

# **BACKGROUND PAPER FOR THE SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY AND HEARING AID DISPENSERS BOARD**

**Joint Oversight Hearing, March 24, 2026**

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

**IDENTIFIED ISSUES, BACKGROUND, AND RECOMMENDATIONS**

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

### **History and Function of the Board**

The Hearing Aid Dispensers Examining Committee (HADEC) was established in 1970 (AB 523, Zenovich, Chapter 1514, Statutes of 1970) under the jurisdiction of the Medical Board of California (MBC). The HADEC was tasked to prepare, grade, and conduct examinations of applicants for a Hearing Aid Dispenser's license. The MBC was responsible for the HADEC's enforcement program including any disciplinary actions. In 1988, the administration of the enforcement program was transferred from the MBC to the HADEC following legislation that was passed (SB 225, Chapter 1162, Statutes of 1988). The legislation also allowed Hearing Aid Dispensers to use fictitious names for fitting and selling hearing aids but prohibited licensees from owning or having an interest in a hearing aid dispensing business if their license had been suspended or revoked.

Legislation in 1996, (SB 1592 Chapter 441, Statutes of 1996) provided HADEC the authority to adopt, amend, or repeal regulations related to the practice of fitting or selling hearing aid devices. The HADEC and the Speech-Language Pathology and Audiology Board (SLPAB) were reviewed by the Joint Legislative Sunset Review Committee (Joint Committee) during the 1997-1998 legislative session. The Joint Committee raised the issue of merging the two programs but voted against the idea. In 1998, two bills were introduced to extend the regulation of Hearing Aid Dispensers. One bill, SB 1982, merged the HADEC with SLPAB and the other bill, AB 2658, extended the sunset date of the HADEC. Both bills failed and the HADEC and SLPAB were sunset.

The Department of Consumer Affairs (DCA) acquired responsibility for regulating hearing aid dispensing in 1999. Legislation was chaptered in 2000, creating the Hearing Aid Dispensers Bureau within DCA and converting the former Committee to an Advisory Committee made up of professional members to provide input and recommendations regarding policy and regulatory issues to the DCA director.

The SPLAB (formerly a Committee) was created in 1973 and enacted in 1974 under the jurisdiction of the MBC. SPLAB was restored to a board with the passage of AB 124 (Ackerman, Chapter 436, Statutes of 1999) in 1999, effective January 1, 2000. In 2009, (AB 1535, Chapter 309, Statutes of 2009) merged the Hearing Aid Dispensers Bureau into the SPLAB to create the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board (SLPAHADB or Board) effective January 1, 2010.

The Board's mandate is to protect the public by licensing and regulating the Speech-Language Pathologist, Audiologists, and Hearing Aid Dispensers, which are three separate professions, each with individual scopes of practice, entry-level requirements, and professional settings. The Board sets entry level licensing standards, examination requirements, ensures consumer protection, and enforces standards of professional conduct by investigating applicant backgrounds, and complaints against licensed and unlicensed practitioners, while taking disciplinary action whenever appropriate.

Speech-Language Pathologists provide services in the areas of speech, language, cognition, swallowing disorders, and voice to individuals across the lifespan. They provide services for individuals who have speech difficulties with respiratory, phonatory, resonance, articulation, and fluency. These difficulties may be the result of neurogenic or structural etiologies. Services are provided to individuals who have language difficulties affecting verbal expression, auditory comprehension, reading comprehension, or written expression.

Speech-Language Pathologists also provide services to individuals with cognition difficulties affecting skills such as memory, attention, problem solving, reasoning, and sequencing. These difficulties could be a result of stroke, head injury, or neurogenic cause. Speech-Language Pathologists provide services to individuals who demonstrate problems with swallowing (dysphagia). These difficulties may be a result of neurological impairment, head/neck cancer or surgeries, tracheostomy, or developmental disorder. They also provide services to individuals who have voice disorders due to abuse or misuse of their voice, neurological impairment, head/neck cancer or surgery, or tracheostomy.

Speech-Language Pathologists perform instrumental procedures within their scope of practice (e.g., Motion fluoroscopic evaluation of swallowing by cine or video recording, Flexible Fiberoptic Endoscopic Evaluation of Swallowing by cine or videorecording, laryngoscopy with stroboscopy). Speech-Language Pathologists coordinate care with otolaryngologists and physicians for such procedures. Speech-Language Pathologists also provide aural rehabilitation for individuals who are deaf or hard of hearing and provide therapy in the augmentative and alternative communication domain for individuals with diagnoses such as autism spectrum disorder and progressive neurological disorders. Speech-Language Pathologists work independently and collaboratively on interdisciplinary teams with other school or health care professionals in a range of settings including schools, medical, community-based facilities, and private practice.

Audiologists provide services for individuals with hearing and balance (vestibular) disorders across the lifespan. They see individuals who may have difficulty with auditory processing skills, diminished hearing sensitivity, tinnitus (ringing in the ears), deafness, balance deficits, tumors impacting the auditory system, and medically complex individuals requiring specialized interventions. Audiologists work in various professional settings including hospitals that provide newborn hearing screenings, pediatric clinics, university and hospital audiology clinics, private practice, professional retail, military facilities, academic institutions, and industrial, research, and forensic settings. More recently, there are an increasing number of Audiologists who participate in intraoperative neuromonitoring in the operating rooms of the state's leading hospitals. Audiologists are experts in an array of assistive

technologies designed to provide individuals with access to sound, including cochlear implants, bone-anchored hearing systems, hearing aids, remote microphones and other listening aids. They provide all services to include fitting, selection, programming, and counseling on use and care of all such devices. Dispensing Audiologists are licensed to complete the sale of hearing aids for populations that range from infants to the elderly.

Hearing Aid Dispensers provide services primarily to adult individuals with hearing loss, and children over the age of sixteen. They see adults with diminished hearing sensitivity to specifically test hearing for the purpose of fitting, selecting, and programming hearing aids. Hearing Aid Dispensers are experts in an array of assistive technologies designed to provide individuals with access to sound, including hearing aids, remote microphones and other listening aids used to assist individuals with hearing in challenging environments. They provide counseling on the use and care of hearing devices as well as on-going support and programming. Hearing Aid Dispensers primarily work in professional retail settings. Under specified circumstances, Hearing Aid Dispensers may work with individuals younger than the age of sixteen (e.g., replacing a hearing aid)

The Board licenses and regulates more than 44,800 individuals and entities. According to the U.S. Department of Labor's Bureau of Labor Statistics, the Speech Language Pathologist profession is expected to grow by 15 percent, the Audiologist profession by 9 percent and the Hearing Aid Dispenser profession by 18 percent from 2024-2034.

The Board states that the growth rates for California have been higher than the national rate in the past and will continue to grow. The Board cites the aging population in California with the propensity for hearing loss, strokes and debilitating illness as factors for increasing the demand for Speech-Language Pathologists, Audiologists, and Hearing Aid Dispensers. California schools also experience a high need for speech-language pathology services, increasing consumer demand and the Board's role in ensuring the safety and efficacy of the professions.

The Board states that the level of education and experience required for licensure assures consumers that these professionals are well trained and able to deliver the appropriate level of service. Conversely, the potential for harm to consumers in these professions is significant as testing and evaluation involves the use of sound, air pressure, electricity, and other physical stimuli in the ear, mouth and throat, and to the head. Speech-language pathology patients are at risk of aspiration of food or liquids into their lungs when undergoing swallowing evaluations. Audiologists insert a variety of instruments into the ear canal, and there is a risk of physical harm such as punctures of the skin in the ear, ear canal, and ear drum as well as allergic reactions by electrodes or electrode paste. Likewise, hearing aid consumers can suffer damage to their ears if Hearing Aid Dispensers are not qualified or trained properly to perform otoscopy or take ear impressions for hearing aids.

The Board's mission statement, as stated in its 2025-2028 Strategic Plan, is as follows:

***To 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 Audiologists, one of whom must be a Dispensing Audiologist, and two Hearing Aid Dispensers, each appointed by the Governor. The public member appointed by the Governor is a licensed, board- certified physician and surgeon in otolaryngology. One public member is appointed by the Senate Committee on Rules, and one public member is appointed by the Speaker of the Assembly. Board members receive \$100 per diem. The Board meets four times per year. All Committee meetings are subject to the Bagley-Keene Open Meetings Act. There are currently two vacancies on the Board. The following is a listing of the current Board members and their background:

Member Name	Appointment Date	Term Expiration Date	Appointing Authority
<p><b>Gilda Dominguez, Board Chair, Professional Member</b>            Ms. Dominguez is a licensed Speech-Language Pathologist who earned a BA with a major in Speech and Hearing Sciences from the University of California, Santa Barbara and a Master of Sciences degree in Communicative Disorders from CSU, Northridge. She has been working in the field since 1996. Her clinical experience includes evaluation and treatment of communication disorders and dysphagia across the age span. Ms. Dominguez is currently the Corporate Director at Emanate Health overseeing the Speech Pathology and Palliative Care Departments and Acute Rehabilitation Unit Accreditation. She is also employed as a Surveyor at CART International. Ms. Dominguez is a member of the American Speech Hearing Association and served on the California Speech, Language and Hearing Association Board of Directors.</p>	4/22/21	1/1/29	Governor
<p><b>Amy White, Board Vice Chair, Professional Member</b>            Dr. White is a licensed Audiologist and earned a Doctor of Audiology degree from Utah State University. She has been the Audiology Manager at UC Davis Health since October 2025 and was Service Chief for Audiology and Speech-Language Pathology for the Veteran’s Health Administration, Northern California Region from 2021 to 2025. Dr. White is the CEO and Audiologist at Elk Grove Hearing Care and served as a Clinical Co-Coordinator and Instructor at CSU, Sacramento and as Clinic Director at the University of the Pacific’s Hearing and Balance Center. She is a member of the California Academy of Audiology, American Academy of Audiology and the American Speech-Language Hearing Association.</p>	12/20/21	1/1/29	Governor
<p><b>Tod Borges, Professional Member</b>            Mr. Borges has been a licensed hearing aid dispenser since 1998. He began his career with Miracle Ear and then transitioned to American Hearing Aid Associates where he worked with both Audiologists and hearing aid dispensers as a practice management consultant. Mr. Borges has owned a hearing aid business and currently works as a hearing aid dispenser for HearingLife Hearing Aid Centers and has assisted as a subject matter expert for the State as a practical exam proctor for many years.</p>	12/4/19	1/1/27	Governor

<p><b>Tamara Chambers, Public Member</b>  Dr. Chambers is a board-certified otolaryngologist-head and neck surgeon and received her BA from Stanford University, and her medical degree from the Drew/UCLA Medical Education Program. She has been the Chief Medical Director of Otolaryngology-Head and Neck Surgery, Audiology, and Speech Language Pathology at LA General Medical Center since 2012. Dr. Chambers is a member of the American Academy of Otolaryngology-Head &amp; Neck Surgery, the Society of University Otolaryngologists, the Alpha Omega Alpha Honor Medical Society and a fellow of the American College of Surgeons.</p>	8/16/24	1/1/28	Governor
<p><b>Karen Chang, Public Member</b>  Ms. Chang graduated from New York University Stern School of business and received her MPP from USC. She was past-President of the Taiwanese American Citizens League, a board member for Plaza De La Raza Child Development Services, and currently serves on the Citizens Technical Advisory Council for the Puente Hills Habitat Preservation Authority. Ms. Chang has worked for Congresswoman Hilda Solis and State Controller John Chiang.</p>	12/6/17	11/30/25 *Term is now in a one-year grace period	Assembly
<p><b>Francis David, Professional Member</b>  Mr. David is a licensed Speech-Language Pathologist and earned his BS in Speech Pathology from the University of the Philippines-Manila and his M.A. in Communication Disorders at CSU, Los Angeles. Since 2008, Mr. David has served as a Speech-Language Pathologist at Glendora Unified School District, where he also supervises clinical fellows, speech-language pathology assistants, and interns. He has worked as a consultant and independent contractor with the Whole Child Therapy Center and Fit N'Free Therapy Services. He is an adjunct faculty member at the University of the Philippines-Manila and has delivered numerous professional presentations, including at CSHA conferences and Thera-Con Philippines. His career includes clinical and supervisory roles in both the U.S. and the Philippines, providing therapy across school, hospital, and private practice settings.</p>	8/15/25	1/1/28	Governor
<p><b>Charles Sanders, Professional Member</b>  Dr. Sanders is a licensed Audiologist and earned his Doctor of Audiology degree from Salus University in Pennsylvania and his master's degree in Audiology from Sacramento State. He has been Supervisory Audiologist for the Veterans Health Administration, Northern California Region. Dr. Sanders has been an instructor in the Department of Communicative Sciences and Disorders at Sacramento State since 2006. He has worked at Gold Country Hearing and Whisper Hearing Center and has been a Dispensing Audiologist since 2003. Dr. Sanders is a member of the California Academy of Audiology, American Academy of Audiology and the American Speech-Language Hearing Association.</p>	11/20/23	1/1/27	Governor
<b>Vacant, Public member</b>			Senate
<b>Vacant, Hearing Aid Dispenser</b>			Governor

The Board has four standing committees that address issues and changes in the professions of speech-language pathology, audiology, and hearing aid dispensing. The members of these committees are appointed by the Board Chair, and the structure of these committees is at the Board Chair's discretion. All other committees of the Board are formed as needed and members are appointed by the Board Chair.

The Board has two distinct standing committees, the Hearing Aid Dispensing Committee and Hearing Aid Dispensers Practice Committee. The Hearing Aid Dispensing Committee was previously

statutorily mandated but repealed by AB 2686, Chapter 415, Statutes of 2022 due to issues with a quorum. The Hearing Aid Dispensers Committee addresses issues and changes that impact only licensed Hearing Aid Dispensers and not Dispensing Audiologists.

The Board also has three ad hoc committees consisting of two members that work on issues related to enforcement, legislation, and Sunset Review. Due to the Board’s limited resources, these informal meetings are a cost-efficient means of gathering information for discussion by the full Board, informing the Board’s public meetings by addressing the needs of the professions and consumers in California.

The Board has not had to cancel any Board meetings due to a lack of a quorum in the last four years.

**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. All board licenses are renewed biennially, expiring on the last day of the licensees’ birth month. All Hearing Aid Dispensers’ and Dispensing Audiologists’ licenses renew annually.

At the end of the Board’s FY 2026/27 the Board is projected to have a balance of \$1.68 million, with 5.4 months in budget reserve. The Board reports that in the past four budget years, the Board’s reserve level has ranged from 5.5 months to 6.7 months. 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 Board is subject to a maximum reserve limit of two fiscal years (FY), when if exceeded, the Board would be required by BPC § 128.5 to reduce license or other fees the following FY for the following two FYs.

<b>Fee Schedule and Revenue</b>		<b>(list revenue dollars in thousands)</b>					
Fee	Current Fee Amount	Statutory Limit	FY 2021/22 Revenue	FY 2022/23 Revenue	FY 2023/24 Revenue	FY 2024/25 Revenue	% of Total Revenue
<b>Other Regulatory Fee</b>							
License Certification Letter (7700)	\$10	\$25	\$15	\$24	\$20	\$18	0.6%
Citation & Fine (6700)	Various	\$2,500	\$30	\$13	\$9	\$17	0.6%
Citation & Fine (7700)	Various	\$5,000	\$10	\$18	\$14	\$21	0.5%
Duplicate License (7700)	\$25	\$25	\$13	\$13	\$13	\$15	0.4%
Duplicate License (6700)	\$25	\$25	\$2	\$2	\$2	\$2	0.1%
License Certification Letter (6700)	\$15	\$15	\$2	\$1	\$1	\$1	0.0%
<b>License &amp; Permits</b>							
SLP App	\$150	\$150	\$109	\$254	\$312	\$345	8.3%
Practical Exam*	\$500	\$500	\$105	\$91	\$132	\$122	3.7%
Written Exam*	\$225	\$225	\$67	\$76	\$85	\$89	2.6%

<b>Fee Schedule and Revenue</b>								(list revenue dollars in thousands)
Fee	Current Fee Amount	Statutory Limit	FY 2021/22 Revenue	FY 2022/23 Revenue	FY 2023/24 Revenue	FY 2024/25 Revenue	% of Total Revenue	
SLPA App	\$50	\$150	\$34	\$42	\$42	\$42	1.3%	
HAD Initial License (HAD/DAU)	\$280	\$280	\$37	\$24	\$46	\$46	1.2%	
CE Provider	\$50	\$50	\$31	\$30	\$33	\$30	1.0%	
HAD App	\$75	\$75	\$18	\$19	\$24	\$23	0.7%	
AU App	\$150	\$150	\$4	\$13	\$20	\$21	0.5%	
HAD Trainee License	\$100	\$100	\$14	\$16	\$17	\$16	0.5%	
Branch License	\$25	\$25	\$7	\$6	\$7	\$6	0.2%	
CPD Provider App	\$200	\$200	\$4	\$2	\$7	\$4	0.1%	
Aide Registration	\$10	\$30	\$1	\$2	\$3	\$2	0.1%	
HAD Temporary License	\$100	\$100	\$2	\$1	\$2	\$1	0.0%	
<b>Renewal Fees</b>								
Biennial SLP	\$110	\$150	\$1,154	\$1,363	\$1,460	\$1,533	44.9%	
Biennial SLPA	\$75	\$150	\$155	\$192	\$204	\$223	6.3%	
Biennial AU	\$110	\$150	\$36	\$35	\$40	\$36	1.2%	
Biennial CPD	\$200	\$200	\$11	\$11	\$10	\$10	0.3%	
Annual DAU	\$280	\$280	\$316	\$310	\$323	\$332	10.4%	
Annual HAD	\$280	\$280	\$297	\$294	\$295	\$301	9.7%	
Annual Branch	\$25	\$25	\$14	\$12	\$11	\$12	0.4%	
HAD Trainee (6-month period)	\$100	\$100	\$15	\$20	\$22	\$17	0.6%	
<b>Delinquent Fees</b>								
SLP Delinquent Renewal	\$25	\$25	\$20	\$20	\$24	\$25	0.7%	
SLPA Delinquent Renewal	\$25	\$25	\$5	\$6	\$5	\$7	0.2%	
HAD Delinquent Renewal	\$25	\$25	\$2	\$2	\$2	\$1	0.1%	
AU Delinquent Renewal	\$25	\$25	\$1	\$0	\$1	\$1	0.0%	
DAU Delinquent Renewal	\$25	\$25	\$1	\$1	\$1	\$1	0.0%	
Branch Delinquent Renewal	\$25	\$25	\$1	\$2	\$1	\$2	0.0%	
Income from Surplus Money Investments	Not Applicable	Not Applicable	\$6	\$34	\$87	\$106	1.9%	
Revenue Cancelled Warrants	Not Applicable	Not Applicable	\$3	\$3	\$6	\$5	0.1%	
Dishonored Check Fee	\$25	Cost to DCA	\$0	\$1	\$0	\$0	0.0%	
*HAD Examination Fees are established by the Board. The fees listed in this table have been in effect since February 1, 2011.								
<b>Legend</b>								
AU = Audiologist		HAD = Hearing Aid Dispenser					7700 = AU/CPD/DAU/SLP/SLPA/AIDE	
CPD = Continuing Professional Development		SLP = Speech-Language Pathologist					6700 = HAD/ HAD Trainee/ HAD Temporary	
DAU = Dispensing Audiologist		SLPA = Speech-Language Pathology Assistant						

The Board operates on an annual budget of \$3.32 million and for the last four FYs, the Board has spent approximately 32% on enforcement, 5% on examinations, 19% on licensing, 21% on administration, and 23% on DCA pro rata. The Board’s enforcement budget includes expenditures for services from other agencies that contribute to the investigative and disciplinary processes including the Office of the Attorney General, the Office of Administrative Hearings, and the DCA Division of Investigation. The DCA is paid pro rata to provide administrative support to all bureaus, boards, committees and commissions, including human resources, accounting, information technology, and other administrative services. This pro rata funding calculation appears to be based on the number of authorized staff positions rather than the actual number of employees. The Board paid DCA \$757,000 for FY 2024/25, an average of 23% of its expenditures compared to the 21% reported in the 2021-22 sunset review. provide administrative support to all bureaus, boards, committees and commissions, including human resources, accounting, information technology, and other administrative services. This pro rata funding calculation appears to be based on the number of authorized staff positions rather than the actual number of employees. The Board paid DCA \$757,000 for FY 2024/25, an average of 23% of its expenditures compared to the 21% reported in the 2021-22 sunset review.

<b>Fund Condition</b> (list dollars in thousands)						
	FY 2021/22	FY 2022/23	FY 2023/24	FY 2024/25	FY 2025/26**	FY 2026/27**
Beginning Balance	\$1,440	\$1,165	\$1,595	\$1,901	\$1,920	\$1,680
Revenues and Transfers	\$2,512	\$2,955	\$3,286	\$3,454	\$3,418	\$3,362
<b>Total Resources</b>	\$3,952	\$4,120	\$4,881	\$5,355	\$5,338	\$5,042
Budget Authority	\$2,520	\$2,518	\$3,054	\$3,615	\$3,288	\$3,735
Expenditures	\$2,818	\$2,486	\$2,954	\$3,435	\$3,658	\$3,735
Loans to General Fund	\$0	\$0	\$0	\$0	\$0	\$0
Accrued Interest, Loans to General Fund	\$0	\$0	\$0	\$0	\$0	\$0
Loans Repaid from General Fund	\$0	\$0	\$0	\$0	\$0	\$0
<b>Fund Balance</b>	\$1,134	\$1,634	\$1,927	\$1,920	\$1,680	\$1,307
<b>Months in Reserve</b>	<b>5.5</b>	<b>6.6</b>	<b>6.7</b>	<b>6.2</b>	<b>5.4</b>	<b>4.1</b>
<sup>1</sup> Actuals include prior year adjustments						
<sup>2</sup> Expenditures include reimbursements and direct draws to the fund						
*Includes EO transfer to GF (AB 84)						
**Estimate						

Printing and postage costs have risen significantly since the Board’s last sunset review due to the Board moving from State-operated printers to contracted private vendors for the printing of licenses and renewal notices. To combat this large ongoing increase, the Board initiated renewal postcard reminders to replace the costly renewal notice and accompanying return coupon previously sent to licensees that resulted in significant printing and postage costs. Since over 70% of licensees renew online and only 7.7% renew manually, the majority of these mailed renewal notices were not being utilized. The Board anticipates a reduction in printing, postage, paper, and other materials costs.

As reported in the previous sunset review, the Board, in coordination with DCA’s Organizational Improvement Office and Office of Information Services, began a Business Modernization Project that

involved moving to a new data system that allowed licensees and applicants to apply for licensure online and complete online transactions. The Board completed this project in June 2023 and spent \$411,000 in external vendor costs to transition to this new system, which was paid for by funds awarded to the Board through the California Department of Technology’s Technology Modernization Fund. After FY 2023-24, expenditure levels decreased significantly to only cover the cost of ongoing maintenance and operations of the online applications in the amount of \$20,000 annually and future costs including ongoing system licensing costs ranging from \$35,860 to \$41,580 annually depending on applicant usage. The Board anticipates ongoing costs of over \$61,850 annually as the Board’s application workload continues to grow to meet the high workforce demands for Speech-Language Pathologists and Speech-Language Pathology Assistants.

<b>Table 3. Expenditures by Program Component</b> (list dollars in thousands)								
	FY 2021/22		FY 2022/23		FY 2023/24		FY 2024/25	
	Personnel Services	OE&E	Personnel Services	OE&E	Personnel Services	OE&E	Personnel Services	OE&E
Enforcement	\$432	\$347	\$492	\$229	\$504	\$306	\$519	\$558
Examination	\$-	\$81	\$-	\$47	\$-	\$119	\$-	\$153
Licensing	\$432	\$101	\$492	\$108	\$504	\$126	\$519	\$120
Administration *	\$607	\$116	\$685	\$125	\$578	\$116	\$589	\$110
DCA Pro Rata	\$-	\$559	\$-	\$197	\$-	\$449	\$-	\$757
Diversion (if applicable)	\$-	\$-	\$-	\$-	\$-	\$-	\$-	\$-
<b>TOTALS</b>	\$1,471	\$1,204	\$1,669	\$706	\$1,586	\$1,116	\$1,627	\$1,698

\* Administration includes costs for executive staff, board, administrative support, and fiscal services.

The Board submitted two BCPs from FY 2020-21 to FY 2024-25, both of which were approved. The FY 2021-22 BCP was to complete planning activities and begin implementing the Board’s Business Modernization Project including system integration, software licensing, project management, and staffing cost. This BCP resulted in the Board receiving permanent position authority for a 1.0 Associate Governmental Program Analyst position, but limited term funding for the position. The FY 2023-24 BCP was for additional staff to address increasing licensing and examination workload and unfulfilled continuing education (CE) audit workload. This BCP resulted in the Board receiving authority and funding for two positions, a 1.0 Office Technician and a 1.0 Staff Services Analyst position.

**Staffing Levels**

The Board’s Executive Officer is appointed by the Board. In November 2024, the Board appointed Cherise Burns as the Interim Executive Officer when the previous Executive Officer, Paul Sanchez accepted another position. In February 2025, Cherise Burns was appointed by the Board as the new Executive Officer and in August 2025 the Board hired a new Assistant Executive Officer, Michael Magat.

The Board reports being understaffed with an office allocation for 14.6 positions but funding for only 13.6. This responsibility includes all aspects of licensing, examinations, enforcement, development of regulations, CE providers approval and licensee CE audits, and now includes maintenance and operation of the new online licensing system. The Board has a high retention rate averaging 88 percent over the past four FYs with almost all Board staffing vacancies stemming from promotional

opportunities or retirement. The Board averages two vacancies annually with one unfunded and therefore unfilled. Currently, the Board can maintain this workload due to the business modernization improvements that increased processing capacity and significantly reduced overtime. However, the Board states that the current demands are not sustainable in the coming years if the annual growth rates in the application workload and licensee population continue to increase. The Board advises it will continue to examine necessary staffing levels and may consider seeking additional staffing through the budget process while reviewing its organizational structure to ensure appropriate oversight of both Board operations and supervision of staff.

**Licensing**

The Board issues approximately 4,864 new licenses annually. Since the Board’s last sunset review, the annual application workload has continued to increase by approximately 32%. The Board credits the new Business Modernization Project, which streamlined and automated many licensing processes, with its ability to process the application workload within the processing timeframe targets with current staff resources. The Board’s Business Modernization Project created an online licensing system that provides applicants the ability to apply for licensure, complete online payment transactions, and remedy application deficiencies. The new online licensing system also provides streamlined and automated processes related to staff review and processing of applications, including a built-in calculation capacity when evaluating professional/clinical experience accrued by applicants, automated deficiency functionality, and emails sent through the system to the applicant. Altogether, the Board reports the project created a more streamlined and user-friendly experience for the applicant that helped improve application accuracy and reduce processing times by 48% within the first year of implementation. Within two years of implementation, the Board showed an average reduction of 71% in processing times for licensing applications. The Board reports that the average processing time for complete application is now one to two weeks throughout the year. Except for FY 2022-23 and FY 2023-24 when the Board’s Business Modernization Project resulted in a backlog of applications, the Board has met its performance target goals. Since full implementation of the project the Board has seen a significant decrease in overall processing times.

<b>Complete Applications Licensing Processing Timeframes (in days)</b>					
License Type	Target Processing Timeframe	2021/22	2022/23	2023/24	2024/25
Aide	30	22	65	56	12
Audiologist	30	28	60	48	11
Audiologist Temporary	30	1	N/A	N/A	18
Hearing Aid Dispensers (License Application)	21	12	13	23	6
Hearing Aid Dispenser Temporary	21	21	14	16	N/A
Hearing Aid Dispenser Trainee	21	25	53	48	13
Required Professional Experience Temporary	30	12	60	57	17
Speech-Language Pathologist	30	29	58	43	9
Speech-Language Pathology Assistant	30	44	53	59	16

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. The Board is responsible for regulating the following license types and categories:

- Speech-Language Pathologist [Business and Professions Code (BPC) Section 2530.2(d)-(g)] – licensed to provide assessment and therapy for individuals who have speech, language, swallowing, and voice disorders.
- Audiologist [BPC Section 2530.2(j)-(k)] – licensed to identify hearing, auditory system, and balance disorders, and provide rehabilitative services, including hearing aids and other assistive listening devices.
- Dispensing Audiologist [BPC Section 2530.2(l)] – licensed to perform the duties of an Audiologist as described above and authorized to sell hearing aids.
- Speech-Language Pathology Assistant (SLPA) [BPC Sections 2530.2(i), 2538-2538.7] – registered paraprofessionals who complete formal education and training and serve under the direction of a licensed Speech-Language Pathologist.
- Required Professional Experience Temporary License [BPC Sections 2532.2(d), 2532.25, & 2532.7] – 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 [BPC Section 2530.2(h)] – 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 [BPC Section 2530.2(m)] – 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 [BPC Section 2532.3] – Speech- Language Pathologist or Audiologist, licensed in another state, who qualifies for a six-month license while seeking permanent licensure.
- Hearing Aid Dispenser [BPC Section 2538.11] – licensed to fit and sell hearing aids, take ear mold impressions, postfitting procedures, and directly observe the ear and test hearing in connection with the fitting and selling hearing aids.
- Hearing Aid Dispenser Temporary License [BPC Section 2538.27] – Hearing Aid Dispenser, licensed in another state, who qualifies for a 12-month temporary license while seeking permanent licensure.
- Hearing Aid Dispenser Trainee License [BPC Section 2538.28] – allows a Hearing Aid Dispenser trainee applicant to work under the supervision of a licensed Hearing Aid Dispenser for up to 18 months.
- Branch License [BPC Section 2538.34] – licenses issued to Hearing Aid Dispensers authorizing the dispenser to work at additional branch locations.

The licensee population data is detailed in the table below.

Licensee Population					
		FY 2021/22	FY 2022/23	FY 2023/24	FY 2024/25
Aide	Active <sup>1</sup>	79	82	116	117
	Out of State	0	0	0	0
	Out of Country	0	0	0	0
	Delinquent/Expired	207	222	228	177
	Retired Status <i>if applicable</i>	N/A	N/A	N/A	N/A
	Inactive	N/A	N/A	N/A	N/A
	Other <sup>2</sup>	190	233	259	376
Audiologist	Active*	1,661	1,784	1,803	1,794
	Out of State	209	208	208	224
	Out of Country	4	5	5	5
	Delinquent/Expired	365	395	401	418
	Retired Status <i>if applicable</i>	N/A	N/A	N/A	N/A
	Inactive	66	122	121	54
	Other	1,095	984	1,221	1,300
Audiologist Temporary	Active	0	0	0	1
	Out of State	0	0	0	1
	Out of Country	0	0	0	0
	Delinquent/Expired	8	7	7	7
	Retired Status <i>if applicable</i>	N/A	N/A	N/A	N/A
	Inactive	N/A	N/A	N/A	N/A
	Other	6	8	8	9
Continuing Professional Development Provider	Active	143	134	160	149
	Out of State	21	19	22	23
	Out of Country	0	0	0	0
	Delinquent/Expired	6	9	1	8
	Retired Status <i>if applicable</i>	N/A	N/A	N/A	N/A
	Inactive	N/A	N/A	N/A	N/A
	Other	264	274	297	322
Hearing Aid Dispenser	Active	1,101	1,110	1,162	1,164
	Out of State	70	73	55	54
	Out of Country	0	0	0	0
	Delinquent/Expired	270	252	229	234
	Retired Status <i>if applicable</i>	N/A	N/A	N/A	N/A
	Inactive	11	36	33	13
	Other	1,974	2,059	2,195	2,327
Hearing Aid Dispenser Trainee	Active	135	177	170	147
	Out of State	0	1	2	2
	Out of Country	0	0	0	0
	Delinquent/Expired	119	117	141	32
	Retired Status <i>if applicable</i>	N/A	N/A	N/A	N/A
	Inactive	0	1	0	0
	Other	1,360	1,451	1,604	1,991

<sup>1</sup> Active status is defined as able to practice. This includes licensees that are renewed, current, and active.

<sup>2</sup> Other is defined as a status type that does not allow practice in California, other than retired or inactive.

Licensee Population					
		FY 2021/22	FY 2022/23	FY 2023/24	FY 2024/25
Hearing Aid Dispenser Temporary License	Active	20	8	13	13
	Out of State	14	3	7	9
	Out of Country	0	0	0	0
	Delinquent/Expired	41	50	53	58
	Retired Status <i>if applicable</i>	N/A	N/A	N/A	N/A
	Inactive	N/A	N/A	N/A	N/A
	Other	126	137	143	152
Hearing Aid Dispenser Branch License	Active	573	519	683	510
	Out of State	N/A	N/A	N/A	N/A
	Out of Country	N/A	N/A	N/A	N/A
	Delinquent/Expired	721	690	626	619
	Retired Status <i>if applicable</i>	N/A	N/A	N/A	N/A
	Inactive	N/A	N/A	N/A	N/A
	Other	2,424	2,731	3,006	3,349
Required Professional Experience	Active	1,147	1,254	1,665	1,265
	Out of State	87	43	54	49
	Out of Country	0	0	4	0
	Delinquent/Expired	493	605	638	381
	Retired Status <i>if applicable</i>	N/A	N/A	N/A	N/A
	Inactive	N/A	N/A	N/A	N/A
	Other	5,866	6,743	7,776	10,153
Speech-Language Pathologist	Active	19,228	20,558	22,005	22,775
	Out of State	3,787	3,995	4,392	4,709
	Out of Country	43	46	56	47
	Delinquent/Expired	3,706	4,169	4,240	4,523
	Retired Status <i>if applicable</i>	N/A	N/A	N/A	N/A
	Inactive	506	1,031	1,034	350
	Other	8,279	7,056	9,561	10,433
Speech-Language Pathologist Temporary	Active	0	1	1	2
	Out of State	0	1	1	1
	Out of Country	0	0	0	0
	Delinquent/Expired	0	0	4	3
	Retired Status <i>if applicable</i>	N/A	N/A	N/A	N/A
	Inactive	N/A	N/A	N/A	N/A
	Other	1	1	1	4
Speech-Language Pathology Assistant	Active	4,166	4,635	5,169	5,323
	Out of State	154	148	160	177
	Out of Country	0	0	1	2
	Delinquent/Expired	1,145	1,247	1,296	1,339
	Retired Status <i>if applicable</i>	N/A	N/A	N/A	N/A
	Inactive	160	333	338	125
	Other	1,744	2,017	2,363	2,915

Note: 'Out of State' and 'Out of Country' are two mutually exclusive categories. A licensee should not be counted in both.  
 \* Due to system reporting limitations, Audiologist data cannot be separated out from Dispensing Audiologist data

Applicants for licensure as a Speech-Language Pathologist or Audiologist must complete an externship or clinical fellowship under a required professional experience (RPE) temporary license which enables the individual to work under limited supervision, unless the applicant is completing an out-of-state

externship. The externship or clinical fellowship is recorded on the Board's RPE Verification form by an approved licensed or credentialed supervisor who is responsible for certifying the completion of the requisite hours of experience, as well as determining whether the RPE temporary licensee is competent to practice independently. The Board requires primary source documentation for any educational transcripts, experience records, license verification from other states, and professional certifications. Primary source verification is completed either by obtaining electronic signatures from supervisors or with electronic transcripts and examination scores that are submitted directly to the Board and then entered into the online licensing system.

Applicants are required to declare, under penalty of perjury, whether they have ever been denied a professional license or had license privileges suspended, revoked or disciplined or if they have ever voluntarily surrendered a professional license in California or any other state. If an applicant reports such an act, the Board requires the applicant to provide a written explanation, documentation relating to the disciplinary action, and rehabilitative efforts or changes made to prevent future occurrences.

The National Practitioner Data Bank (NPDB) is the national databank for reporting discipline on healthcare professionals. Information contained in the databank is provided by state regulatory agencies and other entities that are required to report disciplinary information. The Board reports disciplinary actions taken against its licensees to NPDB. However, not all entities consistently comply with the reporting requirement so the Board advises that the information may be either non-existent or out-of-date. The Board is required to pay a fee for each query prior to receiving a response. The Board states that it does not query the NPDB prior to issuing or renewing a license because of the fiscal impact, an issue which is discussed below under Current Issues.

The Board verifies an out-of-state applicants' licensure status and disciplinary history through other state regulatory boards. To verify an in-state license, the Board can check for prior disciplinary actions through the Commission on Teacher Credentialing and DCA license search system.

As part of the licensing process, all applicants are required to submit fingerprint images to obtain criminal background checks from the DOJ and Federal Bureau of Investigation (FBI). The Board is not aware of any licensees that have not been fingerprinted. At each renewal, all licensees and registrants are required to report to the Board any conviction or disciplinary action taken against their license or registration during the last renewal period. The Board also receives subsequent arrest and conviction information on its licensees from the Department of Justice (DOJ) via email notification. Once notified of the arrest, conviction, or disciplinary action, the Board requests all relevant documentation to determine if any action by the Board is necessary.

Applicants applying for a Speech-Language Pathologist or Audiologist license in California who possess a valid license in another state and supply fingerprints may obtain a temporary license which is valid for a period of up to six months pursuant to BPC § 2532.3. The temporary license authorizes the out-of-state applicant to begin working immediately while all other required documents and supporting information are being reviewed by the Board. Once all documentation is received, verified and approved the applicant may apply for a permanent license. The temporary license may be renewed one time under extenuating circumstances if applicable per the statute. Temporary licensure is discussed in Current Issues below.

Another option for out-of-state applicants is equivalence through national certification. BPC § 2532.8 provides a simplified application process for those who hold a national Certificate of Clinical

Competence (CCC) in speech-language pathology or audiology, issued by the American Speech-Language-Hearing Association (ASHA), or American Board of Audiology (ABA) certification issued by the American Academy of Audiology. Holding this national certificate means the applicant has met the educational and experience requirements per BPC § 2532.2.

Pursuant to BPC § 2532.2 and Title 16 California Code of Regulations (16 CCR) § 1399.152 there is an equivalency pathway for foreign-trained Speech-Language Pathologists and Audiologists. The regulations require that an applicant submits evidence of completion of at least 30 semester units acceptable toward a master's degree while registered in a degree program in speech-language pathology or audiology, in lieu of a master's degree from an accredited university. The foreign-trained applicant must have their educational transcripts evaluated by an approved transcript evaluation service. The service provides the Board with a report including courses completed; academic units and clinical hours earned; offers a conversion of the foreign grading scale and credit system into the U.S. grading scale; and an equivalency of the degree conferred at the international institution to that which would be earned in the U.S.

The Board will review the application and transcript evaluation report, and when necessary, have a Board-appointed expert review the documents to determine that equivalent educational and experience qualifications are met. The applicant must also take and pass the required national examination and complete the required professional experience to be eligible for a permanent license.

Applicants applying for a Hearing Aid Dispenser license in California who possess a valid license in another state for two or more years may apply for a temporary license which is valid for up to 12 months pursuant to BPC § 2538.37. To attain full licensure in California, temporary license applicants are required to pass written and practical examinations. Currently, there are no legal provisions for granting a license or temporary license to an individual who has practiced as a Hearing Aid Dispenser in another country.

The Board requires passage of national examinations, the Praxis Series Test in Speech-Language Pathology, and the Praxis Series Test in Audiology, for licensure as a Speech-Language Pathologists or Audiologists. Both examinations are computer-based and administered by the Educational Testing Service (ETS) and reviewed and validated by the DCA's Office of Professional Examination Services (OPES). The Board does not approve those applications and subsequently does not receive all score reports for each applicant. Scores that are reported to the Board via applicants typically reflect passing scores only which led to artificially higher passage rate data being reported by the Board. The Board has requested national data trends of testing passing rates for all test takers or first-time test takers from ETS; that data was provided at the time the report was being reviewed and approved by the Board. The ETS and American Speech-Language-Hearing Association (ASHA) in collaboration with OPES, continually work to update the national examinations' content to reflect the evolving practices of speech-language pathology and audiology. The Praxis exam is only offered in English, however if an examinee needs Primary Language Not English (PLNE) accommodations, they may be eligible for extended test times. PLNE accommodation is available at all testing centers and allow eligible candidates who meet ETS requirements 50 percent additional testing time. Evaluating national examinations is discussed in Current Issues below.

The written and practical examinations for hearing aid dispensers and dispensing audiologists are developed and maintained in collaboration with OPES. The Hearing Aid Dispenser's written examination is administered by exam contractor PSI and is offered in English only. The written

examination is computer based and assesses an applicant's knowledge and abilities including evaluating and interpreting audiometric test results; assessing client history and hearing ability (through audiometric testing); selecting and evaluating hearing aids; fitting a hearing aid and providing the instructions on care and use; and troubleshooting and evaluating hearing aids. There are 26 test centers located throughout the state and the test is offered six days per week, with exceptions for specific holidays. In FY 2024-25, the written examination had 106 first-time test takers with a passage rate of 57%, and the practical examinations had 177 first-time test takers with a passage rate of 64%. Prior to FY 2024-25, the Board did not track first-time passing scores separately from overall passing scores because such data was not available. The practical examination requires actual demonstration of the knowledge and techniques for using instruments and equipment necessary for the fitting and selling of hearing aids. Development workshops, facilitated by OPES, allow licensed Hearing Aid Dispensers and Dispensing Audiologists to review and update both the written and practical examinations. An occupational analysis is conducted by OPES on behalf of the Board every five to seven years, with the most recent study done in 2020.

### **School Approval**

The Board has authority, pursuant to 16 CCR § 1399.152, to approve the professional training programs awarding graduate and doctoral degrees in speech-language pathology or audiology, however it lacks the expertise or staff resources to serve as an accrediting body for professional training programs. Instead, the Board utilizes the Council of Academic Accreditation, a subsidiary of the American Speech-Language-Hearing Association, which accredits both speech-language pathology and audiology programs as the Board recognized professional accrediting organizations. The Accreditation Commission for Audiology Education (ACAE), a newer accrediting body, which accredits professional doctoral programs in audiology is also recognized by the Board.

The Board independently reviews Speech-Language Pathology Assistant training programs. These programs are Associate of Arts or Science programs. Individuals with an undergraduate degree in Communication Disorders and Sciences may qualify for Speech-Language Pathology Assistant registration; however, the undergraduate program does not require independent review and approval by the Board. Institutional and program requirements pursuant to 16 CCR §§ 1399.170.4-1399.170.10 must be met for the program to be awarded Board approval. Subject matter experts review applications and supporting documentation for Speech-Language Pathology Assistant programs and make recommendations to Board staff regarding program approval. The Board has approved eight Speech-Language Pathology Assistant (SLPA) programs that are accredited by the Accrediting Commission for Community and Junior Colleges, Western Association of Schools and Colleges and offered at the following community colleges in California: American River College, San Joaquin Delta College, Reedley College, Ventura College; Pasadena City College, Cerritos College, Santa Ana College, and Orange Coast College. The Board only conducts site reviews for an approved school if there are concerns raised during the administration of the SLPA programs, however the SLPA programs may be reviewed or audited at any time. The Board can remove its approval of a SLPA program if it fails to meet the requirements set forth in regulations.

The Bureau for Private Postsecondary Education (BPPE) does not approve the professional training programs for Speech-Language Pathologists or Audiologists. Hearing Aid Dispensers do not have minimum educational requirements for licensure.

## **Continuing Professional Development and Continuing Education**

Licensed Speech-Language Pathologists and non-dispensing Audiologists are required to complete 24 hours of Continuing Professional Development (CPD) or Continuing Education (CE) from a Board-approved provider during their two-year license renewal cycle. The American Speech-Language Hearing Association, the American Academy of Audiology, or the California Medical Association's Institute for Medical Quality Continuing Medical Education are accepted by the Board through statutory authority as CPD continuing education providers.

Dispensing Audiologists are required to complete 12 hours of CPD each renewal; at least six hours must be in hearing aid related coursework and the other six hours in courses directly relevant to the practice of audiology.

Speech-Language Pathologists and Audiologists who supervise Required Professional Experience Temporary License holders and Speech-Language Pathology Assistants must initially obtain six hours of CPD related to supervision prior to commencing supervision, and three hours of CPD related to supervision every four years for Required Professional Experience Temporary License supervisors and every two years for Speech-Language and Pathology Assistant supervisors.

Speech-Language Pathology Assistants are required to complete 12 hours of CPD/CE every two years, but it does not have to be obtained by a Board-approved provider. A Speech-Language Pathology Assistant supervisor must serve as a professional development coordinator and assist the Speech-Language Pathology Assistant in developing a plan to complete the required hours through attendance at various conferences, workshops, and in-service presentations.

Hearing Aid Dispensers are required to complete at least 12 hours of CE annually, with a minimum of eight hours devoted to the practice of direct patient care related to dispensing and fitting hearing aids and a maximum of four hours in courses related to the discipline of hearing aid dispensing, ethics, office management, or managed care issues. The Board approves hearing aid dispenser CE courses. Board staff reviews the content of each course, and the instructor's qualifications, and issues approval, and may consult with an outside expert on course approval issues. CPD/CE requirements offer a wide range of courses in general medical or educational course settings, and indirect client care courses which cover legal or ethical issues, managed care issues, consultation and much more.

The Board updated regulations related to CE requirements for Hearing Aid Dispensers, effective October 1, 2024, increasing the number of hours that may be obtained in indirect client care courses from 3 to 4 hours per renewal period with no more than 6 hours per renewal period for courses related to equipment, devices, or other products. Licensees are now allowed to take courses related to the fitting, programming, and troubleshooting of equipment, devices or other products of a particular manufacturer or company as related to benefitting a client's hearing and functional use of the equipment. The updated regulations also allow a licensee who teaches a course to receive the same number of hours, once per renewal, of a licensee that attends the course and clarifies how many hours of CE credit Hearing Aid Dispensers and Dispensing Audiologists can receive for participating in board-sponsored examination development, or examination administration-related functions, and for completing a Board-sponsored occupational analysis.

Effective January 1, 2025, the Board updated the CPD requirements for Speech-Language Pathologist and Audiologist to include the number of hours allowed to be accrued via self-study to 50% of the

required hours, the definition to a course where the course instruction and licensee participation do not occur simultaneously requiring an evaluation at the conclusion of the course, removed limitations to the number of hours of speech-language pathology or audiology courses that can be obtained and increased the number of hours that can be obtained to 25% of the total hours required for indirect patient care. Updated regulations permit licensees to take courses related to instruments and technology used for assessment/diagnosis or intervention, and equipment, devices or other products that are not on the marketing or demonstrating the marketability of equipment, devices or other products regardless of whether it focuses on a particular manufacturer or company's equipment, devices or products. Updates also clarify how many hours of CPD can be accrued for completing a Board sponsored Occupational Analysis. The updated CPD requirements did not include a competency-based model or component per the Board's guidance.

As a condition of license renewal, licensees must certify that they have met the CE requirements for their license type specified in regulations. The Board does not receive primary source verification of CE completion and instead, a licensee must sign a statement of compliance on their license renewal form certifying they completed the required CPD/CE. Additionally, pursuant to 16 CCR §§ 1399.140 and 1399.160.12, Hearing Aid Dispensers, Dispensing Audiologists, Speech-Language Pathologists and non-dispensing Audiologists are required to maintain records of course completion for a period of at least two years from the date of license renewal for which the course was completed.

The Board performs random audits, which entail requesting the licensee to procure proof of course completion documentation to verify the statements of compliance. During a CE audit, the Board requests and reviews course completion documents for the renewal cycle being audited to determine compliance with CE requirements in terms of total number of hours obtained, approved provider status, and applicability of course content to the profession. If a Speech-Language Pathologist, Audiologist, or Speech-Language Pathology Assistant fails an audit, they are sent a Notice of Probable Violation allowing the licensee to have an Office Mediation with the Executive Officer and to submit any additional documentation that satisfies CE requirements or evidence that the licensee is eligible for exemption due to living in a foreign country, active-duty military service, experiencing a period of disability or performing primary care taking ability for a disabled family member. For Hearing Aid Dispensers, their regulations require the issuance of the citation and fine prior to offering the licensee an Informal Conference with the Executive Officer and the opportunity to submit any additional documentation that satisfies CE requirements or has evidence that the licensee is eligible for exemption for life circumstances previously discussed. If a licensee fails an audit the Board may issue any of the following: an educational letter, a citation and fine ranging from \$100-\$5,000 depending on the number or type of hours deficient or the number of previously failed CPD/CE audits, or a formal disciplinary document. A licensee may contest a Notice of Probable Violation and/or a citation and fine by requesting an office/mediation/informal conference or a formal administrative hearing with the Office of Administrative Hearings.

In 2018, the Board was only able to complete one audit. Since the Board's last sunset review, an additional staff member has been hired to perform ongoing CE audits. The results of the latest 6-month audit are provided below. The ongoing random audits started in FY 2024-25, allowing the Board to comply with CE requirements for license renewal of 5% of its licensees renewing from January 2024 through June 2024. Overall, the audit produced an average failure rate of 28%, which the Board reports are higher than other healing arts boards that underwent sunset review in 2025.

<b>CPD/CE Audit Results</b>									
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	27	55%	12	24%	7	14%	4	8%
May 2024	40	23	58%	9	23%	7	18%	3	8%
June 2024	40	21	53%	14	35%	4	10%	1	3%

The Board reports the most common reasons for failure of the CE audit include exceeding the maximum number of self-study hours, not having enough CE hours total with not enough CE taken inside the renewal cycle or completed hours with non-approved providers, and insufficient documentation of courses taken. While auditing CE requirements, significant resources are spent by the Board educating current licensees on acceptable types of CE, limitations of self-study, and Board-approved CE providers, which has prompted the Board to consider potential statutory amendments to CPD/CE requirements as part of the Board’s Sunset Review. This issue is discussed in Current Issues below.

### **Enforcement**

The Board’s enforcement program investigates complaints, issues penalties and warnings, and oversees the administrative prosecution of licensed RCPs and individuals engaged in unlicensed activity. The Board notes that its enforcement program is key to the Board’s success in meeting its mandate and highest priority of consumer protection.

In 2010, the Board established performance targets for measures developed by DCA, as a result of the Consumer Protection Enforcement Initiative. The Board’s overall goal is for all cases to be completed, from the date the complaint is received to final adjudication, within 540 days (18 months). Since the Board’s last sunset review, the Board has not met the performance measure targets for intake and investigation timeframes (90 days) and formal discipline timeframes (540 days). From FY 2021-22 to FY 2024-25, the Board averaged 1004 days to complete the entire process, falling below the targeted completion goal. The table below details the last four FYs for investigations and formal discipline. Timeframes have significantly increased and far exceed the established performance measures.

<b>Board Enforcement Performance Measures (in days)</b>						
Performance Measure	Target	FY 2021/22	FY 2022/23	FY 2023/24	FY 2024/25	Four-Year Average
PM 1 - Volume	*	127	149	142	263	170
PM 2 - Intake	10	5	3	5	4	4
PM 3 - Intake & Investigation	90	524	321	149	232	307
PM 4 - Formal Discipline	540	1,010	1,304	404**	1,297	1,004
PM 7 – Probation-Initial Contact	7	1	1	1	1	1
PM 8 - Probation Violation	10	2	1	10	2	4

\* Complaint volume is counted and not considered a performance measure

\*\* FY 2023/24 was affected by a small number of formal disciplinary actions being taken, both of which had short investigation timeframes

The Board cites turnover in the Enforcement Unit with only 3 staff investigators, closure of multiple related cases with extended investigation timeframes resulting in longer than average investigation timeframes, and long delays waiting for patient releases and documentation from consumers and licensees as factors that impact processing times for most consumer complaints the Board investigates

Another factor that impacts investigation timeframes is the Board's legacy system, which is used for enforcement but does not have the ability to pause investigation timeframes while the Board is waiting for consumers or licensees to submit the necessary documentation related to an investigation. If a consumer files an online complaint through the DCA portal, they are unable to upload any documentation or evidence as the system lacks that capability, delaying the investigation process further. In the past, the Board reports struggling more with waiting for licensees to respond to Board investigations requests but now the Board uses citation and fines against licensees that fail to participate in the Board's investigation within the legally required timeframe, speeding up that portion of the process.

When a licensee is arrested, the Board opens a complaint based on the date it was notified of the arrest, the case then ages for as long as the criminal case takes to be adjudicated, coupled with the Board's investigation time and, if needed, administrative discipline process resulting in a longer investigative timeframes for most conviction related cases. The Board has not yet included streamlining its enforcement processes and complaint investigations in the Board's Business Modernization Project therefore some complaints continue to age while waiting on consumer responses and the criminal justice system to conclude its processes. Since the Board's last sunset, the 18 formal disciplinary actions taken by the Board resulted in more than half of those cases with criminal convictions that aged past the 540-day target.

The Board has invested in advanced training and has sent enforcement staff to the National Certified Investigator and Inspector Training (NCIT) Program's enforcement training through the National Council on Licensure, Enforcement and Regulation (CLEAR). CLEAR is the premier resource nationally for professional regulation and its NCIT training program has set the standard for regulatory investigation and inspection training.

The Board acknowledges that other options to significantly streamline enforcement processes are scarce due to the limited resources of the Board and DCA for business modernization.

The Board prioritizes cases as urgent, high, or routine in accordance with DCA's Complaint Prioritization and Referral Guidelines, which were recently revised in March of 2024. Each case is reviewed and expedited according to the alleged violations in the complaint. The Board takes immediate action to involve the DCA's Division of Investigations and/or the Office of the Attorney General when a complaint alleges any activity in which the probability of public harm is imminent. The Board has noted a 135 percent increase in complaints and a 14 percent increase in arrests/convictions in the last FY after experiencing multiple years of lower-than-expected complaints and licensee/arrests convictions. Most complaints received by the Board are generated internally.

The Board's discovery of at least 44 speech and audiology companies organized as limited liability companies, which is not allowed under the Moscone-Knox Professional Corporation Act and the Board's Speech Language Pathology Corporation and Audiology Corporation laws, is one reason for the increase in complaints. Additionally, the Board's ongoing CE audits resulted in 28 complaints in FY 2024-25 due to licensees' failure to meet CE renewal requirements. The Board reports that both

factors account for a 66 percent increase in complaints in FY 2024-25. The Board does not expect another surge in code violation complaints, but does anticipate a continued higher complaint level of CE audit failures for the next few years.

Pursuant to BPC § 125.9, the Board is authorized to issue citations for minor violations that do not warrant formal discipline, including failure to comply with CPD requirements, failure to cooperate with the Board’s investigation, unlicensed practice, false/misleading advertisement, and aiding and abetting unlicensed practice. The citation may contain an order of abatement and an order to pay an administrative fine of no greater than \$5,000. The Board conducted 28 informal conferences/office mediations, and only one licensee had a formal hearing to dispute their citation, which was upheld at the hearing.

BPC § 800 requires professional liability insurers, amongst other mandatory reporting requirements, to notify the Board of licensees’ conduct related to professional negligence, incompetence, or of any court cases regarding settlement reports, arbitration awards, and court judgements.

The Board refers cases to the Office of the Attorney General for disciplinary action and considers many factors when choosing to settle cases. Settlements are based on the Board’s Disciplinary Guidelines and the recommendations of the Office of the Attorney General. The Board also considers the gravity of the violations pled in the accusation or statement of issues, potential or actual consumer harm, rehabilitation factors demonstrated by the licensee or applicant, and licensee or applicant complaint history when considering a settlement. Since the Board’s last sunset review, 72 percent of the cases were settled compared to 28 percent that went to hearing or were default decisions.

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 for collection. In the last four years, the Board reports between 2 and 8 cases annually that have potential for cost recovery. The Board initially sought full cost recovery in all 18 cases. Ultimately, costs were recovered in only 12 cases. The Board seeks full cost recovery for all contracted investigation and prosecution costs for cases that require an administrative hearing. Conversely, the Administrative Law Judge may reduce or dismiss cost recovery in a proposed decision. To avoid further costs and delays related to an administrative hearing, cost recovery amounts may be negotiated in a settlement to encourage a respondent to settle the case with appropriate discipline. A payment plan for reimbursement can be arranged for probationers with the balance due generally within six months of the termination of probation. Probationers typically pay all cost recovery as a stipulation of their probationary terms.

<b>Cost Recovery</b>	<b>(list dollars in thousands)</b>			
	<b>FY 2021/22</b>	<b>FY 2022/23</b>	<b>FY 2023/24</b>	<b>FY 2024/25</b>
Total Enforcement Expenditures	\$779	\$721	\$810	\$1,077
Potential Cases for Recovery *	8	4	2	4
Cases Recovery Ordered	5	3	0	4
Amount of Cost Recovery Ordered	\$77	\$20	\$0	\$63
Amount Collected	\$38	\$29	\$16	\$13

\* “Potential Cases for Recovery” are those cases in which disciplinary action has been taken based on violation of the license practice act.

Under the provisions of the Song-Beverly Consumer Warranty Act, the Board can seek restitution for consumers related to hearing aid returns and refunds. The Board may seek refunds from the licensees for the consumer through administrative order, stipulated agreement, or citation and fine, if needed.

A copy of the Board's 2026 Sunset Review Report is available at [https://www.speechandhearing.ca.gov/forms\\_pubs/sunset\\_2026.pdf](https://www.speechandhearing.ca.gov/forms_pubs/sunset_2026.pdf)

## PRIOR SUNSET REVIEWS: CHANGES AND IMPROVEMENTS

The Board was last reviewed by the Legislature through sunset review in 2022. During the previous sunset review, 15 issues were raised. In January 2026, the Board submitted its required sunset report to the Senate Committee on Business, Professions and Economic Development and the Assembly Committee on Business and Professions (Committees). In this report, the Board described actions it has taken since its prior review to address the recommendations made. The following are some of the more important programmatic and operational changes, enhancements and other important policy decisions or regulatory changes made. Issues that were not addressed, and which may still be of concern, are discussed under “Current Sunset Review Issues.”

- **New Board Officers Elected.** In 2023, the Board elected a new Board Chair, Gilda Dominguez, Speech-Language Pathologist and a new Board Vice Chair, Amy White, Dispensing Audiologist.
- **New Executive Officer Appointed.** In 2025, the Board appointed Cherise Burns as the new Executive Officer since the previous Executive Officer, Paul Sanchez, accepted a position with another state agency. The Board has hired a new Assistant Executive Officer, Michael Magat.
- **Approved Budget Change Proposals (BCP).** The Board received approval for two BCP’s to implement the Board’s Business Modernization Project and funding for two staff positions to address the Board’s increasing licensing, examination, and CE audit workload. The Business Modernization Project designed a new online licensing system creating a more stream-lined and user-friendly application process, by reducing processing timeframes and improving application accuracy.
- **Adopted a 2025-2026 Strategic Plan.** The Board adopted a new Strategic Plan that emphasizes consumer protection focusing on improving services to consumers and licensees, increasing outreach to stakeholders and enhancing the Board’s enforcement program. The Strategic Plan updated CE and CPD regulations for Speech-Language Pathologists, Audiologists, Dispensing Audiologists and Hearing Aid Dispensers to add coursework in diversity, equity and inclusion, and removed the cap on the number of courses a licensee can accrue in courses related to practice.
- **Approved an additional SLPA Program.** Since the last sunset review report, the Board has approved an additional Speech-Language Pathology Assistant Associate program.

## CURRENT SUNSET REVIEW ISSUES

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 this Committees to consider along with background information concerning the particular issue. There are also recommendations the Committees' staff have made regarding particular issues or problem areas that 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 staff recommendations.

### **BOARD ADMINISTRATION AND FISCAL ISSUES**

**ISSUE #1: (BOARD COMPOSITION.) The Committees have previously raised the issue of whether a proposal to alter the Board's composition to increase public member representation may be beneficial to the Board, patients, and the public. Are changes necessary?**

**Background:** During the prior sunset review for the Board, the issue of board composition and potential need to add additional public members was raised. The Board includes two Speech-Language Pathologists; two Audiologists, one of whom must be a Dispensing Audiologist; two Hearing Aid Dispensers and three public members, one of whom must be a licensed, board-certified physician and surgeon in otolaryngology. Board members are appointed by the Governor, other than one public member appointed by the Senate Rules Committee and one public member appointed by the Speaker of the Assembly.

Boards are semiautonomous bodies. Although most of the non-healing arts boards have statutory authority for a public majority allotment in their makeup, most healing arts and non-healing arts boards are comprised of a majority of members representing the profession.

A 2015 Supreme Court decision in *North Carolina State Board of Dental Examiners v. FTC* placed limitations on the immunity of regulatory boards controlled by active market participants. This is because individuals who are directly affected by their own rulemaking may not be able to detect their biases, potentially placing their benefit over those of the public. The Court ruled, "Because a controlling number of the Board's decision-makers are active participants in the occupation the Board regulates, the Board can invoke state-action antitrust immunity only if it was subject to active supervision by the State, and here that requirement is not met." Although California regulatory boards are tied to the state through various structural and statutory oversights, questions have remained whether current laws and practices are sufficient to ensure that the boards are state actors and, thus, immune from legal action.

The Committees previously noted that changing the Board's composition to increase the number of public members may provide certain benefits such as: limiting the potential for Board action to be viewed as providing marketplace advantages to licensees, particularly in the hearing aid dispensing arena in light of recent federal action to make devices more accessible; decreasing the Board's risk of exposure to lawsuits and; orient the Board towards a more public, patient, and client centric program. At the time, the Board said that it was open to discussing the possibility of increasing the number of public members, noting that the change would not result in cost or quorum issues.

The Board reports that the public member appointed by the Senate Rules Committee has been vacant since November 2022 while the other public member seat appointed by the Speaker of the Assembly

entered its grace period in November of 2025. According to the Board, without adequate participation from the public members, the Board runs the risk of creating market interest, regardless of how much it tries to ensure consumer protection remains paramount. The Board advises that they again remain open to adding additional public board members but are also focused on ensuring vacant public member seats are filled. It would be helpful for the Committees to understand whether changes are necessary and if the Board should include additional public member representation.

**Staff Recommendation:** *The Board should update the Committees on the status of its board member vacancies as well as any discussions the Board has had with DCA, stakeholders, and the public about improvements to its functions that could result from an update in its composition.*

**ISSUE #2: (REGULATIONS)** As an entity within the DCA organization, the Board is required to follow certain DCA-established processes to promulgate regulations. The Board was authorized to promulgate regulations related to important Speech Language Pathology and Audiology Aides licensure renewal and CE requirements. What is the status of these regulations?

**Background:** As the Committees noted in the Board’s prior sunset review, promulgating regulations assists the Board in implementing the various practice acts it administers, as well as changes to those acts stemming from legislation, in order to establish a framework for consumer protection. There are many aspects of Board rules and guidance on standards necessary for licensure that are outlined in regulations. According to the Office of Administrative Law (OAL), a “regulation” is any rule, regulation, order or standard of general application or the amendment, supplement, or revision of any rule, regulation, order, or standard adopted by any state agency to implement, interpret, or make specific the law enforced or administered by it. When adopting regulations, every department, division, office, officer, bureau, board or commission in the executive branch of the California state government must follow the rulemaking procedures in the Administrative Procedure Act (APA) (Government Code section 11340 et seq.) and regulations adopted by OAL, unless expressly exempted by statute from some or all of these requirements. The APA requirements are designed to provide the public with a meaningful opportunity to participate in the adoption of regulations or rules that have the force of law by California state agencies and to ensure the creation of an adequate record for the OAL and judicial review.

The Board previously reported that the timeframe for each regulatory package depends on the complexity of the proposed changes, noting during the prior sunset review that even making small changes to reduce barriers to licensure for some applicants led to numerous necessary and extensive changes in order to update some of the Board’s more antiquated regulations. The Board was previously able to fill a position dedicated to supporting regulatory package work, rather than relying on other staff with other responsibilities to work on regulations as their time permitted.

During the prior sunset review, the issue of Speech-Language Pathology Aide and Audiology Aide oversight was raised, specifically, the lack of formal education requirements, standards for discipline, or CE requirements for these personnel required to register with the Board. The Board had previously suggested eliminating registration for Speech-Language Pathology and Audiology Aides given the low number of registrants and lack of complaints about these individuals. The Board has consistently had concerns that consumer protection is jeopardized if these individuals, who are required to register with the Board, are not also subject to formal standards for ongoing training.

In FY 2024-25 there were 63 Audiology Aides and 54 Speech Language Pathology Aides registered with the Board

The Board has been working for a long time on regulations necessary to implement changes from its prior sunset bill related to these Aides. The Board reports that there have been delays in completing the scope of responsibilities and supervision requirements necessary to implement the renewal requirements of the regulatory package. The Board has also prioritized other regulatory packages above this effort but notes that the regulatory package should be completed within two fiscal years, depending on available staff resources. It would be helpful for the Committees to understand the costs associated with regulations for such an incredibly small population of registrants. It would be helpful for the Committees to understand if the Board needs additional resources in order to complete the regulations.

***Staff Recommendation:*** *The Board should advise the Committees on the status of promulgating regulations for the renewal and CE requirements of Speech-Language Pathology and Audiology Aides, as maintaining consumer protections was the catalyst for the regulations. The Board should update the Committees on costs for this important work and whether the Board anticipates future workforce in these designated categories of registrants.*

**ISSUE #3: (NATIONAL EXAMINATIONS AND BPC § 139) Should the Board be required to conduct occupational analysis for national examinations?**

**Background:** To obtain a license from the Board, applicants are required to complete two national examinations administered by the Educational Testing Service (ETS). These examinations are only offered in English however, if an examinee needs Primary Language Not English (PLNE) accommodations, they may be eligible for extended test times. PLNE accommodation is available at all testing centers and allows eligible candidates 50 percent additional testing time.

The objective of a license examination is to determine whether applicants meet minimum competency requirements. Consequently, examination reviews and occupational analyses are conducted to assess whether the examination appropriately evaluates candidates' skill levels in carrying out tasks routinely performed by the profession in a safe and competent manner. BPC § 139 requires the DCA and programs within the Department to develop a policy to evaluate examinations and conduct occupational analyses, and define circumstances under which review is appropriate, standards for review of state and national examinations, and standards for determining appropriate costs of reviews, among other examination policy considerations.

National examinations provide many advantages to regulatory programs and licensees alike. For example, licensing entities are not required to develop and administer the examinations, which provides considerable cost and workload savings to the program. For license candidates, advantages include that a national examination provides increased portability, greater assurance that their education will prepare them to pass the examination, and increased availability of test taking dates and locations. However, there is rationale for a California-specific examination in some circumstances that must be considered on a case-by-case basis. For example, there are professions where the law and ethical standards in California deviate sharply from those in other states, seismic considerations for engineering and architecture that must be evaluated in California, professions that do not require licensure in other states, and professions for which there is no national examination.

A key component of BPC § 139 is the legislative findings of subdivision (a), which state in relevant part, “It is the intent of the Legislature that the policy developed by the department pursuant to subdivision (b) be used by the fiscal, policy, and sunset review committees of the Legislature in their annual reviews of these boards, programs, and bureaus.” During the legislative process and sunset review oversight, each program within DCA has established whether its examination for licensure is California-specific, a national examination, or a combination of both. A program can also move to adopt a national examination on its own volition if it is not mandated to require a specific examination.

The Board notes in its 2026 Sunset Review report to the Legislature that OPES conducted a comprehensive review on behalf of the Board of the audiology examination in 2017 and for the speech-language and pathology examination in 2025. The purpose of the review was to ensure the national examination procedures meet professional and technical standards. The next occupational analysis of the audiology profession will be completed in FY 2026-27.

Additionally, the ETS commissions the American Speech-Language-Hearing Association to perform a national job analysis study which is linked to the examination validation process. The study determines if the national professional expectations and the job standards for speech-language pathology and audiology are equal to those found in the California job analysis.

The Hearing Aid Dispenser’s written and practical examinations are developed, maintained and evaluated by OPES in collaboration with licensed and practicing, Hearing Aid Dispensers and Dispensing Audiologists. The Board reports that an occupational analysis is conducted every 5-7 years by OPES with the most recent study conducted in 2020.

BPC § 139(c) states, “Every regulatory board and bureau, as defined in Section 22, and every program and bureau administered by the department, the Osteopathic Medical Board of California, and the State Board of Chiropractic Examiners, shall submit to the director on or before December 1, 1999, and on or before December 1 of each subsequent year, *its method for ensuring that every licensing examination administered by or pursuant to contract with the board is subject to periodic evaluation.*” Given that programs are only required to provide a method for ensuring exams are periodically evaluated, and given that the Board relies on a national examination that it may not have the ability to change or update just for California applicants, it is not clear why the Board, as a program within DCA, would be required to routinely evaluate a national examination that is not administered by or under contract with a DCA program under the provisions of BPC § 139. It is also not clear what steps the Board would take in the event that an OPES routine evaluation, which the Board pays for, found that some elements of the national examination are unable to measure aspects of speech language pathology and audiology in California. Would California then require its own examination? Would patients and the public benefit from that?

***Staff Recommendation: The Board should update the Committees on the status of OPES examination review, costs for this work, and any next steps the Board plans to take.***

**ISSUE #4: (HEARING AID DISPENSER EXAM FEES) The Board believes it may need to increase examination fees for the Hearing Aid Dispenser written and practical examinations in order to reflect the cost of its work related to these tests.**

**Background:** Pursuant to BPC § 2538.7, the Board is authorized to establish the fees for taking and retaking the Hearing Aid Dispenser written and practical examination, “which shall be equal to the actual cost of preparing, grading, analyzing, and administering the examinations.” The Board reports that the current examination fees for Hearing Aid Dispensers were established in February 2011.

As noted previously, the written and practical examinations are developed, maintained and evaluated by OPES and in collaboration with licensed and practicing Hearing Aid Dispensers and Dispensing Audiologists. The Hearing Aid Dispensers examination assesses an applicant’s knowledge and abilities including the following: 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 instructions on care and use; and troubleshooting and evaluating hearing aids.

The practical examination is administered a minimum of two times per year pursuant to BPC § 2538.31, although the Board notes it will offer the practical exam more often if needed. The practical examination requires actual demonstration of the knowledge and techniques for using instruments and equipment necessary for fitting and selling hearing aids. OPES conducts ongoing examination development workshops where subject matter experts review and update both the written and practical examinations.

The Board reports in FY 2024-25 that the written examination had an overall pass rate of 62%- and first-time test takers had a passage rate of 57%. The practical examination had an overall pass rate of 73%- and first-time test takers had a passage rate of 64%. The Board licensed 1,164 Hearing Aid Dispensers in FY 2024-25.

Applicants are currently paying \$225 for the written examination and \$500 for the practical examination. The Board is considering raising the written examination fee by \$25 and the practical examination fee by \$100 through the rulemaking process in the next four years.

**Staff Recommendation:** *The Board should update the Committees as to why the fee increase is needed and why the first time and overall pass rates for the written and practical examinations are so low.*

## **BOARD LICENSING AND WORKFORCE DEVELOPMENT ISSUES**

**ISSUE #5: (RETIRED LICENSE) A number of boards have statutory authority to establish a retired license category.**

**Background:** In 2016, the Legislature passed, and the Governor signed, AB 2859 (Low, Chapter 473, Statutes of 2016) which permitted any of the boards within DCA to establish a retired category of licensure for persons not actively, engaged in their practice. Boards would need to do this through the regulatory process. Business and Professions Code § 464 prohibits a retired license holder from practicing unless the board specifies, through regulation, the criteria for a retired license to practice.

Current law does not authorize the Board to issue a retired license which it requests authority to do. According to the Board, licensees have requested to be placed in a retired status instead of having to renew their license or have their license expire at a specified time before it can be cancelled. Licensees

were failing their CPD audits because they had professionally retired and should have been in an inactive status but continued to renew, either because they were unaware of the inactive status or made a mistake on their renewal form.

According to the Board, creation of this license would require a one-time fee and would provide a means for a retired licensee to return to active status under certain circumstances. The Board would also like to ensure that any retired license creation ensure the following:

- A retired license cannot be issue if the licensee is currently holding a license that is restricted or if they have outstanding citations and fines or if they are currently under investigation for an active complaint or conviction
- The license cannot be reinstated to active if the individual has been out of practice for a specified number of years
- The licensee is limited to a certain number of times that a license can be reinstated from retired to active

**Staff Recommendation:** *The Committees may wish to authorize the Board to establish a retired license category.*

**ISSUE #6: (TEMPORARY LICENSES AND NPDB.)** The Board allows people to practice temporarily for a long time while they wait for the licensing process to play out but does not utilize all available tools to ensure the licensee is safe to practice. Does a 12-month temporary license continue to make sense? Should the Board check the National Practitioner Data Bank and evaluate the resources necessary to take this important public protection step?

**Background:** The Board has authority to issue temporary licenses in limited circumstances, including for certain qualified out-of-state applicants and for some applicants who are still completing required professional experience. The Act provides that these temporary licenses are nonrenewable, generally last up to 12 months, and expire sooner if the permanent license is issued or denied. Before issuing a temporary license, the Board says it must receive the necessary application materials and clear the applicant through Department of Justice and FBI fingerprint-based criminal history checks. For Hearing Aid Dispenser applicants licensed in another state, the Board also requires proof of active, current out-of-state licensure for at least two years, and for some temporary pathways, it requires later completion of California examination requirements.

However, this process does not include a National Practitioner Data Bank query. The Board does not even use NPDB for permanent licensure. NPDB is a federal clearinghouse administered by the Health Resources and Services Administration within the U.S. Department of Health and Human Services. It was created by Congress to improve health care quality, protect the public, and reduce health care fraud and abuse. It collects information on medical malpractice payments and certain adverse actions involving health care practitioners, providers, and suppliers, and makes that information available to eligible entities conducting credentialing and licensing reviews. State licensing authorities are among the entities eligible to register and query the NPDB, which is why it can serve as an important consumer-protection tool when boards review applicants for licensure. The Board also uses licensure verification from other states and requires applicants to disclose prior denials, discipline, and pending investigations but those steps, and relying on self-disclosure, are not the same as a national adverse-history check.

Although a DOJ/FBI background check may reveal criminal history, it is not the same as checking for prior out-of-state professional discipline, malpractice payments, exclusions, or other reportable adverse actions that could be relevant to consumer safety. A temporary-license framework may help address workforce access but if the Board allows temporary practice for as long as one year without utilizing safeguards that exist to prevent practitioners from moving state to state without full visibility into their prior record, patients and the public may be at risk.

It would be helpful for the Committees to understand if a temporary license is still necessary, the typical timeframe for processing an out-of-state applicant's license, whether the need for temporary licensure remains now that military spouses can more easily practice, and the continued value of this pathway. It would be helpful for the Committees to understand the resources the Board needs to query the NPDB, the added value to the Board, licensees, and members of the public, and whether the Board has engaged in discussions about this important tool.

***Staff Recommendation:*** *The Board should update the Committees on the number of temporary license holders, the benefit to California patients and consumers this pathway provides, how the Board enforces temporary licenses, and whether this remains viable. The Board should advise the Committees of review it has undertaken to gain the resources and authority to utilize the NPDB.*

**ISSUE #7: (CE AND CPD PROVIDERS) Board licensees are required to complete required CE and CPD. Are changes to these requirements as well as the Board's oversight of providers necessary?**

**Background:** The Board highlighted the need for statutory clarifications to ensure robust oversight of CE, CPD, and CE/CPD providers. Specifically, the Board would like to:

- clarify that both the national and California chapters of professional organizations qualify as approved and exempt CE providers
- allow mandatory training courses required be either state, federal, or local government entities that cover professional issues that impact the provision of services to qualify as CE
- allow Speech-Language Pathology Assistants to meet their CPD requirements through the same course providers as their supervisors are allowed
- prohibit Speech-Language Pathology Assistants from using coursework required by a master's degree for licensure as a Speech-Language Pathologist towards their CPD requirement, as a master's level course is intended to prepare an individual for a different professional role, not expand the knowledge of practicing as a Speech-Language Pathology Assistant.

CE courses and CPD providers are reviewed and approved by the Board for compliance under the regulations governing CE course content and CPD provider applications. Subject matter experts may provide guidance, if needed, with course content. The American Speech-Language Hearing Association, the American Academy of Audiology, or the California Medical Association's Institute for Medical Quality Continuing Medical Education are accepted by the Board through statutory authority as CPD providers. The Board suggests that licensees are not often paying close attention to the CPD approval status of course providers and clarification could benefit those taking coursework.

The Board states that its goal is to conduct random audits of 5% of its CPD providers, however the Board has been unable to conduct an audit of CPD providers since its last sunset review due to staffing shortages. The Board will request a CPD provider under an audit to provide the following information within 30 days; course syllabi, information regarding the time and location of the course offering; course advertisements; course instructor resumes or curriculum vitas; attendance rosters including names and license numbers of the attendees, and record of course completion. The Board will review the documentation and if a compliance issue is found consult the Board's Executive Officer. Pursuant to 16 CCR § 1399.160.8 the Board may revoke a provider's approval for failure to comply with the CPD requirements. It would be helpful for the Committees to understand how the Board plans to continue its oversight work of providers for mandatory CE and CPD and whether it needs additional resources to engage in these efforts.

**Staff Recommendation:** *The Committees may wish to amend the law to ensure standards for CE and CPD providers. The Board should update the Committees on efforts to effectively oversee CE and CPD providers and determine they are meeting legal requirements.*

**ISSUE #8: (AUDIOLOGY ASSISTANTS) Speech-Language Pathology Assistants are statutorily recognized individuals who support Speech-Language Pathologists. They have to meet training and education requirements and are Board licensees. Audiologists would like to establish a similar license for Audiology Assistants. Is the creation of this new license type necessary?**

**Background:** According to the Board's 2026 Sunset Review report, in FY 2024-25 there were 1,794 licensed Audiologists and 63 Audiology Aides registered with the Board. Audiology Aides provide support to licensed Audiologists and work under their direct supervision.

During an October 2019 Board meeting, the Board discussed feedback received from a licensed Audiologist who supervises Audiology Aides, noting ambiguity in the regulatory requirements for clinical tasks that Audiology Aides may perform, and the supervision required for Audiology Aides. Audiology Aide supervisors were concerned that without clear standards, these individuals who lack training and education may end up providing clinical services that should be provided by licensed Audiologists and also noted that supervision requirements were so strict that licensed Audiologists were deterred from utilizing Audiologist Aides. In response, the Board directed the Audiology Practice Committee to define the tasks an Audiology Aide can perform, the supervision necessary, and also asked whether legislative or regulatory changes were necessary. These discussions led to the changes made to AB 2686, as previously mentioned, authorizing the Board to establish a regulatory framework for both Speech-Language Pathology and Audiology Aides for registration renewal and continued competency efforts.

According to the Board's 2026 Sunset Review report, during an Audiology Practice Committee review of the scope of regulations for Audiology Aides, the committee discussed whether licensure was warranted for Audiology Aides, similar to the licensing requirements of Speech-Language Pathology Assistants. The Speech-Language Pathology Assistant licensing category was established by AB 205 (Machado, Chapter 1058, Statutes of 1998) and required a person seeking licensure as a Speech-Language Pathology Assistant to complete an associate of arts program in speech-language pathology. AB 205 also included a grandparent provision, permitting Speech-Language Pathology Aides who had at least a year of experience to apply for licensure as a Speech-Language Pathology Assistant without completing the associate of arts degree, until July 1, 2001. Speech-Language Pathology Assistants are required to complete formal education and 100 hours of field work experience at a Board-approved

associate degree Speech-Language Pathology Assistant training program. Individuals with an undergraduate degree in Communication Disorders and Sciences may qualify for Speech-Language Pathology Assistant registration. Speech-Language Pathology Assistants are required to renew their licensure annually, complete 12 hours of CPD/CE every two years and often share similar patient care tasks and services as Speech-Language Pathology Aides, despite the fact that the Aides do not have to meet the same education and training requirements.

There are distinctive levels of supervision requirements for Speech-Language Pathology Assistants pursuant to 16 CCR 1399.170 and 1399.170.2. “Immediate supervision” requires the licensed Speech-Language Pathologist supervisor to be physically present during, but not limited to, any direct client activity involving medically fragile patients. “Direct supervision” requires on-site observation and guidance by the supervisor and duties may include, but are not limited to, observation of a portion of the screening or treatment procedure performed, coaching, and modeling for the assistant. “Indirect supervision” requires the supervisor to be available by asynchronous electronic means and duties may include, but are not limited to, demonstration, record review, review and evaluation, clerical tasks and other non-client care activities. 16 CCR 1399.170.15(b)(4) requires supervisors to provide direct supervision that consists of at least 20 percent of the Speech-Language Pathology Assistant’s work schedule per week during the first 90 days following initial licensure. Supervisors may not supervise more than three full-time equivalent (30 hours per week) support personnel, including Speech-Language Pathology Assistants and Speech-Language Pathology Aides, and no more than six support personnel at any time pursuant to 16 CCR 1399.170.16.

Since the development of this licensing category, the Speech-Language Pathology Assistant population has grown, and according to the Board’s 2026 Sunset Review report in FY 2024-25, the Board registered 5,323 Speech-Language Pathology Assistants.

In January 2025, the California Academy of Audiology (CAA), the professional association representing Audiologists in California, submitted a letter to the Board requesting that the Board discuss creating a new license type for Audiology Assistants. CAA further submitted a letter of support requesting that an Audiology Assistant license category be considered within the Board’s 2026 Sunset Review in lieu of sponsoring legislation, as typically stand-alone measures that amend the same Act as is being evaluated through the Committees’ comprehensive joint sunset review oversight efforts are either absorbed into the broader sunset discussion or, if a bill proposes something that is beyond what is agreed to in a sunset bill, those bills do not usually move through the legislative process in the same year.

In CAA’s letter they state that the audiology community has concerns related to access to adequate care for consumers, the growing aging population related to hearing loss and balance disorders, the questionable legal and appropriate utilization of audiology aides, lack of clarity in the definition of aide, appropriate clinical tasks that are allowable for an aide, and defined supervision. The CAA supports creating an Audiology Assistant license type using the Speech Language Pathology Assistant legislative model to promote a class of professionals with educational credentials and practicum that would allow for an increase in access for consumers.

As previously noted, there is currently an extremely small category of Audiology Aides. These individuals may not perform any function that constitutes the practice of audiology unless they are under the supervision of an Audiologist or unless they have met various requirements for an exemption. 16 CCR § 1399.154.2 states that an Audiology Aide’s supervisor shall have legal

responsibility for the health, safety, and welfare of the patients and for the acts and services provided by the Audiology Aide, including compliance with the law. Additionally, the supervisor must be physically present while the Audiology Aide is assisting with patients, unless an alternative plan of supervision has been approved by the Board (the proposed plan for supervision must be submitted with the application form), unless exemptions are in place. The supervisor must review the patient histories and the audiograms and make necessary referrals for evaluation and treatment. Supervisors are also responsible for evaluating, treating, managing, and determining the future dispositions of patients. Supervisors must also train the Audiology Aide to assist in evaluation and/or treatment and define the services which may be provided by the Audiology Aide.

While access to care issues remain significant for millions of patients throughout the state in multiple aspects of their health, it would be helpful for the Committees to understand the practical impacts of this proposal on potential Audiology Assistants, on the Board, and on facilities providing services. It would be helpful for the Committees to understand if there are new payor options or coverage for this type of personnel and services that require licensure. It would be helpful for the Committees to understand what the scope of education and training would look like, whether there are existing programs in California providing this type of training, the cost for these programs, and significantly, the cost for individuals to continue working with Audiologists if they are required to pay for mandated coursework and pay licensing fees. It would be helpful for the Committees to understand whether this is feasible, given the small population of licensed Audiologists, fact that there are only 63 Audiology Aides registered with the Board today, and whether licensure is the most effective pathway to provide additional services to California audiology patients. The creation of a new category of licensed or regulated professional is subject to Government Code provisions that require a plan and numerous data sets to better allow the Legislature to evaluate the impacts of a licensure proposal on members of the profession, the public, and government agencies. The profession and Board may wish to work with the Committees to develop a formal plan and respond to the Sunrise Questionnaire worksheet the Committees utilize.

***Staff Recommendation:*** *The Board should update the Committees on discussions it has had with stakeholders, other state partners who may have this type of license category, educational institutions, and health care facilities. The Board should update the Committees on the feasibility of creating this new category, the potential applicant and license pool, and the potential costs that applicants and licensees would incur for a mandatory license.*

#### **ISSUE #9 (RECIPROCITY) Are there any patient, client, and consumer benefits to California joining the Audiology and Speech-Language Pathology Interstate Compact (ASLP-IC)?**

**Background:** An interstate licensing compact is a legally binding agreement between multiple states to facilitate cross-state practice for licensed professionals without requiring them to obtain full licensure in each participating state. To participate in such a compact, a state must adopt model statutory language provided by a compact organization. Typically, a practitioner must already hold a license in their home state before seeking authorization to practice in a compact member state. Compacts are often viewed as a means by which licensees can gain additional portability and practice in other states, reducing administrative burdens of becoming licensed in multiple states. Compacts have particularly been touted as beneficial to military spouses; however recently enacted federal legislation allows clearer portability for servicemembers and their spouses to be able to use their professional licenses and certificates issued in one state when they relocate to another state due to military orders.

The American Speech-Language-Hearing Association, the national professional association for audiologists and speech-language pathologists, engaged in a contract with the Council of State Governments, National Center for Interstate Compacts and the National Council of State Boards of Examiners in Speech-Language Pathology and Audiology to move forward with the ASLP-IC designed to allow licensed audiologists and speech-language pathologists to obtain a *privilege to practice* in a member state, thereby increasing access to license portability. ASLP-IC becomes operational once 10 states enact the compact model legislation. A state must pass the compact model legislation to participate in the compact, onboard *CompactConnect*, the licensure compact data system that supports the implementation and operation of interstate occupational licensure compacts for the ASLP-IC, and then the state can begin issuing and receiving privileges to practice. The ASLP-IC has 3 member states that currently issue privileges to practice, although 37 states have enacted legislation.

The ASLP-IC allows licensed audiologists and speech-language pathologists to use their home state professional license to apply for a compact privilege to practice in member states. The licensee must not have any adverse actions against their license within the previous two years, pay any applicable fees and meet any jurisprudence requirements, if applicable, in the compact member state they are seeking a compact privilege.

California currently does not participate in any health professional licensing compact. Compacts have proven to be problematic and challenging for California licensees and regulatory programs alike, in terms of compact governance, enforcement options, parity in licensure qualifications, and other aspects of compact pathways. When a state joins a compact, it is subject to the rules of the compact and the bylaws established by a compact governing body. While a member state may have a vote or voice in the governance of a compact and may have some say in the development and amendment of bylaws, that is not the case for all licensing compacts. Many licensing priorities in California may not be reflected in compacts, such as the ability for individuals in California to become licensed using an individual taxpayer identification number, rather than only a social security number. Compact rules and specifications cannot be amended by a single member state, and updates are not always subject to the transparent and open discussions held in the Legislature or by California regulatory programs subject to the Bagley-Keene Act. Some compacts group categories of licensees together who may be licensed by a separate licensing entity, and there are often several key differences between the rules and processes of a Compact and the practice acts administered by a California program.

**Staff Recommendation:** *It would be helpful to know if the Board believes there are any benefits to joining the ASLP-IC, what joining the compact would mean for Board operations and California consumer protections, and what impacts patients, the public, and licensees may experience.*

---

**ISSUE #10: (PROFESSIONAL DEGREES) How will federal changes to financial aid borrowing limits impact the professions of speech-language pathology and audiology in California?**

**Background:** The One Big Beautiful Bill, which was signed by President Trump on July 4, 2025, made significant changes to the federal student loan program, including eliminating Graduate PLUS loans, which allow students to borrow up to the full cost of attendance, establishing new annual borrowing caps for undergraduate and graduate students, and setting different lifetime loan limits for graduate students (\$100,000) versus "professional degree" students (\$200,000). The bill did not define "professional degree" but referred to an existing regulatory definition that lists several health professions as examples, along with some law and theology programs. These examples did not include audiology or speech-language pathology. Out of concern that lower federal loan limits on students

pursuing graduate degrees in audiology and speech-language pathology can shrink the Communication Sciences and Disorders workforce and decrease access to care for patients, the American Speech-Language-Hearing Association has been advocating for a more detailed and updated definition that explicitly includes audiology and speech-language pathology programs. The Notice of Proposed Rulemaking to revise the Direct Loan Program by amending annual and aggregate loan limits for graduate, professional, and parent loan borrowers was published on January 29, 2026, and the public comment period ended on March 2, 2026. The new graduate student borrowing caps take effect in July 2026.

**Staff Recommendation:** *The Board should inform the Committees how these changes have impacted the number and diversity of licensure applicants.*

## **BOARD ENFORCEMENT ISSUES**

### **ISSUE #11: (ONLINE PRACTICE) Board regulation of the online business practice of selling hearing aids.**

**Background:** According to the Board, the online purchase of hearing aids and online hearing testing has become a common business model as more companies have started marketing devices to consumers directly via the internet with claims of one-size-fits-all or the ability to remotely adapt the hearing aid to fit the purchaser’s needs without the need for an office visit. Unlicensed practice, or failure to abide by the Song-Beverly Consumer Warranty Act and properly issue a refund to consumers, are common complaints submitted to the Board related to the online sales of hearing aids.

The Federal Drug Administration (FDA) regulates the online sales of hearing aids, and FDA provisions do not specifically restrict the online sale of hearing aids, but they do prohibit any state from establishing any requirement which is different from, or in addition to, the federal provisions, unless the state is granted an exemption from the federal government to enforce more restrictive regulations.

The Board submitted an exemption request to the FDA in May 2012, and in August 2023, the Board received a response stating that “applicable Federal requirements for hearing aids have changed since the Board submitted the Application, and the bases for the requested exemption are no longer in effect. As such, the FDA has determined that the Application is moot.” The Board reports that in October 2022, the FDA created a new category of Over-The-Counter (OTC) hearing aids, expressly allowing the sale of OTC hearing aids in person and online for adults with perceived mild to moderate hearing loss without a medical exam or fitting. Consequently, the FDA no longer requires approval of any exemptions to state laws regarding hearing aid for adults with severe hearing loss and children, which are considered prescription devices. As such, the Board continues to require sellers to comply with BPC § 2538.23.

The Board reports that it has received very few complaints related to OTC hearing aids, and the Board has not seen any significant drop in the number of Hearing Aid Dispenser and Dispensing Audiologist applications. Moreover, the Board plans to survey Hearing Aid Dispensers and Audiologists in the future to determine how many are selling OTC hearing aids. The Board reports that licensure for Hearing Aid Dispensers and Dispensing Audiologists remains necessary because the use of OTC hearing aids is limited to use for mild-to-moderate hearing loss, and licensure is necessary for consumer protection and enforcement of laws regarding warranties for prescription hearing aids.

Additionally, the Board continues to regulate mail-order hearing aids. California law provides that mail-order hearing aids may be purchased only from a California-licensed Dispensing Audiologist or Hearing Aid Dispenser. The law states that when hearing aids are purchased by mail order, there must be no fitting, selection or adaptation of the instrument and the seller may not give 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, the consumer must provide a statement signed by a physician, audiologist, or licensed dispenser that verifies direct examination of the seller's ear.

**Staff Recommendation:** *The Board should keep the committees informed of federal changes and their impact on Dispensing Audiologists and Hearing Aid Dispensers.*

**ISSUE #12: (EMERGING TECHNOLOGY) Is the Board prepared to address the impacts of emerging technology, such as AI, on the delivery of services to speech-language pathology and audiology patients and the public?**

**Background:** The rapid advancement of technology, and in particular, Artificial Intelligence (AI), has created opportunities to automate routine and common tasks that once needed humans to complete. As AI has incorporated increasingly complex algorithms that allow machine learning, the possibility of replacing less routine or mundane tasks has become an option. Consequently, proliferation of AI could lead to disruptions to industries that rely on analyzing data.

On September 6, 2023, the Governor issued Executive Order N-12-23, to address challenges and opportunities arising from the advancement of AI, which the order references as generative artificial intelligence (GenAI). Among the reasons for the state to take action, the EO states (in part):

GenAI can enhance human potential and creativity but must be deployed and regulated carefully to mitigate and guard against a new generation of risks; and

[T]he State of California is committed to accuracy, reliability, and ethical outcomes when adopting GenAI technology, engaging and supporting historically vulnerable and marginalized communities, and serving its residents, workers, and businesses in a transparent, engaged, and equitable way; and

[T]he State of California seeks to realize the potential benefits of GenAI for the good of all California residents, through the development and deployment of GenAI tools that improve the equitable and timely delivery of services, while balancing the benefits and risks of these new technologies...

The Governor's Executive Order includes direction for various state entities, including, "Legal counsel for all State agencies, departments, and boards subject to my authority shall consider and periodically evaluate for any potential impact of GenAI on regulatory issues under the respective agency, department, or board's authority and recommend necessary updates, where appropriate, as a result of this evolving technology."

The Board reports it has received and investigated a limited number of cases regarding unlicensed activity occurring through online practice and online sales of hearing aids, as well as improper

supervision of Speech-Language Pathology Assistants via telehealth. Due to the anonymous nature of the complaints submitted or lack of requirements for out-of-state based companies to comply with the Board's investigation there has been no enforcement action taken. There are no legal restrictions against using technology in healthcare delivery, provided that the services are rendered by licensed professionals in California. The standard of care remains consistent, whether care is provided in-person or via telehealth. Speech-Language Pathologists and Audiologists are required to adhere to the same responsibilities and patient privacy protections, regardless of the mode of interaction.

***Staff Recommendation:*** *The Board should inform the Committees of whether it is equipped to investigate misuse of AI or other technology. The Board should discuss actions it has already taken, if any, to protect consumers, update regulations, and enable proper enforcement in cases using telehealth via AI, while simultaneously keeping up with changes in the safe delivery of services. Finally, the Board should inform the Committees of whether it needs legislative authority to address any concerns stemming from the use of AI.*

### **TECHNICAL CHANGES**

**ISSUE #13: (TECHNICAL CHANGES MAY IMPROVE EFFECTIVENES OF THE ACT AND BOARD OPRATIONS.)** There are amendments to the Act that are technical in nature but may improve Board operations and the enforcement of the Act

**Background:** There are instances in the Act where technical clarifications may improve the Board operations and applications of the statutes governing the Board. The Board has requested technical and non-substantive statutory amendments.

Furthermore, the Board is requesting statutory changes that provide clarity and consistency regarding the requirements for addresses of record and Branch Office requirements for Board licensees and staff.

**Staff Recommendation:** *The Committees may wish to amend the Act to include technical clarifications.*

### **CONTINUED REGULATION OF SPEECH-LANGUAGE PATHOLOGY, AUDIOLOGY, AND HEARING AID DISPENSERS BY THE BOARD**

**ISSUE #14: (CONTINUED REGULATION BY THE BOARD.)** Should the licensing and regulation of various professionals be continued and be regulated by the current Board membership?

**Background:** Patients and the public are best protected by strong regulatory boards with oversight of licensed professionals. The Board has shown a strong commitment toward efficiency and effectiveness, responding to practice and operational issues in a proactive, forward-thinking manner.

**Staff Recommendation:** *The licensing and regulation of various health care professionals by the Board should be continued, to be reviewed again on a future date to be determined.*