance of the state agency with the requirements of this section.*

AB 2412 Amends The Law: Amended 6/16/2026

SECTION 1. Section 11549.66 of the Government Code is amended to read:

11549.66. (a) A state agency or department that ~~utilizes~~ *uses* GenAI to directly communicate with ~~a person regarding government services and benefits~~ *the public* shall ensure that those communications include both of the following:

~~(a)~~ *(1)* A disclaimer that indicates to the person that the communication was generated by ~~GenAI~~. *GenAI pursuant to all of the following:*

~~(1)~~ *(A)* For written communications involving physical and digital media, including letters, email, and other occasional messages, the disclaimer shall appear prominently at the start of each communication.

~~(2)~~ *(B)* For written communications involving continuous online interactions, including interactions with chatbots, the disclaimer shall be prominently displayed throughout the interaction.

~~(3)~~ *(C)* For audio communications, the disclaimer shall be provided ~~verbally~~ *orally* at the start and end of the interaction.

~~(4)~~ *(D)* For video communications, the disclaimer shall be prominently displayed throughout the interaction.

~~(b)~~ *(2)* Information, or a link to an internet website containing information, describing how ~~the~~ *a* person may contact a human employee of the state agency or department.

(b) (1) As used in this section, "directly communicate" means to use GenAI, instead of a natural person, to communicate directly with a specific member of the public or to communicate a general public announcement.

(2) "Directly communicate" does not mean to use GenAI to assist in the drafting of a communication.

AB 2414 Amends The Law: Amended 6/22/2026

SECTION 1. Section 4474.17 of the Welfare and Institutions Code is amended to read:

4474.17. (a) The Legislature finds and declares all of the following:

(1) The Supplemental Report of the 2014–15 Budget Package required the State Department of Developmental Services to provide quarterly briefings to update legislative staff about the closures of developmental centers. Chapter 18 of the Statutes of 2017 expanded the scope of these briefings to include information about the development of community-based crisis services following the developmental center closures. The quarterly briefings have evolved to provide detailed information about the development of the community-based safety net, including information about the physical homes and ~~wrap-around~~ *wraparound* and mobile crisis services intended to prevent, deescalate, and treat consumers in crisis.

(2) The quarterly briefings have provided a valuable opportunity for the department and legislative staff to convene and discuss key issues during the developmental center closure process. They have kept legislative staff, and consequently Members of the Legislature, informed about the department's progress, challenges, and strategies as it transitioned consumers from a developmental center or an institution into the community and developed a community-based safety net.

(3) The imminent final closure of the developmental centers provides an opportunity to consider the ongoing purpose of the quarterly briefings. Once the final developmental center closures are complete, the quarterly briefings can provide an avenue for the department and legislative staff to maintain an important ongoing dialogue about key issues facing the developmental services system. The quarterly briefings will allow the department to keep legislative staff informed about its approach to, and progress in, handling various changes in policy and modes of service delivery. This will be especially important as the consumer population continues to grow and change and as the system continues to move toward consumer choice and community integration. The disposition of the developmental center properties may continue to be a point of inquiry until that subject comes to a conclusion.

(4) An important feature of the current briefings has been the department's willingness to adapt the content over time based on feedback from legislative staff. Mindful of the fact that preparing materials and presentations for these briefings requires department staff resources, the ongoing nature of the quarterly briefings should also remain flexible to both meet the needs of the Legislature and the department's capacity to prepare for the briefings. Through the briefing discussions themselves, department leadership and legislative staff should come to an agreement about what data and information should be tracked and provided regularly at each briefing, based on what is feasible for the department to provide and considering the priorities of the Legislature. In addition, the department and legislative staff can regularly discuss the range of issues and level of detail that should be provided at briefings, recognizing that every issue cannot be covered at every briefing and that the relative importance of individual issues will shift over time.

(5) As the quarterly briefings related to the developmental center closures ~~wind-down~~ *winddown* in the 2019–20 fiscal year, the department and legislative staff could use some of the time in those meetings to discuss and determine the content of the subsequent quarterly briefings. Appreciating that the priorities of the Legislature shift over time, and depending on the department's capacity, the particular topics and level of detail provided in the briefings can be discussed and revisited on a regular basis, such as annually.

(b) Commencing with the first planned quarterly briefing after January 1, 2020, the department shall provide information on topics at quarterly briefings with legislative staff of the appropriate policy and fiscal committees of the Legislature addressing some or all of the following, pursuant to the planning discussion described in paragraph (5) of subdivision (a):

(1) Consumer health and safety, including safety net and crisis services.

(2) The person-centered approach to planning, coordinating, delivering, and receiving services, including caseload ratio updates, compliance with home- and community-based services rules, competitive integrated employment, and housing supports.

(3) Quality outcomes for consumers.

(4) Efforts to identify and reduce disparities in regional center services.

(5) Community development through community placement plans and community resource development plans, by regional center, and difficulties or issues in the provision of services or development of resources.

(6) Implementation of any rate changes pending and being implemented.

(7) Status, efforts, and outcomes related to the department headquarter's reorganization structure.

(8) Regional center accountability, transparency, and oversight efforts.

(9) Status on the development of Group Homes for Children with Special Health Care Needs, including information on how the needs of regional center consumers are assessed when developing new homes.

(10) Status on the implementation of the provisional eligibility requirement of paragraph (2) of subdivision (a) of Section 4512.

(11) Information pursuant to the provisions of subdivision (d) of Section 7505.

(12) Status on the development of a training curriculum for direct ~~service~~ *support* professionals, pursuant to Section 4511.5.

(13) Most recent data regarding average per capita purchase of service expenditures for all age groups, by ethnicity and other factors, in addition to any other data that will aid in the illustration of progress, toward the active closure of racial, ethnic, and other disparities.

(14) On an annual basis, status of the department's efforts to improve oversight of special incidents, as described in subdivision (b) of Section 54327 of Title 17 of the California Code of Regulations, and respond to special incident trends. This annual status update shall include a summary of the most recent annual report regarding special incidents involving individuals with developmental disabilities served by regional centers.

SEC. 2. Section 4511.5 of the Welfare and Institutions Code is amended to read:

4511.5. (a) The Legislature finds and declares both of the following:

(1) Direct ~~service~~ *support* professionals are critical to the provision of services and supports to individuals with intellectual and developmental disabilities.

(2) In recognition of the value of the services provided by direct ~~service~~ *support* professionals, additional training and development will enhance the services they provide and foster a more sustainable workforce.

(b) (1) With input from stakeholders pursuant to subdivision (c), the department shall develop or utilize existing curriculum to implement enhanced direct ~~service~~ *support* professional training that promotes services that are person centered and culturally and linguistically sensitive, and that improve outcomes for individuals with intellectual and developmental disabilities.

(2) It is the intent of the Legislature to enhance the quality of services that consumers receive from their direct ~~service~~ *support* professionals, including, but not limited to, improving direct ~~service~~ *support* professional knowledge about general health and safety issues, employing principles of self-determination in order to promote dignity of the recipient and the provider, and working to improve quality of services and quality of life, including advancing health equity for consumers of regional center services.

(3) The training described in paragraph (1) ~~in~~ shall include, but is not limited to, all of the following elements:

(A) Competency based.

(B) Tiered training and certification.

(C) Continuing education.

(D) Outcome measures, as defined by the department, with input from stakeholders pursuant to subdivision (c).

(c) (1) The department shall consult with stakeholders throughout the implementation of this section. This consultation shall include facilitation of a process for providing input and comments on implementation.

(2) Stakeholders may include, but are not limited to, the following:

(A) Consumers and families across different geographic regions of the state and from diverse racial and ethnic ~~backgrounds,~~ *backgrounds and* diverse consumer age groups and disabilities.

(B) Regional center representatives.

(C) Service providers representing a diverse range of service types and models.

(d) On or before April 1, 2027, the department shall develop the billing guidance necessary to facilitate compensation associated with the training established in this section.

~~(d)~~ (e) Implementation of this section is subject to an appropriation of funds for this purpose in the annual Budget Act.

SEC. 3. Section 4512 of the Welfare and Institutions Code is amended to read:

4512. As used in this division:

(a) (1) "Developmental disability" means a disability that originates before an individual attains 18 years of age, continues, or can be expected to continue, indefinitely, and constitutes a substantial disability for that individual. As defined by the Director of Developmental Services, in consultation with the Superintendent of Public Instruction, this term shall include intellectual disability, cerebral palsy, epilepsy, and autism. This term shall also include disabling conditions found to be closely related to intellectual disability or to require treatment similar to that required for individuals with an intellectual disability, but shall not include other handicapping conditions that are solely physical in nature.

(2) (A) A child who is under five years of age shall be provisionally eligible for regional center services if the child has a disability that is not solely physical in nature and has significant functional limitations in at least two of the following areas of major life activity, as determined by a regional center and as appropriate to the age of the child:

(i) Self-care.

(ii) Receptive and expressive language.

(iii) Learning.

(iv) Mobility.

(v) Self-direction.

(B) To be provisionally eligible, a child is not required to have one of the developmental disabilities listed in paragraph (1).

(3) (A) An infant or toddler referred for early intervention services from the regional center pursuant to the California Early Intervention Services Act (Title 14 (commencing with Section 95000) of the Government Code) may be concurrently assessed, if appropriate, to determine whether the infant or toddler is provisionally eligible for regional center services under paragraph (2) or eligible for regional center services under paragraph (1).

(B) If the regional center determines that the infant or toddler qualifies for early intervention services from the regional center pursuant to the California Early Intervention Services Act (Title 14 (commencing with Section 95000) of the Government Code) but has not been found to have a developmental disability as defined in paragraph (1) or to be provisionally eligible as defined in paragraph (2), the regional center shall assess the child at least 90 days prior to the date that they turn three years of age for purposes of determining their eligibility for regional center services under this section. If the regional center determines the child is not eligible, the regional center shall give adequate notice pursuant to Section 4701.

(4) A child who is provisionally eligible pursuant to paragraph (2) shall be reassessed at least 90 days before turning five years of age. The child shall meet the definition set forth in paragraph (1) to continue to be eligible for regional center services at five years of age.

(5) Regional center services for a child who was provisionally eligible pursuant to paragraph (2) and who does not meet the definition in paragraph (1) shall end when the child is five years of age unless an appeal was filed pursuant to Section 4715.

(b) "Services and supports for persons with developmental disabilities" means specialized services and supports or special adaptations of generic services and supports directed toward

the alleviation of a developmental disability or toward the social, personal, physical, or economic habilitation or rehabilitation of an individual with a developmental disability, or toward the achievement and maintenance of an independent, productive, and normal life. The determination of which services and supports are necessary for each consumer shall be made through the individual program plan process. The determination shall be made on the basis of the needs and preferences of the consumer or, when appropriate, the consumer's family, and shall include consideration of a range of service options proposed by individual program plan participants, the effectiveness of each option in meeting the goals stated in the individual program plan, and the cost-effectiveness of each option. Services and supports listed in the individual program plan may include, but are not limited to, diagnosis, evaluation, treatment, personal care, daycare, domiciliary care, special living arrangements, physical, occupational, and speech therapy, training, education, supported and sheltered employment, mental health services, recreation, counseling of the individual with a developmental disability and of the individual's family, protective and other social and sociolegal services, information and referral services, follow-along services, adaptive equipment and supplies, advocacy assistance, including self-advocacy training, facilitation and peer advocates, assessment, assistance in locating a home, childcare, behavior training and behavior modification programs, camping, community integration services, community support, daily living skills training, emergency and crisis intervention, facilitating circles of support, habilitation, homemaker services, infant stimulation programs, paid roommates, paid neighbors, respite, short-term out-of-home care, social skills training, specialized medical and dental care, telehealth services and supports, as described in Section 2290.5 of the Business and Professions Code, supported living arrangements, technical and financial assistance, travel training, training for parents of children with developmental disabilities, training for parents with developmental disabilities, vouchers, and transportation services necessary to ensure delivery of services to persons with developmental disabilities. This subdivision does not expand or authorize a new or different service or support for any consumer unless that service or support is contained in the consumer's individual program plan.

(c) Notwithstanding subdivisions (a) and (b), for any organization or agency receiving federal financial participation under the federal Developmental Disabilities Assistance and Bill of Rights Act of 2000, Chapter 144 (commencing with Section 15001) of Title 42 of the United States Code, as amended, "developmental disability" and "services for persons with developmental disabilities" mean the terms as defined in the federal act to the extent required by federal law.

(d) "Consumer" means a person who has a disability that meets the definition of developmental disability set forth in subdivision (a).

(e) "Natural supports" means personal associations and relationships typically developed in the community that enhance the quality and security of life for people, including, but not limited to, family relationships, friendships reflecting the diversity of the neighborhood and the community, associations with fellow students or employees in regular classrooms and workplaces, and associations developed through participation in clubs, organizations, and other civic activities.

(f) "Circle of support" means a committed group of community members, who may include family members, meeting regularly with an individual with developmental disabilities in order to share experiences, promote autonomy and community involvement, and assist the individual in establishing and maintaining natural supports. A circle of support generally includes a plurality of members who neither provide nor receive services or supports for persons with

developmental disabilities and who do not receive payment for participation in the circle of support.

(g) "Facilitation" means the use of modified or adapted materials, special instructions, equipment, or personal assistance by an individual, such as assistance with communications, that will enable a consumer to understand and participate to the maximum extent possible in the decisions and choices that affect the individual's life.

(h) "Family support services" means services and supports that are provided to a child with developmental disabilities or the child's family and that contribute to the ability of the family to reside together.

(i) "Voucher" means any authorized alternative form of service delivery in which the consumer or family member is provided with a payment, coupon, chit, or other form of authorization that enables the consumer or family member to choose a particular service provider.

(j) "Planning team" means the individual with developmental disabilities, the parents or legally appointed guardian of a minor consumer or the legally appointed conservator of an adult consumer, the authorized representative, including those appointed pursuant to subdivision (a) of Section 4541, one or more regional center representatives, including the designated regional center service coordinator pursuant to subdivision (b) of Section 4640.7, any individual, including a service provider, invited by the consumer, the parents or legally appointed guardian of a minor consumer or the legally appointed conservator of an adult consumer, or the authorized representative, including those appointed pursuant to subdivision (a) of Section 4541, and including a minor's, dependent's, or ward's court-appointed developmental services decisionmaker appointed pursuant to Section 319, 361, or 726.

(k) "Stakeholder organizations" means statewide organizations representing the interests of consumers, family members, service providers, and statewide advocacy organizations.

(l) (1) "Substantial disability" means the existence of significant functional limitations in three or more of the following areas of major life activity, as determined by a regional center, and as appropriate to the age of the person:

(A) Self-care.

(B) Receptive and expressive language.

(C) Learning.

(D) Mobility.

(E) Self-direction.

(F) Capacity for independent living.

(G) Economic self-sufficiency.

(2) A reassessment of substantial disability for purposes of continuing eligibility shall utilize the same criteria under which the individual was originally made eligible.

(m) “Native language” means the language normally used or the preferred language identified by the individual and, when appropriate, the individual’s parent, legal guardian or conservator, or authorized representative.

(n) “Authorized representative” means an individual appointed by the State Council on Developmental Disabilities pursuant to subdivision (a) of Section 4541 or who is an authorized representative, as defined in Section 4701.

(o) “Direct support professional” means an individual who receives compensation to provide direct support to children or adults with intellectual and developmental disabilities, is employed by a service provider receiving regional center funding, and spends at least 50 percent of their working time completing direct support tasks, including, but not limited to, all of the following:

(1) Services that enhance independence and community inclusion.

(2) Assisting with skill development, including personal and vocational coaching.

(3) Providing assistance with activities of daily living.

~~SEC. 5.~~ SEC. 4. Section 4641.1 of the Welfare and Institutions Code is amended to read:

4641.1. (a) The Legislature finds and declares all of the following:

(1) The provision of services that are culturally and linguistically responsive to consumers is instrumental to improving access and equity in the developmental services system.

(2) Direct **service support** professionals are critical to the provision of services and supports to individuals with intellectual and developmental disabilities and their families.

(3) In recognition of the value of effective communication between direct **service support** professionals and the consumers and families they serve, the provision of a pay differential for bilingual and multilingual direct **service support** professionals will increase consumer access to staff who speak their preferred language.

(b) The department, subject to an appropriation, shall establish and implement a system that promotes equity in access to services for regional center consumers by providing a pay differential to direct **service support** professionals who can communicate in a language or medium other than English as part of their regular job duties.

(c) Notwithstanding any other law, a direct **service support** professional described in subdivision (b) is eligible for a bilingual or multilingual differential if both of the following conditions are met:

(1) The duties currently assigned to the direct **service support** professional require regular communication in a language or medium other than English with an individual that has a developmental disability, and when appropriate, their families.

(2) The direct **service support** professional passes an examination certifying their ability to communicate in the language or medium other than English.

(3) For the purpose of this section, “medium other than English” includes, but is not limited to, American Sign Language and other sign languages and augmentative and alternative communication.

(d) The department may adopt emergency regulations to implement this section. The adoption, amendment, repeal, or readoption of a regulation authorized by this section is deemed to be necessary for the immediate preservation of the public peace, health and safety, or general welfare, for purposes of Sections 11346.1 and 11349.6 of the Government Code. The department is exempted from the requirement that it describe specific facts showing the need for immediate action.

(e) Prior to implementation, the department shall provide a report to the Legislature detailing its plan to implement a wage differential for bilingual and multilingual staff.

SECTION 1. Section 1714.48 is added to the Civil Code, to read:

1714.48. (a) For purposes of this section, the following definitions shall apply:

(1) “Artificial intelligence” means an engineered or machine-based system that varies in its level of autonomy and that can, for explicit or implicit objectives, infer from the input it receives how to generate outputs that can influence physical or virtual environments.

(2) (A) “Automated decision system” means a computational process derived from machine learning, statistical modeling, data analytics, or artificial intelligence that issues simplified output, including a score, classification, or recommendation, that is used to assist or replace human discretionary decisionmaking and materially impacts natural persons.

(B) “Automated decision system” does not include a spam email filter, firewall, antivirus software, identity and access management tools, calculator, database, dataset, or other compilation of data.

(3) “Clinical decision support system” means an automated decision system or generative artificial intelligence system whose outputs produce a prediction, classification, recommendation, evaluation, or analysis that is used to inform clinical decisionmaking with respect to the provision, timing, or course of patient care.

(4) “Generative artificial intelligence” has the same meaning as defined in Section 1339.75 of the Healthy and Safety Code.

(b) In an action against a defendant who developed, modified, selected, or deployed a clinical decision support system that is alleged to have caused harm to the plaintiff, it shall not be a defense, and the defendant may not assert, that the failure of a licensed health care professional or other health care worker to override an output of the clinical decision support system is a superseding cause severing the defendant’s liability for the alleged harm.

(c) This section does not limit or preclude a defendant from presenting either of the following:

(1) Any other affirmative defense, including evidence relevant to causation or foreseeability.

(2) Other evidence relevant to the comparative fault of any other person or entity.

SEC. 2. Section 1339.76 is added to the Health and Safety Code, to read:

1339.76. (a) On or before July 1, 2027, a health facility, clinic, physician’s office, or office of a group practice that uses or deploys a clinical decision support system for patient care shall make available, upon request from a licensed health care professional or other person using a clinical decision support system or viewing outputs from a clinical decision support system, an inventory of all clinical decision support systems currently in use or deployed for patient care. This list shall be updated at least annually.

(b) A health facility, clinic, physician’s office, or office of a group practice that uses or deploys a clinical decision support system for patient care shall make available, upon request from a licensed health care professional or other person using a clinical decision support system or viewing outputs from a clinical decision support system, information about the clinical decision support system. Information required by this subdivision shall include all of the following:

- (1) A summary of the clinical decision support system, including developer and description of the output produced by the system.*
 - (2) Intended use of the clinical decision support system, including intended patient population, intended users, and intended role in supporting clinical decisionmaking.*
 - (3) Cautioned out-of-scope use of the clinical decision support system, including known risks and limitations.*
 - (4) Summary of how the clinical decision support system generates outputs.*
 - (5) Summary of the training set or clinical research underlying recommendations, including demographic representativeness and known biases based on protected characteristics.*
 - (6) Summary of the validation process.*
 - (7) Summary of qualitative measures of performance.*
 - (8) A link to the Certified Health IT Product List produced by the Office of the National Coordinator for Health Information Technology at the United States Department of Health and Human Services.*
- (c) A health facility, clinic, physician's office, or office of a group practice that uses or deploys a clinical decision support system for patient care shall notify a licensed health care professional or other person whose duties include using a clinical decision support system or viewing outputs from a clinical decision support system, upon hire and annually, of their right to request the inventory of all clinical decision support systems currently in use or deployed for patient care.*
- (d) (1) A violation of this section by a licensed health facility is subject to the enforcement mechanisms described in Sections 1280 and 1280.3.*
- (2) A violation of this section by a licensed clinic is subject to the enforcement mechanisms described in Section 1229.*
- (3) A violation of this section by a physician is subject to the jurisdiction of the Medical Board of California or the Osteopathic Medical Board of California, as appropriate.*
- (e) For purposes of this section, the following definitions shall apply:*
- (1) "Artificial intelligence" has the same meaning as in Section 1339.75.*
 - (2) (A) "Automated decision system" means a computational process derived from machine learning, statistical modeling, data analytics, or artificial intelligence that issues simplified output, including a score, classification, or recommendation, that is used to assist or replace human discretionary decisionmaking and materially impacts natural persons.*
(B) "Automated decision system" does not include a spam email filter, firewall, antivirus software, identity and access management tools, calculator, database, dataset, or other compilation of data.
 - (3) "Clinic" has the same meaning as defined in Section 1200.*

(4) “Clinical decision support system” means an automated decision system or generative artificial intelligence system whose outputs produce a prediction, classification, recommendation, evaluation, or analysis that is used to inform clinical decisionmaking with respect to the provision, timing, or course of patient care.

(5) “Generative artificial intelligence” has the same meaning as defined in Section 1339.75.

(6) “Health facility” has the same meaning as defined in Section 1250.

(7) “Office of a group practice” has the same meaning as defined in Section 1339.75.

(8) “Physician’s office” has the same meaning as defined in Section 1339.75.

(f) This section does not apply to the use of a clinical decision support system for documentation, communication, or other administrative tasks that do not involve the application of professional judgment by a licensed health care professional, including, but not limited to, automated messages to inform patients of their health records.

SEC. 3. Article 2.7 (commencing with Section 2820) is added to Chapter 2 of Division 3 of the Labor Code, to read:

Article 2.7. Health Information Technology: Worker Rights

2820. For the purposes of this article, the following definitions shall apply:

(a) “Artificial intelligence” means an engineered or machine-based system that varies in its level of autonomy and that can, for explicit or implicit objectives, infer from the input it receives how to generate outputs that can influence physical or virtual environments.

(b) (1) “Automated decision system” means a computational process derived from machine learning, statistical modeling, data analytics, or artificial intelligence that issues simplified output, including a score, classification, or recommendation, that is used to assist or replace human discretionary decisionmaking and materially impacts natural persons.

(2) “Automated decision system” does not include a spam email filter, firewall, antivirus software, identity and access management tools, calculator, database, dataset, or other compilation of data.

(c) “Clinical decision support system” means an automated decision system or generative artificial intelligence system whose outputs produce a predication, classification, recommendation, evaluation, or analysis that is used to inform clinical decisionmaking with respect to the provision, timing, or course of patient care.

(d) “Generative artificial intelligence” has the same meaning as defined in Section 1339.75 of the Health and Safety Code.

2821. (a) It is the public policy of the State of California that a worker providing direct patient care be free to use their professional judgment to make assessments and decisions within their scope of practice as appropriate for their patients.

(b) (1) An employer shall not retaliate or discriminate against a worker providing direct patient care using their professional judgment to make an assessment or decision within their appropriate scope of practice based solely on the worker’s override of, or reliance on, the output of a clinical decision support system.

(2) This subdivision does not affect a worker's duty to meet the applicable standard of care, act within their scope of practice as outlined in Division 2 (commencing with Section 500) of the Business and Professions Code, or exercise independent professional judgment in providing direct patient care.

(c) A worker who is subject to retaliation or discrimination in violation of this article has the right under this article to file a complaint with the Labor Commissioner against an employer who retaliates or discriminates against the worker.

SEC. 4. *No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.*

SECTION 1. *The Legislature finds and declares all of the following:*

- (a) Many businesses regularly collect personal information from third parties, which can be used by businesses to make decisions about consumers.*
- (b) The existing right to delete under the California Consumer Privacy Act (Section 1798.105) allows consumers to request that a business delete personal information about the consumer which the business has collected from the consumer, but not personal information about the consumer that the business collected from third parties. This creates a gap in protection. Even after a consumer has submitted a request to have their person information deleted, a business can maintain and use a consumer's personal information if it was collected from a third party.*
- (c) Consumers deserve to have control over their personal information regardless of the information's source.*
- (d) Notwithstanding a consumer's right to control their personal information, businesses have legitimate security, integrity, and legal obligations that may require maintenance of some personal information about a consumer for specific, narrow purposes.*
- (e) It is the intent of the Legislature in enacting this act to do both of the following:*
 - (1) Clarify that a consumer's right to request the deletion of their personal information under the California Consumer Privacy Act of 2018 (Section 1798.105) applies to all personal information about the consumer, regardless of source.*
 - (2) Ensure that a business maintains the existing authority to retain certain personal information, including to comply with legal obligations, or to resist malicious, deceptive, fraudulent, or illegal activity when retention of such information is reasonably necessary and proportionate for such a purpose.*

~~SECTION 1.~~ SEC. 2. Section 1798.105 of the Civil Code is amended to read:

1798.105. Consumers' Right to Delete Personal Information

- (a) A consumer shall have the right to request that a business delete any personal information about the consumer which the business has collected from *or about* the consumer.
- (b) A business that collects personal information about consumers shall disclose, pursuant to Section 1798.130, the consumer's rights to request the deletion of the consumer's personal information.
- (c) (1) A business that receives a verifiable consumer request from a consumer to delete the consumer's personal information pursuant to subdivision (a) of this section shall delete the consumer's personal information from its records, notify any service providers or contractors to delete the consumer's personal information from their records, and notify all third parties to whom the business has sold or shared the personal information to delete the consumer's personal information unless this proves impossible or involves disproportionate effort.
- (2) A business that has obtained personal information about a consumer from a source other than the consumer shall be deemed in compliance with a consumer's request to delete that data pursuant to subdivision (a) by retaining a record of the deletion request and the minimum*

data necessary for the purpose of ensuring the consumer's personal information remains deleted from the business's records and is not being used for any other purpose.

~~(2)~~ (3) The business may maintain a confidential record of deletion requests solely for the purpose of preventing the personal information of a consumer who has submitted a deletion request from being sold, for compliance with laws or for other purposes, solely to the extent permissible under this title.

~~(3)~~ (4) A service provider or contractor shall cooperate with the business in responding to a verifiable consumer request, and at the direction of the business, shall delete, or enable the business to delete and shall notify any of its own service providers or contractors to delete personal information about the consumer collected, used, processed, or retained by the service provider or the contractor. The service provider or contractor shall notify any service providers, contractors, or third parties who may have accessed personal information from or through the service provider or contractor, unless the information was accessed at the direction of the business, to delete the consumer's personal information unless this proves impossible or involves disproportionate effort. A service provider or contractor shall not be required to comply with a deletion request submitted by the consumer directly to the service provider or contractor to the extent that the service provider or contractor has collected, used, processed, or retained the consumer's personal information in its role as a service provider or contractor to the business.

(d) A business, or a service provider or contractor acting pursuant to its contract with the business, another service provider, or another contractor, shall not be required to comply with a consumer's request to delete the consumer's personal information if it is reasonably necessary for the business, service provider, or contractor to maintain the consumer's personal information in order to:

(1) Complete the transaction for which the personal information was collected, fulfill the terms of a written warranty or product recall conducted in accordance with federal law, provide a good or service requested by the consumer, or reasonably anticipated by the consumer within the context of a business' ongoing business relationship with the consumer, or otherwise perform a contract between the business and the consumer.

(2) Help to ensure security and integrity to the extent the use of the consumer's personal information is reasonably necessary and proportionate for those purposes.

(3) Debug to identify and repair errors that impair existing intended functionality.

(4) Exercise free speech, ensure the right of another consumer to exercise that consumer's right of free speech, or exercise another right provided for by law.

(5) Comply with the California Electronic Communications Privacy Act pursuant to Chapter 3.6 (commencing with Section 1546) of Title 12 of Part 2 of the Penal Code.

(6) Engage in public or peer-reviewed scientific, historical, or statistical research that conforms or adheres to all other applicable ethics and privacy laws, when the business' deletion of the information is likely to render impossible or seriously impair the ability to complete such research, if the consumer has provided informed consent.

(7) To enable solely internal uses that are reasonably aligned with the expectations of the consumer based on the consumer's relationship with the business and compatible with the context in which the consumer provided the information.

(8) Comply with a legal obligation.

~~SEC. 2.~~ **SEC. 3.** Section 1798.130 of the Civil Code is amended to read:

1798.130. Notice, Disclosure, Correction, and Deletion Requirements

(a) In order to comply with Sections 1798.100, 1798.105, 1798.106, 1798.110, 1798.115, and 1798.125, a business shall, in a form that is reasonably accessible to consumers:

(1) (A) Make available to consumers two or more designated methods for submitting requests for information required to be disclosed pursuant to Sections 1798.110 and 1798.115, or requests for deletion or correction pursuant to Sections 1798.105 and 1798.106, respectively, including, at a minimum, a toll-free telephone number. A business that operates exclusively online and has a direct relationship with a consumer from whom it collects personal information shall only be required to provide an email address *and make an online method, such as a web form or online portal, available* for submitting requests for information required to be disclosed pursuant to Sections 1798.110 and 1798.115, or for requests for deletion or correction pursuant to Sections 1798.105 and 1798.106, respectively.

(B) If the business maintains an internet website, make the internet website available to consumers to submit requests for information required to be disclosed pursuant to Sections 1798.110 and 1798.115, or requests for deletion or correction pursuant to Sections 1798.105 and 1798.106, respectively.

(2) (A) Disclose and deliver the required information to a consumer free of charge, correct inaccurate personal information, or delete a consumer's personal information, based on the consumer's request, within 45 days of receiving a verifiable consumer request from the consumer. The business shall promptly take steps to determine whether the request is a verifiable consumer request, but this shall not extend the business' duty to disclose and deliver the information, to correct inaccurate personal information, or to delete personal information within 45 days of receipt of the consumer's request. The time period to provide the required information, to correct inaccurate personal information, or to delete personal information may be extended once by an additional 45 days when reasonably necessary, provided the consumer is provided notice of the extension within the first 45-day period. The disclosure of the required information shall be made in writing and delivered through the consumer's account with the business, if the consumer maintains an account with the business, or by mail or electronically at the consumer's option if the consumer does not maintain an account with the business, in a readily useable format that allows the consumer to transmit this information from one entity to another entity without hindrance. The business may require authentication of the consumer that is reasonable in light of the nature of the personal information requested, but shall not require the consumer to create an account with the business in order to make a verifiable consumer request provided that if the consumer, has an account with the business, the business may require the consumer to use that account to submit a verifiable consumer request.

(B) The disclosure of the required information shall cover the 12-month period preceding the business' receipt of the verifiable consumer request provided that, upon the adoption of a regulation pursuant to paragraph (8) of subdivision (a) of Section 1798.185, a consumer may

request that the business disclose the required information beyond the 12-month period, and the business shall be required to provide that information unless doing so proves impossible or would involve a disproportionate effort. A consumer's right to request required information beyond the 12-month period, and a business' obligation to provide that information, shall only apply to personal information collected on or after January 1, 2022. Nothing in this subparagraph shall require a business to keep personal information for any length of time.

(3) (A) A business that receives a verifiable consumer request pursuant to Section 1798.110 or 1798.115 shall disclose any personal information it has collected about a consumer, directly or indirectly, including through or by a service provider or contractor, to the consumer. A service provider or contractor shall not be required to comply with a verifiable consumer request received directly from a consumer or a consumer's authorized agent, pursuant to Section 1798.110 or 1798.115, to the extent that the service provider or contractor has collected personal information about the consumer in its role as a service provider or contractor. A service provider or contractor shall provide assistance to a business with which it has a contractual relationship with respect to the business' response to a verifiable consumer request, including, but not limited to, by providing to the business the consumer's personal information in the service provider or contractor's possession, which the service provider or contractor obtained as a result of providing services to the business, and by correcting inaccurate information or by enabling the business to do the same. A service provider or contractor that collects personal information pursuant to a written contract with a business shall be required to assist the business through appropriate technical and organizational measures in complying with the requirements of subdivisions (d) to (f), inclusive, of Section 1798.100, taking into account the nature of the processing.

(B) For purposes of subdivision (b) of Section 1798.110:

(i) To identify the consumer, associate the information provided by the consumer in the verifiable consumer request to any personal information previously collected by the business about the consumer.

(ii) Identify by category or categories the personal information collected about the consumer for the applicable period of time by reference to the enumerated category or categories in subdivision (c) that most closely describes the personal information collected; the categories of sources from which the consumer's personal information was collected; the business or commercial purpose for collecting, selling, or sharing the consumer's personal information; and the categories of third parties to whom the business discloses the consumer's personal information.

(iii) Provide the specific pieces of personal information obtained from the consumer in a format that is easily understandable to the average consumer, and to the extent technically feasible, in a structured, commonly used, machine-readable format that may also be transmitted to another entity at the consumer's request without hindrance. "Specific pieces of information" do not include data generated to help ensure security and integrity or as prescribed by regulation. Personal information is not considered to have been disclosed by a business when a consumer instructs a business to transfer the consumer's personal information from one business to another in the context of switching services.

(4) For purposes of subdivision (b) of Section 1798.115:

(A) Identify the consumer and associate the information provided by the consumer in the verifiable consumer request to any personal information previously collected by the business about the consumer.

(B) Identify by category or categories the personal information of the consumer that the business sold or shared during the applicable period of time by reference to the enumerated category in subdivision (c) that most closely describes the personal information, and provide the categories of third parties to whom the consumer's personal information was sold or shared during the applicable period of time by reference to the enumerated category or categories in subdivision (c) that most closely describes the personal information sold or shared. The business shall disclose the information in a list that is separate from a list generated for the purposes of subparagraph (C).

(C) Identify by category or categories the personal information of the consumer that the business disclosed for a business purpose during the applicable period of time by reference to the enumerated category or categories in subdivision (c) that most closely describes the personal information, and provide the categories of persons to whom the consumer's personal information was disclosed for a business purpose during the applicable period of time by reference to the enumerated category or categories in subdivision (c) that most closely describes the personal information disclosed. The business shall disclose the information in a list that is separate from a list generated for the purposes of subparagraph (B).

(5) Disclose the following information in its online privacy policy or policies if the business has an online privacy policy or policies and in any California-specific description of consumers' privacy rights, or if the business does not maintain those policies, on its internet website, and update that information at least once every 12 months:

(A) A description of a consumer's rights pursuant to Sections 1798.100, 1798.105, 1798.106, 1798.110, 1798.115, and 1798.125 and two or more designated methods for submitting requests, except as provided in subparagraph (A) of paragraph (1) of subdivision (a).

(B) For purposes of subdivision (c) of Section 1798.110:

(i) A list of the categories of personal information it has collected about consumers in the preceding 12 months by reference to the enumerated category or categories in subdivision (c) that most closely describe the personal information collected.

(ii) The categories of sources from which consumers' personal information is collected.

(iii) The business or commercial purpose for collecting, selling, or sharing consumers' personal information.

(iv) The categories of third parties to whom the business discloses consumers' personal information.

(C) For purposes of paragraphs (1) and (2) of subdivision (c) of Section 1798.115, two separate lists:

(i) A list of the categories of personal information it has sold or shared about consumers in the preceding 12 months by reference to the enumerated category or categories in subdivision (c) that most closely describe the personal information sold or shared, or if the business has not

sold or shared consumers' personal information in the preceding 12 months, the business shall prominently disclose that fact in its privacy policy.

(ii) A list of the categories of personal information it has disclosed about consumers for a business purpose in the preceding 12 months by reference to the enumerated category in subdivision (c) that most closely describes the personal information disclosed, or if the business has not disclosed consumers' personal information for a business purpose in the preceding 12 months, the business shall disclose that fact.

(6) Ensure that all individuals responsible for handling consumer inquiries about the business' privacy practices or the business' compliance with this title are informed of all requirements in Sections 1798.100, 1798.105, 1798.106, 1798.110, 1798.115, 1798.125, and this section, and how to direct consumers to exercise their rights under those sections.

(7) Use any personal information collected from the consumer in connection with the business' verification of the consumer's request solely for the purposes of verification and shall not further disclose the personal information, retain it longer than necessary for purposes of verification, or use it for unrelated purposes.

(b) A business is not obligated to provide the information required by Sections 1798.110 and 1798.115 to the same consumer more than twice in a 12-month period.

(c) The categories of personal information required to be disclosed pursuant to Sections 1798.100, 1798.110, and 1798.115 shall follow the definitions of personal information and sensitive personal information in Section 1798.140 by describing the categories of personal information using the specific terms set forth in subparagraphs (A) to (K), inclusive, of paragraph (1) of subdivision (v) of Section 1798.140 and by describing the categories of sensitive personal information using the specific terms set forth in subparagraphs (A) to (F), inclusive, of paragraph (1), and subparagraphs (A) to (C), inclusive, of paragraph (2), of subdivision (ae) of Section 1798.140.

SEC. 4. The Legislature finds and declares that this act furthers the purposes and intent of the California Privacy Rights Act of 2020.

SECTION 1. (a) *The Legislature finds and declares as follows:*

(1) *Consumers have a substantial interest in knowing when an advertisement uses a synthetic performer in a manner that could reasonably be interpreted as a human performance.*

(2) *Requiring a factual disclosure regarding the use of a synthetic performer is necessary to prevent deceptive or misleading advertising practices.*

(b) *It is the intent of the Legislature that the disclosure required by this act is a purely factual commercial disclosure consistent with constitutional protections for commercial speech.*

SEC. 2. *Article 10 (commencing with Section 17610) is added to Chapter 1 of Part 3 of Division 7 of the Business and Professions Code, to read:*

Article 10. Synthetic Performers

17610. (a) *For purposes of this section, the following definitions apply:*

(1) *“Advertisement” means any audio, video, or audiovisual message, statement, audiovisual recording, digital communication, or other representation disseminated in any manner or by any means, including through online platforms, that is intended to induce, or that is reasonably expected to induce, the purchase of goods or services, as described in Section 17500.*

(2) (A) *“Advertising medium” means any broadcast station, cable operator, multichannel video programming distributor, online platform, streaming service, digital advertising network, publisher, or other person or entity that distributes, displays, transmits, or makes available an audio or audiovisual advertisement to consumers in this state.*

(B) *“Advertising medium” does not include a person or entity that is not capable of removing, disabling access to, or ceasing further dissemination of, an advertisement.*

(3) *“Clear and conspicuous disclosure” means a disclosure that is difficult to miss, easily understandable, and presented in a manner that a reasonable consumer would notice, read, and comprehend, taking into account the medium, format, and context in which the advertisement appears.*

(4) *“Generative artificial intelligence” means an artificial intelligence system that can generate derived synthetic content, such as text, images, video, and audio, that emulates the structure and characteristics of the system’s training data.*

(5) *“Synthetic performer” means a digital figure, voice, or representation created in whole or in part using generative artificial intelligence that creates the realistic impression of the audio, audiovisual, or visual performance of a human performer who is not recognizable as any identifiable natural person.*

(b) *It is unlawful for any person to create and cause to be published in an advertising medium an advertisement that prominently includes a synthetic performer without a clear and conspicuous disclosure that the advertisement includes a synthetic performer.*

(c) *A disclosure required by this section shall use wording substantially similar to “this performance features a synthetic performer” or “no human performer is depicted.”*

(d) Nothing in this section shall be construed to do any of the following:

(1) Restrict or prohibit the creation, distribution, or exhibition of synthetic content.

(2) Regulate the expressive or informational content of an advertisement, except to require the factual disclosure described in subdivision (b).

(3) Affect or limit any rights or remedies available under Section 17200 or 17500 or any other law concerning deceptive, unfair, or misleading business practices.

(4) Apply to advertisements for expressive works, including, but not limited to, motion pictures, television programs, streaming content, documentaries, video games, or other similar audio or audiovisual works, provided that the use of a synthetic performer in the advertisement or promotional material is consistent with its use in the expressive work.

(5) Apply to an advertisement in which the use of the generative artificial intelligence solely involves the language translation of a human performer.

(e) (1) An advertising medium shall not transmit, distribute, display, air, or otherwise make available an advertisement containing a synthetic performer if both of the following conditions are met:

(A) A court of competent jurisdiction has issued an order finding that the advertisement violates this chapter or enjoining the creator from publishing the advertisement, including, but not limited to, an injunction issued under Section 527 of the Code of Civil Procedure.

(B) The advertising medium is served with the order and information reasonably sufficient to identify the advertisement.

(2) Upon receipt of an order described in subparagraph (A) of paragraph (1), the advertising medium shall, as soon as commercially reasonable and technically feasible, do both of the following:

(A) Remove, disable access to, or cease further dissemination of the advertisement on the advertising medium in this state.

(B) Cease accepting payment for further dissemination of the advertisement.

(f) A violation of this section constitutes a violation of Section 17500 and may be enforced pursuant to Chapter 5 (commencing with Section 17200) of Part 2.

(g) (1) Subdivision (b) of this section shall not apply to a person who creates or causes to be created an advertisement subject to subdivision (b) of Section 651.4, as added by Senate Bill 1146 of the 2025–26 Regular Session. However, subdivision (e) of this section applies to an advertising medium that transmits, distributes, displays, airs, or otherwise makes available an advertisement subject to subdivision (b) of Section 651.4.

(2) This subdivision shall only become operative if Senate Bill 1146 of the 2025–26 Regular Session is enacted and becomes effective on or before January 1, 2027, and that bill adds Section 651.4 to the Business and Professions Code.

(h) The requirements of this section are severable. If any provision or its application is held invalid, that invalidity shall not affect other provisions or applications that can be given effect without the invalid provision or application.

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

SECTION 1. Section 651.4 is added to the Business and Professions Code, to read:

651.4. (a) For purposes of this section, the following definitions apply:

(1) “Artificial intelligence” means an engineered or machine-based system that varies in its level of autonomy and that can, for explicit or implicit objectives, infer from the input it receives how to generate outputs that can influence physical or virtual environments.

(2) “Clear and conspicuous disclosure” means a disclosure that is difficult to miss, easily understandable, and presented in a manner that a reasonable consumer would notice, read, and comprehend, taking into account the medium, format, and context in which the advertisement appears.

(3) (A) “Digital replica” means a computer-generated, highly realistic electronic representation that is readily identifiable as the voice or visual likeness of an individual that is embodied in a sound recording, image, audiovisual work, or transmission in which the actual individual either did not actually perform or appear, or the actual individual did perform or appear, but the fundamental character of the performance or appearance has been materially altered.

(B) “Digital replica” does not include the electronic reproduction, use of a sample of one sound recording or audiovisual work into another, remixing, mastering, or digital remastering of a sound recording or audiovisual work authorized by the copyrightholder.

(4) “Generative artificial intelligence” means an artificial intelligence system that can generate derived synthetic content, such as text, images, video, and audio, that emulates the structure and characteristics of the artificial intelligence system’s training data.

(5) “Health-related consumer product or service” means a product or service that is marketed for use primarily for personal, family, or household purposes, and is marketed as having a health benefit. Examples include, but are not limited to, dietary supplements and medical and dental goods and services.

(6) “Health care provider” means a person licensed under this division.

(7) “Synthetic performer” means a digital figure, voice, or representation created in whole or in part using generative artificial intelligence, that creates the realistic impression of an audiovisual or visual performance of a human performer who is not recognizable as any identifiable natural person.

(b) A person who creates or causes to be created an advertisement that includes a digital replica or synthetic performer depicted as a health care provider to promote the sale of a health-related consumer product or service shall include a clear and conspicuous disclosure that the health care provider depicted in the advertisement was generated or substantially altered by artificial intelligence or that no human health care provider is depicted.

(c) This section does not authorize use of a person’s digital replica for commercial purposes without the individual’s consent.

(d) (1) A violation of this section constitutes a violation of Section 17500 and may be enforced pursuant to Chapter 5 (commencing with Section 17200) of Part 2.

(2) A natural person whose digital replica is used in an advertisement that violates subdivision (b) may bring a civil action against the person who created the advertisement and may seek any appropriate remedy, including, but not limited to, injunctive relief.

(3) The remedies provided for under this paragraph are cumulative and shall be in addition to any other remedies provided for by law, including, but not limited to, Section 3344 of the Civil Code.

(4) A violation of this section shall not constitute a misdemeanor for purposes of this article.

SEC. 2. *No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.*

SECTION 1. (a) (1) Subdivision (b) of Section 3 of Article 1 of the California Constitution establishes that “the people have the right of access to information concerning the conduct of the people’s business.” California’s transparency and governance laws, including 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) of Part 1 of Division 3 of Title 2 of the Government Code), the Bagley-Keene Open Meeting Act (Article 9 (commencing with Section 11120) of Chapter 1 of Part 1 of Division 3 of Title 2 of the Government Code), the California Environmental Quality Act (Division 13 (commencing with Section 21000) of the Public Resources Code), the California Coastal Act of 1976 (Division 20 (commencing with Section 30000) of the Public Resources Code), the California Public Records Act (Division 10 (commencing with Section 7920.000) of Title 1 of the Government Code), the Legislative Open Records Act (Article 3.5 (commencing with Section 9070) of Chapter 1.5 of Part 1 of Division 2 of Title 2 of the Government Code), and the Ralph M. Brown Act (Chapter 9 (commencing with Section 54950) of Part 1 of Division 2 of Title 5 of the Government Code), implement this constitutional mandate by enabling natural persons to participate in and observe governmental processes.

(2) Artificial intelligence (AI) systems can now be programmed to automatically and continuously engage with governmental processes at scales and speeds that far exceed human capacity. AI systems have the ability to submit thousands or millions of automated public records requests, generate mass public comments on proposed regulations, file automated petitions for rulemaking, or otherwise flood governmental agencies with interactions that simulate human participation but lack genuine human deliberation or judgment.

(3) Automated mass engagement would overwhelm government agencies, divert limited public resources from serving actual constituents, drown out genuine human participation, and transform deliberative processes into meaningless exchanges with machines. Public comment periods would become ineffective if agencies must process thousands of AI-generated submissions, and the administrative burden would undermine the purpose of California’s transparency laws. This threat is not theoretical. In the United Kingdom, AI-powered platforms have already enabled automated generation of planning objections, prompting warnings from experts that such systems will overwhelm public agencies.

(4) California’s transparency and governance laws referenced in paragraph (1) presuppose participants who possess consciousness, moral agency, deliberative judgment, and membership in the political community. AI systems, regardless of their sophistication, lack these essential attributes of personhood. Consistent with the United States Patent and Trademark Office’s November 2025 guidance recognizing that AI systems are tools to support human activity rather than independent actors, and with the European Union’s AI Act adopted in 2024 protecting the fundamental rights of natural persons, California law maintains the distinction between human beings and artificial intelligence.

(b) Therefore, it is the intent of the Legislature to clarify that, for purposes of California’s transparency and governance laws referenced in subdivision (a), the terms “person,” “interested person,” “member of the public,” and any other similar terms referring to those who may engage with governmental agencies under those laws, refer to natural persons and legally recognized entities capable of genuine participation in democratic governance, not AI systems that could be programmed to simulate participation at scales that would overwhelm governmental processes.

(c) The changes made by this act are not to be construed to imply that the terms “person,” “interested person,” “participant,” “member of the public,” and any other similar terms as used in any law other than those laws referenced in subdivision (a) include artificial intelligence systems, autonomous agents, robots, or other nonhuman entities, whether physical or digital.

SEC. 2. Section 7920.520 of the Government Code is amended to read:

7920.520. *(a) As used in this division, “person” includes any natural person, corporation, partnership, limited liability company, firm, or association.*

(b) (1) “Person,” “interested person,” “member of the public,” and any other similar terms referring to those who may engage with governmental agencies under this division do not include artificial intelligence systems, autonomous agents, robots, or other nonhuman entities, whether physical or digital.

(2) For purposes of this subdivision, the following definitions apply:

(A) “Artificial intelligence” means an engineered or machine-based system that varies in its level of autonomy and that can, for explicit or implicit objectives, infer from the input it receives how to generate outputs that can influence physical or virtual environments.

(B) “Assistive technology” means an item, piece of equipment, or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve functional capabilities of individuals with disabilities and any service that directly assists an individual with a disability in the selection, acquisition, or use of the item, equipment, or product system.

(3) A public agency may use a disclosure verification tool that meets the criteria described in Section 22757.2 of the Business and Professions Code to determine if artificial intelligence is present.

(4) This section does not prohibit a natural person from using artificial intelligence, autonomous agents, or robots to facilitate the person’s own engagement with a governmental agency, including through the use of assistive technologies, provided the volume and frequency of the engagement are reasonably consistent with ordinary participation by a natural person.

SEC. 3. Section 8319 is added to the Government Code, to read:

8319. *(a) A person shall not knowingly use artificial intelligence to falsely represent that a natural person appeared before, submitted information to, or otherwise engaged with a governmental agency.*

(b) For purposes of this section, “artificial intelligence” means an engineered or machine-based system that varies in its level of autonomy and that can, for explicit or implicit objectives, infer from the input it receives how to generate outputs that can influence physical or virtual environments.

~~SEC. 3.~~**SEC. 4.** Section 9072 of the Government Code is amended to read:

9072. As used in this article:

(a) “Person” includes any natural person, corporation, partnership, limited liability company, firm, or association.

(1) “Person” and any other similar terms referring to those who may engage with governmental agencies under this article do not include artificial intelligence systems, autonomous agents, or robots, whether physical or digital.

(2) For purposes of this subdivision, the following definitions apply:

(A) “Artificial intelligence” means an engineered or machine-based system that varies in its level of autonomy and that can, for explicit or implicit objectives, infer from the input it receives how to generate outputs that can influence physical or virtual environments.

(B) “Assistive technology” means an item, piece of equipment, or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve functional capabilities of individuals with disabilities and any service that directly assists an individual with a disability in the selection, acquisition, or use of the item, equipment, or product system.

(3) The appropriate Rules Committee of each house of the Legislature and the Joint Rules Committee may use a disclosure verification tool that meets the criteria described in Section 22757.2 of the Business and Professions Code to determine if artificial intelligence is present.

(4) This section does not prohibit a natural person from using artificial intelligence, autonomous agents, or robots to facilitate the person’s own engagement with a governmental agency, including through the use of assistive technologies, provided the volume and frequency of the engagement are reasonably consistent with ordinary participation by a natural person.

(b) “Legislature” includes any Member of the Legislature, any legislative officer, any standing, joint, or select committee or subcommittee of the Senate and Assembly, and any other agency or employee of the Legislature.

(c) “Legislative records” means any writing prepared on or after December 2, 1974, which contains information relating to the conduct of the public’s business prepared, owned, used, or retained by the Legislature.

(d) “Writing” means handwriting, typewriting, printing, photostating, photographing, and every other means of recording upon any form of communication or representation, including letters, words, pictures, sounds, or symbols, or combination thereof, and all papers, maps, magnetic or paper tapes, photographic films and prints, magnetic or punched cards, discs, drums, and other documents.

SEC. 5. *Section 11121.5 is added to the Government Code, to read:*

11121.5. *(a) As used in this article, “person,” “interested person,” “participant,” “member of the public,” and any other similar terms referring to those who may engage with governmental agencies under this chapter do not include artificial intelligence systems, autonomous agents, or robots, whether physical or digital.*

(b) For purposes of this section, the following definitions apply:

(1) “Artificial intelligence” means an engineered or machine-based system that varies in its level of autonomy and that can, for explicit or implicit objectives, infer from the input it receives how to generate outputs that can influence physical or virtual environments.

(2) “Assistive technology” means an item, piece of equipment, or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve functional capabilities of individuals with disabilities and any service that directly assists an individual with a disability in the selection, acquisition, or use of the item, equipment, or product system.

(c) A state body may use a disclosure verification tool that meets the criteria described in Section 22757.2 of the Business and Professions Code to determine if artificial intelligence is present.

(d) This section does not prohibit a natural person from using artificial intelligence, autonomous agents, or robots to facilitate the person’s own engagement with a governmental agency, including through the use of assistive technologies, provided the volume and frequency of the engagement are reasonably consistent with ordinary participation by a natural person.

SEC. 6. Section 11342.575 is added to the Government Code, to read:

11342.575. (a) “Person,” “interested person,” “member of the public,” and any other similar terms referring to those who may engage with governmental agencies under this chapter do not include artificial intelligence systems, autonomous agents, or robots, whether physical or digital.

(b) For purposes of this section, the following definitions apply:

(1) “Artificial intelligence” means an engineered or machine-based system that varies in its level of autonomy and that can, for explicit or implicit objectives, infer from the input it receives how to generate outputs that can influence physical or virtual environments.

(2) “Assistive technology” means an item, piece of equipment, or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve functional capabilities of individuals with disabilities and any service that directly assists an individual with a disability in the selection, acquisition, or use of the item, equipment, or product system.

(c) An agency may use a disclosure verification tool that meets the criteria described in Section 22757.2 of the Business and Professions Code to determine if artificial intelligence is present.

(d) This section does not prohibit a natural person from using artificial intelligence, autonomous agents, or robots to facilitate the person’s own engagement with a governmental agency, including through the use of assistive technologies, provided the volume and frequency of the engagement are reasonably consistent with ordinary participation by a natural person.

SEC. 7. Section 11370.1.5 is added to the Government Code, to read:

11370.1.5. (a) As used in this chapter, “person” and any other similar terms referring to those who may engage with governmental agencies under this chapter do not include artificial intelligence systems, autonomous agents, or robots, whether physical or digital.

(b) For purposes of this section, the following definitions apply:

(1) “Artificial intelligence” means an engineered or machine-based system that varies in its level of autonomy and that can, for explicit or implicit objectives, infer from the input it receives how to generate outputs that can influence physical or virtual environments.

(2) “Assistive technology” means an item, piece of equipment, or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve functional capabilities of individuals with disabilities and any service that directly assists an individual with a disability in the selection, acquisition, or use of the item, equipment, or product system.

(c) The Office of Administrative Hearings may use a disclosure verification tool that meets the criteria described in Section 22757.2 of the Business and Professions Code to determine if artificial intelligence is present.

(d) This section does not prohibit a natural person from using artificial intelligence, autonomous agents, or robots to facilitate the person’s own engagement with a governmental agency, including through the use of assistive technologies, provided the volume and frequency of the engagement are reasonably consistent with ordinary participation by a natural person.

~~SEC. 7.~~SEC. 8. Section 11405.70 of the Government Code is amended to read:

11405.70. (a) “Person” includes an individual, partnership, corporation, governmental subdivision or unit of a governmental subdivision, or public or private organization or entity of any character.

(b) (1) “Person,” “interested person,” “participant,” “member of the public,” and any other similar terms referring to those who may engage with governmental agencies under this chapter do not include artificial intelligence systems, autonomous agents, or robots, whether physical or digital.

(2) For purposes of this subdivision, the following definitions apply:

(A) “Artificial intelligence” means an engineered or machine-based system that varies in its level of autonomy and that can, for explicit or implicit objectives, infer from the input it receives how to generate outputs that can influence physical or virtual environments.

(B) “Assistive technology” means an item, piece of equipment, or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve functional capabilities of individuals with disabilities and any service that directly assists an individual with a disability in the selection, acquisition, or use of the item, equipment, or product system.

(3) An agency may use a disclosure verification tool that meets the criteria described in Section 22757.2 of the Business and Professions Code to determine if artificial intelligence is present.

(4) This section does not prohibit a natural person from using artificial intelligence, autonomous agents, or robots to facilitate the person’s own engagement with a governmental agency, including through the use of assistive technologies, provided the volume and frequency of the engagement are reasonably consistent with ordinary participation by a natural person.

~~SEC. 8.~~SEC. 9. Section 11500 of the Government Code is amended to read:

11500. In this chapter unless the context or subject matter otherwise requires:

(a) “Agency” includes the state boards, commissions, and officers to which this chapter is made applicable by law, except that wherever the word “agency” alone is used the power to act may be delegated by the agency, and wherever the words “agency itself” are used the

power to act shall not be delegated unless the statutes relating to the particular agency authorize the delegation of the agency's power to hear and decide.

(b) "Party" includes the agency, the respondent, and any person, other than an officer or an employee of the agency in ~~his or her~~ *their* official capacity, who has been allowed to appear or participate in the proceeding.

(c) (1) "Person," "participant," and any other similar terms referring to those who may engage with governmental agencies under this chapter do not include artificial intelligence systems, autonomous agents, or robots, whether physical or digital.

(2) For purposes of this subdivision, the following definitions apply:

(A) "Artificial intelligence" means an engineered or machine-based system that varies in its level of autonomy and that can, for explicit or implicit objectives, infer from the input it receives how to generate outputs that can influence physical or virtual environments.

(B) This section does not prohibit a natural person from using artificial intelligence, autonomous agents, or robots to facilitate the person's own engagement with a governmental agency, including through the use of assistive technologies, provided the volume and frequency of the engagement are reasonably consistent with ordinary participation by a natural person.

(3) An agency may use a disclosure verification tool that meets the criteria described in Section 22757.2 of the Business and Professions Code to determine if artificial intelligence is present.

(4) This section does not prohibit a natural person from using artificial intelligence, autonomous agents, or robots to facilitate the person's own engagement with a governmental agency, including through the use of assistive technologies, provided the volume and frequency of the engagement are reasonably consistent with ordinary participation by a natural person.

~~(c)~~ (d) "Respondent" means any person against whom an accusation or District Statement of Reduction in Force is filed pursuant to Section 11503 or against whom a statement of issues is filed pursuant to Section 11504.

~~(d)~~ (e) "Administrative law judge" means an individual qualified under Section 11502.

~~(e)~~ (f) "Agency member" means any person who is a member of any agency to which this chapter is applicable and includes any person who ~~himself or herself constitutes~~ *themselves constitute* an agency.

SEC. 10. *Section 54951.5 is added to the Government Code, to read:*

54951.5. *(a) As used in this chapter, "person," "interested person," "participant," "member of the public," and any other similar terms referring to those who may engage with governmental agencies under this chapter do not include artificial intelligence systems, autonomous agents, or robots, whether physical or digital.*

(b) For purposes of this section, the following definitions apply:

(1) “Artificial intelligence” means an engineered or machine-based system that varies in its level of autonomy and that can, for explicit or implicit objectives, infer from the input it receives how to generate outputs that can influence physical or virtual environments.

(2) “Assistive technology” means an item, piece of equipment, or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve functional capabilities of individuals with disabilities and any service that directly assists an individual with a disability in the selection, acquisition, or use of the item, equipment, or product system.

(c) A local agency may use a disclosure verification tool that meets the criteria described in Section 22757.2 of the Business and Professions Code to determine if artificial intelligence is present.

(d) This section does not prohibit a natural person from using artificial intelligence, autonomous agents, or robots to facilitate the person’s own engagement with a governmental agency, including through the use of assistive technologies, provided the volume and frequency of the engagement are reasonably consistent with ordinary participation by a natural person.

~~SEC. 10.~~ SEC. 11. Section 21066 of the Public Resources Code is amended to read:

21066. (a) “Person” includes any person, firm, association, organization, partnership, business, trust, corporation, limited liability company, company, district, county, city and county, city, town, the state, and any of the agencies and political subdivisions of those entities, and, to the extent permitted by federal law, the United States, or any of its agencies or political subdivisions.

(b) (1) “Person,” “interested person,” “member of the public,” and any other similar terms referring to those who may engage with governmental agencies under this division do not include artificial intelligence systems, autonomous agents, or robots, whether physical or digital.

(2) For purposes of this subdivision, the following definitions apply:

(A) “Artificial intelligence” means an engineered or machine-based system that varies in its level of autonomy and that can, for explicit or implicit objectives, infer from the input it receives how to generate outputs that can influence physical or virtual environments.

(B) “Assistive technology” means an item, piece of equipment, or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve functional capabilities of individuals with disabilities and any service that directly assists an individual with a disability in the selection, acquisition, or use of the item, equipment, or product system.

(3) A public agency may use a verification detection tool that meets the criteria described in Section 22757.2 of the Business and Professions Code to determine if artificial intelligence is present.

(4) This section does not prohibit a natural person from using artificial intelligence, autonomous agents, or robots to facilitate the person’s own engagement with a governmental agency, including through the use of assistive technologies, provided the volume and frequency of the engagement are reasonably consistent with ordinary participation by a natural person.

SEC. 11. **SEC. 12.** Section 30111 of the Public Resources Code is amended to read:

30111. (a) “Person” means any individual, organization, partnership, limited liability company, or other business association or corporation, including any utility, and any federal, state, local government, or special district or an agency thereof.

(1) “Person” and any other similar terms referring to those who may engage with governmental agencies under this division do not include artificial intelligence systems, autonomous agents, or robots, whether physical or digital.

(2) For purposes of this section, the following definitions apply:

(A) “Artificial intelligence” means an engineered or machine-based system that varies in its level of autonomy and that can, for explicit or implicit objectives, infer from the input it receives how to generate outputs that can influence physical or virtual environments.

(B) “Assistive technology” means an item, piece of equipment, or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve functional capabilities of individuals with disabilities and any service that directly assists an individual with a disability in the selection, acquisition, or use of the item, equipment, or product system.

(b) An agency may use a disclosure verification tool that meets the criteria described in Section 22757.2 of the Business and Professions Code to determine if artificial intelligence is present.

(c) This section does not prohibit a natural person from using artificial intelligence, autonomous agents, or robots to facilitate the person’s own engagement with a governmental agency, including through the use of assistive technologies, provided the volume and frequency of the engagement are reasonably consistent with ordinary participation by a natural person.

SEC. 13. *The Legislature finds and declares that Section 2 of this act, which amends Section 7920.520 of the Government Code, and Section 9 of this act, which adds Section 54951.5 to the Government Code, further, within the meaning of paragraph (7) of subdivision (b) of Section 3 of Article I of the California Constitution, the purposes of that constitutional section as it relates to the right of public access to the meetings of local public bodies or the writings of local public officials and local agencies. Pursuant to paragraph (7) of subdivision (b) of Section 3 of Article I of the California Constitution, the Legislature makes the following findings: The clarification made by this act serves the public interest by preserving the integrity and functionality of California’s democratic institutions, preventing automated systems from displacing genuine human participation, protecting public resources from being consumed by responding to machine-generated requests, and ensuring that governmental decisions remain responsive to the people of California.*

AB 1775 Amends The Law: Amended 5/18/2026

SECTION 1. Section 115.4 of the Business and Professions Code is amended to read:

115.4. (a) Notwithstanding any other law, on and after July 1, 2016, a board within the department shall expedite, and may assist, the initial licensure process for an applicant who supplies satisfactory evidence to the board that the applicant has served as an active duty member of the Armed Forces of the United States and was honorably ~~discharged~~ *discharged or received a discharge solely as a result of Executive Order No. 14183 issued on January 27, 2025*.

(b) Notwithstanding any other law, on and after July 1, 2024, a board within the department shall expedite, and may assist, the initial licensure process for an applicant who supplies satisfactory evidence to the board that the applicant is an active duty member of a regular component of the Armed Forces of the United States enrolled in the United States Department of Defense SkillBridge program as authorized under Section 1143(e) of Title 10 of the United States Code.

(c) A board may adopt regulations necessary to administer this section in accordance with the provisions of Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code.

(d) For purposes of this section, the term “applicant” refers to an applicant for an individual license and does not refer to applicants for business or entity licenses.

SEC. 2. Section 115.8 of the Business and Professions Code is amended to read:

115.8. The Department of Consumer Affairs shall compile information on military and spouse licensure into an annual report for the Legislature, which shall be submitted in conformance with Section 9795 of the Government Code. The report shall include all of the following for each license type of each board:

(a) The number of applications for a temporary license submitted by military spouses per fiscal year, pursuant to Section 115.6.

(b) The number of applications for expedited licenses received from honorably discharged military members and military ~~spouses~~ *spouses, or those who received a discharge solely as a result of Executive Order No. 14183 issued on January 27, 2025*, pursuant to Sections 115.4 and 115.5.

(c) The number of licenses issued and denied per fiscal year pursuant to Sections 115.4, 115.5, and 115.6.

(d) The number of licenses issued pursuant to Section 115.6 that were suspended or revoked per fiscal year.

(e) The number of applications for waived renewal fees received and granted pursuant to Section 114.3 per fiscal year.

(f) The average length of time between application and issuance of licenses pursuant to Sections 115.4, 115.5, and 115.6.

SEC. 3. Section 885 of the Military and Veterans Code is amended to read:

885. (a) The department shall establish the Veteran's Military Discharge Upgrade Grant Program to help fund service providers who, ~~for free or at low~~ **at no** cost, will educate veterans about discharge upgrades and assist qualifying veterans in filing discharge upgrade applications.

(b) The department shall develop criteria, procedures, and accountability measures as may be necessary to implement the grant program. The department ~~may~~ **shall** prioritize veteran recipients ~~of the services, such as prioritizing those~~ who are able to demonstrate their less than honorable characterization of service was connected to a mental health condition, traumatic brain injury, sexual assault or harassment, or sexual ~~orientation.~~ **orientation or who are able to demonstrate their characterization of service was connected to gender identity.**

(c) Funding for the grant program is subject to appropriation by the Legislature.

(d) The department may adopt regulations as necessary to implement this section.

SEC. 4. Section 886 is added to the Military and Veterans Code, to read:

886. (a) *The department shall establish the Veteran's Housing and Supportive Services Grant Program to help fund service providers who, for at no cost, will provide housing supports for veterans being discharged from service.*

(b) The department shall develop criteria, procedures, and accountability measures as may be necessary to implement the grant program. The department shall prioritize veteran recipients who are able to demonstrate their less than honorable characterization of service was connected to a mental health condition, traumatic brain injury, sexual assault or harassment, or sexual orientation or who are able to demonstrate their characterization of service was connected to gender identity.

(c) Funding for the grant program is subject to appropriation by the Legislature.

(d) The department may adopt regulations as necessary to implement this section.

SECTION 1. Section 502 of the Business and Professions Code is amended to read:

502. (a) Notwithstanding any other law, both of the following apply:

(1) The Board of Registered Nursing, the Board of Vocational Nursing and Psychiatric Technicians of the State of California, the Physician Assistant Board, and the Respiratory Care Board of California shall collect workforce data from their respective licensees and registrants as specified in subdivision (b) for future workforce planning at ~~least biennially.~~ *the time the license or registration is issued and at least biennially thereafter.* The data shall be collected at the time of electronic license or registration *issuance and* renewal for those boards that utilize electronic *issuances and* renewals for licensees or registrants.

(2) All other boards that are not listed in paragraph (1) that regulate healing arts licensees or registrants under this division shall request workforce data from their respective licensees and registrants as specified in subdivision (b) for future workforce planning at ~~least biennially.~~ *the time the license or registration is issued and at least biennially thereafter.* The data shall be requested at the time of electronic license or registration *issuance and* renewal for those boards that utilize electronic *issuances and* renewals for licensees or registrants.

(b) In conformance with specifications under subdivision (d), the workforce data collected or requested by each board about its licensees and registrants shall include, at a minimum, all of the following information:

(1) Anticipated year of retirement.

(2) ~~Area-~~ *Primary and secondary area* of practice or specialty.

(3) City, county, and ZIP Code of practice.

(4) Date of birth.

(5) Educational background and the highest level attained at time of licensure or registration.

(6) Gender or gender identity.

(7) Hours spent in direct patient care, including telehealth hours as a subcategory, training, research, and administration.

(8) Hours worked in inpatient care.

(9) Hours worked in outpatient care.

~~(8)~~ *(10)* Languages spoken.

~~(9)~~ *(11)* National Provider Identifier.

(12) Hours worked providing direct outpatient primary care services.

~~(10)~~ *(13)* Race or ethnicity.

~~(11)~~ (14) Type of employer or classification of primary practice ~~site among the types of practice sites specified by the board,~~ *site*, including, but not limited to, clinic, hospital, managed care organization, or private practice.

(15) Whether the licensee or registrant accepts Medicaid.

(16) Whether the licensee or registrant offers a formal sliding fee scale.

~~(12)~~ (17) Work hours.

~~(13)~~ (18) Sexual orientation.

~~(14)~~ (19) Disability status.

(c) Each board shall maintain the confidentiality of the information it receives from licensees and registrants under this section and shall only release information in an aggregate form that cannot be used to identify an individual other than as specified in subdivision (e).

(d) The Department of Consumer Affairs, in consultation with the Department of Health Care Access and Information, shall specify for each board subject to this section the specific information and data that will be collected or requested pursuant to subdivision (b). The Department of Consumer Affairs' identification and specification of this information and data shall be exempt until June 30, 2023, from the requirements of the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code).

(e) Each board, or the Department of Consumer Affairs on its behalf, shall, beginning on July 1, 2022, and ~~quarterly~~ *monthly* thereafter, provide the individual licensee and registrant data it collects pursuant to this section to the Department of Health Care Access and Information in a manner directed by the Department of Health Care Access and Information, including license or registration number and associated license or registration information. The Department of Health Care Access and Information shall maintain the confidentiality of the licensee and registrant information it receives and shall only release information in an aggregate form that cannot be used to identify an individual.

(f) A licensee or registrant shall not be required to provide the information listed in subdivision (b) as a condition for license or registration renewal, and licensees or registrants shall not be subject to discipline for not providing the information listed in subdivision (b).

(g) This section does not alter or affect mandatory reporting requirements for licensees or registrants established pursuant to this division, including, but not limited to, Sections 1715.5, 1902.2, 2425.3, and 2455.2.

SEC. 2. Section 30 is added to the Health and Safety Code, to read:

30. (a) Notwithstanding any other law, and for purposes of this code and any other law or regulation, "health professional shortage area" means all of the following:

(1) A health professional shortage area designated or recognized by the United States Department of Health and Human Services.

(2) An area designated or recognized as a health professional shortage area by the United States Department of Health and Human Services on January 1, 2025, regardless of whether

that area remains designated or recognized by the United States Department of Health and Human Services as a health professional shortage area.

(3) (A) An area determined by the Department of Health Care Access and Information to have a shortage of health professionals.

(B) The Department of Health Care Access and Information may revoke a designation of a health professional shortage area described in subparagraph (A).

(b) Notwithstanding any other law, and for purposes of this code and any other law or regulation, any reference to a health professional shortage area, including, but not limited to, references qualified as referring to health professional shortage areas designated or recognized by a federal agency, shall be deemed to refer to the definition in subdivision (a).

(c) This section shall remain in effect only until January 1, 2035, and as of that date is repealed.

SEC. 3. *The Legislature finds and declares that Section 1 of this act, which amends Section 502 of the Business and Professions Code, imposes a limitation on the public's right of access to the meetings of public bodies or the writings of public officials and agencies within the meaning of Section 3 of Article I of the California Constitution. Pursuant to that constitutional provision, the Legislature makes the following findings to demonstrate the interest protected by this limitation and the need for protecting that interest:*

In order to protect the privacy of licensees and registrants, while also gathering useful workforce data, it is necessary that some information collected from licensees and registrants only be released in aggregate form.

SECTION 1. *Section 41 is added to the Business and Professions Code, to read:*

41. *(a) For purposes of this section:*

(1) "Board" means any board under the jurisdiction of the Department of Consumer Affairs, as specified in Section 101, with the exception of boards within Division 2 (commencing with Section 500).

(2) "Interpreter" means a person who is fluent in English and in the necessary second language and who can accurately speak, read, and readily interpret the necessary second language, or a person who can accurately sign and read sign language.

(3) "Substantial number of non-English-speaking applicants" means applicants who either do not speak English or who are unable to effectively communicate in English because it is not their native language, and who comprise 5 percent or more of the total number of applicants.

(b) By January 1, 2027, each board shall include an additional section in a license application that asks an applicant to identify their preferred written, spoken, and signed languages.

(c) Beginning July 1, 2027, each board shall conduct an annual review of applicants' language preferences that are collected from license applications.

(d) (1) By July 1, 2027, each board shall determine whether there is a substantial number of non-English-speaking applicants who require the services of an interpreter. Each board shall report the determinations to the Legislature by January 1, 2028.

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

(3) Pursuant to Section 10231.5 of the Government Code, this subdivision shall become inoperative on January 1, 2030.

(e) (1) Beginning January 1, 2029, each board shall annually report to the Senate Business, Professions, and Economic Development and the Assembly Business and Professions Committees on language preference data collected from license applications.

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

(3) Pursuant to Section 10231.5 of the Government Code, this subdivision shall become inoperative on January 1, 2033.

AB 1979 Amends The Law: Amended 7/2/2026

SECTION 1. Section 56.05 of the Civil Code is amended to read:

56.05. For purposes of this part:

(a) "Artificial intelligence" has the same meaning as that term is defined in Section 1339.75 of the Health and Safety Code.

~~(a)~~ (b) "Authorization" means permission granted in accordance with Section 56.11 or 56.21 for the disclosure of medical information.

~~(b)~~ (c) "Authorized recipient" means a person who is authorized to receive medical information pursuant to Section 56.10 or 56.20.

~~(c)~~ (d) "Confidential communications request" means a request by a subscriber or enrollee that health care service plan communications containing medical information be communicated to them at a specific mail or email address or specific telephone number, as designated by the subscriber or enrollee.

~~(d)~~ (e) "Contractor" means a person or entity that is a medical group, independent practice association, pharmaceutical benefits manager, or a medical service organization and is not a health care service plan or provider of health care. "Contractor" does not include insurance institutions as defined in subdivision (k) of Section 791.02 of the Insurance Code or pharmaceutical benefits managers licensed pursuant to the Knox-Keene Health Care Service Plan Act of 1975 (Chapter 2.2 (commencing with Section 1340) of Division 2 of the Health and Safety Code).

~~(e)~~ (f) "Enrollee" has the same meaning as that term is defined in Section 1345 of the Health and Safety Code.

~~(f)~~ (g) "Expiration date or event" means a specified date or an occurrence relating to the individual to whom the medical information pertains or the purpose of the use or disclosure, after which the provider of health care, health care service plan, pharmaceutical company, or contractor is no longer authorized to disclose the medical information.

(h) "Generative artificial intelligence" has the same meaning as that term is defined in Section 1339.75 of the Health and Safety Code.

(i) "Health care chatbot" means a generative artificial intelligence system with a natural language interface that does all of the following:

(1) Provides adaptive, human-like responses to user inputs.

(2) Is marketed as facilitating or supporting health services to a consumer.

(3) (A) Uses health care chatbot information to facilitate or support health service to a consumer.

(B) For purposes of this paragraph, "health care chatbot information" means information related to a consumer's physical or mental health or wellness that a consumer provides to a chatbot, either directly or by allowing access to that information, or is collected, generated, or inferred by a chatbot.

~~(g)~~ (j) “Health care service plan” means an entity regulated pursuant to the Knox-Keene Health Care Service Plan Act of 1975 (Chapter 2.2 (commencing with Section 1340) of Division 2 of the Health and Safety Code).

~~(h)~~ (k) “Licensed health care professional” means a person licensed or certified pursuant to Division 2 (commencing with Section 500) of the Business and Professions Code, the Osteopathic Initiative Act or the Chiropractic Initiative Act, or Division 2.5 (commencing with Section 1797) of the Health and Safety Code.

~~(i)~~ (l) “Marketing” means to make a communication about a product or service that encourages recipients of the communication to purchase or use the product or service.

“Marketing” does not include any of the following:

(1) Communications made orally or in writing for which the communicator does not receive direct or indirect remuneration, including, but not limited to, gifts, fees, payments, subsidies, or other economic benefits, from a third party for making the communication.

(2) Communications made to current enrollees solely for the purpose of describing a provider’s participation in an existing health care provider network or health plan network of a Knox-Keene licensed health plan to which the enrollees already subscribe; communications made to current enrollees solely for the purpose of describing if, and the extent to which, a product or service, or payment for a product or service, is provided by a provider, contractor, or plan or included in a plan of benefits of a Knox-Keene licensed health plan to which the enrollees already subscribe; or communications made to plan enrollees describing the availability of more cost-effective pharmaceuticals.

(3) Communications that are tailored to the circumstances of a particular individual to educate or advise the individual about treatment options, and otherwise maintain the individual’s adherence to a prescribed course of medical treatment, as provided in Section 1399.901 of the Health and Safety Code, for a chronic and seriously debilitating or life-threatening condition as defined in subdivisions ~~(d)~~ (e) and ~~(e)~~ (f) of Section 1367.21 of the Health and Safety Code, if the health care provider, contractor, or health plan receives direct or indirect remuneration, including, but not limited to, gifts, fees, payments, subsidies, or other economic benefits, from a third party for making the communication, if all of the following apply:

(A) The individual receiving the communication is notified in the communication in typeface no smaller than 14-point type of the fact that the provider, contractor, or health plan has been remunerated and the source of the remuneration.

(B) The individual is provided the opportunity to opt out of receiving future remunerated communications.

(C) The communication contains instructions in typeface no smaller than 14-point type describing how the individual can opt out of receiving further communications by calling a toll-free number of the health care provider, contractor, or health plan making the remunerated communications. Further communication shall not be made to an individual who has opted out after 30 calendar days from the date the individual makes the opt-out request.

~~(j)~~ (m) (1) “Medical information” means any individually identifiable information, in electronic or physical form, in possession of or derived from a provider of health care, health care service plan, pharmaceutical company, or contractor regarding a patient’s medical history, mental

health application information, reproductive or sexual health application information, mental or physical condition, or treatment. “Individually identifiable” means that the medical information includes or contains any element of personal identifying information sufficient to allow identification of the individual, such as the patient’s name, address, electronic mail address, telephone number, or social security number, or other information that, alone or in combination with other publicly available information, reveals the identity of the individual.

(2) If individually identifying information regarding immigration status, including current and prior immigration status, or place of birth, is known or collected in electronic or physical form by a provider of health care, health care service plan, pharmaceutical company, or contractor regarding a patient’s medical history, it shall be treated as medical information, as defined in paragraph (1).

~~(k)~~ (n) “Mental health application information” means information related to a consumer’s inferred or diagnosed mental health or substance use disorder, as defined in Section 1374.72 of the Health and Safety Code, collected by a mental health digital service.

~~(j)~~ (o) ~~(h)~~ “Mental health digital service” means a mobile-based application or internet website that collects mental health application information from a consumer, markets itself as facilitating mental health services to a consumer, and uses the information to facilitate mental health services to a consumer.

~~(m)~~ (p) “Patient” means a natural person, whether or not still living, who received health care services from a provider of health care and to whom medical information pertains.

~~(n)~~ (q) “Pharmaceutical company” means a company or business, or an agent or representative thereof, that manufactures, sells, or distributes pharmaceuticals, medications, or prescription drugs. “Pharmaceutical company” does not include a pharmaceutical benefits manager, as included in subdivision ~~(e)~~, (e), or a provider of health care.

~~(e)~~ (r) “Protected individual” means any adult covered by the subscriber’s health care service plan or a minor who can consent to a health care service without the consent of a parent or legal guardian, pursuant to state or federal law. “Protected individual” does not include an individual that lacks the capacity to give informed consent for health care pursuant to Section 813 of the Probate Code.

~~(p)~~ (s) “Provider of health care” means a person licensed or certified pursuant to Division 2 (commencing with Section 500) of the Business and Professions Code; a person licensed pursuant to the Osteopathic Initiative Act or the Chiropractic Initiative Act; a person certified pursuant to Division 2.5 (commencing with Section 1797) of the Health and Safety Code; or a clinic, health dispensary, or health facility licensed pursuant to Division 2 (commencing with Section 1200) of the Health and Safety Code. “Provider of health care” does not include insurance institutions as defined in subdivision (k) of Section 791.02 of the Insurance Code.

~~(q)~~ (t) “Reproductive or sexual health application information” means information about a consumer’s reproductive health, menstrual cycle, fertility, pregnancy, pregnancy outcome, plans to conceive, or type of sexual activity collected by a reproductive or sexual health digital service, including, but not limited to, information from which one can infer someone’s pregnancy status, menstrual cycle, fertility, hormone levels, birth control use, sexual activity, or gender identity.

~~(r)~~ (u) “Reproductive or sexual health digital service” means a mobile-based application or internet website that collects reproductive or sexual health application information from a

consumer, markets itself as facilitating reproductive or sexual health services to a consumer, and uses the information to facilitate reproductive or sexual health services to a consumer.

~~(s)~~ (v) “Sensitive services” means all health care services related to mental or behavioral health, sexual and reproductive health, sexually transmitted infections, substance use disorder, gender-affirming care, and intimate partner violence, and includes services described in Sections 6924, 6925, 6926, 6927, 6928, 6929, and 6930 of the Family Code, and Sections 121020 and 124260 of the Health and Safety Code, obtained by a patient at or above the minimum age specified for consenting to the service specified in the section.

~~(t)~~ (w) “Subscriber” has the same meaning as that term is defined in Section 1345 of the Health and Safety Code.

~~(u)~~ (x) “Immigration enforcement” means any and all efforts to investigate, enforce, or assist in the investigation or enforcement of any federal civil immigration law, and also includes any and all efforts to investigate, enforce, or assist in the investigation or enforcement of any federal criminal immigration law that penalizes a person’s presence in, entry or reentry to, or employment in, the United States.

SEC. 2. Section 56.06 of the Civil Code is amended to read:

56.06. (a) Any business organized for the purpose of maintaining medical information in order to make the information available to an individual or to a provider of health care at the request of the individual or a provider of health care, for purposes of allowing the individual to manage the individual’s information, or for the diagnosis and treatment of the individual, shall be deemed to be a provider of health care subject to the requirements of this part. However, this section shall not be construed to make a business specified in this subdivision a provider of health care for purposes of any law other than this part, including laws that specifically incorporate by reference the definitions of this part.

(b) Any business that offers software or hardware to consumers, including a mobile application or other related device that is designed to maintain medical information in order to make the information available to an individual or a provider of health care at the request of the individual or a provider of health care, for purposes of allowing the individual to manage the individual’s information, or for the diagnosis, treatment, or management of a medical condition of the individual, shall be deemed to be a provider of health care subject to the requirements of this part. However, this section shall not be construed to make a business specified in this subdivision a provider of health care for purposes of any law other than this part, including laws that specifically incorporate by reference the definitions of this part.

(c) Any business that is licensed pursuant to Division 10 (commencing with Section 26000) of the Business and Professions Code that is authorized to receive or receives identification cards issued pursuant to Section 11362.71 of the Health and Safety Code or information contained in a physician’s recommendation issued in accordance with Article 25 (commencing with Section 2525) of Chapter 5 of Division 2 of the Business and Professions Code shall be deemed to be a provider of health care subject to the requirements of this part. However, this section shall not be construed to make a business specified in this subdivision a provider of health care for purposes of any law other than this part, including laws that specifically incorporate by reference the definitions of this part.

(d) Any business that offers a mental health digital service to a consumer for the purpose of allowing the individual to manage the individual’s information, or for the diagnosis, treatment,

or management of a medical condition of the individual, shall be deemed to be a provider of health care subject to the requirements of this part. However, this section shall not be construed to make a business specified in this subdivision a provider of health care for purposes of any law other than this part, including laws that specifically incorporate by reference the definitions of this part.

(e) Any business that offers a reproductive or sexual health digital service to a consumer for the purpose of allowing the individual to manage the individual's information, or for the diagnosis, treatment, or management of a medical condition of the individual, shall be deemed to be a provider of health care subject to the requirements of this part. However, this section shall not be construed to make a business specified in this subdivision a provider of health care for purposes of any law other than this part, including, but not limited to, laws that specifically incorporate by reference the definitions of this part.

(f) Any business that offers a health care chatbot to a consumer for the purpose of allowing the individual to manage the individual's information, or for the diagnosis, treatment, or management of a medical condition of the individual, shall be deemed to be a provider of health care subject to the requirements of this part. However, this section shall not be construed to make a business specified in this subdivision a provider of health care for purposes of any law other than this part, including laws that specifically incorporate by reference the definitions of this part.

~~(f)~~ (g) Any business described in this section shall maintain the same standards of confidentiality required of a provider of health care with respect to medical information disclosed to the business.

~~(g)~~ (h) Any business described in this section is subject to the penalties for improper use and disclosure of medical information prescribed in this part.

SEC. 3. *Section 1339.77 is added to the Health and Safety Code, to read:*

1339.77. *(a) A health facility, clinic, physician's office, or office of a group practice shall take reasonable steps to ensure that a licensed health care professional, acting within their scope of practice, retains the ability to exercise independent professional judgment in their care of a patient whenever that care is informed by the output of a clinical decision support system.*

(b) (1) A health facility, clinic, physician's office, or office of a group practice shall not use or deploy a tool, system, or device that includes artificial intelligence to do any of the following:

(A) Direct, guide, supervise, or instruct unlicensed personnel in their performance of any clinical function that is required by law to be performed by a person with a professional license.

(B) Independently perform any clinical function that is required by law to be performed by a person with a professional license.

(2) This subdivision does not prohibit the use or deployment of a tool, system, or device by a trainee as part of a supervised course of study or training program while working toward licensure.

(c) (1) A violation of this section by a licensed health facility is subject to the enforcement mechanisms described in Sections 1280 and 1280.3.

- (2) A violation of this section by a licensed clinic is subject to the enforcement mechanisms described in Section 1229.
- (3) A violation of this section by a physician is subject to the jurisdiction of the Medical Board of California or the Osteopathic Medical Board of California, as appropriate.
- (4) To the extent that a violation of this section constitutes the practice of a health care profession without a license, the appropriate health care professional licensing board may pursue an injunction or restraining order to enforce this section, as authorized by Section 125.5 of the Business and Professions Code.
- (5) Nothing in this section limits the authority for a health care professional licensing board or enforcement agency to pursue any remedy otherwise authorized under the law.
- (d) This section does not apply to the use of automated decision systems for documentation and communication that does not involve the application of professional judgment, including, but not limited to, automated messages to inform patients of updates to their health records, generating reminders, or assisting patients to find information at their request.
- (e) For purposes of this section, the following definitions apply:
- (1) "Artificial intelligence" has the same meaning as defined in Section 1339.75.
- (2) (A) "Automated decision system" means a computational process derived from machine learning, statistical modeling, data analytics, or artificial intelligence that issues simplified output, including a score, classification, or recommendation, that is used to assist or replace human discretionary decisionmaking and materially impacts natural persons.
- (B) "Automated decision system" does not include a spam email filter, firewall, antivirus software, identity and access management tools, calculator, database, dataset, or other compilation of data.
- (3) "Clinic" has the same meaning as defined in Section 1200.
- (4) "Clinical decision support system" means an automated decision system or generative artificial intelligence system that produces a prediction, classification, recommendation, evaluation, or analysis used to inform clinical decisionmaking with respect to the provision, timing, or course of patient care.
- (5) "Generative artificial intelligence" has the same meaning as that term is defined in Section 1339.75.
- (6) "Health care provider" means a person licensed or certified pursuant to Division 2 (commencing with Section 500) of the Business and Professions Code.
- (7) "Health facility" has the same meaning as defined in Section 1250.
- (8) "Office of a group practice" has the same meaning as defined in Section 1339.75.
- (9) "Physician's office" has the same meaning as defined in Section 1339.75.

SEC. 4. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school

district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.

SECTION 1. *Part 5.9 (commencing with Section 1570) is added to Division 2 of the Labor Code, to read:*

PART 5.9. Worker Data Protection

1570. *As used in this part:*

(a) *“Artificial intelligence” means an engineered or machine-based system that varies in its level of autonomy and that can, for explicit or implicit objectives, infer from the input it receives how to generate outputs that can influence physical or virtual environments.*

(b) (1) *“Employer” means a person, business, private entity, state, city, county, charter county, city and county, municipality, charter municipality, special district, transit district, the University of California, the California State University, community college district, school district, or any other state or local governmental entity that, directly or indirectly, or through an agent or any other person, employs or exercises control over the wages, benefits, other compensation, hours, working conditions, access to work or job opportunities, or other terms or conditions of employment, of any worker.*

(2) *“Employer” includes an employer’s labor contractor.*

(c) *“Personal information” has the same meaning as defined in Section 1798.140 of the Civil Code.*

(d) *“Public prosecutor” has the same meaning as defined in Section 180.*

(e) *“Worker” means a natural person who is an employee of, or an independent contractor providing service to or through, an employer.*

1571. (a) *An employer shall not use a worker’s personal information to train an artificial intelligence system to replicate, automate, or replace a worker’s job.*

(b) *An employer shall not sell, disclose, license, transmit, make available, expose, process, monetize, or otherwise provide access to a worker’s personal information to a third party, including through automated means, embedded technologies, tracking technologies, networked data collection, or transmission mechanisms, for the purpose of training an artificial intelligence system to replicate, automate, or replace a worker’s job.*

(c) *A vendor providing services to an employer under a contract shall not do any of the following:*

(1) *Transfer, sell, disclose, license, transmit, make available, expose, process, monetize, or otherwise provide access to the personal information of an employer’s worker to a third party, including through automated means, embedded technologies, tracking technologies, or networked data collection or transmission mechanisms for the purpose of training an artificial intelligence system to replicate, automate, or replace a worker’s job.*

(2) *Use the personal information of an employer’s worker to train any of the vendor’s artificial intelligence products, sold or leased to other customers, for the purpose of replicating, automating, or replacing a worker’s job.*

(d) *A contract between an employer and a vendor for services involving the access or capture of a worker’s personal information on the employer’s behalf shall include*

a requirement that the vendor must implement and maintain reasonable security procedures to protect the worker's personal information from unauthorized or illegal access, destruction, use, modification, or disclosure.

1572. (a) *The Labor Commissioner shall enforce this part, including investigating an alleged violation and ordering appropriate temporary relief to mitigate a violation or maintain the status quo pending the completion of a full investigation or hearing through the procedures set forth in Section 98, 98.3, 98.7, 98.74, or 1197.1, including issuing a citation against an employer who violates this part or filing a civil action. If a citation is issued, the procedures for issuing, contesting, and enforcing judgments for citations and civil penalties issued by the Labor Commissioner shall be the same as those set forth in Section 98.74 or 1197.1, as applicable.* (b) *This part may also be enforced by a public prosecutor pursuant to Chapter 8 (commencing with Section 180) of Division 1.*

(c) *Alternatively to subdivision (a) or (b), a worker, or their exclusive representative, who has suffered a violation of this part may bring a civil action in a court of competent jurisdiction for damages caused by that violation.*

(d) *In any civil action brought pursuant to subdivision (a), (b), or (c), the petitioner may seek appropriate temporary or preliminary injunctive relief, punitive damages, and reasonable attorney's fees and costs.*

(e) (1) *Except as provided in paragraph (2), in addition to any other remedy, an employer who violates this part may be subject to a penalty of up to five hundred dollars (\$500) for each violation.*

(2) *A worker, the Labor Commissioner, or a public prosecutor may recover a penalty under this part as a statutory penalty paid to the worker or a civil penalty, but not both, for the same violation.*

(f) *An action brought pursuant to this section may be brought in the superior court in any county in which the violation in question is alleged to have occurred or in which the employer resides.*

(g) *This part does not preempt any city, county, or city and county ordinance that provides equal or greater protection to workers who are covered by this part.*

SEC. 2. *The Legislature finds and declares that Section 1 of this act, adding Part 5.9 (commencing with Section 1570) to Division 2 of the Labor Code, addresses a matter of statewide concern rather than a municipal affair as that term is used in Section 5 of Article XI of the California Constitution. Therefore, Section 1 of this act applies to all cities, including charter cities.*

SECTION 1. Section 802 of the Business and Professions Code is amended to read:

802. (a) Every settlement, judgment, or arbitration award over three thousand dollars (\$3,000) of a claim or action for damages for death or personal injury caused by negligence, error or omission in practice, or by the unauthorized rendering of professional services, by a person who holds a license, certificate, or other similar authority from an agency specified in subdivision (a) of Section 800 (except a person licensed pursuant to Chapter 3 (commencing with Section 1200) or Chapter 5 (commencing with Section 2000) or the Osteopathic Initiative Act) who does not possess professional liability insurance as to that claim shall, within 30 days after the written settlement agreement has been reduced to writing and signed by all the parties thereto or 30 days after service of the judgment or arbitration award on the parties, be reported to the agency that issued the license, certificate, or similar authority. A complete report shall be made by appropriate means by the person or ~~his or her~~ **their** counsel, with a copy of the communication to be sent to the claimant through ~~his or her~~ **their** counsel if the person is so represented, or directly if ~~he or she is~~ **they are** not. If, within 45 days of the conclusion of the written settlement agreement or service of the judgment or arbitration award on the parties, counsel for the claimant (or if the claimant is not represented by counsel, the ~~claimant himself or herself~~ **claimant**) has not received a copy of the report, ~~he or she shall himself or herself~~ **they shall** make the complete report. Failure of the licensee or claimant (or, if represented by counsel, their counsel) to comply with this section is a public offense punishable by a fine of not less than ~~fifty~~ **one hundred** dollars ~~(\$50)~~ **(\$100)** or more than five hundred dollars (\$500). Knowing and intentional failure to comply with this section or conspiracy or collusion not to comply with this section, or to hinder or impede any other person in the compliance, is a public offense punishable by a fine of not less than five thousand dollars (\$5,000) nor more than fifty thousand dollars (\$50,000).

(b) Every settlement, judgment, or arbitration award over ten thousand dollars (\$10,000) of a claim or action for damages for death or personal injury caused by negligence, error or omission in practice, or by the unauthorized rendering of professional services, by a marriage and family therapist, a clinical social worker, or a professional clinical counselor licensed pursuant to Chapter 13 (commencing with Section 4980), Chapter 14 (commencing with Section 4990), or Chapter 16 (commencing with Section 4999.10), respectively, who does not possess professional liability insurance as to that claim shall within 30 days after the written settlement agreement has been reduced to writing and signed by all the parties thereto or 30 days after service of the judgment or arbitration award on the parties be reported to the agency that issued the license, certificate, or similar authority. A complete report shall be made by appropriate means by the person or ~~his or her~~ **their** counsel, with a copy of the communication to be sent to the claimant through ~~his or her~~ **their** counsel if ~~he or she is~~ **they are** so represented, or directly if ~~he or she is~~ **they are** not. If, within 45 days of the conclusion of the written settlement agreement or service of the judgment or arbitration award on the parties, counsel for the claimant (or if ~~he or she is~~ **they are** not represented by counsel, the ~~claimant himself or herself~~ **claimant**) has not received a copy of the report, ~~he or she shall himself or herself~~ **they shall** make a complete report. Failure of the marriage and family therapist, clinical social worker, or professional clinical counselor or claimant (or, if represented by counsel, ~~his or her~~ **their** counsel) to comply with this section is a public offense punishable by a fine of not less than ~~fifty~~ **one hundred** dollars ~~(\$50)~~ **(\$100)** nor more than five hundred dollars (\$500). Knowing and intentional failure to comply with this section, or conspiracy or collusion not to comply with this section or to hinder or impede any other person in that compliance, is a public offense punishable by a fine of not less than five thousand dollars (\$5,000) nor more than fifty thousand dollars (\$50,000).

SECTION 1. Section 3502.2 of the Business and Professions Code is amended to read:

3502.2. Notwithstanding any other ~~provision of~~ law, a physician assistant may perform the physical examination and any other specified medical services that are required pursuant to ~~Section 2881 of the Public Utilities Code and~~ Sections 44336, 49406, 49423, 49455, 87408, 87408.5, and 87408.6 of the Education Code, practicing in compliance with this chapter, and may sign and attest to any certificate, card, form, or other documentation evidencing the examination or other specified medical services.

SEC. 2. Section 2881 of the Public Utilities Code is amended to read:

2881. (a) The commission shall design and implement a program to provide a telecommunications device capable of serving the needs of individuals who are deaf or hard of hearing, together with a single party line, at no charge additional to the basic exchange rate, to a subscriber who is ~~certified as an individual who is~~ deaf or hard of hearing ~~by a licensed physician and surgeon, audiologist, or a qualified state or federal agency, as determined by the commission, and~~ **and** to a subscriber that is an organization representing individuals who are deaf or hard of hearing, as determined and specified by the commission pursuant to subdivision (h). ~~A licensed hearing aid dispenser may certify the need of an individual to participate in the program if that individual has been previously fitted with an amplified device by the dispenser and the dispenser has the individual's hearing records on file before certification. In addition, a physician assistant or nurse practitioner may certify the needs of an individual who has been diagnosed by a physician and surgeon as being deaf or hard of hearing to participate in the program after reviewing the medical records or copies of the medical records containing that diagnosis.~~

(b) The commission shall also design and implement a program to provide a dual-party relay system, using third-party intervention to connect individuals who are deaf or hard of hearing and offices of organizations representing individuals who are deaf or hard of hearing, as determined and specified by the commission pursuant to subdivision (h), with persons of normal hearing by way of intercommunications devices for individuals who are deaf or hard of hearing and the telephone system, making available reasonable access of all phases of public telephone service to telephone subscribers who are deaf or hard of hearing. In order to make a dual-party relay system that will meet the requirements of individuals who are deaf or hard of hearing available at a reasonable cost, the commission shall initiate an investigation, conduct public hearings to determine the most cost-effective method of providing dual-party relay service to the deaf or hard of hearing when using a telecommunications device, and solicit the advice, counsel, and physical assistance of statewide nonprofit consumer organizations of the deaf, during the development and implementation of the system. The commission shall apply for certification of this program under rules adopted by the Federal Communications Commission pursuant to Section 401 of the federal Americans with Disabilities Act of 1990 (Public Law 101-336).

(c) The commission shall also design and implement a program whereby specialized or supplemental telephone communications equipment may be provided to subscribers who are ~~certified to be~~ disabled at no charge additional to the basic exchange rate. ~~The certification, including a statement of visual or medical need for specialized telecommunications equipment, shall be provided by a licensed optometrist, physician and surgeon, physician assistant, or nurse practitioner, acting within the scope of practice of the applicable license, or by a qualified state or federal agency as determined by the commission. The commission shall, in this connection, study the feasibility of, and implement, if determined to be feasible, personal~~

~~income criteria, in addition to the certification of disability, for determining a subscriber's eligibility under this subdivision.~~

(d) (1) The commission shall also design and implement a program to provide access to a speech-generating device to any subscriber who ~~is certified as having~~ *has* a speech disability at no charge additional to the basic exchange rate. The ~~certification shall be provided by a licensed physician, licensed speech-language pathologist, nurse practitioner, or qualified state or federal agency. The~~ commission shall provide to ~~a certified~~ *the* subscriber access to a speech-generating device that is all of the following:

(A) A telecommunications device or a device that includes a telecommunications component.

(B) Appropriate to meet the subscriber's needs for access to, and use of, the telephone ~~network, based on the recommendation of a licensed speech-language pathologist.~~ *network.*

(C) Consistent with the quality of speech-generating devices available for purchase in the state.

(2) The commission shall adopt rules to implement this subdivision and subdivision (e) by January 1, 2014.

(e) All of the following apply to any device or equipment described in this section that is classified as durable medical equipment under guidelines established by the United States Department of Health and Human Services:

(1) It is the intent of the Legislature that the commission be the provider of last resort and that eligible subscribers first obtain coverage from any available public or private insurance.

(2) The commission may require the subscriber to provide information about coverage for any or all of the cost of the device or equipment that is available from a public or private insurance, the cost to the subscriber of a deductible, copayment, or other relevant expense, and any related benefit cap information.

(3) The total cost of a device or equipment provided to a subscriber under this section shall not exceed the rate of reimbursement provided by Medi-Cal for that device or equipment.

(f) This section does not require the commission to provide training to a subscriber on the use of a speech-generating device.

(g) (1) The commission shall administer a surcharge to collect revenues, subject to an annual appropriation of moneys by the Legislature, to allow providers of the equipment and service specified in subdivisions (a) to (d), inclusive, to recover costs as they are incurred under this section. The surcharge shall be in effect until December 31, 2034. The commission shall require that the programs implemented under this section be identified on subscribers' bills, and shall transfer moneys collected by the commission from the surcharge to the Controller for deposit into the Deaf and Disabled Telecommunications Program Administrative Committee Fund.

(2) The commission may collect a sum not to exceed one hundred million dollars (\$100,000,000) per year by imposing the surcharge pursuant to paragraph (1).

(h) The commission shall determine and specify those statewide organizations representing the deaf or hard of hearing that shall receive a telecommunications device pursuant to subdivision (a), or a dual-party relay system pursuant to subdivision (b), or both, and in which offices the equipment shall be installed in the case of an organization having more than one office.

(i) The commission may direct a telephone corporation subject to its jurisdiction to comply with its determinations and specifications pursuant to this section.

(j) The commission may make recommendations to the Legislature regarding appropriations from the Deaf and Disabled Telecommunications Program Administrative Committee Fund.

(k) In order to continue to meet the access needs of individuals with functional limitations of hearing, vision, movement, manipulation, speech, and interpretation of information, the commission shall perform an ongoing assessment of, and if appropriate, expand the scope of, the program to allow for additional access capability consistent with evolving telecommunications technology.

(l) The commission shall structure the programs required by this section so that a charge imposed to promote the goals of universal service reasonably equals the value of the benefits of universal service to contributing entities and their subscribers.

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

SECTION 1. Section 1798.140 of the Civil Code is amended to read:

1798.140. Definitions

For purposes of this title:

- (a) “Advertising and marketing” means a communication by a business or a person acting on the business’ behalf in any medium intended to induce a consumer to obtain goods, services, or employment.
- (b) “Aggregate consumer information” means information that relates to a group or category of consumers, from which individual consumer identities have been removed, that is not linked or reasonably linkable to any consumer or household, including via a device. “Aggregate consumer information” does not mean one or more individual consumer records that have been deidentified.
- (c) “Biometric information” means an individual’s physiological, biological, or behavioral characteristics, including information pertaining to an individual’s deoxyribonucleic acid (DNA), that is used or is intended to be used singly or in combination with each other or with other identifying data, to establish individual identity. Biometric information includes, but is not limited to, imagery of the iris, retina, fingerprint, face, hand, palm, vein patterns, and voice recordings, from which an identifier template, such as a faceprint, a minutiae template, or a voiceprint, can be extracted, and keystroke patterns or rhythms, gait patterns or rhythms, and sleep, health, or exercise data that contain identifying information.
- (d) “Business” means:
 - (1) A sole proprietorship, partnership, limited liability company, corporation, association, or other legal entity that is organized or operated for the profit or financial benefit of its shareholders or other owners, that collects consumers’ personal information, or on the behalf of which such information is collected and that alone, or jointly with others, determines the purposes and means of the processing of consumers’ personal information, that does business in the State of California, and that satisfies one or more of the following thresholds:
 - (A) As of January 1 of the calendar year, had annual gross revenues in excess of twenty-five million dollars (\$25,000,000) in the preceding calendar year, as adjusted pursuant to subdivision (d) of Section 1798.199.95.
 - (B) Alone or in combination, annually buys, sells, or shares the personal information of 100,000 or more consumers or households.
 - (C) Derives 50 percent or more of its annual revenues from selling or sharing consumers’ personal information.
 - (2) Any entity that controls or is controlled by a business, as defined in paragraph (1), and that shares common branding with the business and with whom the business shares consumers’ personal information. “Control” or “controlled” means ownership of, or the power to vote, more than 50 percent of the outstanding shares of any class of voting security of a business; control in any manner over the election of a majority of the directors, or of individuals exercising similar functions; or the power to exercise a controlling influence over the management of a

company. "Common branding" means a shared name, servicemark, or trademark that the average consumer would understand that two or more entities are commonly owned.

(3) A joint venture or partnership composed of businesses in which each business has at least a 40 percent interest. For purposes of this title, the joint venture or partnership and each business that composes the joint venture or partnership shall separately be considered a single business, except that personal information in the possession of each business and disclosed to the joint venture or partnership shall not be shared with the other business.

(4) A person that does business in California, that is not covered by paragraph (1), (2), or (3), and that voluntarily certifies to the California Privacy Protection Agency that it is in compliance with, and agrees to be bound by, this title.

(e) "Business purpose" means the use of personal information for the business' operational purposes, or other notified purposes, or for the service provider or contractor's operational purposes, as defined by regulations adopted pursuant to paragraph (10) of subdivision (a) of Section 1798.185, provided that the use of personal information shall be reasonably necessary and proportionate to achieve the purpose for which the personal information was collected or processed or for another purpose that is compatible with the context in which the personal information was collected. Business purposes are:

(1) Auditing related to counting ad impressions to unique visitors, verifying positioning and quality of ad impressions, and auditing compliance with this specification and other standards.

(2) Helping to ensure security and integrity to the extent the use of the consumer's personal information is reasonably necessary and proportionate for these purposes.

(3) Debugging to identify and repair errors that impair existing intended functionality.

(4) Short-term, transient use, including, but not limited to, nonpersonalized advertising shown as part of a consumer's current interaction with the business, provided that the consumer's personal information is not disclosed to another third party and is not used to build a profile about the consumer or otherwise alter the consumer's experience outside the current interaction with the business.

(5) Performing services on behalf of the business, including maintaining or servicing accounts, providing customer service, processing or fulfilling orders and transactions, verifying customer information, processing payments, providing financing, providing analytic services, providing storage, or providing similar services on behalf of the business.

(6) Providing advertising and marketing services, except for cross-context behavioral advertising, to the consumer provided that, for the purpose of advertising and marketing, a service provider or contractor shall not combine the personal information of opted-out consumers that the service provider or contractor receives from, or on behalf of, the business with personal information that the service provider or contractor receives from, or on behalf of, another person or persons or collects from its own interaction with consumers.

(7) Undertaking internal research for technological development and demonstration.

(8) Undertaking activities to verify or maintain the quality or safety of a service or device that is owned, manufactured, manufactured for, or controlled by the business, and to improve,

upgrade, or enhance the service or device that is owned, manufactured, manufactured for, or controlled by the business.

(f) “Collects,” “collected,” or “collection” means buying, renting, gathering, obtaining, receiving, or accessing any personal information pertaining to a consumer by any means. This includes receiving information from the consumer, either actively or passively, or by observing the consumer’s behavior.

(g) “Commercial purposes” means to advance a person’s commercial or economic interests, such as by inducing another person to buy, rent, lease, join, subscribe to, provide, or exchange products, goods, property, information, or services, or enabling or effecting, directly or indirectly, a commercial transaction.

(h) “Consent” means any freely given, specific, informed, and unambiguous indication of the consumer’s wishes by which the consumer, or the consumer’s legal guardian, a person who has power of attorney, or a person acting as a conservator for the consumer, including by a statement or by a clear affirmative action, signifies agreement to the processing of personal information relating to the consumer for a narrowly defined particular purpose. Acceptance of a general or broad terms of use, or similar document, that contains descriptions of personal information processing along with other, unrelated information, does not constitute consent. Hovering over, muting, pausing, or closing a given piece of content does not constitute consent. Likewise, agreement obtained through use of dark patterns does not constitute consent.

(i) “Consumer” means a natural person who is a California resident, as defined in Section 17014 of Title 18 of the California Code of Regulations, as that section read on September 1, 2017, however identified, including by any unique identifier.

(j) (1) “Contractor” means a person to whom the business makes available a consumer’s personal information for a business purpose, pursuant to a written contract with the business, provided that the contract:

(A) Prohibits the contractor from:

(i) Selling or sharing the personal information.

(ii) Retaining, using, or disclosing the personal information for any purpose other than for the business purposes specified in the contract, including retaining, using, or disclosing the personal information for a commercial purpose other than the business purposes specified in the contract, or as otherwise permitted by this title.

(iii) Retaining, using, or disclosing the information outside of the direct business relationship between the contractor and the business.

(iv) Combining the personal information that the contractor receives pursuant to a written contract with the business with personal information that it receives from or on behalf of another person or persons, or collects from its own interaction with the consumer, provided that the contractor may combine personal information to perform any business purpose as defined in regulations adopted pursuant to paragraph (9) of subdivision (a) of Section 1798.185, except as provided for in paragraph (6) of subdivision (e) and in regulations adopted by the California Privacy Protection Agency.

(B) Includes a certification made by the contractor that the contractor understands the restrictions in subparagraph (A) and will comply with them.

(C) Permits, subject to agreement with the contractor, the business to monitor the contractor's compliance with the contract through measures, including, but not limited to, ongoing manual reviews and automated scans and regular assessments, audits, or other technical and operational testing at least once every 12 months.

(2) If a contractor engages any other person to assist it in processing personal information for a business purpose on behalf of the business, or if any other person engaged by the contractor engages another person to assist in processing personal information for that business purpose, it shall notify the business of that engagement, and the engagement shall be pursuant to a written contract binding the other person to observe all the requirements set forth in paragraph (1).

(k) "Cross-context behavioral advertising" means the targeting of advertising to a consumer based on the consumer's personal information obtained from the consumer's activity across businesses, distinctly branded internet websites, applications, or services, other than the business, distinctly branded internet website, application, or service with which the consumer intentionally interacts.

(l) "Dark pattern" means a user interface designed or manipulated with the substantial effect of subverting or impairing user autonomy, decisionmaking, or choice, as further defined by regulation.

(m) "Deidentified" means information that cannot reasonably be used to infer information about, or otherwise be linked to, a particular consumer provided that the business that possesses the information:

(1) Takes reasonable measures to ensure that the information cannot be associated with a consumer or household.

(2) Publicly commits to maintain and use the information in deidentified form and not to attempt to reidentify the information, except that the business may attempt to reidentify the information solely for the purpose of determining whether its deidentification processes satisfy the requirements of this subdivision.

(3) Contractually obligates any recipients of the information to comply with all provisions of this subdivision.

(n) "Designated methods for submitting requests" means a mailing address, email address, internet web page, internet web portal, toll-free telephone number, or other applicable contact information, whereby consumers may submit a request or direction under this title, and any new, consumer-friendly means of contacting a business, as approved by the Attorney General pursuant to Section 1798.185.

(o) "Device" means any physical object that is capable of connecting to the internet, directly or indirectly, or to another device.

(p) "Homepage" means the introductory page of an internet website and any internet web page where personal information is collected. In the case of an online service, such as a mobile application, homepage means the application's platform page or download page, a link within

the application, such as from the application configuration, “About,” “Information,” or settings page, and any other location that allows consumers to review the notices required by this title, including, but not limited to, before downloading the application.

(q) “Household” means a group, however identified, of consumers who cohabitate with one another at the same residential address and share use of common devices or services.

(r) “Infer” or “inference” means the derivation of information, data, assumptions, or conclusions from facts, evidence, or another source of information or data.

(s) “Intentionally interacts” means when the consumer intends to interact with a person, or disclose personal information to a person, via one or more deliberate interactions, including visiting the person’s internet website or purchasing a good or service from the person. Hovering over, muting, pausing, or closing a given piece of content does not constitute a consumer’s intent to interact with a person.

(t) “Nonpersonalized advertising” means advertising and marketing that is based solely on a consumer’s personal information derived from the consumer’s current interaction with the business with the exception of the consumer’s precise geolocation.

(u) “Person” means an individual, proprietorship, firm, partnership, joint venture, syndicate, business trust, company, corporation, limited liability company, association, committee, and any other organization or group of persons acting in concert.

(v) (1) “Personal information” means information that identifies, relates to, describes, is reasonably capable of being associated with, or could reasonably be linked, directly or indirectly, with a particular consumer or household. Personal information includes, but is not limited to, the following if it identifies, relates to, describes, is reasonably capable of being associated with, or could be reasonably linked, directly or indirectly, with a particular consumer or household:

(A) Identifiers such as a real name, alias, postal address, unique personal identifier, online identifier, Internet Protocol address, email address, account name, social security number, driver’s license number, passport number, or other similar identifiers.

(B) Any personal information described in subdivision (e) of Section 1798.80.

(C) Characteristics of protected classifications under California or federal law.

(D) Commercial information, including records of personal property, products or services purchased, obtained, or considered, or other purchasing or consuming histories or tendencies.

(E) Biometric information.

(F) Internet or other electronic network activity information, including, but not limited to, browsing history, search history, and information regarding a consumer’s interaction with an internet website application, or advertisement.

(G) Geolocation data.

(H) Audio, electronic, visual, thermal, olfactory, or similar information.

(I) Professional or employment-related information.

(J) Education information, defined as information that is not publicly available personally identifiable information as defined in the Family Educational Rights and Privacy Act (20 U.S.C. Sec. 1232g; 34 C.F.R. Part 99).

(K) Inferences drawn from any of the information identified in this subdivision to create a profile about a consumer reflecting the consumer's preferences, characteristics, psychological trends, predispositions, behavior, attitudes, intelligence, abilities, and aptitudes.

(L) Sensitive personal information.

(2) (A) "Personal information" does not include publicly available information or lawfully obtained, truthful information that is a matter of public concern.

(B) (i) For purposes of this paragraph, "publicly available" means ~~any~~ *either* of the following:

(I) Information that is lawfully made available from federal, state, or local government records.

(II) Information that ~~a business has a reasonable basis to believe~~ is lawfully made available to the general public by the consumer or from widely distributed media.

~~(III) Information made available by a person to whom the consumer has disclosed the information if the consumer has not restricted the information to a specific audience.~~

(ii) "Publicly available" does not mean biometric information collected by a business about a consumer without the consumer's knowledge.

(3) "Personal information" does not include consumer information that is deidentified or aggregate consumer information.

(4) "Personal information" can exist in various formats, including, but not limited to, all of the following:

(A) Physical formats, including paper documents, printed images, vinyl records, or video tapes.

(B) Digital formats, including text, image, audio, or video files.

(C) Abstract digital formats, including compressed or encrypted files, metadata, or artificial intelligence systems that are capable of outputting personal information.

(w) "Precise geolocation" means any data that is derived from a device and that is used or intended to be used to locate a consumer within a geographic area that is equal to or less than the area of a circle with a radius of 1,850 feet, except as prescribed by regulations.

(x) "Probabilistic identifier" means the identification of a consumer or a consumer's device to a degree of certainty of more probable than not based on any categories of personal information included in, or similar to, the categories enumerated in the definition of personal information.

(y) "Processing" means any operation or set of operations that are performed on personal information or on sets of personal information, whether or not by automated means.

(z) "Profiling" means any form of automated processing of personal information, as further defined by regulations pursuant to paragraph (15) of subdivision (a) of Section 1798.185, to evaluate certain personal aspects relating to a natural person and in particular to analyze or

predict aspects concerning that natural person's performance at work, economic situation, health, personal preferences, interests, reliability, behavior, location, or movements.

(aa) "Pseudonymize" or "pseudonymization" means the processing of personal information in a manner that renders the personal information no longer attributable to a specific consumer without the use of additional information, provided that the additional information is kept separately and is subject to technical and organizational measures to ensure that the personal information is not attributed to an identified or identifiable consumer.

(ab) "Research" means scientific analysis, systematic study, and observation, including basic research or applied research that is designed to develop or contribute to public or scientific knowledge and that adheres or otherwise conforms to all other applicable ethics and privacy laws, including, but not limited to, studies conducted in the public interest in the area of public health. Research with personal information that may have been collected from a consumer in the course of the consumer's interactions with a business' service or device for other purposes shall be:

- (1) Compatible with the business purpose for which the personal information was collected.
- (2) Subsequently pseudonymized and deidentified, or deidentified and in the aggregate, such that the information cannot reasonably identify, relate to, describe, be capable of being associated with, or be linked, directly or indirectly, to a particular consumer, by a business.
- (3) Made subject to technical safeguards that prohibit reidentification of the consumer to whom the information may pertain, other than as needed to support the research.
- (4) Subject to business processes that specifically prohibit reidentification of the information, other than as needed to support the research.
- (5) Made subject to business processes to prevent inadvertent release of deidentified information.
- (6) Protected from any reidentification attempts.
- (7) Used solely for research purposes that are compatible with the context in which the personal information was collected.
- (8) Subjected by the business conducting the research to additional security controls that limit access to the research data to only those individuals as are necessary to carry out the research purpose.

(ac) "Security and integrity" means the ability of:

- (1) Networks or information systems to detect security incidents that compromise the availability, authenticity, integrity, and confidentiality of stored or transmitted personal information.
- (2) Businesses to detect security incidents, resist malicious, deceptive, fraudulent, or illegal actions and to help prosecute those responsible for those actions.
- (3) Businesses to ensure the physical safety of natural persons.

(ad) (1) “Sell,” “selling,” “sale,” or “sold,” means selling, renting, releasing, disclosing, disseminating, making available, transferring, or otherwise communicating orally, in writing, or by electronic or other means, a consumer’s personal information by the business to a third party for monetary or other valuable consideration.

(2) For purposes of this title, a business does not sell personal information when:

(A) A consumer uses or directs the business to intentionally:

(i) Disclose personal information.

(ii) Interact with one or more third parties.

(B) The business uses or shares an identifier for a consumer who has opted out of the sale of the consumer’s personal information or limited the use of the consumer’s sensitive personal information for the purposes of alerting persons that the consumer has opted out of the sale of the consumer’s personal information or limited the use of the consumer’s sensitive personal information.

(C) The business transfers to a third party the personal information of a consumer as an asset that is part of a merger, acquisition, bankruptcy, or other transaction in which the third party assumes control of all or part of the business, provided that information is used or shared consistently with this title. If a third party materially alters how it uses or shares the personal information of a consumer in a manner that is materially inconsistent with the promises made at the time of collection, it shall provide prior notice of the new or changed practice to the consumer. The notice shall be sufficiently prominent and robust to ensure that existing consumers can easily exercise their choices consistently with this title. This subparagraph does not authorize a business to make material, retroactive privacy policy changes or make other changes in their privacy policy in a manner that would violate the Unfair and Deceptive Practices Act (Chapter 5 (commencing with Section 17200) of Part 2 of Division 7 of the Business and Professions Code).

(ae) “Sensitive personal information” means:

(1) Personal information that reveals:

(A) A consumer’s social security, driver’s license, state identification card, or passport number.

(B) A consumer’s account log-in, financial account, debit card, or credit card number in combination with any required security or access code, password, or credentials allowing access to an account.

(C) A consumer’s precise geolocation.

(D) A consumer’s racial or ethnic origin, citizenship or immigration status, religious or philosophical beliefs, or union membership.

(E) The contents of a consumer’s mail, email, and text messages unless the business is the intended recipient of the communication.

(F) A consumer’s genetic data.

(G) (i) A consumer’s neural data.

(ii) “Neural data” means information that is generated by measuring the activity of a consumer’s central or peripheral nervous system, and that is not inferred from nonneural information.

(2) (A) The processing of biometric information for the purpose of uniquely identifying a consumer.

(B) Personal information collected and analyzed concerning a consumer’s health.

(C) Personal information collected and analyzed concerning a consumer’s sex life or sexual orientation.

(3) Sensitive personal information that is “publicly available” pursuant to paragraph (2) of subdivision (v) shall not be considered sensitive personal information or personal information.

(af) “Service” or “services” means work, labor, and services, including services furnished in connection with the sale or repair of goods.

(ag) (1) “Service provider” means a person that processes personal information on behalf of a business and that receives from or on behalf of the business consumer’s personal information for a business purpose pursuant to a written contract, provided that the contract prohibits the person from:

(A) Selling or sharing the personal information.

(B) Retaining, using, or disclosing the personal information for any purpose other than for the business purposes specified in the contract for the business, including retaining, using, or disclosing the personal information for a commercial purpose other than the business purposes specified in the contract with the business, or as otherwise permitted by this title.

(C) Retaining, using, or disclosing the information outside of the direct business relationship between the service provider and the business.

(D) Combining the personal information that the service provider receives from, or on behalf of, the business with personal information that it receives from, or on behalf of, another person or persons, or collects from its own interaction with the consumer, provided that the service provider may combine personal information to perform any business purpose as defined in regulations adopted pursuant to paragraph (9) of subdivision (a) of Section 1798.185, except as provided for in paragraph (6) of subdivision (e) of this section and in regulations adopted by the California Privacy Protection Agency. The contract may, subject to agreement with the service provider, permit the business to monitor the service provider’s compliance with the contract through measures, including, but not limited to, ongoing manual reviews and automated scans and regular assessments, audits, or other technical and operational testing at least once every 12 months.

(2) If a service provider engages any other person to assist it in processing personal information for a business purpose on behalf of the business, or if any other person engaged by the service provider engages another person to assist in processing personal information for that business purpose, it shall notify the business of that engagement, and the engagement shall be pursuant to a written contract binding the other person to observe all the requirements set forth in paragraph (1).

(ah) (1) “Share,” “shared,” or “sharing” means sharing, renting, releasing, disclosing, disseminating, making available, transferring, or otherwise communicating orally, in writing, or by electronic or other means, a consumer’s personal information by the business to a third party for cross-context behavioral advertising, whether or not for monetary or other valuable consideration, including transactions between a business and a third party for cross-context behavioral advertising for the benefit of a business in which no money is exchanged.

(2) For purposes of this title, a business does not share personal information when:

(A) A consumer uses or directs the business to intentionally disclose personal information or intentionally interact with one or more third parties.

(B) The business uses or shares an identifier for a consumer who has opted out of the sharing of the consumer’s personal information or limited the use of the consumer’s sensitive personal information for the purposes of alerting persons that the consumer has opted out of the sharing of the consumer’s personal information or limited the use of the consumer’s sensitive personal information.

(C) The business transfers to a third party the personal information of a consumer as an asset that is part of a merger, acquisition, bankruptcy, or other transaction in which the third party assumes control of all or part of the business, provided that information is used or shared consistently with this title. If a third party materially alters how it uses or shares the personal information of a consumer in a manner that is materially inconsistent with the promises made at the time of collection, it shall provide prior notice of the new or changed practice to the consumer. The notice shall be sufficiently prominent and robust to ensure that existing consumers can easily exercise their choices consistently with this title. This subparagraph does not authorize a business to make material, retroactive privacy policy changes or make other changes in their privacy policy in a manner that would violate the Unfair and Deceptive Practices Act (Chapter 5 (commencing with Section 17200) of Part 2 of Division 7 of the Business and Professions Code).

(ai) “Third party” means a person who is not any of the following:

(1) The business with whom the consumer intentionally interacts and that collects personal information from the consumer as part of the consumer’s current interaction with the business under this title.

(2) A service provider to the business.

(3) A contractor.

(aj) “Unique identifier” or “unique personal identifier” means a persistent identifier that can be used to recognize a consumer, a family, or a device that is linked to a consumer or family, over time and across different services, including, but not limited to, a device identifier; an Internet Protocol address; cookies, beacons, pixel tags, mobile ad identifiers, or similar technology; customer number, unique pseudonym, or user alias; telephone numbers, or other forms of persistent or probabilistic identifiers that can be used to identify a particular consumer or device that is linked to a consumer or family. For purposes of this subdivision, “family” means a custodial parent or guardian and any children under 18 years of age over which the parent or guardian has custody.

(ak) “Verifiable consumer request” means a request that is made by a consumer, by a consumer on behalf of the consumer’s minor child, by a natural person or a person registered with the Secretary of State, authorized by the consumer to act on the consumer’s behalf, or by a person who has power of attorney or is acting as a conservator for the consumer, and that the business can verify, using commercially reasonable methods, pursuant to regulations adopted by the Attorney General pursuant to paragraph (6) of subdivision (a) of Section 1798.185 to be the consumer about whom the business has collected personal information. A business is not obligated to provide information to the consumer pursuant to Sections 1798.110 and 1798.115, to delete personal information pursuant to Section 1798.105, or to correct inaccurate personal information pursuant to Section 1798.106, if the business cannot verify, pursuant to this subdivision and regulations adopted by the Attorney General pursuant to paragraph (6) of subdivision (a) of Section 1798.185, that the consumer making the request is the consumer about whom the business has collected information or is a person authorized by the consumer to act on such consumer’s behalf.

SEC. 2. The Legislature finds and declares that this act furthers the purposes and intent of the California Privacy Rights Act of 2020.

MEMORANDUM

DATE	July 17, 2026
TO	Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board
FROM	Michael Magat, Assistant Executive Officer
SUBJECT	Agenda Item 13: Update on Board and DCA Progress to Improve the Board's Website to Increase Accessibility and User Friendliness

Background

The Board's website platform is multiple versions behind the current State standard and will soon lose technical support. The Board needed to transition its content to the newest State website platform, which required Board staff to review and update the current content and forms on its website to minimize unnecessary transfer of outdated content or forms.

Beginning in October of 2025, Board staff established a working committee to systematically review and update the content and forms on the Board's website for clarity, understanding, accessibility, and user friendliness.

In March 2026, the Department of Consumer Affairs' Office of Information Services initiated the technical process of migrating the Board's website content to the new website platform with feedback and direction from Board staff. The overall objectives of the migration to the new website platform were to:

- Bring a modern and accessible visual design, for both desktop and mobile view.
- Update outdated information as a result of regulatory or procedural changes.
- Create consistency across all forms.
- Consolidate duplicate information across certain webpages.

The website redesign project is in its final stages and is expected to go live by August 2026.

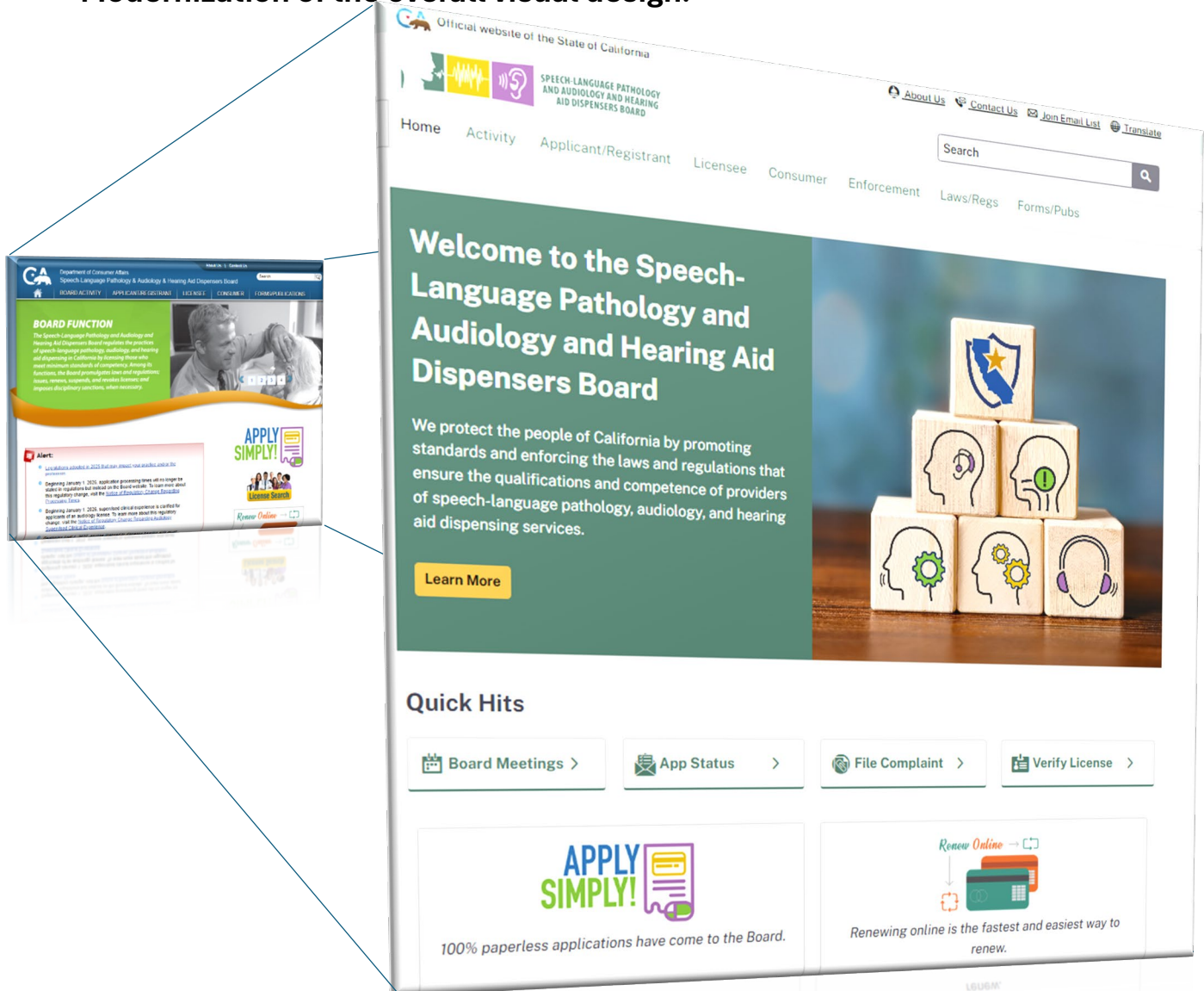
Action Requested

This item is for informational purposes only; no action is required.

Attachment A: Overview of Board's Website Updates and Changes

Overview of Board's Website Updates and Changes

Modernization of the overall visual design:

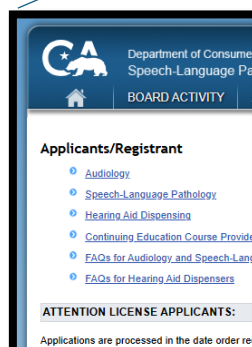


- Breakdown text heavy content with visuals through larger individual buttons.
- Updated Board imagery on the landing page.
- Reduced 'scrollable' content by creating a separate webpage for mobile view.

Organized Content for Better Presentation

Licensing:

- Each license type has its own page listing requirements, application packages, and links to additional information.



[Home](#) / [Applicant/Registrant](#)

Applicant / Registrant

Important: Please review the [Licensing Timeframes](#).

Candidate Links

Application & License Status	Audiologist	Audiology Aide
Hearing Aid Dispenser	Speech-Language Pathologist	SLP Assistant
SLP Aide	CE Course Provider	

Audiologist

Qualifications for

To qualify for a **full license** in audiology, an applicant must:

1. Submit to fingerprinting.
2. Effective January 1, 2008, hold a master's degree or equivalent in audiology from an accredited educational institution. (Prior to January 1, 2008, completed 36 weeks of full-time supervised clinical practicum in three different clinical settings.)
3. Have completed 300 hours of supervised clinical practicum in three different clinical settings.
4. Have completed the final year of a master's degree program in audiology. (Prior to January 1, 2008, completed 36 weeks of full-time supervised clinical practicum in three different clinical settings.)
5. Effective February 5, 2021, pass the national speech-language pathology exam administered by the Educational Testing Service (ETS) Praxis Series 5343 with a minimum score of 162. The exam must not be more than five years old. Report Code R8544.

For further information pertaining to the national examination information, visit [www.ets.org/praxis](#).

Pathways to Licensure

- > Option 1 – Required Professional Experience (RPE)
- > Option 2 – Equivalent Qualifications
- > Option 3 – Licensed in Another State

Hearing Aid Dispenser

Qualifications for Licensure

1. Must submit to fingerprinting.
2. Be at least 18 years of age.
3. Be a high school graduate (or equivalent).
4. Pass California Hearing Aid Dispensing Exam.

Pathways to Licensure

- > Option 1 – Applicant/Written Exam - No Supervision
- > Option 2 – Trainee with Supervision - Temporary License
- > Option 3 – Licensed in Another State - Temporary License

Practical Examination

- You must pass the written exam before the practical exam is offered at a minimum.
- The Practical Exam application fee is \$100.

Speech-Language Pathologist

Qualifications for Licensure

To qualify for a **full license** in speech-language pathology, an applicant must:

1. Submit to fingerprinting.
2. Hold a Master's degree or equivalent in speech-language pathology from an accredited educational institution.
3. Have completed 300 hours of supervised clinical practicum in three different clinical settings.
4. Have completed 36 weeks of full-time or 72 weeks of part-time supervised Required Professional Experience (RPE) while holding an RPE temporary license. If experience was completed in California, you must have held an RPE temporary license during that time.
5. Effective September 1, 2014, pass the national speech-language pathology exam administered by the Educational Testing Service (ETS) Praxis Series with a minimum score of 162. The exam must not be more than five years old. You must authorize ETS to report your test score to our Board using Report Code R8544.

For further information pertaining to the national examination dates and locations or to obtain a bulletin containing the examination information, visit [www.ets.org/praxis](#).

Pathways to Licensure

- > Option 1 – Required Professional Experience (RPE)
- > Option 2 – Equivalent Qualifications
- > Option 3 – Licensed in Another State

Creation of an Enforcement Page

A dedicated webpage for Enforcement related information replacing a link within the Consumers page, so it can be easily accessed.

Enforcement

Find information on enforcement activities, including filed accusations or statements of issues, disciplinary actions and definitions, the Board's disclosure policies, and the process for submitting and resolving complaints.

Important Links

[Consumer Complaint Process >](#)[Complaint Disclosure \(PDF\) >](#)[Disciplinary Actions >](#)[Accusations/SOI Filed by Board >](#)[Disciplinary Definitions >](#)[License Verification >](#)[Arrests, Convictions, Discipline >](#)

Disciplinary Actions

[Printer Friendly Version \(PDF\)](#)

Disciplinary actions rendered by Speech-Language Pathology & Audiology & Hearing Aid Dispensers Board become operative on the effective date except in situations where the licensee obtains a court-ordered stay. This may occur after the publication of the information on this website.

For updated information on stay orders and appeals, or for further information on specific discipline for a person listed, you may telephone the Board office at (916) 263-2666 and ask for the Enforcement Unit.

To obtain action taken by the Board prior to Fiscal Year 2007-2008, please [contact the Board](#) directly.

Copies of the public documents for each case identified below can be obtained via [License Verification](#).

FY 2025–2026 Action Taken

Fiscal Year	License#	License Type	Case#	Effective Date	Action Taken
Ortiz, Ivanna Lisette	SP 23998	Speech-Language Pathologist	II-2026-050	March 25, 2026	Disciplinary Suspension - PC 23 Order Issued
Cruz, Zeth Anne R.	SPA 2498	Speech-Language Pathology Assistant	II-2024-057	March 22, 2026	Revocation Stayed, Four Years Probation with Specified Terms and Conditions
Spejcher, Bryn Pearce	AU 3215	Audiologist	II-2018-151	February 20, 2026	Revocation of License
Tubbs, Sean Michael	AU 1896	Audiologist	II-2024-051	January 29, 2026	Revocation Stayed, Five Years Probation with Specified Terms and Conditions
Plotkin, Alexander	HA 7818	Hearing Aid Dispenser	IC-2022-018	November 21, 2025	Voluntary Surrender of License
Sandhu, Ameet Kaur	SP 33000	Speech-Language Pathologist	II-2022-016	July 11, 2025	Revocation Stayed, Seven Years Probation with Specified Terms and Conditions
Aiello-O'Connor, Erika Anne	SP 33238	Speech-Language Pathologist	II-2023-033	July 7, 2025	Voluntary Surrender of License

Updated Inconsistencies Across Board Forms for Uniformity

Addressed outdated page headers, different font size of form names, and differing language used regarding the same information. Updated instructions on forms to align with current processes and the availability of online or email submissions of forms.

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DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GASTON NICHOLSON, GOVERNOR
SPEECH-LANGUAGE PATHOLOGY & AUDIOLOGY & HEARING AID DISPENSERS BOARD
1601 RESPONSE ROAD, SUITE 200, SACRAMENTO, CA 95815
PHONE: (916) 287-7915 | www.speechandhearing.ca.gov

LICENSEE MISDEMEANOR OR FELONY CONVICTION

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REQUEST FOR REACTIVATION OF LICENSE

**CALIFORNIA DEPARTMENT OF
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P: (916) 287-7915 | www.speechandhearing.ca.gov

**RESPONSIBILITY STATEMENT FOR SUPERVISORS OF A
SPEECH-LANGUAGE PATHOLOGY ASSISTANT**

INSTRUCTIONS TO SUPERVISORS: Complete the following sections, read the statements on page 2 and 3, and sign on page 3. This form must be submitted to the Board within 30 business days from the start date of supervision. *Do not use white out on this form if printed and mailed to the Board. If errors are made, cross out erroneous information and initial next to the change.*

INSTRUCTIONS TO SPEECH-LANGUAGE PATHOLOGY ASSISTANT: Read the statements and sign on page 2.

This completed form must be submitted to the Board as required by Title 16, California Code of Regulations (CCR) section 1399.170.15. The information requested on this form is mandatory and must be submitted to remain in compliance with

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P: (916) 287-7915 | www.speechandhearing.ca.gov

**LICENSEE ARREST, CRIMINAL CONVICTION
AND DISCIPLINE REPORTING FORM**

**CALIFORNIA DEPARTMENT OF
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BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GASTON NICHOLSON, GOVERNOR
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1601 RESPONSE ROAD, SUITE 200, SACRAMENTO, CA 95815
P: (916) 287-7915 | www.speechandhearing.ca.gov

**REQUEST FOR REACTIVATION OF LICENSE
No Fee Required**

**CALIFORNIA DEPARTMENT OF
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**RESPONSIBILITY STATEMENT FOR SUPERVISORS OF
SPEECH-LANGUAGE PATHOLOGY ASSISTANTS**

INSTRUCTIONS TO SUPERVISORS: Complete the following sections, read the statements on page 2 and 3, and sign on page 3. This form must be submitted to the Board within 30 business days from the start date of supervision.

INSTRUCTIONS TO SPEECH-LANGUAGE PATHOLOGY ASSISTANTS: Read the statements and sign on page 2.

This completed form must be submitted to the Board as required by Title 16, California Code of Regulations (CCR) section 1399.170.15. The information requested on this form is mandatory and must be submitted to remain in compliance with section 1399.170.15. The information provided will be used to determine compliance with section 1399.170.15.

Part A: Speech-Language Pathology Assistant Information

LAST FIRST MIDDLE

MEMORANDUM

DATE	June 22, 2026
TO	Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board
FROM	Maria Liranzo, Legislation/Regulation/Budget Analyst
SUBJECT	Agenda Item 14: Regulatory Report: Update, Review, and Possible Action on Board Regulation Packages

The following is a list of the Board's regulatory packages and their status in the rulemaking process:

a) Hearing Aid Dispensers Trainee and Temporary Licensee Supervision as stated in Title 16, California Code of Regulations (CCR) sections 1399.102 and 1399.115 through 1399.119

Regulation Development	Preparing Regulatory Package	Legal and Budget Initial Review	Director and Agency Initial Review	OAL Public Comment Period	Finalizing Regulatory Package	Legal and Budget Final Review	Director and Agency Final Review	Submission to OAL for Review	OAL Decision

The Board approved revisions to the proposed regulatory text on August 25, 2023. As of May 1, 2024, Board staff is preparing the regulatory package for Departmental Review. The proposed rulemaking is on hold for the preparation and submission of other pressing regulations.

This proposed regulatory change will clarify that supervision is required for the entire duration of the trainee or temporary license, specify different levels of supervision, require a higher level of supervision during the first ninety (90) days of supervision, specify tasks and knowledge supervisors must provide to trainees, require supervisors to complete a training in supervision, specify criteria to request a waiver to supervise more than one trainee or temporary license holder, make requirements applicable to all temporary license types who require supervision, and make requirements applicable to all license types who can supervise.

b) General Application Requirements and Hearing Aid Dispensers and Dispensing Audiologists Examination Requirements as Stated in Title 16, California Code of Regulations (CCR) Sections 1399.112, 1399.120, 1399.121, 1399.122, and 1399.152.4

Regulation Development	Preparing Regulatory Package	Legal and Budget Initial Review	Director and Agency Initial Review	OAL Public Comment Period	Finalizing Regulatory Package	Legal and Budget Final Review	Director and Agency Final Review	Submission to OAL for Review	OAL Decision

The Board approved revisions to the proposed regulatory text on December 1, 2023. As of April 19, 2024, Board staff is preparing the regulatory package for Departmental Review. The proposed rulemaking is on hold for the preparation and submission of other pressing regulations.

This proposed regulatory change will codify general application requirements such as the expedited licensure process, make current the written and practical examinations process, codify the written and practical examination application forms and their examination fees, change the practical examination

appeal deadline, specify a deadline for the Board to notify an applicant of its decision on their practical examination appeal, and change the hearing aid dispenser examination requirement for applicants of a dispensing audiology license.

c) Approved Institutions as stated in Title 16, CCR section 1399.152

Regulation Development	Preparing Regulatory Package	Legal and Budget Initial Review	Director and Agency Initial Review	OAL Public Comment Period	Finalizing Regulatory Package	Legal and Budget Final Review	Director and Agency Final Review	Submission to OAL for Review	OAL Decision

The Board approved revisions to the proposed regulatory text on August 25, 2023. As of August 13, 2024, Board staff is preparing the regulatory package for Departmental Review. The proposed rulemaking is on hold for further analysis, and the preparation and submission of other pressing regulations.

This proposed regulatory change will permit the Board to review and approve accrediting bodies that wish to provide accreditation to programs where individuals can complete their academic and clinical requirements for licensure in the practices of speech-language pathology or audiology.

d) Fingerprinting Requirements as stated in Title 16, CCR sections 1399.112, 1399.151.2, and 1399.170.14

Regulation Development	Preparing Regulatory Package	Legal and Budget Initial Review	Director and Agency Initial Review	OAL Public Comment Period	Finalizing Regulatory Package	Legal and Budget Final Review	Director and Agency Final Review	Submission to OAL for Review	OAL Decision

The Board approved revisions to the proposed regulatory text on May 13, 2022. As of September 9, 2022, Board staff is preparing the regulatory package for Departmental Review. The proposed rulemaking is on hold due to fiscal impact, and the preparation and submission of other pressing regulations.

This proposed regulatory change will require licensees who were initially licensed prior to January 1, 1999, or for whom an electronic fingerprints record does not exist, to be fingerprinted as a condition of renewal.

Attachment: Stages of the Regulatory Process

Regulatory Report Attachment - Stages of the Regulatory Process

The Department of Consumer Affairs (DCA) has a four-phase process to approve regular regulatory packages.

(1) CONCEPT PHASE: The Concept Phase of the regulatory process covers the development of the regulatory text through the time the text is approved by the Board.

Regulation Development	Preparing Regulatory Package	Legal and Budget Initial Review	Director and Agency Initial Review	OAL Public Comment Period	Finalizing Regulatory Package	Legal and Budget Final Review	Director and Agency Final Review	Submission to OAL for Review	OAL Decision

Regulation Development: The first stage of the regulatory process is to develop the regulatory text. Regulations may be required to implement, interpret, or make specific a law; or to address an issue raised by Board members, staff, the Legislature, licensees, or other stakeholders. The Board and/or Board Committee(s) works with Board staff and the Board's Regulatory Counsel to draft the regulatory text. Board staff begin drafting the Initial Statement of Reason (ISOR) before bringing the proposed text to the Board because the ISOR process requires staff to draft the purpose and rationale for each proposed amendment. This often illuminates any unintended consequences of the text and leads to further edits. Board staff work with Regulatory Counsel to present the best version of the text to the Board. The public and stakeholders can provide public comment on the draft text during the Board meeting(s). The Board's Regulatory Counsel may seek second-level review of the proposed regulatory text to ensure that the text is clear, concise, and non-repetitive.

(2) PRODUCTION PHASE: The Production Phase of the regulatory process begins once the regulatory text is approved by the Board and involves the drafting of the regulatory package documents and securing DCA and Agency approvals.

Regulation Development	Preparing Regulatory Package	Legal and Budget Initial Review	Director and Agency Initial Review	OAL Public Comment Period	Finalizing Regulatory Package	Legal and Budget Final Review	Director and Agency Final Review	Submission to OAL for Review	OAL Decision

Preparing Regulatory Package: In this stage, Board staff work on preparing the required regulatory documents required for public notice including the Notice of Proposed Regulatory Action, Initial Statement of Reasons, and the Economic and Fiscal Impact Statement or Form 399. Board staff review Board meeting materials, webcasts, and meeting minutes to assist in the development of these documents which must justify why the regulatory changes are necessary. Board staff may work closely with DCA Budget Office to develop the Form 399.

Regulation Development	Preparing Regulatory Package	Legal and Budget Initial Review	Director and Agency Initial Review	OAL Public Comment Period	Finalizing Regulatory Package	Legal and Budget Final Review	Director and Agency Final Review	Submission to OAL for Review	OAL Decision

Legal and Budget Initial Review: In this stage, the Board's Regulatory Counsel and DCA's Budget Office reviews the regulatory documents. Board staff may meet with the Board's Regulatory Counsel and/or DCA Budget Office to provide additional information in relation to the proposed regulation. Changes to the regulatory documents may be requested by the Board's Regulatory Counsel and/or DCA Budget Office which Board staff incorporates into the documents. At this stage, the Board's Regulatory Counsel approves the regulatory package and DCA's Budget Office signs off on the Form 399.

Regulation Development	Preparing Regulatory Package	Legal and Budget Initial Review	Director and Agency Initial Review	OAL Public Comment Period	Finalizing Regulatory Package	Legal and Budget Final Review	Director and Agency Final Review	Submission to OAL for Review	OAL Decision

Director and Agency Initial Review: Upon approval by the Board's Regulatory Counsel and DCA Budget Office, the entire regulatory package is submitted to DCA's Regulations Coordinator, who then prepares the package for the DCA Director (Director) and the Business, Consumer Services and Housing Agency's (Agency) review and approval. Changes to the proposed regulatory text and/or regulatory documents may be requested by the Director or Agency. Board staff work with the Board's Regulatory Counsel to incorporate those changes. Board approval of the proposed regulatory text may be required if substantive changes are made to the text.

(3) INITIAL PHASE: The Initial Phase covers starts with submission of the package to the Office of Administrative Law (OAL) and covers the public comment period.

Regulation Development	Preparing Regulatory Package	Legal and Budget Initial Review	Director and Agency Initial Review	OAL Public Comment Period	Finalizing Regulatory Package	Legal and Budget Final Review	Director and Agency Final Review	Submission to OAL for Review	OAL Decision

OAL Public Comment Period: Upon approval by Agency, the regulatory proposal is submitted to the OAL to be published in the California Regulatory Notice Register. This commences the initial phase of the formal rulemaking process. OAL publishes the Notice Register every Friday, and the publication date starts the formal 45-day public comment period as well as the one-year deadline to submit the completed rulemaking file to OAL.

Review and Respond to Comments: If comments are received during the comment period, Board staff reviews the comments and prepares written responses to Board review and approval. The Board must respond in writing to every comment with objection or recommendation received on time during the public comment period(s). Board staff work with the Board's Regulatory Counsel to propose responses to public comments to the Board, which the Board reviews and approves at a Board meeting. If the Board makes substantive changes to the regulatory text in response to the comments, or adds new underlying documents, the updated regulatory text and/or new underlying documents must be made available to the public for an additional 15-day public comment period. Any public comment with objection or recommendation received during a 15-day public comment period requires a response from the Board, which the Board reviews and approves at a Board meeting.

(4) FINAL PHASE: The Final Phase covers approval of the final rulemaking package and final submission to OAL.

Regulation Development	Preparing Regulatory Package	Legal and Budget Initial Review	Director and Agency Initial Review	OAL Public Comment Period	Finalizing Regulatory Package	Legal and Budget Final Review	Director and Agency Final Review	Submission to OAL for Review	OAL Decision

Finalizing Regulatory Package: In this stage, the Board approves an Order of Adoption for the rulemaking. Board staff then prepares the required regulatory documents for OAL review, including the Final Statement of Reasons which outlines any changes made to the regulatory text and required regulatory documents.

Regulation Development	Preparing Regulatory Package	Legal and Budget Initial Review	Director and Agency Initial Review	OAL Public Comment Period	Finalizing Regulatory Package	Legal and Budget Final Review	Director and Agency Final Review	Submission to OAL for Review	OAL Decision

Legal and Budget Final Review: In this stage, Board staff submits the entire regulatory package to the Board's Regulatory Counsel and, if necessary, DCA Budget Office for final review. Changes to the regulatory documents may be requested by the Board's Regulatory Counsel and/or DCA Budget Office which Board staff incorporates into the documents. At this stage, the Board's Regulatory Counsel approves the package. If there is a fiscal impact, DCA Budget Office works with the Department of Finance to obtain approval of the Form 399.

Regulation Development	Preparing Regulatory Package	Legal and Budget Initial Review	Director and Agency Initial Review	OAL Public Comment Period	Finalizing Regulatory Package	Legal and Budget Final Review	Director and Agency Final Review	Submission to OAL for Review	OAL Decision

Director and Agency Final Review: Upon approval by the Board's Regulatory Counsel and, if necessary, DCA Budget Office, the entire regulatory package is submitted to DCA's Regulations Coordinator, who then prepares the package for the Director and Agency review and approval (if no comments were received during comment period, no Agency review required at this stage). Changes to the regulatory documents may be requested by the Director or Agency. Board staff work with the Board's Regulatory Counsel to incorporate those changes. Agency review may not be required if there are no comments with objections or recommendations, or there are no substantial modifications to either the text or the Form 399.

Regulation Development	Preparing Regulatory Package	Legal and Budget Initial Review	Director and Agency Initial Review	OAL Public Comment Period	Finalizing Regulatory Package	Legal and Budget Final Review	Director and Agency Final Review	Submission to OAL for Review	OAL Decision

Submission to OAL for Review: Upon approval by Agency, the completed rulemaking package is submitted to OAL. OAL has 30 working days to approve or deny the regulatory proposal. During this stage, Board staff and Regulation Counsel work with the OAL Attorney to address any concerns with the regulatory documents or the regulatory text. Board staff work with the Board's Regulatory Counsel to incorporate those changes.

Regulation Development	Preparing Regulatory Package	Legal and Budget Initial Review	Director and Agency Initial Review	OAL Public Comment Period	Finalizing Regulatory Package	Legal and Budget Final Review	Director and Agency Final Review	Submission to OAL for Review	OAL Decision

OAL Decision: Unless the Board requested an early effective date, upon approval by OAL, regulations become effective on one of four quarterly dates (January 1, April 1, July 1, or October 1) based on when OAL files the final regulations with the Secretary of State (SOS).