

**BACKGROUND PAPER FOR THE
Speech-Language Pathology & Audiology & Hearing Aid Dispensers
Board**

Joint Oversight Hearing, March 6, 2017

**Senate Committee on Business, Professions and Economic Development
and
Assembly Committee on Business and Professions**

**BRIEF OVERVIEW OF THE
SPEECH-LANGUAGE PATHOLOGY & AUDIOLOGY & HEARING AID
DISPENSERS BOARD**

The Hearing Aid Dispensers Examining Committee (HADEC) was established under the jurisdiction of the Medical Board of California (MBC) in 1970 as result of AB 532, (Zenovich), Chapter 1514, Statutes of 1970. In 1988, SB 2250, (Rosenthal), Chapter 1162, Statutes of 1988 transferred the enforcement program from the MBC to HADEC. SB 1592 (Rosenthal), Chapter 441, Statutes of 1996 authorized HADEC to adopt, amend, or repeal regulations related to the practice of fitting or selling hearing aid devices.

The Speech Pathology and Audiology Examining Committee (SPAEC) was created in 1972 under the jurisdiction of the MBC as a result of SB 796, (Whetmore), Chapter 1355, Statutes of 1972. SB 1346 (Business and Professions Committee), Chapter 758, Statutes of 1997 renamed SPAEC to the Speech-Language Pathology and Audiology Board (SLPAB).

In 1998, Both HADEC and SLPAB were reviewed by the Joint Legislative Sunset Review Committee (Joint Committee). The Joint Committee considered merging the two entities but did not ultimately do so. Two bills were introduced in 1998 which would have extended the regulation of hearing aid dispensers: the first proposal SB 1982, (Greene), would have combined the SLPAB with HADEC, the second AB 2658 (Wright), would have extended the sunset date of HADEC. Neither bill passed both houses, resulting in the sunset of both HADEC and SLPAB, the duties of which fell to the Department of Consumer Affairs (DCA). After being inoperative for six-months, SLPAB was ultimately extended by AB 124 (Ackerman), Chapter 436, Statutes of 1999. In 1999, AB 545 (Pacheco), Chapter 440, Statutes of 1999 established a 7-member Hearing Aid Dispensers Advisory Commission under the hearing aid dispenser program, and AB 2697 (Cardoza), Chapter 277, Statutes of 2000 created the Hearing Aid Dispensers Bureau (Bureau) and reconstituted the Advisory Commission as a committee under the Bureau.

AB 1535 (Jones), Chapter 309, Statutes of 2009, created the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board (Board) by combining the regulatory programs of the SLPAB and the Bureau.

The Board exists to protect the public by licensing and regulating speech-language pathologists, audiologists, and hearing aid dispensers who provide speech and hearing services to Californians. The Board sets licensing standards, examination requirements, enforces standards of conduct, investigates complaints against licensed and unlicensed practitioners, and takes disciplinary action when appropriate.

The Board licenses and regulates more than 23,000 licensees including 14,860 speech-language pathologists, 556 audiologists, 1,045 dispensing audiologists, and 996 hearing aid dispensers, among a total of 11 separate professions. Each profession has its own scope of practice, entry-level requirements, and professional settings, with some overlap in treated pathologies and rehabilitation. The Board is responsible for the following license types:

- Speech-Language Pathologist – provide assessment and therapy for individuals who have speech, language, swallowing, and voice disorders.
- Audiologist - identify hearing, auditory system, and balance disorders, and provide rehabilitative services, including hearing aids and other assistive listening devices.
- Dispensing Audiologists – perform the duties of an Audiologist as described above and authorized to sell hearing aids.
- Speech-Language Pathology Assistant - paraprofessionals who complete formal education and training and serve under the direction of a licensed speech-language pathologist.
- Required Professional Experience Temporary License - speech-language pathology and audiology applicants completing required professional experience to qualify for full licensure, practicing under the supervision of a licensed practitioner.
- Speech-Language Pathology Aide – support personnel approved to work directly under the supervision of a speech-language pathologist. No requirement for formal education and training, but on-the-job training must be provided.
- Audiology Aide - support personnel approved to work under the supervision of a licensed audiologist. No requirement for formal education and training, but on-the-job training must be provided.
- Speech-Language Pathology or Audiology Temporary License – speech- language pathologist or audiologist, licensed in another state, who qualifies for a six-month license while seeking permanent licensure.
- Hearing Aid Dispenser (HAD) – fit and sell hearing aids, take ear mold impressions, post fitting procedures, and directly observe the ear and test hearing in connection with the fitting and selling hearing aids.
- Hearing Aid Dispenser Temporary License – hearing aid dispenser, licensed in another state, who qualifies for a 12 month temporary license while seeking permanent licensure.

- Branch License – licenses issued to hearing aid dispensers authorizing the dispenser to work at additional branch locations.

The Board’s mandates are:

- to protect the public by licensing and regulating speech-language pathologists, audiologists, and hearing aid dispensers who provide speech and hearing services to California consumers;
- to set entry-level licensing standards, which includes examination requirements that measure the licensees’ professional knowledge and clinical abilities that are consistent with the demands of the current delivery systems; and,
- to enforce standards of professional conduct by investigating applicant backgrounds, investigating complaints against licensed and unlicensed practitioners, and taking disciplinary action whenever appropriate.

The current mission statement according to the Board website is:

We protect the people of California by promoting standards and enforcing the laws and regulations that ensure the qualifications and competence of providers of speech-language pathology, audiology and hearing aid dispensing services.

Board Membership and Committees

The Board is comprised of 9 members; 6 professional and 3 public members. The professional members consist of two speech-language pathologists, two hearing aid dispensers, and two audiologists, one of which must be a dispensing audiologist. In addition to the professional members, one public member must be a licensed, Board certified physician and surgeon in otolaryngology. All of these members (except two) are appointed by the governor. The remaining public members are appointed individually by the Senate Rules Committee and Speaker of the Assembly. Board members receive a \$100-a-day per diem. The Board meets, at a minimum, four times per year. All Board and Committee meetings are subject to the Bagley-Keene Open Meetings Act. There are currently no vacancies on the Board. The following is a listing of the current Board members and their background:

Name and Short Bio	Appointment Date	Term Expiration Date	Appointing Authority
<p>Alison Grimes, AuD, Board Chair, Dispensing Audiologist, Professional Member Serves as Head of the Audiology Clinic at Ronald Reagan-UCLA Medical Center, Director of the UCLA Newborn Hearing Screening Program, and an Assistant Clinical Professor in Head and Neck Surgery at the David Geffen School of Medicine at UCLA. Currently, Chairs the Pediatric Amplification Task Force for the American Academy of Audiology, and is a member of the Pediatric Diagnostic Guidelines Task Force. On the Executive Board of the American Auditory Society. Elected to the National Council of State Boards of Examiners for Speech-Language Pathology and Audiology in 2009.</p>	3/22/10	1/1/17	Governor
<p>Margaret “Dee” Parker, Speech-Language Pathologist, Professional Member Served as coordinator of the Communication Sciences and Disorders Program at California State University, Dominguez Hills since 2007, where she has held multiple positions</p>	8/16/13	1/1/17	Governor

since 1999, including Lecturer, Assistant Professor, and Coordinator of Special Education Program, and Coordinator of the Human Services Program. Was Clinical Director of the Center for Voice at Western Medical Center in Santa Ana from 1992 to 1999, a speech-language pathologist in private practice from 1981 to 1991 and a speech-language pathologist for the Westminster School District from 1970 to 1972.			
Rodney C. Diaz, MD, Otolaryngologist, Public Member Assistant Professor of Otolaryngology - Head and Neck Surgery at the University of California at Davis. Obtained his baccalaureate in Astrophysics at the University of California at Berkeley and MD degree from the University of California at Davis. Currently serves as the Otolaryngology Residency Director at UC Davis Medical Center.	12/20/12	1/01/17	Governor
Deane Manning, Hearing Aid Dispenser, Professional Member Hearing aid dispenser in private practice at Superior Hearing Aid Service in Sun City. Previously served on the Department of Consumer Affairs's Hearing Aid Dispensers Advisory Committee from 2006 to 2009. Received a BA from Colgate University in Mathematics. Currently serves on the Board of Directors of the Menifee Valley Hospital Foundation.	12/27/10	1/1/19	Governor
Amnon Shalev, Hearing Aid Dispenser, Professional Member Licensed Hearing Aid Dispenser since 1986. Co-owner of a Hearing Aid Center in Woodland Hills, which serves Medi-Cal beneficiaries residing in Skilled Nursing Facilities. Previously Director of Managed Care and Medi-Cal Affairs on the board of the Hearing HealthCare Providers of California from 2006 to 2008.	12/15/12	1/1/20	Governor
Deborah "Debbie" Snow, Public Member Currently employed as a library assistant at University of California, Riverside and has spent career working at various libraries. Authored articles regarding consumer protection issues facing healing arts boards. Ms. Snow is a member of both California Women Lead and the Humane Society.	11/30/13	11/30/17	Senate Rules Committee
Jamie Lee, Public Member Executive Vice-President at Jamison Services, Inc., a full-service commercial real estate management, leasing, and investment company. President of the California Market Center. Serves as Chair of the Los Angeles Fashion District Business Improvement District Board of Directors. BA and JD from the University of Southern California. She serves on the USC Alumni Association Board of Governors and the USC Asian Pacific Alumni Association Board of Directors.	5/11/11	11/30/17	Speaker of the Assembly
Patti Solomon-Rice, PhD, Speech-Language Pathologist, Professional Member Assistant Professor in the Communicative Disorders Program at San Francisco State University. Doctor of Philosophy degree from the Joint Doctoral Program in Special Education through the University of California at Berkeley and San Francisco State University. Four-year term on the American Speech-Language-Hearing Association's Board of Ethics began in 2013. Continuing Education Content Manager for ASHA's Special Interest Group 10 Issues in Higher Education and is a peer reviewer for ASHA's Special Interest Group 12 Augmentative and Alternative Communication. Previously served as chair of ASHA's Continuing Education Board.	9/8/12	1/1/20	Governor
Marcia Raggio, PhD. Audiologist, Professional Member Professor of Audiology at San Francisco State University. BA and MS degrees from the Communicative Disorders Program at San Francisco State University, and doctorate in auditory neuroscience from the University of California, San Francisco.	12/17/12	1/1/19	Governor

The Board has one committee designated by statute, the Hearing Aid Dispensing Committee (committee) (BPC § 2531.05) that was created upon the merger of the SLPAB and the Bureau. The committee reviews and researches practice trends and public policies regarding the fitting and selling of hearing aids and advises the Board on professional practice issues. In addition, the Audiology Practice Committee and Speech-Language Pathology Practice Committee address changes in practice patterns and recommend position statements and scope of practice amendments for consideration. The Board has not had any meetings that had to be canceled due to a lack of a quorum in the last four years.

Staffing Levels

The Executive Officer is appointed by the Board. Paul Sanchez has served as executive officer since 2014 and previously served at the Veterinary Medical Board, handling administration and enforcement.

The Board is funded for 9.6 staff positions and currently has one licensing vacancy which it is in the process of filling. In FY 14-15 the Board lost three staff members due to retirement, resulting in a loss of over 50 years of combined experience. To counteract the potential for productivity loss, the Board hired temporary personnel and borrowed a Call Center Technicians from the DCA.

Fiscal and Fund Analysis

As a Special Fund agency, the Board receives no General Fund support, relying solely on fees set by statute and collected from licensing and renewal fees. The Board’s fund is not continuously appropriated.

The Board operates on an annual budget of \$2.1 million.

In FY 11-12 the Board loaned the general fund \$1.15 million and was paid in full in budget year 15-16. Over the term of the loan the Board earned \$16,773 in interest.

The Board’s expenditures have increased substantially along with the licensee population since the most recent sunset review. In 2015, the DCA Budget Office recommended and the Board approved a fee increase to address projected revenue shortfalls in FY 16-17. As of the current time the Board does not anticipate insolvency.

Speech-Language Pathologists, Speech-Language Pathology Assistants, non-dispensing Audiologists, and Continuing Professional Development Providers are renewed biennially, expiring on the last day of the licensees’ birth month. Hearing Aid Dispensers and Dispensing Audiologists’ licenses must be renewed annually.

Fee Schedule and Revenue: Speech-Language Pathology and Audiology								
Fee	Current Fee	Statutory Limit	B&P Code/ CCR	FY 08/09	FY 09/10	FY 10/11	FY 11/12	% of Total Revenue
Licenses & Permits								11%

SP App	\$50	\$150	2534.2(f) 1399.170.13(b)	\$21	\$20	\$29	\$31	
AU App	\$60	\$150	2534.2(a) 1399.157(a)	\$3	\$3	\$3	\$3	
Aide Registration	\$10	\$30	2534.2(d) 1399.157(e)	\$1	\$1	\$1	\$1	
SP Initial Registration	\$60	\$150	2534.2(a) 1399.157(a)	\$29	\$28	\$32	\$36	
AU Initial Registration	\$60	\$150	2534.2(a) 1399.157(a)	\$2	\$2	\$2	\$2	
Renewal								84%
Biennial SP	\$110	\$150	2524.2(a) 1399.157(c)	\$617	\$682	\$663	\$734	
Biennial AU	\$110	\$150	2524.2(a) 1399.157(c)	\$68	\$29	\$61	\$30	
CPD renewal	\$200	\$200	1399.157	\$12	\$13	\$11	\$12	
Biennial SLPA	\$75	\$150	2534.2(f) 1399.170.14	\$54	\$56	\$69	\$75	
Delinquent Fees								< 2%
SP	\$25	\$25	2534.2(b)	\$12	\$12	\$13	\$14	
AU	\$25	\$25	2534.2(b)	\$1	\$1	\$1	-	
SLPA	\$25	\$25	2534.2(b)	\$3	\$2	\$3	\$2	

Fee Schedule and Revenue: Hearing Aid Dispensers								
Fee	Current Fee	Statutory Limit	B&P Code/ CCR	FY 08/09	FY 09/10	FY 10/11	FY 11/12	% of Total Revenue
Licenses & Permits								33%
HAD App	\$75	\$75	2538.57(a)	\$11	\$18	\$20	\$22	
DAU App	\$280	\$280	2534.2(a) 1399.157(a)	-	\$5	\$1	\$1	
HAD Initial License	\$280	\$280	2538.57(d)	\$24	\$6	\$31	\$47	
Practical Exam	\$500	\$500	2538.57(b)	\$60	\$36	\$115	\$166	
Written Exam	\$225	\$225	2538.57(b)	\$65	\$80	\$81	\$88	
Temp. License	\$100	\$100	2538.57(c)	\$1	\$1	\$2	\$2	
Branch License	\$25	\$25	2538.57(e)	\$4	\$7	\$11	\$20	
Trainee License	\$100	\$100	2538.57(c)	\$1	\$16	\$17	\$17	
CE Provider	\$50	\$50	2538.57(h)	\$27	\$26	\$26	\$25	
Renewal								66%
Temp License	\$100	\$100	2538.57(b)	\$10	\$12	\$19	\$19	
HAD License	\$280	\$280	2538.57(d)	\$245	\$254	\$247	\$244	
Biennial Renewal	\$280	\$280	2534.2(a)(2) 1399.157(d)	\$36	\$51	\$54	\$47	

DAU License								
Annual Renewal DAU License	\$280	\$280	2534.2(a)(2) 1399.157(d)	\$183	\$222	\$224	\$219	
Branch License	\$25	\$25	2538.57(e)	\$13	\$13	\$15	\$16	
Delinquent Fees								< 1%
HAD License	\$25	\$25	2538.57(f)	\$2	\$2	\$2	\$2	
DAU License	\$25	\$25	2534.2(b)	\$1	\$1	\$1	\$1	
Branch License	\$25	\$25	2538.57(f)	\$1	\$1	\$1	\$1	

Note: This table was taken from the Board's Sunset Review Report 2016.

There is no mandated reserve level for the Board; however, the DCA Budget Office has historically recommended that smaller programs maintain a contingency fund slightly above the standard three to six months of reserve. Maintaining an adequate reserve of at least six months provides for a reasonable contingency fund so that the Board has the fiscal resources to absorb any unforeseen costs, such as costly enforcement actions or other unexpected client service costs.

The total revenue anticipated by the Board for FY 16-17, is \$1.9 million and for FY 17-18, \$1.8 million. The total expenditures anticipated for the Board is for FY 16-17, is approximately \$2 million, and for FY 17-18, \$2.03 million. Since the last sunset review in 2012, the reserves of the Board have ranged from 6.1 months to the current level of 11.2 months. The Board anticipates it would have approximately 10.7 months in reserve for FY 16-17.

Fund Condition: Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board						
(Dollars in Thousands)	FY 12-13	FY 13-14	FY 14-15	FY 15-16	FY 16-17	FY 17-18
Beginning Balance	860	796	1,177	1,547	1,860	1,818
Total Revenue and Transfers	1,590	1,974	2,241	2,416	1,958	1,958
Total Revenue	1,590	1,674	1,841	1,966	1,958	1,958
Budget Authority	1,863	1,885	1,961	2,236	1,997	2,037
Expenditures	1,643	1,546	1,890	2,099	1,997	2,037
Fund Balance	780	1,215	1,526	1,860	1,818	1,739
Months in Reserve	6.1	7.7	8.7	11.2	10.7	10.0

Note: This table was taken from the Board's Sunset Review Report 2016.

Expenditures by Program Component – The Board devotes 48 percent of its budget to enforcement, 21 percent to licensing, 14 percent to DCA pro rata, 9 percent to administration, and 8 percent to examinations. The Board's enforcement budget also includes costs for services from other agencies, including the Office of the Attorney General (AG) and the DCA's Division of Investigation.

The Board seeks cost recovery under BPC § 125.3. The Board also has authority to seek cost recovery as a term and condition of probation. In revocation cases, where cost recovery is ordered, but not collected, the Board will transmit the case to the Franchise Tax Board (FTB) for collection.

Licensing

The Board licenses and regulates more than 23,000 licensees including 14,860 speech-language pathologists, 556 audiologists, 1,045 dispensing audiologists, and 996 hearing aid dispensers, among a total of 11 separate designations and licenses.

The Board is in the process of increasing fees for applicants in speech-language pathology and audiology. The fees set for hearing aid dispensers are set in statute and are currently at their maximum.

The licensing program of the Board provides public protection by ensuring licenses or registrations are issued only to applicants who meet the minimum requirements of current statutes and regulations and who have not committed acts that would be grounds for denial.

In 2015 the Board established new internal performance expectations and began using automated tracking of processing times. Currently the application processing target is 30 days, except for Hearing Aid Dispenser related licenses, which are expected to be processed in 21 days. Most application processing reported by the Board falls under the target times with the exception of the temporary and temporary trainee licenses for Hearing Aid Dispensers, each currently at 22 days. Upon approval of the application and supporting documents, a license is issued.

Since the previous sunset review the Board has experienced a 28% increase in its total licensee population as a result of growing demand within the professions it regulates. This growth has placed strain on Board staff and to address this growth in the licensing population, the Board will seek funding for additional staff in coming years to handle regulations, legislative relations, and budget in addition to two office technicians to handle support functions.

In 2015, the Board submitted a BCP requesting additional staff to assist with its licensing program responsibilities. The BCP was approved for the 2016-17 fiscal year.

The Board requires primary source documentation for any educational transcripts, experience records, license verification from other states, and professional certifications. As part of the licensing process, all applicants are required to submit fingerprint images in order to obtain criminal history background checks from the Department of Justice and the Federal Bureau of Investigation (FBI). The Board is not aware of any licensees that have not been fingerprinted.

Continuing Education

Continuing education (CE) for Hearing Aid Dispensers has been required since the 1980's. Hearing aid dispensers must complete nine hours of CE annually, six of which must be related to the practice of fitting and dispensing hearing aids, while the other three may be more generally related to business or ethics.

Speech-language pathologists and non-dispensing audiologists are required to complete 24 hours of CE from a board approved provider during their two-year license cycle.

The Board approves CE courses and providers. Board staff reviews the content of each course, and the instructor’s qualifications, and issues approval, and may consult with an outside expert for course approval issues.

The Board’s goal has been to conduct random CE audits of five percent of licensees but was unable to do so from 2010-14 due to staffing and resource shortfalls. The Board also failed to do so in 2015-16 but completed an audit of five percent of its licensee population in 2014-15 and plans to complete the next audit by June 30, 2017.

At this time the Board is not moving toward performance based assessments of its licensees.

Enforcement

In 2010, DCA implemented the Consumer Protection Enforcement Initiative (CPEI) to better monitor and streamline enforcement of all healing arts boards. The DCA also established performance measures (PM) for each board of 12-18 months to complete customer complaints.

In 2014, the Board experienced staff turnover as a result of retirements and transfers. This shortfall was filled with the hire of two new staff at the end of 2014 but the timeline and performance measures for investigating customer complaints suffered significantly during this transitional time. The Board indicates that staff is now fully trained.

The table below shows the timeframes for the last three FYs years for investigations and formal discipline. Timeframes significantly increased in 2014 and far exceeded established performance measures but have moderated in the most recent reporting period. While timeframes have fallen in the most recent reporting period, PM 3, Intake and Investigation and PM 4, Formal Discipline, continue to exceed targets.

Performance Measures	Target	2013-14	2014-15	2015-16
PM 1 - Volume	*	165	129	202
PM 2 - Intake	5 Days	2	5.5	2
PM 3 - Intake & Investigation	90 Days	312	287	94.5
PM 4 - Formal Discipline	540 Days	655	1052	712
PM 5 - Costs	**			
PM 6 - Customer Satisfaction	***			
PM 7 - Probation – Initial Contact	14 Days	5	3	6
PM 8 - Probation Violation	21 Days	4	0	8

Note: This table was taken from the Board's Sunset Review Report 2016.

The Board indicates that it has been working closely with the AG on cases referred for discipline to cut down on long delays in enforcement. The Board also indicates that many of the factors contributing to this delay are outside of its control, including processing done by the AG and Office of Administrative

hearings. In addition, the Board notes that the timeframes in PM 4 are longer because of a number of in-depth investigations regarding numerous licensees within one company.

The Board utilizes the guidelines for complaint prioritization laid out in DCA’s August 2009 memorandum, “Complaint Prioritization for Health Care Agencies.” The Board reviews each allegation, categorizes each as “urgent, high, or routine” and takes immediate action to involve the Division of Investigations or the Office of the Attorney General when a complaint alleges the possibility of imminent public harm.

The table below identifies the actual formal disciplinary actions taken by the Board in the past three years.

Formal Disciplinary Actions	FY 13-14	FY 14-15	FY 15-16
Complaint and Convictions Received	165	129	202
Revocation	1	4	3
Voluntary Surrender	2	1	1
Suspension	0	0	0
Probation with Suspension	0	0	1
Probation	8	4	5
Probationary License Issued	0	0	0
Other	0	1	2

Note: This table was taken from the Board's Sunset Review Report 2016.

PRIOR SUNSET REVIEWS: CHANGES AND IMPROVEMENTS

The Board was last reviewed by the Senate Committee on Business, Professions and Economic Development and the Assembly Committee on Business and Professions and Consumer Protection (Renamed in 2015 to: The Assembly Committee on Business and Professions) in 2013. During the previous sunset review, the Committee staff raised 16 issues and provided recommendations. Below are actions which have been taken over the last four years to address these issues. Those which were not addressed and may still be of concern are addressed under the *Current Sunset Review Issues for the California Speech-Language and Audiologists and Hearing Aid Dispensers Board* section.

Recommendation 1. The Board should advise the Committee of its long-term expectation for its Fund. Is there a loan payback schedule? When does the Board expect the loan to be repaid? How long does the Board project that it can remain solvent if the loan is paid back? What are the Board’s plans to remain solvent when all of those reserves are exhausted?

Board Response: *At the time that the previous sunset review report was written, the Board had not prepared a detailed revenue projection for FY 13-14 and beyond. Since 2012, the Board has worked closely with DCA to forecast revenue projections and determined it would remain solvent through FY 2013/14 without the loan repayment. At the time of the report there was no official repayment schedule but the loan has since been paid in full. The Board received full repayment in FY 15-16. The Board’s fund is at 11.2 months at the end of FY 15-16:*

Recommendation 2. The Board should advise the Committee the extent of the current licensing backlogs, and tell the committee of its short-term plans to reduce those backlogs. A budget augmentation should be considered to allow the Board to reduce its licensing backlogs.

Board Response: *At the time that the previous sunset review report was written, application processing times were averaging 8-10 weeks due to a staff vacancy. In 2014-15, the Board assessed its licensing delays and sought and obtained additional staff through the budget process and worked with DCA to utilize temporary staff to eliminate the existing licensing backlog.*

Recommendation 3. Staff recommended that the Board should create a training manual to provide hearing aid trainee supervisors with structure and guidance to consistently train hearing aid dispensers for entry into independent practice.

Board Response: *The Board agreed with the recommendation and delegated the task to its Hearing Aid Dispensing Committee but the work was significantly delayed due to the serious illness of a committee member. The work on this manual is ongoing.*

Recommendation 4. Staff recommended that legislation should be enacted to amend BPC §2532.1 and 2538.24 to require applicants who hold or previously held a health care license in another state to produce to the Board a disciplinary data bank report.

Board Response: *The Board agreed with the recommendation and requested committee assistance with amending the code but the legislation was not approved due to additional costs to the applicant. In 2015/16 the Board approved a fee increase that covered the cost of the disciplinary data bank report.*

Recommendation 5. The Board should advise the Committee why it has not pursued the authority granted to it in 2004 to approve CE courses. Should the authority be amended out of current law?

Board Response: *The Board indicates that the authority referenced in BPC § 2532.6 that applies to course evaluation is currently being utilized and should remain in statute.*

Recommendation 6. The Board should advise the Committee of perceived problems relevant to investigation processes and disciplinary actions. In the Board's opinion what are the viable solutions to these problems?

Board Response: *At the time that the previous sunset review report was written, enforcement timelines had increased significantly in 2011-12 due to complaint volume, limited staff, and staff turnover. Since the last sunset review, the Board has focused on reducing enforcement delays by taking the following actions:*

- *Hired an Enforcement Coordinator to liaison with the AG on all disciplinary cases.*
- *The Board meets regularly with the Division of Investigation to more effectively track case updates and potential delays.*
- *Consolidated cases and cross trained staff on enforcement efforts affecting all license types.*

While volume has increased, the Board indicates that time to close an investigation has decreased.

Recommendation 7. The Board should update the Committee on the status of the regulations to implement the Uniform Standards.

Board Response: *At the time that the previous sunset review report was written, staff had not implemented the regulatory standards and was planning to notice the regulatory proposal in June 2013. Turnover in the position of the Executive Officer impacted the regulations and approval was delayed until February 2016. The Board is working with legal counsel to finalize the regulatory documents before submission to the Office of Administrative Law (OAL).*

Recommendation 8. The Board should update the Committee on the current status of CPEI.

Board Response: *CPEI regulations were filed with OAL in 2012 and took effect in 2013.*

Recommendation 9. The Board should advise the Committee on the status of revising its advertising regulations to provide greater clarity and enforceability.

Board Response: *The rulemaking was delayed by the change in Executive Officers. The Board approved revised language in May 2016 and is currently being reviewed by DCA.*

Recommendation 10. The Committee recommended that the Board work with the Senate Judiciary Committee and any other appropriate policy committee to clarify the consumer's right of return for hearing aid devices.

Board Response: *The Board worked with the authors of SB 1326 (Roth), Chapter 226, Statutes of 2014, and the California Hearing Health Care Providers to clarify the Song-Beverly provisions which were enacted on January 1, 2015.*

Recommendation 11. The Committee recommended that legislation be enacted to authorize the Board to take disciplinary action for violation of a term or condition of a probationary order or of a license issued by the Board.

Board Response: *The Board agreed and worked with the legislature to draft and pass SB 305, (Lieu), Chapter 516, Statutes of 2013, which was enacted in January 1, 2013 to give the Board this authority.*

Recommendation 12. Addressed in *Current Sunset Review Issues for the California Speech-Language and Audiologists and Hearing Aid Dispensers Board* section.

Recommendation 13. The Board should advise the Committee whether it thinks that it would be appropriate to rename the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board to a more consumer friendly name that describes its jurisdiction.

Board Response: *After considering the cost associated with changing the name of the Board, including letter head, business cards, website information, etc.; as well as the potential for consumer confusion, the Board elected to keep the same name.*

Recommendation 14. The Committee recommended that the Board contact the appropriate policy committees to address concerns over services provided by Regional Centers for Deaf/Hard of Hearing Impaired Children. Such matters were outside of the Committee’s jurisdiction.

Board Response: *The Board agreed and worked with the appropriate committees to discuss these issues and work toward future solutions.*

Recommendation 15. Committee staff noted that the Board should recommend cleanup amendments for BPC § 2532.6 to the Committee.

Board Response: *The Board worked with Committee staff to amend BPC§ 2532.6 as recommended.*

In November 2016, the Board submitted its required sunset report to the committees, which can be obtained on the Board’s website (<http://www.speechandhearing.ca.gov>). In this report, the Board described actions it has taken since the prior sunset review to address the recommendations of the committees. The following are some of the more important programmatic and regulatory changes, enhancements and other important decisions since the Board’s Last Sunset Review:

- June 2014: The Board appointed a new Executive Officer, Paul Sanchez
- 2014 & 2015: The Board experienced significant staff turnover and timelines for enforcement and licensing processing were extended as a result.
- November 2015: The Board adopted its strategic plan for 2016-2020 focused on consumer protection, improving services to licensees, increasing outreach to stakeholders, and enhancing enforcement.

CURRENT SUNSET REVIEW ISSUES FOR THE SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY AND HEARING AID DISPENSERS BOARD

The following are unresolved issues pertaining to the Board, or those which were not previously addressed by the Committees, and other areas of concern for the Committees to consider along with background information concerning the particular issue. There are also recommendations the Committee staff have made regarding particular issues or problem areas which need to be addressed. The Board and other interested parties, including the professions, have been provided with this *Background Paper* and can respond to the issues presented and the recommendations of staff.

BUDGET ISSUES

ISSUE #1: *What is the status of the long term fund condition?*

Background: At the time of the previous sunset report, the Board had not prepared a detailed, long-term revenue projection that demonstrated the solvency of the Board beyond FY 13-14. At the time of the report, the Board had no official repayment schedule for an outstanding General Fund (GF) loan. Since the previous report, the Board indicates that it has received full repayment of the GF loan and

has funds to sustain itself for 11.2 months as of the conclusion of FY 15-16. The Board notes that recent projections do not project insolvency in the near future and is pursuing licensing fee increases in speech-language pathology and audiology. Hearing aid dispenser fees are already at their statutory maximum.

Despite the relative stability of the Board’s fund, the table below indicates that the fund balance of the Board is projected to decrease over FY 16-17 and FY 17-18 with a correlating decrease in reserve funds.

Fund Condition (Dollars in Thousands)						
	FY 12-13	FY 13-14	FY 14-15	FY 15-16	FY 16-17	FY 17-18
Beginning Balance	860	796	1,177	1,547	1,860	1,818
Revenues and Transfers	1,590	1,974	2,241	2,416	1,958	1,958
Total Revenue	1,590	1,674	1,841	1,966	1,958	1,958
Budget Authority	1,863	1,885	1,961	2,236	1,997	2,037
Expenditures	1,643	1,546	1,890	2,099	1,997	2,037
Loans to General Fund	-	-	-	-	-	-
Accrued Interest, Loans to General Fund	-	3	6	8	-	-
Loans Repaid From General Fund	-	300	400	450	-	-
Fund Balance	780	1,215	1,526	1,860	1,818	1,739
Months in Reserve	6.1	7.7	8.7	11.2	10.7	10.0

Note: This table was taken from the Board’s Sunset Review Report 2016.

Staff Recommendation: *The Board should advise the Committee of its long-term expectations for its fund, especially in light of proposed licensing fee increases. If such increases are not adopted, does the Board project insolvency before the next sunset review? DCA revenue projections show falling revenue and increasing expenditures, yet the Board does not predict insolvency?*

LICENSING ISSUES

ISSUE #2: *Does the Board need more staff in order to meet its performance goals?*

Background: The Board is funded for 9.6 staff positions and is responsible for all aspects of licensing, examinations, enforcement, regulations, CE approval, and CE audits as part of the oversight of over 23,000 licensees. In 2014-15, the Board lost three staff members due to retirement. While the Board sought to mitigate the impact from the loss of staff on productivity by hiring temporary personnel and using Call Center Technicians from the DCA, performance outcomes were still negatively affected. Enforcement performance measures especially suffered, with intake and investigation exceeding performance targets by more than 300 percent.

The Board writes that it hired two new enforcement staff members in 2014 to address this issue and fill the vacancies and that they are now fully trained. In 2015-16 the Board reallocated staff to address a

backlog in licensing and reducing cycle times but staff has since returned to their normal roles. Partially as a result of this shift in priorities, the Board notes that it has been unable to perform CE course audits due to staffing and resource issues for all but one year since its last sunset review.

If it is necessary for the Board to reallocate staff in order to address backlogs in licensing, CE audits, or enforcement, it would seem that the Board either is not staffed adequately or is not operating efficiently. If the Board does need to hire more staff, as is being considered according to their report, the Board should clarify in what way that hire will impact potential enforcement backlogs.

Staff Recommendation: *The Board should advise the Committee whether it feels that current levels of staff are sufficient to adequately provide oversight to its licensee population. Additionally, now that staff is fully trained and focused on their normal job duties, without additional staff, will the Board begin to face continued backlogs in licensing and enforcement?*

ISSUE #3: *Is the current training and examination for Hearing Aid Dispensers limiting access to the profession?*

Background: As part of its oversight and licensing duties, the Board uses examinations to evaluate applicants for speech-language pathologists, audiologists, and hearing aid dispensers. For speech-language pathology and audiology the Board uses the Praxis Series Test in Speech Language-Pathology and the Praxis Series Test in Audiology administered by the Educational Testing Service (ETS). For hearing aid dispensers and dispensing audiologists, the Board developed an examination in consultation with the DCA's Office of Professional Examination Services, to evaluate potential hearing aid dispensers and dispensing audiologists.

The written examination for hearing aid dispensers is only offered in English and administered by a contractor and assesses the applicant's knowledge and abilities as follows:

- Evaluating and interpreting audiometric test results
- Assessing client history and hearing ability (through audiometric testing)
- Selecting and evaluation of hearing aids
- Fitting a hearing aid and providing the instructions on care and use
- Troubleshooting and evaluating hearing aids.

The practical examination covers some of the same content in addition to requiring applicants to demonstrate knowledge and techniques for fitting and selling hearing aids.

Of particular concern regarding the hearing aid dispenser examination is that pass rates appear to be noticeably low for the most recent year, 64.66% for first time test takers. This is especially stark when compared with the examinations for speech-language pathology and audiology, 98.1% and 92.98% pass rates respectively.

Hearing Aid Dispenser Written Examination							
Fiscal Year	2012/13	2013/14 pre 04/01/14	2013/14 pre 05/01/15	2014/15 pre 05/01/15	2014/15 pre 05/01/16	2015/16	2015/16 pre 05/01/16
First Time	127	96	48	150	35	30	150

Pass %	55.90	41.66	56.25	70.66	62.86	56.66	64.66
Retake	108	83	29	80	30	21	92
Pass %	27.77	26.51	58.62	38.75	36.66	33.33	45.65

Note: This table was taken from the Board's Sunset Review Report 2016.

During the previous sunset review, the Board agreed with a staff recommendation to create a handbook to consistently train hearing aid dispensers. This work has not been completed in the intervening four years while pass rates for the examination have continued to languish.

Section 11 of the Sunset Review Report, expresses concern over the availability of hearing care and hearing aids, if the examination were found to be limiting access to the profession, reassessing it may help solve this shortage.

Staff Recommendation: *The Board should advise the Committees of whether it feels that access is being limited to the hearing care profession, particularly hearing aid dispensers and dispensing audiologists, by the low pass rate of the licensing examination and the absence of a training manual. Does the Board feel that the examination continues to be an accurate assessment of the skills and knowledge necessary to practice in this field? What evaluations has the Board pursued of this issue and of the examination itself? When does the Board anticipate completing its handbook?*

ISSUE #4: Is the Board pursuing English literacy testing for foreign trained Speech-Language Pathologists?

Background: The Board regularly evaluates individuals for licensure that come from outside the United States and were previously practicing speech-language pathology, audiology, or dispensing hearing aids. There is a standard pathway for foreign-trained applicants provided in Business & Professions Code § 2532.2 and Title 16, California Code of Regulations Code § 1399.152.1. However, in its report, the Board specifically mentions concerns over whether foreign-trained applicants in the field of speech-language pathology meet equivalent English language proficiency of their domestically-trained counterparts.

In its report submitted to the Committees, the Board writes:

Whatever the primary language of the consumer, the speech-language pathologist must be fluent in understanding and using English, as well as highly intelligible in speaking English. In addition to providing speech and language therapy, the speech-language pathologist is required to administer numerous speech and language tests to assess the client, with instruction written in English at a college reading level. The speech-language pathologist writes numerous reports addressing the speech and language skills of the consumer for other professionals and insurance providers to read, and these reports are written in English. Thus, the speech-language pathologist must also be fluent in English reading comprehension and written English. It is clear that of all school-based and health-care related professions, language comprehension and language production proficiency, as well as intelligible speech, are at the core of the profession. This is what we teach our consumers.

The Board also writes that it is not currently possible to assess the English proficiency, either written or spoken, of applicants for speech-language pathology licenses due to a lack of authority in current law. In its recommendations, the Board indicates an interest in amending current law to provide authority to “establish a minimum score in English proficiency” and to “waive the above requirement for applicants from English speaking countries.”

The Committees are concerned about the potential outcome of limiting access to the profession by establishing minimum standards for English proficiency and of potential discrimination litigation against the Board and State of California as a result. Additionally, it is unclear whether the Board considers its existing licensing examinations, only offered in English, to sufficiently evaluate applicants for English proficiency or whether it would pursue additional evaluations. Also, while English may be the dominant language in a nation, other languages are often common and the home country of an applicant may not effectively demonstrate competency in English.

Staff Recommendation: *The Board should advise the Committees of how it currently evaluates foreign-trained applicants for speech language and whether it would require additional staff to change the current standards used in licensing. The Board should also consult with counsel and report to the Committees on whether there is precedent for this type of evaluation and potential litigation concerns. In addition, the Board should provide any evidence of insufficient care or services arising from a lack of English proficiency provided by licensees who have not been examined for such.*

ISSUE #5: Is it necessary to eliminate the Speech-Language Pathology Aide designation?

Background: Speech-language pathology aides are permitted to assist licensed speech-language pathologists under direct supervision or under an alternative plan of supervision. As an unlicensed designation, speech-language pathology aides have no formal education requirements, standards, for discipline, or continuing education and the designation is not very popular. In FY 14-15, there were only 42 registered speech language-pathology aides operating in California. In contrast, in FY 14-15, there were 2,343 speech-language pathology assistants, a licensed position that fills many of the same roles of care and has annual renewal requirements.

With the low number of aides currently working in the state, the limited tools available to the Board to maintain standards in the field, and that speech-language pathology assistants can fulfill many of the same duties while being more closely monitored; the Board is proposing to eliminate the aide designation.

Staff Recommendation: *The Board should further explain to the Committees how it proposes to eliminate the pathology aide designation while protecting continuity of care. Does the Board have a plan to provide support or cross-training for current speech-language pathology aides that would lose their jobs?*

WORKFORCE ISSUES

ISSUE #6: How is the Board addressing the shortage within the Audiology profession?

Background: California requires applicants for Audiology to hold a doctoral degree in Audiology, yet the State has only one public university audiology doctoral degree program, a joint program between San Diego State University and UC San Diego, housed at San Diego State. That program, in operation since 2003, has high demand but very limited capacity, and produces between five and ten audiologists per year, far below the needs of the state. Typically, as many as 200 students apply to the joint San Diego State Audiology Program annually. In 2015, the University of Pacific initiated a new audiology doctoral program at its San Francisco campus, which hopes to graduate approximately 20 audiologists per year by 2018.

To address the growing need for audiologists in the state, the Board supported AB 2317 (Mullin), Chapter 267, Statutes of 2016. This bill authorizes the California State University (CSU) system to award the Doctor of Audiology degree (AuD). The changes that resulted from AB 2317 open the possibility of the CSU system offering the AuD. This may significantly increase the number of audiologists graduating and applying for licensure in California, however, time for opening new programs, and the four years of education required to achieve the AuD., suggests that the shortage of audiologists will likely persist for at least the next 4-6 years.

Due to the limited academic capacity in state, most of California's audiology applicants come from out of state, with most receiving a temporary license pursuant to BPC § 2532.3 or via national certification. Even so, the shortage of audiologists will continue to grow and is likely to limit opportunities for care for the hearing impaired in California. Experts indicate that California will need approximately 750 more audiologists to meet the needs of California's hearing impaired residents by 2030.

It is also notable that the Board indicated that it has not worked to collect workforce shortage data. It is unclear how the Board has determined that there is a demonstrable shortage without data on hand.

In addition to steps taken to increase academic capacity, the Board proposes the following actions to address the audiology shortage:

- BPC § 2532.8 should be amended to deem applicants who hold the national Certificate of Clinical Competence (CCC) in speech-language pathology or audiology, issued by the American Speech-Language-Hearing Association (ASHA) to apply equivalence to the current requirements for audiology applicants referenced found in BPC §2532.25.
- BPC § 2532.8 should be amended to allow reciprocity for audiologists that have met the American Board of Audiology certification to provide for greater reciprocity for audiologists who have obtained AAA certification.

Staff Recommendation: *The Board should provide the Committees with evidence of shortages in the audiology field and collaborate with the committee to amend statute to address concerns with reciprocity. If the Board has received information on workforce shortages in California from outside sources, it should share these with the committee.*

ISSUE #7: How is the Board addressing the shortage within the Speech-Language Pathology profession?

Background: The demand for speech-language pathologists in California far exceeds the supply. The entry level degree to practice as a licensed speech-language pathologist in California is the Master's degree. Currently there are 19 speech-language pathology master's level programs in California, consisting of 13 CSU programs and six private university programs. The UC system does not offer a Master's degree in speech-language pathology. The 19 master's programs graduate an average of 30 students per year, which results in approximately 570 new speech-language pathology graduates annually.

According to the Board, 53 percent of speech-language pathologists work in school settings, but schools are still significantly underserved and often utilize individuals provided with waivers by the California Commission on Teacher Credentialing. These individuals must provide evidence of applying to speech-language pathology graduate programs and are allowed to provide the complete scope of practice of speech-language pathologists in order to serve schools that are not able to hire licensed professionals to fill these roles.

The Board writes that it has seen anecdotal evidence that schools encourage non licensed staff to provide speech-language pathology services for which they were not trained.

To address some of these concerns, the Board has worked to reduce licensing timeframes to allow properly trained speech-language pathologists to be employed more quickly after graduation. The Board makes the following recommendations:

- Expand speech-language pathology programs at CSU campuses beyond the 13 current programs.
- Educate school administrators in the differences between speech-language pathologists and speech-language pathology assistants' scope of practice and the damage to the student who is treated by the speech-language pathology assistant acting outside of their scope of practice.
- Eliminate the speech-language pathology aide designation so that aides with no education or licensure can no longer practice as speech-language pathologists or speech-language pathology assistants.
- Revise the Master Plan to allow UC to develop master's level programs in speech- language pathology, particularly at those UC campuses operating within medical centers.

It is also notable that the Board indicated that it had not worked to collect workforce shortage data. It is unclear how the Board has determined that there is a demonstrable shortage without data on hand.

Staff Recommendation: *The Board should provide the Committees with evidence of shortages in the speech-language pathology field beyond anecdotal evidence and collaborate with the appropriate policy committees to discuss increasing access to speech-language pathology Master's programs at CSU and UC. If the Board has received information on workforce shortages in California from outside sources, it should share these with the committee.*

TECHNOLOGY ISSUES

ISSUE #8: *What is the status of BReEZe implementation by the Board?*

Background: In 2009, the DCA began an IT project to replace multiple antiquated standalone information technology systems used by the boards, bureaus, and committees within its jurisdiction, with one fully integrated system. In 2011, the DCA awarded a grant to Accenture LLC to develop and implement the IT system, commonly referred to as BReEZe.

The original project plan called for the BreEZe system to be implemented into three releases beginning in July of 2012. The Board was scheduled to be a part of the third release, along with 19 other boards and bureaus. However, numerous technical delays and problems with the project forced the delay of both the first and second releases of the system; and subsequently eliminated the project for those boards and bureaus scheduled for release three, including the Board. Instead, the DCA reported its intentions to conduct a cost-benefit analysis for Release 3 boards after the completion of release two in early 2016.

The Board estimates that by the conclusion of FY 18-19 it will have contributed \$51,000 to BreEZe implementation.

Staff Recommendation: *How will the Board pursue technology solutions to fill the role of BreEze in the future?*

ADMINISTRATIVE ISSUES

ISSUE #9: *How severe is the issue of “locked” hearing aids?*

Background: Hearing aids are digital and require programming to optimize the acoustical fit for each individual patient (the size and shape of the ear impacts the amplification characteristics of the hearing aid). There is a movement among some dispensing outlets and group businesses to “lock” the software of hearing aids purchased through their company. The locking of these devices limits the choice of patients for servicing and reprogramming. Patients may also not be aware of this “lock” on their hearing aid and may unintentionally incur large replacement costs if the device is not able to be serviced because they are not able to return to the original seller.

The Board is recommending a requirement that dispensing audiologists and hearing aid dispensers be required to provide patients with disclosures and education about whether the hearing aid being fitted is “locked.”

Staff Recommendation: *The Board should advise the Committees on what steps are necessary to protect consumers from harm under existing hearing aid “locking” procedures and if there is concern about this practice may limit access to hearing care for patients.*

TECHNICAL CLEANUP

ISSUE #10: *Is there a need for technical cleanup?*

Background: The Board identified a number of issues that may need to be remedied through changes to statute, including the elimination of the speech-language pathology aide and to increase access to the audiology profession. In addition to these suggestions, the Board is encouraged to recommend cleanup amendments for the statute to assist it in fulfilling its role.

Staff Recommendation: *The Board should recommend cleanup amendments for BPC § § 2530-2539.14 to the Committees.*

CONTINUED REGULATION OF THE PROFESSION BY THE CURRENT SPEECH-LANGUAGE PATHOLOGY AND HEARING AID DISPENSERS BOARD

ISSUE #11: *Should the licensing and regulation of speech-language pathologists, audiologists, and hearing aid dispensers be continued and be regulated by the current Board membership?*

Background: The health, safety and welfare of consumers are protected by the presence of a strong licensing and regulatory Board with oversight over speech-language pathologists, audiologists, and hearing aid dispensers.

The Board faces large challenges to continue making strides in enforcement and licensing while working to increase access to the profession and ensure that the quality of hearing and speech care remains high. The growing needs of an aging population will test the ability of the Board to do this work. The Board needs to be proactive in its approach; finding new ways to accomplish its consumer protection mission.

Staff Recommendation: *The Board should be continued with a 4-year extension of its sunset date so that the Legislature may once again review whether the issues and recommendations in this Background Paper have been addressed.*