California Board of PSYCHOLOGY

1625 North Market Blvd., Suite N-215, Sacramento, CA 95834
T (916) 574-7720 F (916) 574-8672 Toll-Free (866) 503-3221
www.psychology.ca.gov

NOTICE OF BOARD MEETING

Friday, August 19, 2022
9:00 a.m. – 6:00 p.m. or until Completion of Business

https://dca-meetings.webex.com/dca-meetings/j.php?MTID=mac45ae030ca4fdf4e9299c45b1eea88b

If joining using the link above
Webinar number: 2499 208 5745
Webinar password: BOP08192022

If joining by phone
+1-415-655-0001 US Toll
Access code: 249 920 85745
Passcode: 26708192

The Board of Psychology will hold a Board Meeting via WebEx as noted above.

To avoid potential technical difficulties, please consider submitting written comments by August 12, 2022, to bopmail@dca.ca.gov for consideration.

Board Members
Lea Tate, PsyD, President
Seyron Foo, Vice President
Sheryll Casuga, PsyD, CMPC
Marisela Cervantes, EdD, MPA
Mary Harb Sheets, PhD
Julie Nystrom
Stephen Phillips, JD, PsyD
Ana Rescate
Shacunda Rodgers, PhD

Board Staff
Antonette Sorrick, Executive Officer
Jon Burke, Assistant Executive Officer
Stephanie Cheung, Licensing Manager
Jason Glasspiegel, Central Services Manager
Sandra Monterrubio, Enforcement Program Manager
Liezel McCockran, CE/Renewals Coordinator
Suzy Costa Darrow, Legislative and Regulatory Analyst
Sarah Proteau, Central Services Office Technician
Norine Marks, Board Counsel
Heather Hoganson, Regulatory Counsel

Friday, August 19, 2022

AGENDA

Action may be taken on any item on the agenda.

Unless noticed for a specific time, items may be heard at any time during the period of the Board meeting.

The Board welcomes and encourages public participation at its meetings. The public may take appropriate opportunities to comment on any issue before the Board at the time the item is heard. If public comment is not specifically requested, members of the public should feel free to request an opportunity to comment.

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

2. President's Welcome (L. Tate)
   a) Mindfulness Exercise (Rodgers)
   b) Meeting Calendar

3. Public Comment for Items Not on the Agenda. Note: The Board May Not Discuss or Take Action on Any Matter Raised During this Public Comment Section, Except to Decide Whether to Place the Matter on the Agenda of a Future Meeting [Government Code sections 11125 and 11125.7(a)].

4. Discussion and Possible Approval of the Board Meeting Minutes: April 29, 2022

5. Executive Officer's Report (A. Sorrick)
   a) Personnel Update
   b) COVID-19 Update

6. DCA Update

7. Budget Report (J. Glasspiegel)

8. Presentation by Health Professions Education Foundation on Licensed Mental Health Services Provider Education Program (LMHSPEP) and Mental Health Loan Assumption Program (MHLAP); Discussion and Questions to Follow.

9. Licensing Committee Report and Consideration of Committee Recommendations (Harb Sheets – Chairperson, Nystrom, Tate)
   a) Licensing Report (S. Cheung)
   b) Multiple Test Takers Statistical Report (L. Snyder)
   c) Continuing Education and Renewals Report (L. McCockran)
   d) Board Response to Psychologist Applications – Correspondence Review (S. Cheung)
   e) Legislation: Acceptable Verification of Pre-Licensure Coursework Requirements, Business and Professions Code sections 2915.4 and 2915.5 (S. Cheung)

10. Licensing Timeframes Update – Short-term and Long-Term Solutions to the Application Backlogs (S. Cheung)

11. Enforcement Report (S. Monterrubio)

12. Association of State and Provincial Psychology Boards (ASPPB) EPPP2 Update – May 16-17, 2022 - Townhall Meeting Report (S. Casuga)

13. Legislative and Regulatory Affairs Committee Report and Consideration of Committee Recommendations (Cervantes – Chairperson, Casuga, Phillips)

a) Legislation from the 2021 Legislative Session: Review and Possible Action (M. Cervantes)

1) Board Sponsored Legislation
SB 401 (Pan) Healing arts: psychology - Amendments to sections 2960 and 2960.1 of the Business and Professions Code Regarding Denial, Suspension and Revocation for Acts of Sexual Contact

2) Bills with Active Positions Taken by the Board
A) AB 32 (Aguiar-Curry) Telehealth
B) SB 731 (Durazo) Criminal records: relief

3) Watch Bill
A) AB 646 (Low) Department of Consumer Affairs: boards: expunged convictions

b) Legislation from the 2022 Legislative Session: Review and Possible Action (M. Cervantes)

1) Review of Bills for Active Position Recommendations to the Board
AB 2222 (Reyes) Student financial aid: Golden State Social Opportunities Program

2) Bills with Active Positions Taken by the Board
A) AB 1662 (Gipson) Licensing boards: disqualification from licensure: criminal conviction
B) AB 2754 (Bauer-Kahan) Psychology: supervising psychologists: qualifications
C) SB 1428 (Archuleta) Psychologists: psychological testing technician: registration

3) Watch Bills
A) AB 58 (Salas) Pupil health: suicide prevention policies and training.
B) AB 1860 (Ward) Substance abuse treatment: certification.
C) AB 2229 (Luz Rivas) Peace officers: minimum standards: bias evaluation.
D) AB 2274 (Blanca Rubio) Mandated reporters: statute of limitations.
E) SB 189 (Committee on Budget and Fiscal Review) State Government.

F) SB 1223 (Becker) Criminal procedure: mental health diversion.

4) Legislative Items for Future Meeting. The Board May Discuss Other Items of Legislation in Sufficient Detail to Determine Whether Such Items Should be on a Future Board Meeting Agenda and/or Whether to Hold a Special Meeting of the Board to Discuss Such Items Pursuant to Government Code section 11125.4.

5) Regulatory Update, Review, and Consideration of Additional Changes (M. Cervantes)

a) 16 CCR sections 1381.9, 1397.60, 1397.61, 1397.62, 1397.67 – Continuing Professional Development
b) 16 CCR sections 1391.1, 1391.2, 1391.5, 1391.6, 1391.8, 1391.10, 1391.11, 1391.12, 1392.1 – Registered Psychological Associates
c) 16 CCR sections 1391.13, and 1391.14 – Inactive Psychological Associates Registration and Reactivating a Psychological Associate Registration
d) 16 CCR sections 1392 and 1392.1 – Psychologist Fees and Psychological Associate Fees
e) 16 CCR 1395.2 – Disciplinary Guidelines and Uniform Standards Related to Substance-Abusing Licensees
f) 16 CCR sections 1380.3, 1381, 1381.1, 1381.2, 1381.4, 1381.5, 1382, 1382.3, 1382.4, 1382.5, 1386, 1387, 1387.1, 1387.2, 1387.3, 1387.4, 1387.5, 1387.6, 1387.10, 1388, 1388.6, 1389, 1389.1, 1391, 1391.1, 1391.3, 1391.4, 1391.5, 1391.6, 1391.8, 1391.11, and 1391.12 – Pathways to Licensure
g) 16 CCR sections 1380.6, 1393, 1396, 1396.1, 1396.2, 1396.3, 1396.4, 1396.5, 1397, 1397.1, 1397.2, 1397.35, 1397.37, 1397.39, 1397.50, 1397.51, 1397.52, 1397.53, 1397.54, 1397.55 - Enforcement Provisions

14. Consideration of any Written Comments and Responses and Possible Adoption of 16 CCR Sections 1381.10, 1392, and 1397.69 – Retired License, Renewal of Expired License, Psychologist Fees (Retired License)

15. Recommendations for Agenda Items for Future Board Meetings. Note: The Board May Not Discuss or Take Action on Any Matter Raised During This Public Comment Section, Except to Decide Whether to Place the Matter on the Agenda of a Future Meeting [Government Code Sections 11125 and 11125.7(a)].

CLOSED SESSION

16. The Board Will Meet in Closed Session to Discuss and Deliberate on Disciplinary Matters, Pursuant to Government Code section 11126(c)(3).

ADJOURNMENT

Action may be taken on any item on the agenda. Items may be taken out of order or held over to a subsequent meeting, for convenience, to accommodate speakers, or to maintain a quorum. Meetings of the Board of Psychology are open to the public except when specifically noticed otherwise, in accordance with the Open Meeting Act.

If a quorum of the Board becomes unavailable, the president may, at their discretion, continue to discuss items from the agenda and to vote to make recommendations to the full board at a future meeting [Government Code § 11125(c)].

The meeting is accessible to the physically disabled. To request disability-related accommodations, use the contact information below. Please submit your request at least five (5) business days before the meeting to help ensure availability of the accommodation.

You may access this agenda and the meeting materials at www.psychology.ca.gov. The meeting may be canceled without notice. To confirm a specific meeting, please contact the Board.

Contact Person: Antonette Sorrick
1625 N. Market Boulevard, Suite N-215
Sacramento, CA 95834
(916) 574-7720
bopmail@dca.ca.gov

The Board of Psychology protects consumers of psychological services by licensing psychologists, regulating the practice of psychology, and supporting the evolution of the profession.

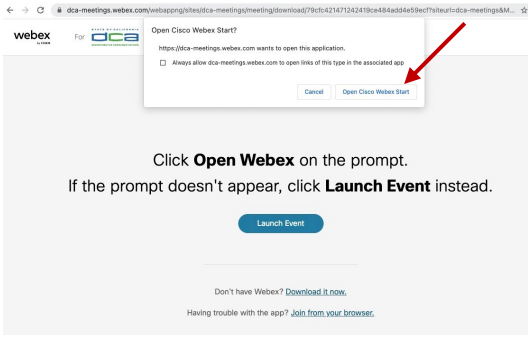
Webex QuickStart

Getting Connected

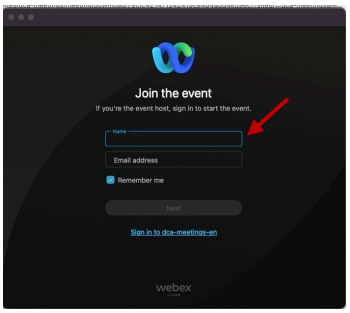
If joining using the meeting link

1. Click on the meeting link. This can be found in the meeting notice you received.

2. If you have not previously used Webex on your device, your web browser may ask if you want to open Webex. Click "Open Cisco Webex Start" or "Open Webex", whichever option is presented.
   DO NOT click "Join from your browser", as you will not be able to participate during the meeting.



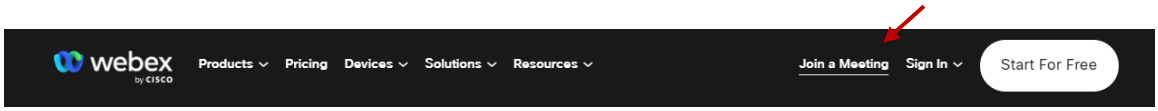
3. Enter your name and email address.
   Click "Join as a guest" .
   Accept any request for permission to use your microphone and/or camera.



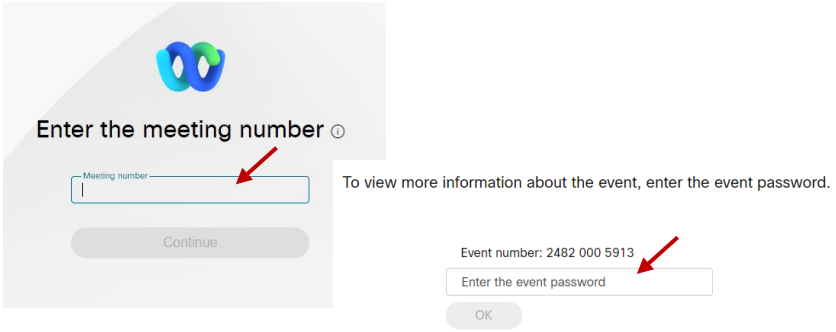
OR

If joining from Webex.com

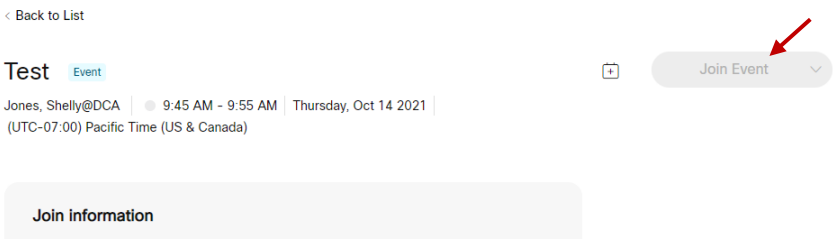
1. Click on "Join a Meeting" at the top of the Webex window.



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



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



OR

Connect via telephone:

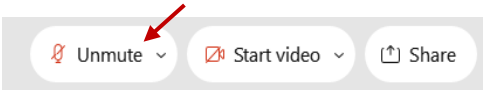
You may also join the meeting by calling in using the phone number, access code, and passcode provided in the meeting notice.

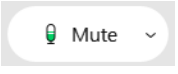
Webex QuickStart

Audio

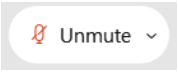
Microphone

Microphone control (mute/unmute button) is located on the command row.





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

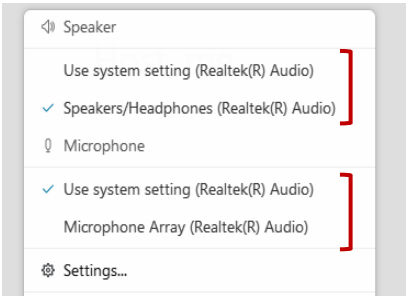


Red microphone = Muted: No one in the meeting can hear you.

Note: Only panelists can mute/unmute their own microphones. Attendees will remain muted unless the moderator enables their microphone at which time the attendee will be provided the ability to unmute their microphone by clicking on "Unmute Me".

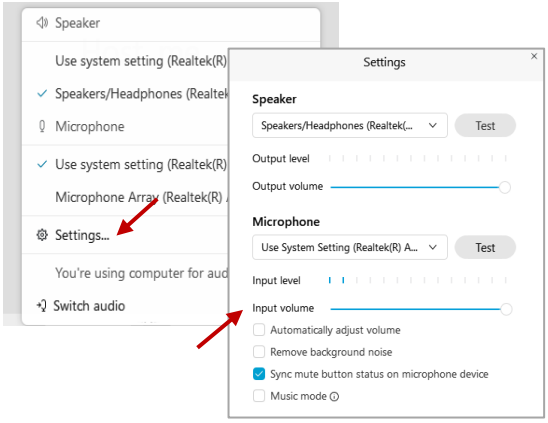
If you cannot hear or be heard

1. Click on the bottom facing arrow located on the Mute/Unmute button.
2. From the pop-up window, select a different:
   - Microphone option if participants can't hear you.
   - Speaker option if you can't hear participants.



If your microphone volume is too low or too high

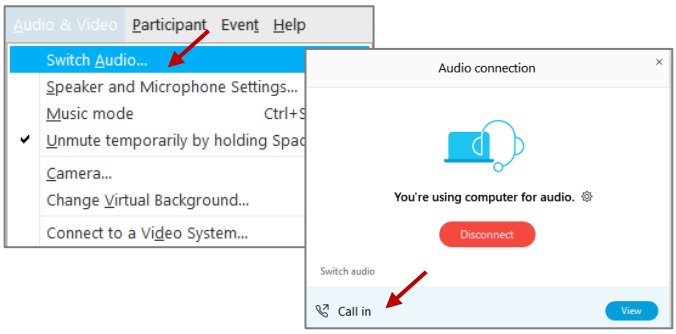
1. Locate the command row – click on the bottom facing arrow located on the Mute/Unmute button.
2. From the pop-up window:
   - Click on "Settings…":
   - Drag the "Input Volume" located under microphone settings to adjust your volume.



Audio Connectivity Issues

If you are connected by computer or tablet and you have audio issues or no microphone/speakers, you can link your phone through webex. Your phone will then become your audio source during the meeting.

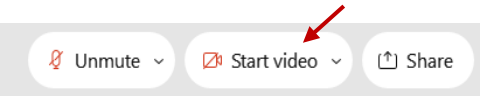
1. Click on "Audio & Video" from the menu bar.
2. Select "Switch Audio" from the drop-down menu.
3. Select the "Call In" option and following the directions.

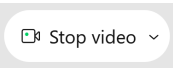


Web Camera

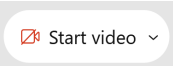
Only panelists (e.g. staff, board members, presenters) can access the web camera feature.

Camera control (Start Video/Stop Video button) is located on the command row.





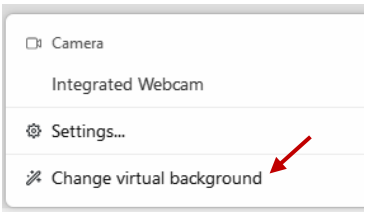
Green dot in camera = Camera is on: People in the meeting can see you.



Red dot in camera = Camera is off : No one in the meeting can see you.

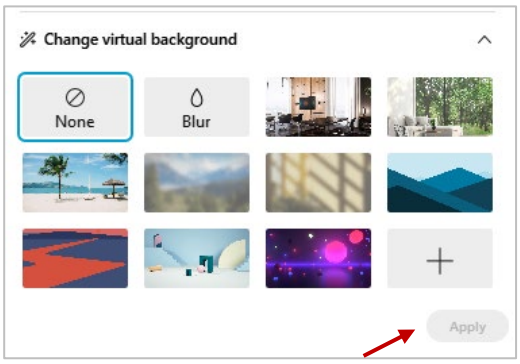
Virtual Background

1. To access virtual backgrounds, click on the bottom facing arrow located on the video button.



2. Click on “Change Virtual Background”.

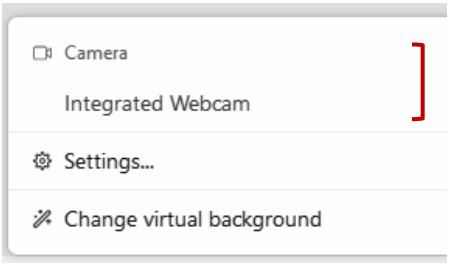
3. From the pop-up window, click on any of the available images to display that image as your virtual background and click “Apply”.



If you cannot be seen

1. Locate the command row – click on the bottom facing arrow located on the video button.

2. From the pop-up window, select a different camera from the list.



2022 Board Meeting/Event Calendar

Board Meeting

Event	Date	Location	Agenda/Materials	Minutes	Webcast
Board Meeting	February 17-18, 2022	Teleconference	Agenda Materials Hand Carry	Minutes	Webcast Feb 17 - Part 1 Webcast Feb 17 - Part 2 Webcast Feb 18 - Part 1 Webcast Feb 18 - Part 2
Board Meeting	April 29, 2022		Agenda Materials Hand Carry		Webcast April 29 - Part 1 Webcast April 29 - Part 2
Board Meeting	August 19, 2022		Agenda		
Board Meeting	November 17-18, 2022				

Budget Ad Hoc Committee

Event	Date	Location	Agenda/Materials	Minutes	Webcast
Budget Ad Hoc Committee	February 25, 2022	Teleconference	Agenda Materials		Webcast

Legislative and Regulatory Affairs Committee

Event	Date	Location	Agenda/Materials	Minutes	Webcast
Legislative and Regulatory Affairs Committee	March 25, 2022	Teleconference	Agenda Materials Hand Carry	Minutes	Webcast
Legislative and Regulatory Affairs Committee	June 10, 2022	Teleconference	Agenda Materials Hand Carry		Webcast

Licensure Committee

Event	Date	Location	Agenda/Materials	Minutes	Webcast
Licensure Committee Meeting	January 7, 2022	Teleconference	Agenda Materials Hand Carry		Webcast
Licensure Committee Meeting	July 22, 2022	Teleconference	Agenda Materials Hand Carry		Webcast

Outreach and Communications Committee

Event	Date	Location	Agenda/Materials	Minutes	Webcast
Outreach and Communications Committee Meeting	September 23, 2022				

EPPP2 Skills Ad hoc Committee

Event	Date	Location	Agenda/Materials	Minutes	Webcast
TBD					

Previous Years Board Meeting/Event Calendars

California Board of PSYCHOLOGY

1625 North Market Blvd., Suite N-215, Sacramento, CA 95834
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MEMORANDUM

DATE	August 3, 2022
TO	Board of Psychology
FROM	Jason Glasspiegel Central Services Manager
SUBJECT	Agenda Item # 4 – Discussion and Possible Approval of the Board Meeting Minutes: April 29, 2022

Background:

Attached are the draft minutes of the April 29, 2022, Board Meeting.

Action Requested:

Review and approve the minutes of the April 29, 2022, Board Meeting.

California Board of PSYCHOLOGY
1625 North Market Blvd., Suite N-215, Sacramento, CA 95834
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APRIL DRAFT MINUTES

Board Members Present
Lea Tate, PsyD, President
Seyron Foo, Vice President
Sheryll Casuga, PsyD, CMPC
Marisela Cervantes, EdD, MPA
Mary Harb Sheets, PhD
Julie Nystrom
Stephen Phillips, JD, PsyD
Ana Rescate
Shacunda Rodgers, PhD

Board Members Absent
None

Board Staff
Antonette Sorrick, Executive Officer
Jon Burke, Assistant Executive Officer
Stephanie Cheung, Licensing Manager
Jason Glasspiegel, Central Services Manager
Sandra Monterrubio, Enforcement Program Manager
Liezel McCockran, CE/Renewals Coordinator
Suzy Costa, Legislative and Regulatory Analyst
Sarah Proteau, Central Services Office Technician
Rebecca Bon, Board Counsel
Heather Hoganson, Regulatory Counsel

Agenda Item 1: Call to Order/Roll Call/Establishment of a Quorum

President Tate began the meeting at 9:10 a.m. due to technical difficulties, roll was taken, and a quorum established.

Agenda Item 2: President's Welcome

a) Mindfulness Exercise

President Tate welcomed all participants and Dr. Rodgers led a mindfulness exercise.

Agenda Item 3: Public Comment for Items Not on the Agenda.

Dr. Tate introduced this item.

There was no public comment offered.

Agenda Item 4: Discussion and Possible Approval of the Board Meeting Minutes: February 17-18, 2022

Dr. Tate introduced this item.

It was M(Harb Sheets)/S(Nystrom)/C to approve the minutes from February 17-18, 2022.

There was no Board or public comment offered.

Vote: 8 Ayes (Casuga, Cervantes, Harb Sheets, Nystrom, Phillips, Rescate, Rodgers, Tate), 0 Noes

Agenda Item 5: President's Report

a) Legislative Visits Recap
b) Meeting Calendar

Dr. Tate provided this update and stated that as part of the Board of Psychology's policy and advocacy role, Board staff scheduled meetings with the Chairs, Vice Chairs, and staff members of the Senate Business, Professions and Economic Development Committee and Assembly Business and Professions Committee. The purpose of the meetings was to discuss the Board's legislative accomplishments from the 2021 Legislative year and the Board's 2022 proposed legislation. Additionally, the Board discussed potential proposals for the 2023 legislative year, including the fee increase. In attendance at the meetings on February 16 and February 23 were Dr. Tate, Dr. Phillips, Dr. Cervantes, Dr. Casuga, Dr. Harb Sheets, and Board staff.

This update was provided for informational purposes only, with no action required.

Board members expressed appreciation for the productive aspect of the visits and the interaction that ensued.

There was no public comment offered.

Agenda Item 6: Executive Officer's Report (A. Sorrick)

b) Personnel Update
c) 2021 Department of Consumer Affairs (DCA) Annual Report
d) COVID-19 Update

Ms. Sorrick provided these updates which were informational only with no action required.

There was no Board or public comment offered.

Agenda Item 7: DCA Update

Ms. Holmes, DCA Board and Bureau Relations provided an update, which included open meeting advice, public health guidance, and personnel updates.
This update was provided as informational only with no action required.

There was no Board or public comment offered.

Agenda Item 8: Budget Report

Mr. Glasspiegel provided this update, which was informational only with no action required.

There was no Board or public comment offered.

Dr. Tate stated that Item 13 would be taken next.

Agenda Item 13: Association of State and Provincial Psychology Boards (ASPPB) EPPP2 Update

Dr. Casuga introduced this item and invited Dr. Matt Turner, ASPPB, to provide this update on the EPPP 2, which was done. He stated there would be two 90-minute Town Hall Meetings in May to allow full update and comment from the public.

Dr. Harb Sheets inquired about dates of the town hall meetings.

Discussion ensued and it was confirmed that dates would be listed on the letter ASPPB would be sending out to the Board to invite participation and that the meeting would be held via Zoom.

Drs. Harb Sheets, Cervantes and Casuga volunteered to attend the meetings as representatives of the Board.

Public Comment

Dr. Jo Linder Crow queried as to a specific date for stakeholders which Dr. Turner did not have available. It was clarified that the date of a meeting for stakeholders would be provided by ASPPB via Listserv at a later date.

There was no further Board or public comment offered.

The meeting continued with Agenda Item 9.

Agenda Item 9: Budget Ad Hoc Committee Report and Consideration of Committee Recommendations

a) Fiscal Analysis (J. Burke/J. Glasspiegel/S. Costa)
b) Fee Recommendation

Dr. Rodgers, Committee Chair, provided this update and the Budget Ad Hoc Committee recommendation that the Board increase the fees to the existing statutory cap.

Mr. Burke provided item 9(a) and noted that information was included in the combined packet beginning on page 255. He provided a historical breakdown of how the fees had been set and how fees were calculated while being analyzed to discover actual cost involved for services.

Mr. Glasspiegel noted page 269 of the meeting materials showed data of cost determination for applications and 270 which showed renewal cost determination.

Discussion ensued about how fees are set and the structure of how fees are set. Dr. Phillips referenced the lack of fee increase since 1992 and services that had been provided for years with no fee. He acknowledged that the increases may seem a large leap for licensees and expressed his understanding and appreciation of the collaborative effort to come to a resolution that would work.

Dr. Rodgers expressed thanks for the work staff has done in providing all detail and analysis.

Ms. Sorrick summarized historical context of the need of a fee increase after 30 years and referred to provided data and analysis within the materials.

Dr. Rodgers queried about other fund conditions within other programs within the Department of Consumer Affairs so comparison could be made with the fund condition of the Board. Reference was made to pages 245-247 within the meeting materials combined packet for this information.

Public Comment

Discussion ensued regarding potential roll out of fee increase options and included comments from Dr. Jo Linder Crow, CPA, and Dr. Elizabeth Winkelman, CPA. Topics included how programs were funded under the umbrella of DCA and how they do not receive any monies from the State General Fund.

Dr. Rodgers repeated the Committee recommendation that the Board increase its fees with the application fees covering the cost of processing and the renewal fees as presented in Scenario 3 in Attachment E (Statutory Minimum). Staff recommends the Board adopt the statutory maximum as presented by staff. Staff will prepare answers to

the Assembly Committee on Business & Professions Fee Background Information Questionnaire and seek an author to make the necessary statutory changes.

It was M/(Casuga)/S(Tate)/C to accept the Committee recommendation.

Votes: 9 Ayes (Casuga, Cervantes, Foo, Harb Sheets, Nystrom, Phillips, Rescate, Rodgers, Tate), 0 Noes

Agenda Item 10: Licensing Report

Ms. Cheung provided this report which was for information only and with no action required.

Discussion ensued about the efforts to reduce processing times for tasks within the Licensing Unit with the challenges of limited staff.

Dr. Harb Sheets expressed understanding at the frustration of applicants and appreciation for the hard work and efforts of staff to complete tasks in a timely manner with a heavy workload which was echoed by Ms. Sorrick.

Public Comment

Multiple comments were received regarding the lengths of processing applications. Dr. Michele Willingham, Dr. Nichole Duarte, Dr. Elizabeth Winkelman, Dr. Stacey Fields, Janet Farrell made comment.

Ms. Cheung clarified the lower number of staff within the Licensing Unit that have been processing all tasks compared to previous periods with shorter processing times.

Mr. Foo queried regarding the challenges the Licensing unit has faced with limitations on the unit and how many full-time positions the unit had been missing. Ms. Cheung stated that the Licensing Unit was down the equivalent of three full-time positions. Mr. Foo clarified that there had been an increase in applications with the unit's operation at 70 percent staff to which Ms. Cheung responded in the affirmative.

Discussion ensued regarding the process of hiring staff and the related theoretical timeline related to that.

Agenda Item 11: Continuing Education and Renewals Report

Mr. Glasspiegel provided this update and referenced the documents which began on page 343 of the combined packet in the meeting materials.

This was provided for information only with no action required.

Public Comment

Dr. Jo Linder Crow, CPA, expressed appreciation for the report and offered support of CPA in the process of development of any FAQ resources for Licensees and the public.

No further public comment offered.

Agenda Item 12: Enforcement Report

Ms. Monterrubio provided this update which was for information only with no action required.

There was no Board or public comment offered.

Agenda Item 14: Legislative and Regulatory Affairs Updates

Dr. Cervantes, Committee Chair, introduced this item and thanked Board staff for all assistance on the meetings that were held throughout the year.

a) Legislation from the 2021 Legislative Session: Review and Possible Action (M. Cervantes)

1. Board-Sponsored Legislation
   A. SB 401 (Pan) Healing arts: psychology - Amendments to sections 2960 and 2960.1 of the Business and Professions Code Regarding Denial, Suspension and Revocation for Acts of Sexual Contact

Mr. Glasspiegel provided update to this item, which was for information only, with no action required.

There was no Board or public comment received.

2. Bills with Active Positions Taken by the Board

Dr. Cervantes stated these items are for information only, with no action required and invited Ms. Costa to present items 14(2)(A)-(C).

A. AB 32 (Aguiar-Curry) Telehealth

Ms. Costa provided a summary and update on AB 32 (Aguiar-Curry). She stated that the 2-year bill was in Senate Health Committee and did not have a hearing date set and that the Board had a support position.

B. SB 731 (Durazo) Criminal records: relief

Ms. Costa provided a summary and update on SB 731 (Durazo). She stated that the bill was located on the Assembly Floor and had failed passage in 2021, was available for reconsideration but a vote had not been taken.

C. SB 772 (Ochoa Bogh) Professions and vocations: citations: minor violations

Ms. Costa provided a summary and update on SB 772 (Ochoa Bogh), stated that the bill failed to pass out of the senate, did not meet the house of origin deadline from January 2022 and was therefore, dead.

There was no Board or public comment offered for item 14(a)(2)(A), (B), and (C).

3. Watch Bills

Dr. Cervantes stated that these items would not be individually summarized in the interest of time, and details were included beginning on page 452 of the combined packet.

There was no Board or public comment offered.

A. AB 29 (Cooper) State bodies: meetings
B. AB 54 (Kiley) COVID-19 emergency order violation: license revocation
C. AB 225 (Gray) Department of Consumer Affairs: boards: veterans: military spouses: licenses
D. AB 339 (Lee) State and local government: open meetings
E. AB 562 (Low) Frontline COVID-19 Provider Mental Health Resiliency Act of 2021: health care providers: mental health services
F. AB 646 (Low) Department of Consumer Affairs: boards: expunged convictions
G. AB 657 (Bonta) State civil service system: personal services contracts: professionals
H. AB 810 (Flora) Healing arts: reports: claims against licensees
I. AB 830 (Flora) Department of Consumer Affairs: director: powers and duties
J. AB 885 (Quirk) Bagley-Keene Open Meeting Act: teleconferencing
K. AB 1026 (Smith) Business licenses: veterans.
L. AB 1236 (Ting) Healing arts: licensees: data collection
M. AB 1386 (Cunningham) License fees: military partners and spouses
N. SB 102 (Melendez) COVID-19 emergency order violation: license revocation
O. SB 221 (Wiener) Health care coverage: timely access to care
P. SB 224 (Portantino) Pupil instruction: mental health education

b) Legislation from the 2022 Legislative Session: Review and Possible Action (M. Cervantes)

1. Review of Bills for Active Position Recommendations to the Board

A. AB 1662 (Gipson) Licensing boards: disqualification from licensure: criminal conviction

Dr. Cervantes introduced this item and stated that details were included beginning on page 576 of the combined packet.

Ms. Costa provided a summary and update on this item and the Legislative and Regulatory Committee recommendation that the Board adopt an Oppose position on AB 1662 (Gipson).

It was M/(Phillips)/S(Harb Sheets)/C to oppose AB 1662.

There was no Board or public comment received.

Ms. Nystrom recused herself from voting due to her employment with the State Senate.

Votes: 8 Ayes (Casuga, Cervantes, Foo, Harb Sheets, Phillips, Rescate, Rodgers, Tate), 0 Noes, 1 Recusal (Nystrom)

B. AB 1733 (Quirk) State bodies: open meetings

Dr. Cervantes introduced this item and stated that details were included beginning on page 585 of the combined packet.

Ms. Costa provided an update to AB 1733 (Quirk) and the staff suggestion of a Support if Amended position. However, due to the deadline for all bills with fiscal impact being missed, it was unlikely the bill would move forward.

It was M(Foo)/S(Casuga)/C to take a Support if Amended position on AB 1733.

There was no Board or public comment received.

Ms. Nystrom recused herself from voting due to her employment with the State Senate.

Votes: 8 Ayes (Casuga, Cervantes, Foo, Harb Sheets, Phillips, Rescate, Rodgers, Tate), 0 Noes, 1 Recusal (Nystrom)

C. AB 2123 (Villapudua) Bringing Health Care into Communities Act of 2023

Dr. Cervantes introduced this item and stated that details were included beginning on page 604 of the combined packet.

Ms. Costa provided an update to AB 2123 (Villapudua) and that the bill had been referred to the Assembly Housing and Community Development Committee but was without a hearing date. As such, it was unlikely that the bill would move forward in 2022. Ms. Costa stated that the Legislative and Regulatory Committees recommendation that the Board adopt a Support if Amended position on AB 2123 (Villapudua)

It was M(Casuga)/S(Tate)/C to adopt the Committee recommendation to take a Support if Amended position on AB 2123.

There was no Board or public comment offered.

Ms. Nystrom recused herself from voting due to her employment with the State Senate.

Votes: 8 Ayes (Casuga, Cervantes, Foo, Harb Sheets, Phillips, Rescate, Rodgers, Tate), 0 Noes, 1 Recusal (Nystrom)

D. AB 2754 (Bauer-Kahan) Psychology: supervising psychologists: qualifications

Dr. Cervantes introduced this item and stated that details were included beginning on page 611 of the combined packet.

Ms. Costa provided a summary and update to AB 2754 (Bauer-Kahan) and stated that Board staff recommended the full Board adopt a Support if Amended position, as adopted by the Legislative and Regulatory Committee. Since the author accepted the Board's amendments and they went in print this week, Board staff recommends the full Board instead take a Support position.

It was M(Harb Sheets)/S(Rodgers)/C to adopt the Staff and Committee recommendation to take a Support position on AB 2754.

There was no Board comment offered.

Public Comment

Dr. Jo Linder-Crow, CPA, stated CPA sponsored this bill and thanked Board staff for the collaborative efforts that had taken place.

Ms. Nystrom recused herself from voting due to her employment with the State Senate.

Votes: 8 Ayes (Casuga, Cervantes, Foo, Harb Sheets, Phillips, Rescate, Rodgers, Tate), 0 Noes, 1 Recusal (Nystrom)

E. SB 1365 (Jones) Licensing boards: procedures

Dr. Cervantes introduced this item and stated that details were included beginning on page 621 of the combined packet.

Ms. Costa provided an update to SB 1365 (Jones) and the Legislative and Regulatory Committee recommendation that the full Board adopt an Oppose position on SB 1365 (Jones).

It was M(Phillips)/S(Foo)/C adopt the Committee recommendation to take an Oppose position on SB 1365.

There was no Board or public comment offered.

Ms. Nystrom recused herself from voting due to her employment with the State Senate.

Votes: 8 Ayes (Casuga, Cervantes, Foo, Harb Sheets, Phillips, Rescate, Rodgers, Tate), 0 Noes, 1 Recusal (Nystrom)

F. SB 1428 (Archuleta) Psychologists: psychological testing technician: registration

Dr. Cervantes introduced this item and stated that details were included beginning on page 637 of the combined packet.

Ms. Costa provided a summary and update to SB 1428 (Archuleta) and stated that the Legislative and Regulatory Committee recommended the full Board adopt a Support if Amended position.

It was M(Harb Sheets)/S(Casuga)/C to adopt the Committee recommendation to take a Support if Amended position on SB 1428.

There was no Board comment.

Public Comment

Dr. Elizabeth Winkelman thanked Board staff in assistance and support of this bill.

Ms. Nystrom recused herself from voting due to her employment with the State Senate.

Votes: 8 Ayes (Casuga, Cervantes, Foo, Harb Sheets, Phillips, Rescate, Rodgers, Tate), 0 Noes, 1 Recusal (Nystrom)

2. Watch Bills

Dr. Cervantes introduced this item, which was included on page 663 of the combined packet, with analysis on each bill included. She stated that this was for information only with no action required.

No Board or public comment was offered on watch bills A-J.

A. AB 1795 (Fong) Open meetings: remote participation.
B. AB 1860 (Ward) Substance abuse treatment: certification.
C. AB 1921 (Jones-Sawyer) Correctional officers.
D. AB 1988 (Bauer-Kahan) Warren-911-Emergency Assistance Act and Miles Hall-988-Mental Health and Suicide Prevention Lifeline.
E. AB 2080 (Wood) Health Care Consolidation and Contracting Fairness Act of 2022.
F. AB 2104 (Flora) Professions and vocations.
G. AB 2229 (Luz Rivas) Peace officers: minimum standards: bias evaluation.
H. AB 2274 (Blanca Rubio) Mandated reporters: statute of limitations.
I. SB 1031 (Ochoa Bogh) Healing arts boards: inactive license fees.
J. SB 1223 (Becker) Criminal procedure: mental health diversion.

c) Legislative Items for Future Meeting.

Dr. Cervantes introduced this item.

No Board or public comment was offered.

Agenda Item 15: Discussion and Possible Adoption of Continuing Professional Development Regulatory Package 16 CCR sections 1381.9, 1397.60, 1397.61, 1397.62, 1397.67, including consideration of comments received (M. Cervantes)

Dr. Cervantes introduced this item and referenced the long process involved which began as far back as November 2011. She referenced the documents included in the hand carry as well as the implementation plan which was included on page 255 of the combined packet and asked Mr. Glasspiegel to provide an update to this item.

Mr. Glasspiegel provided a historical summary and stated that the Board had been seeking to change the continuing education guidelines and requirements which related to the renewal, activation, or reinstatement of a psychology license since at least 2014.

He stated that in 2016, SB 1193 (by Senator Hill) modified existing law specifying that the Board shall issue a renewal license only to an applicant who has completed 36 hours of approved continuing professional development in the preceding two years. The rulemaking file would bring the Board in to compliance with the changes enacted by SB 1193.

Dates of interest for this package (CPD) were as follows:

- The package was noticed for the initial 45-day comment period on October 2, 2020, which ended on November 17, 2020.
- The regulatory hearing took place on November 19, 2020.

- The Board considered comments at the December 2020 Board meeting and issued a notice of modified text on December 15, 2020. The comment period for that modified text ended on January 6, 2021.
- At the February 2021 Board meeting, the Board voted to reject the comments received during the 15-day comment period as the comments were not considered to be germane and were outside of the scope of the revised text.
- The package was submitted to the Office of Administrative Law (OAL) for final review on October 1, 2021. Upon review, OAL suggested additional changes which were incorporated into the (second) modified text, which was noticed April 4, 2022. The comment period on this modified text ended April 19, 2022. This text changed the implementation date of CPD to January 1, 2023.

He stated that at the direction of OAL, staff had individually summarized all comments from the 45-day and 15-day comment periods and responded to each one separately.

Mr. Glasspiegel provided the Staff recommendation that after consideration of the comments received as reflected in Attachments C and D, the Board adopt the second modified regulation text with no further changes and approve all of the comment responses with the following motion: To adopt the second modified text as noticed, approve the responses to all comments received during all comment periods, delegate to the Executive Officer the ability to make any technical or non-substantive edits to the text in order to secure final approval from the Office of Administrative Law.

It was M/(Harb Sheets)S/(Phillips)/C to adopt the staff recommendation as listed.

Public Comment.

Dr. Elizabeth Winkelman, California Psychological Association (CPA), expressed appreciation for the work of the Board and staff in their efforts and work on the process. She queried as to what the next steps would be, should the Board vote to approve the modified text as written.

Mr. Glasspiegel stated that once the Board approved the modified text, staff would complete the documentation needed to resubmit the package to the Office of Administrative Law. He stated that once the package was reviewed and approved by OAL, the language would go into print quarterly but that the language itself has a start date of January 1, 2023, for each section and while language would be visible, it would not effective until the start date.

Mr. Glasspiegel stated his hope that approval would be received from OAL no later than July 1, 2022

There was no additional public comment offered.

Votes: 9 Ayes, (Casuga, Cervantes, Foo, Harb Sheets, Nystrom, Phillips, Rescate, Rodgers, Tate), 0 Noes

Text as Approved

§ 1381.9. Renewal of Expired License; Reapplication After Cancelled License.

(a) In the event a licensee does not renew ~~his or her~~their license as provided in section 2982 of the Code, the license expires. In addition to any other requirements, a licensee renewing pursuant to section 2984 of the Code shall furnish a full set of fingerprints as required by and set out in section 1381.7(b) as a condition of renewal.

(b) After a license has been expired for three years, the license is automatically cancelled, and a new license must be obtained in order to provide psychological services. A person whose license has been cancelled may obtain a new license pursuant to the requirements in section 2986 of the Code, and providing the person:

(1) submits a complete licensing application pursuant to ~~*section 1381*~~ *Article 2*;
(2) meets all current licensing requirements;
(3) successfully passes the examination pursuant to section 1388.6;
(4) provides evidence of continuing professional development taken pursuant to section 1397.67(b) *or section 1397.67.1(b), as applicable per date of application*~~,~~*;* and *has* no fact, circumstance, or condition ~~*exists*~~ that would be grounds for denial of licensure under section~~s~~ 480 *of the Code* or Division ~~/~~ *2,* Chapter ~~/~~ *6.6,* Article 4 of the Code.

NOTE: Authority cited: Sections 2930 and 2982, Business and Professions Code. Reference: Sections 118, 480, 2984 and 2986, Business and Professions Code; and Section 11105(b)(10), Penal Code.

§ 1397.60. Definitions. [Effective until December 31, 202~~0~~~~1~~~~2~~,]

This section is inoperative January 1, 202~~1~~~~2~~3, and repealed on December 31, 20~~1~~~~2~~3.

As used in this article:

(a) “Conference” means a course consisting of multiple concurrent or sequential free-standing presentations. Acceptable presentations must meet the requirements of section 1397.61(c).

(b) “Continuing education” *(CE)* means the variety of forms of learning experiences, including, but not limited to, lectures, conferences, seminars, workshops, grand rounds, in-service training programs, video conferencing, and independent learning technologies.

(c) “Course” or “presentation” means an approved systematic learning experience of at least one hour in length. One hour shall consist of 60 minutes of actual instruction. Courses or presentations less than one hour in duration shall not be acceptable.

(d) “Grand rounds” or “in-service training program” means a course consisting of sequential, free-standing presentations designed to meet the internal educational needs of the staff or members of an organization and is not marketed, advertised or promoted to professionals outside of the organization. Acceptable presentations must meet the requirements of section 1397.61(c).

(e) “Independent learning” means the variety of forms of organized and directed learning experiences that occur when the instructor and the student are not in direct visual or auditory contact. These include, but are not limited to, courses delivered via the Internet, CD-ROM, satellite downlink, correspondence and home study. Self-initiated, independent study programs that do not meet the requirements of section 1397.61(c) are not acceptable for continuing education. Except for qualified individuals with a disability who apply to and are approved by the Board pursuant to section 1397.62(c), independent learning can be used to meet no more than 75% (27~~.~~ hours) of the continuing education required in each renewal cycle. Independent learning courses must meet the requirements of section 1397.61(c).

(f) “Provider” means an organization, institution, association, university, or other person or entity assuming full responsibility for the course offered, whose courses are accepted for credit pursuant to section 1397.61(c)(1).

Note: Authority cited: Sections 2915(g) and 2930, Business and Professions Code. Reference: Sections 29 and 2915, Business and Professions Code.

§ 1397.60.*1.* Definitions. [Effective January 1, 2021~~2~~23.]

This section shall be applicable to *both* a license that expires on or after *January 1, 2023, and an application for license renewal, reactivation, or reinstatement received on or after January 1, 2023~~, or is renewed, reactivated, or reinstated on or after, January 1, 2021~~2*.

Continuing Professional Development (CPD) means required learning activities approved for the purpose of license renewal. ~~*CPD shall be met in the following*~~ *The* four categories~~:~~ *of CPD are* Professional Activities *(section 2915(c)(1) of the Code)*; Academic *(section 2915(c)(2) of the Code)*; Sponsored Continuing Education *(section 2915(c)(3) of the Code)*; and Board Certification *(section 2915(c)(4) of the Code)*.

(a) Acceptable CPD learning activities under “Professional Activities” include: (1) “Peer Consultation”

(A) “Peer Consultation” means engaging in structured and organized interaction, in person or electronically mediated, with professional colleagues designed to broaden professional knowledge and expertise, reduce professional isolation, and directly inform the work of the psychologist. CPD pursuant to this ~~*section*~~ *paragraph* may only be obtained through individual or group case consultation, reading groups, or research groups. These activities must be focused on maintaining, developing, or increasing conceptual and applied competencies that

are relevant to psychological practice, education, or science.
(B) “Peer Consultation” does not include “Supervision” as defined in ~~*section*~~ *subsection* (b)(3).

(2) “Practice Outcome Monitoring” (POM)
“Practice Outcome Monitoring” (POM) means the application of outcome assessment protocols with clients/patients, in order to monitor one’s own practice process and outcomes, with the goal of assessing effectiveness. All outcome measures must be sensitive to cultural and diversity issues.

(3) “Professional Services”
“Professional Services” means ongoing participation in services related to the field of psychology, or other related disciplines, *separate and apart from a fee-for-service arrangement*, including ~~*but not limited to,*~~ *the following:* serving on psychological association boards or committees, editorial boards of peer reviewed journals related to psychology or other related disciplines, scientific grant review teams, *and* boards of regulatory bodies~~,~~; program development; and~~*/or*~~ evaluation activities~~, *separate and apart from a fee for service arrangement*~~.

(4) “Conference/Convention Attendance” “Conference/Convention Attendance” means attending a professional gathering, either in person or via electronic means, that consists of multiple concurrent or sequential free-standing presentations related to the practice of psychology, or that may be applied to psychological practice, where the licensee interacts with professional colleagues and participates in the social, interpersonal, professional, and scientific activities that are part of the environment of those gatherings. CPD credit may be accrued for “Conference/Convention Attendance” separate from credit earned for completing sponsored CE coursework or sessions at the same conference/convention.

(5) “Examination Functions”
“Examination Functions” means serving in any function related to examination development for the Board or for the development of the EPPP.

(6) “Expert Review/Consultation”
“Expert Review/Consultation” means serving in any expert capacity for the Board.

(7) “Attendance at a California Board of Psychology Meeting”
“Attendance at a California Board of Psychology Meeting” means ~~*physical*~~ attendance*, either in person or via electronic means,* at a full-

day Board meeting or ~~*physical attendance at*~~ a separately noticed ~~C~~committee meeting of the Board.

(b) Acceptable CPD learning activities under "Academic" include: (1) "Academic Coursework"

"Academic Coursework" means completing and earning academic credit for a graduate-level course related to psychology from an institution whose degree meets the requirements of section 2914 of the Code.

(2) "Academic/Sponsor-Approved Continuing Education (CE) Instruction" (A) "Academic Instruction" means teaching a graduate-level course that is part of a degree program which degree meets the requirements of section 2914(~~c~~b) of the Code.
(B) "Sponsor-Approved CE Instruction" means teaching a sponsored CE course that relates to the practice of psychology as defined in section 1397.60.*1*(c).

(3) "Supervision"

"Supervision" means overseeing the professional experience of a trainee who is accruing hours toward licensure as a ~~P~~psychologist, ~~M~~marriage and ~~F~~family ~~T~~therapist, ~~L~~licensed ~~C~~clinical ~~S~~social ~~W~~worker, ~~L~~licensed ~~P~~professional ~~C~~clinical ~~C~~counselor, ~~L~~licensed ~~E~~educational ~~P~~psychologist, or ~~P~~physician and ~~S~~surgeon.

(4) "Publications"

"Publications" means authoring or co-authoring peer-reviewed journal articles, book chapters, or books, or editing or co-editing a book, related to psychology or *a* related discipline.

(5) "Self-Directed Learning"

"Self-Directed Learning" means independent educational activities focused on maintaining, developing, or increasing conceptual and applied competencies that are relevant to psychological practice, education, or science, such as reading books or peer-reviewed journal articles, watching videos or webcasts, ~~or~~ listening to podcasts, *attending a webinar that is not sponsor-approved for CE credit, taking academic coursework provided by institutions that do not meet the requirements in section 1397.61.1(b)(1), and conference/convention attendance that does not meet the requirements of section 1397.60.1(a)(4).*

(c) Acceptable CPD learning activities under "Sponsored Continuing Education" means Sponsor-Approved Continuing Education, which includes any approved structured, sequenced learning activity, whether conducted in-person or online. "Course" ~~or~~ *and* "presentation" mean~~s~~ a sponsor-approved systematic learning experience. "Provider" means an organization, institution, association, university, or other person or entity assuming full responsibility for the CE program offered, and

whose courses are accepted for credit pursuant to section 1397.61.*1*(~~k~~*j*)*(1) and (2)*.

(d) Acceptable CPD learning activities under “Board Certification” are defined as the initial earning of a specialty certification in an area of psychology from the American Board of Professional Psychology (ABPP).

Note: Authority cited: Sections 2915(g) and 2930, Business and Professions Code. Reference: Sections 29 and 2915, Business and Professions Code.

§ 1397.61. Continuing Education Requirements. [Effective until December 31, 202~~0~~*1*~~2~~.]

This section is inoperative January 1, 202~~1~~*2*~~2~~*3*, and repealed on December 31, 202~~1~~*2*~~3~~.

(a) Except as provided in section 2915(e) of the Business and Professions Code and section 1397.62 of these regulations, each licensed psychologist shall certify on the application for license renewal that ~~*he or she*~~ *the licensee* has completed the continuing education requirements set forth in section 2915 of the Code. A licensee who renews ~~his or her~~their license for the first time after the initial issuance of the license is only required to accrue continuing education for the number of months that the license was in effect, including the month the license was issued, at the rate of 1.5~~.~~ hours of approved continuing education per month. Continuing education earned via independent learning pursuant to section 1397.60(e) shall be accrued at no more than 75% of the continuing education required for the first time renewal. The required hours of continuing education may not be accrued prior to the effective date of the initial issuance of the license. A licensee who falsifies or makes a material misrepresentation of fact on a renewal application or who cannot verify completion of continuing education by producing verification of attendance certificates, whenever requested to do so by the Board, is subject to disciplinary action under section 2960 of the Code.

(b) Any person renewing or reactivating ~~his or her~~their license shall certify under penalty of perjury to the Board of Psychology as requested on the application for license renewal, that ~~*he or she*~~ *the licensee* has obtained training in the subject of laws and ethics as they apply to the practice of psychology in California. The training shall include recent changes/updates on the laws and regulations related to the practice of psychology; recent changes/updates in the Ethical Principles of Psychologists and Code of Conduct published by the American Psychological Association; accepted standards of practice; and other applications of laws and ethics as they affect the licensee's ability to practice psychology with safety to the public. Training pursuant to this section may be obtained in one or more of the following ways:

(1) Formal coursework in laws and ethics taken from an accredited educational institution;

(2) Approved continuing education course in laws and ethics;

(3) Workshops in laws and ethics;
(4) Other experience which provide direction and education in laws and ethics including, but not limited to, grand rounds or professional association presentation.

If the licensee chooses to apply a specific continuing education course on the topic of laws and ethics to meet the foregoing requirement, such a course must meet the content requirements named above, must comply with section 1397.60(c), and may be applied to the 36~~=~~ hours of approved continuing education required in Business and Professions Code section 2915(a).

(c) The Board recognizes and accepts for continuing education credit courses pursuant to this section. A licensee will earn one hour continuing education credit for each hour of approved instruction.

(1) Continuing education courses shall be:

(A) provided by American Psychological Association (APA), or its approved sponsors;

(B) Continuing Medical Education (CME) courses specifically applicable and pertinent to the practice of psychology and that are accredited by the California Medical Association (CMA) or the Accreditation Council for Continuing Medical Education (ACCME); or

(C) provided by the California Psychological Association, or its approved sponsors.

(D) approved by an accrediting agency for continuing education courses taken prior to January 1, 2013, pursuant to this section as it existed prior to January 1, 2013.

(2) Topics and subject matter for all continuing education shall be pertinent to the practice of psychology. Course or learning material must have a relevance or direct application to a consumer of psychological services.

(3) No course may be taken and claimed more than once during a renewal period, nor during any twelve (12) month period, for continuing education credit.

(4) An instructor may claim the course for ~~*his/her*~~ *their* own credit only one time that ~~*he/she*~~ *the licensee* teaches the acceptable course during a renewal cycle, or during any twelve (12) month period, receiving the same credit hours as the participant.

(d) Examination Functions. A licensee who serves the Board as a selected participant in any examination development related function will receive one hour of continuing education credit for each hour served. Selected Board experts will receive one hour of continuing education credit for each hour attending Board sponsored Expert Training Seminars. A licensee who receives approved continuing education credit as set forth in this paragraph shall maintain a record of hours served for submission to the Board pursuant to section 1397.61(e).

(e) A licensee shall maintain documentation of completion of continuing education

requirements for four (4) years following the renewal period, and shall submit verification of completion to the Board upon request. Documentation shall contain the minimum information for review by the Board: name of provider and evidence that provider meets the requirements of section 1397.61(c)(1); topic and subject matter; number of hours or units; and a syllabus or course description. The Board shall make the final determination as to whether the continuing education submitted for credit meets the requirements of this article.

(f) Failure to provide all of the information required by this section renders any application for renewal incomplete and not eligible for renewal.

Note: Authority cited: Sections 2915(g) and 2930, Business and Professions Code. Reference: Sections 29, 32~~,~~ *and* 2915 ~~*and 2915.7*~~, Business and Professions Code.

§ 1397.61.*1.* Continuing Professional Development Requirements. [Effective January 1, 202~~12~~3.]

This section shall be applicable to *both* a license that expires on or after *January 1, 2023, and an application for license renewal, reactivation, or reinstatement received on or after January 1, 2023~~, or is renewed, reactivated, or reinstated on or after, January 1, 2021~~2.*

(a) Except as provided in section ~~*2915(eg) of the Business and Professions Code and section*~~ 1397.62.*1* of these regulations, a psychologist shall certify under penalty of perjury to the Board on the application for license renewal that ~~*he or she*~~ *the licensee* has completed the CPD requirements set forth in this Article and section 2915 of the Code. Failing to do so, or falsifying or making a material misrepresentation of fact on a renewal application, or failing to provide documentation verifying compliance whenever requested to do so by the Board, shall be considered unprofessional conduct and subject the licensee to disciplinary action and render ~~his or her~~their license ineligible for renewal.

(b) A psychologist renewing ~~his or her~~their license shall certify under penalty of perjury on the application for license renewal that ~~*he or she*~~ *the licensee* has engaged in a minimum of four (4) hours of training in the subject of laws and ethics, as they apply to the practice of psychology in California for each renewal period. This includes recent changes or updates on the laws and regulations related to the practice of psychology; recent changes or updates in the Ethical Principles of Psychologists and Code of Conduct published by the American Psychological Association; accepted standards of practice; and other applications of laws and ethics as they affect the licensee's ability to practice psychology safely. This requirement shall be met using any combination of the four (4) CPD categories, and the licensee shall indicate on ~~his or her~~their documentation which of the CPD activities are being used to fulfill this requirement. The four (4) hours shall be considered part of the 36~~-~~hour CPD requirement.

(c) A psychologist renewing ~~his or her~~their license shall certify under penalty of perjury on the application for license renewal that ~~*he or she*~~ *the licensee* has engaged in a minimum of four (4) hours of training for each renewal period pertinent to Cultural Diversity and/or Social Justice issues as they apply to the practice of psychology in California. *Cultural Diversity pertains to differences in age, race, culture, ethnicity, nationality, immigration status, gender, gender identity, sexual orientation, socioeconomic status, religion/spirituality, and physical ability. Social Justice pertains to the historical, social and political inequities in the treatment of people from non-dominant groups, while addressing the various injustices and different types of oppression that contribute to individual, family and community psychological concerns.* This requirement shall be met using any combination of the four (4) CPD categories, and the licensee shall indicate on ~~his or her~~their documentation which of the CPD activities are being used to fulfill this requirement. The four (4) hours shall be considered part of the 36-~~-~~hour CPD requirement.

(d) Topics and subject matter for all CPD activities shall be pertinent to the practice of psychology.

(e) The Board recognizes and accepts CPD hours that meet the description of the activities set forth in section 1397.60*.1*. With the exception of 100% ABPP Board Certification, a licensee shall accrue hours during each renewal period from at least two (2) of the four (4) CPD activity categories: Professional Activities; Academic; Sponsored Continuing Education; and Board Certification.

Unless otherwise specified, for any activity for which the licensee wishes to claim credit, no less than one (1) hour credit may be claimed and no more than the maximum number of allowable hours, as set forth in subsection (f), may be claimed for each renewal period.

(f) Acceptable CPD learning activities under "Professional Activities" ~~*include*~~ *are as follows*:

(1) "Peer Consultation"

(A) A maximum of 18- hours shall be credited in "Peer Consultation".

(B) One (1) hour of activity in "Peer Consultation" equals one (1) hour of credit.

(C) The licensee shall maintain a record of this activity as documentation of compliance. This record shall include: date(s), type of activity, and total number of hours.

(2) "Practice Outcome Monitoring" (POM)

(A) A maximum of nine (9) hours shall be credited in "POM".

(B) "POM" for one (1) patient/client equals one (1) hour credited. (C) The licensee shall maintain a record of this activity as documentation of compliance. This record shall include: date(s) of monitoring, client identifier, and how outcomes were measured.

(3) "Professional Service"

(A) A minimum of 4.5= hours and a maximum of 12= hours shall be credited in “Professional Service”.
(B) One (1) year of “Professional Service” for a particular activity equals nine (9) hours credited and six (6) months equals 4.5= hours credited.
(C) The licensee shall maintain a record of this activity as documentation of compliance. This record shall include: board or program name, role of licensee, dates of service, and term of service (six months or one year).

(4) “Conference/Convention Attendance”
(A) A maximum of six (6) hours shall be credited in “Conference/Convention Attendance”.
(B) One (1) full conference/convention day attendance equals one (1) hour credited.
(C) The licensee shall maintain a record of this activity as documentation of compliance. This record shall include: name of conference/convention attended, proof of registration, and date(s) of conference/convention attended.

(5) “Examination Functions”
(A) A maximum of 12= hours shall be credited in “Examination Functions”.
(B) One (1) hour of service equals one (1) hour of credit. (C) The licensee shall maintain a record of this activity as documentation of compliance. This record shall include: name of exam, dates of service, and number of hours.

(6) “Expert Review/Consultation”
(A) A maximum of 12= hours shall be credited in “Expert Review/Consultation”.
(B) One (1) hour of service in an expert capacity equals one (1) hour of credit.
(C) The licensee shall maintain a record of this activity as documentation of compliance. This record shall include: dates of service and number of hours.

(7) “Attendance at a California Board of Psychology Meeting”
(A) A maximum of eight (8) hours shall be credited in “Attendance at a California Board of Psychology Meeting”.
(B) Attendance for one (1) day Board or ~~C~~committee meeting equals six (6) hours of credit. For Board or ~~C~~committee meetings that are three (3) hours or less, one (1) hour of attendance equals one (1) hour of credit.
(C) The licensee shall maintain a record of hours as documentation of compliance. This record shall include: date of meeting, name of meeting, and number of hours attended. A psychologist requesting CPD

credit pursuant to this subdivision shall have signed in and out on an attendance sheet providing ~~his or her~~their first and last name, license number, time of arrival and time of departure from the meeting.

(g) Acceptable CPD learning activities under "Academic" ~~*include*~~ *are as follows*:

(1) "Academic Coursework"

(A) A maximum of 18= hours shall be credited in "Academic Coursework".

(B) Each course taken counts only once for each renewal period and may only be submitted for credit once the course is completed. (C) Each one (1) semester unit earned equals six (6) hours of credit and each one (1) quarter unit earned equals 4.5= hours of credit.

(D) The licensee shall maintain a record of this activity as documentation of compliance. This record shall include a transcript with evidence of a passing grade (C or higher, or "pass").

(2) "Academic/Sponsor-Approved CE Instruction" (A) "Academic Instruction"

(i) A maximum of 18= hours shall be credited in "Academic Instruction".

(ii) Each course taught counts only once for each renewal period and may only be submitted for credit once the course is completed. (iii) A term-long (quarter or semester) academic course equals 18= hours of credit.

(iv) The licensee shall maintain a record of this activity as documentation of compliance. This record shall include: course syllabus, title of course, name of institution, and dates of instruction.

(B) "Sponsor-Approved CE Instruction"

(i) A maximum of 18= hours shall be used in "Sponsor-Approved CE Instruction".

(ii) Each course taught counts only once for each renewal period and may only be submitted for credit once the course is completed. (iii) One (1) hour of instruction equals 1.5= hours of credit.

(iv) The licensee shall maintain a record of this activity as documentation of compliance. This record shall include: course syllabus, title of course, dates of instruction, name of sponsoring entity, and number of hours taught.

(3) "Supervision"

(A) A maximum of 18= hours shall be credited in "Supervision". (B) One (1) hour of supervision equals one (1) hour of credit. (C) The licensee shall maintain a record of this activity as documentation of compliance. This record shall include: dates of supervision and a trainee identifier.

(4) “Publications”

(A) A maximum of nine (9) hours shall be credited in “Publications”. (B) One (1) publication equals nine (9) hours of credit.

(C) A publication may only be counted once.

(D) The licensee shall maintain a record of this activity as documentation of compliance. This record shall include: either a letter of acceptance for publication, or proof of publication with publication date in the renewal period for which it is being submitted.

(5) “Self-Directed Learning”

(A) A maximum of six (6) hours shall be credited in “Self-Directed Learning”.

(B) One (1) hour of activity in “Self-Directed Learning” equals one (1) hour of credit.

(C) The licensee shall maintain a record of this activity as documentation of compliance. This record shall include: date(s), medium (e.g. webinar), topic or title, and total number of hours.

(h) Acceptable “Sponsored Continuing Education” ~~*include*~~ *are as follows*:

(1) A maximum of 27~~.~~ hours shall be credited in “Sponsored Continuing Education”.

(2) Credit may be granted only once during a renewal cycle for each course taken.

(3) One (1) hour of sponsored continuing education equals one (1) hour of credit.

(4) The licensee shall maintain proof of attendance provided by the sponsor of the continuing education as documentation of compliance.

(i) Acceptable CPD learning activities under “Board Certification” ~~*include*~~ *are as follows*: (1) ABPP Board Certification

(A) ABPP Board Certification ~~*may*~~ count*s* for 100% (36~~.~~ hours) of required CPD in the renewal cycle in which the certification is awarded.

(B) The licensee shall maintain proof of specialty certification as documentation of compliance.

(2) “Senior Option” ABPP Board Certification

(A) “Senior Option” ABPP Board Certification ~~*may*~~ count*s* for 50% (18~~.~~ hours) of required CPD in the renewal cycle in which the certification is awarded.

(B) The licensee shall maintain proof of specialty certification as documentation of compliance.

(j) To satisfy the requirements of section 2915 of the Code, an organization seeking the authority to approve a provider of continuing education shall meet the following requirements. An organization authorized pursuant to this section may also provide continuing education. An organization previously approved by the Board to approve

providers of CE are deemed authorized under this section.

(1) The approving organization must:

(A) have a 10-year history of providing educational programming for psychologists~~,~~;

(B) have documented procedures for maintaining a continuing education approval program, including~~, *but not limited to*~~:

(i) maintaining and managing records and data related to approved CE programs, and

(ii) monitoring and approving CE providers and courses;

(C) have policies in place to avoid a conflict of interest between its provider and approval functions~~,~~;

(D) evaluate each CE provider seeking approval, including itself, according to current evidence as to what constitutes an appropriate program in terms of content and level of presentation, as set out in subsection (j)(2)~~,~~;

(E) conduct periodic reviews of courses offered by providers approved by the organization, as well as its own courses, to determine compliance with the organization's requirements and the requirements of the Board~~,~~;

(F) establish a procedure for determining if an approved provider meets regulatory criteria as established in this subsection~~,~~; and (G) have a process to respond to complaints from the Board, providers, or from licensees concerning activities of any of its approved providers or the provider's~~their~~ courses.

(2) The approving organization shall ensure that approved providers:

(A) offer content at post-licensure level in psychology that is designed to maintain, develop, broaden, and/or increase professional competencies~~,~~;

(B) demonstrate that the information and programs presented are intended to maintain, develop, and increase conceptual and applied competencies that are relevant to psychological practice, education, or science, and have a direct consumer application in at least one of the following ways:

(i) programs include content related to well-established psychological principles,

(ii) programs are based on content that extends current theory, methods or research, or informs current practice,

(iii) programs provide information related to ethical, legal, statutory, or regulatory guidelines and standards that impact the practice of psychology, and/or

(iv) programs' content focuses on non-traditional or emerging practice or theory and can demonstrate relevance to practice~~,~~;

(C) use a formal (written) evaluation tool to assess program effectiveness (what was learned) and assess how well each of the educational goals was achieved (this is separate from assessing attendee satisfaction with the CE program)~~,~~;

(D) use results of the evaluation process to improve and plan future programs~~,~~;

(E) provide CE credit on the basis of one hour of credit will be earned for each hour of approved instruction~~,~~;

(F) provide attendance verification to CE attendees that includes the name of the licensee, the name of the course, the date of the course, the number of credit hours earned, and the approving agency~~,~~;

(G) provide services to all licensees without discrimination~~,~~; and

(H) ensure that advertisements for CE courses include language that accurately reflects the approval status of the provider.

(3) Failure of the approving organization to meet the provisions of ~~*this section*~~ *subsection (j)(1) or (2)* shall constitute cause for revocation of authorization by the Board. Authorization shall be revoked only by a formal Board action, after notice and hearing, and for good cause.

(k)(1) Each person who applies to renew ~~his or her~~their license shall certify under penalty of perjury that ~~*he or she*~~ *the licensee* has complied with all the *applicable* requirements of this section within the licensure period they are currently in, shall maintain proof of compliance for four (4) years from the effective date of the renewal, and shall submit such proof to the Board upon request.

~~*(k)*~~(2) Each person who applies to reactivate or reinstate ~~his or her~~their license shall certify under penalty of perjury that ~~*he or she*~~ *the licensee* has complied with all the *applicable* requirements of this section within the 24-month period prior to the request to reactive or reinstate, shall maintain proof of compliance for four (4) years from the date of the reactivation or reinstatement, and shall submit such proof to the Board upon request.

(l) No activity may be claimed for credit in more than one CPD category.

(m) For a license that renews or is reactivated between January 1, 202~~1~~*2*3, and December 31, 202~~1~~*2*3, the hours accrued will qualify for renewal if they meet either the requirements of ~~*this*~~ section *1367.61* as it existed ~~*prior to January 1, 2021*~~*2 on December 31, 2022,* or ~~*as it exists after January 1, 2021*~~*2 this section*.

Note: Authority cited: Sections 2915 and 2930, Business and Professions Code. Reference: Sections 29, 32~~,~~ *and* 2915 ~~*and 2915.7*~~, Business and Professions Code.

§ 1397.62. Continuing Education Exemptions and Exceptions. [Effective until December 31, 202~~0~~*1*2.]

This section is inoperative January 1, 202~~1~~*2*3, and repealed on December 31, 202~~1~~*2*3.

At the time of making application for renewal of a license, a psychologist may as provided in this section request an exemption or an exception from all or part of the continuing education requirements.

(a) The Board shall grant an exemption only if the psychologist verifies in writing that, during the two-year period immediately prior to the expiration date of the license, ~~*he or she*~~ *the licensee*:

(1) Has been engaged in active military service reasonably preventing completion of the continuing education requirements, except that a licensee granted an exemption pursuant to this section shall still be required to fulfill the laws and ethics requirement set forth in section 1397.61(b); or

(2) Has been prevented from completing the continuing education requirements for reasons of health or other good cause which includes:

(A) Total physical and/or mental disability of the psychologist for at least one year; or

(B) Total physical and/or mental disability of an immediate family member for at least one year where the psychologist has total responsibility for the care of that family member.

Verification of a physical disability under subsection (a)(2) shall be by a licensed physician and surgeon or, in the case of a mental disability, by a licensed psychologist or a board certified or board eligible psychiatrist.

(b) An exception to the requirements of Business and Professions Code section 2915(d) may be granted to licensed psychologists who are not engaged in the direct delivery of mental health services for whom there is an absence of available continuing education courses relevant to their specific area of practice.

(1) An exception granted pursuant to this subsection means that the Board will accept continuing education courses that are not acceptable pursuant to section 1397.61(c) provided that they are directly related to the licensee's specific area of practice and offered by recognized professional organizations. The Board will review the licensee's area of practice, the subject matter of the course, and the provider on a case-by-case basis. This exception does not mean the licensee is exempt from completing the continuing education required by Business and Professions Code section 2915 and this article.

(2) Licensees seeking this exception shall provide all necessary information to enable the Board to determine the lack of available approved continuing education and the relevance of each course to the continuing competence of the licensee. Such a request shall be submitted in writing and must include a clear statement as to the relevance of the course to the practice of psychology and the following information:

(A) Information describing, in detail, the depth and breadth of the content covered (e.g., a course syllabus and the goals and objectives of the course), particularly as it relates to the practice of psychology.

(B) Information that shows the course instructor's qualifications to teach the content being taught (e.g., ~~his or her~~their education, training, experience, scope of practice, licenses held and length of experience and expertise in the relevant subject matter), particularly as it relates

to the practice of psychology.
(C) Information that shows the course provider's qualifications to offer the type of course being offered (e.g., the provider's background, history, experience and similar courses previously offered by the provider), particularly as it relates to the practice of psychology.

(3) This subsection does not apply to licensees engaged in the direct delivery of mental health services.

(c) Psychologists requiring reasonable accommodation according to the Americans with Disabilities Act may be granted an exemption from the on-site participation requirement and may substitute all or part of their continuing education requirement with an American Psychological Association or accreditation agency approved independent learning continuing education program. A qualified individual with a disability must apply to the Board to receive this exemption.

(d) Any licensee who submits a request for an exemption or exception that is denied by the Board shall complete any continuing education requirements within 120 days of the notification that the request was denied.

NOTE: Authority cited: Sections 2915(g) and 2930, Business and Professions Code. Reference: Section 2915, Business and Professions Code.

§ 1397.62.*1.* Continuing Education Exemptions. [Effective January 1, 2021~~2~~*23*]

This section shall be applicable to *both* a license that expires on or after *January 1, 2023, and an application for license renewal, reactivation, or reinstatement received on or after January 1, 2023~~, or is renewed, reactivated, reinstated on or after, January 1, 2021~~2*.

(a) To be granted an exemption from all or part of the CPD requirements, a licensee must certify in writing that ~~*he or she*~~ *the licensee* has met the requirement of section 114.3 of the Code that during the two~~-~~-year period immediately preceding the expiration of the license, ~~*he or she*~~ *the licensee* was on active military duty. The request for exemption must be submitted no less than thirty (30) days prior to the submission of an application for the renewal of the license. For the first renewal after discharge from active military service, ~~*he or she*~~ *the licensee* shall be exempt from the CPD renewal requirements, except that ~~*he or she*~~ *the licensee* must accrue, as a condition of renewal, 1.5~~-~~ hours *of CPD* per month (or portion of *a* month) remaining in the renewal cycle post-discharge, calculated 60 days after discharge date. The licensee shall then, at a minimum, fulfill the Laws and Ethics requirement set out in section 1397.61.*1*(b), and the Cultural Diversity and/or Social Justice requirement set out in section 1397.61.*1*(c).

(b) Any licensee who submits a request for an exemption that is denied, in whole or

in part, by the Board shall complete any CPD requirements within 120 days of the notification that the request was denied.

NOTE: Authority cited: Sections 114.3, 2915~~(g),~~ and 2930, Business and Professions Code. Reference: Sections 114.3 and 2915, Business and Professions Code.

§ 1397.67. Renewal After Inactive or ~~Delinquent~~ Expired Status. [Effective until December 31, 2020~~1~~2.]

This section is inoperative January 1, 202~~1~~2*3*, and repealed on December 31, 202~~1~~2*3*.

(a) To activate a license which has been placed on inactive status pursuant to section 2988 of the Code, the licensee must submit evidence of completion of the requisite 36~~-~~ hours of qualifying continuing education courses for the two-year period prior to establishing the license as active.

(b) For the renewal of a delinquent psychologist license within three years of the date of expiration, the applicant for renewal shall provide evidence of completion of 36~~-~~ hours of qualifying continuing education courses for the two-year period prior to renewing the license.

After a license has been delinquent for three years, the license is automatically cancelled and the applicant must submit a complete licensing application, meet all current licensing requirements, and successfully pass the licensing examination just as for the initial licensing application unless the Board grants a waiver of the examination pursuant to section 2946 of the Code.

NOTE: Authority cited: Sections 2915(g) and 2930, Business and Professions Code. Reference: Section*s* 2915, 2984 and 2988, Business and Professions Code.

§ 1397.67.*1.* Continued Professional Development Requirements for Reactivation. [Effective January 1, 202~~1~~2*3*.]

This section shall be applicable to *both* a license that expires on or after *January 1, 2023, and an application for license renewal, reactivation, or reinstatement received on or after January 1, 2023~~, or is renewed, reactivated, or reinstated on or after, January 1, 2021~~2*.

(a) To activate a license that has been placed on inactive status pursuant to section 2988 of the Code, the licensee shall submit evidence of completion of the requisite 36~~-~~ hours of qualifying CPD for the two-year period prior to reactivating the license.

(b) For the renewal of an expired psychologist license within three years of the date of expiration, the applicant for renewal shall provide evidence of completion of 36~~-~~ hours of qualifying CPD for the two-year period prior to renewing the license.

NOTE: Authority cited: Sections 2915~~(g)~~ and 2930, Business and Professions Code. Reference: Section 2915, 2984~~,~~ and 2988, Business and Professions Code.

Agenda Item 16: Regulatory Update, Review, and Consideration of Additional Changes (M. Cervantes)

a) 16 CCR sections 1391.1, 1391.2, 1391.5, 1391.6, 1391.8, 1391.10, 1391.11, 1391.12, 1392.1 – Registered Psychological Associates
b) 16 CCR sections 1381.10, 1392, and 1397.69 – Retired License, Renewal of Expired License, Psychologist Fees (retired license)
c) 16 CCR sections 1391.13, and 1391.14 – Inactive Psychological Associates Registration and Reactivating a Psychological Associate Registration
d) 16 CCR sections 1392 and 1392.1 – Psychologist Fees and Psychological Associate Fees
e) 16 CCR 1395.2 – Disciplinary Guidelines and Uniform Standards Related to Substance-Abusing Licensees
f) 16 CCR sections 1380.3, 1381, 1381.1, 1381.2, 1381.4, 1381.5, 1382, 1382.3, 1382.4, 1382.5, 1386, 1387, 1387.1, 1387.2, 1387.3, 1387.4, 1387.5, 1387.6, 1387.10, 1388, 1388.6, 1389, 1389.1, 1391, 1391.1, 1391.3, 1391.4, 1391.5, 1391.6, 1391.8, 1391.11, and 1391.12 – Pathways to Licensure16 CCR sections 1380.6, 1393, 1396, 1396.1, 1396.2, 1396.3, 1396.4, 1396.5, 1397, 1397.1, 1397.2, 1397.35, 1397.37, 1397.39, 1397.50, 1397.51, 1397.52, 1397.53, 1397.54, 1397.55 - Enforcement Provisions

Dr. Cervantes introduced this item and stated that details were included beginning on page 721 of the combined packet and that there was no action required.

Mr. Glasspiegel provided a summary and update of this item and stated that the fee package was with the OAL, who would have until early May to review and provide feedback.

There was no Board or public comment offered.

Agenda Item 17 Recommendations for Agenda Items for Future Board Meetings.

There was no Board comment.

Public Comment

Dr. Elizabeth Winkelman, CPA, requested that there be further discussion on processing times within the Licensing Unit.

Agenda Item 18: The Board met in closed session.

ADJOURNMENT

The meeting adjourned at 4:14 p.m.

California Board of PSYCHOLOGY

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MEMORANDUM

DATE	July 29, 2022
TO	Psychology Board Members
FROM	Antonette Sorrick, Executive Officer
SUBJECT	**Executive Officer's Report: Agenda Item 5**

Background:
The following items are included in the memo below or attached.

1) Personnel Update
2) Waiver Update

Personnel Update
Authorized Positions: 27.30
Temp Help: 1.7
Vacancies: 1.0

New Hires	
Classification	**Program**

Promotions
None

Vacancies
1. Licensing Analyst (SSA) Vacancy. Vacancy effective on 2/1/22. Final filing date 8/9/22. 2. Licensing Technician (OT) Vacancy. Position moved from Central Services to the Licensing Unit. This position is pending posting by the office of human resources. 3. Enforcement Analyst (AGPA) Vacancy. Position reclassified from Special Investigator position to assist with desk investigations workload. Final filing date 7/10/22. 4. Probation Monitor (AGPA) Vacancy. Final filing date 7/3/22. 5. Central Services Technician (OT) Vacancy. Final filing date 6/30/22.

Waivers
The Board currently has four active waivers that are active dependent upon the continued declared emergency by the Governor.

Attachments
Waiver Update

Action Requested:
This item is for informational purposes only.

Waiver Topic	Code Section(s) Waived	Summary	Submission Date	Approval Status	Submitted By	Waiver Status
CPLEE for Restoration of License	Business and Professions Code Section 2986 California Code of Regulation Section 1397.67(b)	This waiver would allow the board to restore licenses of psychologists whose California licenses have cancelled without requiring the board's law and ethics examination (CPLEE). This waiver would become effective 3/4/20 until 6/30/20, or when the declaration of emergency is lifted. This would be consistent with the DCA Waiver DCA-20-02 Reinstatement of Licensure. This waiver would help with the workforce surge.	Submitted to Director Kirchmeyer on 4/9/2020	Referred to the Board for Delegation. Approved by Board on 4/17/20. Expires when declared emergency is lifted.	Board of Psychology	Active
SPE Time Limitation	California Code of Regulations Section 1387(a)	The regulation allows a psychological trainee to request that the Board extend the time limitations of 30/60 consecutive months to accrue their pre-doctoral and post-doctoral hours of supervised professional experience (respectively) required for licensure. The waiver requested would be to allow applicants who reach the 30/60 month limitations between 3/4/20 and 6/30/20 up to an additional 6 months, or when the declaration of emergency is lifted, whichever is sooner, to accrue their hours. This waiver would help with the workforce surge.	Submitted to Director Kirchmeyer on 4/9/2020	Referred to the Board for Delegation. Approved by Board on 4/17/20. Expires when declared emergency is lifted.	Board of Psychology	Active
Psych Asst 72 month Limit	California Code of Regulations Section 1391.1(b)	This waiver would allow a psychological assistant to continue their registration, beyond the 72 months limit upon request, and to provide services to clients for up to six months from the expiration date, or when the state of emergency ceases to exist, whichever is sooner. A psychological assistant who has reached the registration limit between 3/4/2020 and 6/30/2020 will qualify for the wavier and can request for such waiver during the state of emergency. This will help with the workforce surge.	Submitted to Director Kirchmeyer on 4/9/2020	Referred to the Board for Delegation. Approved by Board on 4/17/20. Expires when declared emergency is lifted.	Board of Psychology	Active
Face to Face Supervision	California Code of Regulations Sections 1387(b)(4) and 1391.5(b)	This waiver would allow the Board to relax the requirement of face-to-face supervision to a psychological trainee by allowing the one hour face-to-face, direct, individual supervision to be conducted via HIPAA-compliant means from March 16, 2020, until June 30, 2020, or when the state declaration of emergency is lifted, whichever is sooner. The Board would still require that the trainee indicate the type of supervision on the required weekly log and the primary supervisor should verify this information. This waiver would help with the workforce surge.	Submitted to Director Kirchmeyer on 4/9/2020	Approved by DCA on 5/6/20. Waiver extended on 8/31/21 and now expires 10/31/21. The Board has issued a six-month grace period for face-to-face supervision which will allow for HIPAA compliant technology to count towards this requirement. The six-month grace period expires on 9/30/22.	Board of Psychology	Active

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MEMORANDUM

DATE	August 3, 2022
TO	Board of Psychology
FROM	Jason Glasspiegel Central Services Manager
SUBJECT	Agenda Item #7 - Budget Report

Background:

In the Governor's 2021-22 Budget after the January 10, 2022 changes, the Board has an appropriation of $7,171,000. When fiscal year 2021-22 closes, the Board is estimated to revert 2.98% of its budget, or $214,041.

In the Governor's 2022-23 budget, the Board has an appropriation of $7,603,000

Action Requested:

This item is informational purposes only. No action is required.

Attachment A: Budget Report: FY 2021-2022 through Fiscal Month 11
Attachment B: Fund Condition
Attachment C: Projected versus actual expenditures and revenue

Department of Consumer Affairs

Expenditure Projection Report

Board of Psychology
Reporting Structure(s): 11112100 Support
Fiscal Month: 11
Fiscal Year: 2021 - 2022
Run Date: 08/3/2022

PERSONAL SERVICES

Fiscal Code	Line Item	PY FM13	Budget	YTD + Encumbrance	Projections to Year End	Balance
5100	PERMANENT POSITIONS	$1,541,974	$1,695,000	$1,732,089	$1,876,356	-$181,356
5100	TEMPORARY POSITIONS	$10,749	$47,000	$13,959	$23,959	$23,041
5105-5108	PER DIEM, OVERTIME, & LUMP SU	$48,024	$22,000	$24,063	$45,231	-$23,231
5150	STAFF BENEFITS	$937,765	$1,119,000	$1,009,420	$1,098,605	$20,395
PERSONAL SERVICES		$2,538,512	$2,883,000	$2,779,531	$3,044,150	-$161,150

OPERATING EXPENSES & EQUIPMENT

Fiscal Code	Line Item	PY FM13	Budget	YTD + Encumbrance	Projections to Year End	Balance
5301	GENERAL EXPENSE	$57,536	$107,000	$43,292	$48,425	$58,575
5302	PRINTING	$47,120	$55,000	$14,801	$14,801	$40,199
5304	COMMUNICATIONS	$3,920	$31,000	$4,810	$5,204	$25,796
5306	POSTAGE	$2,058	$19,000	$2,759	$2,759	$16,241
5308	INSURANCE	$355	$0	$48	$355	-$355
53202-204	IN STATE TRAVEL	$3,302	$25,000	$1,077	$1,292	$23,708
5322	TRAINING	$1,000	$18,000	$460	$460	$17,540
5324	FACILITIES	$228,129	$153,000	$227,537	$235,449	-$82,449
53402-53403	C/P SERVICES (INTERNAL)	$1,326,676	$1,353,000	$1,024,949	$1,262,435	$90,565
53404-53405	C/P SERVICES (EXTERNAL)	$361,206	$588,000	$361,572	$408,646	$179,354
5342	DEPARTMENT PRORATA	$1,306,863	$1,835,000	$1,847,000	$1,847,000	-$12,000
5342	DEPARTMENTAL SERVICES	$72,614	$54,000	$43,520	$47,655	$6,345
5344	CONSOLIDATED DATA CENTERS	$19,772	$15,000	$0	$20,000	-$5,000
5346	INFORMATION TECHNOLOGY	$2,050	$27,000	$3,420	$3,594	$23,406
5362-5368	EQUIPMENT	$10,226	$8,000	$8,337	$8,386	-$386
5390	OTHER ITEMS OF EXPENSE	$3,620	$0	$0	$3,500	-$3,500
54	SPECIAL ITEMS OF EXPENSE	$3,463	$0	$2,611	$2,848	-$2,848
OPERATING EXPENSES & EQUIPMENT		$3,449,909	$4,288,000	$3,586,192	$3,912,809	$375,191

OVERALL TOTALS		$5,988,421	$7,171,000	$6,565,562	$6,956,959	$214,041
						2.98%

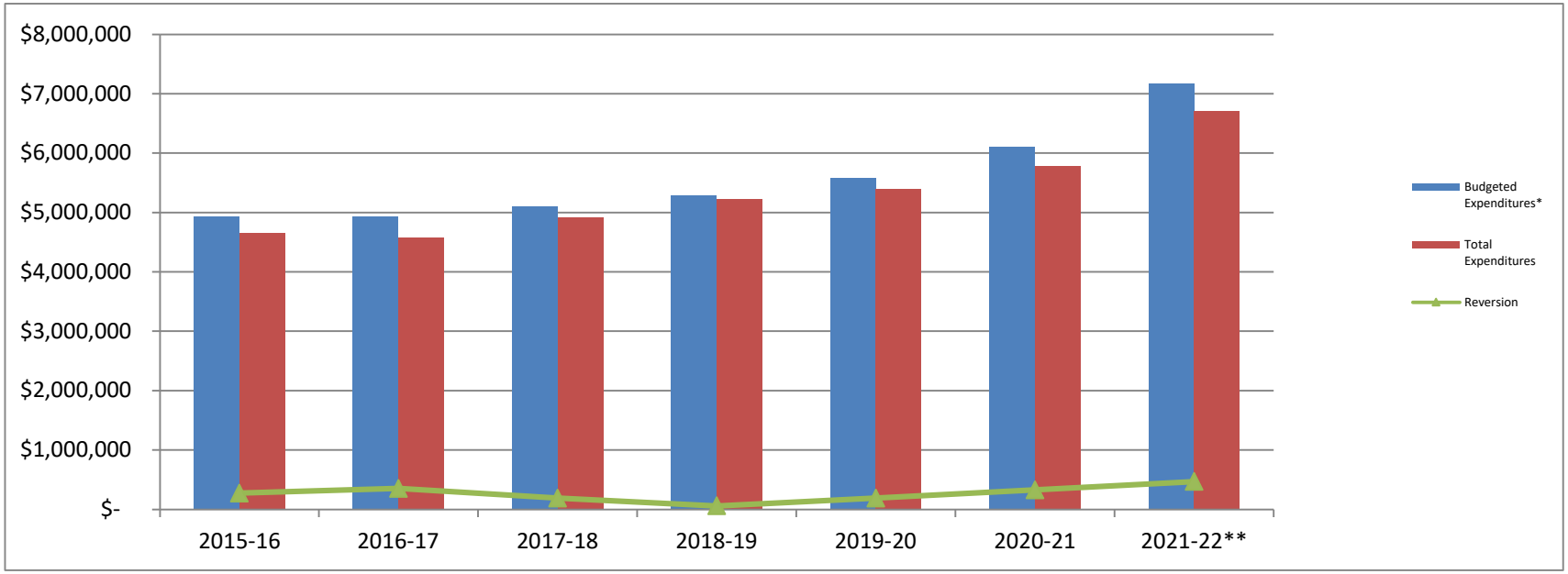
0310 - Board of Psychology's Fund Analysis of Fund Condition
(Dollars in Thousands)
2022-23 Governor's Budget with 2021-22 FM 11 Projections

	PY 2020-21	CY 2021-22	BY 2022-23	BY +1 2023-24	BY +2 2024-25
BEGINNING BALANCE	$ 11,396	$ 8,666	$ 5,779	$ 4,064	$ 1,237
Prior Year Adjustment	$ -352	$ 0	$ 0	$ 0	$ 0
Adjusted Beginning Balance	$ 11,044	$ 8,666	$ 5,779	$ 4,064	$ 1,237
REVENUES, TRANSFERS AND OTHER ADJUSTMENTS					
Revenues					
4121200 - Delinquent fees	$ 79	$ 70	$ 57	$ 57	$ 57
4127400 - Renewal fees	$ 3,798	$ 3,779	$ 3,585	$ 3,585	$ 3,585
Renewal fee increase (effective 7/1/22)	$ 0	$ 0	$ 922	$ 922	$ 922
4129200 - Other regulatory fees	$ 178	$ 165	$ 95	$ 95	$ 95
4129400 - Other regulatory licenses and permits	$ 574	$ 498	$ 590	$ 590	$ 590
Other regulatroy licenses and permits increase (effective 7/1/22)	$ 0	$ 0	$ 252	$ 252	$ 252
4163000 - Income from surplus money investments	$ 55	$ 21	$ 35	$ 35	$ 35
4171400 - Escheat of unclaimed checks and warrants	$ 2	$ 2	$ 1	$ 1	$ 1
4172500 - Miscellaneous revenues	$ 0	$ 0	$ 1	$ 1	$ 1
4173500 - Settlements and Judgements - Other	$ 4	$ 0	$ 0	$ 0	$ 0
Totals, Revenues	$ 4,690	$ 4,535	$ 5,538	$ 5,538	$ 5,538
GF Loan Per Item 1111-011-0310 BA of 2020	$ -900	$ 0	$ 0	$ 0	$ 0
GF Loan Repayment Per Item 1111-011-0310 BA of 2020	$ 0	$ 0	$ 900	$ 0	$ 0
Totals, Transfers and Other Adjustments	$ -900	$ 0	$ 900	$ 0	$ 0
TOTALS, REVENUES, TRANSFERS AND OTHER ADJUSTMENTS	$ 3,790	$ 4,535	$ 6,438	$ 5,538	$ 5,538
TOTAL RESOURCES	$ 14,834	$ 13,201	$ 12,217	$ 9,602	$ 6,775
Expenditures:					
1111 Department of Consumer Affairs Regulatory Boards(State Operations)	$ 5,783	$ 6,702	$ 7,603	$ 7,815	$ 7,822
Chapter 16, Statutes of 2020 (AB 84)	$ 0	$ 277	$ 0	$ 0	$ 0
9892 Supplemental Pension Payments (State Operations)	$ 94	$ 94	$ 94	$ 94	$ 94
9900 Statewide Administrative Expenditures (Pro Rata) (State Operations)	$ 291	$ 349	$ 456	$ 456	$ 456
TOTALS, EXPENDITURES AND EXPENDITURE ADJUSTMENTS	$ 6,168	$ 7,422	$ 8,153	$ 8,365	$ 8,372
FUND BALANCE					
Reserve for economic uncertainties	$ 8,666	$ 5,779	$ 4,064	$ 1,237	$ -1,596
Months in Reserve	14.0	8.5	5.8	1.8	-2.3

NOTES:
Assumes workload and revenue projections are realized in BY +1 and ongoing.
Expenditure growth projected at 3% beginning BY +1.

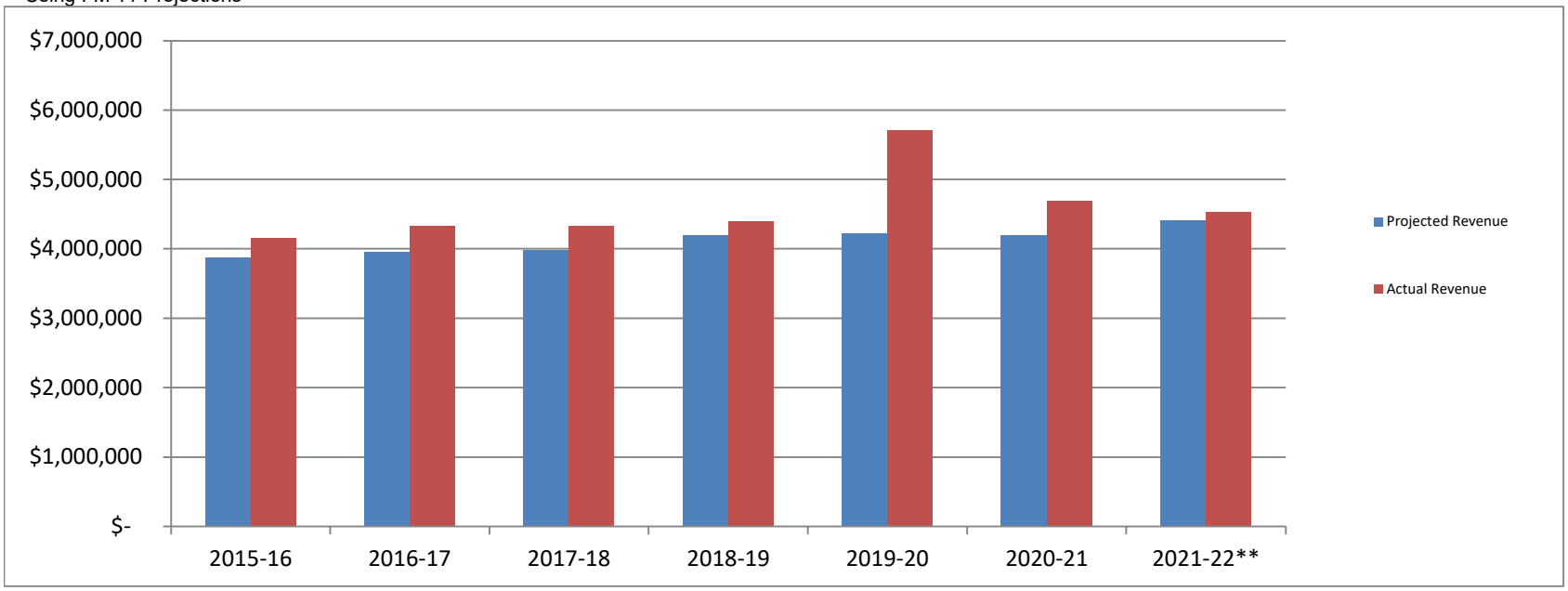
Psychology Expenditure Comparison (Budgeted vs. Actual)							
	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22**
Budgeted Expenditures*	$4,933,000	$4,938,000	$5,107,000	$ 5,290,000	$ 5,586,000	$6,111,000	$7,171,000
Total Expenditures	$4,658,000	$4,585,000	$4,919,000	$ 5,232,000	$ 5,396,000	$5,783,000	$6,702,884
Reversion	$ 275,000	$ 353,000	$ 188,000	$ 58,000	$ 190,000	$ 328,000	$ 468,116

*Figures include reimbursements **Using FM 11 Projections



Psychology Revenue Comparison (Projected vs. Actual)							
	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22**
Projected Revenue	$3,872,000	$3,951,000	$3,981,000	$ 4,195,000	$ 4,219,000	$4,201,689	$4,411,000
Actual Revenue	$4,150,000	$4,337,000	$4,328,000	$ 4,404,000	$ 5,716,000	$4,690,000	$4,534,498
Difference	$ 278,000	$ 386,000	$ 347,000	$ 209,000	$ 1,497,000	$ 488,311	$ 123,498

**Using FM 11 Projections



Licensed Mental Health Services Provider Education Program

Board of Psychology Overview

Department of Health Care Access and Information (HCAI)
August 19, 2022

Contents

Department of Health Care Access and Information (HCAI)

- Every Californian should have access to equitable, affordable, quality health care provided in a safe environment by a diverse workforce.
- As California's health care needs expand, HCAI is now responsible for managing an array of programs that grew substantially in this year's budget, including new areas of workforce development.

Licensed Mental Health Services Provider Education Program (LMH) Overview

- Established in 2007 to increase the supply of mental health professionals practicing in mental health professional shortage areas and facilities.
- Grantees must commit to providing a 24-month service obligation at a qualifying facility in either an eligible facility type and/or geographic area where they will need to provide 32 hours or more per week of direct client care.
- The maximum award amount for LMH is **$30,000**.
- Applicants may be awarded up to three times

LMH Eligible Professions

LMH applicants must be currently licensed and/or certified, and practicing in one of the following professions:

- Associate Clinical Social Worker
- Associate Professional Clinical Counselor
- **Behavioral Disorder Counselor**
- Licensed Clinical Social Worker
- Licensed Marriage and Family Therapist
- Licensed Professional Clinical Counselor
- Licensed Psychologist
- Marriage and Family Therapist Intern
- **Mental Health Counselor**
- Postdoctoral Psychological Assistant
- Postdoctoral Psychological Trainee
- **Psychiatric Mental Health Nurse Practitioner**
- **Psychiatric Nurse**
- Registered Psychologist
- **Rehabilitation Counselor**
- **Substance Use Disorder Counselor**

LMH Eligible Practice Sites

For a facility to be eligible, it must be in one of the following eligible geographic or site designations:

- Health Professional Shortage Area-Mental Health (HPSA-MH)
- A publicly funded facility
- A public mental health facility
- A non-profit private mental health facility
- Children's Hospital
- Correctional Facility
- County Health Facility
- Public School Facility
- State-Operated Health Facility
- Substance Use Disorder Facility
- Veteran's Facility

Board of Psychology Fund Balance

- As of June 2022, we have $ in licensure fees that have been deposited from the Board of Psychology into the Mental Health Practitioner Education Fund.
- Funds deposited into the Mental Health Practitioner Education Fund are used to provide awards and to cover administrative costs. Not all funds received are used for awards.
- Eligible Licensed Mental Health professions may be awarded using funds from the Mental Health Practitioner Education Fund. Other eligible professions, **must** be awarded using other supplemental funds.

LMH Budget Overview

Program	Funding Source	Available Funding FY 2020-21	Available Funding FY 2021-22	Available Funding FY 2022-23
Licensed Mental Health Services Provider Education Program (LMHSPEP)	Mental Health Practitioner Education Fund: $20 licensing fee through Board of Psychology and Board of Behavioral Science	$693,000	$693,000	$693,000
	General Fund – Mental Health Workforce	$ As needed	$ As needed	$ As needed
	General Fund – Foster Youth	$870,789	$795,789	$750,789
	Kaiser South	$150,000	$45,000	$0
	CVS	$435,000	$60,000	$0
	Children and Youth Behavioral Health Initiative	$0	$0	$ As needed

LMH Awards Summary FY 2021-22

Program	Number of Eligible Applications Received	Number of Awards	Available Funding	Amount Awarded
Licensed Mental Health Services Provider Education Program (LMHSPEP)	427*	377	$8,243,789	$5,530,313

*Of the total applications received, not all applicants accepted the award.

Board of Psychology Awards Summary

Fiscal Year	Number of Applications Received	Number of Applications Awarded	Available Funding	Amount Awarded
FY 2021-22	29*	17	$259,278	$255,000
FY 2020-21	30*	10	$152,770	$150,000
FY 2019-20	77*	6	$98,955	$90,000
Total	**136**	**33**	**$511,003**	**$495,000**

*Of the total applications received, not all applications are eligible or meet the minimum scoring criteria to receive an award.

LMH Application

During the application cycle, Applicants must:

- Complete an on-line application through the web-based eApp (https://funding.hcai.ca.gov/)
- Include the following documents
  - Employment Verification Form
  - Lender Statement
  - Conflict of Interest Letter (**if applicable**)
  - Proof of licensure and/or certification

LMH

QUESTIONS?

Please email: HWDD-LRP@hcai.ca.gov

HCAi
Department of Health Care Access and Information

Thank You!

For further questions, please contact:

HWDD-LRP@hcai.ca.gov

Interested in subscribing to our mailing list?
Please visit:

https://hcai.ca.gov/mailing-list/

HCAi
Department of Health Care Access and Information

California Board of PSYCHOLOGY

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MEMORANDUM

DATE	August 1, 2022
TO	Board Members
FROM	Mai Xiong Licensing/BreEZe Coordinator
SUBJECT	**Agenda Item 9(a)** Licensing Report

License/Registration Data by Fiscal Year:

License & Registration	13/14	14/15	15/16	16/17	17/18	18/19	19/20	20/21	21/22	22/23**
Psychologist*	***	20,575	20,227	20,024	20,580	21,116	22,005	22,218	22,289	22,313
Psychological Associate	***	1,701	1,580	1,446	1,446	1,361	1,344	1,348	1,450	1,596

*Includes licensees who are in Current and Inactive status
**As of August 1, 2022
***Statistics unavailable

As of August 1, 2022, there are 22,313 licensed psychologists and 1,596 registered psychological associates that are overseen by the Board. This includes 19,775 licensed psychologists who are in the "current" status and 2,538 licensed psychologists who are in the "inactive" status, which is provided in the Licensing Population Report (Attachment A). This report in Attachment A also provides a snapshot of the number of psychologists and psychological associates (formerly known as psychological assistants) in each status at the time it was generated.

Application Workload Reports:

The attached reports provide statistics from February 2022 through July 2022 on the application status by month for psychologist license and psychological associate registration (see Attachment B). On each report, the type of transaction is indicated on the x-axis of the graphs. The different types of transactions and the meaning of the transaction status are explained below for the Board's reference.

Psychologist Application Workload Report

"Exam Eligible for EPPP" (Examination for Professional Practice in Psychology) is the first step towards licensure. In this step, an applicant has applied to take the EPPP. An application with an "open" status means it is deficient or pending initial review.

"Exam Eligible for CPLEE" (California Psychology Law and Ethics Exam) is the second step towards licensure. In this step, the applicant has successfully passed the EPPP

and has applied to take the CPLEE. An application with an “open” status means it is deficient or pending review.

“CPLEE Retake Transaction” is a process for applicants who need to retake the CPLEE due to an unsuccessful attempt. This process is also created for licensees who are required to take the CPLEE due to probation. An application with an “open” status means it is deficient, pending review, or an applicant is waiting for approval to re-take the examination when the new form becomes available in the next quarter.

“Initial App for Psychology Licensure” is the last step of licensure. This transaction captures the number of licenses that are issued if the status is “approved” or pending additional information when it has an “open” status.

Psychological Associate Application Workload Report

Psychological Associate registration application is a single-step process. The “Initial Application” transaction provides information regarding the number of registrations issued as indicated by an “approved” status, and any pending application that is deficient or pending initial review is indicated by an “open” status.

Since all psychological associates hold a single registration number, an additional mechanism, the “Change of Supervisor” transaction, is created to facilitate the process for psychological associates who wish to practice with more than one primary supervisor or to change primary supervisor. A transaction is opened and processed when all information is received, thus there is no open status for this transaction type.

Application Workload Report Data Analysis

The initial application for psychology licensure and psychological associate shows an increase in June and July. The Board have observed a similar trend in the past year with an increase in initial application for psychology licensure and psychological associate in June, July, and August.

The Board speculates that a large majority of recently received initial applications is because of graduating season, and students are ready to begin accruing supervised professional experience (SPE) hours or have accrued the required 1500 hours of pre-doc SPE and are ready to take the EPPP as they graduate.

Applications and Notifications Received

Attachment C provides the number of new applications and notifications received in the last 12-month period. In comparison to the same 12-month period in 2020/2021, there is an increase of 118 psychologist applications, 208 psychological associate applications and 139 notifications.

Average Application Processing Timeframes

Attachment D (Average Application Processing Timeframes) provides a 6-month overview of average application processing timeframes in business days.

There was a decrease trend in average processing timeframes recorded for June; however, the data for July seems to fluctuate with minimal increase when compared to June for some of the applications and requests.

Attachments:

A. Licensing Population Report as of August 1, 2022
B. Application Workload Reports February 2022 – July 2022 as of August 1, 2022
C. Applications and Notifications Received August 2021 – July 2022 as of August 1, 2022
D. Average Application Processing Timeframes – February 2022 to July 2022 as of August 1, 2022

Action:

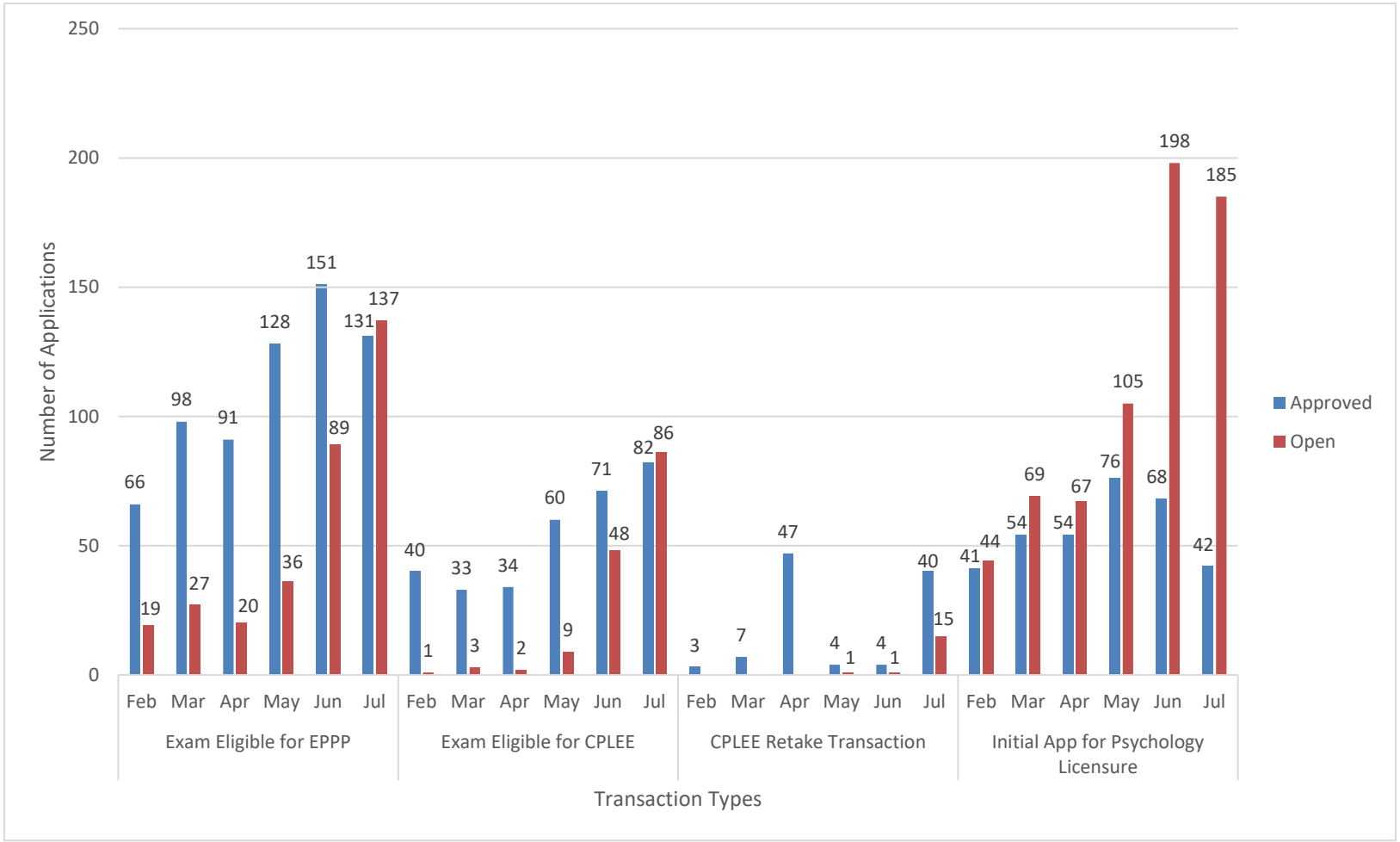
This is for informational purpose only. No action is required.

STATE DEPARTMENT OF CONSUMER AFFAIRS
BREEZE SYSTEM

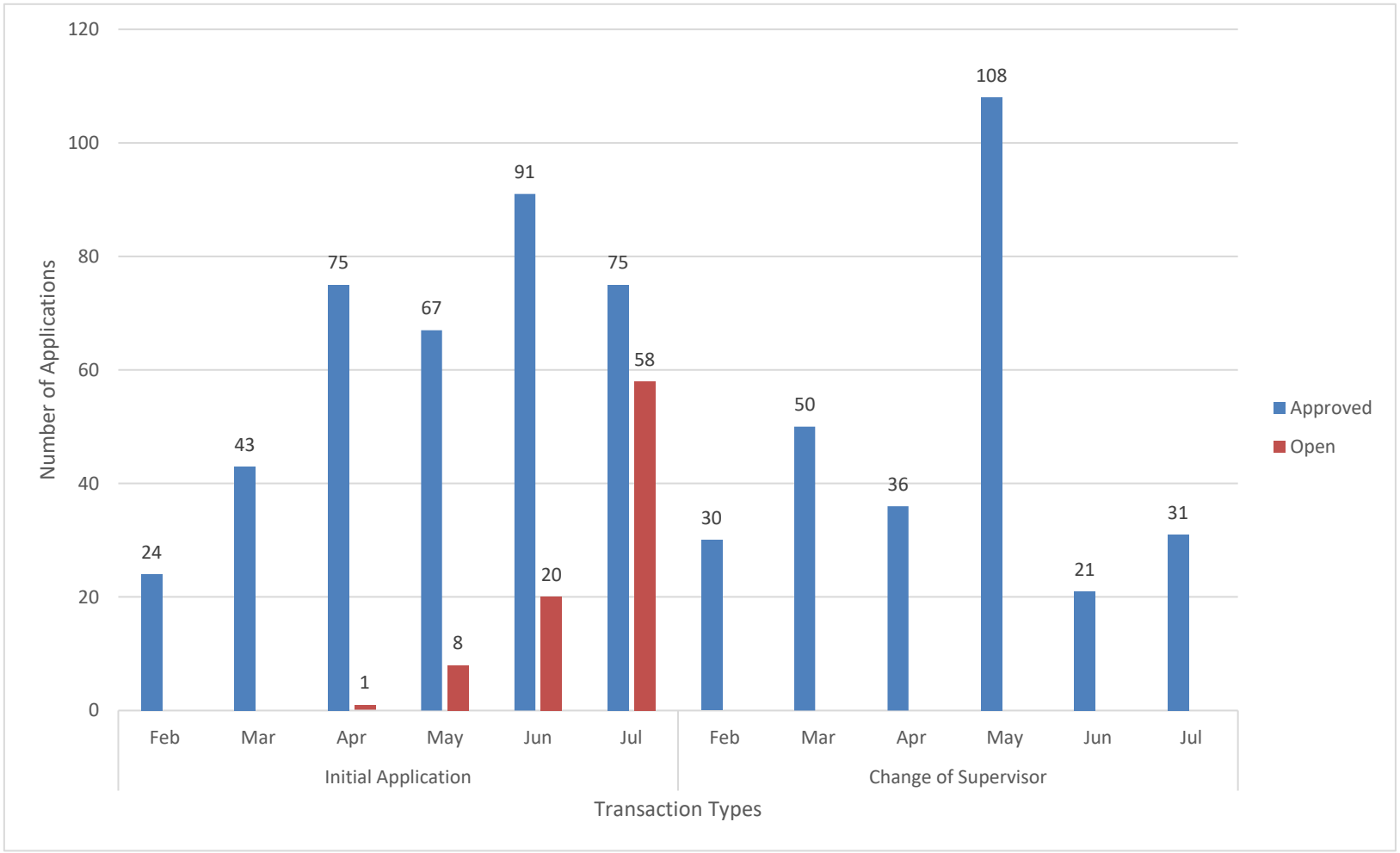
LICENSING POPULATION REPORT
BOARD OF PSYCHOLOGY
AS OF 8/1/2022

License Type	License Status								Total
	Licensing					Enforcement			
	Current	Inactive	Delinquent	Cancelled	Deceased	Surrendered	Revoked	Revoked, Stayed, Probation	
Psychologist	19,775	2,538	1,784	7,163	1,059	257	162	111	32,849
Psychological Associate	1,596	0	46	23,069	8	13	8	18	24,758
Total	21,371	2,538	1,830	30,232	1,067	270	170	129	57,607

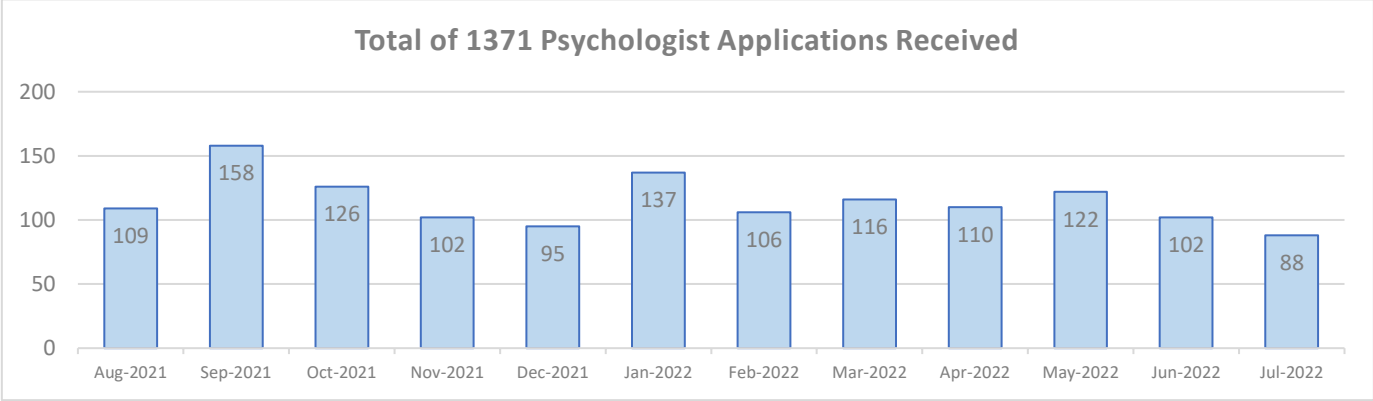
Psychologist Application Workload Report
February 1, 2022 to July 31, 2022
As of August 1, 2022

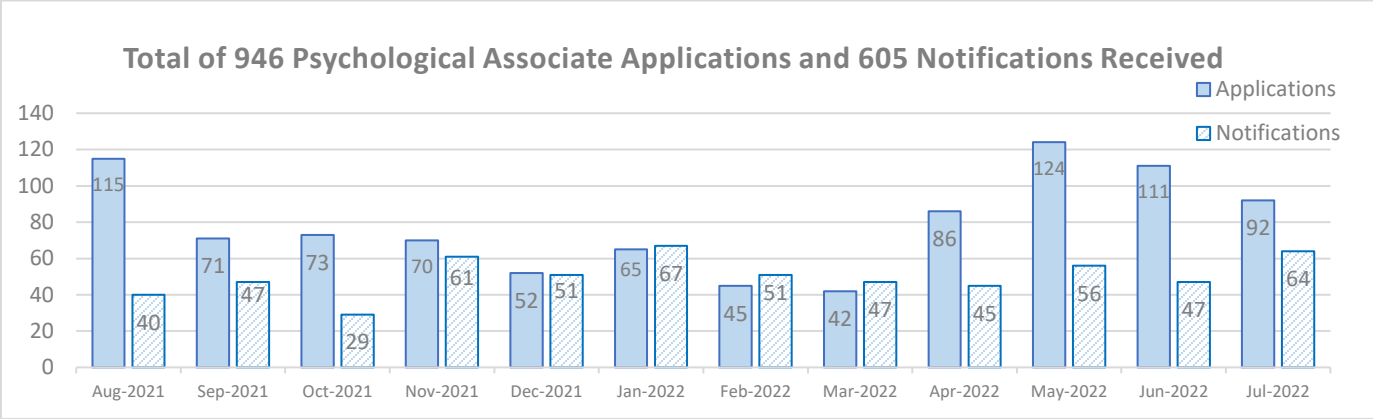


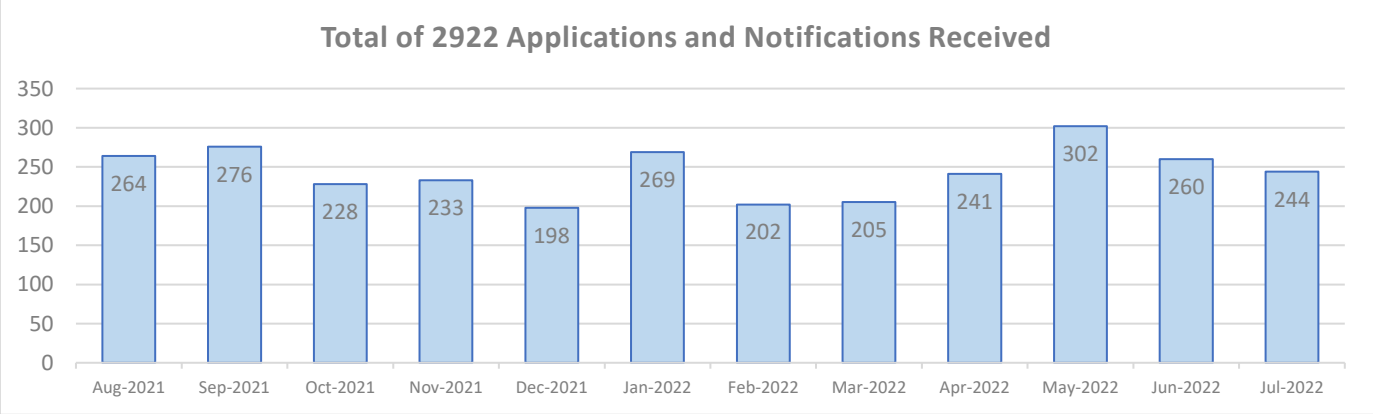
Psychological Associate Application Workload Report
February 1, 2022 to July 31, 2022
As of August 1, 2022



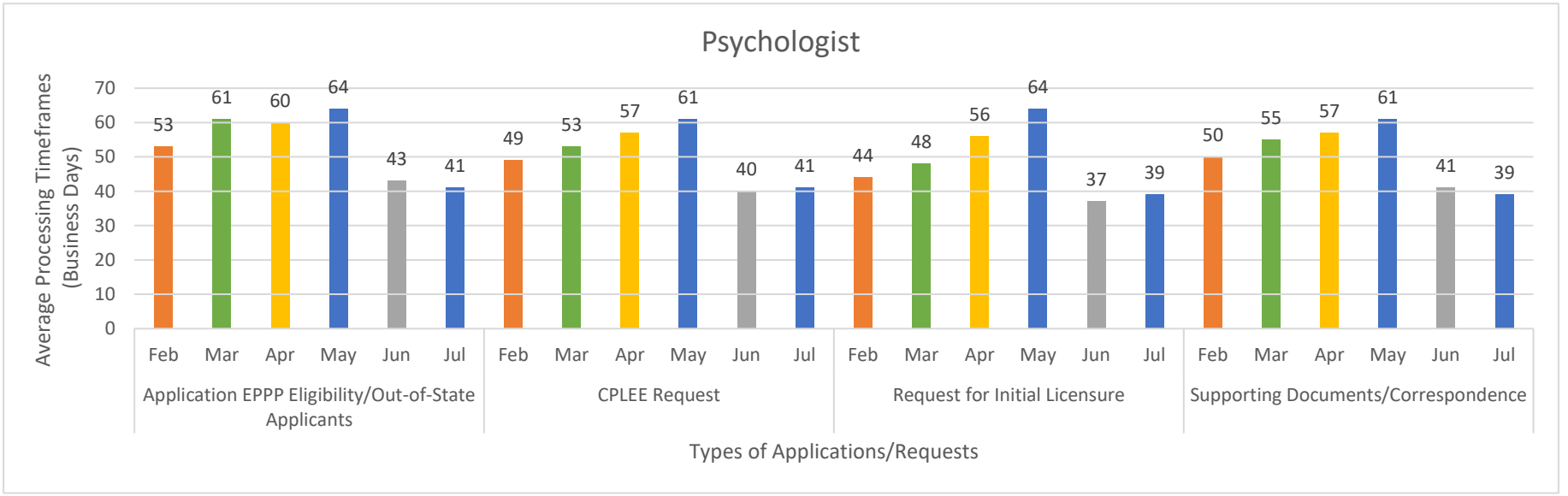
Applications and Notifications Received from August 2021 to July 2022
As of August 1, 2022

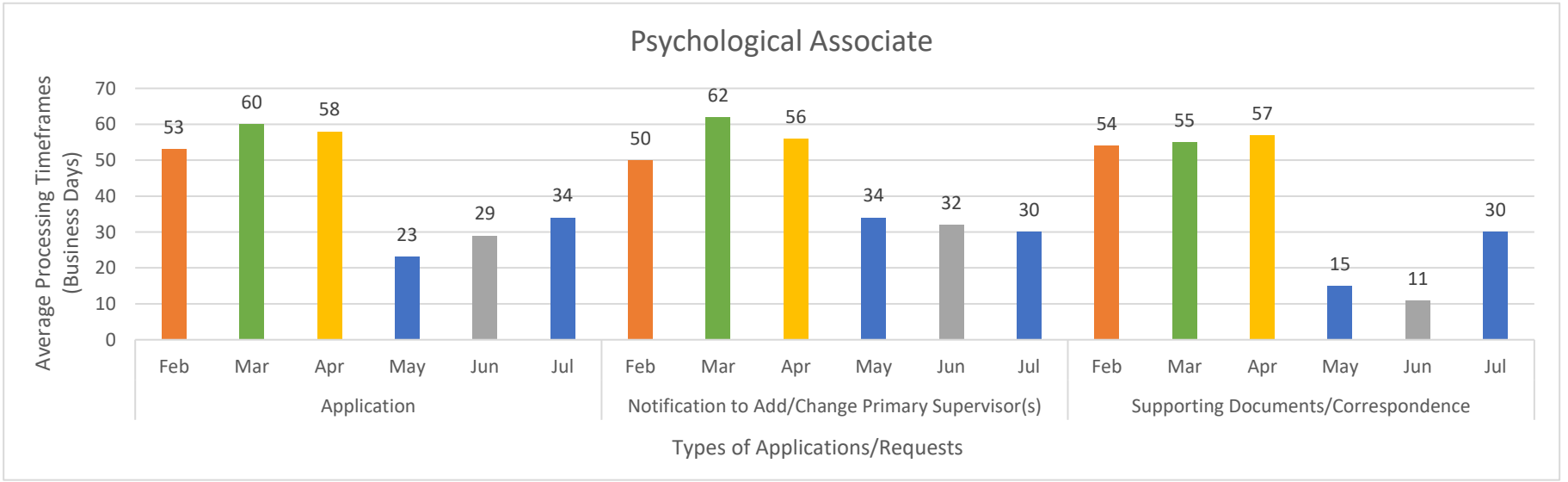






Average Application Processing Timeframes from February 2022 to July 2022
As of August 1, 2022





California Board of PSYCHOLOGY

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MEMORANDUM

DATE	August 19, 2022
TO	Board of Psychology
FROM	Lavinia Snyder Examination Coordinator
SUBJECT	Agenda Item 9(b) Monthly Examination Statistics

Below are the monthly examination statistics report for the year 2021 and 2022. This data provides information on the number of candidates who have taken the Examination for Professional Practice in Psychology (EPPP) and the California Psychology Laws and Ethics Examination (CPLEE) and their pass rates in the past months.

2021 Monthly EPPP Examination Statistics

Month	# of Candidates	# Passed	%Passed	Total First Timers	First Time Passed	% First Time Passed
January	99	51	52%	46	32	70%
February	89	45	51%	51	34	67%
March	78	36	46%	37	26	70%
April	152	72	47%	86	53	62%
May	131	59	45%	63	44	70%
June	170	75	44%	83	58	70%
July	163	69	42%	78	44	56%
August	128	49	38%	60	40	67%
September	117	46	39%	60	35	58%
October	100	30	30%	47	21	45%
November	127	42	33%	49	24	49%
December	117	40	34%	41	25	61%
Total	1471	614	42%	701	436	62%

2022 Monthly EPPP Examination Statistics

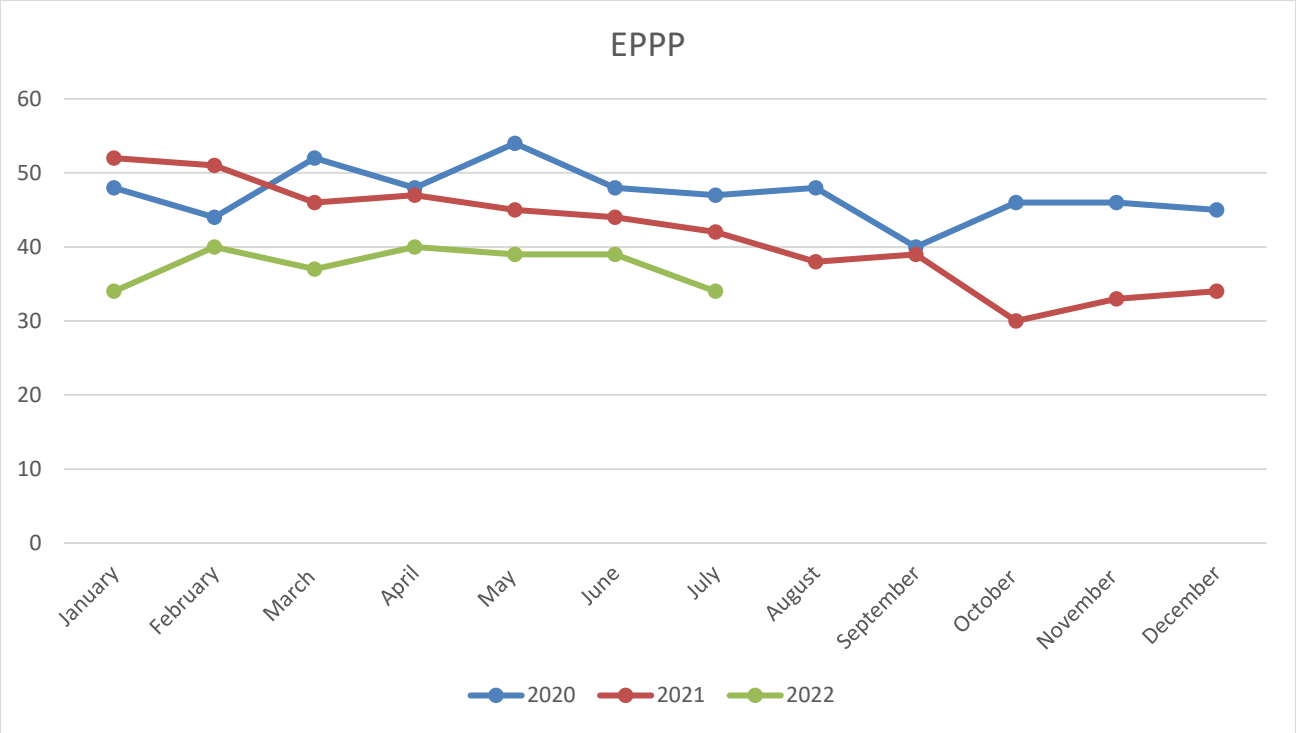
Month	# of Candidates	# Passed	%Passed	Total First Timers	First Time Passed	% First Time Passed
January	99	34	34.34	48	27	56.25
February	128	51	39.84	54	38	70.37
March	118	44	37.29	61	32	52.46
April	136	54	39.71	57	38	66.67
May	118	50	42.37	52	33	63.46
June	114	44	38.60	51	34	66.67
July	112	38	33.93	48	26	54.17
August						
September						
October						
November						
December						
Total	825	315	38.18	371	228	61.46

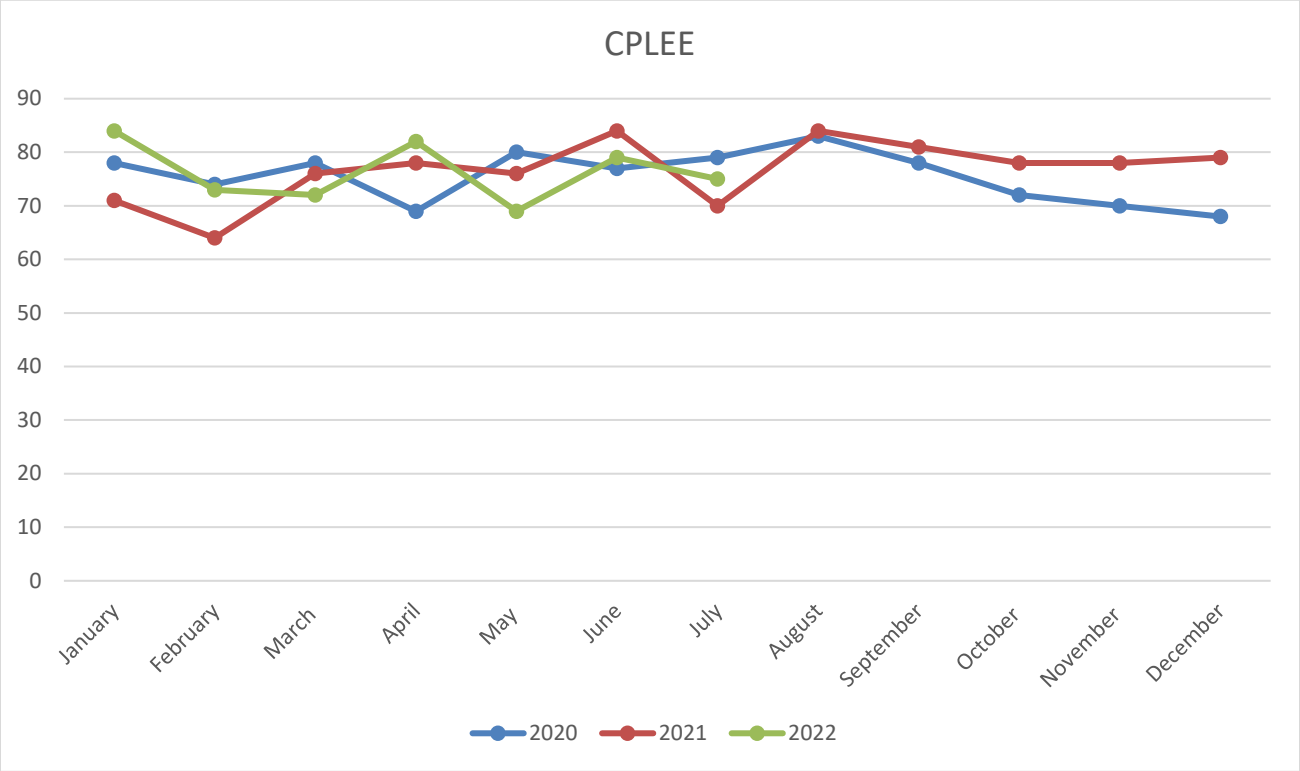
2021 Monthly CPLEE Examination Statistics

Month	# of Candidates	# Passed	%Passed	Total First Timers	First Time Passed	% First Time Passed
January	58	41	70.69	39	27	69.23
February	83	53	63.86	63	38	60.32
March	109	83	76.15	85	66	77.65
April	87	68	78.16	64	51	79.69
May	79	60	75.95	47	37	78.72
June	105	88	83.81	81	71	87.65
July	82	58	70.73	60	43	71.67
August	128	107	83.59	77	66	85.71
September	165	133	80.61	99	79	79.80
October	76	59	77.63	57	42	73.68
November	64	50	78.13	50	43	86.00
December	95	75	78.95	74	58	78.38
Total	1131	875	77.37	796	621	78.02

2022 Monthly CPLEE Examination Statistics						
Month	# of Candidates	# Passed	%Passed	Total First Timers	First Time Passed	% First Time Passed
January	55	46	83.64	43	37	86.05
February	62	45	72.58	39	29	74.36
March	90	65	72.22	68	51	75.00
April	56	46	82.14	36	31	86.11
May	62	43	69.35	44	33	75.00
June	91	72	79.12	80	63	78.75
July	63	47	74.60	45	35	77.78
August						
September						
October						
November						
December						
Total	479	364	75.99	355	279	78.59

The chart below depicts the total pass percentage per month for 2020, 2021 and 2022 for the EPPP and CPLEE.


EPPP
60
50
40
30
20
10
0
January
February
March
April
May
June
July
August
September
October
November
December
2020
2021
2022


CPLEE
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2022

California Board of PSYCHOLOGY

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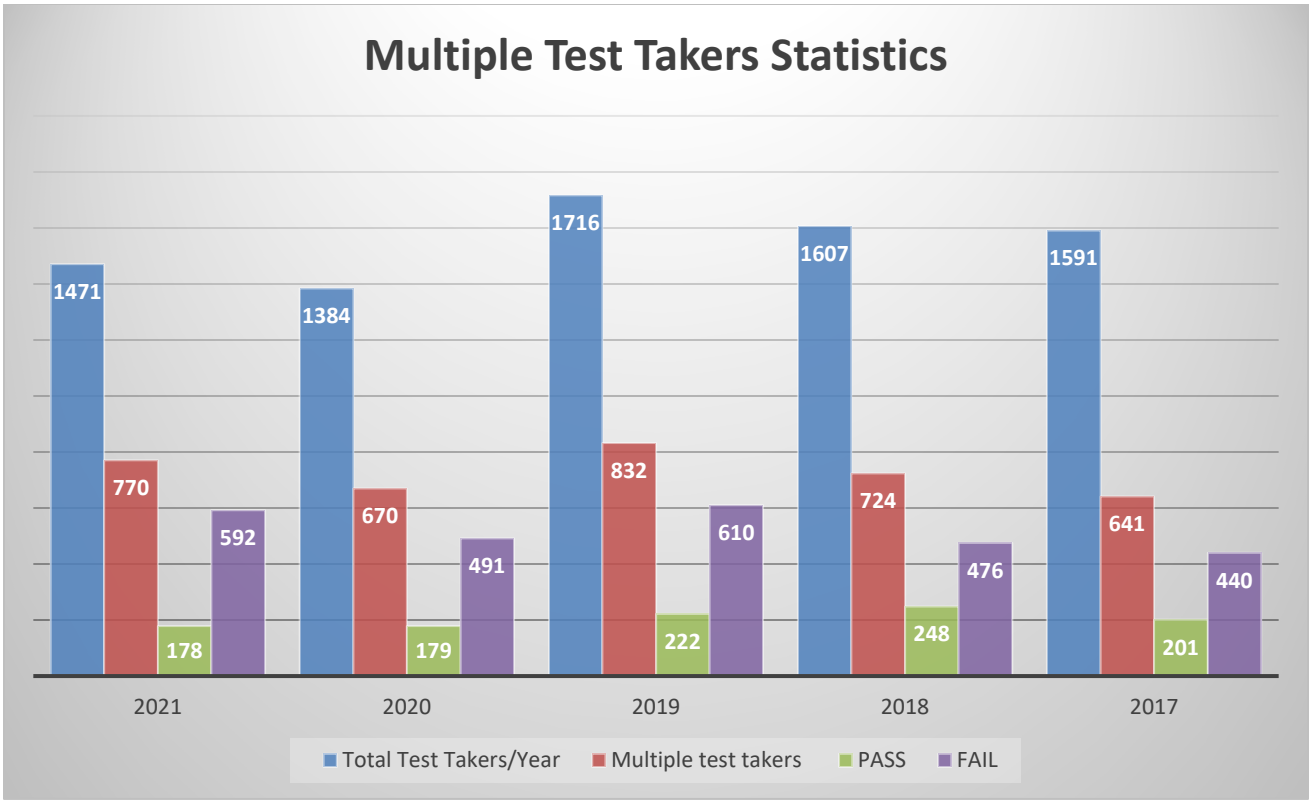
MEMORANDUM

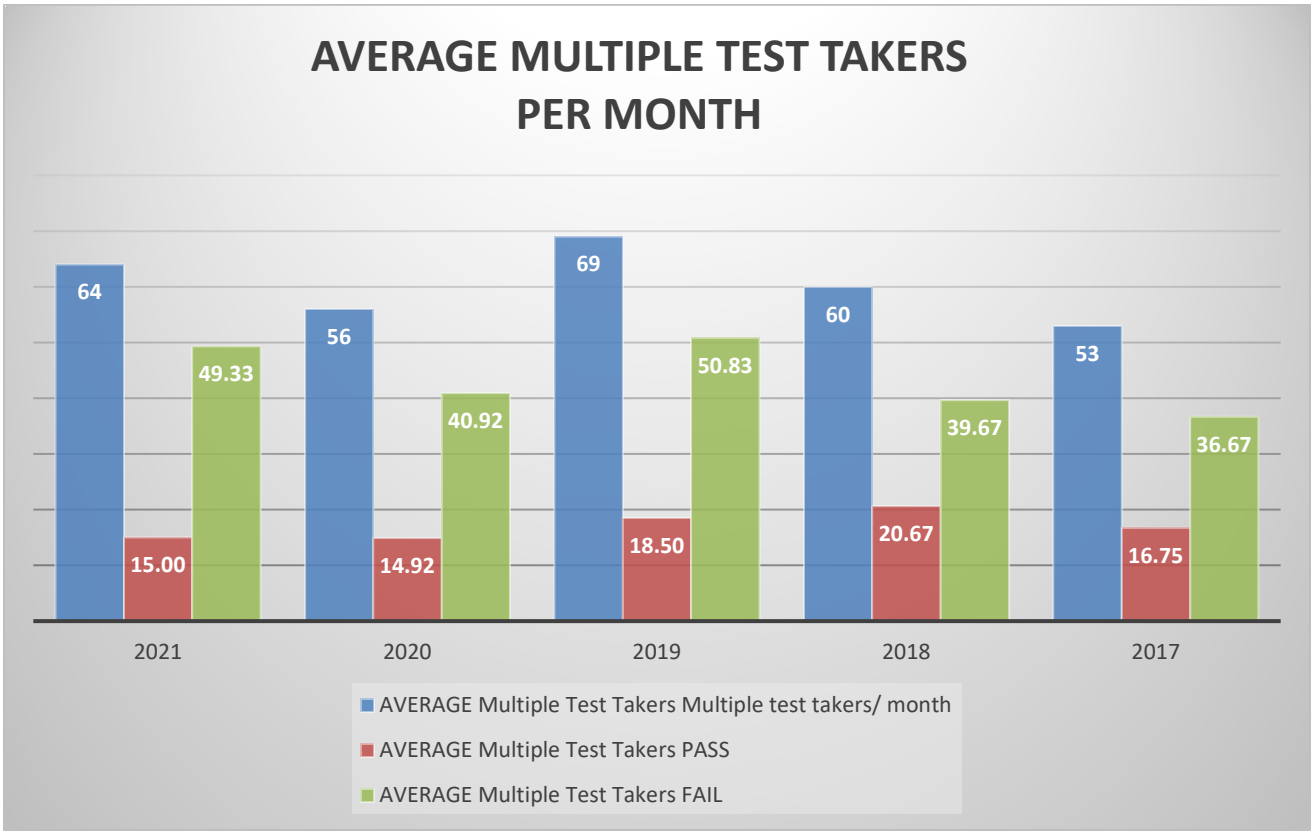
DATE	August 19, 2022
TO	Board of Psychology
FROM	Lavinia Snyder Examination Coordinator
SUBJECT	Agenda Item 9(b) Statistics for EPPP Multiple Test Takers for the Past Five years

Below are statistics for multiple test takers for the past five years. Based on the data, there was a steady increase of EPPP Test takers and multiple test takers in 2017, 2018 and 2019. A slight decrease of test takers and multiple test takers did occur in 2020 and 2021. That decrease can be attributed to the COVID-19 pandemic which resulted in exam cancelations, site shutdowns and exam scheduling and rescheduling issues.

The number of multiple test takers who passed and failed from 2017 through 2021 have been consistent. No noticeable deviation has been seen throughout the past five years.

Multiple Test Takers Statistics											
		Total Multiple Test Takers			AVERAGE Multiple Test Takers					PERCENTAGE	
Year	Total Test Takers/Year	Multiple test takers	PASS	FAIL	Year	Multiple test takers/ month	PASS	FAIL	Multiple Test takers%	% PASS	% FAIL
2021	1471	770	178	592	2021	64	15.00	49.33	52%	23%	76%
2020	1384	670	179	491	2020	56	14.92	40.92	48%	27%	73%
2019	1716	832	222	610	2019	69	18.50	50.83	48%	27%	73%
2018	1607	724	248	476	2018	60	20.67	39.67	45%	34%	66%
2017	1591	641	201	440	2017	53	16.75	36.67	40%	31%	69%





Board staff did reach out to ASPPB's Senior Director of Examination Services, Matt Turner, PHD for feedback regarding California pass and fail rates whether they are in

line with the rest of the country. He explains that California has historically had a lower pass rate than other states on the EPPP. Although he has not analyzed the data, he suspects there are two main factors:

1. California potentially has a higher percentage of individuals trained in doctoral programs that are not APA accredited than in other jurisdictions. Pass rates with APA accredited programs are much higher than non-accredited programs. Nationally, pass rates for first time test takers have been around 82% for candidates from accredited programs and around 55% for candidates from non-accredited programs with a combined first-time pass rate around 75%.

2. Repeat test takers, data suggests that people who have taken the exam four (4) or more times are less likely to pass the exam. Candidates who take it more than 4 times, may result in lower pass rates overall.

The data below was provided by Dr. Turner on August 2nd in response to the Board's request for data specific to California accredited versus non accredited programs pass rate.

CA Accredited and Non-Accredited Program Stats Data is from May 02, 2017 - April 30, 2022	
Accredited Programs	
ACC 1st Time Pass	2389
ACC 1st Time Fail	992
Sum 1st Time Total	3372
ACC 1st Time Pass Rate	71%
Non-Accredited Programs	
Non-ACC 1st Time Pass	377
Non-ACC 1st Time Fail	533
Sum 1st Time Total	910
Non-ACC 1st Time Pass Rate	41%

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MEMORANDUM

DATE	August 4, 2022
TO	Board of Psychology
FROM	Liezel McCockran Continuing Education and Renewals Coordinator
SUBJECT	Agenda Item #9(c) – Continuing Education and Renewals Report

The Continuing Education (CE) audits for May 2022 and June 2022 were sent out July 14, 2022 and concludes on September 12, 2022. The current pass rate for January 2022 through June 2022 CE audits is 57 percent with 29 percent of audits not yet received. The pass rate from 2017-2020 has been consistently over 80 percent. The pass rate for 2nd audits has been over 80 percent since 2017, with a 100 percent pass rate in 2021.

The Continuing Professional Development (CPD) goal from the Strategic Plan 2019-2023 to implement licensed Board member CPD audits each license renewal cycle for transparency purposes began with the January 1, 2019 audit cycle. The following Board Members have had their continuing education courses audited for their 2021 renewal and passed:

Lea Tate, PsyD, President
Sheryll Casuga, PsyD
Mary Harb Sheets, PhD
Shacunda Rogers, PhD

For renewals, between January 2022 through July 2022, 80 percent of Psychologists renewed as Active. Approximately 90 percent of Psychologists and Psychological Associates renewed their license online using BreEZe per month.

Action Requested:
These items are for information purposes only. No action requested

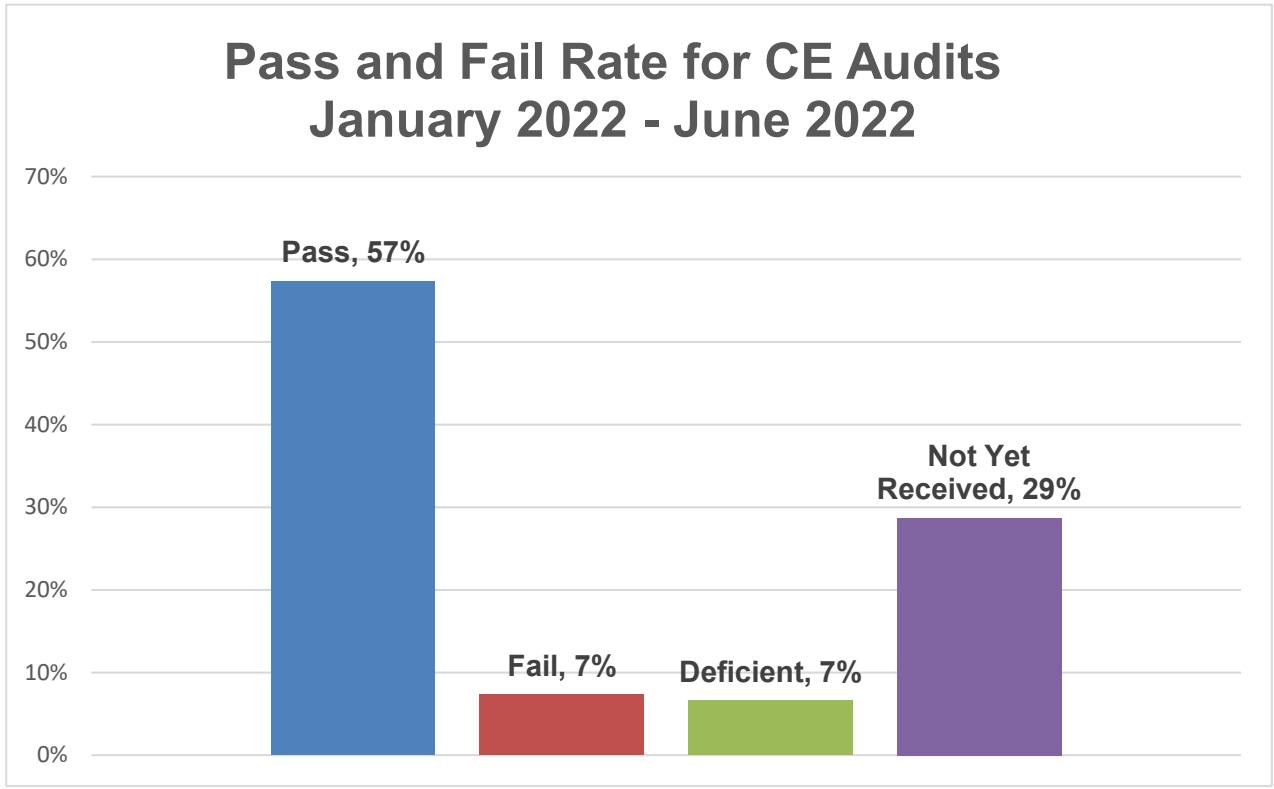
Attachments:
Attachment A: CE Audits for 2022
Attachment B: Pass and Fail Rate for CE Audits January 2022 – June 2022
Attachment C: Reasons for Not Passing CE Audit
Attachment D: Pass and Fail Rate for 1st Audits 2017-2021
Attachment E: Pass and Fail Rates for 2nd Audits
Attachment F: Online vs. Mailed in Renewals Processed
Attachment G: Psychologist and Psychological Associate Renewal Applications Processed: January 2022 – July 2022

Continuing Education Audits
January 2022 - June 2022

Month	Total # of Licensees Selected for Audit:	% Passed:	% Deficient	% Not Yet Received:	% Failed:
January	**24**	83%	0%	0%	17%
February	**18**	67%	0%	0%	33%
March	**27**	74%	4%	22%	0%
April	**21**	62%	10%	29%	0%
May	**23**	26%	9%	65%	0%
June	**23**	30%	17%	52%	0%
Totals:	**136**	**57%**	**7%**	**29%**	**7%**

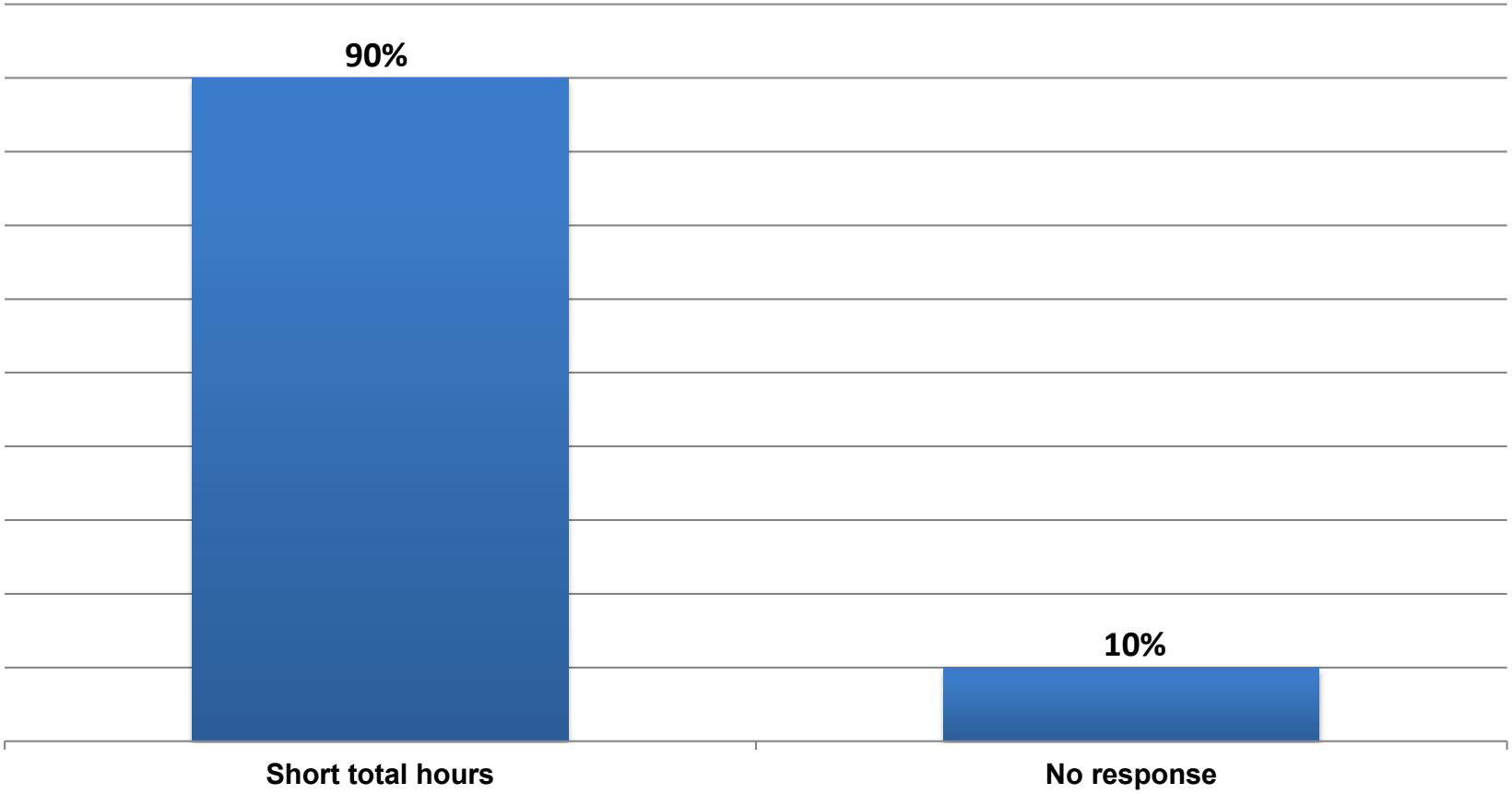
A total of 136 audits haven been sent out in 2022. The current pass rate is 57% with 7% of audits deficient and 29% of audits not yet received. Failures account for 7% of audits.

Those who were found to be deficient submitted their CE documentation and the audit determined that they did not meet the CE requirement. They are given more time to produce documentation of completion of the CE requirement.

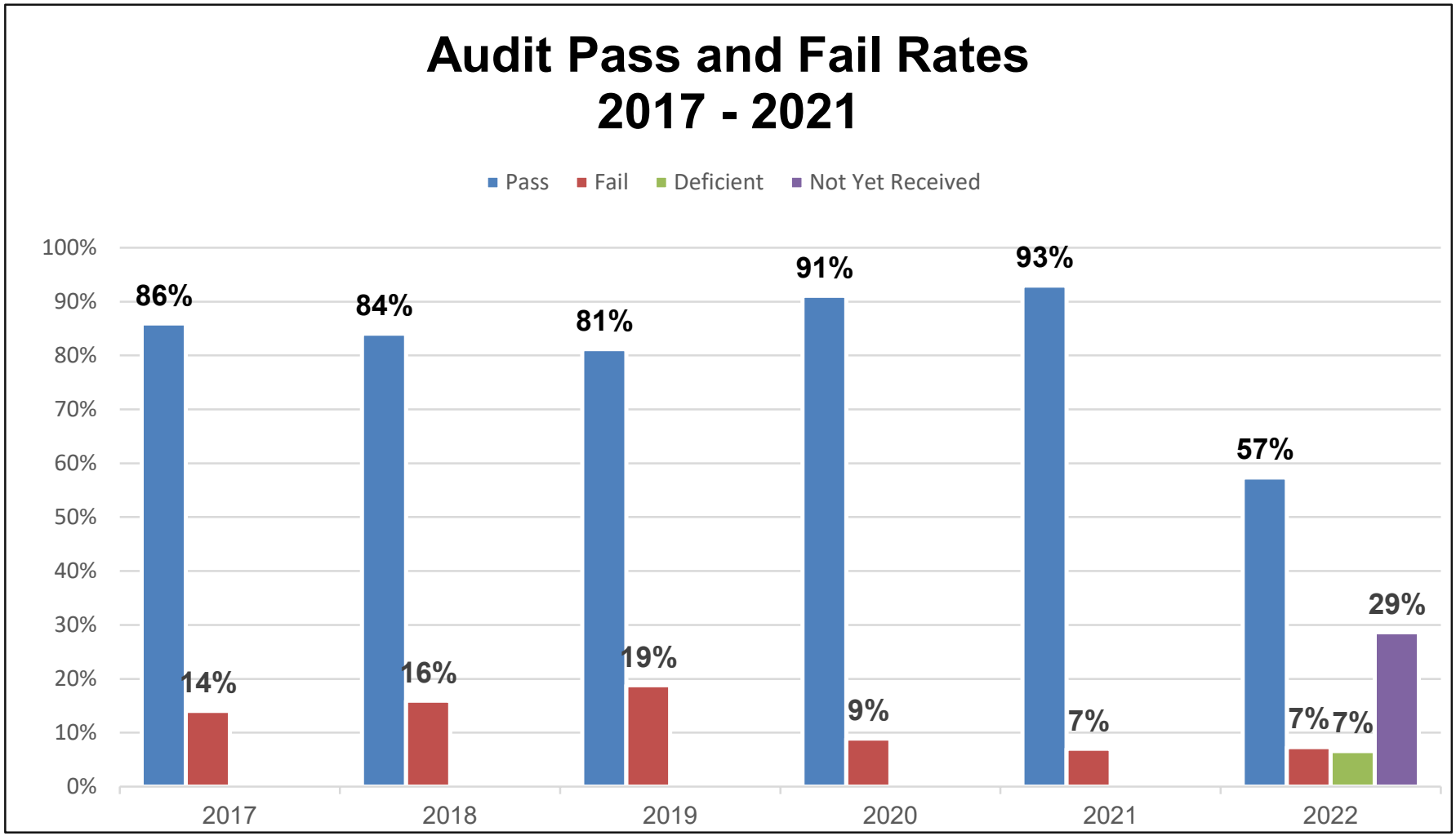

Pass and Fail Rate for CE Audits
January 2022 - June 2022
70%
60%
50%
40%
30%
20%
10%
0%
Pass, 57%
Fail, 7%
Deficient, 7%
Not Yet Received, 29%

Reasons for Not Passing CE Audit

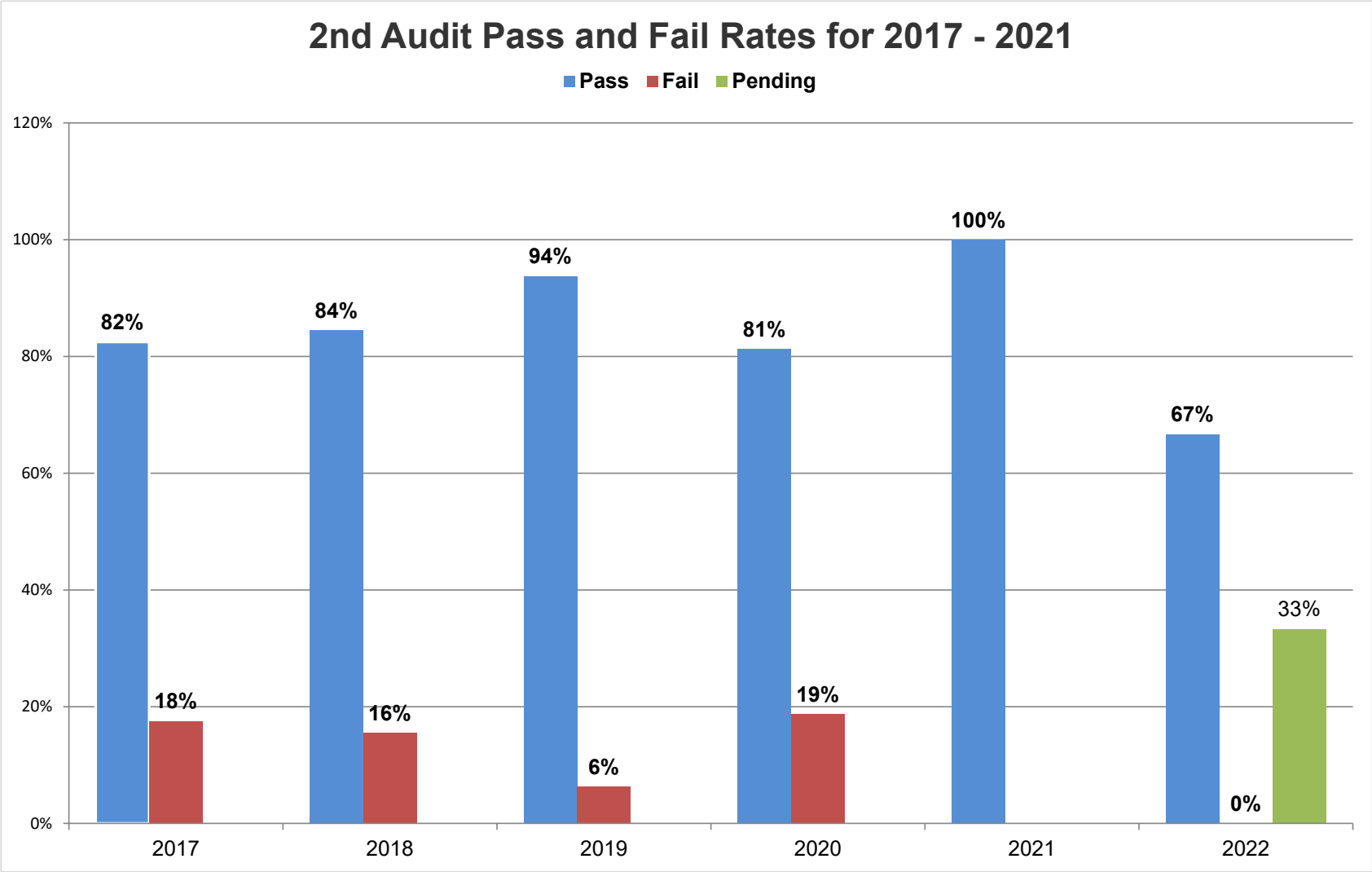
January 2022 - June 2022

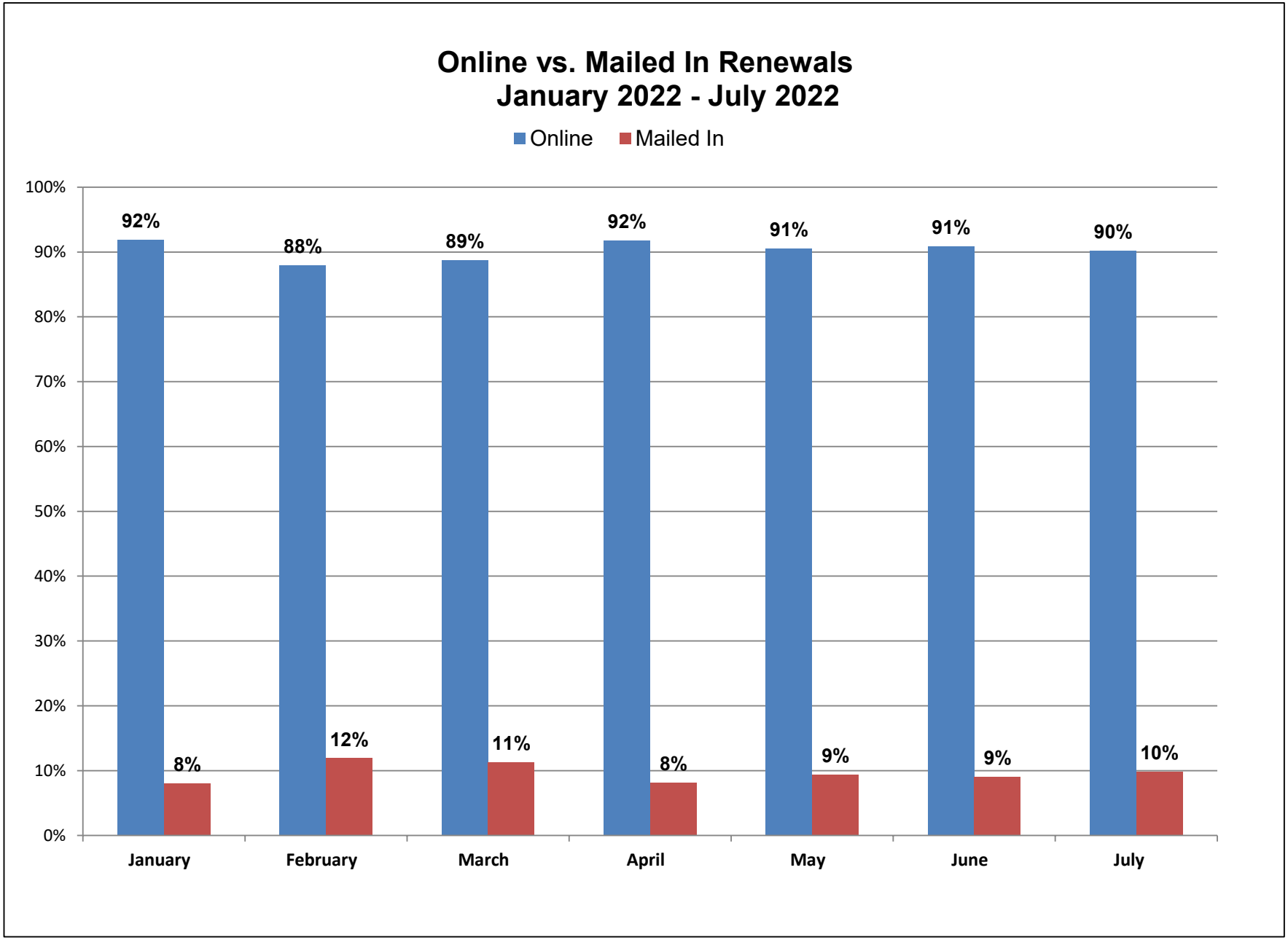


A total of 10 licensees have failed the audit thus far. 90% of licensees failed because they did not have the required 36 hours. 10% of licensees failed because they did not respond to the audit before the deadline. Licensees are given 60 days to respond to the audit.



CE waivers were provided for licensees who renewed between March 31, 2020 through September 30, 2021 and October 1, 2021 through October 31, 2021. Licensees were given more time to complete the CE requirements; January 26, 2022 and March 28, 2022 respectively.


2nd Audit Pass and Fail Rates for 2017 - 2021
Pass
Fail
Pending
120%
100%
80%
60%
40%
20%
0%
82%
18%
84%
16%
94%
6%
81%
19%
100%
67%
0%
33%
2017
2018
2019
2020
2021
2022


Online vs. Mailed In Renewals
January 2022 - July 2022
Online
Mailed In
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
92%
8%
88%
12%
89%
11%
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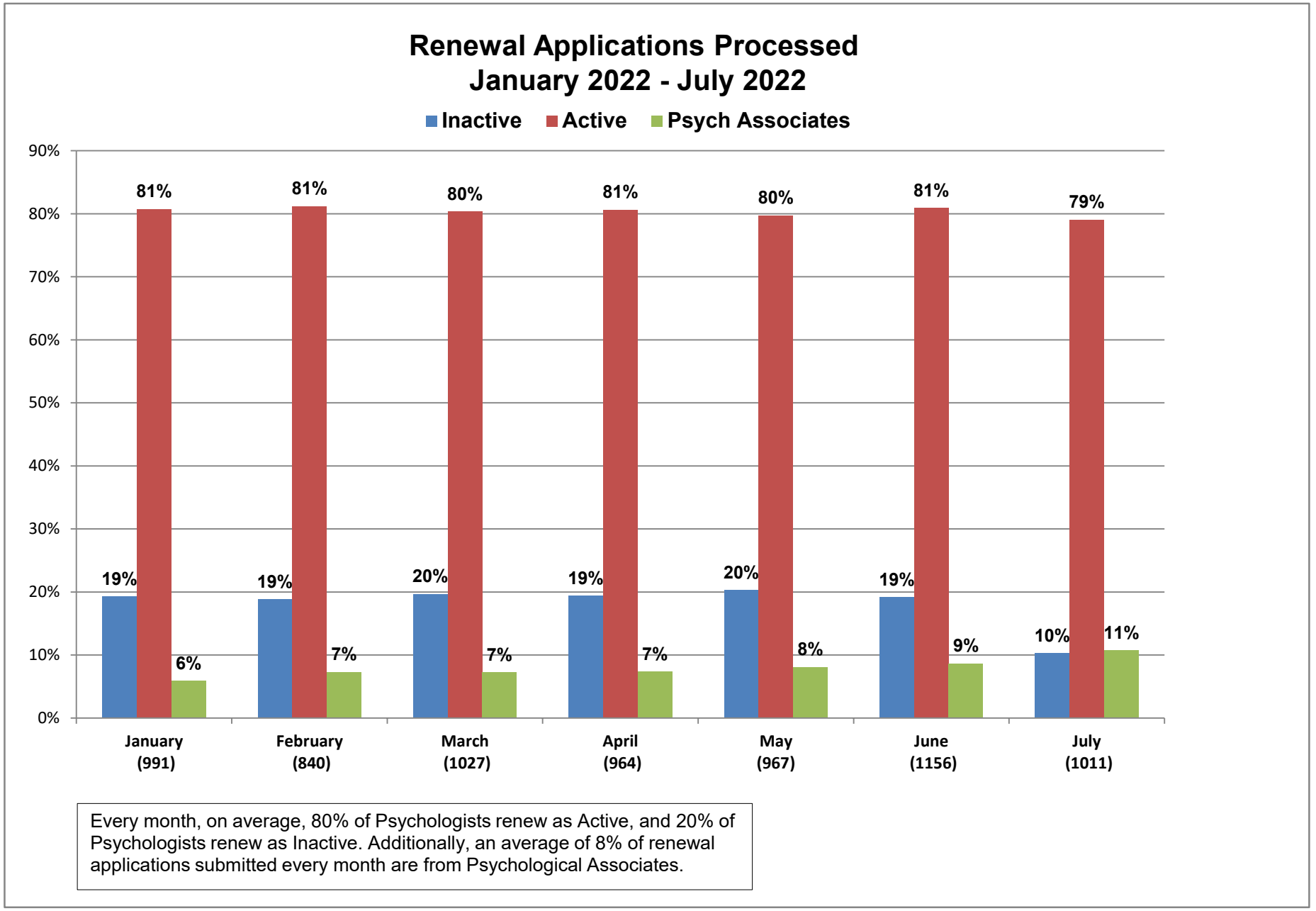
9%
91%
9%
90%
10%
January
February
March
April
May
June
July



Every month, on average, 80% of Psychologists renew as Active, and 20% of Psychologists renew as Inactive. Additionally, an average of 8% of renewal applications submitted every month are from Psychological Associates.

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MEMORANDUM

DATE	August 3, 2022
TO	Board Members
FROM	Stephanie Cheung Licensing Manager
SUBJECT	**Agenda Item 9(d)** Board Response to Psychologist Applications – Correspondence Review

Background:
On June 9, 2022, Board Member, Dr. Marisela Cervantes requested board staff follow up on how and what we are communicating to applicants regarding their applications.

To assist applicants in navigating through the licensure process, board staff utilize correspondence templates to provide important information and guidance to applicants via email after the review of an application is complete. The information provided in the Board's correspondence is crucial to an applicant's success in providing the necessary information to be eligible to take the required exams and ultimately become licensed with the Board.

Staff has incorporated the feedback provided by the Licensure Committee to the templates. The correspondence templates relating to a psychologist license application can be found in the attachment following this memo. Board staff would like to ask the Board to review the correspondence templates and provide any feedback.

Attachment:
Psychologist Application – Correspondence Templates

Action Requested:
Review and provide any feedback.

EPPP- Approval

Dear Dr. [ENTER NAME],

I am your assigned licensing analyst who will be assisting you throughout your licensure process. Please send all future communication to me directly using the contact information provided in my signature.

You are now approved to take the EPPP. Please note, you cannot schedule the exam until you receive the registration invitation email from Certemy, ASPPB's new registration portal, and complete the registration. Eligibility is submitted once per week on Thursday morning and is valid for 12 months from [ENTER DATE] through [ENTER DATE].

The following links provide help in navigating the Cetemy portal: FAQs: Upcoming New ASPPB Registration Portal Transition - California Board of Psychology & Helpful Videos: ASPPB Exam Candidate Information Page | Certemy .If you are experiencing technical issues with the EPPP Registration Portal please contact Certemy at support@certemy.com

Please visit Pearson VUE's website for latest updates and important test delivery information pertaining to COVID-19 at https://home.pearsonvue.com/coronavirus-update-us#state-specific.

File # / Exam ID:

The Board of Psychology (Board) submits your exam eligibility to ASPPB:

1. Certemy will send you an invitation to register for an account via email.

2. Please read and follow the instructions from Certemy on how to schedule and pay for the EPPP exam. Visit ASPPB website for more information: https://www.asppb.net/.

Abandonment of Application: If you do not take the exam within twelve months of your approval, you are required to submit a new application along with the fee (Refer to California Code of Regulations (CCR) §1381.4). To avoid delays, new applications will need to be mailed to the Board as an existing file has been established in the system. http://www.psychology.ca.gov/forms_pubs/application.pdf.

Request for Accommodation: Approval of accommodation request should be obtained from the Board prior to the scheduling of exam; otherwise, approved accommodation cannot be added to a scheduled exam until it is cancelled by you. To request an accommodation, complete the following form and return it to the attention of Ms. Lavinia Snyder, Exam Coordinator, for the Board's review: www.psychology.ca.gov/forms_pubs/adaform.pdf. Do not request accommodation

SAMPLE

directly from ASPPB or Pearson VUE. Please direct all accommodation questions to Ms. Snyder at Lavinia.Snyder@dca.ca.gov.

Exam Results: The passing score is 500. The Board will send results by regular mail but will not release results by phone or email. Pearson VUE will provide you with your "unofficial score" upon completion of the exam. The score is considered official when the Board receives the score electronically from ASPPB.

1. **Pass:** To be eligible for the California Psychology Laws and Ethics Examination (CPLEE), verification of 3000 hours of Supervised Professional Experience (SPE) completed with at least 1500 hours accrued post-doctoral is required.

   · Currently, the Board has approved [#] of predoctoral hours and [#] of postdoctoral hours.

   Complete and mail the request to take the CPLEE with $235.20 fee to the Board: http://www.psychology.ca.gov/forms_pubs/exam_request.pdf (Use the File # provided above)

2. **Fail:** Your eligibility is automatically resent to ASPPB once a week on Thursday and your eligibility period is extended for one additional year from the date you sat for the exam. Re-register through the automated invitation sent to you by Certemy via email to complete the scheduling process to retake the exam.

All requests and supporting documentation are processed by date received order. When additional applications and supporting documents are received by the Board, they will be added to the processing queue automatically. You will be notified the status of your application when the review is complete. Please reference the Board's website for the current processing timeframes; this information is updated monthly.

Documentation Required Prior to Licensure:

NOTE: Please do not upload any documents to BreEZe. Documents are only able to be uploaded at the time the initial application was submitted. Coursework certificates and Live Scan forms can be emailed directly to me but all other documentation needs to be mailed to the Board.

Pre-Licensure Coursework: Proof of pre-licensure coursework completed must be verified by providing a transcript (unofficial is acceptable for coursework verification purpose), coursework completion certificates, or a letter from the Department of Psychology Chair from your educational institution certifying the course meets Board requirement. Please see specific requirements pursuant to the Business and Professions Code (BPC) and the California Code of Regulations (CCR):

Human Sexuality – 10 contact hours [BPC§25 & CCR§1382]

Child Abuse Assessment and Reporting – 7 contact hours [BPC§28 & CCR§1382.4]

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Alcoholism/Chemical Substance Dependency Detection and Treatment – 15 contact hours [BPC§2914(e) & CCR§1382.3]

Spousal/Partner Abuse Assessment, Detection and Intervention – 15 contact hours [BPC§2914(f) & CCR§1382.5]

Aging/Long Term Care – 6 contact hours [BPC§2915.5]

Suicide Risk Assessment and Intervention - 6 hours [BPC§2915.4]

Please attach all remaining certificates to the request for initial licensure form that you will receive once you pass the CPLEE.

Pre-Licensure Coursework: Proof of all pre-licensure coursework is accepted. **(If all coursework completed)**

Fingerprints: You will need to submit a set of fingerprints using the Live Scan service for licensure: http://www.psychology.ca.gov/applicants/fingerprint.shtml. *Previous fingerprints done for the purpose of a Psychological Associate registration will not satisfy the fingerprint requirement for licensure.*

Sincerely,

[INSERT SIGNATURE]

SAMPLE

EPPP- Deficiencies

Dear Dr. [ENTER NAME],

I am your assigned licensing analyst who will be assisting you throughout the licensure process. I have completed a review of the documentation received with your Application for Licensure as a Psychologist and searched our central files where documents are stored prior to receiving the application. The following document(s) must be received before I can continue to process your request to take the EPPP. If you have already sent the document(s) and they are in transit to the Board, no further action is needed. You will receive an email from the Board once they are processed.

- Official Doctoral Transcript – submitted directly to the Board by your educational institution.
- Verification of Experience (VOE): At least 1,500 hours of qualifying supervised professional experience is required.

Link to the VOE: http://www.psychology.ca.gov/forms_pubs/prior_verofexp.pdf

Experience gained *within* the State of California**:** Complete page one of the VOE form. The Supervision Agreement for Supervised Professional Experience and plan (SPE) that was signed by all parties prior to commencement of the SPE is required to be attached unless already on file with the Board.

OR

Experience gained ***outside*** of the State of California or experience accrued prior to January 1, 2005. Complete both pages of the VOE form. The Supervision Agreement form is not required for experience accrued outside of California.

The primary supervisor is required to provide the completed supervision agreement and/or VOE(s) with original signatures in a sealed envelope, signed across the seal, for submission to the Board by the supervisee. **Alternatively, the primary supervisor may mail the original documents to the Board directly**. Please review for completeness before submission as missing information is a common cause of unnecessary processing delay.

PLEASE NOTE: You may view application deficiencies through your online BreEZe profile. Deficiencies will be cleared once requested documents are processed. If the requested documents are not received by [DATE], your application will be withdrawn and a new application is necesssary if you would like to resume with the licensure process.

All incoming mail is processed by date received order. When you submit documents or information in response to this deficiency notice, they will be added to the processing queue automatically when they are received by the Board. You will be notified the status

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of your application when the review is complete. Please reference the Board's website for current processing timeframes; this information is updated monthly.

Sincerely,

[INSERT SIGNATURE]

SAMPLE

CPLEE – Approval

Dear Dr. [ENTER NAME],

This email is to notify you that your eligibility for the CPLEE was approved today. Please wait at least 24 hours before accessing your profile in PSI (https://candidate.psiexams.com/). PSI will also email you a notification regarding your eligibility. We highly suggest that you wait for this notification before trying to schedule your exam.

The CPLEE Candidate Information Bulletin is available on PSI's website as well as the Board's website: https://candidate.psiexams.com/bulletin/display_bulletin.jsp?ro=yes&actionname=83&bulletinid=310&bulletinurl=.pdf. The new handbook will contain a breakdown of the different areas of the exam and sample test questions. Please take the time to review the handbook.

The CPLEE will contain 75 scored items and 25 non-scored test questions. Candidates will have 2.5 hours to complete the exam. For this version of the exam, the passing score is set at **[58]** out of 75. **Please note the passing score changes with each new version of the exam.**

Abandonment of Application: If you do not take the exam within twelve months of your approval, you are required to submit a new application along with the fee. Refer to California Code of Regulations (CCR) §1381.4. New applications must be mailed, cannot re-apply online as an existing file has been established. http://www.psychology.ca.gov/forms_pubs/application.pdf.

Request for Accommodation: Prior approval is required from the Board. Complete the attached form and return it to the Board, attention Lavinia Snyder, Exam Coordinator for review: www.psychology.ca.gov/forms_pubs/adaform.pdf. Please direct all accommodation questions to Lavinia.Snyder@dca.ca.gov.

Exam Results:

1. Pass: Submit your $500 fee with the Request For Initial Licensure Form that you will receive at the exam site.

   Please be aware fee's are processed by the DCA's cashiering unit, as fees and documents associated with fees are separate processes. All requests and supporting documentation are processed by date received order. When additional applications and supporting documents are received by the Board, they will be added to the processing queue automatically. You will be notified the status of your application when the review is complete. Please reference the Board's website for the current processing timeframes; this information is updated monthly. Note: all other pending requirements for licensure, if any, are included in this email.

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2. Fail: You can only take the CPLEE once per version which is offered quarterly (Jan 1st, April 1st, July 1st, Oct 1st). With every attempt we need the $235.20 fee submitted along with the request form: http://www.psychology.ca.gov/forms_pubs/exam_request.pdf. Once the new version comes out and we have received the fee, we will email your approval the day the new version is out.

Required Prior to Licensure

Please do not upload any documents to BreEZe. Documents are only able to be uploaded at the time the initial application was submitted

Pre-Licensure Coursework: Proof of pre-licensure coursework completed must be verified by providing a transcript (unofficial is acceptable for coursework verification purpose), coursework completion certificates, or a letter from the Department of Psychology Chair from your educational institution certifying the course meets Board requirement. Please see specific requirements pursuant to the Business and Professions Code (BPC) and the California Code of Regulations (CCR):

Human Sexuality – 10 contact hours [BPC§25 & CCR§1382]

Child Abuse Assessment and Reporting – 7 contact hours [BPC§28 & CCR§1382.4]

Alcoholism/Chemical Substance Dependency Detection and Treatment – 15 contact hours [BPC§2914(e) & CCR§1382.3]

Spousal/Partner Abuse Assessment, Detection and Intervention – 15 contact hours [BPC§2914(f) & CCR§1382.5]

Aging/Long Term Care – 6 contact hours [BPC§2915.5]

Suicide Risk Assessment and Intervention - 6 hours [BPC§2915.4]

Please attach all remaining certificates to the request for initial licensure form that you will receive once you pass the CPLEE.

Pre-Licensure Coursework: Proof of all pre-licensure coursework is accepted. **(If all coursework completed)**

Fingerprints: You will need to submit a set of fingerprints using the Livescan service for licensure: http://www.psychology.ca.gov/applicants/fingerprint.shtml. *Previous fingerprints done for the purpose of a Psychological Associate registration will no longer count as satisfying the fingerprint requirement.*

Sincerely,

[INSERT SIGNATURE]

SAMPLE

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CPLEE- Deficiencies

Dear Dr. [ENTER NAME],

I am your assigned licensing analyst who will be assisting you throughout the licensure process. I have completed a review of the documentation received with your Application for Licensure as a Psychologist and searched our central files where documents are stored prior to receiving the application. The following document(s) must be received before I can continue to process your request to take the CPLEE. If you have already sent the document(s) and they are in transit to the Board, no further action is needed. You will receive an email from the Board once they are processed.

- $235.20 CPLEE fee payable to the Board of Psychology **http://www.psychology.ca.gov/forms_pubs/exam_request.pdf**.
- Official Doctoral Transcript – submitted directly to the Board by your educational institution.
- EPPP Score Transfer submitted directly from ASPPB
- Certificate of Professional Qualification (CPQ)
- Certified by National Register of Health Service Providers in Psychology (NRHSPP)
- Certified by American Board of Professional Psychology (ABPP)
- Letter of Good standing from Current State's Licensing Board
- Verification of Experience (VOE): A total of 3,000 hours of qualifying supervised professional experience is required.

Link to the VOE: http://www.psychology.ca.gov/forms_pubs/prior_verofexp.pdf

Experience gained *within* the State of California**:** Complete page one of the VOE form. The Supervision Agreement for Supervised Professional Experience and plan (SPE) that was signed by all parties prior to commencement of the SPE is required to be attached unless already on file with the Board.

OR

SAMPLE

Experience gained ***outside*** of the State of California or experience accrued prior to January 1, 2005. Complete both pages of the VOE form. The Supervision Agreement form is not required for experience accrued outside of California.

The primary supervisor is required to provide the completed supervision agreement and/or VOE(s) with original signatures in a sealed envelope, signed across the seal, for submission to the Board by the supervisee. **Alternatively, the primary supervisor may mail the original documents to the Board directly**. Please review for completeness before submission as missing information is a common cause of unnecessary processing delay.

PLEASE NOTE: You may view application deficiencies through your online BreEZe profile. Deficiencies will be cleared once requested documents are processed. If the requested documents are not received by [DATE], your application will be withdrawn and a new application is necesssary if you would like to resume with the licensure process.

All incoming mail is processed by date received order. When you submit documents or information in response to this deficiency notice, they will be added to the processing queue automatically when they are received by the Board. You will be notified the status of your application when the review is complete. Please reference the Board's website for current processing timeframes; this information is updated monthly.

Sincerely,

[INSERT SIGNATURE]

SAMPLE

PSY License – Approval

Congratulations! You are now licensed with the California Board of Psychology. I hope you will consider taking the Board's Customer Service survey https://www.dca.ca.gov/webapps/psychboard/licensing_survey.php.

Your license information is as follows:

License Name:

License Number:

Issue Date:

Expiration/Renewal Date:

Pocket License and Wall Certificate:

You should receive your pocket license and wall certificate in separate mailings in approximately four weeks. You can verify the status of your license, address of record, expiration date, etc. on our website at the following link: Search - DCA

Address of Record:

Pursuant to the California Code of Regulations Section 1380.5, you are required to notify the Board of any changes to your address of record and your e-mail address. Please note that the address of record will be available to the public by phone, in writing, or through the Department of Consumer Affairs License Search website.

Continuing Education:

Please review the information provided in the following link regarding the continuing education renewal requirements. Business and Professions Code Section 2915 requires each licensed psychologist to complete 36 hours of approved continuing education (CE) in every two-year renewal cycle. The Board cannot renew a license unless the CE requirements have been met. You can find more detailed information about CE at the Board's website: http://www.psychology.ca.gov/licensees/ce.shtml.

License Renewal:

Your license will be valid for a period of 24 months from the date of issuance and will require subsequent renewals every two years. You will receive a courtesy renewal postcard reminder approximately ten weeks prior to the expiration date. Please note that it is your responsibility to renew your license prior to the expiration date even if you may not receive the courtesy renewal reminder in the mail. You will have to complete one of the following options to renew your license:

Renew Online (Recommended):

Renew license and submit $530 renewal fee: https://www.breeze.ca.gov/.

SAMPLE

Instructions: http://www.psychology.ca.gov/licensees/renewal_instructions.pdf

Renew by Mail:

Download and complete the License Renewal Application. Mail completed form and $530 renewal fee to 1625 N. Market Blvd., Ste. N215, Sacramento, CA 95834.

Additionally, it is your responsibility to understand and be familiar with the laws and regulations relating to the practice of psychology. To receive updates, it is recommended that you subscribe to the Board's e-mail lists at : https://www.dca.ca.gov/webapps/psychboard/subscribe.php.

If you require additional information, please send an e-mail to boplicensing@dca.ca.gov. Be sure to include your license number in all communications with the Board.

Sincerely,

[INSERT SIGNATURE]

SAMPLE

PSY – License Deficiencies

Dear Dr. [ENTER NAME],

The following items are pending before issuance of your license. Please note these deficiencies were included in your CPLEE approval email as well. If you have already sent the document(s) and they are in transit to the Board, no further action is needed. You will receive an email from the Board once they are processed.

Pre-licensure Coursework: Proof of pre-licensure coursework completed must be verified by providing transcript (unofficial ok; highlight courses), coursework completion certificates or letter from the Department of Psychology Chair from your educational institution certifying the course meets Board requirement.

Human Sexuality – 10 contact hours [BPC§25 & CCR§1382]

Child Abuse Assessment and Reporting – 7 contact hours [BPC§28 & CCR§1382.4]

Alcoholism/Chemical Substance Dependency Detection and Treatment – 15 contact hours [BPC§2914(e) & CCR§1382.3]

Spousal/Partner Abuse Assessment, Detection and Intervention – 15 contact hours [BPC§2914(f) & CCR§1382.5]

Aging/Long Term Care – 6 contact hours [BPC§2915.5]

Suicide Risk Assessment and Intervention - 6 hours [BPC§2915.4]

Fingerprints: You will need to submit a set of fingerprints using the Livescan service for licensure: http://www.psychology.ca.gov/applicants/fingerprint.shtml. *Previous fingerprints done for the purpose of a Psychological Associateregistration will no longer count as satisfying the fingerprint requirement*

PLEASE NOTE: You may view application deficiencies through your online BreEZe profile. Deficiencies will be cleared once requested documents are received and processed.

Sincerely,

[INSERT SIGNATURE]

SAMPLE

California Board of PSYCHOLOGY

1625 North Market Blvd., Suite N-215, Sacramento, CA 95834
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www.psychology.ca.gov

MEMORANDUM

DATE	August 3, 2022
TO	Board Members
FROM	Stephanie Cheung Licensing Manager
SUBJECT	**Agenda Item 9(e)** Legislation: Acceptable Verification of Pre-Licensure Coursework Requirements, Business and Professions Code sections 2915.4 and 2915.5

Background:

Management held a Licensing Townhall with the Licensing unit staff to solicit and brainstorm creative solutions in addressing the lengthened processing timeframes for applications. Staff suggested to add an additional verification method for qualified psychologist license applicants to demonstrate compliance of the two required pre-licensure coursework – Suicide Risk Assessment and Intervention and Again and Long-Term Care.

Current language allows applicants to fulfill the prelicensure coursework requirements in three ways: 1) obtained as part of the graduate degree program, 2) obtained as part of their applied experience, and 3) by taking a continuing education course as specified in the statute.

When applicants elect to fulfill the prelicensure coursework requirement as part of their graduate degree program, it requires a written certification from the registrar or training director for verification purposes. Staff believe that it would streamline the licensure process if the Board also allowed verification to be provided through a transcript if it indicates completion of the specified coursework with the course title shown. If the course title of the required coursework is absent or unclear, only then the applicant would need to obtain a written certification form the educational institution and provide it to the board as a verification of completion.

Staff also believe that allowing the department chair as an additional entity to provide the necessary written certification would provide convenience to applicants, as the department chair would also be familiar with the students' coursework and access to their academic records. This is not intended to require the department chair to provide such written certification, but to provide an additional option of who may provide the necessary written certification.

Attachment:

Business and Professions Code Sections 2915.4 and 2915.5 Proposed Amendments (Rev. 6/29/2022)

Action Requested:

The Licensure Committee recommends the Board approve the proposed amendments, and delegate the authority to the Executive Officer to seek an author for legislation.

2915.4.

(a) Effective January 1, 2020, an applicant for licensure as a psychologist shall show, as part of the application, that he or she has completed a minimum of six hours of coursework or applied experience under supervision in suicide risk assessment and intervention. This requirement shall be met in one of the following ways:

(1) Obtained as part of ~~his or her~~ the applicant's qualifying graduate degree program. To satisfy this requirement, the applicant shall submit to the board a transcript indicating completion of this coursework. In absence of this coursework title in the transcript, the applicant shall submit a written certification from the registrar, department chair, or training director of the educational institution or program from which the applicant graduated stating that the coursework required by this section is included within the institution's curriculum required for graduation at the time the applicant graduated, or within the coursework that was completed by the applicant.

(2) Obtained as part of ~~his or her~~ the applicant's applied experience. Applied experience can be met in any of the following settings: practicum, internship, or formal postdoctoral placement that meets the requirement of Section 2911, or other qualifying supervised professional experience. To satisfy this requirement, the applicant shall submit to the board a written certification from the director of training for the program or primary supervisor where the qualifying experience has occurred stating that the training required by this section is included within the applied experience.

(3) By taking a continuing education course that meets the requirements of subdivision (e) or (f) of Section 2915 and that qualifies as a continuing education learning activity category specified in paragraph (2) or (3) of subdivision (c) of Section 2915. To satisfy this requirement, the applicant shall submit to the board a certification of completion.

(b) Effective January 1, 2020, as a one-time requirement, a licensee prior to the time of his or her first renewal after the operative date of this section, or an applicant for reactivation or reinstatement to an active license status, shall have completed a minimum of six hours of coursework or applied experience under supervision in suicide risk assessment and intervention, as specified in subdivision (a). Proof of compliance with this section shall be certified under penalty of perjury that he or she is in compliance with this section and shall be retained for submission to the board upon request.

(Added by Stats. 2017, Ch. 182, Sec. 1. (AB 89) Effective January 1, 2018.)

2915.5.

(a) Any applicant for licensure as a psychologist as a condition of licensure, a minimum of six contact hours of coursework or applied experience in aging and long-term care, which may include, but need not be limited to, the biological, social, and psychological

DRAFT

aspects of aging. This coursework shall include instruction on the assessment and reporting of, as well as treatment related to, elder and dependent adult abuse and neglect.

(b) In order to satisfy the coursework requirement of this section, the applicant shall submit to the board a transcript indicating completion of this coursework. In absence of this coursework title in the transcript, the applicant shall submit a written certification from the registrar, department chair, or training director of the educational institution or program from which the applicant graduated stating that the coursework required by this section is included within the institution's required curriculum for graduation at the time the applicant graduated, or within the coursework, that was completed by the applicant.

(c) (1) If an applicant does not have coursework pursuant to this section, the applicant may obtain evidence of compliance as part of their applied experience in a practicum, internship, or formal postdoctoral placement that meets the requirement of Section 2911, or other qualifying supervised professional experience.

(2) To satisfy the applied experience requirement of this section, the applicant shall submit to the board a written certification from the director of training for the program or primary supervisor where the qualifying experience occurred stating that the training required by this section is included within the applied experience.

(d) If an applicant does not meet the curriculum or coursework requirement pursuant to this section, the applicant may obtain evidence of compliance by taking a continuing education course that meets the requirements of subdivision (d) or (e) of Section 2915 and that qualifies as a learning activity category specified in paragraph (2) or (3) of subdivision (c) of Section 2915. To satisfy this requirement, the applicant shall submit to the board a certification of completion.

(e) A written certification made or submitted pursuant to this section shall be done under penalty of perjury.

(Amended by Stats. 2021, Ch. 647, Sec. 10. (SB 801) Effective January 1, 2022.)

DRAFT

California Board of PSYCHOLOGY

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www.psychology.ca.gov

MEMORANDUM

DATE	August 3, 2022
TO	Board Members
FROM	Stephanie Cheung Licensing Manager
SUBJECT	**Agenda Item 10** Licensing Timeframes Update – Short-term and Long-Term Solutions to the Application Backlogs

Background:
At the April 19, 2022 Board Meeting, the California Psychological Association (CPA) requested the Board place its application processing timeframes on its next meeting agenda. As such, the Board has included short-term and long-term solutions to its application backlogs to this meeting agenda.

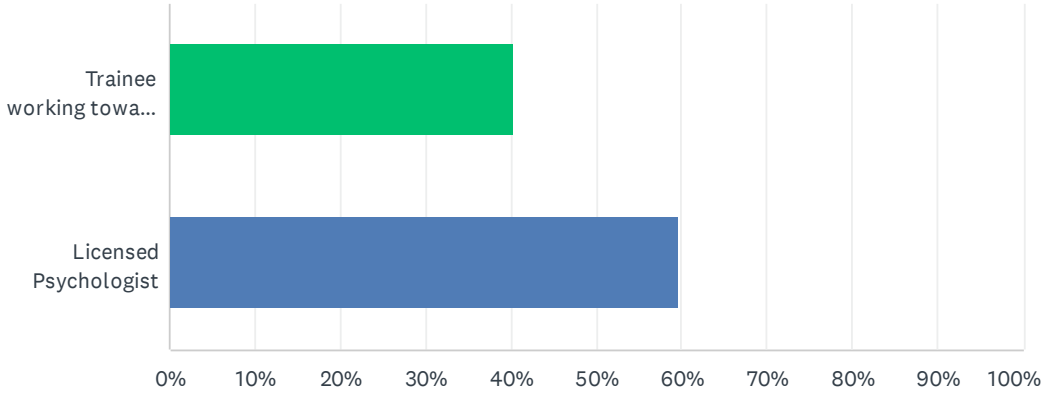
To provide extra context to this item, CPA conducted a survey on this issue and requested the results to be included as part of the meeting materials.

Attachments:
A: CPA Survey Results
B: Licensing Timeframes Updates Presentation Slides

Action Requested:
For informational purposes only. No action is required.

Q1 Current Licensure Status

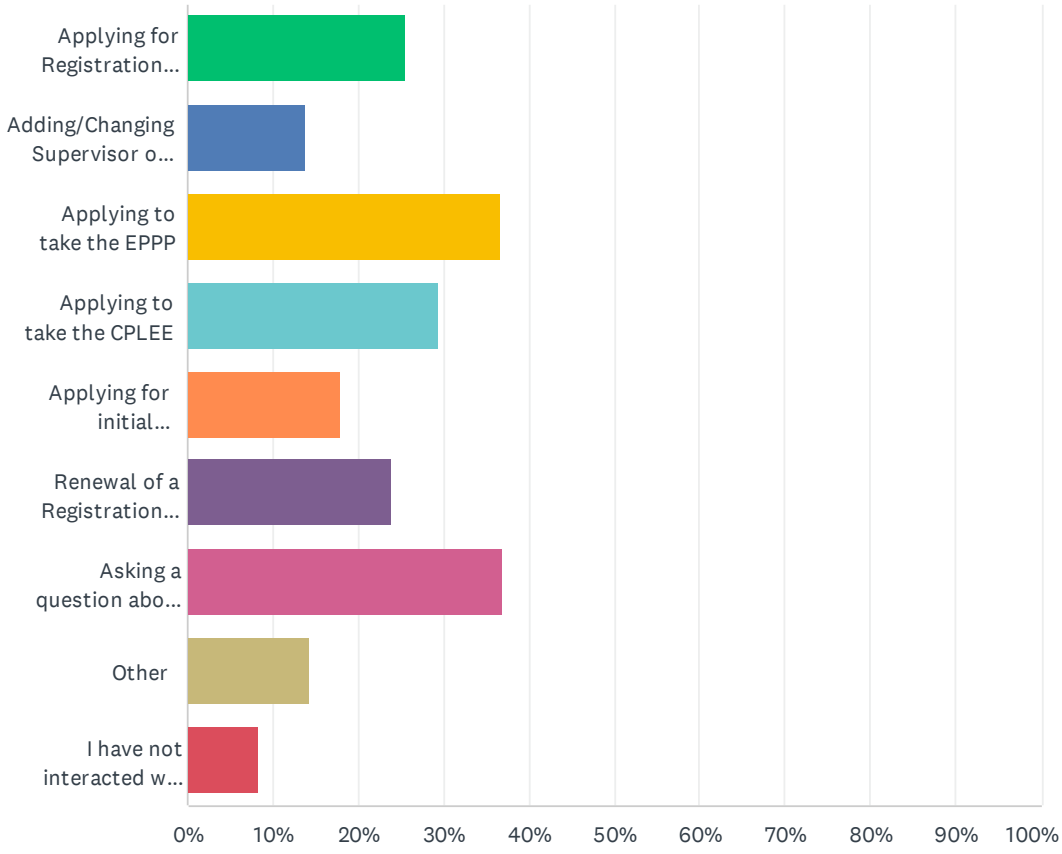
Answered: 401 Skipped: 0



ANSWER CHOICES	RESPONSES	
Trainee working toward licensure as a Psychologist (includes interns, post-docs, psychological associates, employees in exempt setting, and trainees working under a DMHC waiver)	40.40%	162
Licensed Psychologist	59.60%	239
Total Respondents: 401		

Q2 Please identify your reason(s) for interacting with the Board of Psychology (BoP) within the past 12 months (check all that apply)

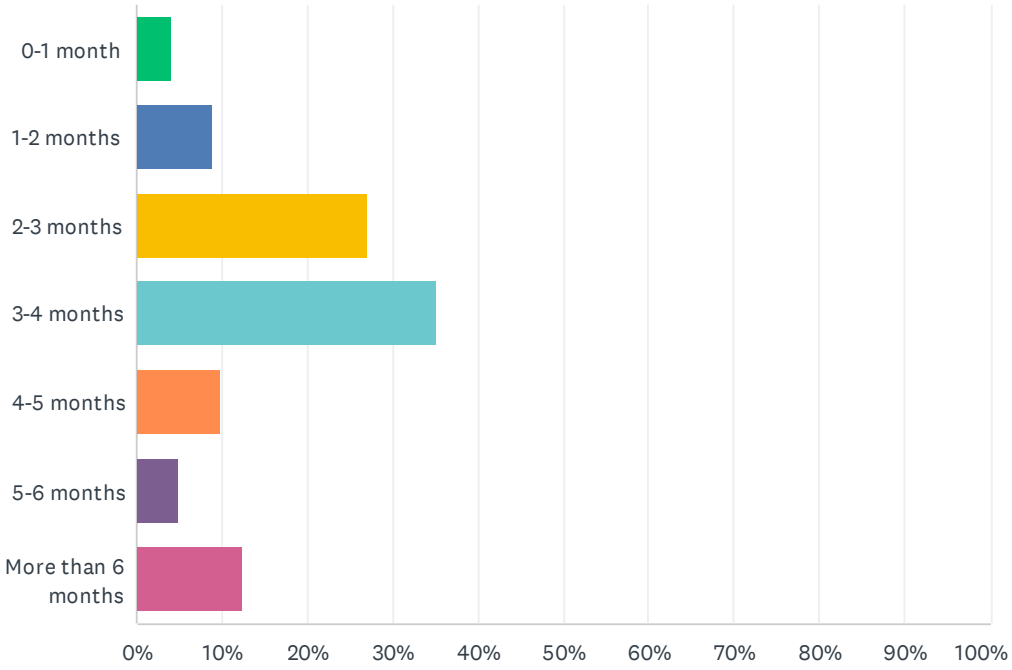
Answered: 401 Skipped: 0



ANSWER CHOICES	RESPONSES	
Applying for Registration as a Psychological Associate	25.69%	103
Adding/Changing Supervisor or Service Location for a Psychological Associate	13.97%	56
Applying to take the EPPP	36.66%	147
Applying to take the CPLEE	29.43%	118
Applying for initial licensure as a Psychologist (once both exams have been passed)	17.96%	72
Renewal of a Registration or License	23.94%	96
Asking a question about or seeking clarification regarding any component of the above processes	36.91%	148
Other	14.21%	57
I have not interacted with the BoP within the past 12 months	8.23%	33
Total Respondents: 401		

Q3 If you applied for Registration as a Psychological Associate within the past 12 months, how long did it take for your Registration to be approved?

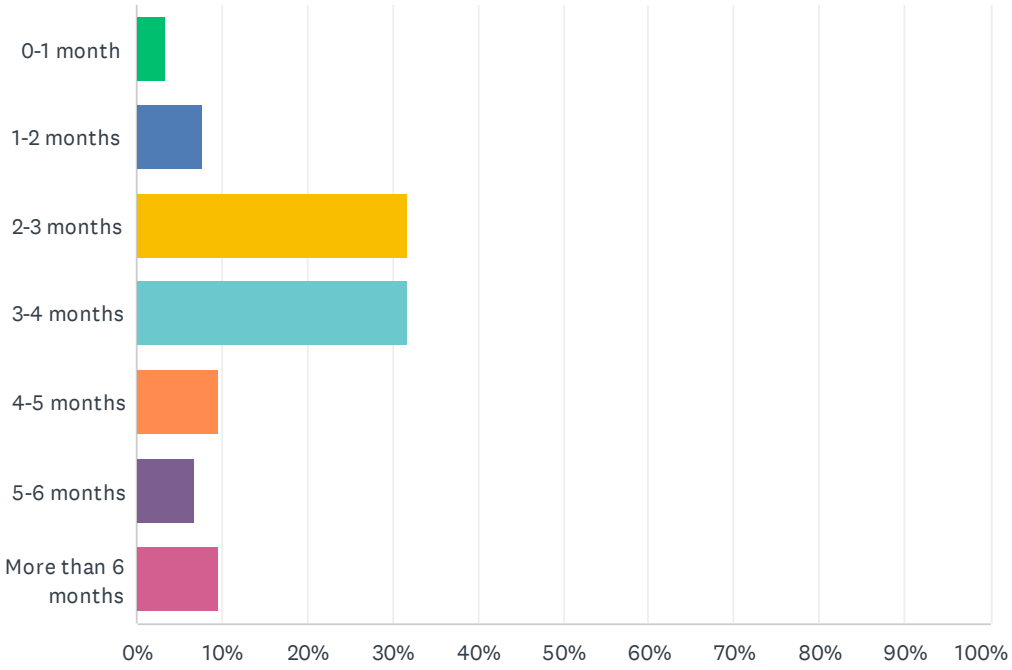
Answered: 122 Skipped: 279



ANSWER CHOICES	RESPONSES	
0-1 month	4.10%	5
1-2 months	9.02%	11
2-3 months	27.05%	33
3-4 months	35.25%	43
4-5 months	9.84%	12
5-6 months	4.92%	6
More than 6 months	12.30%	15
Total Respondents: 122		

Q4 If you applied to take the EPPP within the past 12 months, how long did it take to receive approval?

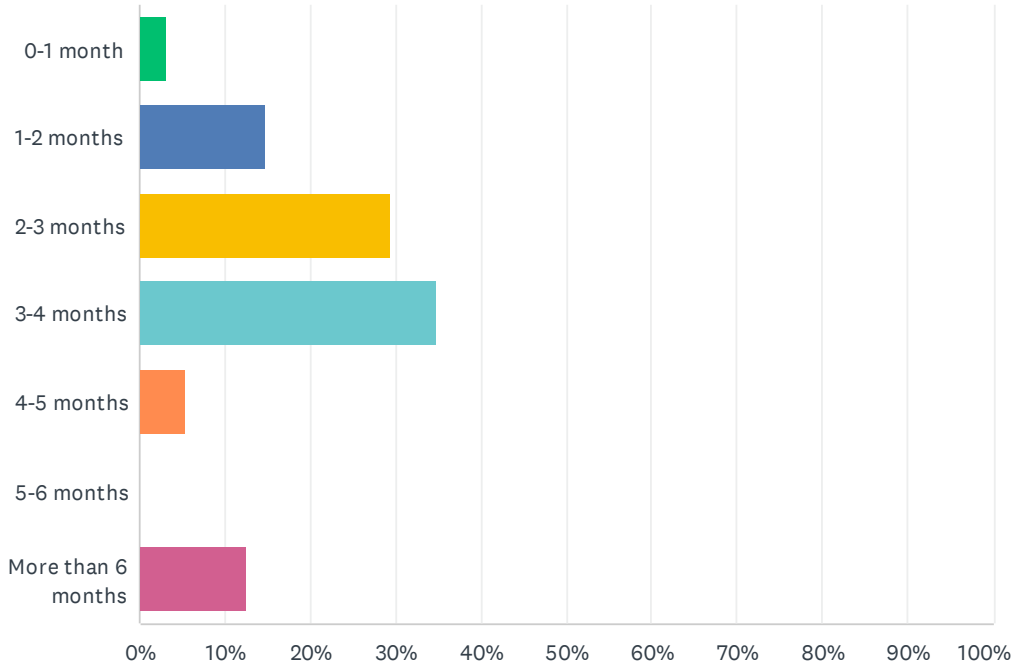
Answered: 145 Skipped: 256



ANSWER CHOICES	RESPONSES	
0-1 month	3.45%	5
1-2 months	7.59%	11
2-3 months	31.72%	46
3-4 months	31.72%	46
4-5 months	9.66%	14
5-6 months	6.90%	10
More than 6 months	9.66%	14
Total Respondents: 145		

Q5 If you applied to take the CPLEE within the past 12 months how long did it take to receive approval?

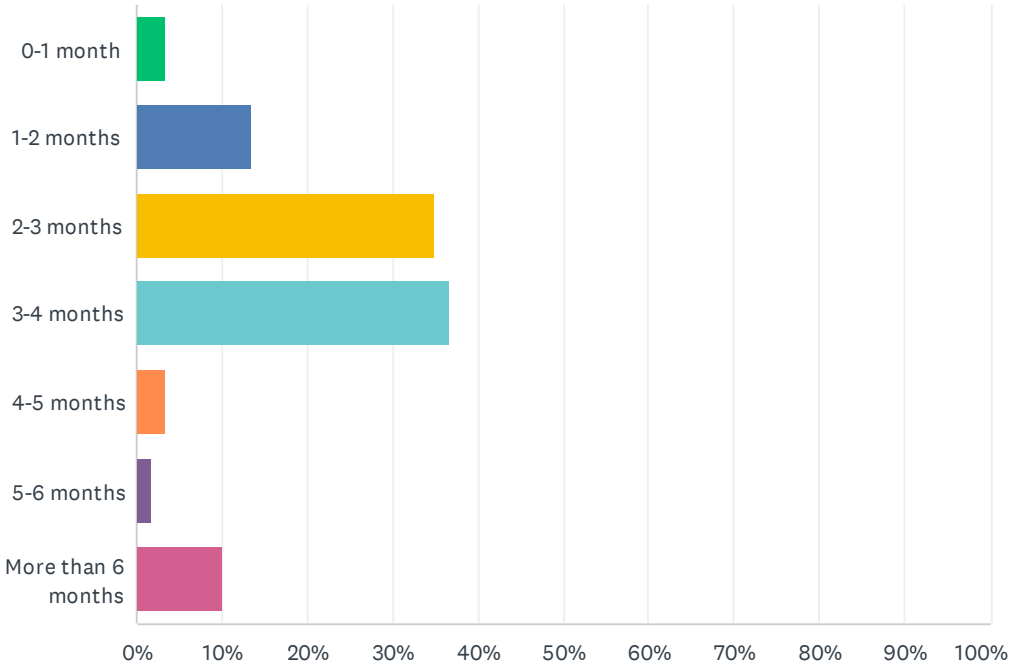
Answered: 95 Skipped: 306



ANSWER CHOICES	RESPONSES	
0-1 month	3.16%	3
1-2 months	14.74%	14
2-3 months	29.47%	28
3-4 months	34.74%	33
4-5 months	5.26%	5
5-6 months	0.00%	0
More than 6 months	12.63%	12
Total Respondents: 95		

Q6 If you applied for your initial Psychologist License within the past 12 months, how long did it take to receive it?

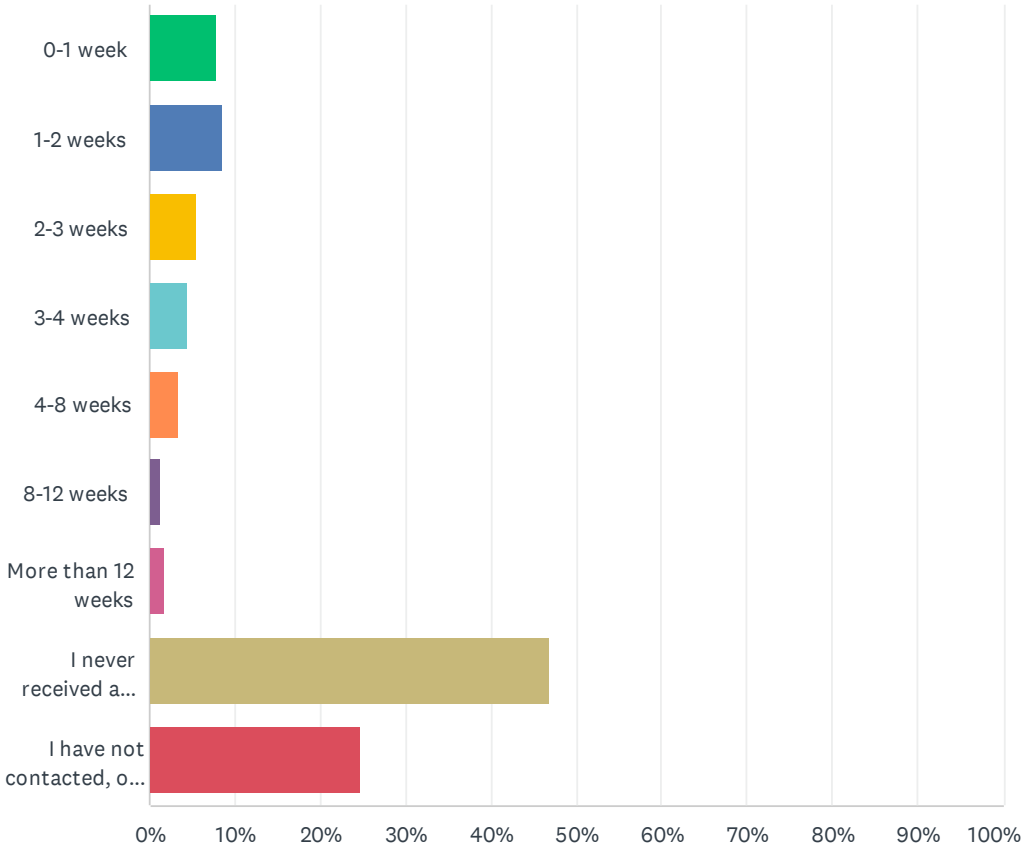
Answered: 60 Skipped: 341



ANSWER CHOICES	RESPONSES	
0-1 month	3.33%	2
1-2 months	13.33%	8
2-3 months	35.00%	21
3-4 months	36.67%	22
4-5 months	3.33%	2
5-6 months	1.67%	1
More than 6 months	10.00%	6
Total Respondents: 60		

Q7 If you have contacted, or attempted to contact, the BoP by phone within the last 12 months, how long did it take to receive an answer to your inquiry?

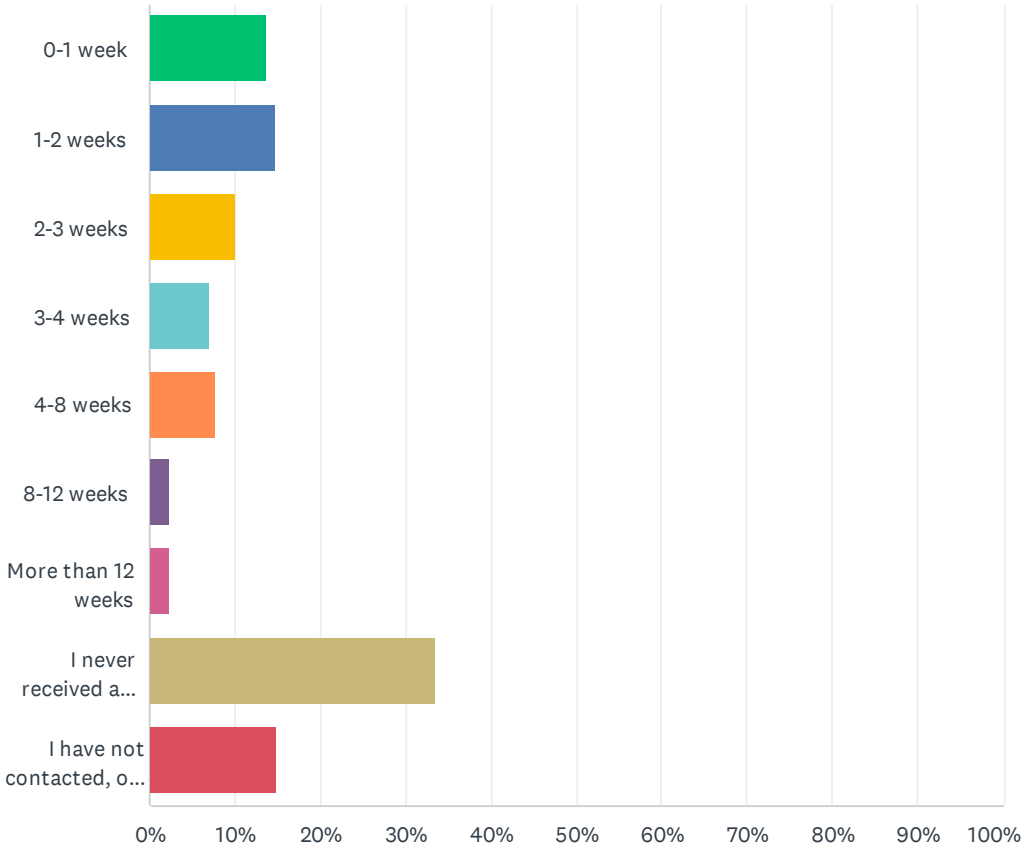
Answered: 290 Skipped: 111



ANSWER CHOICES	RESPONSES	
0-1 week	7.93%	23
1-2 weeks	8.62%	25
2-3 weeks	5.52%	16
3-4 weeks	4.48%	13
4-8 weeks	3.45%	10
8-12 weeks	1.38%	4
More than 12 weeks	1.72%	5
I never received a response	46.90%	136
I have not contacted, or attempted to contact, the BoP within the past 12 months	24.83%	72
Total Respondents: 290		

Q8 If you have contacted, or attempted to contact, the BoP by e-mail within the last 12 months, how long did it take to receive an answer to your inquiry?

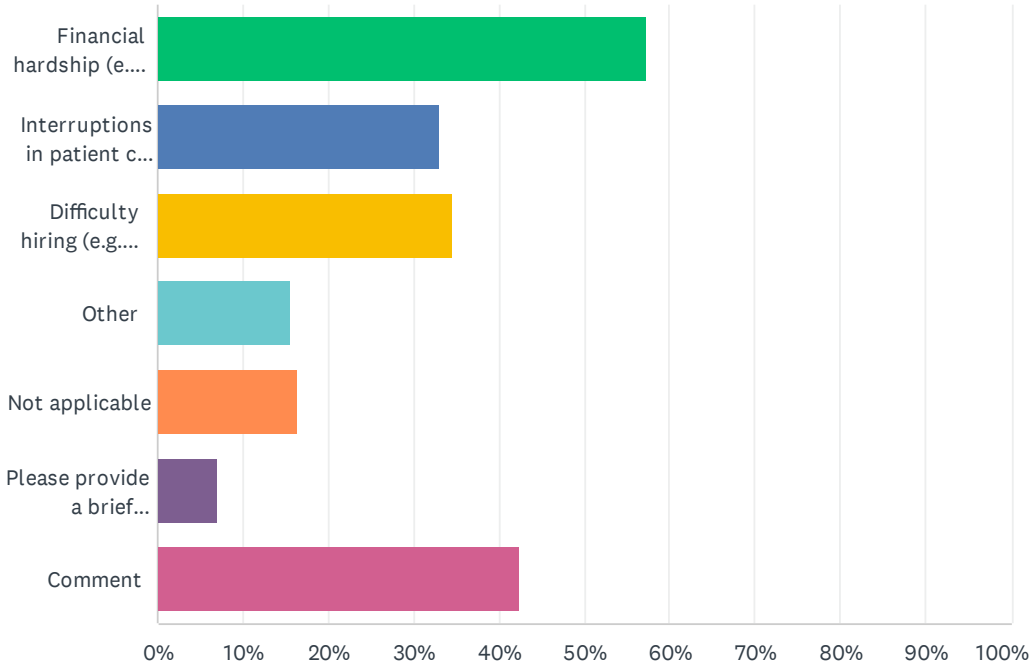
Answered: 328 Skipped: 73



ANSWER CHOICES	RESPONSES	
0-1 week	13.72%	45
1-2 weeks	14.63%	48
2-3 weeks	10.06%	33
3-4 weeks	7.01%	23
4-8 weeks	7.62%	25
8-12 weeks	2.44%	8
More than 12 weeks	2.44%	8
I never received a response	33.54%	110
I have not contacted, or attempted to contact, the BoP within the past 12 months	14.94%	49
Total Respondents: 328		

Q9 Please identify any detrimental consequences you, our supervisee(s), or your employer(s) have experienced within the past 12 months due to extended BoP processing times or delays in BoP responses to e-mail or phone inquiries (check all that apply).

Answered: 358 Skipped: 43



ANSWER CHOICES	RESPONSES	
Financial hardship (e.g. due to delay in qualifying for employment opportunities)	57.26%	205
Interruptions in patient care (e.g. due to delay in supervisee becoming Registered or Licensed)	32.96%	118
Difficulty hiring (e.g., due to delay in applicant becoming Registered or Licensed)	34.64%	124
Other	15.64%	56
Not applicable	16.48%	59
Please provide a brief description of any such detrimental consequences	6.98%	25
Comment	42.46%	152
Total Respondents: 358		

#	COMMENT	DATE
1	I applied in February to be approved to take the EPPP. I emailed and called the board on March 18th to ask clarifying questions about the correct application materials to submit as I completed my internship in another state. I received a call back from the board on May 11th. On May 16th I was assigned a licensing analyst. By that time, the board had not received my correct materials because of the delayed response to my questions. I was then re-entered to the processing queue once my materials were complete, which has put me on a timeline of an	7/28/2022 5:04 PM

	August approval to take the EPPP. I hope to take the exam in September. The delay from the board has prohibited me from being able to apply to jobs and to enter into an income bracket beyond my post-doc pay. At this time, I am extending my post-doc until I am licensed.	
2	I have ADA accommodations for testing that were approved, but these testing accommodations expire after a year. The board took >6 mos to approve the EPPP, then >6mos to approve the CPLEE. When they finally approved the CPLEE, they told me that my accommodations will expire in less than a month and if I cannot schedule the test by then, I will need to restart the application process and resubmit ADA paperwork and application paperwork.	7/26/2022 4:06 PM
3	An incredible amount and anxiety and stress surrounding whether or not I will be able to begin my next job, which is contingent on licensure. I have sent things in the moment I have met the hour requirement and it is incredibly frustrating that even when I have done everything on time on my end, the wait times are impacting my professional and personal time. It is also incredibly frustrating because the CABOP person assigned to my application has taken 4 months to approve me to just take the CPLEE, when my colleague who applied a week later than me was approved after 3 months. We formed and sent our application packets together, so they are identical, so I know that application quality is not the reason.	7/26/2022 11:28 AM
4	reduced pay, financial hardship, almost loss of position.	7/25/2022 5:27 PM
5	Significant financial consequences. I will be unemployed after postdoc because of the processing delays.	7/20/2022 7:37 AM
6	Foreign trained Psychologist left in limbo	7/19/2022 8:39 AM
7	Marked delay in employment opportunities and financial impact as well as healthcare access.	7/18/2022 5:49 PM
8	I decided to go on Inactive. I have had heart surgery on May 16, 2022, and needed some help with CEU's as I haven't been well enough to pay much attention. My heart is great now.	7/18/2022 10:41 AM
9	Since it is impossible to actually speak to a live person I was unable to ask that my credentials be sent to the State of Illinois directly from the California BOP. This is the only way Illinois will accept it, but I can only get it sent to me.	7/18/2022 9:56 AM
10	Due to lack of responsiveness from the BOP despite many attempts to connect by email and phone, our trainee lost hundreds of hours toward licensure, had his Registered Psychologist status cancelled after only 30days, and discovered we could have been granted a DHCS waiver months later from a county health employee, not in any conversation with the BOP.	7/18/2022 8:43 AM
11	I am a supervisor and applied for registration for two psychological associates in the past year. Waiting times were 4-5 months for each of them. For one associate in particular, this caused significant financial hardship, stress, and demoralization. Attempting to reach the Board for information was challenging, and usually meant multiple calls and emails.	7/17/2022 9:35 PM
12	I applied for and got my dream job, but I can't start until several months after my postdoctoral fellowships ends due to the excessive wait times of eppp, cplee approval. It's maddening that the BOP can cash my check within a few days, but it takes 4 months to get an approval to take an exam?	7/17/2022 6:32 PM
13	Pushing back my start date and not being able to work.	7/17/2022 5:14 PM
14	I was stressed and wanted to make sure that deadlines and procedures were in place.	7/17/2022 1:19 PM
15	I have been overlooked, unable to apply for jobs and have lost my job due to not being licensed. I finally passed my EPPP and was planning to take the CPLEE immediately, but found out that I need approval just to take the exam. I stopped studying until I receive approval, because I was told it would be at least 3 months. I am currently unemployed, would like to start practicing clinically, am not military, but have several military families who wish to work with me that I am unable to work with. I am upset since I will be missing the summer/fall cycle of job applications.	7/17/2022 11:54 AM
16	Extended wait times for CPLEE approval (and then subsequent request for initial licensure) greatly impact how much we can earn. By delaying our ability to become licensed significantly due to long wait times, my earning potential is drastically impacted.	7/17/2022 10:36 AM
17	My future employer is awaiting my licensure to provide me a full-time position.	7/17/2022 8:08 AM
18	I am pregnant so it is really important for me to be able to take my exams before my baby is	7/16/2022 9:42 PM

	born and the extremely long wait times to get approval for these has added a layer of stress that I really didn't need.	
19	not actually addressing my question adequately which led to confusion, lack of confidence in BOP and lost time to seek counsel for answer to my question that they should have been able to answer.	7/16/2022 2:43 PM
20	Internship hiring start dates have been delayed due to delay in applicants becoming Registered or Licensed.	7/16/2022 12:27 AM
21	I made a complaint to the board of psychology and made numerous phone calls and sent numerous emails to all the contact numbers and emails that were listed and I never received 1 email or 1 phone call back. It was so infuriating and so disappointing.	7/15/2022 7:40 PM
22	I have been licensed PsyD for 16 years. With the interruptions from COVID and other health conditions, attempted to better understand how to better access the appropriate 36 hrs required for licensing. All my attempts on-line or by phone have gone unanswered. I have used the internet.	7/15/2022 7:15 PM
23	Even military expedite is taking a long time?	7/15/2022 7:05 PM
24	I stayed as a psychological associate, unable to bill for services directly for another 2 months after passing the CPLEE because of the delay in processing times. Also, a student training at my organization was not able to gather her predoctoral hours for an entire training year due to delayed registration as a psychological associate.	7/15/2022 4:56 PM
25	Difficulty scheduling EPPP	7/15/2022 4:22 PM
26	It wasted a lot of my time and effort when my request to have a copy of my CA BoP records sent to another state's BoP (because I was planning to relocate to that other state) was "lost at the bottom of a pile on a CA [BoP staff person's] desk." I had already learned when I was a psych assistant that one should avoid ruffling the feathers of CA BoP staff, because they can and will wreck havoc on your life if they so choose. Resistance is futile (and can be like shooting yourself in the foot), so you just have to wait. But I also understood and emphasized with the difficulties faced by all of us during COVID. So I did what I had to do, tried to be polite and patient but persistent, and it finally worked out (but relocating did not).	7/15/2022 4:21 PM
27	Truly awful wait times to get my PA registered. Any questions take months to answer. It's become a running joke among all psychologists that there are may be two people working there if at all.	7/15/2022 3:29 PM
28	I emailed to clarify a psychologist's license status who was listed as Current-Inactive. Because this psychologist completed an evaluation in May 2022, I needed to know how long the license was inactive. I heard back from BOP in two working days to my delight. However, it took three more emails for the responder to answer my question because they didn't read my email carefully. Nonetheless, given what I've been reading, BOP was responsive quickly.	7/15/2022 3:26 PM
29	We understand these are difficult times for employing new staff or making other organizational changes to meet the needs of our professionals. However we respectfully want the Board to be aware of the impact of the delays experienced on the path to licensure. While providing postdoctoral training for associates, we also rely on them to provide vital mental health services for our community. Delays in PA numbers and licensing has a downstream cost to accessibility to very needed mental health services in our community. This is deeply disturbing in a time when we are committed to greater equity and access in care. In addition, we are very concerned about the professional impact for the next generation of therapists whose career trajectories are stalled due to delays with the board. Thank you for your serious attention to these major concerns.	7/15/2022 3:05 PM
30	Was forced to wait 6 months to hire a psych assistant due to delay in registration process. Had to hire a psychologist at the assistant level and provide supervision even though she completed all licensure requirements and passed exams. Cost time and income as we wait for a basic approval that should be instantaneous after passing exam. Have to wait to hire a psychologist who is also waiting for board to acknowledge completion of requirements and exam. Loss of income.	7/15/2022 2:34 PM
31	BoP unduly put my license on probation because of an ambitious, unfair, inaccurate and harsh evaluation of two complaints against my license by a board appointed evaluator. The other evaluator found no fault and within normal limits functioning on my part. We chose not to	7/15/2022 2:32 PM

	challenge the board's allegations due to time and expense of trial. Otherwise the probation monitor has worked within reasonable limits.	
32	Inquired about my supervisee's psych associate application applied for July 2021 but still have never received a reply	7/15/2022 2:29 PM
33	Due to long delays in getting my CPLEE approved I lost job opportunities that would have otherwise been available if I had completed all the pre licensure steps. I did eventually get hired as a psychologist by a practice that would supervise me as a psych associate. I am still waiting on the psych associate app, no response from the BOP to many calls and emails, and I cannot work until I get my psych associate approved. For this reason I am an employable person who is UNEMPLOYED, I have had to take a personal loan to cover my monthly expenses. I am also not eligible for health insurance from my employer Until I am a licensed psychologist so I am praying I do not break my arm while the BOP processes my materials!!	7/14/2022 6:13 AM
34	They just don't response by email or phone	7/13/2022 3:26 PM
35	Stress due to worrying that my renewal would not come fast enough and my clients would have an interruption, as well as an interruption in my income. It came at the last minute after I sent several emails. The communication with the board was unclear and they were sporadic with their responses. Also, stress due to worrying that it would take too long to be licensed at the end of my formal postdoc position, and therefore I would be unemployed, as a result of the slow processing times at the board during each step towards licensure.	7/13/2022 2:15 PM
36	These delays have made it so that I am faced with 4-5 months of not having income and being unable to see my clients, even when I do everything in my control in as timely a fashion as possible. My colleagues in other states are not having this problem and it is incredibly frustrating to have to delay work and income for this long when it does not have to be this way. It makes it very challenging to plan for my own finances and for my client care.	7/13/2022 1:14 PM
37	After graduating I was not able to get paid "clinical pay" as the BOP took about 5 months to process my "ADD/REMOVE supervisor form". I was so stressed because I was pregnant and I was planning to go on maternity leave at the end of the year. So this meant that due to their delay in processing my paperwork, I was not able to accure hours for licensing during those five months and I was not able to save as much for my leave due to the low "admin pay" I was receiving since I was not able to see clients directly. Because of this, I then had to end my maternity leave early (two months off only) because I did have enough money to sustain my family and I. I don't think they realize how much damage they have caused to us and our families and this is simply not acceptable because our career and financial status depends on them.	7/12/2022 3:01 PM
38	Companies have no knowledge of how the registration process works, and abandon employment opportunities offered. Companies want us to be already registered, and then have their location added for VOE. I have literally been asked to provide the information to companies about registration.	7/12/2022 10:26 AM
39	I am set to begin my post doc training on August 1, 2022. I submitted my application to become registered as a psychological associate on May 18, 2022. I have not been able to reach anyone in the office via phone or email despite calling (and leaving detailed Voicemail) and emailing multiple times a week. As a result, I am not sure I will be able to begin my post-doctoral training experience on time.	7/12/2022 10:14 AM
40	Unable to accrue post-doc hours for 9 months	7/12/2022 10:11 AM
41	Several months of waiting for psychological associate to get their registration number in order to start seeing clients creates delay in client care, delay in income both for supervisee and supervisor.	7/12/2022 4:55 AM
42	Extreme psychological/emotional distress (stress, anxiety)	7/12/2022 3:39 AM
43	I retired from CHCF Stockton on 06/26/21 and CalPERS indicated that I cannot have a full position at Kaiser Permanente Medical Group as I have less than 1 year of retirement. Now, after one year of retirement I came back as retired annuitant in CHCF Stockton and I am opening a Private Practice.	7/11/2022 8:21 PM
44	Unable to accrue predoctoral licensure hours which prolongs my ability to seek full licensure.	7/11/2022 8:18 PM
45	1) I was diagnosed with Multiple Myeloma and Colon Cancer within 2 years of one another, this significantly impacted my ability to obtain Post-Doc hours; and lets not forget Covid-19 and the	7/11/2022 3:57 PM

	ability to meet face to face with clients	
46	I applied well in advance for my psychological assistant number but due to a minor error had to start over again with my application and wait time. This caused a significant delay in being able to provide care to patients and accrue hours towards licensure. My supervisor was unable to sign my supervision agreement because postdoctoral fellows from the previous year were still waiting to get approved for their licenses despite meeting all requirement and he was therefore still their supervisor. Due to all of these delays, I have been unable to apply for a licensed position and am forced to stay at a less desirable postdoctoral position for longer as I continue to wait for approval to take the CPLEE and then apply for licensure. It's frustrating and costly.	7/11/2022 3:33 PM
47	I emailed Dr. Linder-Crow on 4/20/22 regarding the crisis in forensic psychology. I explained that attorneys are getting increasing access to test data and using that to coach their clients how to manipulate the test data to achieve more favorable results in litigation. I explained that since the CCP allows for the recording of testing, this further enables the attorney to coach their client how to manipulate the testing. I explained how case law from Carpenter v. Yamaha allowed attorneys to get copies of the tests, test manuals and test data which further enables them in this process. I attached a 2021 position paper by AACN & NAN which explained why testing should not be recorded. I attached a position paper by AACN which explained why it is unethical to produce test materials to attorneys. I explained that the laws need to be changed. I never got a response. Now matters are getting worse as attorneys are now getting court orders to not only audiotape, but videotape neuropsychological examinations. If this process is not stopped, in a short time our tests will have no value whatsoever. Every day this problem is not addressed it is getting worse. Since you asked for my opinion, I have provided it. It is my sincere hope that you will read this response and take immediate action. As you know, the BBP requires all psychologists to adhere the the APA ethics. The current CCP and case law undermine our ethics and demand that act unethically as psychologists. It is my hope you will take this seriously. I am happy to assist in any way I can.	7/11/2022 2:42 PM
48	I have had friends who passed the EPPP around the same time I did and they have already taken their jardiance prudence exam and are waiting to be licensed at this time. I am still waiting to hear back if I am approved for the CPLEE or not. This is frustrating because this means that I will enter my first job at a VA with a lower Grade Scale (~ 25k lower pay) than my friends/peers due to my attempts to be licensed in California taking longer than planned.	7/11/2022 2:40 PM
49	I also have questions regarding clarification re:ethical issues and do not receive response.	7/11/2022 1:30 PM
50	We have post-docs who come to CA from around the country and then have to wait months for their psychology assistantship without pay. A few times we had to provide stipends even though the applicant could not work in order to cover living expenses.	7/11/2022 1:27 PM
51	I applied for a copy of my pocket license. Never got it, even though I paid for it.	7/11/2022 1:26 PM
52	I have been licensed Ph..D many decades, As my renewal date approached , I noticed I didn't receive renewal Notice. My subsequent calls and e-mails were bot responded to. for 2-3 months. Finally, I received a notice citing license renewal fee PLUS a hefty late fee, which I was obligated to pay ! Finally I had my re-newed license. is there an excuse for this ?.	7/11/2022 1:15 PM
53	No guidance on procedural matter - had to pay lawyer for clarification	7/11/2022 11:35 AM
54	Wanted to clarify required CEU's for my current licensing period which will end in august/2023. I know there is a recent new required set of options, but at this time I am trying to complete my CEU'S under the current set of required courses.	7/11/2022 10:58 AM
55	Deferred my regulatory questions to their website, which was not helpful in any way because the response to my inquiry was not available on their website, hence my reaching out to them. I asked them about the CA state specific guidelines on HIPAA and on a separate question, state specific guidelines on statue of limitations on clients consent forms for authorization to release information, both of which they responded with "we don't provide that information."	7/11/2022 10:27 AM
56	I had to take out extra student loan money since I was not getting paid for the 5 months when I was unable to be hired for my postdoc. I was working as a practicum student and extended working on my dissertation so that there would not be a disruption of patient services.	7/10/2022 10:01 PM
57	My registered psychologist registration ended (the BoP had informed registered psychologists that this title would be disappearing with sufficient time) and the wait time had significantly increased for the processing of a psychological associate application. I was unable to practice	7/10/2022 8:48 PM

	for 1.5 weeks because the registration had expired and the BoP had not processed my P.A. application.	
58	It has delayed my ability to apply for jobs and get offers, which has delayed my knowledge of my financial situation. I chose to delay purchasing a house until I knew my salary and in the meantime interest rates have risen substantially.	7/7/2022 4:48 PM
59	Waiting as long as I did to take the EPPP, then when I didn't pass, I had to wait 2-3 months just to be able to re-register to take it again! I can't explain how demoralizing that is, to have not passed the exam, and then wait months on end for a logistical step to be completed. I had the same experience with the CPLEE too, although that one got processed a little quicker. Each important step, the processing took at least 2 months and usually much longer.	7/7/2022 8:59 AM
60	I applied for my psych assistant number July 2021 they said they never received it. I reapplied September 2021, I sent them paperwork that they said they never received, called for several months they did not respond to emails or calls. I contacted the governor's office (no response), and finally spoke to someone at the BOP who gave me a manager at the CBOP. The manager responded and I received a lengthy email that they never received the paperwork and I would have to reapply. I reapplied in April and received my psych assistant number in June. In between I was not able to start Postdoc, I will not be able to take part in a training overseas, I have suffered financially. When contacting the Board, if you are able to speak with someone, I did not have the most pleasant experience. I never received a call back from the analyst who was supposed to be handling my paperwork. It seemed as though my paperwork went into the abyss. If my supervisor at my postdoc site did not step in I think I would still be waiting.	7/7/2022 5:18 AM
61	The BOP has been very difficult to contact or get a reply from. They seem to ignore all email correspondence and never reply. Even the analyst I am assigned to does not reply to anything or answer his phone or respond to voicemails. I have often wondered how a consumer agency such as the BOP is allowed to act in this manner. It is inexcusable and until now, there has been no forum for this kind of discussion. Thank you for the survey for whatever it is worth.	7/6/2022 7:37 PM
62	Have not received a pocket license. They want to charge me 5.00 to get one.	7/6/2022 7:32 PM
63	Stress and hesitancy to even try to reach out to the board.	7/6/2022 7:30 PM
64	I am a supervisor of a psychological associate and it took over 4 months for her to receive her registration #. Though we applied early, the processing time still delayed her start date and impacted when clients could start working with her. Recently, I'm in the process of helping another supervisee become a psychological associate and she submitted her fingerprinting two months ago, but now the BOP cannot find it.	7/6/2022 5:48 PM
65	Ignoring complaints filed regarding ethical standards of practice against company owner who is a psychologist	7/6/2022 8:38 AM
66	My supervisees have experienced up 8 months in delay. Several others simply found alternative placements out of state.	7/5/2022 10:52 PM
67	I help with recruitment, hiring, and new hire onboarding/training at a large group private practice. Our new hires have to wait several months to work after graduation, which impacts them financially and personally. Additionally, we have a long waiting list of patients who would benefit greatly from mental health services, and their care is delayed due a shortage of available providers. It also of course affects the business when employees can not begin to work.	7/5/2022 5:07 PM
68	I am unable to take the CPLEE because I have not rec'd word from BOP about my finalized postdoctoral hours (which I completed and mailed in 6 months ago). So, I cannot get licensed or transfer my license.	7/5/2022 3:12 PM
69	Due to the delay in the processing of my EPPP application, my timeline for the whole process of becoming licensed has been extended beyond the end of postdoc (it's taking over a year to complete the process!!). I have been offered a position to continue at my place of work after postdoc, but I did have extra difficulty with the hiring process due to not being further along in my licensure process. For example, I end postdoc at the end of August and had hoped to begin my full-time job by Oct 1st but have had to extend that timeline to be Nov 1st at the earliest. Now I will not have any income for a minimum of two months! Also, I have not been able to get a formal contract from my employer (including salary, benefits, etc.) because they cannot move forward with the formal hiring process until I have my license. Additionally, I have been hired on to a new team at my place a work (inpatient setting) and they will be without	7/5/2022 3:05 PM

	coverage for patient care during the months before I am licensed and hired on. As a result, the days that I cannot work while waiting for licensure there will not be any psychology programming on the inpatient units - no group therapy, individual therapy, etc. - a major loss for patient care. I also hope to start a private practice for additional income and will be unable to do so and loss this potential income while I continue to go through the licensing process - between the delay in starting my new job and not being able to see folks in private practice, I will be literally losing thousands of dollars in income.	
70	I'm having to remain at postdoc status rather than clinical assistant professor status due to delay in approval for EPPP. I applied in January and am still waiting for approval (as of 7/5/22)/	7/5/2022 2:55 PM
71	Denied a position because of wait time for licensure. It took over 10 months for the entire process, nearly a year, without income. It was really hard on myself and my family.	7/5/2022 2:45 PM
72	Due to delay in processing time for my psych assistant license, I could not start postdoc on my anticipated start date and had to wait a month to begin seeing clients. That resulted in $7000 loss of wages. Consequently, I did not accrue enough postdoctoral hours of experience until July 2022 which pushed back my timeline for licensure substantially (by at least 2 months, like three given current Board processing times). I will have to continue in my role as a postdoc until I receive my CA license which will result in additional financial hardship (a pay cut of 50% as a postdoc). All in, I estimate that due to board delays, I will lose $30,000 in projected earnings in 2021-2022.	7/5/2022 2:02 PM
73	Delay in being able to get licensed, move on to a more financially supportive bracket for my family and to move on to the next stages in our family's life such as having another child.	7/5/2022 12:15 PM
74	I was stuck at my post doc being unlicensed for much longer than I had intended too. This impacted my pay not increasing and not being able to leave and start my career for much longer than I had planned. It also kept me at a low salary and in financial hardship as I waited for the board to process each step in the licensing process.	7/5/2022 12:13 PM
75	Hello there, In the past 12 months, I have sent in different paperwork to the BOP. One has been my post doc hours so that I can take the CPLEE and the other has been to add/remove a supervisor. For my supervisor change form, that took about 4 months to hear back from them to approve the paperwork. That cost interruption to patient care and financial hardship. Also, when I sent an email to inquire about the status of my paperwork, I would get an automatic reply saying to expect a reply within 60 business days. For my post doc hours, the board lost my hours and associated paperwork and would not take any accountability for it. I had to re-send everything again and it took over 4 months for them to get back to me again, just to tell me other paperwork was still missing (which I had already sent in). I am still in this process to try to get my hours approved to take the CPLEE and based on what i've been told, I'm sure it'll now take another 4 months or so to hear back. This has definitely cost me the ability to expand my employment opportunities and earn more money. Additionally, the process of filling out, signing, and mailing out the same paperwork again has been inconvenient to myself and my supervisor as the BOP does not accept copies of anything. Furthermore, when I've tried to call them multiple times it goes straight to voicemail and I never receive a call back.	7/5/2022 12:10 PM
76	My application took longer than the estimated 3-month time to receive approval. I was left without employment during this time due to ending my prior workplace at the end of that 3-month wait. Because I could not receive clarity on the approval date and ultimately my start date at my new training site, I had to look for another temporary job, which most were low-paying and entry-level positions. The financial strain created a lot of stress for my family and me. I also feared I would lose my position at my training site for waiting so long. I also had clarifying questions regarding my application and never received a response, which resulted in me needing to provide additional revisions or documentation and extended my wait time further. I am also fearful to make any changes with my current status (i.e. change in supervisor, applying to better training opportunities) due to the delay it will cause.	7/5/2022 11:09 AM
77	Due to the board's lack of professional timeliness, I had a medical emergency where I was faced with the possibility of a bill costing thousands I couldn't pay at the time. I had to wait to work and receive my benefits which took 4 months. Due to not working or having benefits due to the wait I faced true financial hardship. I had to sell clothes for money at one point and if it weren't for family I could have ended up homeless at one point. This took a huge toll on my overall well-being at one point not knowing how long it would be. In addition, I was getting different answers to questions regarding the status of my application and clarification on documents.	7/5/2022 11:03 AM

78	This comment is in relation to question 8, but I did not receive a response from the BOP until I filed a online complaint with the Dept of Consumer Affairs.	7/5/2022 10:27 AM
79	Trying to get answer to the status of the retirement law was tough until a nice person finally picked up the phone and said they do not know for sure when it will get done. I waited for a person about 35 minutes and I was lucky she new an answer. No I do not remember her name.	7/5/2022 10:22 AM
80	The jump in my pay from a PA to licensed therapist is significant, and important for our family to pay for rent / new tuition expenses, etc, for our kids. Therefore, it has been so frustrating waiting months for the Board to process something as simple as the final piece of paper applying for licensure. They have already communicated in the CPLEE approval that all other requirements have been met, so once I passed that test, it is very disappointing that they cant approve it in a shorter amount of time.	7/5/2022 10:12 AM
81	the processing times for new RPAs is very long and makes hiring AMFTs more appealing than RPAs. That is not good for psychology students.	7/5/2022 10:01 AM
82	None. All of my business with the BOP was handled in a professional manner with timely response.	7/5/2022 9:58 AM
83	Psychological distress	7/5/2022 9:53 AM
84	i experienced significant financial hardship, especially since it was during the height of the global pandemic, which significantly impacted my psychological and emotional functioning. I also lost a profound sense of faith in BOP and still feel weary in their ability to keep up with the demands of this time. What message are they sending to clinicians and the public (who they are suppose to protect) through their lack of agency during a time of crisis in our country? While the medical field ramped up their efforts to get as many clinicians out there as possible, BOP did the exact opposite— which continues to reinforce the narrative that mental health is not as important. This was a disservice to the psychological field in general.	7/5/2022 9:44 AM
85	went beyong my 6-month exempt setting limit so I had to swithc my job title within my setting to still be employed. Had to terminate with over 60 clients due to not being able to practice	7/5/2022 9:36 AM
86	I experienced a significant deterioration in my mental health due to limited employment opportunities for non-licensed professionals, feeling dispensable to the board in my communications and application process, and overall feeling prevented from advancing my career due to factors outside my control.	7/5/2022 9:33 AM
87	Loss of job opportunities due to length of time waiting to be licensed.	7/5/2022 7:59 AM
88	At risk of losing employment if not licensed by employer's deadline.	7/4/2022 11:23 PM
89	Given the lengthy delays, it has significantly impacted my job posibilites as many job postings require you to be fully licensed. I am also very worried about the financial hardship I will experience due to the delays.	7/4/2022 6:26 PM
90	My first license never arrived and had to request another pocket license. My company was able to see I paid my renewal well before my renewal date but the issue with getting my actual card was a hassle.	7/4/2022 9:14 AM
91	Delay in proof of renewal of licensure (no copy in snail mail) caused me to be delayed in CAQH attestation, and attestation on two insurance panels.	7/3/2022 2:48 PM
92	Patients with serious mental health issues, and with no other access to mental health care had to wait several months for the intern to start. One had a relapse and mental health crisis.	7/3/2022 12:56 PM
93	Waiting for my license verification to be emailed to another state. Called and/or emailed multiple times with no responses to either regarding verifications.	7/3/2022 11:32 AM
94	I renewed my license and needed to send in to Insurance company that took about 3-4 weeks before I received my license. All conversation was by email. A quick phone conversation could have solved many of the little problems I had. Just today received my license renewal card.	7/2/2022 3:48 PM
95	I have been unable to proceed in my practicum site. I have fallen behind on clinical hours, and I have lost time for valuable experience and training.	7/1/2022 10:38 PM
96	Currently pregnant. The wait time for CPLEE approval delays licensure even more and makes the process extremely difficult. Due date is in 2 months and the issue of not being approved is an issue.	7/1/2022 4:53 PM

97	As a training director, this has signifanctly impacted our trainees in seeking employment and contributed to psychological and financial hardship for them. Our department lost two highly qualified trainees to opportunities in other states where the processing times were significantly swifter.	7/1/2022 4:52 PM
98	I have had multiple job opportunities turn me down because I have been unable to demonstrate that I would have my license in hand in the early fall due to the Boards current turnaround time. I am ready now to take the CPLEE but now have to wait 2-3 months for registration. The entire process being so backed up has been massively detrimental to me as I try to begin my career. I am now in the position of losing benefits, needing to go on unemployment, and find work without a license, which is proving exceedingly difficult.	7/1/2022 3:01 PM
99	Delays in education and licenser courses	7/1/2022 2:57 PM
100	This has been a terrible experience throughout because it has affected my job hiring opportunities and added to emotional strain to an already stressful process.	7/1/2022 12:39 PM
101	Had to look at jobs outside of California or non-clinical jobs.	7/1/2022 12:04 PM
102	Decrease in mental health as my livelihood and family’s well-being depends on licensure.	7/1/2022 11:54 AM
103	additional unnecessary supervision, inability to supervise trainees, unable to apply for new positions should I choose to work elsewhere	7/1/2022 9:32 AM
104	I requested and paid the fee for CA's BOP to send an email/letter stating my license standing to another state's BOP in order to be able to apply for a brief temporary license so that I can legally hold a teletherapy session for one of my CA clients who will be out of state for a short time. The verification did reach the other state's BOP in time, so I was not able to hold the session within the time frame I applied for the temporary license. It took ~3 weeks after my request for the official email to arrive. Granted, it is better than the 4–8-week quote however still disruptive to clinical care.	7/1/2022 8:38 AM
105	Doctoral graduate in Applied Clinical Psychology as of May 2022. Delayed in hiring and leading to financial hardship that impacted my overall credit score.	7/1/2022 8:36 AM
106	Supervisee "timed out" in continuing employment while unlicensed due to delays in being approved to retake licensing exam.	7/1/2022 7:19 AM
107	I am a Director of a counseling center. I have two unlicensed staff who need their license to continue in their position. Delays from the BOP has jeopardized their position.	7/1/2022 6:47 AM
108	Without timely approval from the board this impacts multiple levels of patients and providers who are trying to receive and levied services.	7/1/2022 5:15 AM
109	I have had two psychological associates working under my license and in my employment be impacted by the BOP's slow responses and it has impacted both their ability to financially contribute to their families and provide for themselves as well asa our ability to serve our clients.	6/30/2022 8:21 PM
110	Long wait times are dragging out when clinicians can start doing clinical work - during a global mental health crisis that has been absurd. We need the Board of Psychology to enter this millennium with its technology so we can more quickly get clinicians working. Thank you for your efforts in this arena. This is an issue I've wanted to see addressed for a long time.	6/30/2022 7:59 PM
111	Change in supervisor took over 2 months and resulted in psychological associate being unable to see patients. Getting license verification in order to get licensed by endorsement in another state took over 3 months.	6/30/2022 7:54 PM
112	jeopardizing VISA holders significantly and forcing us to take extended PTO and return back to Canada to reactivate employment once licensed/medical privileges are reinstated	6/30/2022 7:48 PM
113	I have lost at least 6 months of correct wages working as a psych assistant either waiting for CPLEE approval or my license. This amounts to about 17,000 dollars. I also had to delay patient care while awaiting my psych assistant number to arrive when trying to transition from postdoc to psych assistant in the same role, despite submitting in June for a September start. I was unable to offer patient return appointments for weeks.	6/30/2022 7:27 PM
114	It’s silly, simply silly in midst of an epic mental health crisis that the most populated state in the United States can’t process basic paperwork with any degree of efficiency.	6/30/2022 7:00 PM

115	I waited for more than 6 months in total to take the CPLEE and then obtain my license. During this time I was unable to apply for jobs or start my practice. I had to turn down job opportunities for licensed psychologists. Studying for the CPLEE was extremely frustrating because I had no idea what timeline I was on, or when I would be able to register for the test. Because psych assistantships are processed through the same department with the same wait times, I could not even apply for a temporary assistantship. I went into debt during this time. It was demoralizing and damaging to me personally and professionally.	6/30/2022 6:56 PM
116	Biggest issue is a supervisor change taking more than a week. Confirm current psych associate registration. Confirm supervisor license and number of current psych associates supervised. Approve. Seems it should take 15 minutes.	6/30/2022 6:43 PM
117	Difficulty getting approved to switch my supervisor over to take another job where I won't be harassed and continuing to work under extenuating and unsafe circumstances to have a paycheck…	6/30/2022 5:48 PM
118	I am almost 35 and hoping to buy a house and start a family, but because of the significant delays in processing paperwork, I will have to continue my current position as a psych assistant for at least additional 6 months after I have completed my postdoc hours, which is a significant loss of potential income, and I cannot afford to move, apply for a mortgage, or have the schedule flexibility to plan for a family. This is a huge, and incredibly emotional loss for me and is incredibly demoralizing after working so hard to complete this degree. It also leads to feelings of burnout and compromised care for patients.	6/30/2022 5:19 PM
119	Not financially disruptive for me as the supervisor, but for the person hired as a Psych Associate. They had a one year window to work, and the application process took about 3 months of their year.	6/30/2022 4:52 PM
120	I had to do a mandatory CE audit at the beginning of 2022. I had a question about one of my CE certificates. I left three voicemail messages and sent an email to the staff member at the Board of Psychology who oversees CE audits to try to resolve my question, but I never got any response to it.	6/30/2022 4:30 PM
121	Applied for license renewal on-line. It took 21 days to receive the pocket license in the mail. No negative impacts.	6/30/2022 4:22 PM
122	The extended wait also resulted in a delay of gaining postdoc hours towards licensure.	6/30/2022 4:19 PM
123	I am not able to be hired as a psychologist at the rate I should be.	6/30/2022 4:17 PM
124	Because of the anecdotal reports from multiple peers that the Board of Psychology delays are quite extraordinary and disrespectful, I have avoided any contact with the Board at all.	6/30/2022 4:16 PM
125	I used to have a psych assistant, the BOP service/help was so poor and make registration/everything so difficult, it is one deterrent to me getting another one/keeping one. If society wants more therapists/mental help, things need to be less darn difficult for therapists, it is insane the amount of hoops we have to jump through.	6/30/2022 3:37 PM
126	Currently no change since I applied for renewal license 2 months prior to expiration. However it has been over a month and has not heard back from the board. I have one month left to hear from the board before my license expires.	6/30/2022 3:22 PM
127	The delay of the process and uncertainty of communication (sometimes emails did not got answered) created a lot of stress as I had my EPPP, CPLEE, and initial licensure process during 2020 and 2021. On the top of the consequences such as delay of started my own private practice as a licensed psychologist, as an international student with the pressure of the expiration of visa, it creates extreme stress and sense of fear of losing the chance to stay in the USA.	6/30/2022 3:21 PM
128	We applied to hire a psychological associate last year. The application was received and reviewed by the BOP on 4/7/21. We were asked to provide a more comprehensive supervision plan and ended up revising our submission twice to provide painstaking detail. We have trained many psychological associates in the past and this has never before been necessary. Each revision took several weeks to review and the applicant was not approved until 12/13/21. The applicant completed her pre-doctoral internship on 6/30/21 but could not begin work until 12/13/21. These delays adversely impacted our ability to provide psychological services and unnecessarily delayed the associate's accrual of licensing hours by more than 4 months.	6/30/2022 3:15 PM
129	I am a registered psychological associate in my post-doc year applying for initial licensure as a	6/30/2022 3:12 PM

	Psychologist. I have experienced financial hardship and professional difficulties while waiting over 3 months for the CA BOP to certify very essential paperwork. During my post-doc year, I needed to switch supervisors because my original supervisor was leaving my place of employment, and it took 3 months for the BOP to register my new supervisor. I am also anticipating future delays of up to 3 months while seeking to become licensed, which will cause financial hardship as I must wait for a license number after completing my requirements for licensure. The BOP must hire additional staff or improve their process for turning around these essential documents, as they are hurting many professionals in this field with their lack of urgency, and blaming slow processing times on Covid-19 after 2+ years is no longer acceptable.	
130	Online renewal of my psychology license and address change (renewed in July, 2021) was completed in a timely fashion (4-5 weeks, I think).	6/30/2022 3:11 PM
131	Difficulty in timing of getting relicensed in another state as CA was so delayed and also did not follow the instructions set by the other state, creating further delays.	6/30/2022 3:09 PM
132	None as I am registered in another jurisdiction and had no immediate plans to see clients in CA, but I often wondered how this extended process would be for folks whose employment (or training) depended on their being licensed in CA. It took so much longer than I anticipated.	6/30/2022 3:02 PM
133	Additional time in supervision at first job while waiting for license to post.	6/30/2022 2:59 PM
134	Possible Job loss	6/30/2022 2:58 PM
135	I was supposed to be licensed last year but it took over a year to get approved for the EPPP exam. I lost money, $1,800 because I paid for six months of study materials and they expired. I still have not set an exam date because I am scared of not passing or paperwork getting mishandled. Also due to this, patient care was interrupted and I lost patients.	6/30/2022 2:58 PM
136	Due to the long processing times, I was not able to start my private practice on time after my postdoc ended. This caused there to be a 2 month lapse in client care and 2 months of no income which was difficult for someone just having finished grad school and not having significant savings.	6/30/2022 2:57 PM
137	I couldn't qualify for job opportunities that were requiring a licensure or places that needed specific timeline for licensure (I couldn't risk saying I will be licensed within 6 month of being hired because of the delays).	6/30/2022 2:48 PM
138	I was waiting on a pay raise from my employer at the time and waiting to onboard at a new new job.	6/30/2022 2:42 PM
139	Could not get BOP to respond when I needed them to send information to the Washington state BOP for a temporary practice permit.	6/30/2022 2:33 PM
140	VISA application delayed and questioned status	6/30/2022 2:29 PM
141	I never received a response regarding interstate supervision, so my supervisee and I had to figure out a workaround involving another licensed provider in another state. I was never able to get the information I needed to figure out how to be complaint with CA supervision regulations.	6/30/2022 2:27 PM
142	Hiring has been delayed yielding financial consequences for the organization, for the newly licensed clinicians and our wait list continues to grow because we can't bring on enough clinicians.	6/30/2022 2:27 PM
143	I have not reached out by phone or email, but I asked for a renewal of my license with the website and received an acceptance in 5 days. I have no complaints.	6/30/2022 2:25 PM
144	When trying to contact the BOP, we often left messages and ever received any call back at all. There have been a few times that we received an emailed response in a timely manner, but they were few and far between.	6/30/2022 2:23 PM
145	Application submitted to the BOP the first week of October and I could not start my new position until my application was processed and approved which was not until the beginning of January. I had no employment during the waiting period.	6/30/2022 2:21 PM
146	We have had numerous issues over the past year with lengthy delays across multiple services within the BOP. We have a postdoctoral program where our trainees must become registered psychological associates. We submitted the paperwork to the BOP in early July last summer,	6/30/2022 2:18 PM

	but their registrations were not approved until late September/early October, causing a one-month delay in their ability to earn an income and a one-month delay in patient care. As they now are in the process of becoming licensed, we are being told that they will likely have a 4 month delay in being able to become licensed psychologists due to the lengthy delays at the BOP. This is impacting their ability to earn an income (by 4 months, which is causing extreme financial hardship given the high Bay Area cost of living), our ability to hire them, and again is causing delays in patient care. We have several people who have wanted to work for us, but their license paperwork was so delayed that they had to wait months between completing their training and working with us. This again caused financial hardship for these young people, and it meant patients had to wait needlessly on a waitlist. The fact that the BOP is not able to process paperwork in a timely manner is causing financial hardship for so many young people at a time when cost of living, inflation, and rents are increasing. We also have long waitlists of patients needing care, and we have people we could hire if only the BOP would be able to process applications effectively. We are experiencing a mental health crisis in this country, and the BOP should be doing everything they can to help well-qualified clinicians receive their licenses/psychological associate registrations. This must be fixed!	
147	I had accepted a job contingent on licensure, with many months wiggle room. But due to the lengthy processing delays the position was jeopardized. A second position I was offered had a different pay rate for licensed versus licensed clinicians so there was further financial impact.	6/30/2022 2:16 PM
148	I needed to apply for an out of state license so tried to get timeline how much longer it was going to take so I could notify my patients who were relocating. I received a very generic email response that basically said there is a delay, longer than usual and by contacting them only delays further actions to my request.	6/30/2022 2:16 PM
149	As a training director, I have seen this place an incredible amount of stress on our interns and postdocs. They have missed out on job opportunities and experienced financial hardship as a result. Given the shortages in the behavioral health workforce, the delayed processing times also places a burden on the broader mental health system in need of psychologists.	6/30/2022 2:15 PM
150	Due to the delays in the BOP I have had to stall hiring and my supervisees have had extensive waiting times for getting their Reg Psych Ass. posted, EPPP, and CPLEE times granted. This is causing financial hardships all around.	6/30/2022 2:13 PM
151	Our office needed another licensed psychologist. I passed the CPLEE in March and was finally granted my license number in June. Our post doc waited from December to March to get approval for the EPPP. Once she passed in August, it will take months for her CPLEE approval, which sets back her career timeline.	6/30/2022 2:12 PM
152	I made a board complaint in December, urging urgent action as patients were currently being harmed and although I received acknowledgement of my report on the 10th day after submission, I have still not been contacted for the investigation. Complaint was submitted on 12/20/21. Since then, numerous patients have been harmed as I warned about and additional complaints have been filed by others about this same practice.	6/30/2022 2:07 PM

Q10 Please provide any other information you believe to be relevant. Thank you!

Answered: 139 Skipped: 262

#	RESPONSES	DATE
1	It makes no sense that the CABOP is raising their prices when they are providing inadequate services.	7/26/2022 11:28 AM
2	The board also miscalculated my hours for my CPLEE application. I submitted just over 1500 hours and was told that the system counted it as 1450. I responded with the simple math required to show that my VOE equated to 1503 hours. My board rep was dismissive and rude, would not explain how the system could have malfunctioned, and despite seeing that my math was accurate she is requiring me to send in additional paperwork that will take additional months to process. This is an incredible financial hardship for me and my family and is inexcusable. Many of us have been on this career path earning minimum wage for almost a decade and to be treated by board representatives in a cold and impatient way feels unethical and inhuman.	7/20/2022 7:37 AM
3	Email answers not helpful, then without response. Quite honestly I'm simply appalled by delays and lack of relevant information. I feel like the Board has no idea how to guide my path towards licensure as a foreign trained Psychologist and that the delays are ridiculous.	7/19/2022 8:39 AM
4	After an initial contact with the board of psychology I find that emails are not returned after that initial contact.	7/18/2022 11:13 AM
5	You MUST have the ability to speak to a live person, there are too many contingencies. Staffing must be improved.	7/18/2022 9:56 AM
6	I respectfully request that this matter be addressed as soon as possible. I can imagine there are issues with limited resources, but this is severely impacting new psychologists, the patients they (would) serve, and the supervisors who are in the position of trying to support junior colleagues and run their businesses.	7/17/2022 9:35 PM
7	I was unable to answer some of the questions above because I have yet to be approved for my psych associate registration. The long wait time and potentially needing to submit supplemental materials is putting me at risk for losing my postdoc position.	7/17/2022 5:14 PM
8	I know they have be iodinated; however, it is stressful not to get answer; or be able to talk with someone.	7/17/2022 1:19 PM
9	I don't understand why CPA can not help with advocacy and for the mental health support needed at this time, I am not sure why applications are not being rushed, priorities or being reviewed more quickly. I just want approval so I can please start studying, take the CPLEE as I know I have to then deal with getting my license number which I heard is taking extended amounts of time. Who is needed to lobby and advocate on behalf of psychologists to speed up this process? Thank you, NT	7/17/2022 11:54 AM
10	Having come from the UK and my experience of regulating bodies being very responsive and professional I have been shocked by the service provided by the California Board of Psychology. I can't get an answer by phone or email to enquiries that I am making and the wait times are extremely stressful when you are trying to complete licensure.	7/16/2022 9:42 PM
11	Have not yet heard back about initial licensure so cannot select response time yet!	7/16/2022 8:52 PM
12	It has been so daunting & demoralizing to work so hard towards a career in service through a doctorate, to then consistently have to encounter delays with EACH interaction with the BoP, that make it impossible to reach the finish line while paying to reside in SF (& much of California)…I'm of hardy stock & spirit & my well of inspiration, loans & family generosity has run down to near empty.	7/16/2022 8:25 PM
13	Enjoying webinars	7/16/2022 4:44 PM

14	Please fix this!	7/15/2022 11:06 PM
15	Some clinicians like myself live in isolated rural areas, often without internet availability. Having had a serious illness and COVID, tried to best ameliorate my situation without BOP information or help. They don't care if you (I) am ill.	7/15/2022 7:15 PM
16	It was difficult to obtain a Psychological Assistantship due to requirements that PA's stay for one year and the very long waits times to become registered extend the process significantly. This makes signing a one year contract difficult when we do not know how long it'll take for the registration number to come in	7/15/2022 6:00 PM
17	Please develop online document submission and / or allow all licensed supervisors to submit documents and signatures online. It would cut down on paper and postage use as well as reduce anxiety related to original signature submission and signing across envelopes. If schools in California can create admission portals for processing the documents of tens of thousands of incoming freshman applicants, why can't the state itself create a similar portal system that can be particular to licensure as a psychologist or even cut across disciplines to save everyone some time and energy?	7/15/2022 4:56 PM
18	Speaking to other licensed psychologist, the board appears to have a strong reputation for being non-responsive. It has become the expected norm to have a sense of learned helplessness if one had questions to ask the board.	7/15/2022 3:53 PM
19	I haven't interacted with the Board within the past 12 months but when I did (3-2 years ago), I experienced stress, anxiety and financial consequences for delays in each step of licensure (registration as psych asst, for EPPP, for CPLEE and for licensure) exceeding 1 month and sometimes up to 4 months, for an average of 8-12 weeks for each step. I appreciate that CPA is looking into the cumulative and collective impact on our colleagues and profession.	7/15/2022 3:38 PM
20	Currently happy with the Board of Psychology's performances	7/15/2022 3:09 PM
21	I would very much like the BOP to remain intact. I have been grateful to it for its historically quick responses and hope that behavior resumes.	7/15/2022 3:02 PM
22	Licensure is not free. Sense we pay for the licensure process both directly through a fee, and with our state taxes, the BOP needs to be accountable for its systems. This is negligence.	7/15/2022 2:34 PM
23	Greatly appreciate the work of the BoP's staff and their responsiveness to any inquiries.	7/14/2022 7:02 PM
24	I am currently unable to apply elsewhere because I know they are taking FOREVER to process a simple add/drop supervisor form so I cannot risk not getting paid during those 5 months again.	7/12/2022 3:01 PM
25	The BoP is often rude (Tammy) and when contact is made, she tries to end the call quickly saying she has other callers. Inquiries into licensure and exams are necessary subjects for contact. She seems agitated and as if she does not want to answer inquiries. I have been told that emails have not been received or have been missed. I have also lost multiple job opportunities while waiting to be registered as a PA due to changes within organizations (hiring licensed clinicians because they are available atm, changes in terms of contact, etc.) because so much time has lapsed. I faced eviction because the process took so long. I have a doctorate. I'm ready and able to work. Not only does it take 4 months for PA registration but also another 4 months to change supervisor/location for job. My school loans are due but I can't get work due to the lengthy wait times. It's embarrassing. It has caused emotional distress. It is a service we pay for as well through fees, etc. It affects clinicians and patients/clients. Tammy informed me it can take up to a year to hire BoP employees and they are short-staffed. Please work toward a reasonable timeline and proper funding. It's shameful to be qualified and able to work but barriers from the BoP prevent it. When organizations and patients/clients need clinicians but the clinicians are on a 4 month (3 is not appropriate either) wait period and taking jobs outside of their field (retail, food service, etc.) to make ends meet, it's disheartening.	7/12/2022 11:29 AM
26	I have been unable to get post doc licensure hours due to my advance experience, and unavailability of supervisors.	7/12/2022 10:26 AM
27	A person can not get through to the BOP by phone.	7/11/2022 8:56 PM
28	There is not enough educated staff	7/11/2022 8:42 PM
29	I treat "Retirement" as a new goal for my future professional skills. First of all "Thank you so	7/11/2022 8:21 PM

	much" for all courses offered by CPA . I fell good about it . Also, Board of Psychology is keeping me informed about the new law , terms and conditions . It is great to know about any changes about active versus passive license. Currently, I am not going to retire . It will be done in one day but not soon. Thank you so much for all. Sincerely, Vasilica Vasilescu, PhD	
30	On several occasion, I emailed the analyst who had informed me that my application was received without hearing back. The analyst who informed me that my registered psychological associate application had been approved responded to my emails within a week or two during the first few months of being approved. No response has been provided, via phone nor email, since January 2022.	7/11/2022 8:18 PM
31	I am pleased that CPA is addressing the issues!	7/11/2022 4:04 PM
32	2) Your automated system for renewal it flawed. I made several attempts at trying to attach supporting documents and was unable to do so. I had to resort to sending my renewal via the U.S. Mail.	7/11/2022 3:57 PM
33	I heard that the CA BOP raised the CPLEE application fee to $235 rather than the original $129. This is absolutely appalling considering the amount of money many of us have to lose due to the long application process while also considering inflation, gas prices, and sky-rocket rent prices at the moment. I do not personally see the reason for increasing the amount by $106 and I truly believe that money should be paid back to the trainees who have been underpaid most of their careers to begin with.	7/11/2022 2:40 PM
34	We're all doing the best we can given recent circumstances.	7/11/2022 2:10 PM
35	Going through licensure process was a long and harrowing experience with the california board. I had been applying for licensure with 2 states and my experience with the other state was completely different. In contrast to BOP CAlifornia, answers to questions on phone or email were quick and easy and very prompt. i have had experiences of unclear processes, files being lost and frequently changing analysts with the board of California- it had been very hard to get licensed in California. I really hope things get smoothed out for future applicants.	7/11/2022 2:04 PM
36	Pretty annoyed that BoP employees ahve been using the COVID issue as an excuse after everyone is back to work for over one year. Phone calls and emails are all able do be done remotely and that should not impact timelyy processing of requests. Paper renewals, yes, but online renewals and applications, no.	7/11/2022 1:57 PM
37	I renewed my license online a couple of months before it was due to renew and it took a few minutes to renew. I received my new license within a couple of weeks. I also changed my office address and was able to do it fairly quickly.	7/11/2022 1:48 PM
38	It may be helpul to at least have designated days that calls/emails will be returned	7/11/2022 1:30 PM
39	I think the board needs to hire more staff or allow people to practice on some conditional credentials until they finalize the paperwork.	7/11/2022 1:27 PM
40	The hold times are enormous. I don't have time for that. Email is no better.	7/11/2022 1:26 PM
41	Thank you CPA for addressing this problem on our behalf.	7/11/2022 1:15 PM
42	Payment for registration was not posted for weeks. It was my only way of determining that application and payment was received since I received no confirmation and was not able to reach anyone for comment. Very unnerving.	7/11/2022 12:42 PM
43	These extremely long wait times have severely impacted our nonprofit clinic, a majority of patients and every clinician here. The treatment for trying to address this with the BoP was met with complete dismissal. There is no hesitation, however, to discipline or notify of failures, cancelations of registrations and licenses and dissolving of registered psychologist. There has been very little accommodations during this time of Covid-19 from the start to now or communicated any plans to make any in the future.	7/11/2022 12:42 PM
44	Delay in being able to hire psych associate has delayed patient care and is stressful financially for the psych assistants.	7/11/2022 12:27 PM
45	Providing no clarification but being identified as one of the most aggressively punitive boards in the country is what the lawyer warned me.	7/11/2022 11:35 AM
46	My experience for license renewal was good.	7/11/2022 11:18 AM

47	My license renewal only took two weeks so I have no complaint	7/11/2022 10:40 AM
48	Received a CEU audit January 2022 and was required to have everything in by February 2022. I still have not received a response as of July 11, 2022. Thank you!	7/11/2022 10:29 AM
49	No one ever replies to VM, so they should make it clear in their outgoing voice message that they don't intend to respond, so you know. The staff also present altogether as aloof at best when interacting with any agent in my experience over the past 2-3 years. Customer service may not be a priority when they're overwhelmed, so I would hope that's their justification.	7/11/2022 10:27 AM
50	Fortunately I have not had a problem with the BOP in 40 years	7/11/2022 10:22 AM
51	My biggest gripe and emotional hardship was when my advisor took a leave of absence for around 2 months, stated in their auto-generated email I would have someone assigned to me, and then I never had any correspondence from another advisor. I also was never told any of this on my own, as I only found this out after I was sent an auto-reply from my advisor after I had emailed him. My attempts to have the CA BoP expedite my licensure application due to the delayed responses and lack of communication resulted in being given a copy and paste statement about my lack of qualifications for expedited review (e.g. I am not a former service member, or something akin to that). Pure frustration and I was very close to filing a complaint with the CA governor.	7/11/2022 10:17 AM
52	Through the looking Glass also had a site visit scheduled for fall of 2020 to be approved for their internship program to be approved and it was postponed till Winter of 2021/2022. During the first year and a half of the pandemic, the APA stopped doing site visits. I, therefore, was not able to have an APA accredited internship even though it is the exact same program since 2020. Because of this, my career options will be limited in the future.	7/10/2022 10:01 PM
53	I applied 12/9 for initial licensure and received my license 2/11. This was ahead of schedule by 1-2 weeks. It was still very difficult to plan around.	7/10/2022 8:48 PM
54	This is unacceptable, especially given that the BOP charges so much money to be allowed to sit for an exam and get our licenses. If the BOP insists on making me jump through hoops to get my license, please just take my money and let me jump through the hoop!	7/7/2022 4:48 PM
55	I filled out this survey as a licensed psychologist hiring psychological associates for my group practice.	7/7/2022 9:29 AM
56	The licensure process for me was one of the most stressful things I've undergone, ranking up there with grad school. Every time I needed something from the BOP, I was met with a long wait. Even an email or phone call to clarify a small detail would typically entail a 2 week long wait. When I didn't pass the EPPP, my first thought was "oh no, I just set myself back over 4 months in licensure" because I knew it was going to take 3 months just to get the go-ahead to re-register for the exam. This is a huge disadvantage to test takers - the information is fresh in our minds and we want to retake it right away and be done with it. I know it's probably an understaffing issue and I unequivocally support getting the BOP whatever funding they need to improve staffing. But I also think something needs to be done about what, at times, feels like an adversarial relationship between the BOP and the psychologists (licensed or to-be) they regulate. Psych associates and their ilk are the most vulnerable too, as they don't have the means or experience to navigate these difficulties, like licensed psychologists do. Thanks to whoever is reading and taking this issue up, I sincerely appreciate your efforts.	7/7/2022 8:59 AM
57	A very frustrating experience dealing with the CA BOP. No communication from them at all throughout the whole process. Not even a confirmation that materials have been received so applicants are left in the dark wondering what is the status of their application. It seems applicants are just expected to wait and hope for the best. Average 3-4 months to get an approval to take the exams? I have lost countless opportunities (which resulted in financial hardship) because of these wait times. I understand that they may have understaffing issues but why is it on the applicants to shoulder this problem and just accept that "that's just the way things are in California"? All the more frustrating when hearing that other states have a 2 to 4 week turnaround time. These issues make it seem that the BOP does not care, they are inefficient, and they are mismanaged. I must say they are very quick to process the checks for the test and application fees though!	7/6/2022 9:39 PM
58	I have many colleagues who are unable to get responses from the board, and post doc students have been delayed in working and forced to get unskilled jobs to make ends meet. This is unacceptable considering they raised fees.	7/6/2022 7:32 PM

59	Thank you for collecting this data. I am sure I am not alone.	7/6/2022 7:30 PM
60	I am in the process of applying for CPLEE, Psych associate, and psychologist license. I applied for the associate license in April and still haven't heard back. I submitted my application for CPLEE 2 weeks ago and have no confirmation they have anything.	7/6/2022 1:02 PM
61	The absurdly long wait times and lack of responsiveness makes me question the competency of the BoP handling my affairs in an organized and timely manner. Rather than feeling secure that all of my documents are digitally stored, I fear that papers are just sitting on a stack on someone's desk, easily lost or misplaced.	7/6/2022 12:16 PM
62	It took the board 53 weeks to respond to an original complaint filed against previous employer who was engaging in ongoing unethical practice that was unable to be resolve informally.	7/6/2022 8:38 AM
63	I went to a BOP meeting that public are allowed to attend and the first 45 minutes of the meeting were spent on a mindfulness activity. They were also late. I had to sit there for 4 hours waiting for my topic to come up so I could speak for 2 minutes. I wasn't working so it didn't impact that but if I was, I would have had to clear an entire day not knowing when my topic came up.	7/5/2022 7:43 PM
64	We have had to delay formal hiring and start dates for psychological assistants (and therefore treating patients) at least 5 times in the last 12 months. This is placing a significant delay in our ability to meet client needs in an already distressing situation with meeting the volume of requests for care.	7/5/2022 3:56 PM
65	I'm still waiting to hear back about my application to take the CPLEE. Communications via email with BOP can be described as terse, dismissing, and rude.	7/5/2022 3:42 PM
66	The process is exhausting. I have been working with the CA BOP to get licensed since August of 2021. It took over 3 months to be approved to take the EPPP. It has now taken 6 weeks to receive CPLEE approval (which still has not come although they made sure to cash the $129 check within a week of receiving my materials). It is overall very frustrating and has limited my job opportunities and has put my family through financial hardship. I don't expect to hear back from the board anytime soon, which is frustrating in and of itself. I don't know how they expect me to wait all this time. I will say one positive, which is the response time of the assigned staff (Rob Loyola). Rob has been great and helpful. In sum, I am very frustrated and want to take the CPLEE to get fully licensed. At this point, it seems like a long shot. Thanks.	7/5/2022 3:12 PM
67	In addition to waiting months for my eppp approval, multiple components of my application were lost and needed to be replaced, which further extended the wait time - and I sent multiple copies of everything! Yet somehow still lost...overall the licensure process has been extremely frustrating and wasted my time, caused significant financial loss, and will impact patient care.	7/5/2022 3:05 PM
68	Minimal communication from the Board, 3 month wait times for a response to emails. Unbelievable it took this long.	7/5/2022 2:45 PM
69	From the time my former psychological assistant passed her EPPP in September, it took 6 months, with the help of Board Complaints and getting her assessor changed to finally give her permission to set for the CPLEE. During the course of all this she was my employee but was only able to work in an administrative role, which significantly impacted her financially as well as myself as she could not see clients because her psych assistantship had already expired. She is now recently licensed, in March 2022, and her license number was just given to her in July, and hopefully insurance will credential her by September, which means it had taken nearly 1 year from passing her EPPP to finally being able to see insurance	7/5/2022 10:27 AM
70	The Board works hard with limited income so I appreciate that with all the new laws they have they cannot keep up.	7/5/2022 10:22 AM
71	Thank you	7/5/2022 10:12 AM
72	While I sympathize with others who seem to have had time related issues, this was not my experience and I was licensed in April of 2022. In my case, all matters were handled quickly.	7/5/2022 9:58 AM
73	Long waiting period, not very supportive/helpful, no response to emails or generic/standard response (e.g., FAQ), costly in the short (e.g., exam fees) and long-term (e.g., not able to get hired without being licensed)	7/5/2022 9:41 AM
74	I started this process in October before I moved to California. They replied to me via email in January with incorrect information. This delayed my documentation being received and added	7/5/2022 9:36 AM

	additional months to the waiting period of CPLEE approval. I am still waiting for approval for my initial licensure. I anticipate it taking about 3-4 months, which means another 3-4 months without patient care. THankfully, my job has allowed me to be employeed under a different title and still receive pay, but the alternative would have been significantly decreasing my pay or excusing me frmo the job until I receive my license (which would have been about a year process due to BOP delays)	
75	Given the recent fee increase, I hope the fees can be applied toward expediting applications, including hiring personnel. However, fees were raised without a published plan for increasing processing timeframes, leading to ire with the Board for taking more while providing less. In addition, with COVID-19 and modern technological advancements, the Board of Psychology should modernize and move toward digital submissions to further ease application processing for both submissions and processing.	7/5/2022 9:33 AM
76	#4 Applied for EPPP approval over a month ago. Have not been assigned to an analyst.	7/4/2022 11:23 PM
77	Difficult to get a "live" person by phone.	7/3/2022 2:48 PM
78	An issue with one unchecked box on the application delayed the process by an entire month.	7/3/2022 12:56 PM
79	I applied for license renewal. Check was cashed. Awaiting new license.	7/3/2022 10:43 AM
80	Nobody answers the phone, at this point we have given up on contacting them. Applied for a Psychological Associate in April, still not approved. Expected to begin work in August but not having approval in time will jeopardize my work.	7/2/2022 10:49 AM
81	I either get no response from the analyst assigned to me or I get a response after a couple of months when I have had to send multiple follow up emails. A lot of my questions have been time sensitive and have set me back in getting my license. Any phone calls essentially go nowhere and have not been helpful or useful in any way.	7/2/2022 9:29 AM
82	I had no need to contact the BOP in the past 12 months.	7/2/2022 12:19 AM
83	I emailed and called the BOP several times and never received a response back. I have also been waiting an extended period of time compared to other applicants. My application analyst has been unresponsive to inquiries thus far in requesting status updates of my application. I have been left waiting unaware if my application is lost or being looked at.	7/1/2022 10:38 PM
84	The fees for everything went up and I have absolutely no idea where that money is going because it certainly is not helping with wait times.	7/1/2022 3:00 PM
85	The questions didn’t ask about my experience with how long these issues have taken for my associates so I couldn’t answer how egregious the wait times has been. We spoke at the BOP meeting and that’s the only way we got anywhere. It’s horrible and the BOP needs a lot of help. We had to turn clients away who needed help.	7/1/2022 1:28 PM
86	Please hire more staff to increase processing times!!!	7/1/2022 12:39 PM
87	It took them 5 months to tell me they had lost paperwork I submitted. They received the duplicates I sent in 2 weeks later (which is fine) but it’s now been 3 months and they haven’t processed them. I still am unable to take the EPPP because they haven’t processed my paperwork.	7/1/2022 12:07 PM
88	It is completely unacceptable for a BOP to be run by 3-4 workers (as is the rumor in CA) to turn over large amounts of licensing applications. Especially given the increase in mental health crisis as a result of COVID. It is my understanding that not much has changed with the BOP (for example, delays in licensure existed prior to the pandemic, as many supervisors have shared their experiences with me). There are simple solutions to reducing applicant and processor stress including on-boarding new employees (to review applications) and/or office managers (to field phone calls and e-mails). This systemic failure is one that continues to contribute to a national failure and produced systemic oppression especially for early career psychologist, who now, more than ever, are people of color, gender identity minorities, who have grown-up in lower SES, with families of limited education, and may be facing their own or managing a family member’s disability. DO NOT BE PART OF A SYSTEM THAT CONTINUES TO OPPRESS THOSE OF MINORITY STATUS. Help us succeed and improve this country’s mental health.	7/1/2022 11:54 AM
89	The BOP's failure to respond in a timely manner goes back, for me, to 2018. I needed the date of a board complaint (re custody evaluation); however, despite numerous phone calls at	7/1/2022 10:08 AM

	different times of the day to the BOP, the information was not provided. I left messages but no follow up occurred. Then, the person who answered the telephone would not put my calls through but instead informed me that staff were not available to answer my telephone calls; the person who had board complaint information was not in; and/or that as staff were so overburdened with work, no one was able to answer questions or return phone messages. When I offered to drive to the BOP, I was told that the BOP's staff would be too busy to talk with me. I did receive a phone call after either Christmas or New Year's; it took under five minutes for the information to be provided. I credit the approximate one month delay to my losing an offer of employment; very shortly after the submission of the completed paperwork, a reallocation of staff and funding resulted in the position no longer being available. It took me four months to find another position. I received a platitude filled letter from the BOP in response to my written complaint regarding their lack of follow up.	
90	I am applying to take the CPLEE and I am still waiting for approval. As of now, I have waited about 3-4 months.	7/1/2022 10:06 AM
91	The California BOP is delaying my ability to advance my career. It's that simple. It should not take months and months to process a one page form that has my basic biographical information and my number of clinical hours. To have my licensure delayed over that is completely ridiculous.	7/1/2022 9:32 AM
92	I got COVID on my first CPLEE day and was unable to make my test, the BOP made me re-apply to take the CPLEE and wait another 4 months for approval-- even though I had already been approved. From start (EPPP) to finish (licensure), it took me 1.5 years. I was also asked to pay another $170 fee to re-apply to take the CPLEE.	7/1/2022 7:28 AM
93	This has been on ongoing problem and only worsening it seems. When I passed the second exam in 2017 it took over two months to finally have my license number posted. This seems odd considering how many times our files are reviewed just in seeking clearance for both licensure exams. Whatever is causing this delay should be reviewed because it seems unnecessary. It also resulted in a loss of $60,000 for as I was not eligible for my pay raised until my license number was issued.	7/1/2022 7:19 AM
94	I have four staff openings and a requirement to be licensed. Delays have created a lower applicant pool.	7/1/2022 6:47 AM
95	The wait times are getting longer and longer, the BOP is not answering the phone or emails. Not only is this incredibly unprofessional as they service an entire state of psychologists, psychological associates, and registered psychologists who are doing their best to uphold the standards that are expected of us. We are not extended the same courtesy and this not only impacts the communities we are trying to serve, but it impacts our own livelihood. The BOP needs to increase their professional standards and update their seemingly archaic processes (so few services are online and the board is still taking checks??).	7/1/2022 5:15 AM
96	Thank you for addressing this issue!	7/1/2022 12:24 AM
97	In all instances, the BOP cashed my check and then did not contact me for 3+ months. It did not make sense to me that they had time to process the check but not one the application to take the EPPP/CPLEE.	7/1/2022 12:12 AM
98	Make things easier to find and navigate on the website to avoid having to contact the BOP for assistance in order to allow them more time to address other items.	7/1/2022 12:06 AM
99	I applied for licensure in California in 1988. I was a licensed psychologist in Massachusetts at the time. At that time, there was only one person at the Board who could answer inquiries and she was only available to be contacted during a three hour window each day. Her phone line was almost always busy. It was an ordeal to get my questions answered. Perhaps, things have improved since then?	6/30/2022 9:21 PM
100	My license renewal was processed promptly and have no concerns	6/30/2022 8:02 PM
101	One time, when trying to find out why things were so slow, I was reprimanded for asking: " frequent questions about where you are in the queue will cause further delay."	6/30/2022 7:54 PM
102	Extend 6 months to a YEAR or more to accommodate delays on your end	6/30/2022 7:48 PM
103	We are in the midst of a mental health crisis in our country and there is desperate need for mental health care providers on the ground. Aside from the hardship these have delays have	6/30/2022 6:56 PM

	caused for clinicians, it is a fundamental moral failure on the part of the BOP to create a barrier to licensure for those who are able to provide services.	
104	Most of the analysts are rude and slow. They don't move quickly until you tell them you are about to lose your job or your home due to the hardship caused by long wait times. They don't respond to the carrot; just the stick!	6/30/2022 6:18 PM
105	I did not understand why it took 4 months to allow me to take the CPLEE. I had passed the EPPP, nothing else had changed on my application. It was a matter of checking off one box to allow me to take the exam and it took FOUR MONTHS. With the outrageous rates the board is charging (and will soon increase), I hope that they are prioritizing hiring more individuals or streamlining the process. A full review of an application is one thing, but simply allowing someone to take the next exam should be the simplest thing in the world. If it is not all that simple, increased communication would be much appreciated. I was often met with two word replies and lack of professionalism from BOP analysts despite my polite and professional communication.	6/30/2022 6:04 PM
106	On 10/19/2021 the American Academy of Pediatrics, the American Academy of Child and Adolescent Psychiatry and the Children's Hospital Association declared a National Emergency in Child and Adolescent Mental Health. The excessively long wait times for approval to take the EPPP and CPLEE and to obtain licensure by the CA BOP is preventing youth in crisis from obtaining much needed psychological services. Current wait times for services is long and we need well-trained mental health providers entering the profession. Barriers to obtaining licensure should not be an issue. Further, the CA BOP should be examining ways to streamline and promote efficiencies in the licensure process similar to other states (e.g., allowing for electronic signatures and direct submissions of VOE and SPE paperwork by supervisors electronically to the BOP, utilizing a third-party portal to allow supervisors to upload licensure paperwork that is linked to an applicant's application materials). All licensure application materials should be electronic; several secure methods for signing and uploading supportive documentation electronically exist.	6/30/2022 5:59 PM
107	Hire more people! Please good gracious - people want to work! Create more jobs so we can get things figured out faster!	6/30/2022 5:48 PM
108	The sheer cost of licensure in CA after inquiring several years of graduate school debt is appalling when one considers the BOP is effectively the gatekeeper to fellows being gainfully employed after postdoc in order to repay their loans. As there is no alternative to licensure as an independent clinician, the idea that One would pay almost $1000 dollars (assuming no exams are retaken) to then have the process be protracted by bureaucratic processing delays is unequivocally unacceptable. Do better.	6/30/2022 5:37 PM
109	Please consider prioritizing the paperwork of those who have completed their licensure requirements but have not yet received their licenses. Please consider creating a way to apply more quickly for the CPLEE so that we don't have to wait 3 months just to be approved to take the exam. E.g. make it possible for us to be approved for CPLEE as soon as we have passed the EPPP (why do we need to wait until we have finished 1500 hours just to be approved to schedule the CPLEE?). We should be able to actually take the exam as soon as we are done with 1500 hours, but as of now, I have to wait at least 4 months to even be able to take the exam after I have finished my hours. So many of these pieces of the process could be managed through on online system and it is absolutely heartbreaking that this isn't in place. There are HUGE waitlists of people in serious need of care and not enough licensed professionals. This really needs to change.	6/30/2022 5:19 PM
110	The lack of responsiveness by the BOP began long before the COVID pandemic. I have made few inquiries to the BOP, but have a 100% rate of no response back to me. Disgraceful.	6/30/2022 5:01 PM
111	I obtained my license a little over a year ago (March 2021). What stood out most to me was the variability in response time and overall responsiveness depending on who held your case. I was fortunate that Troy Polk was my analyst and he was always very responsive. Unfortunately many of my colleagues who were going through the same process as me simultaneously had much longer wait times and difficulty getting questions answered.	6/30/2022 5:00 PM
112	There was no warning about these delays and I have been disqualified from several positions due to being unlicensed in the time I have been waiting and should have been approved.	6/30/2022 4:17 PM
113	I appreciate your advocacy in this matter. I have an adult daughter who is entering graduate school this fall to earn a Psy.D. to become a psychologist as well, so I am monitoring this	6/30/2022 4:16 PM

	issue with more than a passing interest.	
114	I applied for renewal on 6/17/2022 after receiving a notice of renewal. My license expires 8/31/2022. I'm trusting that there is adequate time for processing. I have heard nothing to date.	6/30/2022 4:13 PM
115	Thank you for your consistent help and assistance!	6/30/2022 3:52 PM
116	In addition to the incredible increased wait-times, it's especially hard that there is a long wait for every single step of the process. For example, while I am waiting for my EPPP date, I don't understand why my application for the CPLEE can't be sitting in the pile to wait for approval. Instead, once I pass the EPPP I will have to wait another 3-6 months (depending on the wait time) to even be approved for the CPLEE. This process significantly increases the time, energy, and frustration it takes to get licensed.	6/30/2022 3:51 PM
117	I am so glad that CPA is advocating for this issue. It impacts so many of us and it should be improved!	6/30/2022 3:21 PM
118	Am waiting to receive my renewal. At least I have a record of having submitted my application in a timely manner.	6/30/2022 3:13 PM
119	While not within the last 12 months, when I applied for the EPPP in September 2020, it took almost 4 months to be approved for the exam. When the time pressure is on during postdoc to be licensed by the end (and usually by job apps in the spring), this delay was a huge additional stress. Communication was generally responsive with my licensing specialist, though it was typically a templates response directing me to review the timeline on the website.	6/30/2022 2:59 PM
120	Even for minor revisions to applications they make you wait upwards of months even if it was a typo. They took my payment the moment i applied but its taken them 6+ months to do anything or respond.	6/30/2022 2:58 PM
121	The processing times are ridiculous and the fact no one responds is even more ridiculous. I am delayed getting my license because of no responses. It has truly been a hardship and caused trauma for me.	6/30/2022 2:58 PM
122	The complete lack of response to my phone calls and very delayed response to emails was detrimental to my career. Not only was it financially detrimental but it also made me lose out on various employment opportunities. It is unacceptable that the board processing time takes this long.	6/30/2022 2:57 PM
123	The delays in processing applications are a disservice to the field and those entering it.	6/30/2022 2:56 PM
124	I applied for renewal of my license in June (for a july 31st deadline) and received my renewal within a couple weeks. I used their online system (Breeze). There was some kind of small electronic glitch at checkout... but after resolving that.... no issue.	6/30/2022 2:48 PM
125	The Board of Psychology neglected to inform me that my assigned analyst was no longer working in the department, or that I was assigned to a new analyst. Therefore, I spent 2-3 months attempting to contact my old analyst by phone and email with no response. When I finally called the general line, I had to ask for the name and information of my new analyst.	6/30/2022 2:36 PM
126	I had to wait a tremendous amount of time to sit for the CPLEE even thought I have been licensed in two other states, and have been licensed for many years (over 5). It almost cost me my job, and resulted in many patients going without care. It was very frustrating.	6/30/2022 2:33 PM
127	I applied for and received my CA license from the BOP back in 2014. Wait times were greater than 6+ months from the time I applied and the BOP never once responded to phone calls, voicemails, or emails I sent them. Zero communication. It was awful actually, I felt very alone and nervous with zero feedback.	6/30/2022 2:32 PM
128	The BOP needs to allow psychologists the option to pay for license renewal early, especially based on the longer processing times they have now. It’s so stressful waiting for the renewal card when your company plans to put you on leave (with no option for caring for patients) until that card comes in the mail.	6/30/2022 2:27 PM
129	I believe that they need to hire additional employees- this is inexcusable! They also don't respond to voicemails or emails and rarely answer the phone.	6/30/2022 2:27 PM
130	The Board of Psychology has been extremely slow in the past during my licensure process and it seems like they’re even slower now. Add on top of that they’re increasing fees by 25%,	6/30/2022 2:26 PM

	I'm unsure what the money goes to. I want increased accountability because this is unacceptable.	
131	The indefinite BOP delays in getting psychological associates onboard has been costly in delaying initiation and continuation of treatment for patients, as well as financially costly for the psychological associates and myself in terms of income lost.	6/30/2022 2:23 PM
132	I received the renewal for my inactive status in a timely manner without any problems...about 3-4 weeks emailed/after I submitted the request.	6/30/2022 2:22 PM
133	My application was completed quickly (relatively speaking) due to my persistent (daily) calling and leaving voice-mails. I would call several times per day sometimes in order to get through to a person to ask about the status of my application or to request another analyst while mine was out for 6 weeks and my application sat on his empty desk. I sent several emails to various BoP staff regarding these issues, left complaints for DCA, and threatened to have parents call BoP when frustrated with lack of care due to BoP lagging timeliness that were not up to date at the time of my application submission. Had I not been the squeaky wheel, I would have had to wait nearly 4 months as compared to colleagues who were going through the same process at the same time as me who did not press BoP like I did.	6/30/2022 2:20 PM
134	I'm hesitant to take on another psych. assistant due to the long wait periods	6/30/2022 2:19 PM
135	Thank you for seeking feedback. This is so important.	6/30/2022 2:18 PM
136	It must have taken at least 9 months or more for my California License and file to be sent out of State. When I was finally contacted by the out of State that the information was received, I already referred my patient's to another provider. I paid so much money to initially apply for the out of state license. The long delay kept me from pursing this out of State License and will keep my from apply to other States for licensing.	6/30/2022 2:16 PM
137	It is great the BOP has waiting timelines on the website but they need to be updated more frequently than once a month.	6/30/2022 2:12 PM
138	You may think that this BreEze on-line system for licensure renewal is something special, and it's not the 'great idea' that your IT people think it is. I believe it's just being used as a way to eliminate person-to-person contact and keep your costs down. And, have your employees gone to work back in the office yet?	6/30/2022 2:12 PM
139	I apply for renewal of licensure every 2 years. But I did not have to renew in the past 12 months. I will be due for license renewal in November.	6/30/2022 2:04 PM

California Board of PSYCHOLOGY

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MEMORANDUM

DATE	August 3, 2022
TO	Psychology Board Members
FROM	Sandra Monterrubio, Enforcement Program Manager Board of Psychology
SUBJECT	Agenda Item 11, Enforcement Report

Please find attached the Overview of Enforcement Activity conveying complaint, investigation, and discipline statistics to date for the current fiscal year and the most recent Performance Measures.

On August 8, 2022, Christian Lavarello-MacDonald, currently an Enforcement Analyst, will begin his new position as the Board's Probation Monitor. Christian has worked in the Enforcement Unit for several years and has done an outstanding job investigating complaints and working with outside entities to ensure cases are being investigated and prosecuted. Currently, the Enforcement Unit has two vacancies, but an offer has been made to a very qualified candidate who will fill one of those positions and most likely start their employment the week of August 8.

Complaint Program
Since July 1, 2022, the Board has received 85 complaints. All complaints received are opened and assigned to an enforcement analyst.

Citation Program
Since July 1, 2022, the Board has issued 0 enforcement citations. Citation and fines are issued for minor violations.

Discipline Program
Since July 1, 2022, the Board has referred 4 cases to the Office of the Attorney General for formal discipline.

Probation Program
Enforcement staff is currently monitoring 46 probationers. Of the 46 probationers, one is out of compliance. Being out of compliance can result in a citation and fine or further disciplinary action through the Office of the Attorney General.

Attachments:
Overview of Enforcement Activity (hand carry)
Performance Measures

Action Requested
This item is for informational purposes only.

Select a DCA Entity	Select a Fiscal Year	Select a Quarter	Case Type
Board of Psychology	SFY 2021	Q4	Complaints, Conviction/Arrest

Performance Measure 1 (Case Volume) – Total number of complaints and conviction/arrest notices received within the specified period.

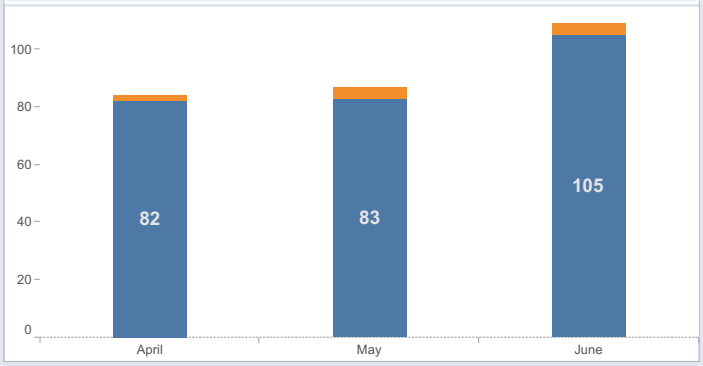
Board of Psychology New Cases Summary

Data last refreshed on 6/3/2022

Complaints	Conviction/Arrest	Total Volume
270	10	280

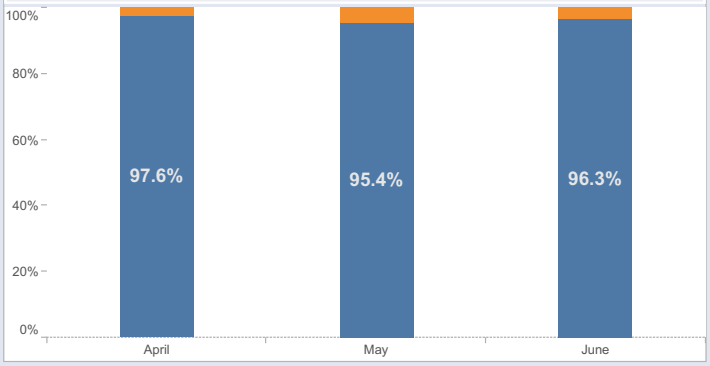
Board of Psychology

SFY 2021:Q4 - Case Volume



Board of Psychology

SFY 2021:Q4 - Case Volume % Distribution



Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some in..

Select a DCA Entity	Select a Fiscal Year	Select a Quarter	Cycle Time	Case Volume by Month
Board of Psychology	SFY 2021	Q4	Actual Target	April May June

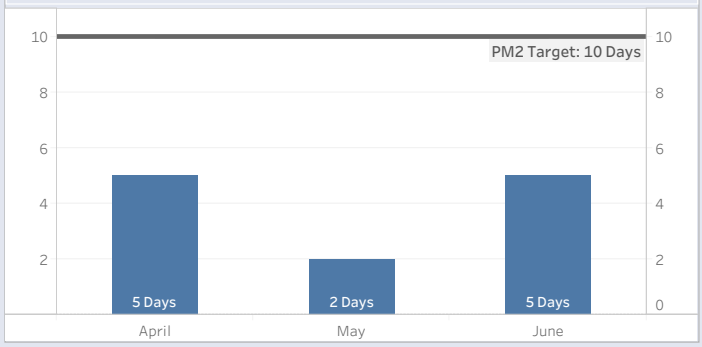
Performance Measure 2 represents the total number of complaint cases received and assigned for investigation and the average number of days (cycle time) from receipt of a complaint to the date the complaint was assigned for investigation or closed.

Board of Psychology PM2 Performance Summary

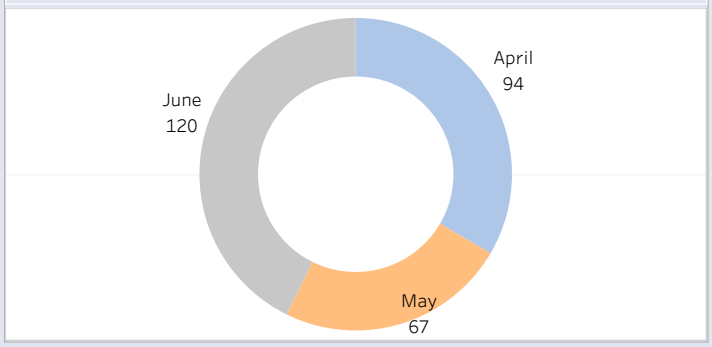
Data last refreshed on 6/03/2022

Case Volume	Target	Actual	Variance
281	10 Days	4 Day(s)	▼-6 Day(s)

Board of Psychology
SFY 2021: Q4 | **PM2** - Intake Cycle Time



Board of Psychology
SFY 2021: Q4 | **PM2** - Volume



Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

Select a DCA Entity: Board of Psychology

Select a Fiscal Year: SFY 2021

Select a Quarter: Q4

Cycle Time: Actual | Target

Case Volume by Month: April | May | June

Performance Measure 3 (Investigation) – Total number of cases closed within the specified period that were not referred to the Attorney General for disciplinary action.

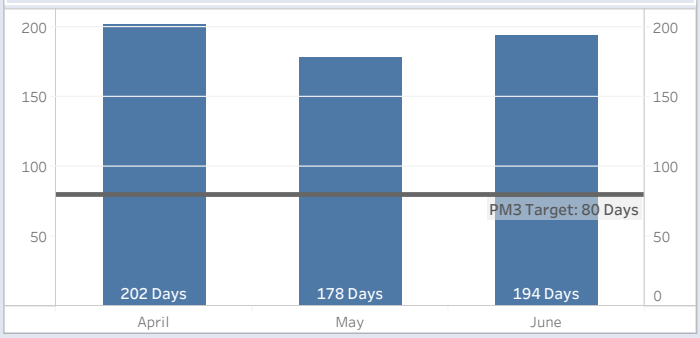
Board of Psychology PM3 Performance Summary

Data last refreshed on 6/03/2022

Case Volume	Target	Actual	Variance
147	80 Days	190 Day(s)	▲ 110 Day(s)

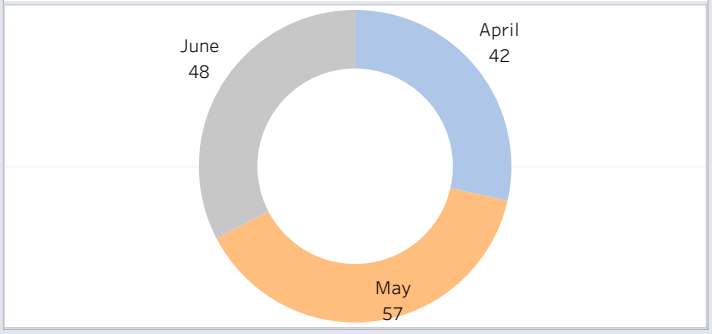
Board of Psychology

SFY 2021: Q4 | **PM3** - Investigations Cycle Time



Board of Psychology

SFY 2021: Q4 | **PM3** - Volume



Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some ins..

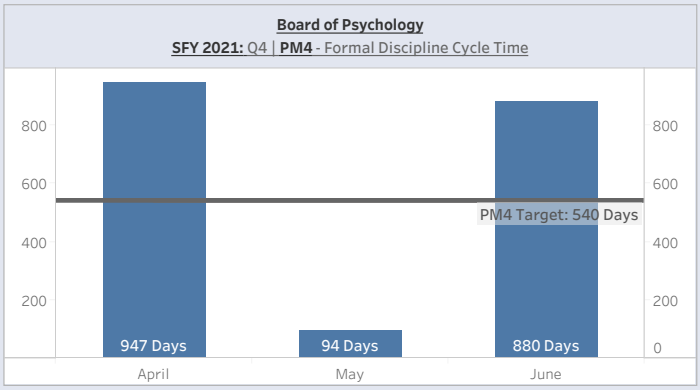
Select a DCA Entity	Select a Fiscal Year	Select a Quarter	Cycle Time	Case Volume by Month
Board of Psychology	SFY 2021	Q4	Actual, Target	April, May, June

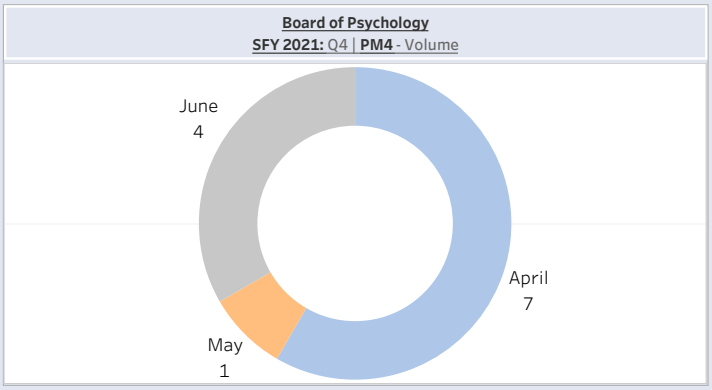
Performance Measure 4 (Formal Discipline) – Total number of cases closed within the specified period that were referred to the Attorney General for disciplinary action. This includes formal discipline, and closures without formal discipline (e.g. withdrawals, dismissals, etc.).

Board of Psychology PM4 Performance Summary

Data last refreshed on 6/03/2022

Case Volume	Target	Actual	Variance
12	540 Days	854 Day(s)	▲ 314 Day(s)





Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some ins..

Select a DCA Entity	Select a Fiscal Year	Performance Measure	Select a Quarter	Cycle Time		Case Volume by Month		
Board of Psychology	SFY 2021	PM7	Q4	Actual	Target	April	May	June

Performance Measure 7 (Probation Case Intake) – Total number of new probation cases and the average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

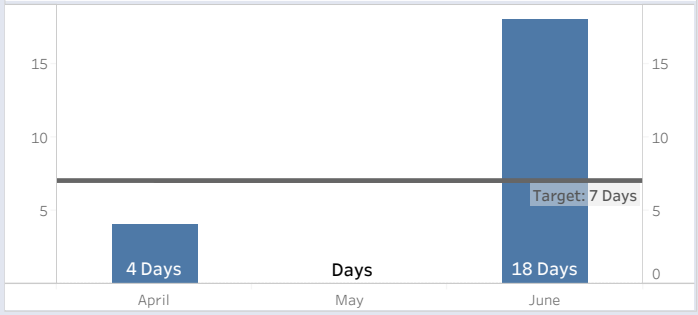
Performance Measure 8 (Probation Violation Response) – Total number of probation violation cases and the average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

Board of Psychology PM7 Performance Summary

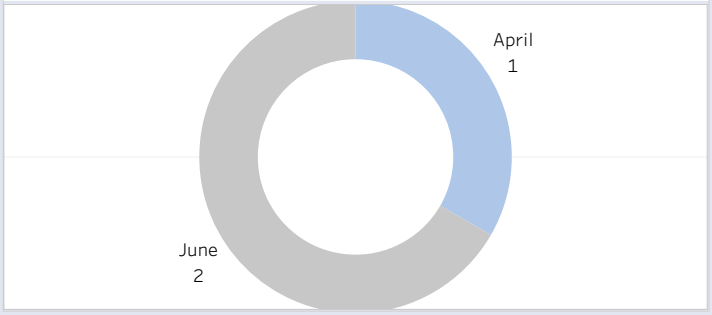
Data last refreshed on 6/03/2022

Case Volume	Target	Actual	Variance
3	7 Days	13 Day(s)	▲ 6 Day(s)

Board of Psychology
SFY 2021: Q4 - PM7: Probation Intake Cycle Time



Board of Psychology
SFY 2021: Q4 -PM7: Probation Cases



Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

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MEMORANDUM

DATE	July 26, 2022
TO	Board of Psychology
FROM	Suzy Costa Darrow Legislative and Regulatory Analyst
SUBJECT	Agenda Item # 13(a)(1) – SB 401 (Pan) Psychology: unprofessional conduct: disciplinary action: sexual acts

Background:

In early 2019, Senator Pan carried SB 275 to amend Sections 2960 and 2960.1. Given the COVID-19 pandemic and the request from leadership to minimize the bill load, SB 275 was amended and became a bill about Personal Protective Equipment. Consequently, in December 2020, Board staff contacted Senator Pan's office to ask whether he would consider carrying legislation pertaining to this issue. In February of 2021, Senator Pan agreed to carry the bill, and introduced SB 401 - Psychology: unprofessional conduct: disciplinary action: sexual acts.

Under current law, when an investigation finds that a psychologist had sexual contact with a client (patient or client) or former client within two years of termination of therapy, the proposed decision (discipline) that the Administrative Law Judge (ALJ) recommends to the Board of Psychology (Board) for adoption must include a recommendation for an order of revocation. The Board maintains ultimate adjudicatory discretion over the adoption of the final discipline against a licensee, but current law ensures that in instances sexual contact (including sexual intercourse), revocation must be the discipline recommended by an ALJ.

Note: Current law defines sexual contact as meaning "the touching of an intimate part of another person." (Business and Professions Code section 728.) Additionally, current law defines an intimate part as "the sexual organ, anus, groin, or buttocks of any person, and the breast of a female."

The Board proposes adding "sexual behavior" to Section 2960 of the Business and Professions Code (BPC) due to the Board's experiences adjudicating cases involving inappropriate sexual conduct that did not meet the current definition of "sexual contact," which left the Board hamstrung in achieving appropriate discipline for sexual behavior antithetical to the psychotherapist-client relationship. It made it exceedingly difficult to achieve disciplinary terms that matched the egregiousness of the acts.

The Board believes that sexual behavior in the psychotherapist-client relationship by the licensed professional is one of the most flagrant ethical violations possible, as it violates

the duty of care inherent in a therapeutic relationship, abuses the trust of the client, and can create harmful, long-lasting emotional and psychological effects.

The Board wants to ensure that egregious sexual behavior with a client, sexual misconduct, and sexual abuse is unprofessional conduct that merits the highest level of discipline. Therefore, this proposal would add sexual behavior (inappropriate actions and communication of a sexual nature for the purpose of sexual arousal, gratification, exploitation, or abuse) with a client or former client to the list of what is considered unprofessional conduct that would give the ALJ the statutory authority in a proposed decision, to include an order of revocation. The proposal also adds clear definitions to the following sexual acts: sexual abuse, sexual behavior, sexual contact, and sexual misconduct. Note: this would not change or diminish the Board's adjudicatory discretion as to the final discipline.

Under this proposal, sexual behavior would be defined as "inappropriate contact or communication of a sexual nature for the purpose of sexual arousal, gratification, exploitation, or abuse. 'Sexual behavior' does not include the provision of appropriate therapeutic interventions relating to sexual issues."

Examples of sexual behaviors include, but are not limited to:

- kissing a client,
- touching or exposing oneself inappropriately,
- sending sexually suggestive or sexually explicit texts (sexting), messages or emails to a client, and
- sending clients photos that include nudity, genitals, or sexually suggestive poses

On 3/19/2021 the Legislative and Regulatory Affairs Committee voted to recommend the Board **Support** SB 401. The Board voted to approve the Legislative and Regulatory Affairs Committee's recommendation to support SB 401 on 4/2/2021.

On 3/22/2021, SB 401 passed out of the Senate Business, Professions and Economic Development Committee with a vote of 14-0.

On 4/22/2021, SB 401 passed on the Senate Floor on the Consent Calendar (Ayes: 38; Noes: 0) and was ordered to the Assembly.

On 5/25/2021, Board staff was notified that given the bill reduction directive, SB 401 would be a 2-year bill.

On 6/21/2022, SB 401 passed out of the Assembly Business and Professions Committee on the consent calendar with a vote of 18-0.

On 8/3/2022, SB 401 will be heard by the Assembly Appropriations Committee. Since this bill does not have any associated costs, Board staff anticipates it will not go to the Suspense File.

Location: Assembly Appropriations

Status: 6/21/22 Do pass from Assembly Business and Professions Committee refer to Assembly Appropriations Committee with recommendation to consent calendar.

Action Requested:

This is for informational purposes only. No action is required at this time.

Attachment A: Board Letter of Support
Attachment B: Assembly Business and Professions Committee Analysis
Attachment C: SB 401 (Pan) Bill text

California Board of PSYCHOLOGY

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July 11, 2022

The Honorable Chris Holden
Chair, Assembly Committee on Appropriations
1021 O Street, Suite 5650
Sacramento, CA 95814

RE: SB 401 (Pan) – Psychologist: unprofessional conduct: disciplinary action: sexual acts – SPONSOR

Dear Chair Holden,

The Board of Psychology (Board) is pleased to **SPONSOR** SB 401 (Pan). This bill would clearly define sexual abuse, contact, and misconduct along with adding and defining sexual behavior, to the list of what is considered unprofessional conduct. This bill would give the Administrative Law Judge (ALJ) the statutory authority in a proposed decision for engaging in sexual abuse, behavior, and misconduct, to include an order of revocation. This bill has no associated costs and would not change or diminish the Board's adjudicatory discretion as to the final discipline.

Additionally, the Board is cognizant that during psychotherapy, and especially during therapeutic interventions related to sexual issues, there will be in-depth discussions and communications of a sexual nature with the client. When these discussions are a part of appropriate and documented therapeutic interventions, these communications would not be considered sexual behavior under SB 401.

The Board sponsored SB 401 due to the Board's experiences adjudicating cases involving inappropriate sexual conduct that did not meet the current definition of sexual contact and therefore did not explicitly authorize the ALJ to recommend revoking the license. The Board believes that inappropriate sexual behavior with a client is sexual misconduct and should be prosecuted and adjudicated as such. SB 401 would close a loophole in current law and treat egregious sexual behavior between a psychologist and client as the sexual misconduct it is.

The Board believes that sexual behavior in the psychologist-client relationship by the licensed professional is one of the most flagrant ethical violations possible, as it violates the duty of care inherent in a therapeutic relationship, abuses the trust of the client, and can create harmful, long-lasting emotional and psychological effects.

For these reasons, the Board respectfully asks for your your "**AYE**" vote when it is heard in the Assembly Appropriations Committee. If you have any questions or concerns,

please feel free to contact the Board's Executive Officer, Antonette Sorrick, at (925) 325-0157 or Antonette.Sorrick@dca.ca.gov. Thank you.

Sincerely,

Lea Tate, Psy.D.
President, Board of Psychology

cc: Assemblymember Frank Bigelow, Vice-Chair
Members, Assembly Appropriations Committee
Senator Richard Pan, MD
Jennifer Swenson, Principal Consultant, Assembly Appropriations Committee
Bill Lewis, Consultant, Assembly Republican Caucus

Date of Hearing: June 21, 2022

ASSEMBLY COMMITTEE ON BUSINESS AND PROFESSIONS
Marc Berman, Chair
SB 401 (Pan) – As Amended June 6, 2022

SENATE VOTE: 38-0

SUBJECT: Psychology: Unprofessional Conduct: Disciplinary Action: Sexual Acts

SUMMARY: Revises and recasts the circumstances under which specified sexual acts constitute unprofessional conduct by psychologists and registered psychological associates.

EXISTING LAW:

1) Establishes the Board of Psychology (Board) under the Department of Consumer Affairs (Department), to license and regulate psychologists, and sunsets the Board on January 1, 2022. (Business and Professions Code (BPC) § 2920)

2) States that no person may engage in the practice of psychology or represent himself or herself as a psychologist without a license issued by the Board, as specified. (BPC § 2903(a))

3) Defines the "practice of psychology" as rendering or offering to render to individuals, groups, organizations, or the public any psychological services involving the application of psychological principles, methods, and procedures of understanding, predicting, and influencing behavior, such as the principles pertaining to learning, perception, motivation, emotions, and interpersonal relationships, and the methods and procedures of interviewing, counseling, psychotherapy, behavior modification, and hypnosis; and of constructing, administering, and interpreting tests of mental abilities, aptitudes, interests, attitudes, personality characteristics, emotions, and motivations. (BPC § 2903(a))

4) States that the application of the principles and methods in 3) above includes but is not restricted to: assessment, diagnosis, prevention, treatment, and intervention to increase effective functioning of individuals, groups, and organization. (BPC § 2903(b))

5) Requires that protection of the public be the Board's highest priority in exercising its licensing, regulatory, and disciplinary functions. Whenever the protection of the public is inconsistent with other interests sought to be promoted, the protection of the public shall be paramount. (BPC § 2920.1)

6) Requires any psychotherapist or employer of a psychotherapist who becomes aware through a client that the client had alleged sexual intercourse, sexual behavior, or sexual contact with a previous psychotherapist during the course of a prior treatment to provide a brochure to the client that delineates the rights of, and remedies for, clients who have been involved sexually with their psychotherapists. Requires the psychotherapist or employer to discuss the brochure with the client. (BPC § 728 (a))

7) For purposes of the brochure, defines "sexual contact" as the touching of an intimate part of another person, and "sexual behavior" as inappropriate contact or communication of a sexual

nature. "Sexual behavior" does not include the provision of appropriate therapeutic interventions relating to sexual issues. (BPC § 728 (c)(2)

8) Authorizes the BOP to suspend or revoke the registration or license of any registrant or licensee found guilty of unprofessional conduct, which includes any act of sexual abuse, or sexual relations with a patient or former patient within two years following termination of therapy, or sexual misconduct that is substantially related to the qualifications, functions, or duties of a psychologist, psychological assistant, or registered psychologist. (BPC § 2960 (o))

9) Requires any proposed decision or decision issued under the Psychology Licensing Law that contains any finding of fact that the licensee or registrant engaged in any act of sexual contact with a patient, or with a former patient within two years following termination of therapy, contain an order of revocation. The revocation shall not be stayed by the administrative law judge (ALJ). (BPC § 2960.1)

THIS BILL:

1) Defines for purposes of this bill:

   a) "Sexual abuse" to mean "the touching of an intimate part of a person by force or coercion";

   b) "Sexual behavior" to mean inappropriate psychical contact or communication of a sexual nature with a client or a former client for the purposes of sexual arousal, gratification, exploitation, or abuse," but does not include the provisions of appropriate therapeutic intervention relating to sexual issues;

   c) "Sexual contact" to mean the touching of an intimate part of a client or a former client; and

   d) "Sexual misconduct" to mean inappropriate conduct or communication of a sexual nature that is substantially related to the qualifications, functions, or duties of a psychologist, psychological assistant, or registered psychologist.

2) Clarifies that any act of sexual contact, as defined, including with a patient or with a former patient within two years following termination of therapy, is unprofessional conduct, as specified.

3) States that a proposed or issued decision that contains a finding that the licensee or registrant engaged in an act of sexual abuse, sexual behavior, or sexual misconduct, as defined, may contain an order of revocation.

4) Makes other technical and clarifying changes.

FISCAL EFFECT: According to the Senate Committee on Appropriations, pursuant to Senate Rule 28.8, no significant state costs anticipated.

COMMENTS:

Purpose. This bill is sponsored by **The California State Board of Psychology.** According to the author, "psychologists see their patients at their most vulnerable. Implicit trust is paramount for the success of that relationship. The violation of that trust not only reflects poorly upon the offender, it reflects poorly on the profession as a whole. Currently, the Board of Psychology is unable to sufficiently punish one of the worst violations, sexual misconduct. They cite the wording of the law relating to unprofessional sexual misconduct as a major obstacle in holding violators accountable. SB 401 would help solve this problem by clarifying the circumstances under which specified sexual acts constitute unprofessional conduct."

Background.

Board of Psychology: California recognized psychology as a vocation with the Certification Act of 1958, which provided only title protection to psychologists. In 1967, the Legislature statutorily defined the profession of psychology and required licensure to practice. The Board regulates licensed psychologists, registered psychological assistants, and registered psychologists. It is funded by license, application, and examination fees, and receives no revenue from California's General Fund. The Board consists of nine members (five licensed psychologists and four public members) who are appointed to four-year terms.

According to the Board's 2019-2023 Strategic Plan, its mission is to protect consumers of psychological services by licensing psychologists, regulate the practice of psychology, and support the evolution of the profession. Additionally, the Board's most recent strategic plan notes the key areas of focus include the following:

- Protecting the health, safety, and welfare of consumers of psychological services with integrity, honesty, and efficiency.
- Advocating the highest principles of professional psychological practice.
- Empowering the consumer through education on licensee/ registrant disciplinary actions and through providing the best available information on current trends in psychological service options.

Under current law, when an investigation finds that a psychologist had sexual contact with a client (patient or client) or former client within two years of termination of therapy, the proposed decision to impose discipline that the Administrative Law Judge (ALJ) recommends to the Board must include a recommendation for an order of revocation. The Board maintains ultimate adjudicatory discretion over the adoption of the final discipline against a licensee, but current law ensures that instances of sexual intercourse and sexual contact, revocation must be the discipline recommended by an ALJ.

There are cases followed by thorough investigations that reveal clear instances of egregious sexual behaviors between a psychologist and a client during or within two years of termination of therapy. According to BPC § 2960.1, when an investigation finds that a psychologist had sexual contact with a client patient or former client within two years of termination of therapy, the proposed disciplinary decision the ALJ recommends to the Board for adoption must include a recommendation for an order of revocation. The Board maintains ultimate adjudicatory discretion over the adoption of the final discipline against a licensee, but current law ensures in

instances sexual contact, which includes sexual intercourse, revocation must be the discipline recommended by an ALJ.

However, BPC § 728 currently defines sexual contact as "sexual intercourse or the touching of an intimate part of the patient for the purpose of sexual arousal, gratification, or abuse" and defines an intimate part of an individual as "the sexual organ, anus, groin, or buttocks of any person, and the breast of a female." Current statute does not allow necessary discipline for specific instances of egregious sexual acts and behavior, which prevents an administrative judge from issuing a revocation recommendation. The ALJ is forced to submit a recommendation of probation when revocation would be in the best interest of the client and general public. The Board and AJLs state they are unable to consider behaviors such as grooming and sexting, which have only recently become part of the conversation surrounding sexual misconduct. Since the law governing the Board is not clear regarding the manner sexual behaviors should be prosecuted and adjudicated, the Board has historically had to prosecute and adjudicate these cases as boundary violations. According to the Board, in most, if not all, instances of sexual misconduct, a licensee has already been sexually grooming and/or engaging in sexual behavior with their client before beginning a sexual relationship.

Current Related Legislation.

AB 1636 (Weber): Requires the Medical Board of California (MBC) to automatically revoke a license, or deny a petition to reinstate a license, for individuals who have committed certain acts of sexual abuse, misconduct, or relations with a patient, and broadens what prior sexual misconduct the MBC may consider as cause for denying an initial license. (Status: this bill is currently pending before the Senate Business and Professions Committee and is set for hearing on June 20, 2022.)

Prior Related Legislation.

SB 275 (Pan): Defined "sexual behavior" and clarified that an administrative law judge's finding of fact that sexual behavior occurred between a psychotherapist and client shall trigger an order for license revocation. (Note: In response to COVID and effort to protect frontline workers, this bill was substantially amended to address healthcare workers access to personal protective equipment. That version of the bill was signed by Governor Newsom on September 29, 2020)

AB 2968 (Levine, Chapter 778, Statutes of 2018): Updated the informational brochure "Professional Therapy Never Includes Sex" to include sexual behavior and requires a psychotherapist (or their employer) who becomes aware that a patient had alleged sexual behavior with a previous psychotherapist to provide and discuss with the client the above described informational brochure.

AB 2138 (Chiu & Low, Chapter 995, Statutes of 2018): Reduces barriers to licensure for individuals with prior criminal convictions by limiting a regulatory board's discretion to deny a new license application to cases where the applicant was formally convicted of a substantially related crime or subjected to formal discipline by a licensing board, with offenses older than seven years no longer eligible for license denial, with several enumerated exemptions.

ARGUMENTS IN SUPPORT:

The Board of Psychology (sponsor) writes in support: "The Board believes that sexual behavior in the psychotherapist-client relationship by the licensed professional is one of the most flagrant ethical violations possible, as it violates the duty of care inherent in a therapeutic relationship, abuses the trust of the client, and can create harmful, long-lasting emotional and psychological effects.

The Board wants to ensure that egregious sexual behavior with a client, sexual misconduct, and sexual abuse is unprofessional conduct that merits the highest level of discipline. Therefore, this proposal would add sexual behavior (inappropriate actions and communication of a sexual nature for the purpose of sexual arousal, gratification, exploitation, or abuse) with a client or former client to the list of what is considered unprofessional conduct that would give the ALJ the statutory authority in a proposed decision, to include an order of revocation. The proposal also adds clear definitions to the following sexual acts: sexual abuse, sexual behavior, sexual contact, and sexual misconduct."

REGISTERED SUPPORT:

Board of Psychology *(Sponsor)*

REGISTERED OPPOSITION:

None on file.

Analysis Prepared by: Annabel Smith / B. & P. / (916) 319-3301

SB-401 Psychology: unprofessional conduct: disciplinary action: sexual acts.

SECTION 1.

Section 2960 of the Business and Professions Code is amended to read:

2960.

The board may refuse to issue any registration or license, or may issue a registration or license with terms and conditions, or may suspend or revoke the registration or license of any registrant or licensee if the applicant, registrant, or licensee has been guilty of unprofessional conduct. Unprofessional conduct shall include, but not be limited to:

(a) Conviction of a crime substantially related to the qualifications, functions or duties of a psychologist or registered psychological associate.

(b) Use of any controlled substance as defined in Division 10 (commencing with Section 11000) of the Health and Safety Code, or dangerous drug, or any alcoholic beverage to an extent or in a manner dangerous to themselves, any other person, or the public, or to an extent that this use impairs their ability to perform the work of a psychologist with safety to the public.

(c) Fraudulently or neglectfully misrepresenting the type or status of license or registration actually held.

(d) Impersonating another person holding a psychology license or allowing another person to use their license or registration.

(e) Using fraud or deception in applying for a license or registration or in passing the examination provided for in this chapter.

(f) Paying, or offering to pay, accepting, or soliciting any consideration, compensation, or remuneration, whether monetary or otherwise, for the referral of clients.

(g) Violating Section 17500.

(h) Willful, unauthorized communication of information received in professional confidence.

(i) Violating any rule of professional conduct promulgated by the board and set forth in regulations duly adopted under this chapter.

(j) Being grossly negligent in the practice of their profession.

(k) Violating any of the provisions of this chapter or regulations duly adopted thereunder.

(l) The aiding or abetting of any person to engage in the unlawful practice of psychology.

(m) The suspension, revocation or imposition of probationary conditions by another state or country of a license or certificate to practice psychology or as a psychological assistant issued by that state or country to a person also holding a license or registration issued under this chapter if the act for which the disciplinary action was taken constitutes a violation of this section.

(n) The commission of any dishonest, corrupt, or fraudulent act.

(o) (1) Any act of sexual abuse or sexual misconduct.

(2) Any act of sexual behavior or sexual contact with a client or former client within two years following termination of therapy.

(3) For purposes of this section, the following definitions apply:

(A) "Sexual abuse" means the touching of an intimate part of a person by force or coercion.

(B) "Sexual behavior" means inappropriate physical contact or communication of a sexual nature with a client or a former client for the purpose of sexual arousal, gratification, exploitation, or abuse. "Sexual behavior" does not include the provision of appropriate therapeutic interventions relating to sexual issues.

(C) "Sexual contact" means the touching of an intimate part of a client or a former client.

~~(o)~~ *(D)* ~~Any act of sexual abuse, or sexual relations with a patient or former patient within two years following termination of therapy, or sexual misconduct~~ *"Sexual misconduct" means inappropriate conduct or communication of a sexual nature* that is substantially related to the qualifications, ~~functions~~ *functions,* or duties of a psychologist or registered psychological associate.

(p) Functioning outside of their particular field or fields of competence as established by their education, training, and experience.

(q) Willful failure to submit, on behalf of an applicant for licensure, verification of supervised experience to the board.

(r) Repeated acts of negligence.

SEC. 2.
Section 2960.1 of the Business and Professions Code is amended to read:

2960.1.
Notwithstanding Section 2960, any proposed decision or decision issued under this chapter in accordance with the procedures set forth in Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code, that contains any finding of fact that the licensee or registrant engaged in any act of sexual contact, as defined in Section ~~728, when that act is with a patient, or with a former patient within two years following termination of therapy, shall contain an order of revocation. The revocation shall not be stayed by the administrative law judge.~~ *2960, shall contain an order of revocation. The revocation shall not be stayed by the administrative law judge. A proposed or issued decision that contains a finding that the licensee or registrant engaged in an act of sexual abuse, sexual behavior, or sexual misconduct, as those terms are defined in Section 2960, may contain an order of revocation.*

California Board of PSYCHOLOGY

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MEMORANDUM

DATE	July 27, 2022
TO	Board of Psychology
FROM	Suzy Costa Darrow Legislative and Regulatory Analyst
SUBJECT	Agenda Item # 13(a)(2)(A) – AB 32 (Aguiar-Curry) Telehealth

Background:

This bill, as amended June 20, 2022, would expand the definition of synchronous interaction for purposes of telehealth to include audio-video, audio only, such as telephone, and other virtual communication. It would extend telehealth payment parity to Medi-Cal managed care and allows remote eligibility determinations, enrollment, and recertification for Medi-Cal and specified Medi-Cal programs. This bill would require the Department of Health Care Services to conduct an evaluation of the benefits of telehealth. It would make other policy changes related to telehealth reimbursement and policy for federally qualified health centers, rural health centers, other Medi-Cal enrolled clinics, Drug Medi-Cal and other providers. The bill also would allow for telehealth as part of a Medi-Cal managed care alternative access request with respect to time and distance standards. It would extend the sunset on time and distance standards to January 1, 2026.

On 3/19/2021, the Legislative and Regulatory Affairs Committee voted to recommend the Board take a **Support** position on AB 32 (Aguiar-Curry).

On 4/2/2021, the Board adopted the Legislative and Regulatory Affairs Committee's recommendation to **Support** AB 32 (Aguiar-Curry).

On 6/20/2022, AB 32 was significantly amended.

On 6/30/2022, AB 32 passed out of the Senate Health Committee.

Location: Senate Appropriations Committee

Status: 6/30/22 From Senate Health Committee. Do pass and refer to Senate Appropriations.

Action Requested:

This is for informational purposes only. No action is required at this time.

Attachment A: Board Letter of Support
Attachment B: Senate Health Committee Analysis
Attachment C: AB 32 (Aguiar-Curry) Bill Text

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August 1, 2022

The Honorable Anthony Portantino
Chair, Senate Committee on Appropriations
State Capitol, Room 412
Sacramento, CA 95814

RE: AB 32 (Aguiar-Curry) – Telehealth - SUPPORT

Dear Senator Portantino,

At its April 2, 2021, meeting, the Board of Psychology (Board) adopted a **SUPPORT** position on AB 32 (Aguiar-Curry). This bill would expand the definition of "synchronous interaction" for purposes of telehealth to include audio-video, audio only, such as telephone, and other virtual communication. It would also establish telehealth requirements for various health care settings.

The Board has long supported measures that promote increased access to health care services. Recently, the Board implemented regulations for psychologists to use telehealth as a modality of providing psychological care. This regulatory package has helped improve access to psychological care for individuals who live in remote areas who, due to illness or mobility issues, cannot leave their homes, or who require additional support between regularly scheduled office visits. It has also played a role in affording additional opportunities to provide psychological care to underserved populations by providing access to those who may have transportation issues, or who live in areas with few licensees. Expanding this level of access to other components of California's health care system would positively impact patients everywhere who need a variety of health care services.

The Board asks for your support of AB 32 (Aguiar-Curry) when it is heard in the Senate Appropriations Committee. If you have any questions or concerns, please feel free to contact the Board's Executive Officer, Antonette Sorrick, at (916) 574-7113 or Antonette.Sorrick@dca.ca.gov. Thank you.

Sincerely,

Lea Tate, Psy.D.
President, Board of Psychology

cc: Senator Patricia Bates, Vice-Chair, Senate Appropriations Committee
Members, Senate Appropriations Committee
Assemblymember Cecilia Aguiar-Curry
Agnes Lee, Consultant, Senate Appropriations Committee

SENATE COMMITTEE ON HEALTH
Senator Dr. Richard Pan, Chair

BILL NO:	AB 32
AUTHOR:	Aguiar-Curry
VERSION:	June 20, 2022
HEARING DATE:	June 29, 2022
CONSULTANT:	Teri Boughton

SUBJECT: Telehealth

SUMMARY: Expands the definition of synchronous interaction for purposes of telehealth to include audio-video, audio only, such as telephone, and other virtual communication. Extends telehealth payment parity to Medi-Cal managed care and allows remote eligibility determinations, enrollment, and recertification for Medi-Cal and specified Medi-Cal programs. Requires the Department of Health Care Services to conduct an evaluation of the benefits of telehealth. Makes other policy changes related to telehealth reimbursement and policy for federally qualified health centers, rural health centers, other Medi-Cal enrolled clinics, Drug Medi-Cal and other providers. Allows for telehealth as part of a Medi-Cal managed care alternative access request with respect to time and distance standards. Extends the sunset on time and distance standards to January 1, 2026.

Existing law:

1) Requires before the delivery of health care via telehealth, the health care provider initiating the use of telehealth to inform the patient about the use of telehealth and obtain verbal or written consent from the patient for the use of telehealth as an acceptable mode of delivering health care services and public health, requires the consent to be documented, and, defines "synchronous interaction" to mean a real-time interaction between a patient and health care provider located at a distant site. [BPC §2290.5]

2) Defines "telehealth" as the mode of delivering health care services and public health via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management, and self-management of a patient's health care. Telehealth facilitates patient self-management and caregiver support for patients and includes synchronous interactions and asynchronous store and forward transfers. [BPC §2290.5]

3) Establishes the Department of Managed Health Care (DMHC) to regulate health plans under the Knox-Keene Health Care Service Plan Act of 1975 (Knox-Keene Act); California Department of Insurance (CDI) to regulate health and other insurance; and, the Department of Health Care Services (DHCS) to administer the Medi-Cal program. [HSC §1340, et seq., INS §106, et seq., and WIC §14000, et seq.]

4) Requires a contract between a health plan/insurer and a health care provider to specify that the health plan/health insurer reimburse the treating or consulting health care provider for the diagnosis, consultation, or treatment of an enrollee or subscriber appropriately delivered through telehealth services on the same basis and to the same extent that the health plan/insurer is responsible for reimbursement for the same service through in-person diagnosis, consultation, or treatment (referred to as telehealth payment parity requirements). [HSC §1374.14 and INS §10123.855]

5) Exempts counties contracting with DHCS for the Medi-Cal managed care expansion to rural counties from the Knox-Keene Act. [WIC §14087.95]

6) Requires a federally qualified health center (FQHC) or a rural health clinic (RHC) "visit" to mean a face-to-face encounter between an FQHC or RHC patient and a physician, physician assistant, nurse practitioner, certified nurse-midwife, clinical psychologist, licensed clinical social worker, or a visiting nurse, and other providers, as specified. Physician is interpreted according to a relevant Centers for Medicare and Medicaid Services (CMS) manual. [WIC §14132.100]

7) Prohibits in-person contact between a health care provider and a patient from being required under the Medi-Cal program for services appropriately provided through telehealth, subject to reimbursement policies adopted by DHCS. Prohibits DHCS from requiring a health care provider to document a barrier to an in-person visit for Medi-Cal coverage of services provided via telehealth, DHCS from limiting the settings, or requiring telehealth over a providers determination that it is not appropriate.[WIC §14132.72]

8) Prohibits face-to-face contact or a patient's physical presence on the premises to be required for services provided by an enrolled community clinic to a Medi-Cal beneficiary during or immediately following a state of emergency, as described in existing law.[WIC §14132.723]

9) Requires the following services to be reimbursable when provided by an enrolled community clinic, an enrolled fee-for-service (FFS) Medi-Cal provider, clinic, or facility approved by DHCS during or immediately following a state of emergency for any dates of service on or after the date DHCS obtains federal approvals and federal matching funds to implement these provisions:

    a) Telehealth services, including services provided by the enrolled community clinic or approved enrolled provider, clinic, or facility at a distant site location, whether on or off the premises, to a Medi-Cal beneficiary located at an originating site, which includes the beneficiary's home, temporary shelter, or any other location, if the services are provided somewhere located within the boundaries of the proclamation declaring the state of emergency;
    b) Telephonic services; and,
    c) Covered benefit services that are otherwise reimbursable to an FQHC or RHC, but that are provided somewhere off the premises, including, but not limited to, at a temporary shelter, a Medi-Cal beneficiary's home, or any location other than the premises, but within the boundaries of the proclamation declaring the state of emergency. [WIC §14132.723]

10) Requires DHCS to ensure its reimbursement policies reflect the intent of the Legislature to authorize reimbursement for telehealth services appropriately provided by an enrolled community clinic, or, if approved by DHCS, by an enrolled FFS Medi-Cal provider, clinic, or facility, respectively, during or immediately following a state of emergency. This does not limit reimbursement for, or coverage of, or reduce access to, services provided through telehealth on or before the enactment of this law. [WIC §14132.723]

11) Exempts, to the extent federal financial participation (FFP) is available, from the requirement for fact-to-face contact between a health care provider and a patient under Medi-Cal for

health services provided by a synchronous store and forward subject to DHCS billing and reimbursement policies. [WIC §14132.725]

12) Requires Medi-Cal managed care plans to adhere to certain network adequacy standards that require Medi-Cal managed care plans to maintain a network of specialists that are located within a certain time or distance from their enrollees' places of residence. Sunsets this law on January 1, 2023. [WIC §14197]

This bill:

1) Revises the definition of "synchronous interaction" to include, but not be limited to, audio-video, audio only, such as telephone, and other virtual communication.

2) Requires a county contracting with DHCS, or a county subcontractor, to comply telehealth payment parity requirements, even though they do not have to comply with the Knox-Keene Act.

3) Permits, for the Family Planning, Access, Care, and Treatment, Presumptive Eligibility for Pregnant Women, and Every Woman Counts programs, a provider to enroll or recertify an individual remotely through telehealth and other virtual communication modalities, including telephone, based on the current Medi-Cal program eligibility form or forms applicable to the specific program.

4) Permits for the Medi-Cal Minor Consent program, a county eligibility worker to determine eligibility for, or recertify eligibility for, an individual remotely through virtual communication modalities, including telephone.

5) Permits DHCS to develop program policies and systems to support implementation of remote eligibility determination, enrollment, and recertification.

6) Permits DHCS to implement, interpret, or make specific this bill by means of all-county letters, plan letters, plan or provider bulletins, or similar instructions, without taking regulatory action.

<u>FQHCs and RHCs</u>

7) Requires an FQHC or RHC visit to include an encounter between an FQHC or RHC patient and a physician, physician assistant, nurse practitioner, certified nurse-midwife, clinical psychologist, licensed clinical social worker, visiting nurse, comprehensive perinatal services program practitioner, or marriage and family therapist using video synchronous interaction, asynchronous store and forward, or audio-only synchrounous interaction when services delivered through that interaction meet the applicable standard of care. Requires a visit to be reimbursed at the applicable per-visit prospective payment system (PPS) rate to the extent DHCS determines that billing requirements have been met.

8) Permits an FQHC or RHC to establish a new patient relationship through video synchronous interaction. Limits patients residing outside of the FQHC's service area to 25% of total encounters, as specified. Permits an FQHC or RHC to establish a new patient using an audio-only synchronous interaction. Permits a new patient to be established using asynchronous store and forward under the following conditions:

a) The patient is physically present at the FQHC or RHC, or intermittent site at the time the service is performed;
b) The patient record is established at the originating site by someone lawfully authorized by the FQHC or RHC;
c) The billing provider is able to meet the standard of care; and,
d) The patient resides within the federally designated services area as of the date of service.

9) Requires by a time certain required by DHCS, an FQHC or RHC furnishing services by audio-only synchronous interaction to also offer those service via video synchronous interaction, via in-person face-to-face contact, and referrals to in-person care. Requires documentation in the patient record.

10) Requires consent and disclosures about the use of telehealth, including that care can be obtained in-person, it is voluntary, consent can be withdrawn at any time, and that assistance with nonmedical transportation to in-person appointments is available. Tasks DHCS and stakeholders to develop model language.

11) Subjects telehealth modalities described in 8) to billing, reimbursement, and utilization management policies imposed by DHCS. Reiterates the obligations of FQHCs and RHCs to comply with privacy and security requirements under the Health Insurance Portability and Accountability Act, the Medicaid state plans, and any other state and federal statues and regulations.

<u>Other Clinics</u>

12) Requires health care services furnished by a Medi-Cal enrolled clinic through telehealth to be reimbursed by Medi-Cal on the same basis, to the same extent, and at the same payment rate as those services are reimbursed if furnished in person, consistent with this bill.

13) Prohibits DHCS from restricting the ability of an enrolled clinic to provide and be reimbursed for services furnished through telehealth and having policies that require all of the clinical elements of a service to be met as a condition of reimbursement. Requires managed care plans to comply with this and payment parity. Includes as prohibited restrictions all of the following:

a) Requirements for face-to-face contact between an enrolled clinic provider and a patient;
b) Requirements for a patient's or provider's physical presence at the enrolled clinic or any other location;
c) Requirements for prior in-person contacts between the enrolled clinic and a patient;
d) Requirements for documentation of a barrier to an in-person visit or a special need for a telehealth visit;
e) Policies, including reimbursement policies, that impose more stringent requirements on telehealth services than equivalent services furnished in person; and,
f) Limitations on the means or technologies through which telehealth services are furnished. This does not prohibit policies that require compliance with applicable federal and state health information privacy and security laws.

14) Defines "enrolled clinic" as a licensed clinic, intermittent clinic exempt from licensure, a hospital or nonhospital-based clinic operated by the state or any of its political subdivisions, including the University of California, or a city, county, city and county, or hospital authority, and a tribal clinic exempt from licensure, or an outpatient setting conducted,

maintained, or operated by a federally recognized Indian tribe, tribal organization, or urban Indian organization, as defined in federal law.

15) Requires DHCS to seek any necessary federal approvals and obtain FFP in implementing this bill, and to implement it only to the extent that any necessary federal approvals are obtained and FFP is available and not otherwise jeopardized.

Evaluation

16) Excludes FQHCs and RHCs from 12) thru 14) above and 19) thru 27) below.

17) Requires by July 2025, DHCS to complete an evaluation to assess the benefits of telehealth in Medi-Cal. Requires the evaluation to analyze improved access for patients, changes in health quality outcomes and utilization, and best practices for the right mix of in-person visits and telehealth, and DHCS to utilize any potential federal funding or other nonstate general funding that may be available to support the implementation of this effort. Requires the evaluation to also analyze utilization and access across different Medi-Cal populations and the degree to which telehealth has improved equity and helped address disparities in care.

18) Requires DHCS to provide data and information to the evaluator, and report its findings and recommendations to appropriate committees of the Legislature no later than October 31, 2025.

Other Medi-Cal providers

19) Permits face-to-face contact between a health care provider and patient when provided by video synchronous interaction, asynchronous store and forward, audio-only synchronous interaction, remote patient monitoring, or other virtual communication modalities, when those services and settings meet the applicable standard of care and meet the requirements of the service code being billed. Subjects these to billing, reimbursement, and utilization management policies imposed by DHCS and requires them to be consistent and no more restrictive than those authorized for health plans under payment parity.

20) Requires DHCS to designate and periodically update the covered health care services and provider types, including required licensing and credentialing criteria, as applicable, which may be appropriately delivered via the telehealth modalities described in 19) above.

21) Requires at some point determined by DHCS, a Medi-Cal provider furnishing health care services via audio-only synchronous interaction to preserve beneficiary choice. Exempts community clinics or those unable due to lack of infrastructure or financial capital to obtain broad band connectivity, as specified.

22) Requires at some point determined by DHCS, a Medi-Cal provider furnishing services through video synchronous interaction or audio-only synchronous interaction to offer those services face-to-face, in person, or, arrange for a referral to, and a facilitation of, in-person care that does not require a patient to independently contact a different provider to arrange for that care.

23) Permits a health care provider to establish a new patient relationship with a Medi-Cal beneficiary via video synchronous interaction, asynchronous store and forward, or audio-only synchronous interaction, consistent with any requirements imposed by DHCS. Prohibits the use of remote patient monitoring or other virtual communication modalities to be used to

establish a new patient relationship, with exceptions subject to future DHCS guidance.

24) Permits DHCS to establish separate fee schedules for services delivered via remote patient monitoring or other virtual communication modalities.

25) Requires the same provider consent and communication described in 10) above, and, requires DHCS to develop informational notices for fee-for-service beneficiaries and those in Medi-Cal managed care, with specific information about the beneficiary's right to access all medically necessary services in-person, face-to-face, as specified, unless the Medi-Cal managed care plan and network mutually agree to reimbursement in different amounts.

26) Requires, by January 1, 2023, DHCS to develop a research and evaluation plan, as specified, to analyze the use of telehealth using an equity framework.

27) Reiterates privacy and confidentiality requirements substantially similar to 11) above.

Program of All Inclusive Care for the Elderly (PACE)

28) Permits a PACE organization approved by DHCS to use video telehealth to conduct assessments for eligibility for enrollment in the PACE program.

Drug-Medi-Cal

29) Updates telehealth requirements on Drug Medi-Cal Certified providers and counties. Requires DHCS to reimburse Drug Medi-Cal certified providers for medically necessary Drug Medi-Cal reimbursable services, as specified, provided by any of the following:
    a) A licensed practitioner of the healing arts.
    b) A registered or certified alcohol or other drug counselor.
    c) Any other individual authorized by DHCS to provide Drug Medi-Cal reimbursable services.

30) Requires reimbursable services to meet the standard of care for the respective provider, meet the requirements of the service code being billed, and to be delivered through video synchronous interaction or audio-only synchronous interaction.

31) Prohibits a Drug Medi-Cal certified provider from establishing a new patient relationship with a Medi-Cal beneficiary via asynchronous store and forward, audio-only synchronous interaction, remote patient monitoring, or other virtual communication modalities, except as specified. Permits DHCS to provide for specific exceptions to this prohibition, and requires the exemptions to be developed in consultation with affected stakeholders and published in DHCS guidance.

32) Requires Drug Medi-Cal reimbursable services provided through a video synchronous interaction or an audio-only synchronous interaction to be subject to billing, reimbursement, and utilization management policies imposed by DHCS.

33) Reiterates privacy and confidentiality requirements substantially similar to 11) above.

34) Requires DHCS to adopt regulations by July 1, 2024, to implement 29) thru 33) above in accordance with the Administrative Procedure Act. Permits if DHCS deems it appropriate, to implement, interpret, or make by means of provider bulletins, written guidelines, or similar instructions from the DHCS, until regulations are adopted.

Time and Distance Standards

35) Permits DHCS to authorize a Medi-Cal managed care plan to use clinically appropriate telecommunications technology as a means of determining annual compliance with DHCS time and distance standards or approve alternative access to care, including telehealth consistent with the requirements of telehealth requirements, as specified, e-visits, or other evolving and innovative technological solutions that are used to provide care from a distance.

36) Permits DHCS to develop policies for granting credit in the determination of compliance with time or distance standards when Medi-Cal managed care plans contract with specified providers to use clinically appropriate video synchronous interaction.

37) Permits DHCS to upon request of a Medi-Cal managed care plan, authorize alternative access standards for the time and or distance standards if either of the following occur:
   a) The requesting Medi-Cal managed care plan has exhausted all other reasonable options to obtain providers to meet the applicable standard; or
   b) DHCS determines that the requesting Medi-Cal managed care plan has demonstrated that its delivery structure is capable of delivering the appropriate level of care and access.

38) Requires, if a Medi-Cal managed care plan cannot meet the time and or distance standards the Medi-Cal managed care plan to submit a request for alternative access, in the form and manner specified by DHCS. Permits it to be submitted at the same time as annual compliance and at any time it is unable to meet the standards.

39) Requires a Medi-Cal managed care plan to close out any corrective action plan deficiencies in a timely manner to ensure beneficiary access is adequate and continually work to improve access in its provider network.

40) Describes requirements around approval of alternative access standards.

41) Permits DHCS to authorize a Medi-Cal managed care plan to use clinically appropriate video synchronous interaction, as part of an alternative access standard request.

42) Extends the sunset on DHCS time and distance standards until January 1, 2026.

FISCAL EFFECT: According to the Assembly Appropriations Committee:

1) The California Health Benefits Review Program (CHBRP) states that some telehealth services replace existing in-person visits, while others are new supplemental visits that would not have taken place in the absence of telehealth coverage. As the supplemental visits increase overall utilization of health care services, this bill increases health care costs as follows:

   a) Total state costs as follows:
      i) $136.5 million total funds ($49 million General Fund (GF)) to Medi-Cal managed care. $24.5 million of this total funds cost ($9 million GF) is attributable to the increase in coverage and payment parity requirements for telehealth services provided by FQHCs and RHCs. The General Fund calculation assumes a FFP, or federal matching percentage of 64%, the same as that calculated for the Remote Patient Monitoring proposal in the Medi-Cal November 2020 Local Assistance Estimate.

ii) $42.6 million ($15 million GF) for services delivered to beneficiaries enrolled in Medi-Cal County Organized Health Systems and Medi-Cal FFS.
iii) $1.1 million to The California Public Employees' Retirement System (CalPERS) for premium increases, $624,000 of which would be borne by the General Fund, federal funds and various special funds, with the remainder borne by local funds.

b) Total non-state costs as follows:
i) $39.6 million in commercial health care premium increases paid by non-CalPERS employers.
ii) $21.9 million in premium increases, and $41.7 million in increased cost-sharing, paid by individuals and employees.

c) CHBRP does not identify cost offsets or savings as a result of this bill because it requires payment parity with in-person services and results in increased utilization. CHBRP notes it is unlikely the actual cost of staff, technology and resources used to deliver services via telehealth are less expensive than in-person care.

2) There is a significant amount of uncertainty related to cost estimates. Costs may be higher or lower than estimated by CHBRP. In particular, DHCS estimates potential costs due to the payment parity requirement are indeterminate but could be as high as $300 million total funds annually (about $100 million GF annually), higher than CHBRP estimates.

3) Unknown potential Medi-Cal costs for increased number of beneficiaries associated with the option for remote eligibility determinations and recertifications, which should reduce the frictional costs of gaining and retaining Medi-Cal eligibility (GF and federal funds)

PRIOR VOTES:

Assembly Floor:	78 - 0
Assembly Appropriations Committee:	16 - 0
Assembly Health Committee:	13 - 0

COMMENTS:

1) *Author's statement.* According to the author, the COVID-19 pandemic has made abundantly clear what we have known for decades – our most vulnerable and marginalized communities continue to struggle for affordable and reliable access to healthcare. This bill will extend the telehealth flexibilities that were put in place during the COVID-19 pandemic, which have been vital to ensuring that health centers can continue providing services. More specifically this bill will ensure that telehealth, including telephonic and video care, are available to patients regardless of who they are, their insurance, what language they speak, or the barriers they may face, such as geographic, transportation, childcare, or the ability to take time off from work.

2) *COVID-19 emergency.* On March 11, 2020 the novel Coronavirus (COVID-19) was declared a global pandemic which set in motion declared public health emergencies across the United States. The COVID-19 outbreak was declared a national emergency on March 13, 2020, and was previously declared a nationwide public health emergency (PHE) on January 31, 2020 (retroactive to January 27, 2020). On March 16, 2020 Governor Gavin Newsom announced that the state asked federal officials to make it easier for California to quickly and effectively provide care to about 13 million Medi-Cal beneficiaries as California works to protect the

public from COVID-19. Specifically, the letter requested to ease certain federal rules governing doctors and other health care providers who treat people covered through Medi-Cal, and loosen rules regarding the use of telehealth and where care can be provided, making it simpler to protect seniors and other populations at high risk for harm if exposed to the virus. The DHCS letter to the federal Centers for Medicare & Medicaid Services (CMS) asked that the rules be waived under Section 1135 of the Social Security Act. The March 13th declared national emergency over COVID-19 allowed DHCS to seek the waiver. Under this authority and also through a California Medicaid State Plan amendment (SPA # 20-0024) was approved by CMS in May of 2020.

3) *DHCS Telehealth Policy.* According to DHCS, temporary policy changes during the COVID-19 PHE include:

   a) Expanding the ability for providers to render all applicable Medi-Cal services that can be appropriately provided via telehealth modalities, including those historically not identified or regularly provided via telehealth such as home and community-based services, Local Education Agency and Targeted Case Management services;
   b) Allowing most telehealth modalities to be provided for new and established patients
   c) Allowing many covered services to be provided via telephone/audio-only for the first time;
   d) Allowing payment parity between services provided in-person face-to-face, by synchronous telehealth, and by telephonic/audio only when the services met the requirements of the billing code by various provider types, including FQHCs and RHCs in both FFS and managed care;
   e) Waiving site limitations for both providers and patients for FQHC and RHCs, which allows providers and/or beneficiaries to be in locations outside of the clinic to render and/or receive care, respectively; and,
   f) Allowing for expanded access to telehealth through non-public technology platforms. This "good faith" exemption was granted by the federal Office for Civil Rights, which would otherwise not be allowed under federal Health Insurance Portability and Accountability Act requirements.

4) *Telehealth Advisory Workgroup.* This group met three times and DHCS published a report in December of 2021. DHCS intends for many PHE telehealth policies to be continued after 2022. DHCS has the policy proposals in the following areas:

   a) Baseline coverage of synchronous and asynchronous telehealth;
   b) Payment parity;
   c) Virtual communications and check-ins;
   d) FQHCs and RHCs;
   e) Establish new patients via telehealth;
   f) Telehealth modifiers billing and coding;
   g) Patient consent;
   h) Telephonic Evaluation & Management and Assessment and Management CPT Codes;
   i) Third Party Corporate Telehealth Providers;
   j) Utilization review;
   k) Patient choice of modality;
   l) Right to in-person services; and,
   m) Network Adequacy.

5) *Budget Act of 2022-23.* As part of the budget, DHCS requested trailer bill language to make statutory changes to align with its DHCS Telehealth Recommendations Post-PHE. The trailer bill would implement telehealth proposals requiring statutory changes in FQHCs and RHCS, asynchronous (store and forward) and synchronous telehealth, telephonic/audio only, remote patient monitoring services, and other virtual communications, state plan Drug Medi-Cal, and managed care network adequacy standards. One of the main discrepancies between this bill and the trailer bill is the ways in which a new patient can be established using telehealth. This bill authorizes broad use of various forms of telehealth to establish new patients and the trailer bill is more limited to permitting only video synchronous interaction to establish new patients.

6) *California Health Benefits Review Program (CHBRP) analysis.* AB 1996 (Thomson, Chapter 795, Statutes of 2002) requests the University of California to assess legislation proposing a mandated benefit or service and prepare a written analysis with relevant data on the medical, economic, and public health impacts of proposed health plan and health insurance benefit mandate legislation. CHBRP was created in response to AB 1996, and reviewed this bill. Key findings include:

   a) *Medical effectiveness.* Most studies pertinent to this analysis examine the use of telehealth modalities as a substitute for in-person care. In these cases, the relevant studies evaluated whether care provided via these technologies resulted in equal or better outcomes and processes of care than care delivered in person, and whether use of these technologies improved access to care. Some studies assessed the effects of telehealth as a supplement to in-person care; these studies evaluated whether adding these technologies improves processes of care and health outcomes relative to receiving in-person care alone. To examine whether services delivered via telehealth are of the same quality as in-person services, CHBRP examined three sets of outcomes: 1) health outcomes, including both physiological measures and patient-reported outcomes; 2) process of care outcomes, including treatment adherence and accuracy of diagnoses and treatment plans; and 3) access to care and utilization outcomes, such as wait time for specialty care, or number of outpatient visits, emergency department visits, and hospitalizations. CHBRP found that evidence regarding whether telehealth modalities and services result in equal or better outcomes than care delivered in person is mixed, depending on the disease and condition, telehealth modality, and type of outcome studied: health outcomes, process of care, or use of other services. Because telehealth studies have only focused on a limited number of diseases and conditions, the findings may not be generalizable outside of the specific diseases and conditions studied.
      i) For Live Video: There is preponderance of evidence that care delivered by live video is at least as effective as in-person care for health outcomes for several conditions and health care settings, including infectious disease, obesity, diabetes, and abortion. There is clear and convincing evidence that mental health services for attention deficit/hyperactivity disorder depression, and posttraumatic stress disorder delivered by live video are at least as effective as in-person care for processes of care and health outcomes. There is clear and convincing evidence that dermatology diagnoses made via live video are as accurate as diagnoses made during in-person visits. There is a preponderance of evidence that scores on neurocognitive tests administered via live video are similar to scores obtained when tests are administered in person. Studies have also found diagnostic concordance between live video and in-person examination for shoulder disorders, otolaryngology, and fetal alcohol syndrome.

There is a limited evidence that care delivered by live video is at least as effective as in-person care for access to care and utilization.

ii) For Telephone: For the diseases and conditions studied, the preponderance of evidence from studies of the effect of telephone consultations suggests that telephone consultations were at least as effective as in-person consultations on health outcomes. For the diseases and conditions studied, findings from studies of the effect of telephone consultations on processes of care and access to care and utilization are inconsistent; therefore, the evidence that medical care provided by telephone compared to medical care provided in person is inconclusive.

iii) Comparing Live Video to Telephone: There is a preponderance of evidence that behavioral health services delivered by live video are comparable to services delivered by telephone consultation on health outcomes. CHBRP found no studies that compared live video to telephone consultation on outcomes for processes of care and access to care and utilization of health services.

b) *Utilization*. Of the new telehealth visits provided postmandate, CHBRP estimates that supplemental services will represent 50% of additional telehealth services and 50% will replace in-person care due to the ongoing effects of the pandemic and reticence by patients to seek in-person care.

c) *Public health.* This bill would increase access to health care by reducing transportation barriers to in-person care by covering telephone (audio only) visits. This bill would also increase health care options and reduce travel costs and travel time for those enrollees who use the newly covered telephonic visits or reimbursable live video visits with FQHC/RHC providers. These enrollees and Medi-Cal beneficiaries may have equivalent or better outcomes (compared with in-person care) because they would no longer delay or avoid in-person visits because of travel difficulties. For those rural (and some urban) enrollees and Medi-Cal beneficiaries who have no broadband connectivity (due to lack of infrastructure in remote areas or cost of service or devices), a landline telephone would remain a viable telehealth modality, resulting in equivalent or better outcomes (compared with in-person care).

7) *Related legislation.* SB 1180 (Pan) extends the sunset on the Medi-Cal time and distance standards. *SB 1180 is set to be heard in the Assembly Health Committee on June 28, 2022.*

8) *Prior legislation.* AB 133 (Assembly Committee on Budget, Chapter 143, Statutes of 2021) among other provisions, extends until December 31, 2022, flexibilities in reimbursement for care provided to Medi-Cal beneficiaries via telehealth, including through audio-only modalities, implemented during the COVID-19 PHE. Requires DHCS to convene a Telehealth Advisory Workgroup.

AB 457 (Santiago, Chapter 439 Statutes of 2021) establishes requirements on health plans and insurers that offer telehealth through a third-party corporate telehealth provider, including disclosing the availability of receiving the services on an in-person basis or via telehealth from the enrollee's or insured's primary care provider, treating specialist or other contracting health professional, clinic, or health facility, and, reminders of cost-sharing for services from noncontracted providers.

AB 2164 (Robert Rivas of 2020) would have required a "visit" for purposes of reimbursement by Medi-Cal to include a visit by an FQHC/RHC patient and a health care

provider using telehealth through synchronous interaction (face-to-face over video) or asynchronous store and forward (the sending of images such as x-rays to a health care provider), and would have authorized a FQHCs and RHCs to establish a patient, located within the federal designated service area of the FQHC and RHC, through synchronous interaction or asynchronous store and forward as of the date of service. Would have permitted DHCS to implement, interpret, and make specific the Medi-Cal telehealth provisions of this bill by means of all-county letters, provider bulletins, and similar instructions, and required the adoption of regulations by July 1, 2022. AB 2164 would have sunset 180 days after the state of emergency for the COVID-19 pandemic has been terminated by proclamation of the Governor or by concurrent resolution of the Legislature. *AB 2164 was vetoed by Governor Newsom. In his veto message, the Governor writes*:

While I am supportive of utilizing telehealth to increase access to primary and specialty care services, DHCS is currently in the process of evaluating its global telehealth policy to determine what temporary flexibilities should be extended beyond the COVID-19 pandemic. Changes to FQHC and RHC telehealth is better considered within the context of a global assessment around telehealth in the state of California. Further, the cost of these changes is also more appropriately considered alongside other policy changes in the budget process next year.

AB 744 (Aguiar-Curry, Chapter 867, Statutes of 2019) requires health care contracts after January 1, 2021, to specify that the health plan or insurer is required to cover and reimburse diagnosis, consultation, or treatment delivered through telehealth on the same basis and to the same extent that the plan or insurer is responsible for coverage and reimbursement for the same service provided through in-person diagnosis, consultation, or treatment. Revises Medi-Cal telehealth requirements so that the law prohibits face-to-face contact between a health care provider and a Medi-Cal patient for health care services that are appropriately provided by store and forward, to the extent that FFP is available, subject to billing and reimbursement policies developed by DHCS.

AB 1494 (Aquiar-Curry, Chapter 829, Statutes of 2019) prohibits face-to-face contact or a patient's physical presence on the premises of an enrolled community clinic, as specified, to be required for services provided to a Medi-Cal beneficiary during or immediately following a state of emergency. Requires DHCS on or before July 1, 2020, to issue and publish on its Website guidance to facilitate reimbursement for services provided by enrolled community clinics to a Medi-Cal beneficiary during or immediately following a state of emergency.

AB 1174 (Bocanegra, Chapter 662, Statutes of 2014) expands the scope of practice for a registered dental assistant in extended functions, registered dental hygienist, and registered dental hygienist in alternative practice to better enable the practice of teledentistry in accordance with the findings of a Health Workforce Pilot Program, and authorizes Medi-Cal payments for teledentistry services provided to Medi-Cal enrollees.

AB 415 (Logue, Chapter 547, Statutes of 2011) establishes the Telehealth Advancement Act of 2011 to revise and update existing law to facilitate the advancement of telehealth as a service delivery mode in managed care and the Medi-Cal Program.

8) *Support.* The California Association of Public Hospitals and Health Systems (CAPH), writes that CAPH and the co-sponsors of this bill have been working with the Administration since last year to provide input on its permanent Medi-Cal telehealth proposal, which is being

advanced via the state budget process this year. CAPH is pleased with the Administration's collaboration and partnership on this effort and the overall changes that have been made over the last year. Importantly, the Administration has proposed to continue the coverage of both phone and video visits at payment parity, across providers (including FQHCs), and we are in strong support of this decision. We also appreciate the Administration's receptiveness to hearing our concerns and taking several of our proposed amendments to its revised trailer bill language. The recent amendments to this bill reflect the Administration's trailer bill language with the additional changes we are seeking to it, including a few areas that we are still working to resolve with the Administration. Altamed writes we are actively working with the Legislature and DHCS on a permanent Medi-Cal Telehealth flexibility policy and would like to see the bill move forward. Telehealth has huge potential to expand access to high-quality virtual care for all Californians and this bill will bolster access to care by permanently maintaining essential COVID-19 telehealth and telephonic care flexibilities. It will ensure that patients facing physical barriers such as transportation and lacking alternative means to access care can do so in a safe and medically appropriate manner. Essential Access Health, a cosponsor of this bill writes, telehealth has become a crucial pathway for patients to access care during the pandemic and will remain so beyond the PHE period. Access to telehealth decreases barriers, increases access to care for patients, and reduces no-show rates significantly. Telephonic care in particular has become a reliable modality of care. Recent surveys conducted by the California HealthCare Foundation found that most patients would like the option of a telephone or video visit and would likely choose a phone or video visit over an in-person visit whenever possible. Essential Access Health conducted a survey of Title X provider network last fall and respondents reported that on average, nearly 60% of their remote sexual and reproductive health visits were conducted by telephone. Another cosponsor, Planned Parenthood, writes centers now provide about 25% of their visits through telehealth – which includes both video and audio-only visits. The majority of Planned Parenthood's telehealth visits are for birth control, sexually transmitted infections screening and treatment, pregnancy counselling, gender affirming care, PrEP and PEP follow-ups, and UTI screenings. All visits, regardless of modality, meet the time, medical decision-making, and documentation requirements of billing codes to be reimbursed. The California Public Hospitals and Health Systems, another cosponsor, writes Telehealth has opened up new options for patients who struggle with traditional visits, thereby expanding access to ensure their needs are met and helping to prevent the devastating consequences of delayed and avoided care. Increasing take-up of primary, preventive and chronic disease care via telehealth will likely result in better health outcomes and lower total costs to Medi-Cal over the long term. Telehealth is not a substitute for all types of in person care and all situations, but when it is appropriate, we must ensure the option is available. California's public health care systems are successfully using telehealth to provide a broad array of care, including primary and specialty care, chronic disease management, bedside consults for patients in the hospital, behavioral health care, and the support of care coordinators and social workers.

10) *Concerns.* The California Association of Health Plans, the Association of California Life and Health Insurance Companies, and America's Health Insurance Plans write with concerns to this bill because it is one of the fourteen health insurance mandate will increase costs, reduce choice and competition, and further incent some employers and individuals to avoid state regulation by seeking alternative coverage options. Large employers, unions, small businesses and hard-working families value their ability to shop for the right health plan, at the right price, that best fits their needs. Benefit mandates impose a one-size-fits-all approach to medical care and benefit design driven by the Legislature, rather than consumer choice.

11) *Oppose unless amended.* Teledoc Health believes § 9(c)(B)(2) would create a dual standard that would make compliance impossible for providers furnishing services only through video synchronous or audio-only interactions. The consequences of this provision could mean that patients in California will have fewer options from which to choose when seeking virtual care. Teladoc Health respectfully urges the Senate Health Committee to eliminate this section from this bill. The California Chamber of Commerce (Chamber) believes this bill's current definition of telehealth will increase the cost of care delivery since it places no parameters on the telephone-only parity provision. The Chamber indicates a clear definition is needed for exactly which virtual/remote services will be placed at parity with in-person presentations and to what extent they will be at parity, and states without this guardrail, the bill could potentially place even the simplest and shortest patient-provider telephone interactions at parity with in-person presentations.

12) *Oppose.* ATA Action writes that state policymakers should set rational guidelines that are fair to the provider of such services while reflecting the cost saving the effective use of telehealth technologies offers to the health care system. ATA Action suggest adopting language which grants provider the flexibility to accept reimbursement amounts less than the amount those providers would charge for the same service in person. ATA Action has several concerns particularly with language establishing a patient-provider relationship via telehealth, patient consent, patient choice in telehealth modality, and certain referral provisions.

SUPPORT AND OPPOSITION:

Support: California Association of Public Hospitals and Health Systems (co-sponsor)
California Medical Association (co-sponsor)
CommunityHealth+ Advocates (co-sponsor)
Essential Access Health (co-sponsor)
California Senior Legislature
Planned Parenthood Affiliates of California (co-sponsor)
AARP California
AIDS Healthcare Foundation
Alameda Health Consortium
Alameda Health System
All Inclusive Community Health Center
Alliance Medical Center
AltaMed Health Services
American College of Obstetricians and Gynecologists District IX
Ampla Health
APLA Health
Arnold & Associates
Arroyo Vista Family Health Center
Asian Health Services
Asian Pacific Health Care Venture, Inc.
Association for Clinical Oncology
Association of California Healthcare Districts
Bartz-Altadonna Community Health Centers
Behavioral Health Services, Inc.
Borrego Health
Business & Professional Women of Nevada County
California Academy of Family Physicians

California Association of Health Facilities
California Association of Public Hospitals and Health Systems,
California Association of Social Rehabilitation Agencies
California Behavioral Health Planning Council
California Board of Psychology
California Chapter of the American College of Emergency Physicians
California Chronic Care Coalition
California Commission on Aging
California Commission on the Status of Women and Girls
California Consortium for Urban Indian Health
California Dental Association
California Dialysis Council
California Hospital Association
California PACE Association
California Podiatric Medical Association
California Primary Care Association
California Psychological Association
California School-based Health Alliance
California Solar & Storage Association
California State Association of Psychiatrists
California Telehealth Network
California Telehealth Policy Coalition
Center for Family Health & Education
Central California Partnership for Health
Central Valley Health Network
ChapCare Medical and Dental Health Center
CHE Behavioral Services
Children Now
Children's Specialty Care Coalition
Chinatown Service Center
Citizens for Choice
City of San Francisco
Coalition of Orange County Community Health Centers
CommuniCare Health Centers
Community Clinic Association of Los Angeles County
Community Health Councils
Community Health Partnership
Community Medical Wellness Centers
County Health Executives Association of California
County of Contra Costa
County of San Diego
County of San Francisco
County of Santa Barbara
County of Santa Clara
County Welfare Directors Association of California
Desert Aids Project
District Hospital Leadership Forum
Eisner Health
El Proyecto Del Barrio, Inc.

Family Health Care Centers of Greater Los Angeles, Inc.
Father Joe's Villages
First 5 Association of California
Golden Valley Health Centers
Governmental Advocates, Inc.
Health Access California
Health Alliance of Northern California
Health Care LA
Health Center Partners of Southern California
Health Improvement Partnership of Santa Cruz
Kheir Clinic
Kheir Health Services
LA Clinica De LA Raza, INC.
Lifelong Medical Care
Los Angeles Homeless Services Authority
Los Angeles LGBT Center
Mission City Community Network
Morongo Basin Healthcare District
MPact Global Action for Gay Men's Health and Human Rights
NARAL Pro-Choice California
National Association of Social Workers, California Chapter
National Multiple Sclerosis Society
Natividad Medical Center - County of Monterey
Neighborhood Healthcare
North Coast Clinics Network
North East Medical Services
Northeast Valley Health Corporation
Occupational Therapy Association of California
OCHIN
Ole Health
ParkTree Community Health Centers
Petaluma Health Center
Queens Care Health Centers
Redwood Community Health Coalition
Rural County Representatives of California
Saban Community Clinic
Salud Para La Gente
San Fernando Community Health Center
San Francisco Department of Public Health
San Mateo County Board of Supervisors
San Ysidro Health
Santa Barbara Women's Political Committee
Santa Barbara; County of
Santa Cruz Community Health Centers
Santa Rosa Community Health
Shasta Community Health Center
Solano County Board of Supervisors
South Bay Family Health Center
South Central Family Health Center
St. John’s Well Child and Family Center

Steinberg Institute
Sutter Health
TCC Family Health
Tenet Healthcare Corporation
The Achievable Foundation
The California Association of Local Behavioral Health Boards and Commissions
The Los Angeles Trust for Children's Health
Triple P America Inc.
TrueCare
UMMA Community Clinic
Unicare Community Health Center
Universal Community Health Center
Urban Counties of California
Venice Family Clinic
WellSpace Health
Western Center on Law & Poverty
Westside Family Health Center
Women's Health Specialists

Oppose: ATA Action (unless amended)
California Chamber of Commerce (unless amended)
Teladoc Health (unless amended)

-- END --

SECTION 1.

(a) The Legislature finds and declares all of the following:

(1) The Legislature has recognized the practice of telehealth as a legitimate means by which an individual may receive health care services from a health care provider without in-person contact with the provider, and enacted protections in Section 14132.72 of the Welfare and Institutions Code to prevent the State Department of Health Care Services from restricting or limiting telehealth services.

(2) The use of telehealth was expanded during the COVID-19 pandemic public health emergency and has proven to be an important modality for patients to stay connected to their health care providers. Telehealth has been especially critical for California's Medi-Cal patients.

(3) Patients have reported high satisfaction with telehealth, noting how easy it is to connect with their care teams without having to take time off work, find childcare, or find transportation to an in-person appointment.

(4) In addition to video access, audio-only care is essential because many patients have reported challenges accessing video technology due to limitations with data plans and internet access.

(5) Primary care and specialty care providers have found telehealth to be a critical access point to address a variety of health care needs, including helping patients manage chronic disease, adjust pain medications, and for followup visits after a procedure, among others.

(6) Behavioral health providers have found that offering telehealth has engaged patients in necessary care they would never have received if required to walk into a clinic.

(7) Health care providers have reported significant decreases in the number of missed appointments since telehealth became available, helping to ensure that patients receive high-quality care in a timely manner.

(8) Telehealth is widely available to individuals with health insurance in the commercial market, and existing law in Section 1374.14 of the Health and Safety Code and Section 10123.855 of the Insurance Code requires commercial health care service plans and health insurers to pay for services delivered through telehealth services on the same basis as equivalent services furnished in person. Medi-Cal must evolve with the rest of the health care industry to achieve health equity for low-income Californians.

(9) The expanded telehealth options that patients and providers have relied on during the COVID-19 pandemic should continue to be available to Medi-Cal recipients after the public health emergency is over.

(b) It is the intent of the Legislature to continue the provision of telehealth in Medi-Cal, including video and audio-only technology, for the purposes of expanding access and enhancing delivery of health care services for beneficiaries.

SEC. 2.

Section 2290.5 of the Business and Professions Code is amended to read:

2290.5.

(a) For purposes of this division, the following definitions shall apply:

(1) "Asynchronous store and forward" means the transmission of a patient's medical information from an originating site to the health care provider at a distant site.

(2) "Distant site" means a site where a health care provider who provides health care services is located while providing these services via a telecommunications system.

(3) "Health care provider" means any of the following:

(A) A person who is licensed under this division.

(B) An associate marriage and family therapist or marriage and family therapist trainee functioning pursuant to Section 4980.43.3.

(C) A qualified autism service provider or qualified autism service professional certified by a national entity pursuant to Section 1374.73 of the Health and Safety Code and Section 10144.51 of the Insurance Code.

(D) An associate clinical social worker functioning pursuant to Section 4996.23.2.

(E) An associate professional clinical counselor functioning pursuant to Section 4999.46.3.

(4) "Originating site" means a site where a patient is located at the time health care services are provided via a telecommunications system or where the asynchronous store and forward service originates.

(5) "Synchronous interaction" means a real-time ~~interaction~~ *interaction, including, but not limited to, audiovideo, audio only, such as telephone, and other virtual communication,* between a patient and a health care provider located at a distant site.

(6) "Telehealth" means the mode of delivering health care services and public health via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management, and self-management of a patient's health care. Telehealth facilitates patient self-management and caregiver support for patients and includes synchronous interactions and asynchronous store and forward transfers.

(b) Before the delivery of health care via telehealth, the health care provider initiating the use of telehealth shall inform the patient about the use of telehealth and obtain verbal or written consent from the patient for the use of telehealth as an acceptable mode of delivering health care services and public health. The consent shall be documented.

(c) This section does not preclude a patient from receiving in-person health care delivery services during a specified course of health care and treatment after agreeing to receive services via telehealth.

(d) The failure of a health care provider to comply with this section shall constitute unprofessional conduct. Section 2314 shall not apply to this section.

(e) This section shall not be construed to alter the scope of practice of a health care provider or authorize the delivery of health care services in a setting, or in a manner, not otherwise authorized by law.

(f) All laws regarding the confidentiality of health care information and a patient's rights to the patient's medical information shall apply to telehealth interactions.

(g) All laws and regulations governing professional responsibility, unprofessional conduct, and standards of practice that apply to a health care provider under the health care provider's license shall apply to that health care provider while providing telehealth services.

(h) This section shall not apply to a patient under the jurisdiction of the Department of Corrections and Rehabilitation or any other correctional facility.

(i) (1) Notwithstanding any other law and for purposes of this section, the governing body of the hospital whose patients are receiving the telehealth services may grant privileges to, and verify and approve credentials for, providers of telehealth services based on its medical staff recommendations that rely on information provided by the distant-site hospital or telehealth entity, as described in Sections 482.12, 482.22, and 485.616 of Title 42 of the Code of Federal Regulations.

(2) By enacting this subdivision, it is the intent of the Legislature to authorize a hospital to grant privileges to, and verify and approve credentials for, providers of telehealth services as described in paragraph (1).

(3) For the purposes of this subdivision, "telehealth" shall include "telemedicine" as the term is referenced in Sections 482.12, 482.22, and 485.616 of Title 42 of the Code of Federal Regulations.

~~**SEC. 5.**~~***SEC. 3.***
Section 14087.95 of the Welfare and Institutions Code is amended to read:

14087.95.
~~Counties~~ *(a) A county* contracting with the department pursuant to this article shall be exempt from ~~the provisions of~~ Chapter 2.2 (commencing with Section 1340) of Division 2 of the Health and Safety Code for purposes of carrying out the contracts.

(b) (1) Notwithstanding subdivision (a), a county contracting with the department pursuant to this article shall comply with Section 1374.14 of the Health and Safety Code.

(2) If a county subcontracts for the provision of services pursuant to this article, as authorized under Section 14087.6, the subcontractor shall comply with Section 1374.14 of the Health and Safety Code.

SEC. 4.
Section 14092.4 is added to the Welfare and Institutions Code, immediately following Section 14092.35, to read:

14092.4.
(a) To enroll individuals in Medi-Cal programs that permit onsite enrollment and recertification of individuals by a provider or county eligibility worker as applicable, the following shall apply:

(1) For the Family Planning, Access, Care, and Treatment (Family PACT), Presumptive Eligibility for Pregnant Women, and Every Woman Counts programs, a provider may enroll or

recertify an individual remotely through telehealth and other virtual communication modalities, including telephone, based on the current Medi-Cal program eligibility form or forms applicable to the specific program.

(2) For the Medi-Cal Minor Consent program, a county eligibility worker may determine eligibility for, or recertify eligibility for, an individual remotely through virtual communication modalities, including telephone.

(b) The department may develop program policies and systems to support implementation of remote eligibility determination, enrollment, and recertification, consistent with this section.

(c) Notwithstanding Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, the department may implement, interpret, or make specific this section by means of all-county letters, plan letters, plan or provider bulletins, or similar instructions, without taking regulatory action.

SEC. 5.
Section 14132.100 of the Welfare and Institutions Code is amended to read:

14132.100.
(a) The federally qualified health center services described in Section 1396d(a)(2)(C) of Title 42 of the United States Code are covered benefits.

(b) The rural health clinic services described in Section 1396d(a)(2)(B) of Title 42 of the United States Code are covered benefits.

(c) Federally qualified health center services and rural health clinic services shall be reimbursed on a per-visit basis in accordance with the definition of "visit" set forth in subdivision (g).

(d) Effective October 1, 2004, and on each October 1 thereafter, until no longer required by federal law, federally qualified health center (FQHC) and rural health clinic (RHC) per-visit rates shall be increased by the Medicare Economic Index applicable to primary care services in the manner provided for in Section 1396a(bb)(3)(A) of Title 42 of the United States Code. Prior to January 1, 2004, FQHC and RHC per-visit rates shall be adjusted by the Medicare Economic Index in accordance with the methodology set forth in the state plan in effect on October 1, 2001.

(e) (1) An FQHC or RHC may apply for an adjustment to its per-visit rate based on a change in the scope of services provided by the FQHC or RHC. Rate changes based on a change in the scope of services provided by an FQHC or RHC shall be evaluated in accordance with Medicare reasonable cost principles, as set forth in Part 413 (commencing with Section 413.1) of Title 42 of the Code of Federal Regulations, or its successor.

(2) Subject to the conditions set forth in subparagraphs (A) to (D), inclusive, of paragraph (3), a change in scope of service means any of the following:

(A) The addition of a new FQHC or RHC service that is not incorporated in the baseline prospective payment system (PPS) rate, or a deletion of an FQHC or RHC service that is incorporated in the baseline PPS rate.

(B) A change in service due to amended regulatory requirements or rules.

(C) A change in service resulting from relocating or remodeling an FQHC or RHC.

(D) A change in types of services due to a change in applicable technology and medical practice utilized by the center or clinic.

(E) An increase in service intensity attributable to changes in the types of patients served, including, but not limited to, populations with HIV or AIDS, or other chronic diseases, or homeless, elderly, migrant, or other special populations.

(F) Any changes in any of the services described in subdivision (a) or (b), or in the provider mix of an FQHC or RHC or one of its sites.

(G) Changes in operating costs attributable to capital expenditures associated with a modification of the scope of any of the services described in subdivision (a) or (b), including new or expanded service facilities, regulatory compliance, or changes in technology or medical practices at the center or clinic.

(H) Indirect medical education adjustments and a direct graduate medical education payment that reflects the costs of providing teaching services to interns and residents.

(I) Any changes in the scope of a project approved by the federal Health Resources and Services Administration (HRSA).

(3) A change in costs is not, in and of itself, a scope-of-service change, unless all of the following apply:

(A) The increase or decrease in cost is attributable to an increase or decrease in the scope of services defined in subdivisions (a) and (b), as applicable.

(B) The cost is allowable under Medicare reasonable cost principles set forth in Part 413 (commencing with Section 413) of Subchapter B of Chapter 4 of Title 42 of the Code of Federal Regulations, or its successor.

(C) The change in the scope of services is a change in the type, intensity, duration, or amount of services, or any combination thereof.

(D) The net change in the FQHC's or RHC's rate equals or exceeds 1.75 percent for the affected FQHC or RHC site. For FQHCs and RHCs that filed consolidated cost reports for multiple sites to establish the initial prospective payment reimbursement rate, the 1.75-percent threshold shall be applied to the average per-visit rate of all sites for the purposes of calculating the cost associated with a scope-of-service change. "Net change" means the per-visit rate change attributable to the cumulative effect of all increases and decreases for a particular fiscal year.

(4) An FQHC or RHC may submit requests for scope-of-service changes once per fiscal year, only within 90 days following the beginning of the FQHC's or RHC's fiscal year. Any approved increase or decrease in the provider's rate shall be retroactive to the beginning of the FQHC's or RHC's fiscal year in which the request is submitted.

(5) An FQHC or RHC shall submit a scope-of-service rate change request within 90 days of the beginning of any FQHC or RHC fiscal year occurring after the effective date of this section, if, during the FQHC's or RHC's prior fiscal year, the FQHC or RHC experienced a decrease in the scope of services provided that the FQHC or RHC either knew or should have known would have resulted in a significantly lower per-visit rate. If an FQHC or RHC discontinues providing

onsite pharmacy or dental services, it shall submit a scope-of-service rate change request within 90 days of the beginning of the following fiscal year. The rate change shall be effective as provided for in paragraph (4). As used in this paragraph, "significantly lower" means an average per-visit rate decrease in excess of 2.5 percent.

(6) Notwithstanding paragraph (4), if the approved scope-of-service change or changes were initially implemented on or after the first day of an FQHC's or RHC's fiscal year ending in calendar year 2001, but before the adoption and issuance of written instructions for applying for a scope-of-service change, the adjusted reimbursement rate for that scope-of-service change shall be made retroactive to the date the scope-of-service change was initially implemented. Scope-of-service changes under this paragraph shall be required to be submitted within the later of 150 days after the adoption and issuance of the written instructions by the department, or 150 days after the end of the FQHC's or RHC's fiscal year ending in 2003.

(7) All references in this subdivision to "fiscal year" shall be construed to be references to the fiscal year of the individual FQHC or RHC, as the case may be.

(f) (1) An FQHC or RHC may request a supplemental payment if extraordinary circumstances beyond the control of the FQHC or RHC occur after December 31, 2001, and PPS payments are insufficient due to these extraordinary circumstances. Supplemental payments arising from extraordinary circumstances under this subdivision shall be solely and exclusively within the discretion of the department and shall not be subject to subdivision (l). These supplemental payments shall be determined separately from the scope-of-service adjustments described in subdivision (e). Extraordinary circumstances include, but are not limited to, acts of nature, changes in applicable requirements in the Health and Safety Code, changes in applicable licensure requirements, and changes in applicable rules or regulations. Mere inflation of costs alone, absent extraordinary circumstances, shall not be grounds for supplemental payment. If an FQHC's or RHC's PPS rate is sufficient to cover its overall costs, including those associated with the extraordinary circumstances, then a supplemental payment is not warranted.

(2) The department shall accept requests for supplemental payment at any time throughout the prospective payment rate year.

(3) Requests for supplemental payments shall be submitted in writing to the department and shall set forth the reasons for the request. Each request shall be accompanied by sufficient documentation to enable the department to act upon the request. Documentation shall include the data necessary to demonstrate that the circumstances for which supplemental payment is requested meet the requirements set forth in this section. Documentation shall include both of the following:

(A) A presentation of data to demonstrate reasons for the FQHC's or RHC's request for a supplemental payment.

(B) Documentation showing the cost implications. The cost impact shall be material and significant, two hundred thousand dollars ($200,000) or 1 percent of a facility's total costs, whichever is less.

(4) A request shall be submitted for each affected year.

(5) Amounts granted for supplemental payment requests shall be paid as lump-sum amounts for those years and not as revised PPS rates, and shall be repaid by the FQHC or RHC to the extent that it is not expended for the specified purposes.

(6) The department shall notify the provider of the department's discretionary decision in writing.

(g) (1) An FQHC or RHC "visit" means a face-to-face encounter between an FQHC or RHC patient and a physician, physician assistant, nurse practitioner, certified nurse-midwife, clinical psychologist, licensed clinical social worker, or a visiting nurse. *For purposes of this section, "physician" shall be interpreted in a manner consistent with the federal Centers for Medicare and Medicaid Services' Medicare Rural Health Clinic and Federally Qualified Health Center Manual (Publication 27), or its successor, only to the extent that it defines the professionals whose services are reimbursable on a per-visit basis and not as to the types of services that these professionals may render during these visits and shall include a physician and surgeon, osteopath, podiatrist, dentist, optometrist, and chiropractor.* A visit shall also include a face-to-face encounter between an FQHC or RHC patient and a comprehensive perinatal practitioner, as defined in Section 51179.7 of Title 22 of the California Code of Regulations, providing comprehensive perinatal services, a four-hour day of attendance at an adult day health care center, and any other provider identified in the state plan's definition of an FQHC or RHC visit.

(2) (A) A visit shall also include a face-to-face encounter between an FQHC or RHC patient and a dental hygienist, a dental hygienist in alternative practice, or a marriage and family therapist.

(B) Notwithstanding subdivision (e), if an FQHC or RHC that currently includes the cost of the services of a dental hygienist in alternative practice, or a marriage and family therapist for the purposes of establishing its FQHC or RHC rate chooses to bill these services as a separate visit, the FQHC or RHC shall apply for an adjustment to its per-visit rate, and, after the rate adjustment has been approved by the department, shall bill these services as a separate visit. However, multiple encounters with dental professionals or marriage and family therapists that take place on the same day shall constitute a single visit. The department shall develop the appropriate forms to determine which FQHC's or RHC's rates shall be adjusted and to facilitate the calculation of the adjusted rates. An FQHC's or RHC's application for, or the department's approval of, a rate adjustment pursuant to this subparagraph shall not constitute a change in scope of service within the meaning of subdivision (e). An FQHC or RHC that applies for an adjustment to its rate pursuant to this subparagraph may continue to bill for all other FQHC or RHC visits at its existing per-visit rate, subject to reconciliation, until the rate adjustment for visits between an FQHC or RHC patient and a dental hygienist, a dental hygienist in alternative practice, or a marriage and family therapist has been approved. Any approved increase or decrease in the provider's rate shall be made within six months after the date of receipt of the department's rate adjustment forms pursuant to this subparagraph and shall be retroactive to the beginning of the fiscal year in which the FQHC or RHC submits the request, but in no case shall the effective date be earlier than January 1, 2008.

(C) An FQHC or RHC that does not provide dental hygienist, dental hygienist in alternative practice, or marriage and family therapist services, and later elects to add these services and bill these services as a separate visit, shall process the addition of these services as a change in scope of service pursuant to subdivision (e).

(3) Notwithstanding any other provision of this section, no later than July 1, 2018, a visit shall include a marriage and family therapist.

(4) (A) (i) Subject to ~~subparagraphs (C) and (D),~~ *subparagraph (C),* a visit shall also include an encounter between an FQHC or RHC patient and a physician, physician assistant, nurse practitioner, certified nurse-midwife, clinical psychologist, licensed clinical social worker, visiting nurse, comprehensive perinatal services program practitioner, ~~dental hygienist, dental hygienist in alternative practice,~~ or marriage and family therapist using video synchronous interaction, when services delivered through that interaction meet the applicable standard of care. A visit described in this clause shall be reimbursed at the applicable FQHC's or RHC's per-visit PPS rate to the extent the department determines that the FQHC or RHC has met all billing requirements that would have applied if the applicable services were delivered via a face-to-face encounter. An FQHC or RHC is not precluded from establishing a new patient relationship through video synchronous interaction. ~~An FQHC patient who receives telehealth services shall otherwise be eligible to receive in-person services from that FQHC pursuant to HRSA requirements.~~ *Encounters involving patients residing outside of the FQHC's federally designated service area as of the date of service are expected not to exceed 25 percent of an FQHC's total encounters, including in-person encounters, unless there are special circumstances such as a need to maintain continuity of care, address access to specialty services, or provide care to hard-to-reach populations.*

(ii) Subject to ~~subparagraphs (C) and (D),~~ *subparagraph (C),* a visit shall also include an encounter between an FQHC or RHC patient and a physician, physician assistant, nurse practitioner, certified nurse-midwife, clinical psychologist, licensed clinical social worker, visiting nurse, comprehensive perinatal services program practitioner, ~~dental hygienist, dental hygienist in alternative practice, or marriage and family therapist using~~ *or marriage and family therapist using an asynchronous store and forward modality as defined in subdivision (a) of Section 2290.5 of the Business and Professions Code or* audio-only synchronous interaction, when services delivered through that modality meet the applicable standard of care. A visit described in this clause shall be reimbursed at the applicable FQHC's or RHC's per-visit PPS rate to the extent the department determines that the FQHC or RHC has met all billing requirements that would have applied if the applicable services were delivered via a face-to-face encounter.

~~(iii) Subject to subparagraphs (C) and (D), a visit shall also include an encounter between an FQHC or RHC patient and a physician, physician assistant, nurse practitioner, certified nurse-midwife, clinical psychologist, licensed clinical social worker, visiting nurse, comprehensive perinatal services program practitioner, dental hygienist, dental hygienist in alternative practice, or marriage and family therapist using an asynchronous store and forward modality, when services delivered through that modality meet the applicable standard of care. A visit described in this clause shall be reimbursed at the applicable FQHC's or RHC's per-visit PPS rate to the extent the department determines that the FQHC or RHC has met all billing requirements that would have applied if the applicable services were delivered via a face-to-face encounter.~~

~~(iv)~~ *(iii)* An FQHC or RHC ~~may not establish~~ *shall not be precluded from establishing* a new patient relationship using an audio-only synchronous interaction. ~~Notwithstanding this prohibition, the department may provide for specific exceptions to this prohibition, which shall be developed in consultation with affected stakeholders and published in departmental guidance.~~

~~(v)~~ *(iiiv)* An FQHC or RHC is not precluded from establishing a new patient relationship through an asynchronous store and forward modality, as defined in subdivision (a) of Section 2290.5 of the Business and Professions Code, if the visit meets all of the following conditions:

(I) The patient is physically present at ~~an originating site that is a licensed or~~ *the FQHC or RHC, or at an* intermittent site of the FQHC or ~~RHC~~ *RHC,* at the time the service is performed.

(II) The individual who creates the patient records at the originating site is an employee or contractor of the FQHC or RHC, or other person lawfully authorized by the FQHC or RHC to create a patient record.

(III) The FQHC or RHC determines that the billing provider is able to meet the applicable standard of care.

(IV) ~~An~~ *For an* FQHC ~~patient who receives telehealth services shall otherwise be eligible to receive in-person services from that FQHC pursuant to HRSA requirements.~~ *new patient relationship, the patient resides within the FQHC's federally designated service area as of the date of service.*

(B) (i) Pursuant to an effective date designated by the department that is no sooner than January 1, 2024, an FQHC or RHC furnishing applicable health care services via audio-only synchronous interaction shall also offer those same health care services via video synchronous interaction to preserve beneficiary choice.

~~(ii) The department may provide specific exceptions to the requirement specified in clause (i), based on an FQHC's or RHC's access to requisite technologies, which shall be developed in consultation with affected stakeholders and published in departmental guidance.~~

~~(iii)~~ *(ii)* Effective on the date designated by the department pursuant to clause (i), an FQHC or RHC furnishing services through video synchronous interaction or audio-only synchronous interaction shall also do one of the following:

(I) Offer those services via in-person, face-to-face contact.

(II) Arrange for a referral to, and a facilitation of, in-person care that does not require a patient to independently contact a different provider to arrange for that care.

~~(iv)~~ *(iii)* In addition to any existing law requiring beneficiary consent to telehealth, including, but not limited to, subdivision (b) of Section 2290.5 of the Business and Professions Code, all of the following shall be communicated by an FQHC or RHC to a Medi-Cal beneficiary, in writing or verbally, on at least one occasion prior ~~to,~~ *to* or concurrent ~~with,~~ *with* initiating the delivery of one or more health care services via telehealth to a Medi-Cal beneficiary: an explanation that beneficiaries have the right to access covered services that may be delivered via telehealth through an in-person, face-to-face visit; an explanation that use of telehealth is voluntary and that consent for the use of telehealth can be withdrawn at any time by the Medi-Cal beneficiary without affecting their ability to access covered Medi-Cal services in the future; an explanation of the availability of Medi-Cal coverage for nonmedical transportation services to in-person visits when other available resources have been reasonably exhausted; and the potential limitations or risks related to receiving services through telehealth as compared to an in-person visit, to the extent any limitations or risks are identified by the FQHC or RHC.

(I) The FQHC or RHC shall document in the patient record the provision of this information and the patient's verbal or written acknowledgment that the information was received.

(II) The department shall develop, in consultation with affected stakeholders, model language for purposes of the communication described in this subparagraph.

(C) The department shall seek any federal approvals it deems necessary to implement this paragraph. This paragraph shall be implemented only to the extent that any necessary federal approvals are obtained and federal financial participation is available and not otherwise jeopardized.

(D) This paragraph shall be operative on January 1, 2023, or on the ~~operative~~ *effective* date or dates reflected in the applicable federal approvals obtained by the department pursuant to subparagraph (C), whichever is later. ~~This paragraph shall not~~ *Notwithstanding the foregoing, nothing herein shall* be construed to ~~limit coverage of, and reimbursement for, covered telehealth services provided before the operative~~ *restrict, limit, or disallow the delivery or reimbursement of telehealth pursuant to policies established prior to the effective* date of this paragraph.

(E) Notwithstanding Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, the department may implement, interpret, and make specific this paragraph by means of all-county letters, plan letters, provider manuals, information notices, provider bulletins, and similar instructions, without taking any further regulatory action.

(F) Telehealth modalities authorized pursuant to this paragraph shall be subject to ~~the~~ billing, reimbursement, and utilization management policies imposed by the ~~department.~~ *department consistent with this paragraph and Section 2290.5 of the Business and Professions Code.*

(G) ~~Services delivered via telehealth modalities described in this paragraph shall~~ *Nothing in this paragraph alters the obligations of FQHCs and RHCs to* comply with the privacy and security requirements contained in the federal Health Insurance Portability and Accountability Act of 1996 found in Parts 160 and 164 of Title 45 of the Code of Federal Regulations, the Medicaid state plan, and any other applicable state and federal statutes and regulations.

~~(5) For purposes of this section, "physician" shall be interpreted in a manner consistent with the federal Centers for Medicare and Medicaid Services' Medicare Rural Health Clinic and Federally Qualified Health Center Manual (Publication 27), or its successor, only to the extent that it defines the professionals whose services are reimbursable on a per-visit basis and not as to the types of services that these professionals may render during these visits and shall include a physician and surgeon, osteopath, podiatrist, dentist, optometrist, and chiropractor.~~

(h) If FQHC or RHC services are partially reimbursed by a third-party payer, such as a managed care entity, as defined in Section 1396u-2(a)(1)(B) of Title 42 of the United States Code, the Medicare Program, or the Child Health and Disability Prevention (CHDP) Program, the department shall reimburse an FQHC or RHC for the difference between its per-visit PPS rate and receipts from other plans or programs on a contract-by-contract basis and not in the aggregate, and may not include managed care financial incentive payments that are required by federal law to be excluded from the calculation.

(i) (1) Provided that the following entities are not operating as intermittent clinics, as defined in subdivision (h) of Section 1206 of the Health and Safety Code, each entity shall have its

reimbursement rate established in accordance with one of the methods outlined in paragraph (2) or (3), as selected by the FQHC or RHC:

(A) An entity that first qualifies as an FQHC or RHC in 2001 or later.

(B) A newly licensed facility at a new location added to an existing FQHC or RHC.

(C) An entity that is an existing FQHC or RHC that is relocated to a new site.

(2) (A) An FQHC or RHC that adds a new licensed location to its existing primary care license under paragraph (1) of subdivision (b) of Section 1212 of the Health and Safety Code may elect to have the reimbursement rate for the new location established in accordance with paragraph (3), or notwithstanding subdivision (e), an FQHC or RHC may choose to have one PPS rate for all locations that appear on its primary care license determined by submitting a change in scope of service request if both of the following requirements are met:

(i) The change in scope of service request includes the costs and visits for those locations for the first full fiscal year immediately following the date the new location is added to the FQHC's or RHC's existing licensee.

(ii) The FQHC or RHC submits the change in scope of service request within 90 days after the FQHC's or RHC's first full fiscal year.

(B) The FQHC's or RHC's single PPS rate for those locations shall be calculated based on the total costs and total visits of those locations and shall be determined based on the following:

(i) An audit in accordance with Section 14170.

(ii) Rate changes based on a change in scope of service request shall be evaluated in accordance with Medicare reasonable cost principles, as set forth in Part 413 (commencing with Section 413.1) of Title 42 of the Code of Federal Regulations, or its successors.

(iii) Any approved increase or decrease in the provider's rate shall be retroactive to the beginning of the FQHC's or RHC's fiscal year in which the request is submitted.

(C) Except as specified in subdivision (j), this paragraph does not apply to a location that was added to an existing primary care clinic license by the State Department of Public Health, whether by a regional district office or the centralized application unit, prior to January 1, 2017.

(3) If an FQHC or RHC does not elect to have the PPS rate determined by a change in scope of service request, the FQHC or RHC shall have the reimbursement rate established for any of the entities identified in paragraph (1) or (2) in accordance with one of the following methods at the election of the FQHC or RHC:

(A) The rate may be calculated on a per-visit basis in an amount that is equal to the average of the per-visit rates of three comparable FQHCs or RHCs located in the same or adjacent area with a similar caseload.

(B) In the absence of three comparable FQHCs or RHCs with a similar caseload, the rate may be calculated on a per-visit basis in an amount that is equal to the average of the per-visit rates of three comparable FQHCs or RHCs located in the same or an adjacent service area, or in a reasonably similar geographic area with respect to relevant social, health care, and economic characteristics.

(C) At a new entity's one-time election, the department shall establish a reimbursement rate, calculated on a per-visit basis, that is equal to 100 percent of the projected allowable costs to the FQHC or RHC of furnishing FQHC or RHC services during the first 12 months of operation as an FQHC or RHC. After the first 12-month period, the projected per-visit rate shall be increased by the Medicare Economic Index then in effect. The projected allowable costs for the first 12 months shall be cost settled and the prospective payment reimbursement rate shall be adjusted based on actual and allowable cost per visit.

(D) The department may adopt any further and additional methods of setting reimbursement rates for newly qualified FQHCs or RHCs as are consistent with Section 1396a(bb)(4) of Title 42 of the United States Code.

(4) In order for an FQHC or RHC to establish the comparability of its caseload for purposes of subparagraph (A) or (B) of paragraph (1), the department shall require that the FQHC or RHC submit its most recent annual utilization report as submitted to the Office of Statewide Health Planning and Development, unless the FQHC or RHC was not required to file an annual utilization report. FQHCs or RHCs that have experienced changes in their services or caseload subsequent to the filing of the annual utilization report may submit to the department a completed report in the format applicable to the prior calendar year. FQHCs or RHCs that have not previously submitted an annual utilization report shall submit to the department a completed report in the format applicable to the prior calendar year. The FQHC or RHC shall not be required to submit the annual utilization report for the comparable FQHCs or RHCs to the department, but shall be required to identify the comparable FQHCs or RHCs.

(5) The rate for any newly qualified entity set forth under this subdivision shall be effective retroactively to the later of the date that the entity was first qualified by the applicable federal agency as an FQHC or RHC, the date a new facility at a new location was added to an existing FQHC or RHC, or the date on which an existing FQHC or RHC was relocated to a new site. The FQHC or RHC shall be permitted to continue billing for Medi-Cal covered benefits on a fee-for-service basis under its existing provider number until it is informed of its FQHC or RHC enrollment approval, and the department shall reconcile the difference between the fee-for-service payments and the FQHC's or RHC's prospective payment rate at that time.

(j) (1) Visits occurring at an intermittent clinic site, as defined in subdivision (h) of Section 1206 of the Health and Safety Code, of an existing FQHC or RHC, in a mobile unit as defined by paragraph (2) of subdivision (b) of Section 1765.105 of the Health and Safety Code, or at the election of the FQHC or RHC and subject to paragraph (2), a location added to an existing primary care clinic license by the State Department of Public Health prior to January 1, 2017, shall be billed by and reimbursed at the same rate as the FQHC or RHC that either established the intermittent clinic site or mobile unit, or that held the clinic license to which the location was added prior to January 1, 2017.

(2) If an FQHC or RHC with at least one additional location on its primary care clinic license that was added by the State Department of Public Health prior to January 1, 2017, applies for an adjustment to its per-visit rate based on a change in the scope of services provided by the FQHC or RHC as described in subdivision (e), all locations on the FQHC's or RHC's primary care clinic license shall be subject to a scope-of-service adjustment in accordance with either paragraph (2) or (3) of subdivision (i), as selected by the FQHC or RHC.

(3) This subdivision does not preclude or otherwise limit the right of the FQHC or RHC to request a scope-of-service adjustment to the rate.

(k) An FQHC or RHC may elect to have pharmacy or dental services reimbursed on a fee-for-service basis, utilizing the current fee schedules established for those services. These costs shall be adjusted out of the FQHC's or RHC's clinic base rate as scope-of-service changes. An FQHC or RHC that reverses its election under this subdivision shall revert to its prior rate, subject to an increase to account for all Medicare Economic Index increases occurring during the intervening time period, and subject to any increase or decrease associated with applicable scope-of-service adjustments as provided in subdivision (e).

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~~)~~ Reimbursement for Drug Medi-Cal services shall be provided pursuant to this subdivision.

(1) An FQHC or RHC may elect to have Drug Medi-Cal services reimbursed directly from a county or the department under contract with the FQHC or RHC pursuant to paragraph (4).

(2) (A) For an FQHC or RHC to receive reimbursement for Drug Medi-Cal services directly from the county or the department under contract with the FQHC or RHC pursuant to paragraph (4), costs associated with providing Drug Medi-Cal services shall not be included in the FQHC's or RHC's per-visit PPS rate. For purposes of this subdivision, the costs associated with providing Drug Medi-Cal services shall not be considered to be within the FQHC's or RHC's clinic base PPS rate if in delivering Drug Medi-Cal services the clinic uses different clinical staff at a different location.

(B) If the FQHC or RHC does not use different clinical staff at a different location to deliver Drug Medi-Cal services, the FQHC or RHC shall submit documentation, in a manner determined by the department, that the current per-visit PPS rate does not include any costs related to rendering Drug Medi-Cal services, including costs related to utilizing space in part of the FQHC's or RHC's building, that are or were previously calculated as part of the clinic's base PPS rate.

(3) If the costs associated with providing Drug Medi-Cal services are within the FQHC's or RHC's clinic base PPS rate, as determined by the department, the Drug Medi-Cal services costs shall be adjusted out of the FQHC's or RHC's per-visit PPS rate as a change in scope of service.

(A) An FQHC or RHC shall submit to the department a scope-of-service change request to adjust the FQHC's or RHC's clinic base PPS rate after the first full fiscal year of rendering Drug Medi-Cal services outside of the PPS rate. Notwithstanding subdivision (e), the scope-of-service change request shall include a full fiscal year of activity that does not include Drug Medi-Cal services costs.

(B) An FQHC or RHC may submit requests for scope-of-service change under this subdivision only within 90 days following the beginning of the FQHC's or RHC's fiscal year. Any scope-of-service change request under this subdivision approved by the department shall be retroactive to the first day that Drug Medi-Cal services were rendered and reimbursement for Drug Medi-Cal services was received outside of the PPS rate, but in no case shall the effective date be earlier than January 1, 2018.

(C) The FQHC or RHC may bill for Drug Medi-Cal services outside of the PPS rate when the FQHC or RHC obtains approval as a Drug Medi-Cal provider and enters into a contract with a county or the department to provide these services pursuant to paragraph (4).

(D) Within 90 days of receipt of the request for a scope-of-service change under this subdivision, the department shall issue the FQHC or RHC an interim rate equal to 90 percent of the FQHC's or RHC's projected allowable cost, as determined by the department. An audit to determine the final rate shall be performed in accordance with Section 14170.

(E) Rate changes based on a request for scope-of-service change under this subdivision shall be evaluated in accordance with Medicare reasonable cost principles, as set forth in Part 413 (commencing with Section 413.1) of Title 42 of the Code of Federal Regulations, or its successor.

(F) For purposes of recalculating the PPS rate, the FQHC or RHC shall provide upon request to the department verifiable documentation as to which employees spent time, and the actual time spent, providing federally qualified health center services or rural health center services and Drug Medi-Cal services.

(G) After the department approves the adjustment to the FQHC's or RHC's clinic base PPS rate and the FQHC or RHC is approved as a Drug Medi-Cal provider, an FQHC or RHC shall not bill the PPS rate for any Drug Medi-Cal services provided pursuant to a contract entered into with a county or the department pursuant to paragraph (4).

(H) An FQHC or RHC that reverses its election under this subdivision shall revert to its prior PPS rate, subject to an increase to account for all Medicare Economic Index increases occurring during the intervening time period, and subject to any increase or decrease associated with the applicable scope-of-service adjustments as provided for in subdivision (e).

(4) Reimbursement for Drug Medi-Cal services shall be determined according to subparagraph (A) or (B), depending on whether the services are provided in a county that participates in the Drug Medi-Cal organized delivery system (DMC-ODS).

(A) In a county that participates in the DMC-ODS, the FQHC or RHC shall receive reimbursement pursuant to a mutually agreed upon contract entered into between the county or county designee and the FQHC or RHC. If the county or county designee refuses to contract with the FQHC or RHC, the FQHC or RHC may follow the contract denial process set forth in the Special Terms and Conditions.

(B) In a county that does not participate in the DMC-ODS, the FQHC or RHC shall receive reimbursement pursuant to a mutually agreed upon contract entered into between the county and the FQHC or RHC. If the county refuses to contract with the FQHC or RHC, the FQHC or RHC may request to contract directly with the department and shall be reimbursed for those services at the Drug Medi-Cal fee-for-service rate.

(5) The department shall not reimburse an FQHC or RHC pursuant to subdivision (h) for the difference between its per-visit PPS rate and any payments for Drug Medi-Cal services made pursuant to this subdivision.

(6) For purposes of this subdivision, the following definitions apply:

(A) "Drug Medi-Cal organized delivery system" or "DMC-ODS" means the Drug Medi-Cal organized delivery system authorized under the California Medi-Cal 2020 Demonstration, Number 11-W-00193/9, as approved by the federal Centers for Medicare and Medicaid Services and described in the Special Terms and Conditions.

(B) "Special Terms and Conditions" has the same meaning as set forth in subdivision (o) of Section 14184.10.

(m) Reimbursement for specialty mental health services shall be provided pursuant to this subdivision.

(1) An FQHC or RHC and one or more mental health plans that contract with the department pursuant to Section 14712 may mutually elect to enter into a contract to have the FQHC or RHC provide specialty mental health services to Medi-Cal beneficiaries as part of the mental health plan's network.

(2) (A) For an FQHC or RHC to receive reimbursement for specialty mental health services pursuant to a contract entered into with the mental health plan under paragraph (1), the costs associated with providing specialty mental health services shall not be included in the FQHC's or RHC's per-visit PPS rate. For purposes of this subdivision, the costs associated with providing specialty mental health services shall not be considered to be within the FQHC's or RHC's clinic base PPS rate if in delivering specialty mental health services the clinic uses different clinical staff at a different location.

(B) If the FQHC or RHC does not use different clinical staff at a different location to deliver specialty mental health services, the FQHC or RHC shall submit documentation, in a manner determined by the department, that the current per-visit PPS rate does not include any costs related to rendering specialty mental health services, including costs related to utilizing space in part of the FQHC's or RHC's building, that are or were previously calculated as part of the clinic's base PPS rate.

(3) If the costs associated with providing specialty mental health services are within the FQHC's or RHC's clinic base PPS rate, as determined by the department, the specialty mental health services costs shall be adjusted out of the FQHC's or RHC's per-visit PPS rate as a change in scope of service.

(A) An FQHC or RHC shall submit to the department a scope-of-service change request to adjust the FQHC's or RHC's clinic base PPS rate after the first full fiscal year of rendering specialty mental health services outside of the PPS rate. Notwithstanding subdivision (e), the scope-of-service change request shall include a full fiscal year of activity that does not include specialty mental health costs.

(B) An FQHC or RHC may submit requests for a scope-of-service change under this subdivision only within 90 days following the beginning of the FQHC's or RHC's fiscal year. Any scope-of-service change request under this subdivision approved by the department is retroactive to the first day that specialty mental health services were rendered and reimbursement for specialty mental health services was received outside of the PPS rate, but the effective date shall not be earlier than January 1, 2018.

(C) The FQHC or RHC may bill for specialty mental health services outside of the PPS rate when the FQHC or RHC contracts with a mental health plan to provide these services pursuant to paragraph (1).

(D) Within 90 days of receipt of the request for a scope-of-service change under this subdivision, the department shall issue the FQHC or RHC an interim rate equal to 90 percent of the FQHC's or RHC's projected allowable cost, as determined by the department. An audit to determine the final rate shall be performed in accordance with Section 14170.

(E) Rate changes based on a request for scope-of-service change under this subdivision shall be evaluated in accordance with Medicare reasonable cost principles, as set forth in Part 413 (commencing with Section 413.1) of Title 42 of the Code of Federal Regulations, or its successor.

(F) For the purpose of recalculating the PPS rate, the FQHC or RHC shall provide upon request to the department verifiable documentation as to which employees spent time, and the actual time spent, providing federally qualified health center services or rural health center services and specialty mental health services.

(G) After the department approves the adjustment to the FQHC's or RHC's clinic base PPS rate, an FQHC or RHC shall not bill the PPS rate for any specialty mental health services that are provided pursuant to a contract entered into with a mental health plan pursuant to paragraph (1).

(H) An FQHC or RHC that reverses its election under this subdivision shall revert to its prior PPS rate, subject to an increase to account for all Medicare Economic Index increases occurring during the intervening time period, and subject to any increase or decrease associated with the applicable scope-of-service adjustments as provided for in subdivision (e).

(4) The department shall not reimburse an FQHC or RHC pursuant to subdivision (h) for the difference between its per-visit PPS rate and any payments made for specialty mental health services under this subdivision.

(n) FQHCs and RHCs may appeal a grievance or complaint concerning ratesetting, scope-of-service changes, and settlement of cost report audits, in the manner prescribed by Section 14171. The rights and remedies provided under this subdivision are cumulative to the rights and remedies available under all other provisions of law of this state.

(o) The department shall promptly seek all necessary federal approvals in order to implement this section, including any amendments to the state plan. To the extent that any element or requirement of this section is not approved, the department shall submit a request to the federal Centers for Medicare and Medicaid Services for any waivers that would be necessary to implement this section.

(p) The department shall implement this section only to the extent that federal financial participation is available.

(q) Notwithstanding any other law, the director may, without taking regulatory action pursuant to Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, implement, interpret, or make specific subdivisions (l) and (m) by means of a provider bulletin or similar instruction. The department shall notify and consult with interested parties and appropriate stakeholders in implementing, interpreting, or making specific the provisions of subdivisions (l) and (m), including all of the following:

(1) Notifying provider representatives in writing of the proposed action or change. The notice shall occur, and the applicable draft provider bulletin or similar instruction, shall be made available at least 10 business days prior to the meeting described in paragraph (2).

(2) Scheduling at least one meeting with interested parties and appropriate stakeholders to discuss the proposed action or change.

(3) Allowing for written input regarding the proposed action or change, to which the department shall provide summary written responses in conjunction with the issuance of the applicable final written provider bulletin or similar instruction.

(4) Providing at least 60 days advance notice of the effective date of the proposed action or change.

SEC. 6.

Section 14132.721 is added to the Welfare and Institutions Code, immediately following Section 14132.72, to read:

14132.721.

(a) Notwithstanding any other law, health care services furnished by an enrolled clinic through telehealth shall be reimbursed by Medi-Cal on the same basis, to the same extent, and at the same payment rate as those services are reimbursed if furnished in person, consistent with this section.

(b) Consistent with the protections for health care providers set forth in the Telehealth Advancement Act of 2011, including Section 14132.72, the department shall not restrict the ability of an enrolled clinic to provide and be reimbursed for services furnished through telehealth and this subdivision shall not prohibit policies that require all of the clinical elements of a service to be met as a condition of reimbursement. Prohibited restrictions include all of the following:

(1) Requirements for face-to-face contact between an enrolled clinic provider and a patient.

(2) Requirements for a patient's or provider's physical presence at the enrolled clinic or any other location.

(3) Requirements for prior in-person contacts between the enrolled clinic and a patient.

(4) Requirements for documentation of a barrier to an in-person visit or a special need for a telehealth visit.

(5) Policies, including reimbursement policies, that impose more stringent requirements on telehealth services than equivalent services furnished in person.

(6) Limitations on the means or technologies through which telehealth services are furnished. This paragraph does not prohibit policies that require compliance with applicable federal and state health information privacy and security laws.

(c) This section does not eliminate the obligation of a health care provider to obtain verbal or written consent from the patient before delivery of health care via telehealth or the rights of the patient, pursuant to subdivisions (b) and (c) of Section 2290.5 of the Business and Professions Code.

(d) (1) The department shall require Medi-Cal managed care plans, through contract or otherwise, to adhere to the requirements of subdivision (b) of this section.

(2) Medi-Cal managed care plans shall comply with the requirements for health care service plan contracts set forth in Section 1374.14 of the Health and Safety Code and the requirements for health insurance policies set forth in Section 10123.855 of the Insurance Code.

(e) This section does not limit reimbursement for or coverage of, or reduce access to, services provided through telehealth before the enactment of this section.

(f) Notwithstanding Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, the department may implement, interpret, and make specific this section by means of all-county letters, plan letters, plan or provider bulletins, or similar instructions, without taking regulatory action.

(g) The department shall seek any necessary federal approvals and obtain federal financial participation in implementing this section. This section shall be implemented only to the extent that any necessary federal approvals are obtained and federal financial participation is available and not otherwise jeopardized.

(h) This section shall not apply to federally qualified health centers or rural health clinics, which shall be reimbursed by Medi-Cal for health care services furnished through telehealth as provided in Section 14132.100.

(i) For purposes of this section:

(1) Except as provided in subdivision (h), "enrolled clinic" means any of the following:

(A) A clinic licensed pursuant to subdivision (a) of Section 1204 of the Health and Safety Code.

(B) An intermittent clinic exempt from licensure under subdivision (h) of Section 1206 of the Health and Safety Code.

(C) A hospital or nonhospital-based clinic operated by the state or any of its political subdivisions, including the University of California, or a city, county, city and county, or hospital authority.

(D) A tribal clinic exempt from licensure under subdivision (c) of Section 1206 of the Health and Safety Code, or an outpatient setting conducted, maintained, or operated by a federally recognized Indian tribe, tribal organization, or urban Indian organization, as defined in Section 1603 of Title 25 of the United States Code.

(2) "Telehealth" has the same meaning as in subdivision (a) of Section 2290.5 of the Business and Professions Code, which includes audio-only telephone communication technologies.

SEC. 7.

Section 14132.722 is added to the Welfare and Institutions Code, immediately following Section 14132.721, to read:

14132.722.

(a) By July 2025, the department shall complete an evaluation to assess the benefits of telehealth in Medi-Cal. The evaluation shall analyze improved access for patients, changes in health quality outcomes and utilization, and best practices for the right mix of in-person visits and telehealth. The evaluation shall also analyze utilization and access across different Medi-Cal populations and the degree to which telehealth has improved equity and helped address disparities in care. The department shall utilize any potential federal funding or other nonstate general funding that may be available to support the implementation of this subdivision.

(b) The department shall provide data and information to the evaluator, as appropriate, and report its findings and recommendations on the evaluation to the appropriate policy and fiscal committees of the Legislature no later than October 31, 2025.

SEC. 8.
Section 14132.725 of the Welfare and Institutions Code is repealed.

~~**14132.725.**~~
~~(a) For purposes of this section, the following definitions apply:~~

~~(1) "Border community" means border areas adjacent to the State of California where it is customary practice for California residents to use medical resources in adjacent areas outside the state. Under these circumstances, program controls and limitations are the same as for services rendered by health care providers within the state.~~

~~(2) "Health care provider" has the same meaning as set forth in paragraph (3) of subdivision (a) of Section 2290.5 of the Business and Professions Code, and shall be either enrolled as a Medi-Cal rendering provider, or a nonphysician medical practitioner affiliated with an enrolled Medi-Cal provider group. "Health care provider" also includes any provider type designated by the department pursuant to subparagraph (A) of paragraph (2) of subdivision (b). The enrolled Medi-Cal provider or provider group for which the health care provider renders services via telehealth shall meet all Medi-Cal requirements and shall be located in the state or a border community.~~

~~(3) "Health care service plan" has the same meaning as set forth in subdivision (f) of Section 1345 of the Health and Safety Code.~~

~~(4) "Medi-Cal managed care plan" has the same meaning as set forth in subdivision (j) of Section 14184.101.~~

~~(5) "Network provider" has the same meaning as set forth in Section 438.2 of Title 42 of the Code of Federal Regulations.~~

~~(6) "Telehealth" has the same meaning as set forth in paragraph (6) of subdivision (a) of Section 2290.5 of the Business and Professions Code.~~

~~(b) (1) Subject to subdivision (k), in-person, face-to-face contact between a health care provider and a patient is not required under the Medi-Cal program for covered health care services and provider types designated by the department, when provided by video synchronous interaction, asynchronous store and forward, as defined in subdivision (a) of Section 2290.5 of the Business and Professions Code, audio-only synchronous interaction, remote patient monitoring, or other permissible virtual communication modalities, when those services and settings meet the applicable standard of care and meet the requirements of the service code being billed.~~

~~(2) (A) In implementing this section, the department shall designate and periodically update the covered health care services and provider types, including required licensing and credentialing criteria, as applicable, which may be appropriately delivered via the telehealth modalities described in this subdivision.~~

~~(B) Applicable health care services appropriately provided through video synchronous interaction, asynchronous store and forward, audio-only synchronous interaction, remote~~

~~patient monitoring, or other permissible virtual communication modalities are subject to billing, reimbursement, and utilization management policies imposed by the department. Subject to subdivision (k), utilization management protocols adopted by the department pursuant to this section shall be consistent with, and no more restrictive than, those authorized for health care service plans pursuant to Section 1374.13 of the Health and Safety Code.~~

~~(c) (1) (A) Pursuant to an effective date designated by the department that is no sooner than January 1, 2024, a Medi-Cal provider furnishing applicable health care services via audio-only synchronous interaction shall also offer those same health care services via video synchronous interaction to preserve beneficiary choice.~~

~~(B) The department may provide specific exceptions to the requirement specified in subparagraph (A), based on a Medi-Cal provider's access to requisite technologies, which shall be developed in consultation with affected stakeholders and published in departmental guidance.~~

~~(2) Effective on the date designated by the department pursuant to paragraph (1), a provider furnishing services through video synchronous interaction or audio-only synchronous interaction shall also do one of the following:~~

~~(A) Offer those services via in-person, face-to-face contact.~~

~~(B) Arrange for a referral to, and a facilitation of, in-person care that does not require a patient to independently contact a different provider to arrange for that care.~~

~~(3) In implementing this subdivision, the department shall consider additional recommendations from affected stakeholders regarding the need to maintain access to in-person services without unduly restricting access to telehealth services.~~

~~(4) A health care provider may establish a new patient relationship with a Medi-Cal beneficiary via video synchronous interaction consistent with any requirements imposed by the department.~~

~~(5) A health care provider shall not establish a new patient relationship with a Medi-Cal beneficiary via asynchronous store and forward, telephonic (audio-only) synchronous interaction, remote patient monitoring, or other virtual communication modalities, except as set forth in paragraph (4) of subdivision (g) of Section 14132.100. Notwithstanding this prohibition, the department may provide for specific exceptions to this prohibition, which shall be developed in consultation with affected stakeholders and published in departmental guidance.~~

~~(6) Subject to subdivision (k), the department may establish separate fee schedules for applicable health care services delivered via remote patient monitoring or other permissible virtual communication modalities.~~

~~(7) This subdivision does not apply to Medi-Cal covered services delivered by providers via any telehealth modality to eligible inmates in state prisons, county jails, or youth correctional facilities.~~

~~(d) In addition to any existing law requiring beneficiary consent to telehealth, including, but not limited to, subdivision (b) of Section 2290.5 of the Business and Professions Code, all of the following shall be communicated by a health care provider to a Medi-Cal beneficiary, in~~

~~writing or verbally, on at least one occasion prior to, or concurrent with, initiating the delivery of one or more health care services via telehealth to a Medi-Cal beneficiary: an explanation that beneficiaries have the right to access covered services that may be delivered via telehealth through an in-person, face-to-face visit; an explanation that use of telehealth is voluntary and that consent for the use of telehealth can be withdrawn at any time by the Medi-Cal beneficiary without affecting their ability to access covered Medi-Cal services in the future; an explanation of the availability of Medi-Cal coverage for transportation services to in-person visits when other available resources have been reasonably exhausted; and the potential limitations or risks related to receiving services through telehealth as compared to an in-person visit, to the extent any limitations or risks are identified by the provider.~~

~~(1) The provider shall document in the patient record the provision of this information and the patient's verbal or written acknowledgment that the information was received.~~

~~(2) The department shall develop, in consultation with affected stakeholders, model language for purposes of the communication described in this subdivision.~~

~~(3) This subdivision does not apply to Medi-Cal covered services delivered by providers via any telehealth modality to eligible inmates in state prisons, county jails, or youth correctional facilities.~~

~~(e) (1) The department shall develop, in consultation with affected stakeholders, an informational notice to be distributed to fee-for-service Medi-Cal beneficiaries and for use by Medi-Cal managed care plans in communicating to their enrollees. Information in the notice shall include, but not be limited to, all of the following:~~

~~(A) The availability of Medi-Cal covered telehealth services.~~

~~(B) The beneficiary's right to access all medically necessary covered services through in-person, face-to-face visits, and a provider's and Medi-Cal managed care plan's responsibility to offer or arrange for that in-person care, as applicable.~~

~~(C) An explanation that use of telehealth is voluntary and that consent for the use of telehealth can be withdrawn by the Medi-Cal beneficiary at any time without affecting their ability to access covered Medi-Cal services in the future.~~

~~(D) An explanation of the availability of Medi-Cal coverage for transportation services to in-person visits when other available resources have been reasonably exhausted.~~

~~(E) Notification of the beneficiary's right to make complaints about the offer of telehealth services in lieu of in-person care or about the quality of care delivered through telehealth.~~

~~(2) The informational notice shall be translated into threshold languages determined by the department pursuant to subdivision (b) of Section 14029.91 and provided in a format that is culturally and linguistically appropriate.~~

~~(3) This subdivision does not apply to Medi-Cal covered services delivered by providers via any telehealth modality to eligible inmates in state prisons, county jails, or youth correctional facilities.~~

~~(f) (1) Subject to subdivision (k), the department shall reimburse health care providers of applicable health care services delivered via video synchronous interaction, synchronous audio-only modality, or asynchronous store and forward, as applicable, at payment amounts that are not less than the amounts the provider would receive if the services were delivered~~

~~via in-person, face-to-face contact, so long as the services or settings meet the applicable standard of care and meet the requirements of the service code being billed.~~

~~(2) Subject to subdivision (k), for applicable health care services appropriately provided by a network provider via video synchronous interaction, audio-only synchronous interaction modality, or asynchronous store and forward, as applicable, to an enrollee of a Medi-Cal managed care plan, the Medi-Cal managed care plan shall reimburse the network provider at payment amounts that are not less than the amounts the network provider would have received if the services were delivered via in-person, face-to-face contact, unless the Medi-Cal managed care plan and network provider mutually agree to reimbursement in different amounts.~~

~~(g) On or before January 1, 2023, the department shall develop a research and evaluation plan that does all of the following:~~

~~(1) Proposes strategies to analyze the relationship between telehealth and the following: access to care, access to in-person care, quality of care, and Medi-Cal program costs, utilization, and program integrity.~~

~~(2) Examines issues using an equity framework that includes stratification by available geographic and demographic factors, including, but not limited to, race, ethnicity, primary language, age, and gender, to understand inequities and disparities in care.~~

~~(3) Prioritizes research and evaluation questions that directly inform Medi-Cal policy.~~

~~(h) Applicable health care services provided through asynchronous store and forward, video synchronous interaction, audio-only synchronous interaction, remote patient monitoring, or other permissible virtual communication modalities as described in this section shall comply with the privacy and security requirements contained in the federal Health Insurance Portability and Accountability Act of 1996 found in Parts 160 and 164 of Title 45 of the Code of Federal Regulations, the Medicaid State Plan, and any other applicable state and federal statutes and regulations.~~

~~(i) Notwithstanding Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, the department may implement, interpret, and make specific this section by means of all-county letters, plan letters, provider bulletins, and similar instructions, without taking any further regulatory action.~~

~~(j) Consistent with the requirements of this section and subject to subdivision (k), a PACE organization approved by the department pursuant to Chapter 8.75 (commencing with Section 14591) may use video telehealth to conduct initial assessments and annual re-assessments for eligibility for enrollment in the PACE program.~~

~~(k) The department shall seek any federal approvals it deems necessary to implement this section. This section shall be implemented only to the extent that any necessary federal approvals are obtained and federal financial participation is available and is not otherwise jeopardized.~~

~~(l) This section shall be operative on January 1, 2023, or on the operative date or dates reflected in the applicable federal approvals obtained by the department pursuant to subdivision (k), whichever is later.~~

~~(m) This section does not apply to health care services provided via telehealth in an FQHC or RHC visit as described in paragraph (4) of subdivision (g) of Section 14132.100.~~

SEC. 9.

Section 14132.725 is added to the Welfare and Institutions Code, to read:

14132.725.

(a) For purposes of this section, the following definitions apply:

(1) "Border community" means border areas adjacent to the State of California where it is customary practice for California residents to use medical resources in adjacent areas outside the state. Under these circumstances, program controls and limitations are the same as for services rendered by health care providers within the State of California.

(2) "Health care provider" has the same meaning as set forth in paragraph (3) of subdivision (a) of Section 2290.5 of the Business and Professions Code, and shall be either enrolled as a Medi-Cal rendering provider, or a nonphysician medical practitioner affiliated with an enrolled Medi-Cal provider group. The enrolled Medi-Cal provider or provider group for which the health care provider renders services via telehealth shall meet all Medi-Cal requirements and shall be located in the state or a border community.

(3) "Health care service plan" has the same meaning as set forth in subdivision (f) of Section 1345 of the Health and Safety Code.

(4) "Medi-Cal managed care plan" has the same meaning as set forth in subdivision (j) of Section 14184.101.

(5) "Network provider" has the same meaning as set forth in Section 438.2 of Title 42 of the Code of Federal Regulations.

(6) "Telehealth" has the same meaning as set forth in paragraph (6) of subdivision (a) of Section 2290.5 of the Business and Professions Code.

(b) (1) Subject to subdivision (j), in-person, face-to-face contact between a health care provider and a patient is not required under the Medi-Cal program for covered health care services and provider types designated by the department, when provided by video synchronous interaction, asynchronous store and forward, as defined in subdivision (a) of Section 2290.5 of the Business and Professions Code, audio-only synchronous interaction, remote patient monitoring, or other permissible virtual communication modalities, when those services and settings meet the applicable standard of care and meet the requirements of the service code being billed.

(2) (A) In implementing this section, the department shall designate and periodically update the covered health care services and provider types, including required licensing and credentialing criteria, as applicable, which may be appropriately delivered via the telehealth modalities described in this subdivision.

(B) Applicable health care services appropriately provided through video synchronous interaction, asynchronous store and forward, audio-only synchronous interaction, remote patient monitoring, or other permissible virtual communication modalities are subject to billing, reimbursement, and utilization management policies imposed by the department, consistent with this section and Section 2290.5 of the Business and Professions Code. Subject

to subdivision (j), utilization management protocols adopted by the department pursuant to this section shall be consistent with, and no more restrictive than, those authorized for health care service plans pursuant to Section 1374.13 of the Health and Safety Code.

(c) (1) (A) Pursuant to an effective date designated by the department that is no sooner than January 1, 2024, a Medi-Cal provider furnishing applicable health care services via audio-only synchronous interaction shall also offer those same health care services via video synchronous interaction to preserve beneficiary choice.

(B) The requirements of subparagraph (A) of paragraph (1) shall not apply to Medi-Cal providers if they are either:

(i) Licensed pursuant to subdivision (a) of Section 1204 of the Health and Safety Code.

(ii) Unable, due to lack of infrastructure or financial capital, to obtain a broadband connectivity speed of at least 100 Mbps downstream and 20 Mbps upstream, or the most current broadband definition speed standard set by the Federal Communications Commission from time to time, as determined appropriate by the Public Utilities Commission, whichever broadband access speed is greater.

(2) Effective on the date designated by the department pursuant to paragraph (1), a provider furnishing services through video synchronous interaction or audio-only synchronous interaction shall also do one of the following:

(A) Offer those services via in-person, face-to-face contact.

(B) Arrange for a referral to, and a facilitation of, in-person care that does not require a patient to independently contact a different provider to arrange for that care.

(3) In implementing this subdivision, the department shall consider additional recommendations from affected stakeholders regarding the need to maintain access to in-person services without unduly restricting access to telehealth services.

(4) A health care provider may establish a new patient relationship with a Medi-Cal beneficiary via video synchronous interaction, asynchronous store and forward, or audio-only synchronous interaction, consistent with any requirements imposed by the department.

(5) A health care provider shall not establish a new patient relationship with a Medi-Cal beneficiary via remote patient monitoring or other virtual communication modalities. Notwithstanding this prohibition, the department may provide for specific exceptions to this prohibition, which shall be developed in consultation with affected stakeholders and published in departmental guidance.

(6) Subject to subdivision (j), the department may establish separate fee schedules for applicable health care services delivered via remote patient monitoring or other permissible virtual communication modalities.

(d) In addition to any existing law requiring beneficiary consent to telehealth, including, but not limited to, subdivision (b) of Section 2290.5 of the Business and Professions Code, all of the following shall be communicated by a health care provider to a Medi-Cal beneficiary, in writing or verbally, on at least one occasion prior to or concurrent with initiating the delivery of one or more health care services via telehealth to a Medi-Cal beneficiary: an explanation that beneficiaries have the right to access covered services that may be delivered via telehealth through an in-person, face-to-face visit; an explanation that use of telehealth is

voluntary and that consent for the use of telehealth can be withdrawn at any time by the Medi-Cal beneficiary without affecting their ability to access covered Medi-Cal services in the future; an explanation of the availability of Medi-Cal coverage for transportation services to in-person visits when other available resources have been reasonably exhausted; and the potential limitations or risks related to receiving services through telehealth as compared to an in-person visit, to the extent any limitations or risks are identified by the provider.

(1) The provider shall document in the patient record the provision of this information and the patient's verbal or written acknowledgment that the information was received.

(2) The department shall develop, in consultation with affected stakeholders, model language for purposes of the communication described in this subdivision.

(e) (1) The department shall develop, in consultation with affected stakeholders, an informational notice to be distributed to fee-for-service Medi-Cal beneficiaries and for use by Medi-Cal managed care plans in communicating to their enrollees. Information in the notice shall include, but not be limited to, all of the following:

(A) The availability of Medi-Cal covered telehealth services.

(B) The beneficiary's right to access all medically necessary covered services through in-person, face-to-face visits, and a provider's and Medi-Cal managed care plan's responsibility to offer or arrange for that in-person care, as applicable.

(C) An explanation that use of telehealth is voluntary and that consent for the use of telehealth can be withdrawn by the Medi-Cal beneficiary at any time without affecting their ability to access covered Medi-Cal services in the future.

(D) An explanation of the availability of Medi-Cal coverage for transportation services to in-person visits when other available resources have been reasonably exhausted.

(E) Notification of the beneficiary's right to make complaints about the offer of telehealth services in lieu of in-person care or about the quality of care delivered through telehealth.

(2) The informational notice shall be translated into threshold languages determined by the department pursuant to subdivision (b) of Section 14029.91 and provided in a format that is culturally and linguistically appropriate.

(f) (1) Subject to subdivision (j), the department shall reimburse health care providers of applicable health care services delivered via video synchronous interaction, asynchronous store and forward, or synchronous audio-only modality at payment amounts that are not less than the amounts the provider would receive if the services were delivered via in-person, face-to-face contact, so long as the services or settings meet the applicable standard of care and meet the requirements of the service code being billed.

(2) Subject to subdivision (j), for applicable health care services appropriately provided by a network provider via video synchronous interaction or an audio-only synchronous interaction modality to an enrollee of a Medi-Cal managed care plan, the Medi-Cal managed care plan shall reimburse the network provider at payment amounts that are not less than the amounts the network provider would have received if the services were delivered via in-person, face-to-face contact, unless the Medi-Cal managed care plan and network provider mutually agree to reimbursement in different amounts.

(g) On or before January 1, 2023, the department shall develop a research and evaluation plan that does all of the following:

(1) Proposes strategies to analyze the relationship between telehealth and the following: access to care, access to in-person care, quality of care, and Medi-Cal program costs, utilization, and program integrity.

(2) Examines issues using an equity framework that includes stratification by available geographic and demographic factors, including, but not limited to, race, ethnicity, primary language, age, and gender, to understand inequities and disparities in care.

(3) Prioritizes research and evaluation questions that directly inform Medi-Cal policy.

(h) Nothing in this section alters the obligation of health care providers to comply with the privacy and security requirements contained in the federal Health Insurance Portability and Accountability Act of 1996 found in Parts 160 and 164 of Title 45 of the Code of Federal Regulations, the Medicaid State Plan, and any other applicable state and federal statutes and regulations.

(i) Notwithstanding Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, the department may implement, interpret, and make specific this section by means of all-county letters, plan letters, provider bulletins, and similar instructions, without taking any further regulatory action.

(j) The department shall seek any federal approvals it deems necessary to implement this section. This section shall be implemented only to the extent that any necessary federal approvals are obtained and federal financial participation is available and is not otherwise jeopardized.

(k) This section shall be effective on January 1, 2023, or on the effective date or dates reflected in the applicable federal approvals obtained by the department pursuant to subdivision (j), whichever is later.

(l) This section shall not apply to federally qualified health centers and rural health clinics, which shall be authorized to deliver health care services via telehealth in the manner set forth in paragraph 4 of subdivision (g) of Section 14132.100.

(m) Consistent with the requirements of this section, a PACE organization approved by the department pursuant to Chapter 8.75 may use video telehealth to conduct assessments for eligibility for enrollment in the PACE program, subject to the federal waiver process.

SEC. 10.
Section 14132.731 of the Welfare and Institutions Code is repealed.

~~**14132.731.**~~
~~(a) A county that enters into a Drug Medi-Cal Treatment Program contract with the department in accordance with Section 14124.20, or the department if entering into a Drug Medi-Cal Treatment Program contract directly with providers or as otherwise described in Section 14124.21, shall reimburse Drug Medi-Cal certified providers for medically necessary Drug Medi-Cal reimbursable services, as defined in Section 14124.24, provided by a licensed practitioner of the healing arts, or a registered or certified alcohol or other drug counselor or other individual authorized by the department to provide Drug Medi-Cal reimbursable services~~

~~when those services meet the standard of care, meet the requirements of the service code being billed, and are delivered through video synchronous interaction or audio-only synchronous interaction.~~

~~(b) A Drug Medi-Cal certified provider shall not establish a new patient relationship with a Medi-Cal beneficiary via asynchronous store and forward, audio-only synchronous interaction, remote patient monitoring, or other virtual communication modalities, except as set forth in paragraph (4) of subdivision (g) of Section 14132.100. Notwithstanding this prohibition, the department may provide for specific exceptions to this prohibition, which shall be developed in consultation with affected stakeholders and published in departmental guidance.~~

~~(c) Drug Medi-Cal reimbursable services provided through a video synchronous interaction or an audio-only synchronous interaction pursuant to subdivision (a) shall be subject to billing, reimbursement, and utilization management policies imposed by the department.~~

~~(d) Drug Medi-Cal reimbursable services provided through a video synchronous interaction or an audio-only synchronous interaction shall be provided in compliance with the privacy and security requirements contained in the federal Health Insurance Portability and Accountability Act of 1996 found in Parts 160 and 164 of Title 45 of the Code of Federal Regulations, Part 2 of Title 42 of the Code of Federal Regulations, the Medicaid State Plan, and any other applicable state and federal statutes and regulations.~~

~~(e) This section shall be implemented only to the extent that any necessary federal approvals are obtained and federal financial participation is available.~~

~~(f) The department shall adopt regulations by July 1, 2024, to implement this section in accordance with the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code).~~

~~(g) Notwithstanding the rulemaking provisions of the Administrative Procedure Act, the department may, if it deems it appropriate, implement, interpret, or make specific this section by means of provider bulletins, written guidelines, or similar instructions from the department, until regulations are adopted.~~

SEC. 11.

Section 14132.731 is added to the Welfare and Institutions Code, to read:

14132.731.

(a) (1) This subdivision applies to either of the following:

(A) A county that enters into a Drug Medi-Cal Treatment Program contract with the department in accordance with Section 14124.20.

(B) The department if it enters into a Drug Medi-Cal Treatment Program contract directly with providers or as otherwise described in Section 14124.21.

(2) The department shall reimburse Drug Medi-Cal certified providers for medically necessary Drug Medi-Cal reimbursable services, as defined in Section 14124.24, provided by any of the following:

(A) A licensed practitioner of the healing arts.

(B) A registered or certified alcohol or other drug counselor.

(C) Any other individual authorized by the department to provide Drug Medi-Cal reimbursable services.

(3) Reimbursable services shall meet the standard of care for the respective provider, meet the requirements of the service code being billed, and shall be delivered through video synchronous interaction or audio-only synchronous interaction.

(b) A Drug Medi-Cal certified provider may not establish a new patient relationship with a Medi-Cal beneficiary via asynchronous store and forward, audio-only synchronous interaction, remote patient monitoring, or other virtual communication modalities, except as set forth in paragraph (4) of subdivision (g) of Section 14132.100. Notwithstanding this prohibition, the department may provide for specific exceptions to this prohibition, which shall be developed in consultation with affected stakeholders and published in departmental guidance.

(c) Drug Medi-Cal reimbursable services provided through a video synchronous interaction or an audio-only synchronous interaction pursuant to subdivision (a) shall be subject to billing, reimbursement, and utilization management policies imposed by the department.

(d) Drug Medi-Cal reimbursable services provided through a video synchronous interaction or an audio-only synchronous interaction shall be provided in compliance with the privacy and security requirements contained in the federal Health Insurance Portability and Accountability Act of 1996 found in Parts 160 and 164 of Title 45 of the Code of Federal Regulations, Part 2 of Title 42 of the Code of Federal Regulations, the Medicaid State Plan, and any other applicable state and federal statutes and regulations.

(e) This section shall be implemented only to the extent that any necessary federal approvals are obtained and federal financial participation is available.

(f) The department shall adopt regulations by July 1, 2024, to implement this section in accordance with the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code).

(g) Notwithstanding the rulemaking provisions of the Administrative Procedure Act, the department may, if it deems it appropriate, implement, interpret, or make specific this section by means of provider bulletins, written guidelines, or similar instructions from the department, until regulations are adopted.

SEC. 12.
Section 14197 of the Welfare and Institutions Code is amended to read:

14197.
(a) It is the intent of the Legislature that the department implement and monitor compliance with the time ~~or~~ *and* distance requirements set forth in Sections 438.68, 438.206, and 438.207 of Title 42 of the Code of Federal Regulations and this section, to ensure that all Medi-Cal managed care covered services are available and accessible to enrollees of Medi-Cal managed care plans in a timely manner, as those standards were enacted in May 2016.

(b) Commencing January 1, 2018, for covered benefits under its contract, as applicable, a Medi-Cal managed care plan shall maintain a network of providers that are located within the following time ~~or~~ *and* distance standards for the following services:

(1) For primary care, both adult and pediatric, 10 miles or 30 minutes from the beneficiary's place of residence.

(2) For hospitals, 15 miles or 30 minutes from the beneficiary's place of residence.

(3) For dental services provided by a Medi-Cal managed care plan, 10 miles or 30 minutes from the beneficiary's place of residence.

(4) For obstetrics and gynecology primary care, 10 miles or 30 minutes from the beneficiary's place of residence.

(c) Commencing July 1, 2018, for the covered benefits under its contracts, as applicable, a Medi-Cal managed care plan shall maintain a network of providers that are located within the following time ~~or~~ *and* distance standards for the following services:

(1) For specialists, as defined in subdivision ~~(i),~~ *(h),* adult and pediatric, including obstetric and gynecology specialty care, as follows:

(A) Up to 15 miles or 30 minutes from the beneficiary's place of residence for the following counties: Alameda, Contra Costa, Los Angeles, Orange, Sacramento, San Diego, San Francisco, San Mateo, and Santa Clara.

(B) Up to 30 miles or 60 minutes from the beneficiary's place of residence for the following counties: Marin, Placer, Riverside, San Joaquin, Santa Cruz, Solano, Sonoma, Stanislaus, and Ventura.

(C) Up to 45 miles or 75 minutes from the beneficiary's place of residence for the following counties: Amador, Butte, El Dorado, Fresno, Kern, Kings, Lake, Madera, Merced, Monterey, Napa, Nevada, San Bernardino, San Luis Obispo, Santa Barbara, Sutter, Tulare, Yolo, and Yuba.

(D) Up to 60 miles or 90 minutes from the beneficiary's place of residence for the following counties: Alpine, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Imperial, Inyo, Lassen, Mariposa, Mendocino, Modoc, Mono, Plumas, San Benito, Shasta, Sierra, Siskiyou, Tehama, Trinity, and Tuolumne.

(2) For pharmacy services, 10 miles or 30 minutes from the beneficiary's place of residence.

(3) For outpatient mental health services, as follows:

(A) Up to 15 miles or 30 minutes from the beneficiary's place of residence for the following counties: Alameda, Contra Costa, Los Angeles, Orange, Sacramento, San Diego, San Francisco, San Mateo, and Santa Clara.

(B) Up to 30 miles or 60 minutes from the beneficiary's place of residence for the following counties: Marin, Placer, Riverside, San Joaquin, Santa Cruz, Solano, Sonoma, Stanislaus, and Ventura.

(C) Up to 45 miles or 75 minutes from the beneficiary's place of residence for the following counties: Amador, Butte, El Dorado, Fresno, Kern, Kings, Lake, Madera, Merced, Monterey, Napa, Nevada, San Bernardino, San Luis Obispo, Santa Barbara, Sutter, Tulare, Yolo, and Yuba.

(D) Up to 60 miles or 90 minutes from the beneficiary's place of residence for the following counties: Alpine, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Imperial, Inyo, Lassen,

Mariposa, Mendocino, Modoc, Mono, Plumas, San Benito, Shasta, Sierra, Siskiyou, Tehama, Trinity, and Tuolumne.

(4) (A) For outpatient substance use disorder services other than opioid treatment programs, as follows:

(i) Up to 15 miles or 30 minutes from the beneficiary's place of residence for the following counties: Alameda, Contra Costa, Los Angeles, Orange, Sacramento, San Diego, San Francisco, San Mateo, and Santa Clara.

(ii) Up to 30 miles or 60 minutes from the beneficiary's place of residence for the following counties: Marin, Placer, Riverside, San Joaquin, Santa Cruz, Solano, Sonoma, Stanislaus, and Ventura.

(iii) Up to 60 miles or 90 minutes from the beneficiary's place of residence for the following counties: Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, El Dorado, Fresno, Glenn, Humboldt, Imperial, Inyo, Kern, Kings, Lake, Lassen, Madera, Mariposa, Mendocino, Merced, Modoc, Monterey, Mono, Napa, Nevada, Plumas, San Benito, San Bernardino, San Luis Obispo, Santa Barbara, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, Tulare, Tuolumne, Yolo, and Yuba.

(B) For opioid treatment programs, as follows:

(i) Up to 15 miles or 30 minutes from the beneficiary's place of residence for the following counties: Alameda, Contra Costa, Los Angeles, Orange, Sacramento, San Diego, San Francisco, San Mateo, and Santa Clara.

(ii) Up to 30 miles or 60 minutes from the beneficiary's place of residence for the following counties: Marin, Placer, Riverside, San Joaquin, Santa Cruz, Solano, Sonoma, Stanislaus, and Ventura.

(iii) Up to 45 miles or 75 minutes from the beneficiary's place of residence for the following counties: Amador, Butte, El Dorado, Fresno, Kern, Kings, Lake, Madera, Merced, Monterey, Napa, Nevada, San Bernardino, San Luis Obispo, Santa Barbara, Sutter, Tulare, Yolo, and Yuba.

(iv) Up to 60 miles or 90 minutes from the beneficiary's place of residence for the following counties: Alpine, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Imperial, Inyo, Lassen, Mariposa, Mendocino, Modoc, Mono, Plumas, San Benito, Shasta, Sierra, Siskiyou, Tehama, Trinity, and Tuolumne.

(d) (1) (A) A Medi-Cal managed care plan shall comply with the appointment time standards developed pursuant to Section 1367.03 of the Health and Safety Code, Section 1300.67.2.2 of Title 28 of the California Code of Regulations, subject to any authorized exceptions in Section 1300.67.2.2 of Title 28 of the California Code of Regulations, and the standards set forth in contracts entered into between the department and Medi-Cal managed care plans.

(B) Commencing July 1, 2018, subparagraph (A) applies to Medi-Cal managed care plans that are not, as of January 1, 2018, subject to the appointment time standards described in subparagraph (A).

(2) A Medi-Cal managed care plan shall comply with the following availability standards for skilled nursing facility services and intermediate care facility services, as follows:

(A) Within five business days of the request for the following counties: Alameda, Contra Costa, Los Angeles, Orange, Sacramento, San Diego, San Francisco, San Mateo, and Santa Clara.

(B) Within seven business days of the request for the following counties: Marin, Placer, Riverside, San Joaquin, Santa Cruz, Solano, Sonoma, Stanislaus, and Ventura.

(C) Within 14 calendar days of the request for the following counties: Amador, Butte, El Dorado, Fresno, Kern, Kings, Lake, Madera, Merced, Monterey, Napa, Nevada, San Bernardino, San Luis Obispo, Santa Barbara, Sutter, Tulare, Yolo, and Yuba.

(D) Within 14 calendar days of the request for the following counties: Alpine, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Imperial, Inyo, Lassen, Mariposa, Mendocino, Modoc, Mono, Plumas, San Benito, Shasta, Sierra, Siskiyou, Tehama, Trinity, and Tuolumne.

(3) A county Drug Medi-Cal organized delivery system shall provide an appointment within three business days to an opioid treatment program.

(4) A dental managed care plan shall provide an appointment within four weeks of a request for routine pediatric dental services and within 30 calendar days of a request for specialist pediatric dental services.

(e) (1) The department, upon request of a Medi-Cal managed care plan, may authorize alternative access standards for the time and distance standards established under this section if either of the following occur:

(A) The requesting Medi-Cal managed care plan has exhausted all other reasonable options to obtain providers to meet the applicable standard.

(B) The department determines that the requesting Medi-Cal managed care plan has demonstrated that its delivery structure is capable of delivering the appropriate level of care and access.

(2) If a Medi-Cal managed care plan cannot meet the time and distance standards set forth in this section, the Medi-Cal managed care plan shall submit a request for alternative access standards to the department, in the form and manner specified by the department. A request may be submitted at the same time as the Medi-Cal managed care plan submits its annual demonstration of compliance with time and distance standards, if known at that time.

(3) A request for alternative access standards shall be approved or denied on a ZIP Code and provider type, including specialty type, basis by the department within 90 days of submission of the request. The Medi-Cal managed care plan shall also include a description of the reasons justifying the alternative access standards based on those facts and circumstances. Effective no sooner than contract periods commencing on or after July 1, 2020, the Medi-Cal managed care plan shall include a description on how the Medi-Cal managed care plan intends to arrange for beneficiaries to access covered services if the health care provider is located outside of the time and distance standards specified in subdivision (c). The department may stop the 90-day timeframe, on one or more occasions as necessary, in the event of an incomplete submission or to obtain additional information from the Medi-Cal managed care plan requesting the alternative access standards. Upon submission of sufficient additional information to the department, the 90-day timeframe shall resume at the same point in time it was previously stopped, except if there is less than 30 days remaining in which case the department shall approve or deny the request within 30 days of submission of sufficient additional information. If the department rejects the Medi-Cal managed care plan's proposal,

the department shall inform the Medi-Cal managed care plan of the department's reason for rejecting the proposal. The department shall post any approved alternative access standards on its internet website.

~~(e)~~ *(4)* The department may authorize a Medi-Cal managed care plan to use clinically appropriate ~~video synchronous interaction, as defined in paragraph (5) of subdivision (a)~~ *telecommunications technology as a means of determining annual compliance with the time and distance standards established pursuant to this section or may approve alternative access to care, including telehealth consistent with the requirements* of Section 2290.5 of the Business and Professions Code, ~~as a means of demonstrating compliance with the time or distance standards established pursuant to this section, as defined by the department.~~ *e-visits, or other evolving and innovative technological solutions that are used to provide care from a distance.*

(5) As part of the department's evaluation of a request submitted by a Medi-Cal managed care plan to utilize an alternative access standard pursuant to this subdivision, the department shall evaluate and determine whether the resulting time and distance is reasonable to expect a beneficiary to travel to receive care.

(f) The department may authorize a Medi-Cal managed care plan to use clinically appropriate telecommunications technology as a means of determining annual compliance with the time and distance standards established pursuant to this section or may approve alternative access to care, including telehealth consistent with the requirements of Section 2290.5 of the Business and Professions Code, e-visits, or other evolving and innovative technological solutions that are used to provide care from a distance.

~~(f)~~ *(g)* (1) The department may develop policies for granting credit in the determination of compliance with time or distance standards established pursuant to this section when Medi-Cal managed care plans contract with specified providers to use clinically appropriate video synchronous interaction, as defined in paragraph (5) of subdivision (a) of Section 2290.5 of the Business and Professions Code.

(2) The department, upon request of a Medi-Cal managed care plan, may authorize alternative access standards for the time *and* or distance standards established under this section if either of the following occur:

(A) The requesting Medi-Cal managed care plan has exhausted all other reasonable options to obtain providers to meet the applicable standard.

(B) The department determines that the requesting Medi-Cal managed care plan has demonstrated that its delivery structure is capable of delivering the appropriate level of care and access.

(3) (A) If a Medi-Cal managed care plan cannot meet the time *and* or distance standards set forth in this section, the Medi-Cal managed care plan shall submit a request for alternative access standards to the department, in the form and manner specified by the department.

(B) An alternative access standard request may be submitted at the same time as the Medi-Cal managed care plan submits its annual demonstration of compliance with time or distance standards, if known at that time and at any time the Medi-Cal managed care plan is unable to meet time or distance standards.

(C) A Medi-Cal managed care plan is not required to submit a previously approved alternative access standard request to the department for review and approval on an annual basis, unless the Medi-Cal managed care plan requires modifications to its previously approved request. However, the Medi-Cal managed care plan shall submit this previously approved alternative access standard request to the department at least every three years for review and approval when the plan is required to demonstrate compliance with time or distance standards.

(D) A Medi-Cal managed care plan shall close out any corrective action plan deficiencies in a timely manner to ensure beneficiary access is adequate and shall continually work to improve access in its provider network.

(4) A request for alternative access standards shall be approved or denied on a ZIP Code and provider type, including specialty type, basis by the department within 90 days of submission of the request. The Medi-Cal managed care plan shall also include ~~a description of~~ the reasons justifying the alternative access standards based on those facts and circumstances. Effective no sooner than contract periods commencing on or after July 1, 2020, the Medi-Cal managed care plan shall ~~include a description on~~ *describe* how the Medi-Cal managed care plan intends to arrange for beneficiaries to access covered services if the health care provider is located outside of the time *and* or distance standards specified in subdivision (c). The department may stop the 90-day timeframe, on one or more occasions as necessary, in the event of an incomplete submission or to obtain additional information from the Medi-Cal managed care plan requesting the alternative access standards. Upon submission of sufficient additional information to the department, the 90-day timeframe shall resume at the same point in time it was previously stopped, except if there is less than 30 days remaining in which case the department shall approve or deny the request within 30 days of submission of sufficient additional information. If the department rejects the Medi-Cal managed care plan's proposal, the department shall inform the Medi-Cal managed care plan of the department's reason for rejecting the proposal. The department shall post any approved alternative access standards on its internet website.

(5) As part of the department's evaluation of a request submitted by a Medi-Cal managed care plan to utilize an alternative access standard pursuant to this subdivision, the department shall evaluate and determine whether the resulting time *and* or distance is reasonable to expect a beneficiary to travel to receive care.

(6) The department may authorize a Medi-Cal managed care plan to use clinically appropriate video synchronous interaction, as defined in paragraph (5) of subdivision (a) of Section 2290.5 of the Business and Professions Code, as part of an alternative access standard request.

~~(g)~~ *(h)* (1) Effective for contract periods commencing on or after July 1, 2018, a Medi-Cal managed care plan shall, on an annual basis and when requested by the department, demonstrate to the department the Medi-Cal managed care plan's compliance with the time ~~or~~ *and* distance and appointment time standards developed pursuant to this section. The report shall measure compliance separately for adult and pediatric services for primary care, behavioral health, and core specialist services.

(2) Effective for contract periods commencing on or after July 1, 2020, the Medi-Cal managed care plan shall demonstrate, on an annual basis, and when requested by the department, to the department how the Medi-Cal managed care plan arranged for the delivery of Medi-Cal covered services to Medi-Cal enrollees, such as through the use of either Medi-Cal covered

transportation or clinically appropriate video synchronous interaction, as specified in ~~paragraph(6)~~ *paragraph (6)* of subdivision (f), if the enrollees of a Medi-Cal managed care plan needed to obtain health care services from a health care provider or a facility located outside of the time or distance standards, as specified in subdivision (c).

The report shall measure compliance separately for adult and pediatric services for primary care, behavioral health, and core specialist services.

(3) Effective for contract periods commencing on or after July 1, 2018, the department shall evaluate on an annual basis a Medi-Cal managed care plan's compliance with the time or distance and appointment time standards implemented pursuant to this section. This evaluation may include, but need not be limited to, annual and random surveys, investigation of complaints, grievances, or other indicia of noncompliance. Nothing in this subdivision shall be construed to limit the appeal rights of a Medi-Cal managed care plan under its contracts with the department.

(4) The department shall publish annually on its internet website a report that details the department's findings in evaluating a Medi-Cal managed care plan's compliance under paragraph (2). At a minimum, the department shall specify in this report those Medi-Cal managed care plans, if any, that were subject to a corrective action plan due to noncompliance with the time or distance and appointment time standards implemented pursuant to this section during the applicable year and the basis for the department's finding of noncompliance. The report shall include a Medi-Cal managed care plan's response to the corrective plan, if available.

~~(h)~~ *(i)* The department shall consult with Medi-Cal managed care plans, including dental managed care plans, mental health plans, ~~and~~ Drug Medi-Cal Organized Delivery System programs, health care providers, consumers, providers and consumers of long-term services and supports, and organizations representing Medi-Cal beneficiaries in the implementation of the requirements of this section.

~~(i)~~ *(j)* For purposes of this section, the following definitions apply:

(1) "Medi-Cal managed care plan" means any individual, organization, or entity that enters into a contract with the department to provide services to enrolled Medi-Cal beneficiaries pursuant to any of the following:

(A) Article 2.7 (commencing with Section 14087.3), including dental managed care programs developed pursuant to Section 14087.46.

(B) Article 2.8 (commencing with Section 14087.5).

(C) Article 2.81 (commencing with Section 14087.96).

(D) Article 2.82 (commencing with Section 14087.98).

(E) Article 2.9 (commencing with Section 14088).

(F) Article 2.91 (commencing with Section 14089).

(G) Chapter 8 (commencing with Section 14200), including dental managed care plans.

(H) Chapter 8.9 (commencing with Section 14700).

(I) A county Drug Medi-Cal organized delivery system authorized under the California Medi-Cal 2020 Demonstration pursuant to Article 5.5 (commencing with Section 14184) or a successor demonstration or waiver, as applicable.

(2) "Specialist" means any of the following:

(A) Cardiology/interventional cardiology.

(B) Nephrology.

(C) Dermatology.

(D) Neurology.

(E) Endocrinology.

(F) Ophthalmology.

(G) Ear, nose, and throat/otolaryngology.

(H) Orthopedic surgery.

(I) Gastroenterology.

(J) Physical medicine and rehabilitation.

(K) General surgery.

(L) Psychiatry.

(M) Hematology.

(N) Oncology.

(O) Pulmonology.

(P) HIV/AIDS specialists/infectious diseases.

~~(j)~~ *(k)* Notwithstanding Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, the department, without taking any further regulatory action, may implement, interpret, or make specific this section by means of all-county letters, plan letters, plan or provider bulletins, or similar instructions until the time regulations are adopted.

~~(k)~~ *(l)* The department shall seek any federal approvals it deems necessary to implement this section. This section shall be implemented only to the extent that any necessary federal approvals are obtained and federal financial participation is available and is not otherwise jeopardized.

~~(~~ *(m)*

~~l~~

~~)~~ This section shall remain in effect only until January 1, 2026, and as of that date is repealed, unless a later enacted statute that is enacted before January 1, 2026, deletes or extends that date.

SEC. 13.

Section 14197.04 of the Welfare and Institutions Code is amended to read:

14197.04.

(a) (1) A Medi-Cal managed care plan that has received approval from the department to utilize an alternative access standard pursuant to subdivision ~~(f)~~ *(g)* of Section 14197, upon the request of an enrollee who is required to travel farther than the time or distance standards, as established in subdivision (c) of Section 14197, shall assist that enrollee in obtaining an appointment with an appropriate specialist provider within the time ~~or~~ *and* distance standards established pursuant to subdivision (c) of Section 14197 and the appointment time standards established pursuant to subdivision (d) of Section 14197.

(2) For purposes of complying with the requirement to assist an enrollee, as specified in paragraph (1), a Medi-Cal managed care plan shall do either of the following:

(A) Make its best effort to establish a member-specific case agreement, at the Medi-Cal fee-for-service rate or a rate mutually agreed upon by the specialist provider and the plan, with an appropriate specialist provider within the time ~~or~~ *and* distance standards established pursuant to subdivision (c) of Section 14197 and the appointment time standards established pursuant to subdivision (d) of Section 14197.

(B) Arrange for an appointment with a network specialist provider within the time ~~or~~ *and* distance standards established pursuant to subdivision (c) of Section 14197, and the appointment time standards established pursuant to subdivision (d) of Section 14197.

(3) The requirements of paragraph (1) shall not apply if there is not a specialist provider with an office location within the applicable time or distance standards in relation to the area within which the enrollee resides or the Medi-Cal managed care plan has attempted to establish a member-specific case agreement with the specialist provider for any enrollee pursuant to subparagraph (A) of paragraph (2) in the most recent fiscal year and the provider refused to enter into a member-specific case agreement.

(b) If a specialist provider is unavailable to render necessary health care services pursuant to subdivision (a) to an enrollee within the time or distance standards established pursuant to subdivision (c) of Section 14197 and the appointment time standards established pursuant to subdivision (d) of Section 14197, as specified in subdivision (a), the Medi-Cal managed care plan or the Medi-Cal fee-for-service program, as determined appropriate by the department, shall arrange for Medi-Cal covered transportation for an enrollee to obtain covered Medi-Cal services pursuant to Section 14132.

(c) A Medi-Cal managed care plan that has received approval from the department to utilize an alternative access standard pursuant to subdivision ~~(f)~~ *(g)* of Section 14197 shall inform its affected members of the approved alternative access standards in a manner and timeframe, as determined by the department.

(d) (1) "Medi-Cal managed care plan" means any individual, organization, or entity that enters into a contract with the department to provide services to enrolled Medi-Cal beneficiaries pursuant to any of the following:

(A) Article 2.7 (commencing with Section 14087.3), including dental managed care programs developed pursuant to Section 14087.46.

(B) Article 2.8 (commencing with Section 14087.5).

(C) Article 2.81 (commencing with Section 14087.96).

(D) Article 2.82 (commencing with Section 14087.98).

(E) Article 2.91 (commencing with Section 14089).

(F) Chapter 8 (commencing with Section 14200), including dental managed care plans.

(G) Chapter 8.9 (commencing with Section 14700).

(H) A county Drug Medi-Cal organized delivery system authorized under the California Medi-Cal 2020 Demonstration pursuant to Article 5.5 (commencing with Section 14184) or a successor demonstration or waiver, as applicable.

(2) "Specialist provider" has the same meaning as "specialist" as defined in paragraph (2) of subdivision ~~(i)~~ *(j)* of Section 14197.

California Board of PSYCHOLOGY

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MEMORANDUM

DATE	August 3, 2022
TO	Board of Psychology
FROM	Suzy Costa Darrow Legislative and Regulatory Analyst
SUBJECT	Agenda Item # 13(a)(3)(A) – AB 225 (Gray) Department of Consumer Affairs: boards: veterans: military spouses: licenses.

Background:
This bill would require certain boards and bureaus within the Department of Consumer Affairs (DCA) to issue temporary licenses to veterans and active-duty members of the Armed Forces who meet specified criteria.

It would expand eligibility for temporary licenses currently issued by specified boards and bureaus under the DCA to spouses and partners of active-duty members of the Armed Forces to also include the following: Veterans of the Armed Forces of the United States within six months of separation from active duty under other-than-dishonorable conditions; and active-duty members of the Armed Forces of the United States with official orders for separation within 90 days under other-than-dishonorable conditions. This bill would strike language providing that temporary licenses expire upon denial of an application for expedited licensure by a board and provide instead that they expire upon the earlier of 12 months after issuance or upon issuance of a standard license, a license by endorsement, or an expedited license.

On 3/19/2021, the Legislative and Regulatory Affairs Committee agreed with the staff recommendation to watch AB 225 (Gray).

On 4/2/2021, the Board agreed with the Legislative and Regulatory Affairs Committee's recommendation to watch AB 225 (Gray).

Location: Senate – Dead

Status: 7/5/22 – Failed Deadline

Action Requested:
This is for informational purposes only. No action is required at this time.

Attachment A: AB 225 (Gray) Bill Text

AB 225 (Gray) - Department of Consumer Affairs: boards: veterans: military spouses: licenses.

SECTION 1.

Section 115.6 of the Business and Professions Code is amended to read:

115.6.

(a) A board within the department shall, after appropriate investigation, issue the following eligible temporary licenses to an applicant if the applicant meets the requirements set forth in subdivision (c):

(1) Registered nurse license by the Board of Registered Nursing.

(2) Vocational nurse license issued by the Board of Vocational Nursing and Psychiatric Technicians of the State of California.

(3) Psychiatric technician license issued by the Board of Vocational Nursing and Psychiatric Technicians of the State of California.

(4) Speech-language pathologist license issued by the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board.

(5) Audiologist license issued by the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board.

(6) Veterinarian license issued by the Veterinary Medical Board.

(7) All licenses issued by the Board for Professional Engineers, Land Surveyors, and Geologists.

(8) All licenses issued by the Medical Board of California.

(9) All licenses issued by the Podiatric Medical Board of California.

(b) The board may conduct an investigation of an applicant for purposes of denying or revoking a temporary license issued pursuant to this section. This investigation may include a criminal background check.

(c) An applicant seeking a temporary license pursuant to this section shall meet the following requirements:

(1) The applicant shall supply evidence satisfactory to the board that the applicant is one of the following:

~~(1)~~ *(A)* ~~The applicant shall supply evidence satisfactory to the board that the applicant is married~~ *Married* to, or in a domestic partnership or other legal union with, an active

duty member of the Armed Forces of the United States who is assigned to a duty station in this state under official active duty military orders.

(B) A veteran of the Armed Forces of the United States within 60 months of separation from active duty under other than dishonorable conditions.

(C) A veteran of the Armed Forces of the United States within 120 months of separation from active duty under other than dishonorable conditions and a resident of California prior to entering into military service.

(D) An active duty member of the Armed Forces of the United States with official orders for separation within 90 days under other than dishonorable conditions.

(2) The applicant shall hold a current, active, and unrestricted license that confers upon the applicant the authority to practice, in another state, district, or territory of the United States, the profession or vocation for which the applicant seeks a temporary license from the board.

(3) The applicant shall submit an application to the board that shall include a signed affidavit attesting to the fact that the applicant meets all of the requirements for the temporary license and that the information submitted in the application is accurate, to the best of the applicant's knowledge. The application shall also include written verification from the applicant's original licensing jurisdiction stating that the applicant's license is in good standing in that jurisdiction.

(4) The applicant shall not have committed an act in any jurisdiction that would have constituted grounds for denial, suspension, or revocation of the license under this code at the time the act was committed. A violation of this paragraph may be grounds for the denial or revocation of a temporary license issued by the board.

(5) The applicant shall not have been disciplined by a licensing entity in another jurisdiction and shall not be the subject of an unresolved complaint, review procedure, or disciplinary proceeding conducted by a licensing entity in another jurisdiction.

(6) The applicant shall, upon request by a board, furnish a full set of fingerprints for purposes of conducting a criminal background check.

(d) A board may adopt regulations necessary to administer this section.

(e) A temporary license issued pursuant to this section may be immediately terminated upon a finding that the temporary licenseholder failed to meet any of the requirements described in subdivision (c) or provided substantively inaccurate information that would affect the person's eligibility for temporary licensure. Upon termination of the temporary license, the board shall issue a notice of termination that shall require the temporary licenseholder to immediately cease the practice of the licensed profession upon receipt.

(f) An applicant seeking a temporary license as a civil engineer, geotechnical engineer, structural engineer, land surveyor, professional geologist, professional geophysicist,

certified engineering geologist, or certified hydrogeologist pursuant to this section shall successfully pass the appropriate California-specific examination or examinations required for licensure in those respective professions by the Board for Professional Engineers, Land Surveyors, and Geologists.

(g) A temporary license issued pursuant to this section shall expire 12 months after issuance, upon issuance of ~~an expedited license pursuant to Section 115.5, or upon denial of the application for expedited licensure by the board,~~ *a standard license, a license by endorsement, or an expedited license pursuant to Section 115.5,* whichever occurs first.

~~(h) This section shall remain in effect only until July 1, 2023, and as of that date is repealed.~~

SEC. 2.

No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.

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MEMORANDUM

DATE	July 28, 2022
TO	Board of Psychology
FROM	Suzy Costa Darrow Legislative and Regulatory Analyst
SUBJECT	Agenda Item # 13(a)(3)(B) – AB 646 (Low) Department of Consumer Affairs: boards: expunged convictions

Background:
This bill would require a board within the department that has posted on its online license search system that a person's license was revoked because the person was convicted of a crime, within 90 days of receiving an expungement order for the underlying offense from the person, if the person reapplies for licensure or is relicensed, to post notification of the expungement order and the date thereof on its online license search system. The bill would require the board, on receiving an expungement order, if the person is not currently licensed and does not reapply for licensure, to remove within the same period the initial posting on its online license search system that the person's license was revoked and information previously posted regarding arrests, charges, and convictions. The bill would require the board to charge a fee of $25 to the person to cover the reasonable regulatory cost of administering the bill's provisions, unless there is no associated cost. The bill would require the fee to be deposited by the board into the appropriate fund and would make the fee available only upon appropriation by the Legislature.

Location: 6/29/22 – Do pass from Senate Public Safety and refer to Senate Appropriations

Status: Senate Appropriations

Hearing Date: 8/1/22 – Senate Appropriations

Action Requested:
This is for informational purposes only. No action is required at this time.

Attachment A: AB 646 (Low) Bill Text

AB 646 (Low) - Department of Consumer Affairs: boards: expunged convictions.

SECTION 1.

Section 493.5 is added to the Business and Professions Code, to read:

493.5.

(a) A board within the department that has posted on its online license search system that a person's license was revoked because the person was convicted of a crime, upon receiving from the person a certified copy of an expungement order granted pursuant to Section 1203.4 of the Penal Code for the underlying offense, shall, within 90 days of receiving the expungement order, unless it is otherwise prohibited by law, or by other terms or conditions, do either of the following:

(1) If the person reapplies for licensure or has been relicensed, post notification of the expungement order and the date thereof on its online license search system.

(2) If the person is not currently licensed and does not reapply for licensure, remove the initial posting on its online license search system that the person's license was revoked and information previously posted regarding arrests, charges, and convictions.

(b) (1) Except as provided in paragraph (2), a board within the department shall charge a fee of twenty-five dollars ($25) to a person described in subdivision (a) to cover the reasonable regulatory cost associated with administering this section.

(2) A board shall not charge the fee if there is no cost associated with administering this section.

(3) A board may adopt regulations to implement this subdivision. The adoption, amendment, or repeal of a regulation authorized by this subdivision is hereby exempted from the rulemaking provisions of the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code).

(4) The fee shall be deposited by the board into the appropriate fund and shall be available only upon appropriation by the Legislature.

(c) For purposes of this section, "board" means an entity listed in Section 101.

(d) If any provision in this section conflicts with Section 2027, Section 2027 shall prevail.

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MEMORANDUM

DATE	July 29, 2022
TO	Board of Psychology
FROM	Suzy Costa Darrow Legislative and Regulatory Analyst
SUBJECT	Agenda Item #13(b)(1) – AB 2222 (Reyes) Student financial aid: Golden State Social Opportunities Program.

Background:

This bill establishes, upon an appropriation by the Legislature in the Budget Act of 2022, the Golden State Social Opportunities Program administered by the California Student Aid Commission (CSAC) or purposes of providing financial aid to students who commit to working in a California-based nonprofit for a period of 2 years upon completion of the postgraduate program that leads to careers within the specified mental health professions, including as registered psychological associates.

This bill would require the recipient to provide verification of their commitment to work in a California-based nonprofit for two years or obtain registration as a registered psychological associate to the commission, including providing a letter from the employer to substantiate fulfillment of the requirements.

On 6/10/2022, the Legislative and Regulatory Affairs Committee adopted a Support if Amended position per staff recommendation. Board staff had concerns about the bill requiring the Board to track the work settings, specifically nonprofit work settings, of registered psychological associates to certify nonperformance of grant recipients.

On 6/22/2022, the bill was amended to remove Board staff's concerns about the Board's involvement in grant recipient compliance.

Location: Senate Appropriations

Status: 6/30/22 – Do pass from Senate Education and refer to Senate Appropriations

Action Requested:

Due to the 6/22/2022 amendments that eliminated concerns, Board staff recommends the Board take a **Support** position on AB 2222 (Reyes).

Attachment A: AB 2222 (Reyes) Analysis
Attachment B: AB 2222 (Reyes) Senate Education Analysis
Attachment C: AB 2222 (Reyes) Bill Text

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2022 Bill Analysis

Author:	Bill Number:	Related Bills:
Assemblymember Eloise Gomez Reyes	AB 2222	AB 2123 (2022)
Sponsor:	**Version:**	
California Coalition for Youth	Amended 6/22/22	
Subject:		
Student financial aid: Golden State Social Opportunities Program.		

SUMMARY

This bill establishes, upon an appropriation by the Legislature in the Budget Act of 2022, the Golden State Social Opportunities Program administered by the California Student Aid Commission (CSAC) or purposes of providing financial aid to students who commit to working in a California-based nonprofit for a period of 2 years upon completion of the postgraduate program that leads to careers within the specified mental health professions, including as registered psychological associates.

This bill would require the recipient to provide verification of their commitment to work in a California-based nonprofit for two years or obtain registration as a registered psychological associate to CSAC, including providing a letter from the employer to substantiate fulfillment of the requirements.

RECOMMENDATION

SUPPORT – On June 10, 2022, the Legislative and Regulatory Affairs Committee adopted a Support if Amended position per staff recommendation. Recent amendments to the bill eliminated Board staff's previous concerns.

Therefore, Board staff recommend a **Support** position to the full Board.

REASON FOR THE BILL

According to the author, "AB 2222 addresses critical shortages within the mental health workforce by establishing a scholarship to reduce financial barriers for students as they complete their fieldwork to become LCSWs, LPCCs, or LMFTs."

The author states, "Under this Program, which is based on the Golden State Teacher Grant, CSAC will administer scholarships of up to $20,000 annually to students who commit to working for at least two years at a California-based nonprofit upon completion of their graduate school course of study."

Further, the author contends that "By prioritizing former foster and homeless youth for grants, AB 2222 will ensure California's mental health professionals are reflective of the communities they serve. This bill will also improve quality of care for current foster and

homeless youth, who will benefit from working with providers who share their lived experiences."

ANALYSIS
This bill states the following:

- Authorizes CSAC to provide a grant of up to $20,000 per year for up to two years to each student who is enrolled in a postgraduate program from a UC or CSU campus or an independent institution of higher education (ICCU) if the student commits to working in a California-based nonprofit for a period of two years upon completion of the postgraduate program.
- Requires a grant recipient to agree to work in a California-based nonprofit for two years upon completion of the recipient's postgraduate program and have four years to meet that obligation. Requires that a grant recipient agree to repay the total amount of the grant awarded to the recipient if the recipient fails to do one or more of the following:
    - Be enrolled in, or have successfully completed, a postgraduate program from a UC, CSU, or an ICCU.
    - While enrolled in the postgraduate program, maintain good academic standing.
    - Upon completion of the postgraduate program, satisfy the requirements to become a registered psychological associate.
- Requires the grant recipient provide verification of their commitment to work in a California-based nonprofit for two years or obtain registration as a registered psychological associate, to CSAC, including providing a letter from the employer to substantiate fulfillment of the requirements for the award.

CSAC is the principal state agency responsible for administering financial aid programs for students attending public and private universities, colleges, and vocational schools in California. It also serves as a resource for policymakers and the public on college affordability and financing issues, and advocates for policy changes to eliminate cost as a barrier to any qualified California student pursuing a higher education.

According to the Steinberg Institute, just one-third of Californians who live with a mental illness receive the care they need due to a shortage of behavioral healthcare workers. The consequences of this shortage are only going to intensify during the coming years as professionals retire.

In a report published by the California Future Health Workforce Commission, without significant changes to the system, the situation in California will only get worse. The Workforce Commission projects that California will have 41% fewer psychiatrists and 11% fewer psychologists than needed by 2030. Gaps in care are particularly acute for millions of Californians already living in communities facing overall shortages of health professionals, including both rural and underserved urban areas. Meeting behavioral health needs is critical to optimizing the health and well-being of Californians.

LEGISLATIVE HISTORY
AB 2123 (Villapudua): Bringing Health Care into Communities Act of 2023.
Session: 2021-22
Seeks to provide housing grants to certain specified health professionals in health professional shortage areas, to be used for mortgage payments. This bill failed the policy committee deadline and is not moving this year.

OTHER STATES' INFORMATION
Not applicable.

PROGRAM BACKGROUND
The Board protects consumers of psychological services by licensing psychologists, regulating the practice of psychology, and supporting the evolution of the profession. To accomplish this, the Board regulates licensed psychologists and psychological associates.

FISCAL IMPACT
Not applicable.

ECONOMIC IMPACT
Not applicable.

LEGAL IMPACT
Not applicable.

APPOINTMENTS
Not applicable.

SUPPORT/OPPOSITION

Support:
Aspiranet
Bill Wilson Center
California Alliance of Caregivers
California Alliance of Child and Family Services
California Association of Nonprofits
California Catholic Conference
California Coalition for Youth (Sponsor)
California Opportunity Youth Network
California Psychological Association
Children Now
Family Assistance Program
Los Angeles LGBT Center
National Association of Social Workers, California Chapter
Orangewood Foundation
Sanctuary of Hope

Sycamores
Women's Center Youth and Family Services
YMCA of San Diego County, Youth and Family Services

Opposition:

None.

ARGUMENTS

Proponents: According to the California Coalition for Youth, sponsors of the measure, “AB 2222 addresses critical shortages within the mental health workforce by reducing financial barriers for students as they complete their fieldwork to become LCSWs, LPCCs, LMFTs or psychologists. Under this program, which is based on the Golden State Teacher Grant, the California Student Aid Commission will administer scholarships of up to $20,000 annually to students who commit to working for at least two years at a California-based nonprofit upon completion of their graduate school course of study. Scholarships will be prioritized for former foster and homeless youth to ensure California’s mental health professionals are reflective of the communities they serve.”

Opponents: None.

SENATE COMMITTEE ON EDUCATION
Senator Connie Leyva, Chair
2021 - 2022 Regular

Bill No:	AB 2222	**Hearing Date:**	June 30, 2022
Author:	Reyes		
Version:	June 22, 2022		
Urgency:	No	**Fiscal:**	Yes
Consultant:	Olgalilia Ramirez		

Subject: Student financial aid: Golden State Social Opportunities Program

SUMMARY

This bill establishes, upon an appropriation by the Legislature in the Budget Act of 2022, the Golden State Social Opportunities Program (Program) administered by the California Student Aid Commission (Commission) for purposes of providing financial aid to students who commit to working in a California-based nonprofit for a period of 2 years upon completion of the postgraduate program that leads to careers within the specified mental health professions.

BACKGROUND

1) Establishes the Donahoe Higher Education Act, setting forth the mission of the University of California (UC), California State University (CSU), and California Community Colleges (CCC); and, defines "independent institutions of higher education" as nonpublic higher education institutions that grant undergraduate degrees, graduate degrees, or both, and that are formed as nonprofit corporations in California and are accredited by an agency recognized by the United States Department of Education (Education Code (EC) Section 66010, et seq.).

2) Establishes the California Student Aid Commission (Commission) for the purpose of administering specified student financial aid programs (EC Section 69510, et seq.).

ANALYSIS

This bill:

1) Establishes, upon an appropriation by the Legislature in the Budget Act of 2022, the Program administered by the Commission. Specifically, this bill:

2) Authorizes the Commission to provide a grant of up to $20,000 per year for up to two years to each student who is enrolled in a postgraduate program from a UC or CSU campus or an independent institution of higher education (ICCU) if the student commits to working in a California-based nonprofit for a period of two years upon completion of the postgraduate program.

3) Stipulates that money appropriated for the Program in the Budget Act of 2022 be available for encumbrance or expenditure by the Commission until June 30, 2027.

4) Stipulates that grants awarded under the Program not exceed the amount appropriated for the program in the Budget Act of 2022.

5) Stipulates that grant funding be used to supplement, but not supplant, other sources of grant-based financial aid.

6) Requires the Commission to give priority in awarding grants as follows:

   a) First priority for current or former foster youth and homeless youth.

   b) Second priority for individuals who are currently employed at a California-based nonprofit.

7) Requires a grant recipient to agree to work in a California-based nonprofit for two years upon completion of the recipient's postgraduate program and have four years to meet that obligation. Requires that a grant recipient agree to repay the total amount of the grant awarded to the recipient if the recipient fails to do one or more of the following:

   a) Be enrolled in, or have successfully completed, a postgraduate program from a UC, CSU, or an ICCU.

   b) While enrolled in the postgraduate program, maintain good academic standing.

   c) Upon completion of the postgraduate program, satisfy the requirements to become an associate clinical social worker, an associate professional clinical counselor, an associate marriage and family therapist, or a registered psychological associate.

8) Requires the grant recipient provide verification of their commitment to work in a California-based nonprofit for two years or obtain registration as an associate clinical social worker, an associate professional clinical counselor, an associate marriage and family therapist, or a registered psychological associate, to the Commission, including providing a letter from the employer to substantiate fulfillment of the requirements for the award.

9) Specifies that any exceptions to the requirement for repayment be defined by the Commission, and is required to include, but will not necessarily be limited to, both of the following:

   a) The grant recipient has a condition covered under the federal Family and Medical Leave Act of 1993 (29 U.S.C. Sec. 2601, et seq.) or similar state law.

   b) The grant recipient was called or ordered to active duty status for more

then 30 days as a member of a reserve component of the Armed Forces of the United States.

10) Authorizes the Commission to use up to 5% of funding appropriated for purposes of the Program for program outreach and administration.

11) Authorizes the Commission to adopt regulations necessary for the implementation of the Program. Authorizes the Commission to adopt emergency regulations it deems necessary for the implementation of the Program, as specified.

12) Requires the Commission to conduct an evaluation of the Program to determine the effectiveness of the Program to graduate, train, and license associate clinical social workers, associate professional clinical counselors, associate marriage and family therapists, and registered psychological associates.

13) Requires the Commission to submit a report on the effectiveness of the Program to the Department of Finance and the appropriate fiscal and policy committees of the Legislature on or before December 31, 2026.

14) Defines for purposes of the Program the following:

    a) "California-based nonprofit" means an institution based in the state to which contributions have been determined by the United States Internal Revenue Service to be tax-deductible pursuant to Section 501(c)(3) of Title 26 of the Internal Revenue Code.

    b) "Program" means the Golden State Social Opportunities Program.

STAFF COMMENTS

1) **Need for the bill**. According to the author, "AB 2222 addresses critical shortages within the mental health workforce by establishing a scholarship to reduce financial barriers for students as they complete their fieldwork to become LCSWs, LPCCs, or LMFTs."

   The author states, "Under this Program, which is based on the Golden State Teacher Grant, CSAC (Commission) will administer scholarships of up to $20,000 annually to students who commit to working for at least two years at a California-based nonprofit upon completion of their graduate school course of study."

   Further, the author contends that "By prioritizing former foster and homeless youth for grants, AB 2222 will ensure California's mental health professionals are reflective of the communities they serve. This bill will also improve quality of care for current foster and homeless youth, who will benefit from working with providers who share their lived experiences."

2) ***Mental health professional shortage.*** The Census Bureau reported that 30 percent of American adults had symptoms consistent with an anxiety or depression diagnosis. While the pandemic has exacerbated underlying mental health issues for many Americans, barriers to receiving mental health care have existed for years. A central issue is the lack of mental health care professionals.

According to the National Survey on Drug Use and Health (NSDUH), 12.3 percent of adolescents had a major depressive episode in 2014-2015. In 2014-2015, 6.6 percent of persons age 12 or older had an alcohol use disorder. Historically, many Californians with behavioral health needs have had difficulty obtaining the services they need. Among California adolescents who had a major depressive episode between 2011 and 2015, only 32.1 percent reported that they received treatment within the past year.

In a report published by the California Future Health Workforce Commission, without significant changes to the system, the situation in California will only get worse. The Workforce Commission projects that California will have 41 percent fewer psychiatrists and 11 percent fewer psychologists, marriage and family therapists, clinical counselors, and social workers than needed by 2030. Gaps in care are particularly acute for millions of Californians already living in communities facing overall shortages of health professionals, including both rural and underserved urban areas. Meeting behavioral health needs is critical to optimizing the health and well-being of Californians.

State financial aid programs traditionally prioritize resources for undergraduates who are pursuing their first degree and have financial needs, however, the state has used financial incentives such as the one proposed in this bill (grant to loan programs) to address other workforce needs in the areas of teaching. This bill seems to align with these efforts, by creating a grant program to address a shortage of mental health professionals in the state. Additionally, this measure prioritizes students who are more likely to have greater financial needs and require tuition assistance more than their peers. Specifically, the bill extends priority to current foster, former foster, and homeless youth.

3) **Modeled after teacher grant program**. The Golden State Teacher Program, approved in budget trailer bill SB 169 (2021), provides one-time grant funds of up to twenty thousand dollars ($20,000) to each student enrolled on or after January 1, 2020. The student must be in a professional preparation program leading to a preliminary teaching credential at either a qualifying institution or a teacher preparation program approved by the Commission on Teaching Credentialing (CTC) that has a main campus location or administrative entity that resides in California, including teacher preparation programs operated by local educational agencies in California, if the student commits to working in a high-need field at a priority school for four years after the student receives the teaching credential. The proposed grant program is modeled after this teacher grant program for purposes of incentivizing participation in mental health professions.

4) **Capacity at the Commission.** The Commission is a relatively small agency whose primary purpose is to administer the Cal Grant program. As noted in the Assembly Higher Education Committee analysis, California is home to the largest

postsecondary system in the nation, serving millions of students a year, many of whom rely on the services of the Commission in order to receive various forms of state financial aid. Yet, as of 2021-22, the Commission only has 137.5 authorized ongoing staff positions, as well as 2.2 temporary positions. The creation of another grant program and a new verification process could overextend the Commission's capacity to administer programs under its jurisdiction. The bill authorizes up to 5% of the allocation for outreach and administration costs (more information provided below).

5) **Fiscal impact**. According to the Assembly Appropriations Committee analysis, the bill would have the following fiscal impact:

- Unknown one-time General Fund cost pressure, potentially in the low millions of dollars, to provide grants under the Program. Actual cost would depend on the amount the Legislature appropriates for this purpose. A grant of $20,000 for 100 students would cost $2 million. The bill authorizes up to 5% of the appropriated amount to be used by the Commission for outreach and administration.

- Significant annual cost, potentially in the hundreds of thousands of dollars, for the Commission to administer the program. Even if this is a one-time program, the cost to the Commission to monitor compliance with grant conditions would extend out several years. Depending on the amount appropriated for the grants, the 5% allowance for administrative costs could cover the Commission's costs.

6) **Related legislation.**

SB 1229 (McGuire, 2022), upon appropriation by the Legislature, this bill would require the California Student Aid Commission (Commission) to administer the Mental Health Workforce Grant Program (Program), as established by this bill, to increase the number of mental health professionals serving children and youth. SB 1229 is pending hearing in the Assembly Higher Education Committee.

SB 964 (Wiener, 2022) requires the California Community Colleges (CCC) and the California State University (CSU), and requests the University of California (UC), to develop two accelerated programs of study related to degrees in social work. This bill also includes several provisions related to the behavioral health workforce including an analysis of scope of practice laws for behavioral health workers and licensure requirements, a stipend program, creation of an online jobs board, and a workforce analysis. SB 964 is now in the Assembly Appropriations Committee.

AB 2069 (Villapudua, 2022)This bill establishes the California Home Health Aide Training Scholarship Act to be administered by the Commission to incentivize enrollment in home health aide training programs by awarding $1,500 scholarships. AB 2069 is pending in the Senate Health Committee.

SUPPORT

Aspiranet
Board of Behavioral Sciences
California Alliance of Caregivers
California Association of Nonprofits
California Coalition for Youth
Children Now
Villines Group, LLC

OPPOSITION

None received.

-- END --

AB 2222 (Reyes) Student financial aid: Golden State Social Opportunities Program – Amended 06/22/22

SECTION 1.

Article 16 (commencing with Section 69820) is added to Chapter 2 of Part 42 of Division 5 of Title 3 of the Education Code, to read:

Article 16. The Golden State Social Opportunities Program

69820.

This article shall be known, and may be cited, as the Golden State Social Opportunities Program.

69821.

(a) As used in this section, the following definitions apply:

(1) "California-based nonprofit" means an institution based in the state to which contributions have been determined by the United States Internal Revenue Service to be tax-deductible pursuant to Section 501(c)(3) of Title 26 of the Internal Revenue Code.

(2) "Program" means the Golden State Social Opportunities Program.

(b) (1) The Golden State Social Opportunities Program is hereby established. The commission shall administer the program. Under the program, the commission shall provide a grant of up to twenty thousand dollars ($20,000) per year for up to two years to each student who is enrolled in a postgraduate program from a University of California or California State University campus or an independent institution of higher education, as defined in subdivision (b) of Section 66010, if the student commits to working in a California-based nonprofit for a period of two years upon completion of the postgraduate program.

(2) (A) Money appropriated for the program in the Budget Act of 2022 shall be available for encumbrance or expenditure by the commission until June 30, 2027.

(B) Grants awarded under the program shall not exceed the amount appropriated for the program in the Budget Act of 2022.

(3) Grant funding shall be used to supplement, but not supplant, other sources of grant-based financial aid.

(4) The commission shall give grant priority as follows:

(A) First priority for current or former foster youth and homeless youth.

(B) Second priority for individuals who are currently employed at a California-based nonprofit.

(c) (1) A grant recipient shall agree to work in a California-based nonprofit for two years upon completion of the recipient's postgraduate program, and shall have four years to meet that obligation. Except as provided in paragraph (3), a grant recipient shall agree to repay the state the total amount of a grant awarded to the recipient if the recipient fails to do one or more of the following:

(A) Be enrolled in, or have successfully completed, a postgraduate program from a University of California or California State University campus or an independent institution of higher education, as defined in subdivision (b) of Section 66010.

(B) While enrolled in the postgraduate program, maintain good academic standing.

(C) Upon completion of the postgraduate program, satisfy the requirements to become an associate clinical social worker, an associate professional clinical counselor, an associate marriage and family therapist, or a registered psychological associate.

(2) The grant recipient shall provide verification of the recipient's commitment to work in a California-based nonprofit for two years or obtain registration as an associate clinical social worker, an associate professional clinical counselor, an associate marriage and family therapist, or a registered psychological associate to the commission, including providing a letter from the employer to substantiate fulfillment of the requirements of this subdivision.

(3) Any exceptions to the requirement for repayment shall be defined by the commission, and shall include, but shall not necessarily be limited to, both of the following:

(A) The grant recipient has a condition covered under the federal Family and Medical Leave Act of 1993 (29 U.S.C. Sec. 2601 et seq.) or similar state law.

(B) The grant recipient was called or ordered to active duty status for more than 30 days as a member of a reserve component of the Armed Forces of the United States.

(d) The commission may use up to 5 percent of funding appropriated for purposes of the program for program outreach and administration.

(e) The commission may adopt regulations necessary for the implementation of the program. The commission may adopt emergency regulations it deems necessary for the implementation of the program, in accordance with the rulemaking provisions of the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code). For purposes of the Administrative Procedure Act, including Section 11349.6 of the Government Code, the adoption of those regulations shall be deemed to be an emergency and necessary for the immediate preservation of the public peace, health and safety, or general welfare, notwithstanding subdivision (e) of Section 11346.1 of the Government Code.

(f) (1) The commission shall conduct an evaluation of the program to determine the effectiveness of the program to graduate, train, and license associate clinical social workers, associate professional clinical counselors, associate marriage and family therapists, and registered psychological associates.

(2) The commission shall submit a report on the effectiveness of the program to the Department of Finance and the appropriate fiscal and policy committees of the Legislature on or before December 31, 2026.

69822.

This article shall only be implemented upon an appropriation by the Legislature in the Budget Act of 2022 for its purposes.

California Board of PSYCHOLOGY

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MEMORANDUM

DATE	July 28, 2022
TO	Board of Psychology
FROM	Suzy Costa Darrow Legislative and Regulatory Analyst
SUBJECT	Agenda Item #13(b)(2)(A) – AB 1662 (Gipson) Licensing boards: disqualification from licensure: criminal conviction.

Background:

This bill requires each licensing board under the Department of Consumer Affairs (DCA) to establish a process for a prospective applicant who has been convicted of a crime to request a preapplication determination as to whether that crime could disqualify the prospective applicant from licensure. This bill allows a board to charge a fee for the reasonable cost of administering the predetermination process, not to exceed $50.

On 4/29/2022, the Board took an **Oppose** position on AB 1662 (Gipson).

Location: Senate Appropriations Committee

Status: 6/29/22 Do pass from Senate Public Safety Committee refer to Senate Appropriations Committee.

Action Requested:

This item is for informational purposes only. No action is requested.

Attachment A: AB 1662 (Gipson) Analysis
Attachment B: AB 1662 (Gipson) Senate Public Safety Analysis
Attachment C: AB 1662 (Gipson) Letter of Opposition
Attachment D: AB 1662 (Gipson) Bill Text

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2022 Bill Analysis

Author:	Bill Number:	Related Bills
Assembly Member Mike Gipson	AB 1662	SB 1365 (2022)
Sponsor:	**Version:**	
Council of State Governments Justice Center	Amended 04/27/2022	
Subject:		
Licensing boards: disqualification from licensure: criminal conviction.		

SUMMARY

This bill requires each licensing board under the Department of Consumer Affairs (DCA) to establish a process for a prospective applicant who has been convicted of a crime to request a preapplication determination as to whether that crime could disqualify the prospective applicant from licensure.

This bill allows for the Board to require a prospective applicant to furnish a full set of fingerprints as part of a request for a preapplication determination. It also adds language clarifying that a preapplication determination does not constitute the denial or disqualification of an application for purposes of Business and Professions Code section 489 or any other law. If preapplication determination reveals the potential for a denial of a completed application, the bill requires the Board to provide the following info in writing:

- A summary of criteria used
- Process for the applicant to request a copy of their complete conviction history and process to question the accuracy or completeness of the record.
- Any existing procedure the Board has to challenge the decision or request reconsideration following the denial of a completed application, including criteria related to rehabilitation
- Right to appeal the Board's decision

The bill adds language expressly stating that a preapplication determination shall not be a requirement for licensure or participation in any education or training program. The bill requires the Board to place information regarding the preapplication determination process on their websites. Finally, the bill authorizes the assessment of a fee in an amount up to no more than $50, not to exceed the reasonable cost of implementing the bill.

RECOMMENDATION

OPPOSE – On March 25, 2022, the Legislative and Regulatory Affairs Committee adopted an Oppose position per staff recommendation. On April 29, 2022, the full Board adopted an Oppose position per the Legislative and Regulatory Affairs Committee.

Board Staff still has the following concerns with this bill:

- Liability and risk.
- Increased workload.
- Significant cost pressures.

REASON FOR THE BILL
According to the author, "AB 1662 is focused on getting people back to work, improving access to licensed professions, and eliminating barriers that keep individuals that are going through the re-entry process from obtaining a license. We are talking about an untapped pool of job talent who are ready to work and contribute to society but have historically faced the most barriers at a very basic level. This is about opportunity and hope for those that have been held accountable and paid their dues and deserve a second chance. One of the main barriers that folks face when trying to apply for a licensed profession is the expensive tuition that comes with training and courses one needs to take just to find out that they were denied due to their criminal record. This bill would provide notice on whether their record will disqualify them from receiving an occupational license, prior to financial and educational investment in the requirements for the license."

ANALYSIS
This bill would allow any individual to submit a request for determination at any time, as to whether one or multiple convictions they received, would disqualify them from licensure based on the information submitted with the request. Board Staff has the following concerns:

<u>Liability and risk:</u>

Currently, Board staff has concerns about the liability issues within the bill. If the Board is required to rely on information provided by the applicant, would the Board be held liable if the predetermination is inaccurate? The most recent amendments do not address the Board's concerns on this issue.

<u>Increased workload and cost to the Board:</u>

Currently, applications for licensure or registration with a history of convictions or administrative discipline are reviewed by the Board's Enforcement Unit, with no cost to the applicant. This review is to determine if the conviction or discipline is substantially related to the qualifications, functions, or duties of the profession of psychology, and whether that conviction or discipline should cause the Board to deny the application. Each one of these referrals requires a Staff Services Analyst to spend four and a half hours to review each case, on average.

Additionally, the Board is facing a structural imbalance, and is expected to be insolvent in fiscal year 2024-2025 which begins on July 1, 2024.

Because this bill would allow any individual to submit a request for preapplication determination at any time, including prior to receiving any education towards licensure, Board staff are unable to quantify the number of requests the Board may receive or the cost to the Board to absorb these requests should this bill be signed into law.

Currently, the Board completes reviews applicants' criminal history at the end of the application process. This bill would require the Enforcement Unit to complete the review process for both applicants and potential applicants. Part of the applicants' application fees pay for this review.

Based on the structural imbalance, the Board would have to recoup the costs of this work. The bill was amended on April 27, 2022, to include a maximum $50 fee to charge to pre-applicants. While Board staff appreciates the inclusion of this fee, it will not be enough to recoup the costs.

The Board did provide the Department of Consumer Affairs with an estimation based on a three-year average of applications reviewed by the Enforcement Unit. This calculation is included under the Fiscal Impact.

LEGISLATIVE HISTORY

SB 1365 (Jones): Licensing boards: procedures.
Session: 2021-22
Would require each board or bureau within DCA to post on its website a list of criteria used to evaluate applicants with criminal convictions so potential applicants can understand their probability of gaining licensure. It would require DCA to develop an informal process for verifying applicant information, including performing background checks of applicants and requiring applicants with prior convictions to provide certified court documents so that the proper convictions are recorded in the process. This bill died in the Senate Appropriations Committee.

AB 1076 (Ting): Criminal records: automatic relief.
Session: 2019-20
Chapter 578, Statutes of 2019
Requires the Department of Justice (DOJ), as of January 1, 2021, to review its criminal justice databases on a weekly basis, identify persons who are eligible for relief by having either their arrest records or conviction records withheld from disclosure, with specified exceptions, and requires the DOJ to grant that relief to the eligible person without a petition or motion to being filed on the person's behalf.

AB 2138 (Chiu): Licensing boards: denial of application: revocation or suspension of licensure: criminal conviction.
Session: 2017-18
Chapter 995, Statutes of 2018

Reduces barriers to licensure for individuals with prior criminal convictions by limiting a board's discretion to deny a new license application to cases where the applicant was formally convicted of a substantially related crime or subjected to formal discipline by a licensing board, with offenses older than seven years no longer eligible for license denial, with several enumerated exemptions.

OTHER STATES' INFORMATION
Not Applicable

PROGRAM BACKGROUND
The Board protects consumers of psychological services by licensing psychologists, regulating the practice of psychology, and supporting the evolution of the profession. To accomplish this, the Board regulates licensed psychologists and psychological associates.

FISCAL IMPACT
The Department of Consumer Affairs requested the Board provide data on what the bill would cost the Board. In response, the Board used 172.67 cases per year, which is a three-year average of enforcement reviews, at four and a half hours per case review, using a Staff Services Analyst position. The total the Board provided to the Department of Consumer Affairs, is $41,663.54 annually.

Additionally, the Board would need to request 1 Staff Service Analyst positions to meet the workload as required by the bill. This includes the costs of conducting the enforcement reviews, as well as the costs to be incurred by an appeals process.

ECONOMIC IMPACT
Not Applicable

LEGAL IMPACT
Not Applicable

APPOINTMENTS
Not Applicable

SUPPORT/OPPOSITION

Support: Council of State Governments Justice Center (Sponsor)
Institute for Justice
Little Hoover Commission

Opposition: Board for Professional Engineers, Land Surveyors, and Geologists
Dental Hygiene Board of California
Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board
Board of Psychology

ARGUMENTS

Proponents: This bill is sponsored by the Council of State Governments Justice Center (CSG). CSG references the passage of AB 2138 calls "a model state for many other states looking to eliminate various barriers to employment for formerly incarcerated individuals." CSG writes that this bill would build upon that law by "authorizing pre-application eligibility determinations for prospective applicants to know whether their record is disqualifying before investing in the training and education required for a license." CSG argues that "as a fair chance licensing frontrunner, California has demonstrated that thoughtful targeted policies can significantly expand economic mobility without jeopardizing public safety."

The Institute for Justice also supports this bill, writing: "Building on California's 2018 'Fair Chance Licensing' law would help to further eliminate the deterrent effect of licensing barriers on workers who are unsure if their conviction will be disqualifying, reduce recidivism by opening additional stable employment opportunities, provide businesses with qualified workers and save taxpayer incarceration and public benefits costs. Currently, 20 states have enacted such policy in recent years: Arizona, Arkansas, Idaho, Iowa, Indiana, Kansas, Mississippi, Missouri, Nebraska, New Hampshire, North Carolina, Nevada, Ohio, Oklahoma, Pennsylvania, Tennessee, Texas, Utah, West Virginia and Wisconsin."

Opponents: The Board for Professional Engineers, Land Surveyors, and Geologists opposes this bill unless amended, arguing that the bill "does not provide sufficient clarity that any preapplication determination by the Board about the effect a conviction may have on a person's ability to obtain a license must necessarily be an initial, non-binding determination." The Board writes that "while the Board understands the intent in helping people with convictions determine whether to continue on their chosen career path, the Board believes it is important to make it clear that any preapplication determination is non-binding and could change to the applicant's detriment or benefit over time."

The Dental Hygiene Board of California also opposes this bill, writing: "The Board understands the time and expense a prospective applicant may incur during training in a prospective licensing field. However, the bill would lead to an increased workload and cost for the Board to pre-review possible applicants without compensation for Board resources. The time and resources used for the pre-application review would be about the same as someone who applied without a conviction. In addition, if the Board must pre-review or approve an applicant without compensation and an additional conviction were to occur prior to licensing, it is possible

the pre-approval would be rescinded, and licensure denied depending on vetting the new conviction."

SENATE COMMITTEE ON PUBLIC SAFETY

Senator Steven Bradford, Chair
2021 - 2022 Regular

Bill No:	AB 1662	**Hearing Date:**	June 28, 2022
Author:	Gipson		
Version:	April 27, 2022		
Urgency:	No	**Fiscal:**	Yes
Consultant:	MK		

Subject: ***Licensing boards: disqualification from licensure: criminal conviction***

HISTORY

Source: Council of State Governments – Justice Center

Prior Legislation: None

Support: Calchamber; Little Hoover Commission; U.S. Chamber of Commerce

Opposition: Board of Registered Nursing; California Board of Psychology; Speech-language Pathology and Audiology and Hearing Aid Dispensers Board

Assembly Floor Vote: 60 - 5

PURPOSE

The purpose of this bill is to require boards within the Department of Consumer Affairs (DCA), other than the Bureau for Private Postsecondary Education and State Athletic Commission, and the Department of Real Estate, to establish a process for prospective applicants to request a preapplication determination to ascertain whether their criminal history could be cause for a licensure application to be denied.

Existing law establishes DCA within the Business, Consumer Services, and Housing Agency. (Business and Professions Code (BPC) § 100)

Existing law provides for the licensure and regulation of various professions and vocations by boards, bureaus, and other entities within the DCA. (BPC §§ 22, 100-144.5)

Existing law provides that all boards within the DCA are established for the purpose of ensuring that those private businesses and professions deemed to engage in activities, which have potential impact upon the public health, safety, and welfare, are adequately regulated in order to protect the people of California. (BPC § 101.6)

Existing law authorizes certain boards within the DCA to require an applicant to provide fingerprints for purposes of conducting criminal history record checks through the Department of Justice (DOJ) and the United States Federal Bureau of Investigation (FBI). (BPC § 144)

Existing law prohibits boards under the DCA from denying a license on the grounds of a lack of good moral character or any similar ground relating to an applicant's character, reputation, personality, or habits. (BPC § 475)

Existing law authorizes a board to deny a license on the grounds that the applicant has been convicted of a crime or has been subject to formal discipline under either of the following conditions:

a) The applicant has been convicted of a crime within the preceding seven years that is substantially related to the qualifications, functions, or duties of the licensed profession for which the application is made; after seven years, serious, violent, and sexual offenses are still eligible for consideration, and some boards may still consider financial crimes.

b) The applicant has been subjected to formal discipline by a licensing board in or outside California within the preceding seven years based on professional misconduct that would have been cause for discipline before the board for which the present application is made and that is substantially related to the qualifications, functions, or duties of the business or profession for which the present application is made. (BPC § 480(a))

Existing law prohibits a board from denying a license to a person on the basis that the person has been convicted of a crime, or on the basis of acts underlying a conviction for a crime, if that person has obtained a certificate of rehabilitation, has been granted clemency or a pardon by a state or federal executive, or has made a showing of rehabilitation. (BPC § 480(b))

Existing law prohibits a person from being denied a license on the basis of any conviction, or on the basis of the acts underlying the conviction, that has been dismissed or expunged. (BPC § 480(c))

Existing law prohibits a board from denying a license on the basis of an arrest that resulted in a disposition other than a conviction, including an arrest that resulted in an infraction, citation, or a juvenile adjudication. (BPC § 480(d))

Existing law allows a board to deny a license on the ground that the applicant knowingly made a false statement of fact that is required to be revealed in the application for the license; however, a board may not deny a license based solely on an applicant's failure to disclose a fact that would not have been cause for denial of the license had it been disclosed. (BPC § 480(e))

Existing law prohibits any board that requires fingerprint background checks from requiring an applicant to disclose any information regarding their criminal history; however, a board may request mitigating information from an applicant for purposes of determining substantial relation or demonstrating evidence of rehabilitation, provided that the applicant is informed that disclosure is voluntary and that the applicant's decision not to disclose any information shall not be a factor in a board's decision to grant or deny an application for licensure. (BPC § 480(f)(2))

Existing law requires a board that decides to deny an application based solely or in part on the applicant's conviction history to notify the applicant in writing of all of the following:

a) The denial or disqualification of licensure.

b) Any existing procedure the board has for the applicant to challenge the decision or to request reconsideration.

c) That the applicant has the right to appeal the board's decision.

d) The processes for the applicant to request a copy of the applicant's complete conviction history and question the accuracy or completeness of the record. (BPC § 480(f)(3))

Existing law prohibits the delay in processing of an application or a denial of a license based solely on the basis that some or all of the licensure requirements were completed while an individual was incarcerated, as specified. (BPC § 480.5(a))

Existing law requires each board to develop criteria to aid it when considering the denial, suspension, or revocation of a license, to determine whether a crime is substantially related to the qualifications, functions, or duties of the business or profession it regulates; and specifies that the criteria include all of the following:

a) Nature and gravity of the offense;

b) Number of years elapsed since the date of the offense; and

c) Nature and duties of the profession in which the applicant seeks licensure or in which the licensee is licensed. (BPC § 481(a)(b))

Existing law requires each board to develop criteria to evaluate the rehabilitation of a person when considering the denial of a license based on prior misconduct. (BPC § 482)

Existing law upon denial of a license, requires a board to inform the applicant of the earliest date on which the applicant may reapply for a license which shall be one year from the effective date of the decision, unless the board prescribes an earlier date or a later date is prescribed by another statute, and that all competent evidence of rehabilitation presented will be considered upon a reapplication. (BPC § 486)

Existing law authorizes a board to grant a license, grant a probationary license, deny a license, or take other appropriate action following a hearing requested by an applicant whose license was previously denied. (BPC § 488)

This bill requires DCA boards, other than the Bureau for Private Postsecondary Education and State Athletic Commission, and the Department of Real Estate, to establish a preapplication determination process for prospective applicants to determine whether their criminal history could be cause for a licensure application to be denied.

This bill authorizes a board, with existing authority to require an applicant to provide a full set of fingerprints for background checks, to require prospective applicants who request a preapplication determination to provide the board fingerprints for purposes of conducting a criminal history record check as part of the preapplication determination.

This bill authorizes the California Architects Board, the Landscape Architects Technical Committee, the Board of Barbering and Cosmetology, and the Bureau of Household Goods and Services to require prospective applicants for licensure to disclose criminal conviction history as part of a preapplication determination.

This bill specifies that a preapplication determination shall not constitute the denial or disqualification of an application.

This bill provides that the board shall publish information regarding its process for preapplication determination on its website.

This bill allows the board to charge a $50 fee for a prospective applicant.

This bill requires a board that determines a prospective applicant's criminal history could be cause for their completed application to be denied to provide them with: a summary of the criteria used to consider whether a crime is considered to be substantially related to the qualifications, functions, or duties of the business or profession the board regulates; the processes for the applicant to request a copy of their conviction history and to question the accuracy or completeness of the record; notice that the applicant would have the right to appeal the board's decision; and any existing procedure the board has for the prospective applicant to challenge the decision or to request reconsideration following the denial of a completed application, including a copy of the criteria relating to rehabilitation.

This bill requires a board to publish information on its website regarding its process for requesting a preapplication determination. Authorizes a board to charge a prospective applicant a fee of $50 or less for preapplication determination.

This bill prohibits a preapplication determination from being a requirement for licensure or for participation in any education or training program.

COMMENTS

1. Need for This Bill

According to the author:

> AB 1662 seeks to provide a "pre-application determination" for prospective applicants of occupational licenses to know whether their criminal record is disqualifying, before they invest inexpensive training and education required for a license.
> Workers with criminal histories can be significantly deterred from pursuing work in licensed occupations and professions due to uncertainty about whether their criminal history will be deemed disqualifying by a licensing authority. Currently, the criminal history of prospective licensees is only considered when a formal application is filed – i.e., *after* a person has met the general training and educational requirements required for licensure. Because the costs associated with meeting those general requirements are so significant (both in terms of time and money), workers with criminal histories – even for minor offenses – must assume enormous risks when deciding to pursue licensure. For many, the risk that licensure *may* be denied based on their criminal history is too much to bare, forcing determined, qualified, and rehabilitated workers to avoid licensed fields altogether.
>
> Pre-application determination provisions are part of model licensing laws and recommendations advocated for by a variety of groups including the National Employment Law Project (see https://www.nelp.org/publication/unlicensed-untapped-removing-barriers-state-occupational-licenses/), Institute for Justice (see https://ij.org/report/barred-from-working/), and Council of State Governments Justice Center (see https://csgjusticecenter.org/projects/fair-chance-licensing/). See

also, National Conference of State Legislatures, Barriers to Work: Improving Employment in Licensed Occupations for Individuals with Criminal Records, https://www.ncsl.org/Portals/1/Documents/Labor/Licensing/criminalRecords_v06_web.pdf

2. Department of Consumer Affairs

DCA is one of 12 entities operating under the direction of the Business, Consumer Services and Housing Agency (BCHS). DCA issues almost 4 million licenses, certificates, and approvals to individuals and businesses in over 250 categories. This involves setting the qualifications and levels of competency for the professionals regulated by the DCA's boards and bureaus which license, register, or certify practitioners; investigate complaints; and discipline violators. Fees paid by DCA licensees fund DCA operations almost exclusively.

Within the DCA are 38 entities, including 26 boards, eight bureaus, two committees, one program, and one commission (hereafter "boards" unless otherwise noted). Collectively, these boards regulate more than 100 types of businesses and 200 different industries and professions. As regulators, these boards perform two primary functions:

- Licensing—which entails ensuring only those who meet minimum standards are issued a license to practice, and

- Enforcement—which entails investigation of alleged violations of laws and/or regulations and taking disciplinary action, when appropriate.

DCA entities are semiautonomous regulatory bodies with the authority to set their own priorities and policies and take disciplinary action on their licensees. Board members are representatives of the public and the profession a particular board oversees.

Some programs within DCA have a Disciplinary Review Committee (DRC) comprised of board members, which conducts informal administrative hearings and renders decisions regarding appealed citations or enforcement decisions.

3. Criminal history barriers to employment

Concerns have been raised in the past number of years that statutory authority for boards and bureaus to deny a license to an individual who has "done any act involving honesty, fraud, or deceit" for self-benefit or harm to other was too broad, and could potentially go beyond criminal convictions. Interested parties argued that this authority opened the door for many licensure applications to be denied based purely on alleged misconduct that has not been determined to have occurred through standard due process.

The discretion for boards and bureaus to deny licensure to applicants with criminal histories has also been criticized, despite the guarantee of due process afforded to these applicants prior to a crime being reflected on their record. The 2016 National Employment Law Project report *Unlicensed & Untapped: Removing Barriers to State Occupational Licenses for People with Records* highlights "a lack of transparency and predictability in the licensure decision-making process and confusion caused by a labyrinth of different restrictions" in regulatory schemes across the country. California was specifically graded as "Needs Improvement," with recommendations including:

- Expand blanket ban prohibition to all occupations with one overarching law.
- Expand occupation-relatedness requirement to all.
- Require consideration of the time elapsed since conviction.
- Prohibit consideration of certain record information (e.g., arrests, lesser offenses, older offenses).
- Require consideration of the applicant's rehabilitation.

Additional studies and reports have focused on the impacts of licensing requirements for employment and on individuals seeking to become employed. According to a July 2015 report on occupational licensing released by the White House, strict licensing creates barriers to mobility for licensed workers, citing several groups of people particularly vulnerable to occupational licensing laws, including former offenders, military spouses, veterans and immigrants.

In October 2016, the Little Hoover Commission released a report entitled *Jobs for Californians: Strategies to Ease Occupational Licensing Barriers*. The report noted that one out of every five Californians must receive permission from the government to work, and for millions of Californians that means contending with the hurdles of becoming licensed. The report noted that many of the goals to professionalize occupations, standardize services, guarantee quality and limit competition among practitioners, while well intended, have had a larger impact of preventing Californians from working, particularly harder-to-employ groups such as former offenders and those trained or educated outside of California, including veterans, military spouses and foreign-trained workers. The study found that occupational licensing hurts those at the bottom of the economic ladder twice: first by imposing significant costs on them should they try to enter a licensed occupation and second by pricing the services provided by licensed professionals out of reach.

The report found that California compares poorly to the rest of the nation in the amount of licensing it requires for occupations traditionally entered into by people of modest means. According to the report, researchers from the Institute for Justice selected 102 lower-income occupations, defined by the Bureau of Labor Statistics as making less than the national average income, ranging from manicurist to pest control applicator. Of the 102 occupations selected, California required licensure for 62, or 61 percent of them. According to the report, California ranked third most restrictive among 50 states and the District of Columbia, following only Louisiana and Arizona. California ranked seventh of 51 when measuring the burden imposed on entrants into these lower- and moderate-income occupations: on average, California applicants must pay $300 in licensing fees, spend 549 days in education and/or training and pass one exam. The report specifically noted improvements that could be made in the information licensing entities provide applicants to ensure a smoother licensing process.

During the 2016-2017 sunset review oversight of the DCA, this Committee asked what steps DCA was taking to respond to the Little Hoover Commission report and how the DCA is advising entities within the DCA on best practices to assist in the licensure process. The DCA responded that it was working with the BCHS to identify areas where unnecessary barriers to licensure can be reduced and noted that one key area of this work has been on the examination of possible barriers to licensure for individuals reentering the workforce after incarceration. The DCA stated that it had been assessing the criteria used by boards and bureaus to determine if a past conviction is substantially related, as well as how they consider rehabilitation. The DCA

reported that clarifying criteria through regulations, through FAQs, or some combination of both could assist applicants and potentially encourage more individuals with prior convictions to apply and stated that it "intends to work with the various boards and bureaus to achieve more clarity and remove unnecessary barriers to licensure. Some of the avenues the DCA is exploring include: providing clear descriptions of licensing criteria on each program's website, potentially re-drafting some regulations to create some consistency and additional clarity, and providing more hands-on guidance to licensees that inquire about these processes."

4. Preapplication determination

This bill creates process for most of the boards within the Department of Consumer affairs to create a preapplication determination for prospective applicants to make a determination whether their criminal background will be a barrier to their employment. If it is found that the person's criminal record may be cause for denial then the person will be given: a summary of criteria of used; a copy of the criminal record used so it can be checked for accuracy; and, the right to appeal the decision. The hope is this will help a person determine what kind of training or job they should pursue so that they don't waste time and money focusing on a career path for which they will be found ineligible.

5. Recent legislation

SB 1365 (Jones) which passed this Committee on April 26 and was held in Senate Appropriations required boards within the Department of Consumer Affairs to publicly post which criminal offenses may make a person ineligible for licensure by that board and provide a process for a person to get a certified copy of records to challenge a denial.

AB 2138 (Chiu and Low) Chapter 995, Statutes of 2018, made substantial reforms to the license application process for individuals with criminal records. Under AB 2138, an application may only be denied based on prior misconduct if the applicant was formally convicted of a substantially related crime or was subject to formal discipline by a licensing board. Further, prior conviction and discipline histories are ineligible for disqualification of applications after seven years, with the exception of serious and registerable felonies, as well as financial crimes for certain boards. Among other provisions, the bill additionally requires each board to report data on license denials, publish its criteria on determining if a prior offense is substantially related to licensure, and provide denied applicants with information about how to appeal the decision and how to request a copy of their conviction history. Most DCA programs updated, or are in the final process, of updating regulations to ensure compliance with AB 2138.

6. Argument in Support

The US Chamber of Commerce supports this bill stating:

> The Chamber believes that a job is one of the best ways for people with criminal records not to re-offend. However, occupational licensing requirements often block or burden ex-offenders as they pursue new opportunities, sometimes after having invested resources into pursuing an occupation for which they are subsequently denied a license. AB 1662 would allow an ex-offender to petition a licensing board—before investing in training—for a determination that the ex-offender will not be disqualified from gaining a license because of past offenses. Having that

determination would assist ex-offenders as they work to ensure that their path ahead leads to a better life.

7. Argument in Opposition

The California Board of Psychology opposes this bill stating:

> Currently, the Board reviews applicants' criminal history at the end of the application process. This bill would require the Enforcement Unit to complete the review process for both applicants and potential applicants. Part of the applicants' application fees pay for this review. While the Board appreciates the inclusion of a $50 fee that can be assessed to make this determination within the most recent amendments, the Board does not feel that would sufficiently cover the costs associated with this work.
>
> The most recent amendments do not address policy concerns of liability and risk. The Board would need additional legal protections so that a pre-applicant cannot sue or take legal action against the Board based on a determination.

-- END –

California Board of PSYCHOLOGY

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July 11, 2022

The Honorable Anthony Portantino
Chair, Senate Committee on Appropriations
State Capitol, Room 412
Sacramento, CA 95814

RE: AB 1662 (Gipson) Licensing boards: disqualification from licensure: criminal conviction – OPPOSE

Dear Senator Portantino,

On April 29, 2022, the Board of Psychology (Board) voted to adopt an **OPPOSE** position on AB 1662 (Gipson), as amended April 27th, as this bill has raised numerous concerns.

This bill would authorize a prospective applicant that has been convicted of a crime to submit to any board or bureau a request for a preapplication determination that includes information provided by the prospective applicant regarding their criminal conviction. Upon receiving a preapplication determination request, this bill would require the Board to determine if the prospective applicant would be disqualified from licensure by the Board based on the information submitted with the request and deliver that determination to the prospective applicant.

Currently, the Board reviews applicants' criminal history at the end of the application process. This bill would require the Enforcement Unit to complete the review process for both applicants and potential applicants. Part of the applicants' application fees pay for this review. While the Board appreciates the inclusion of a $50 fee that can be assessed to make this determination within the most recent amendments, the Board does not feel that would sufficiently cover the costs associated with this work.

The Department of Consumer Affairs (DCA) asked the Board for a fiscal impact and requested data for determining these costs. The Board determined that an enforcement analyst (Staff Services Analyst position) reviews 172.67 cases per year, which is a three-year average of enforcement reviews, at four and a half hours per case review. The Board determined this bill would cost the $41,663.54 annually. The Board would need to request one (1) Staff Service Analyst position through a Budget Change Proposal to meet the workload as required by the bill. These costs would <u>not</u> be minor or absorbable because the Board does not receive money from the General Fund and the Board is experiencing a structural imbalance with insolvency expected on July 1, 2024.

Additionally, the most recent amendments do not address policy concerns of liability and risk. The Board would need additional legal protections so that a pre-applicant cannot sue or take legal action against the Board based on a determination.

For these reasons, the Board respectfully requests that you vote **"NAY"** on AB 1662 when it comes before you in the Senate Appropriations Committee.

If you have any questions or concerns, please feel free to contact the Board's Executive Officer, Antonette Sorrick, at (916) 574-7113 or Antonette.Sorrick@dca.ca.gov. Thank you.

Sincerely,

Lea Tate, Psy.D.
President, Board of Psychology

cc: Senator Patricia Bates, Vice-Chair, Senate Appropriations Committee
Members, Senate Appropriations Committee
Assemblymember Mike Gipson
Janelle Miyashiro, Consultant, Senate Appropriations Committee
Amanda Richie Consultant, Senate Republican Caucus
Kayla Williams, Consultant, Senate Republican Caucus

AB-1662 Licensing boards: disqualification from licensure: criminal conviction – Amended 04/27/2022

SECTION 1.
Section 480.7 is added to the Business and Professions Code, to read:

480.7.
(a) A board shall establish a process by which prospective applicants may request a preapplication determination as to whether their criminal history could be cause for denial of a completed application for licensure by the board pursuant to Section 480.

(b) The process required by subdivision (a) shall allow for prospective applicants to request a preapplication determination at any time prior to the submission of a completed application through any method through which the board allows for the submission of completed applications.

(c) (1) If a prospective applicant requests a preapplication determination, a board designated in subdivision (b) of Section 144 may require a prospective applicant to furnish a full set of fingerprints for purposes of conducting a criminal history record check as part of a preapplication determination.

(2) Prospective applicants seeking a preapplication determination shall be considered applicants for purposes of Section 144.

(3) A board that receives criminal history information as part of a preapplication determination is not required to request subsequent arrest notification service from the Department of Justice pursuant to Section 11105.2 of the Penal Code.

(d) If a prospective applicant requests a preapplication determination, a board issuing a license pursuant to Chapter 3 (commencing with Section 5500), Chapter 3.5 (commencing with Section 5615), Chapter 10 (commencing with Section 7301), Chapter 20 (commencing with Section 9800), or Chapter 20.3 (commencing with Section 9880), of Division 3, or Chapter 3 (commencing with Section 19000) or Chapter 3.1 (commencing with Section 19225) of Division 8 may require prospective applicants for licensure under those chapters to disclose criminal conviction history as part of a preapplication determination.

(e) A preapplication determination shall not constitute the denial or disqualification of an application for purposes of Section 489 or any other law.

(f) Upon making a preapplication determination finding that a prospective applicant's criminal history could be cause for denial of a completed application, a board shall provide the prospective applicant with all of the following in writing:

(1) A summary of the criteria used by the board to consider whether a crime is considered to be substantially related to the qualifications, functions, or duties of the business or profession it regulates consistent with Section 481.

(2) The processes for the applicant to request a copy of the applicant's complete conviction history and question the accuracy or completeness of the record pursuant to Sections 11122 to 11127, inclusive, of the Penal Code.

(3) That the applicant would have the right to appeal the board's decision.

(4) Any existing procedure the board has for the prospective applicant would have to challenge the decision or to request reconsideration following the denial of a completed application, including a copy of the criteria relating to rehabilitation formulated under Section 482.

(g) A board shall publish information regarding its process for requesting a preapplication determination on its internet website.

(h) A preapplication determination shall not be a requirement for licensure or for participation in any education or training program.

(i) Pursuant to this section, a board may charge a fee to a prospective applicant in an amount not to exceed the lesser of fifty dollars ($50) or the reasonable cost of administering this section. The fee shall be deposited by the board into the appropriate fund and shall be available only upon appropriation by the Legislature.

(j) For purposes of this section, "board" includes each licensing entity listed in Section 101, excluding the Bureau for Private Postsecondary Education and the State Athletic Commission, and the Department of Real Estate.

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MEMORANDUM

DATE	August 1, 2022
TO	Board of Psychology
FROM	Suzy Costa Darrow Legislative and Regulatory Analyst
SUBJECT	Agenda Item #13(b)(2)(B) – AB 2754 (Bauer-Kahan) Psychology: supervising psychologists: qualifications

Background:
This bill allows the supervision of a registered psychological associate, to be provided through in-person or synchronous audiovisual means. This bill, an urgency statute, takes effect immediately.

On 3/25/2022, the Legislative and Regulatory Committee voted to recommend the Board take a Support if Amended position on AB 2754 (Bauer-Kahan).

On 4/29/2022, the Board adopted a **Support** position on AB 2754, based on the author accepting the Board's amendments in the 4/27/2022 version of the bill.

Location: Senate Floor

Status: 6/28/2022 – Senate Third Reading

Action Requested:

This is for informational purposes only. No action is requested.

Attachment A: AB 2754 (Bauer-Kahan) Analysis
Attachment B: AB 2754 (Bauer-Kahan) Senate Floor Analysis
Attachment C: AB 2754 (Bauer-Kahan) Letter of Support
Attachment D: AB 2754 (Bauer-Kahan) Bill Text

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2022 Bill Analysis

Author:	Bill Number:	Related Bills:
Assembly Member Bauer-Kahan	AB 2754	
Sponsor:	**Version:**	
California Psychological Association (CPA)	Amended 4/27/22	
Subject:		
Psychology: supervising psychologists: qualifications.		

SUMMARY

This bill allows the supervision of a registered psychological associate, to be provided through in-person or synchronous audiovisual means, as specified. This bill, an urgency statute, takes effect immediately.

RECOMMENDATION

SUPPORT – On March 25, 2022, the Legislative and Regulatory Affairs Committee adopted a Support if Amended position per staff recommendation.

The author took the Board's amendments, and they went into print on April 27, 2022. On April 29, 2022, the full Board adopted a Support position.

REASON FOR THE BILL

According to the author: "The COVID-19 pandemic has exacerbated mental health conditions and as a result, there is a critical need for more mental health professionals. In addition, California is experiencing a dire shortage of mental health professionals and grappling with meeting this need. According to the Healthforce Center, California is on track to lose 41% of its psychiatrists and 11% of its psychologists in the next decade. This is on top of the existing scarcity."

"Under current law, psychology trainees in California are required to receive 3,000 hours of supervised professional experience as a condition to receive their license to practice. As part of those hours, trainees are required to be supervised by appropriate psychologist for 10% of the total time worked each week – and have at least one hour per week of face-to-face, direct, individual supervision with their primary supervisor."

This means that, at least once every week, during a two-year period, a trainee has no choice but to be in close quarters with another individual in the midst of a global health pandemic."

"In response, Governor Gavin Newsom temporarily waived face-to-face supervision and permitted supervision to be done remotely via HIPAA-compliant video. Despite the continued spread of COVID-19 and the risks associated with behavioral health

professionals working in close quarters, the emergency waiver was only extended until March 31, 2022, at which point it will expire."

"The face-to-face supervision waiver gave practitioners the ability to expand their capacity and protect their health without any negative impacts to patients. The Board of Psychology's continued extensions of the waiver highlights its efficacy. The COVID-19 pandemic illustrated advances in HIPAA-compliant video and practitioner demand for greater flexibility in practice and education."

"The face-to-face waiver alleviated public health constraints, reduced costs to practitioners, both trainees and supervisors, and resulted in increased practitioner availability and access."

"After March 31, 2022, psychology trainees will lose their ability to be supervised remotely, which puts an undue burden on their safety as well as time, costs and access to complete their training."

"AB 2754 codifies Executive Order N-39-20, the face-to-face waiver, and allows for supervision to transpire via audio and visual modalities. This flexibility will improve the safety and availability of training for a necessary workforce."

ANALYSIS

Psychology trainees in California are required to receive 3,000 hours of supervised professional experience as a condition to receive their license to practice. As part of those hours, trainees are required to be supervised 10% of the total time worked each week – and have at least one hour per week of face-to-face, direct, individual supervision with their primary supervisor. Face-to-face supervision is interpreted to mean in-person and in the same room.

On March 30, 2020, Governor Newsom signed Executive Order N-39-20, which allowed DCA to waive any of the professional licensing requirements and amend scopes of practice, including requirements governing the practice and permissible activities for licensees. This language in the waiver allowed the Board to waive face-to-face requirements for psychological supervision of registered psychological associates. This waiver expired on June 30, 2021. Beginning July 1, 2021, the Board provided a six-month grade period to allow the one-hour face-to-face, direct, individual supervision to be conducted through HIPAA-compliant video technology. The Board extended this grace period through March 31, 2022.

This bill is now self-executing and benefits the Board's 1,500 registered psychological associates, and countless individuals who are gaining hours necessary towards licensure while providing psychological services in accredited or approved academic institutions, public schools, governmental agencies, under a DHCS wavier, or through a predoctoral internship or postdoctoral placement.

The bill includes an urgency clause, which means if signed, it would take effect immediately. This would close the gap and eliminate the need for the waiver, as registered psychological associates would continue to be supervised remotely.

LEGISLATIVE HISTORY
Not Applicable.

OTHER STATES' INFORMATION
According to the Association of State and Provincial Psychological Boards (ASPPB), two states plus the District of Columbia had emergency regulations in place pertaining to remote supervision.

District of Columbia (D.C.)
The Department of Health has issued Administrative Orders to assist in the provision of health care services, including mental health services, during the public health emergency. In addition to those orders, the Board of Psychology issued Policy 2020-002 (6/25/2020) to allow for immediate supervision requirements to be accomplished via "real-time, synchronous communication between the supervisor and the supervisee through the use of appropriate real-time technology such as telephone or audiovisual telecommunication."

North Carolina
Executive Order 130 waived licensure requirements for behavioral health professionals, including: (i) psychologists who are licensed in another state with no prior disciplinary action; (ii) retired psychologists formally licensed in North Carolina with no prior disciplinary action; (iii) unlicensed individuals who have been awarded a master's degree or doctoral degree in psychology from a regionally accredited program that is not an online program, and who shall only provide psychological services as a volunteer; and (iv) individuals who are either currently enrolled or within the past three months completed a master's or doctoral program from a regionally accredited institution that is not an online program and has completed at least one year of an internship or practicum. Individuals practicing under Executive Order 130 may be required to receive supervision from a North Carolina licensed psychologist. The expiration has been extended until June 26, 2020 and may be further extended.

Ohio
At the psychologist's discretion, 90 practice days may be extended to supervisees with clients living in Ohio. Supervisees must practice psychology under supervision of the authorized psychologist in their home state.

PROGRAM BACKGROUND
The Board protects consumers of psychological services by licensing psychologists, regulating the practice of psychology, and supporting the evolution of the profession. To accomplish this, the Board regulates licensed psychologists and registered psychological associates.

On March 30, 2020, Governor Newsom signed Executive Order N-39-20, which allowed DCA to waive any of the professional licensing requirements and amend scopes of practice, including requirements governing the practice and permissible activities for licensees. This language in the waiver allowed the Board to waive face-to-face requirements for psychological supervision of registered psychological associates. This waiver was extended multiple times since the Governor signed the Executive Order. This waiver is set to expire on March 31, 2022.

During the April 6, 2020 Board meeting, the Board noted their support for remote, HIPAA-compliant video psychological supervision if state and local health authorities recommended social distancing or mandated site closure where a trainee has been performing psychological functions under the immediate supervision of a primary supervisor.

FISCAL IMPACT
Not Applicable.

ECONOMIC IMPACT
Not Applicable.

LEGAL IMPACT
Not Applicable.

APPOINTMENTS
Not Applicable.

SUPPORT/OPPOSITION

Support: California Psychological Association (Sponsor)
California Association of Marriage and Family Therapists (CAMFT)
Association of Independent California Colleges and Universities (AICCU)
California Children's Hospital Association (CCHA)
Association of California Healthcare Districts (ACHD)
CaliforniaHealth+ Advocates
County Behavioral Health Directors Association (CBHDA)

Opposition: None.

ARGUMENTS

Proponents: California Psychological Association, sponsor of the bill, writes in support: "This bill ensures that trainees in the field of psychology receive their necessary training in a safe and timely manner by permanently allowing all supervision to be conducted via HIPAA-compliant video conferencing. California is experiencing a dire shortage of mental health professionals and is grappling with meeting this need. According to the Healthforce

Center at UCSF, California is on track to lose at least 11% of its psychologists in the next decade. This is on top of the existing scarcity, and workforce challenges exacerbated by the COVID-19 pandemic."

The California Association of Marriage and Family Therapists (CAMFT) writes in support of the bill: "The flexibility in the pandemic eliminated pre-licensee travel time to meet with their supervisor, which allowed them more time to see more patients. Supervisors could share materials on-screen in 'real time' when guiding their pre-licensees. Additionally, many pre-licensees had an opportunity to select a supervisor with their preferred specialty(s) that may reside in a different city in California."

Association of Independent California Colleges and Universities (AICCU) write in support of the bill: "One of the most important lessons learned from the pandemic is the usefulness of HIPAA compliant video to meet the needs of those in the field of delivering health care. At our colleges and universities, student affairs staff consistently found that students utilized virtual counseling during the pandemic, even after returning to in-person instruction. We believe that codifying a permanent solution to remote supervision supports the demand for psychological services while leveraging modern technology and protecting patients."

Opponents: None.

Office of Senate Floor Analyses
(916) 651-1520 Fax: (916) 327-4478

THIRD READING

Bill No: AB 2754
Author: Bauer-Kahan (D), et al.
Amended: 4/27/22 in Assembly
Vote: 27 - Urgency

SENATE BUS., PROF. & ECON. DEV. COMMITTEE: 13-0, 6/13/22
AYES: Roth, Melendez, Bates, Becker, Dodd, Eggman, Hurtado, Jones, Leyva, Min, Newman, Ochoa Bogh, Pan
NO VOTE RECORDED: Archuleta

SENATE APPROPRIATIONS COMMITTEE: Senate Rule 28.8

ASSEMBLY FLOOR: 72-0, 5/19/22 (Consent) - See last page for vote

SUBJECT: Psychology: supervision

SOURCE: California Psychological Association

DIGEST: This bill permits the supervision of a psychologist licensure applicant, and of a registered psychological associate, to be provided through in-person or synchronous audiovisual means and takes effect immediately.

ANALYSIS:

Existing law:

1) Establishes the Board of Psychology (Board) within the Department of Consumer Affairs (DCA), responsible for the licensure and regulation of psychologists, and prohibits a person from engaging in the practice of psychology or representing oneself as a psychologist without a license issued by the Board, unless specifically exempted. (Business Professions Code (BPC) § 2900 et seq.)

2) Defines the practice of psychology as: rendering or offering to render to individuals, groups, organizations, or the public any psychological service

involving the application of psychological principles, methods, and procedures of understanding, predicting, and influencing behavior, such as the principles pertaining to learning, perception, motivation, emotions, and interpersonal relationships; and the methods and procedures of interviewing, counseling, psychotherapy, behavior modification, and hypnosis; and of constructing, administering, and interpreting tests of mental abilities, aptitudes, interests, attitudes, personality characteristics, emotions, and motivations. (BPC § 2903(a))

3) Provides the application of the principles above to include, but is not restricted to: assessment, diagnosis, prevention, treatment, and intervention to increase effective functioning of individuals, groups, and organizations. (BPC § 2903(b))

4) Establishes the following licensure requirements, for a psychologist applicant:

   a) Possesses an earned doctorate degree in a specified field from an accredited institution.
   b) Has engaged for at least two years in supervised professional experience under the direction of a licensed psychologist, as specified in the Board's regulations.
   c) Takes and passes the required examination unless exempted. (BPC § 2914)

5) Allows someone not licensed as a psychologist to perform psychological functions to prepare for licensure as a psychologist if the following are met:

   a) The person is registered and renews annually with the Board as a "registered psychological associate."
   b) The person has completed or is any of the following:

      i) Completed a master's degree in psychology
      ii) Completed a master's degree in education with the field of specialization in educational psychology, counseling psychology, or school psychology.
      iii) Is an admitted candidate for a doctoral degree, as specified.
      iv) Completed a qualifying doctoral degree.

   c) The registered psychological associate is supervised by a licensed psychologist. (BPC § 2913)

This bill permits the supervision of a psychologist licensure applicant, and of a registered psychological associate, to be provided through in-person or synchronous audiovisual means and will take effect immediately.

Background

COVID-19 Waivers. During the course of the pandemic, Governor Newsom issued executive orders that waived various statutes to help ease services in a timely manner. Amongst the several issued, Executive Order N-39-20 was issued. Executive Order N-39-20 allowed the Director of DCA to waive any statutory or regulatory professional licensing requirements pertaining to individuals licensed pursuant to Division 2 of the Business and Professions Code, including requirements related to the education, training, and experience necessary to obtain licensure. Following the Executive Order, the Director issued an order waiving face-to-face supervision requirements for psychology trainees. This executive order has since expired. This bill contains an urgency clause in order for this waiver to become in effect immediately and minimize the lapse in supervision opportunities from face-to-face requirements.

Supervised Professional Experience (SPE). Currently, psychological trainees must complete receive 3,000 hours of SPE prior to their psychologist licensure application. Within the 3,000 hours, 10% of the time each week must be supervised and at least one hour per week must be face-to-face, direct, individual supervision with their primary supervisor. A maximum of 44 hours per week may be counted toward the trainee's SPE, which includes supervision for 10% of the total time worked each week.

A primary supervisor must be employed by the same work setting as the trainee and remain available 100% of the time via in-person, telephone, pager, or other appropriate technology. The supervisor and trainee must sign an agreement on the structure and sequence of the planned program.

COVID-19 waivers permitted the face-to-face training requirement to pause allowing training to continue for psychological associates despite the difficulty caused by the pandemic. According to the Board, there have not been any complaints raised while the face-to-face requirement was in effect. Allowing supervision via technology allows for increased efficiency and access for trainees who lived in a rural area with limited supervision opportunities.

FISCAL EFFECT: Appropriation: No Fiscal Com.: Yes Local: No

SUPPORT: (Verified 6/28/22)

California Psychological Association (source)
Association of California Healthcare Districts
Association of Independent California Colleges & Universities
California Association of Marriage and Family Therapists
California Children's Hospital Association
CaliforniaHealth+ Advocates
County Behavioral Health Directors Association

OPPOSITION: (Verified 6/28/22)

None received

ARGUMENTS IN SUPPORT: According to the California Psychological Association (Sponsor), "this flexibility will improve the safety and availability of training for a necessary workforce. Codifying a permanent solution to remote supervision would support the demand for psychological services while protecting patients."

California Children's Hospital Association writes, "With such a great need for additional psychologists in the state to help individuals experiencing behavioral health challenges, California should take advantage of innovation and technology and allow for new technological platforms for supervision. These updated regulations will likely make supervision easier and may even encourage more individuals to become psychologists."

According to CaliforniaHealth+ Advocates, "the face-to-face supervision waiver gave trainees the ability to continue their work toward licensure in a safe manner. Both psychology trainees and supervisors have reported virtual supervision to be highly effective and efficient, at a degree equivalent to in-person supervision. They report an increase in the number of patients they were able to serve due to this efficiency and have applauded the time savings in travel for students and supervisors alike."

ASSEMBLY FLOOR: 72-0, 5/19/22
AYES: Aguiar-Curry, Arambula, Bauer-Kahan, Bennett, Bigelow, Bloom, Boerner Horvath, Mia Bonta, Bryan, Calderon, Carrillo, Chen, Choi, Cooley, Cooper, Cunningham, Megan Dahle, Daly, Davies, Flora, Mike Fong, Fong, Friedman, Gabriel, Gallagher, Cristina Garcia, Eduardo Garcia, Gipson, Gray, Grayson, Haney, Holden, Irwin, Jones-Sawyer, Kalra, Kiley, Lackey, Lee, Levine, Low, Maienschein, Mathis, Mayes, McCarty, Mullin, Muratsuchi,

Nguyen, O'Donnell, Patterson, Petrie-Norris, Quirk, Ramos, Reyes, Luz Rivas, Robert Rivas, Rodriguez, Salas, Santiago, Seyarto, Smith, Stone, Ting, Valladares, Villapudua, Voepel, Waldron, Ward, Akilah Weber, Wicks, Wilson, Wood, Rendon

NO VOTE RECORDED: Berman, Cervantes, Medina, Nazarian, Quirk-Silva, Blanca Rubio

Prepared by: Alexandria Smith Davis / B., P. & E.D. /
6/28/22 14:30:45

****** END ******

California Board of PSYCHOLOGY

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FLOOR ALERT

RE: AB 2754 (Bauer-Kahan) Psychology: supervision
SUPPORT

On April 29, 2022, the Board of Psychology (Board) voted to adopt a **SUPPORT** position on AB 2754 (Bauer-Kahan), as amended April 27th.

This bill would authorize the supervision of an applicant for licensure as a psychologist, and of a registered psychological associate, to be provided in "real time," which is defined as through in-person or synchronous audiovisual means, in compliance with federal and state laws related to patient health confidentiality. This bill also contains an urgency clause and would take effect immediately.

In the face of COVID-19, Governor Newsom temporarily waived face-to-face supervision via Executive Order N-39-20, which permitted supervision to be done remotely via HIPAA-compliant video. The Board strongly supports remote psychological supervision and has extended this waiver due to its efficacy. Remote psychological supervision gives practitioners the ability to expand their capacity and protect their health without any negative impacts to patients. AB 2754 will codify the face-to-face waiver to alleviate public health constraints, reduce costs to practitioners–both trainees and supervisors–and result in increased practitioner availability and access.

For these reasons, the Board requests that you vote **"AYE"** on AB 2574 when it comes before you on the Senate Floor.

If you have any questions or concerns, please feel free to contact the Board's Executive Officer, Antonette Sorrick, at (916) 574-7113 or Antonette.Sorrick@dca.ca.gov.

AB-2754 Psychology: supervising psychologists: qualifications – Amended 04/27/2022

SECTION 1.
Section 2913 of the Business and Professions Code is amended to read:

2913.
A person other than a licensed psychologist may perform psychological functions in preparation for licensure as a psychologist only if all of the following conditions are met:

(a) The person is registered with the board as a "registered psychological associate." This registration shall be renewed annually in accordance with regulations adopted by the board.

(b) (1) The person has completed or is any of the following:

(A) Completed a master's degree in psychology.

(B) Completed a master's degree in education with the field of specialization in educational psychology, counseling psychology, or school psychology.

(C) Is an admitted candidate for a doctoral degree in any of the following:

(i) Psychology with the field of specialization in clinical, counseling, school, consulting, forensic, industrial, or organizational psychology.

(ii) Education, with the field of specialization in educational psychology, counseling psychology, or school psychology.

(iii) A field of specialization designed to prepare graduates for the professional practice of psychology after having satisfactorily completed three or more years of postgraduate education in psychology and having passed preliminary doctoral examinations.

(D) Completed a doctoral degree that qualifies for licensure under Section 2914.

(2) The board shall make the final determination as to whether a degree meets the requirements of this subdivision.

(c) (1) The registered psychological associate is supervised by a licensed psychologist. *Any supervision may be provided in real time, which is defined as through in-person or synchronous audiovisual means, in compliance with federal and state laws related to patient health confidentiality.* The registered psychological associate's primary supervisor shall be responsible for ensuring that the extent, kind, and quality of the psychological services performed are consistent with the registered psychological associate's and the primary supervisor's training and experience. The primary supervisor shall be responsible for the registered psychological associate's compliance with this chapter and regulations. A primary supervisor may delegate supervision as prescribed by the board's regulations.

(2) A licensed psychologist shall not supervise more than three registered psychological associates at any given time.

(d) A registered psychological associate shall not do either of the following:

(1) Provide psychological services to the public except as a trainee pursuant to this section.

(2) Receive payments, monetary or otherwise, directly from clients.

~~SECTION 1.~~*SEC. 2.*
Section 2914 of the Business and Professions Code is amended to read:

2914.
(a) An applicant for licensure shall not be subject to denial of licensure under Division 1.5 (commencing with Section 475).

(b) (1) On and after January 1, 2020, an applicant for licensure shall possess an earned doctoral degree in any of the following:

(A) Psychology with the field of specialization in clinical, counseling, school, consulting, forensic, industrial, or organizational psychology.

(B) Education with the field of specialization in counseling psychology, educational psychology, or school psychology.

(C) A field of specialization designed to prepare graduates for the professional practice of psychology.

(2) (A) Except as provided in subparagraph (B), the degree or training obtained pursuant to paragraph (1) shall be obtained from a college or institution of higher education that is accredited by a regional accrediting agency recognized by the United States Department of Education.

(B) Subparagraph (A) does not apply to any student who was enrolled in a doctoral program in psychology with the field of specialization in clinical, counseling, school, consulting, forensic, industrial, or organizational psychology or in education with the field of specialization in counseling psychology, educational psychology, or school psychology at a nationally accredited or approved institution as of December 31, 2016.

(3) The board shall make the final determination as to whether a degree meets the requirements of this subdivision.

(4) Until January 1, 2020, the board may accept an applicant who possesses a doctoral degree in psychology, educational psychology, or in education with the field of specialization in counseling psychology or educational psychology from an institution that is not accredited by an accrediting agency recognized by the United States Department of Education, but is approved to operate in this state by the Bureau for Private

Postsecondary Education on or before July 1, ~~1999~~ *1999,* and has not, since July 1, 1999, had a new location, as described in Section 94823.5 of the Education Code.

(5) An applicant for licensure trained in an educational institution outside the United States or Canada shall demonstrate to the satisfaction of the board that the applicant possesses a doctoral degree in psychology or education as specified in paragraphs (1) and (2) that is equivalent to a degree earned from a regionally accredited academic institution in the United States or Canada by providing the board with an evaluation of the degree by a foreign credential evaluation service that is a member of the National Association of Credential Evaluation Services (NACES), or by the National Register of Health Services Psychologists (NRHSP), and any other documentation the board deems necessary. The member of the NACES or the NRHSP shall submit the evaluation to the board directly and shall include in the evaluation all of the following:

(A) A transcript in English, or translated into English by the credential evaluation service, of the degree used to qualify for licensure.

(B) An indication that the degree used to qualify for licensure is verified using primary sources.

(C) A determination that the degree is equivalent to a degree that qualifies for licensure pursuant to paragraphs (1) and (2).

(c) (1) An applicant for licensure shall have engaged for at least two years in supervised professional experience under the direction of a licensed psychologist, the specific requirements of which shall be defined by the board in its regulations, or under suitable alternative supervision as determined by the board in regulations duly adopted under this chapter, at least one year of which shall have occurred after the applicant was awarded the qualifying doctoral degree. *Any supervision may be provided in real time, which is defined as through in-person or synchronous audiovisual means, in compliance with federal and state laws related to patient health confidentiality.* The supervisor shall submit verification of the experience to the trainee as prescribed by the board. If the supervising licensed psychologist fails to provide verification to the trainee in a timely manner, the board may establish alternative procedures for obtaining the necessary documentation. Absent good cause, the failure of a supervising licensed psychologist to provide the verification to the board upon request shall constitute unprofessional conduct.

(2) The board shall establish qualifications by regulation for supervising psychologists.

(d) An applicant for licensure shall take and pass the examination required by Section 2941 unless otherwise exempted by the board under this chapter.

(e) An applicant for licensure shall complete coursework or provide evidence of training in the detection and treatment of alcohol and other chemical substance dependency.

(f) An applicant for licensure shall complete coursework or provide evidence of training in spousal or partner abuse assessment, detection, and intervention.

SEC. 3.

This act is an urgency statute necessary for the immediate preservation of the public peace, health, or safety within the meaning of Article IV of the California Constitution and shall go into immediate effect. The facts constituting the necessity are:

In order to preserve access to psychological care by allowing continued real time supervision of registered psychological associates and licensed psychologist applicants, including synchronous audiovisual means that comply with federal and state laws related to patient health confidentiality, it is necessary for this act to take effect immediately.

California Board of PSYCHOLOGY

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MEMORANDUM

DATE	August 2, 2022
TO	Board of Psychology
FROM	Suzy Costa Darrow Legislative and Regulatory Analyst
SUBJECT	Agenda Item #13(b)(2)(C) – SB 1365 (Jones) Licensing boards: procedures.

Background:
This bill would require each board within the Department of Consumer Affairs (DCA) to publicly post on its internet website a list of criteria used to evaluate applicants with criminal convictions so that potential applicants for licensure may be better informed about their possibilities of gaining licensure before investing time and resources into education, training, and application fees. The bill would require DCA to establish a process to assist each board in developing its internet website.

The bill would also require DCA to develop a process for each board to use in verifying applicant information and performing background checks of applicants, and would require that process to require applicants with convictions to provide certified court documents instead of listing convictions on application documents. The bill would further require each Board to develop a procedure to provide an informal appeals process that would occur between an initial license denial and an administrative law hearing.

On 3/25/2022 the Legislative and Regulatory Affairs Committee voted to recommend the Board take an **Oppose** position on SB 1365 (Jones). On 4/29/2022, the full Board adopted the Legislative and Regulatory Affairs Committee's oppose recommendation.

Location: Senate Appropriations Committee

Status: 5/20/2022 – Failed Deadline

Action Requested:
This is for information purposes only. No action is requested.

Attachment A: SB 1365 (Jones) – Bill Text

SB-1365 Licensing boards: procedures

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

114.6.
(a) Each board within the department shall publicly post on its internet website a list of criteria used to evaluate applicants with criminal convictions so that potential applicants for licensure may be better informed about their possibilities of gaining licensure before investing time and resources into education, training, and application fees.

(b) The department shall do all of the following:

(1) (A) Establish a process to assist each board in developing its internet website in compliance with subdivision (a).

(B) As part of this process, the department shall disseminate materials to, and serve as a clearing house to, boards in order to provide guidance and best practices in assisting applicants with criminal convictions gain employment.

(2) (A) Develop a process for each board to use in verifying applicant information and performing background checks of applicants.

(B) In developing this process, the board may examine the model used for performing background checks of applicants established by the Department of Insurance. The process developed shall require applicants with convictions to provide certified court documents instead of listing convictions on application documents. This process shall prevent license denials due to unintentional reporting errors. This process shall also include procedures to expedite the fee-waiver process for any low-income applicant requesting a background check.

(3) (A) Develop a procedure to provide for an informal appeals process.

(B) In developing this informal appeals process, the department may examine the model for informal appeals used by the Bureau of Security and Investigative Services. The informal appeals process shall occur between an initial license denial and an administrative law hearing.

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MEMORANDUM

DATE	August 1, 2022
TO	Board of Psychology
FROM	Suzy Costa Darrow Legislative and Regulatory Analyst
SUBJECT	Agenda Item #13(b)(2)(C) – SB 1428 (Archuleta) Psychologists: psychological testing technician: registration.

Background:
This bill would authorize an individual to provide psychological or neuropsychological test administration and scoring services, if that individual is registered with the Board as a psychological testing technician and meets specified education requirements, or if the individual is gaining specified education requirements to be a psychological testing technician.

On 3/25/2022 the Legislative and Regulatory Affairs Committee voted to recommend the Board take a **Support if Amended** position on SB 1428 (Archuleta). The Board voted to approve the Legislative and Regulatory Affairs Committee's recommendation to support SB 1428, if amended, on 4/29/2022.

The author took the Board's suggested amendments on 5/23/2022, with one note of difference: When Board staff wrote the proposed amendments, consideration was not taken for the fact that unregistered people need to complete hours and experience to become registered as psychological testing technicians. Within Business and Professions Code section 2999.101(c)(3), the bill provides that a person engaged in gaining the experience can administer and score psychological and neuropsychological tests.

On 6/10/2022, the Legislative and Regulatory Affairs Committee adopted an updated "Support" position, per Board staff recommendation.

Location: Assembly Appropriations

Status: 6/28/2022 – Do pass from Assembly Business and Professions Committee and refer to the Assembly Appropriations Committee.

Action Requested:
This is for informational purposes only. No action is required at this time.

Attachment A: SB 1428 (Archuleta) Analysis
Attachment B: SB 1428 (Archuleta) Senate Floor Analysis
Attachment C: SB 1428 (Archuleta) Support if Amended Letter
Attachment D: SB 1428 (Archuleta) Bill Text

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2022 Bill Analysis

Author:	Bill:	Related Bills:
Senator Bob Archuleta	SB 1428	
Sponsor:	**Version:**	
California Psychological Association (CPA)	Amended 05/23/22	
Subject:		
Psychologists: psychological testing technician: registration		

SUMMARY

This bill would authorize an individual to provide psychological or neuropsychological test administration and scoring services, if that individual is registered with the board as a psychological testing technician and meets specified education requirements, or if the individual is gaining specified education requirements to be a psychological testing technician.

RECOMMENDATION

SUPPORT – On March 25, 2022, the Legislative and Regulatory Affairs Committee adopted a Support if Amended position per staff recommendation. The Board voted to approve the Legislative and Regulatory Affairs Committee's recommendation to support SB 1428, if amended, on April 29, 2022.

On May 23, 2022, the author amended the bill on the Senate Floor to include the Board's amendments, plus one amendment that the Board did not review (please see the analysis section for more details). As Board staff did not have that additional language included in the Board-approved amendments, Board staff is recommending a **Support** position on SB 1428 (Archuleta).

This bill would create a new registration, increase the Board staff's workload, and amend our Psychological Licensing Act. The bill as amended, includes further clarification on requirements pertaining to education, registration, renewal, supervision, implementation date, and enforcement, including fees related to psychological testing technicians.

REASON FOR THE BILL

Per the sponsor: "The use of technicians primarily allows the psychologist to utilize their time more efficiently and productively, freeing them to engage in the interpretation of the results while also being able to provide additional services that require their specified skill-set, such as: providing psychotherapy or cognitive rehabilitation, treatment planning, psychoeducational services, engaging in research, supervising psychological assistants, and providing multidisciplinary consultations. Without employing technicians, the majority of the psychologist's time is expended in the administration and scoring of

standardized tests, which is a task that can be done by an appropriately-trained individual with a minimum of a bachelor's degree."

Additionally, the sponsor states, "The use of psychological technicians has been a nationally established standard of practice in the field for more than almost five decades… Furthermore, the Current Procedural Terminology (CPT) codes that are accepted by medical insurance companies recognize billings codes that are uniquely specific to using a technician to administer and score neuropsychological testing (96138-96139), which is separate from a code that is used when a neuropsychologist performs their direct services (96136-96137). The Centers for Medicare and Medicaid Services (CMS) manual indicates that psychologists are able to allow technicians to perform psychological services, pursuant to state laws and regulations."

"In short, the use of technicians has been well-established nationally in the field of psychology, and other states have incorporated standards in their legislative documents to define the proper use of technicians."

ANALYSIS

This bill adds section 2999.100 of the Business and Professions Code (BPC) to create a new registration within the Board for psychological testing technicians. It establishes what a testing technician can do as a registrant under the purview of the Board. It includes further clarification on requirements pertaining to education, registration, renewal, supervision, implementation date, and enforcement, including fees related to psychological testing technicians.

Specifically, this bill does the following:

- Establishes application requirements to register as a psychological testing technician, such as sharing name, contact information, supervisor contact information, proof of education and training, and paying a fee.
- Provides clarity on the educational and training requirements for registration.
- Establishes requirements for an applicant to submit electronic fingerprint image scans for a state- and federal-level criminal background check conducted through the Department of Justice.
- Provides clarifying language on enforcement activities surrounding psychological testing technician registrants.
- Establishes an annual renewal period.
- Establishes a process to renew registration.
- Establishes a process to add or change a supervisor.
- Establishes an exemption that specified licensed psychologists and registered psychological associates from registering as a psychological testing technician to administer tests.
- Sets a psychological testing technician registration fee.
- Sets an annual renewal fee of $75.
- Sets a $25 fee allowing a psychological testing technician to add or change a supervisor.

- Establishes an implementation date.

The bill sponsor presented the bill idea to the Board in April 2019. At that meeting, Board Members stated they were supportive of the concept and understood the need for the bill. Board staff has provided technical assistance to the sponsor in the process of drafting the bill.

There is one note of difference between the Board's proposed amendments and what is in print: when Board staff wrote the proposed amendments, consideration was not taken for the fact that unregistered people need to complete hours and experience to become registered as psychological testing technicians. Within BPC section 2999.101(c)(3), the bill provides that a person engaged in gaining the experience can administer and score psychological and neuropsychological tests.

LEGISLATIVE HISTORY
Not Applicable

OTHER STATES' INFORMATION
Currently, Arkansas, New York, North Carolina, and Oregon have laws in place providing registration and oversight of psychological testing technicians.

Arkansas
Has requirements in place for neuropsychological technicians. The law requires a supervising psychologist to be approved by the Arkansas Psychology Board to practice neuropsychology (independently); to have at least three (3) years of post-licensure experience and had training or experience, or both, in supervision; to be ethically and legally responsible for all the professional activities of the technician; and to have adequate training, knowledge, and skill to render competently any neuropsychological service which the employed technician undertakes. Each psychologist and neuropsychological technician must have their applications and credentials approved by the Board during a meeting. Neuropsychological technicians must annually renew their registration by June 30th of every year.

New York
Allows testing technicians, who meet certain specified requirements, to administer and score standardized objective (non-projective) psychological or neuropsychological tests which have specific predetermined and manualized administrative procedures which entail observing and describing test behavior and test responses, and which do not require evaluation, interpretation or other judgments. Such testing technicians may provide services in those settings that may legally engage in the practice of psychology and they must be supervised by a licensed psychologist, who must attest to such supervision, as well as to the education and training of the testing technicians, as prescribed in statute. All licensed psychologists who use a testing technician must complete the form entitled "Licensed Psychologist Attestation of Supervision of a Testing Technician" and submit it to the Department before providing the activities or services of the testing technician.

North Carolina
Allows unlicensed individuals to perform tasks related to psychological testing, upon determination by a licensed psychologist that the individual can perform the tasks, given the client or patient's characteristics and circumstances, in a manner consistent with the unlicensed individual's training and skills. A psychologist who employs or supervises unlicensed individuals to provide the services described shall comply with documentation and supervision requirements.

Oregon
A licensee may delegate administration and scoring of tests to technicians if the licensee ensures the technicians are adequately trained to administer and score the specific test being used. The licensee must also ensure that the technicians maintain standards for the testing environment and testing administration as set forth in the APA Standards for Educational and Psychological Tests (1999) and APA Ethical Principles for Psychologists (2002).

PROGRAM BACKGROUND
The Board protects consumers of psychological services by licensing psychologists, regulating the practice of psychology, and supporting the evolution of the profession. To accomplish this, the Board regulates licensed psychologists and registered psychological associates.

The Board is responsible for reviewing applications, verifying education and experience, as well as issuing licensure, registrations, and renewals.

FISCAL IMPACT
Based on the amendments from May 23, 2022, the bill no longer has a fiscal impact on the Board because the new fees cover the cost of the work to implement this bill.

ECONOMIC IMPACT
Not Applicable

LEGAL IMPACT
Not Applicable

APPOINTMENTS
Not Applicable

SUPPORT/OPPOSITION

Support: California Psychological Association (Sponsor)
County Behavioral Health Directors Association
National Union of Healthcare Workers

Opposition: None on File

ARGUMENTS

Proponents: According to the California Psychological Association, “the use of technicians allows the psychologist to utilize their time more efficiently and productively, freeing them to engage in the interpretation of the test results, develop an appropriate treatment plan, and work directly with patients.”

Opponents: None on File

Date of Hearing: August 3, 2022

ASSEMBLY COMMITTEE ON APPROPRIATIONS
Chris Holden, Chair
SB 1428 (Archuleta) – As Amended May 23, 2022

Policy Committee: Business and Professions Vote: 17 - 0

Urgency: No State Mandated Local Program: Yes Reimbursable: No

SUMMARY:

This bill requires, by January 1, 2024, an individual performing psychological or neuropsychological tests to register annually as a psychological testing technician (PTT) with the Board of Psychology (Board). This bill establishes definitions, scope, educational and other requirements for a PTT; requirements for a PTT supervisor; and a registration fee of $75.

FISCAL EFFECT:

Costs of approximately $150,000 per year to the Department of Consumer Affairs to review applications and issue registrations for an estimated 100 PTT applications, and for information technology changes (Psychology Fund).

COMMENTS:

1) **Purpose**. This bill is sponsored by the California Psychological Association (CPA). According to the author, the demand for psychological and neuropsychological services has been increasing and was exacerbated by the COVID-19 pandemic. The author asserts the absence of psychological technician services in statute delays access to psychological testing services. This bill allows PTTs to administer and score psychological and neuropsychological tests under the direct supervision of licensed psychologists. According to the author, the use of technicians allows a psychologist to utilize their time more efficiently and productively, freeing them to engage in activities such as interpreting test results, providing psychotherapy or cognitive rehabilitation, treatment planning, and psychoeducational services.

2) **Board**. The Board regulates licensed psychologists, psychological assistants, and registered psychologists through the enforcement of the Psychology Licensing Law. Only a licensed psychologist may practice psychology independently in California. A registered psychologist works and trains under supervision in a non-profit, government-funded agency. Finally, a psychological assistant provides psychological services under the supervision of a qualified licensed psychologist or board-certified psychiatrist, generally to accrue the necessary supervised hours to obtain full licensure as a psychologist. This bill establishes a new category of registration under the Board's oversight.

3) **Neuropsychological Testing**. A neuropsychological evaluation is a test of abilities such as reading, language usage, attention, learning, processing speed, reasoning, remembering, and problem-solving, as well as mood and personality. A neuropsychological evaluation

typically takes six to eight hours to perform. How many people are currently providing this service is unknown.

The National Academy of Neuropsychology recommends a minimum of a bachelor's degree and training be required as part of national standards. Current California law allows certain students, trainees, and professional licensees to administer psychological or neuropsychological tests. Psychology students, psychological assistants, psychology trainees, licensed professional clinical counselors (LPCCs), licensed marriage and family therapists (LMFTs), and licensed clinical social workers already administer psychological or neuropsychological tests without registering with the Board or completing the 80 hours of additional training that this bill prescribes. LMFTs and LPCCs receive some training in psychological testing as a requirement of licensure.

4) **Increasing Access or Erecting Barriers?** California law currently does not prohibit the use of testing technicians. Passage of this bill will require individuals who have been performing certain tests to register with the Board and, in many cases, registration will require additional training, as this bill adds 80 hours of additional education and training in specified topics of psychological or neuropsychological test administration and scoring. This bill also requires a PTT to have a bachelor's or graduate degree in psychology, educational psychology, counseling psychology or school psychology, or be enrolled in a current graduate degree program. While other states allow for on-the-job training for PTTs, this bill specifies education prior to registration. On-the-job training is a tool used to remove barriers to entry and ensure professionals are paid for their work.

   In October 2016, the Little Hoover Commission released a report titled "Jobs for Californians: Strategies to Ease Occupational Licensing Barriers." According to the report, one in five working Californians must receive permission from the government to work, often in the form of licensing. The report noted that many of the goals to professionalize occupations, standardize services, guarantee quality, and limit competition among practitioners have the effect of preventing Californians from working, particularly for harder-to-employ groups such as former offenders, veterans, military spouses, and those trained or educated outside of California. The report found that of 102 lower-income occupations (defined as making less than the national average income), ranging from manicurist to pest control applicator, California required licensure for 62 of them, making California the third most restrictive among 50 states and the District of Columbia, following only Louisiana and Arizona. This bill could create barriers to entry to a profession more than it increases access to care.

Analysis Prepared by: Allegra Kim / APPR. / (916) 319-2081

California Board of PSYCHOLOGY

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July 11, 2022

The Honorable Chris Holden
Chair, Assembly Committee on Appropriations
1021 O Street, Suite 5650
Sacramento, CA 95814

RE: SB 1428 (Archuleta) – Psychological testing technician: registration - SUPPORT

Dear Chair Holden,

The Board of Psychology (Board) is in **SUPPORT** of SB 1428 (Archuleta). The Board sincerely thanks Senator Archuleta for working with us and accepting our proposed amendments.

Licensed psychologists currently administer psychological tests and assessments, which are used to measure and observe a client's behavior and arrive at a diagnosis. Testing is used to diagnose conditions such as anxiety, depression, dementia, personality disorders, and learning disabilities. Testing involves the use of formal tests such as questionnaires or checklists. Psychological test results are interpreted by a licensed psychologist and are used to guide and develop treatment plans.

This bill would establish a new registration within the Board of Psychology for psychological testing technicians. It would authorize an individual to provide psychological or neuropsychological test administration and scoring services, if that individual is registered with the Board as a psychological testing technician and meets specified education requirements, or if the individual is gaining specified education requirements to be a psychological testing technician.

The amendments from May 23rd make the proposal cost neutral and allow the Board to implement the bill without extensive regulations. This bill now includes further clarification on requirements pertaining to education, registration, renewal, supervision, implementation date, and enforcement, including fees related to psychological testing technicians. Additionally, this bill does not allow psychological testing technicians to choose the type of tests to administer or interpret the test results, as licensed psychologists are properly trained on these tasks.

Depending on the type of test, the administration of testing can take between 2 and 8 hours. The use of technicians allows the psychologist to utilize their time more efficiently and productively, freeing them to engage in the interpretation of the test results and development of an appropriate treatment plan with clients. Without employing

technicians, the majority of the psychologist's time is expended in the administration and scoring of standardized tests, which is a task that can be done by an appropriately-trained and Board-registered individual with a minimum of a bachelor's degree.

Psychological testing technicians will fill a crucial service gap in California's mental health system. Patients scheduled for psychological testing face higher costs and longer wait times, particularly in rural areas and for services covered by Medicare and Medicaid. States such as New York, North Carolina, and Oregon have implemented laws that allow trained and credentialed or licensed individuals to provide psychological testing services.

For these reasons, the Board of Psychology **SUPPORTS** SB 1428, and respectfully requests your "**AYE**" vote when it comes before you in the Senate Appropriations Committee.

If you have any questions or concerns, please feel free to contact the Board's Executive Officer, Antonette Sorrick, at (916) 574-7113 or Antonette.Sorrick@dca.ca.gov. Thank you.

Sincerely,

Lea Tate, Psy.D.
President, Board of Psychology

cc: Assemblymember Frank Bigelow, Vice-Chair
Members, Assembly Appropriations Committee
Senator Bob Archuleta
Jennifer Swenson, Principal Consultant, Assembly Appropriations Committee
Bill Lewis, Consultant, Assembly Republican Caucus

SB-1428 Psychologists: psychological testing technician: registration – Amended 05/23/2022

SECTION 1.
Article 10 (commencing with Section 2999.100) is added to Chapter 6.6 of Division 2 of the Business and Professions Code, to read:

Article 10. Psychological Testing Technicians
2999.100.
(a) "Psychological testing technician" means an individual not otherwise authorized to provide psychological and neuropsychological testing under this chapter who is registered with the board and is authorized to perform the following functions:

(1) Administer and score standardized objective psychological and neuropsychological tests.

(2) Observe and describe clients' test behavior and test responses.

(b) A psychological testing technician shall not perform the following functions:

(1) Select tests or versions of tests.

(2) Interpret test results.

(3) Write test reports.

(4) Provide test feedback to clients.

(c) A psychological testing technician shall only use the titles "psychological testing technician" or "neuropsychological testing technician." A psychological testing technician shall not use the title "psychologist" or any title incorporating the word "psychologist."

(d) Failure to comply with this section shall be grounds for disciplinary action.

2999.101.
To register as a psychological testing technician, a person shall submit the following to the board:

(a) An application that includes the following information:

(1) The applicant's name, identification, and contact information.

(2) The applicant's supervisor's name, license number, and contact information.

(3) Attestation under penalty of perjury that the information provided on the application is true and correct.

(b) Proof of completion of a bachelor's degree or graduate degree, or proof of current enrollment in a graduate degree program, from a regionally accredited university, college, or professional school, in either of the following subjects:

(1) Psychology.

(2) Education, with the field of specialization in educational psychology, counseling psychology, or school psychology.

(c) (1) Proof of completion of a minimum of 80 hours total of education and training relating to psychological or neuropsychological test administration and scoring that includes the following:

(A) At least 20 hours of direct observation, including at least 10 hours of direct observation of a licensed psychologist administering and scoring tests, and at least 10 hours of direct observation of either a licensed psychologist or registered psychological testing technician administering and scoring tests.

(B) At least 40 hours of administering and scoring tests in the presence of a licensed psychologist.

(C) At least 20 hours of education on topics including law and ethics, confidentiality, and best practices for test administration and scoring.

(2) Education and training may be obtained by doing any combination of the following:

(A) Participating in individual or group instruction provided by a licensed psychologist.

(B) Engaging in independent learning directed by a licensed psychologist.

(C) Completing graduate-level coursework at a regionally accredited university, college, or professional school.

(D) Taking continuing education courses from organizations with board approval pursuant to Section 2915.

(3) Nothing in this chapter shall prevent a person engaged in gaining the experience required by this subdivision from administering and scoring psychological and neuropsychological tests.

(d) The registration fee for a psychological testing technician as specified in Section 2987.

(e) Electronic fingerprint image scans for a state- and federal-level criminal offender record information search conducted through the Department of Justice.

2999.102.

(a) All psychological testing technician services shall be provided under the direct supervision of a licensed psychologist.

(b) A supervisor of psychological testing technicians shall satisfy all of the following requirements:

(1) Be employed by, or contracted to, the same work setting as the psychological testing technician they are supervising.

(2) Be available in-person, by telephone, or by other appropriate technology at all times the psychological testing technician provides services.

(3) Be responsible for all of the following:

(A) Ensuring that the extent, kind, and quality of the services that the psychological testing technician provides are consistent with the psychological testing technician's training and experience.

(B) Monitoring the psychological testing technician's compliance with applicable laws and regulations.

(C) Informing the client prior to the rendering of services by a psychological testing technician that the technician is registered as a psychological testing technician and is functioning under the direction and supervision of the supervisor.

(c) A psychological testing technician shall notify the board of any change to their direct supervisor. To add or change a supervisor, a psychological testing technician shall submit the following:

(1) Registrant's name, registration number, and contact information.

(2) New or additional supervisor's name, license number, and contact information.

(3) Current supervisor's name, license number, and contact information.

(4) Attestation under penalty of perjury that the information provided on the application is true and correct.

(5) The fee to add or change a supervisor for a psychological testing technician, as specified in Section 2987.

2999.103.
(a) A psychological testing technician shall renew their registration annually by submitting the following to the board:

(1) The registrant's name, registration number, and contact information.

(2) The supervisor's name, license number, and contact information.

(3) Disclosure as to whether or not the registrant has been convicted of any violation of the law in this or any other state, the United States or its territories, military court, or other country, omitting traffic infractions under five hundred dollars ($500) not involving alcohol, a dangerous drug, or a controlled substance, since the issuance or previous renewal of their registration.

(4) Disclosure as to whether or not the registrant has had a license or registration disciplined by a governmental agency or other disciplinary body, since the issuance or previous renewal of their registration. Discipline includes, but is not limited to, suspension, revocation, voluntary surrender, probation, reprimand, or any other restriction on a license or registration held.

(5) Attestation under penalty of perjury that the information provided on the application is true and correct.

(6) The annual renewal fee for a psychological testing technician as specified in Section 2987.

(b) Without renewal, a psychological testing technician registration expires annually. If the registration expires, then the person who was registered:

(1) Shall not provide psychological testing technician services.

(2) Shall renew within 60 days after its expiration and pay the renewal and delinquency fees as specified in Section 2987, or the registration shall be canceled and a new application for registration shall be submitted to the board.

2999.104.
Nothing in this article shall be construed to expand or constrict the scope of practice of a person who is licensed under any other provision of this division.

2999.105.
This article shall become operative on January 1, 2024.

SEC. 2.
Section 2987 of the Business and Professions Code is amended to read:

2987.
The amount of the fees prescribed by this chapter shall be determined by the board, and shall be as follows:

(a) The application fee for a psychologist shall not be more than fifty dollars ($50).

(b) The examination and reexamination fees for the examinations shall be the actual cost to the board of developing, purchasing, and grading of each examination, plus the actual cost to the board of administering each examination.

(c) The initial license fee is an amount equal to the renewal fee in effect on the last regular renewal date before the date on which the license is issued.

(d) The biennial renewal fee for a psychologist shall be four hundred dollars ($400). The board may increase the renewal fee to an amount not to exceed five hundred dollars ($500).

(e) The application fee for registration as a registered psychological associate under Section 2913 shall not be more than seventy-five dollars ($75).

(f) The annual renewal fee for registration of a psychological ~~assistant~~ *associate* shall not be more than seventy-five dollars ($75).

(g) The duplicate license or registration fee is five dollars ($5).

(h) The delinquency fee is 50 percent of the renewal fee for each license type, not to exceed one hundred fifty dollars ($150).

(i) The endorsement fee is five dollars ($5).

(j) The file transfer fee is ten dollars ($10).

(k) The registration fee for a psychological testing technician shall be seventy-five dollars ($75).

(l) The annual renewal fee for a psychological testing technician is seventy-five dollars ($75).

(m) The fee to add or change a supervisor for a psychological testing technician is twenty-five dollars ($25).

Notwithstanding any other provision of law, the board may reduce any fee prescribed by this section, when, in its discretion, the board deems it administratively appropriate.

SEC. 3.

No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.

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MEMORANDUM

DATE	August 2, 2022
TO	Board of Psychology
FROM	Suzy Costa Darrow Legislative and Regulatory Analyst
SUBJECT	Agenda Item # 13(b)(3)(A) – AB 58 (Salas) Pupil health: suicide prevention policies and training.

Background:
This bill would require a school district or county office of education, on or before June 1, 2024, to review and update its policy on pupil suicide prevention. It also encourages school districts and county offices of education to provide suicide awareness and prevention training to teachers.

On June 10, 2022, the Legislative and Regulatory Affairs Committee agreed to take a watch position on AB 58.

Location: Senate Appropriations

Status: 6/20/22 – Referred to the Senate Appropriations Suspense File.

Action Requested:
There is no action requested and this item is for informational purposes only.

Attachment A: AB 58 (Salas) Bill Text

AB 58 (Salas) Pupil health: suicide prevention policies and training – As Amended 01/13/22

SECTION 1.
Section 215 of the Education Code is amended to read:

215.
(a) (1) The governing board or body of a local educational agency that serves pupils in grades 7 to 12, inclusive, shall, before the beginning of the 2017–18 school year, adopt, at a regularly scheduled meeting, a policy on pupil suicide prevention in grades 7 to 12, inclusive. The policy shall be developed in consultation with school and community stakeholders, school-employed mental health professionals, and suicide prevention experts and shall, at a minimum, address procedures relating to suicide prevention, intervention, and postvention.

(2) (A) The governing board or body of a local educational agency that serves pupils in kindergarten and grades 1 to 6, inclusive, shall, before the beginning of the 2020–21 school year, adopt, at a regularly scheduled meeting, a policy on pupil suicide prevention in kindergarten and grades 1 to 6, inclusive. The policy shall be developed in consultation with school and community stakeholders, the county mental health plan, school-employed mental health professionals, and suicide prevention experts and shall, at a minimum, address procedures relating to suicide prevention, intervention, and postvention.

(B) The policy for pupils in kindergarten and grades 1 to 6, inclusive, shall be age appropriate and shall be delivered and discussed in a manner that is sensitive to the needs of young pupils.

(C) The policy for pupils in kindergarten and grades 1 to 6, inclusive, shall be written to ensure proper coordination and consultation with the county mental health plan if a referral is made for mental health or related services on behalf of a pupil who is a Medi-Cal beneficiary.

(3) The policy shall specifically address the needs of high-risk groups, including, but not limited to, all of the following:

(A) Youth bereaved by suicide.

(B) Youth with disabilities, mental illness, or substance use disorders.

(C) Youth experiencing homelessness or *youth* in out-of-home settings, such as foster care.

(D) Lesbian, gay, bisexual, transgender, or questioning youth.

(4) (A) The policy shall also address any training on suicide awareness and prevention to be provided to teachers of pupils in all of the grades served by the local educational agency.

(B) Materials approved by a local educational agency for training shall include how to identify appropriate mental health services, both at the schoolsite and within the larger community, and when and how to refer youth and their families to those services.

(C) Materials approved for training may also include programs that can be completed through self-review of suitable suicide prevention materials.

(D) On or before June 1, 2024, a local educational agency shall revise its training materials to incorporate best practices identified by the department in the department's model policy.

(E) Commencing with the 2024–25 school year, local educational agencies are encouraged to provide suicide awareness and prevention training to teachers of pupils in all of the grades served by the local educational agency.

(5) The policy shall be written to ensure that a school employee acts only within the authorization and scope of the employee's credential or license. Nothing in this section shall be construed as authorizing or encouraging a school employee to diagnose or treat mental illness unless the employee is specifically licensed and employed to do so.

(6) *(A)* To assist local educational agencies in developing policies for pupil suicide prevention, the department shall develop and maintain a model policy in accordance with this section to serve as a guide for local educational agencies.

(B) On or before June 1, 2024, the department shall complete the development of, and issue to local educational agencies, resources and guidance on how to conduct suicide awareness and prevention training remotely.

(b) *(1)* The governing board or body of a local educational agency that serves pupils in kindergarten and grades 1 to 12, inclusive, shall review, at minimum every fifth year, its policy on pupil suicide prevention and, if necessary, update its policy.

~~(c)~~ *(2)* Nothing in this section shall prevent the governing board or body of a local educational agency from reviewing or updating its policy on pupil suicide prevention more frequently than every fifth year.

(3) On or before June 1, 2024, the governing board or body of a local educational agency that serves pupils in kindergarten and grades 1 to 12, inclusive, shall review and update its policy on pupil suicide prevention to incorporate best practices identified by the department in the department's model policy.

~~(d)~~ *(c)* For purposes of this section, "local educational agency" means a county office of education, school district, state special school, or charter school.

SEC. 2.

If the Commission on State Mandates determines that this act contains costs mandated by the state, reimbursement to local agencies and school districts for those costs shall be made pursuant to Part 7 (commencing with Section 17500) of Division 4 of Title 2 of the Government Code.

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MEMORANDUM

DATE	August 2, 2022
TO	Board of Psychology
FROM	Suzy Costa Darrow Legislative and Regulatory Analyst
SUBJECT	Agenda Item # 13(b)(3)(B) – AB 1860 (Ward) Substance abuse treatment: certification.

Background:
This bill would exempt graduate student interns participating in supervised internships affiliated with graduate university programs in psychology, social work, marriage and family therapy, or counseling, and who are completing supervised practicum hours within alcoholism or drug abuse recovery and treatment programs from the certification requirement.

The Board agreed to watch AB 1860 on April 29, 2022.

Location: Senate Appropriations

Status: 6/20/22 – Referred to the Senate Appropriations Suspense File

Action Requested:
There is no action requested and this item is for informational purposes only.

Attachment A: AB 1860 (Ward) Bill Text

AB 1860 (Ward) Substance abuse treatment: certification – As Amended 03/24/22

SECTION 1.
Section 11833 of the Health and Safety Code is amended to read:

11833.
(a) The department shall have the sole authority in state government to determine the qualifications, including the appropriate skills, education, training, and experience of personnel working within alcoholism or drug abuse recovery and treatment programs licensed, certified, or funded under this part.

(b) (1) Except for licensed professionals, as defined by the department, *and graduate students affiliated with university programs in psychology, social work, marriage and family therapy, or counseling, who are completing their supervised practicum hours to meet postgraduate requirements,* the department shall require that an individual providing counseling services working within a program described in subdivision (a) be registered with or certified by a certifying organization approved by the department to register and certify counselors.

(2) A program providing practicum for graduate students exempted from registration in paragraph (1) shall notify the department if a graduate student is removed from the practicum as a result of an ethical or professional conduct violation, as determined by either the university or the program.

(3) The department shall report a graduate student identified in paragraph (2) to all department-approved certifying organizations in a manner to be determined by the department.

~~(2)~~ *(4)* The department shall not approve a certifying organization that does not, prior to registering or certifying an individual, contact other department-approved certifying organizations to determine whether the individual has ever had ~~his or her~~ *their* registration or certification ~~revoked.~~ *revoked or has been removed from a postgraduate practicum for an ethical or professional violation.*

(c) If a counselor's registration or certification has been previously ~~revoked, the~~ *revoked or the individual has been removed from a postgraduate practicum for an ethical or professional conduct violation, the* certifying organization shall deny the request for registration and shall send the counselor a written notice of denial. The notice shall specify the counselor's right to appeal the denial in accordance with applicable statutes and regulations.

(d) The department shall have the authority to conduct periodic reviews of certifying organizations to determine compliance with all applicable laws and regulations, including subdivision (c), and to take actions for noncompliance, including revocation of the department's approval.

(e) (1) Notwithstanding Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, the department, without taking any further regulatory action, shall implement, interpret, or make specific this section by means of all-county letters, plan letters, plan or provider bulletins, or similar instructions until the time that regulations are adopted.

(2) The department shall adopt regulations by December 31, ~~2017,~~ *2023,* in accordance with the requirements of Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code.

AB-2229 Peace officers: minimum standards: bias evaluation – Introduced 02/15/22

SECTION 1.
Section 1031 of the Government Code is amended to read:

1031.
Each class of public officers or employees declared by law to be peace officers shall meet all of the following minimum standards:

(a) Be a citizen of the United States or a permanent resident who is eligible for and has applied for citizenship, except as provided in Section 2267 of the Vehicle Code.

(b) Be at least 18 years of age.

(c) Be fingerprinted for purposes of search of local, state, and national fingerprint files to disclose a criminal record.

(d) Be of good moral character, as determined by a thorough background investigation.

(e) Be a high school graduate, pass the General Education Development Test or other high school equivalency test approved by the State Department of Education that indicates high school graduation level, pass the California High School Proficiency Examination, or have attained a two-year, four-year, or advanced degree from an accredited college or university. The high school shall be either a United States public school, an accredited United States Department of Defense high school, or an accredited or approved public or nonpublic high school. Any accreditation or approval required by this subdivision shall be from a state or local government educational agency using local or state government approved accreditation, licensing, registration, or other approval standards, a regional accrediting association, an accrediting association recognized by the Secretary of the United States Department of Education, an accrediting association holding full membership in the National Council for Private School Accreditation (NCPSA), an organization holding full membership in ~~AdvancED,~~ *AdvancED or Cognia,* an organization holding full membership in the Council for American Private Education (CAPE), or an accrediting association recognized by the National Federation of Nonpublic School State Accrediting Associations (NFNSSAA).

(f) Be found to be free from any physical, emotional, or mental ~~condition~~ *condition, including bias against race or ethnicity, gender, nationality, religion, disability, or sexual orientation,* that might adversely affect the exercise of the powers of a peace officer.

(1) Physical condition shall be evaluated by a licensed physician and surgeon.

(2) Emotional and mental condition shall be evaluated by either of the following:

(A) A physician and surgeon who holds a valid California license to practice medicine, has successfully completed a postgraduate medical residency education program in psychiatry accredited by the Accreditation Council for Graduate Medical Education, and has at least the equivalent of five full-time years of experience in the diagnosis and

treatment of emotional and mental disorders, including the equivalent of three full-time years accrued after completion of the psychiatric residency program.

(B) A psychologist licensed by the California Board of Psychology who has at least the equivalent of five full-time years of experience in the diagnosis and treatment of emotional and mental disorders, including the equivalent of three full-time years accrued postdoctorate.

The physician and surgeon or psychologist shall also have met any applicable education and training procedures set forth by the California Commission on Peace Officer Standards and Training designed for the conduct of preemployment psychological screening of peace officers.

(g) This section shall not be construed to preclude the adoption of additional or higher standards, including age.

SEC. 2.

This act is an urgency statute necessary for the immediate preservation of the public peace, health, or safety within the meaning of Article IV of the California Constitution and shall go into immediate effect. The facts constituting the necessity are:

In order to provide immediate clarity of the minimum standards applicable to peace officers and to protect the health and safety of the members of the public with whom they interact as soon as possible, it is necessary for this act to take effect immediately.

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MEMORANDUM

DATE	August 2, 2022
TO	Board of Psychology
FROM	Suzy Costa Darrow Legislative and Regulatory Analyst
SUBJECT	Agenda Item # 13(b)(3)(C) – AB 2229 (Luz Rivas) Peace officers: minimum standards: bias evaluation.

Background:
Existing law requires peace officers in this state to meet specified minimum standards, including, among other requirements, that peace officers be evaluated by a physician and surgeon or psychologist and found to be free from any physical, emotional, or mental condition that might adversely affect the exercise of the powers of a peace officer.

This bill would require that evaluation to include bias against race or ethnicity, gender, nationality, religion, disability, or sexual orientation.

Under existing law, the minimum education requirement for peace officers is high school graduation from a public school or other accredited high school, passing an equivalency test or high school proficiency examination, or attaining a 2-year, 4-year, or advanced degree from an accredited institution. Existing law requires accreditation to be from a state or local government educational agency, a regional accrediting association, an accrediting association recognized by the United States Department of Education, or an organization holding full membership in specified organizations, including AdvancED.

This bill would revise the accreditation standards to include an organization holding full membership in Cognia.

On April 29, 2022, the Board agreed to watch AB 2229.

Location: Senate Floor

Status: 6/2/2022 Read a second time and ordered to Senate Third Reading.

Action Requested:
There is no action requested and this item is for informational purposes only.

Attachment A: AB 2229 (Luz Rivas) Bill Text

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MEMORANDUM

DATE	August 2, 2022
TO	Board of Psychology
FROM	Suzy Costa Darrow Legislative and Regulatory Analyst
SUBJECT	Agenda Item #13(b)(3)(D) – AB 2274 (Blanca Rubio) Mandated reporters: statute of limitations

Background:
This bill would extend the statute of limitations for the failure of a mandated reporter to report an incident known or reasonably suspected by the mandated reporter to be child abuse or severe neglect, authorizing filing within one year of the discovery of the offense, but no later than four years after the commission of the offense.

On April 29, 2022, the Board agreed to watch AB 2274.

Location: Senate Appropriations

Status: 6/27/2022 – Referred to the Senate Appropriations Suspense File.

Action Requested:
There is no action requested and this item is for informational purposes only.

Attachment A: AB 2274 (Blanca Rubio) Bill Text

AB-2274 Mandated reporters: statute of limitations – As Amended 3/31/22

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

SECTION 1.
Section 801.6 of the Penal Code is amended to read:

801.6.
Notwithstanding any other limitation of time described in this chapter, prosecution for any offense proscribed by Section 368, except for a violation of any provision of law proscribing theft or embezzlement, may be filed at any time within five years from the date of occurrence of such offense.

SEC. 2.
Section 801.8 is added to the Penal Code, to read:

801.8.
(a) Notwithstanding any other limitation of time described in this chapter, prosecution for the failure of a mandated reporter to report an incident under Section 11166 known or reasonably suspected by the mandated reporter to be sexual assault as defined in Section 11165.1, may be filed at any time within five years from the date of occurrence of such offense.

(b) Notwithstanding any other limitation of time described in this chapter, prosecution for the failure of a mandated reporter to report an incident under Section 11166 known or reasonably suspected by the mandated reporter to be child abuse or *severe* neglect that is not described in subdivision (a), may be filed within one year of the discovery of the offense, but in no case later than four years after the commission of the offense.

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MEMORANDUM

DATE	August 2, 2022
TO	Board of Psychology
FROM	Suzy Costa Darrow Legislative and Regulatory Analyst
SUBJECT	Agenda Item # 13(b)(3)(E) – SB 189 (Committee on Budget and Fiscal Review) State Government.

Background:
This budget bill authorizes state entities to hold public meetings, subject to specified notice and accessibility requirements, through teleconferencing and making public meetings accessible telephonically or otherwise electronically to the public. The bill also took effect immediately and sunsets these provisions on July 1, 2023.

The Governor's Executive Order that waived in-person meeting requirements expired on April 1, 2022. SB 189 restores the Bagley-Keene waiver that was in place during the pandemic, allowing boards and commissions to hold meetings entirely by teleconference, and allowing members of the body to participate from locations that are not disclosed and not accessible to the public.

On April 29, 2022, the Board adopted a "Support if Amended" position on AB 1733 (Quirk), which would have required all public meetings to be held via teleconference. The Board took a "Support if Amended" position because they wanted the option for teleconferenced meetings, instead of the requirement. This bill failed the committee deadline and is not moving forward this year.

Status: Chapter 48, Statutes of 2022

Action Requested:
There is no action requested and this item is for informational purposes only.

Attachment A: SB 189 (Committee on Budget and Fiscal Review) Bill Text

SB 189 (Committee on Budget and Fiscal Review) State Government) – Chapter 48, Statutes of 2022

SEC. 20.
Section 11133 is added to the Government Code, to read:

11133.
(a) Notwithstanding any other provision of this article, and subject to the notice and accessibility requirements in subdivisions (d) and (e), a state body may hold public meetings through teleconferencing and make public meetings accessible telephonically, or otherwise electronically, to all members of the public seeking to observe and to address the state body.

(b) (1) For a state body holding a public meeting through teleconferencing pursuant to this section, all requirements in this article requiring the physical presence of members, the clerk or other personnel of the state body, or the public, as a condition of participation in or quorum for a public meeting, are hereby suspended.

(2) For a state body holding a public meeting through teleconferencing pursuant to this section, all of the following requirements in this article are suspended:

(A) Each teleconference location from which a member will be participating in a public meeting or proceeding be identified in the notice and agenda of the public meeting or proceeding.

(B) Each teleconference location be accessible to the public.

(C) Members of the public may address the state body at each teleconference conference location.

(D) Post agendas at all teleconference locations.

(E) At least one member of the state body be physically present at the location specified in the notice of the meeting.

(c) A state body that holds a meeting through teleconferencing and allows members of the public to observe and address the meeting telephonically or otherwise electronically, consistent with the notice and accessibility requirements in subdivisions (d) and (e), shall have satisfied any requirement that the state body allow members of the public to attend the meeting and offer public comment. A state body need not make available any physical location from which members of the public may observe the meeting and offer public comment.

(d) If a state body holds a meeting through teleconferencing pursuant to this section and allows members of the public to observe and address the meeting telephonically or otherwise electronically, the state body shall also do both of the following:

(1) Implement a procedure for receiving and swiftly resolving requests for reasonable modification or accommodation from individuals with disabilities, consistent with the federal Americans with Disabilities Act of 1990 (42 U.S.C. Sec. 12101 et seq.), and resolving any doubt whatsoever in favor of accessibility.

(2) Advertise that procedure each time notice is given of the means by which members of the public may observe the meeting and offer public comment, pursuant to paragraph (2) of subdivision (e).

(e) Except to the extent this section provides otherwise, each state body that holds a meeting through teleconferencing pursuant to this section shall do both of the following:

(1) Give advance notice of the time of, and post the agenda for, each public meeting according to the timeframes otherwise prescribed by this article, and using the means otherwise prescribed by this article, as applicable.

(2) In each instance in which notice of the time of the meeting is otherwise given or the agenda for the meeting is otherwise posted, also give notice of the means by which members of the public may observe the meeting and offer public comment. As to any instance in which there is a change in the means of public observation and comment, or any instance prior to the effective date of this section in which the time of the meeting has been noticed or the agenda for the meeting has been posted without also including notice of the means of public observation and comment, a state body may satisfy this requirement by advertising the means of public observation and comment using the most rapid means of communication available at the time. Advertising the means of public observation and comment using the most rapid means of communication available at the time shall include, but need not be limited to, posting such means on the state body's internet website.

(f) All state bodies utilizing the teleconferencing procedures in this section are urged to use sound discretion and to make reasonable efforts to adhere as closely as reasonably possible to the otherwise applicable provisions of this article, in order to maximize transparency and provide the public access to state body meetings.

(g) This section shall remain in effect only until July 1, 2023, and as of that date is repealed.

SEC. 80.

(a) The Legislature finds and declares that during the COVID-19 public health emergency, certain requirements of the Bagley-Keene Open Meeting Act (Article 9 (commencing with Section 11120) of Chapter 1 of Part 1 of Division 3 of Title 2 of the Government Code) were suspended by Executive Order N-29-20. Audio and video teleconference were widely used to conduct public meetings in lieu of physical location meetings, and public meetings conducted by teleconference during the COVID-19 public health emergency have been productive, have increased public participation by all members of the public regardless of their location in the state and ability to travel to physical meeting locations, have protected the health and safety of civil servants and the public, and have reduced travel costs incurred by members of state bodies and reduced work hours spent traveling to and from meetings.

(b) The Legislature finds and declares that Section 20 of this act, which adds and repeals Section 11133 of the Government Code, increases and potentially limits the public's right of access to the meetings of public bodies or the writings of public officials and agencies within the meaning of Section 3 of Article I of the California Constitution. Pursuant to that constitutional provision, the Legislature makes the following findings to demonstrate the interest protected by this limitation and the need for protecting that interest:

(1) By removing the requirement that public meetings be conducted at a primary physical location with a quorum of members present, this act protects the health and safety of civil servants and the public and does not preference the experience of members of the public who might be able to attend a meeting in a physical location over members of the public who cannot travel or attend that meeting in a physical location.

(2) By removing the requirement for agendas to be placed at the location of each public official participating in a public meeting remotely, including from the member's private home or hotel room, this act protects the personal, private information of public officials and their families while preserving the public's right to access information concerning the conduct of the people's business.

SEC. 81.

This act is a bill providing for appropriations related to the Budget Bill within the meaning of subdivision (e) of Section 12 of Article IV of the California Constitution, has been identified as related to the budget in the Budget Bill, and shall take effect immediately.

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MEMORANDUM

DATE	August 2, 2022
TO	Board of Psychology
FROM	Suzy Costa Darrow Legislative and Regulatory Analyst
SUBJECT	Agenda Item # 13(b)(3)(F) – SB 1031 (Ochoa Bogh) Healing arts boards: inactive license fees

Background:

Existing law establishes healing arts boards in the Department of Consumer Affairs to ensure private businesses and professions deemed to engage in activities which have potential impact upon the public health, safety, and welfare are adequately regulated in order to protect the people of California. Existing law requires each healing arts board to issue inactive licenses to holders of active licenses whose license is not punitively restricted by that board. Existing law prohibits the holder of an inactive license from engaging in any activity for which an active license is required. Existing law requires the renewal fee for an active license to apply to an inactive license, unless the board establishes a lower fee.

This bill would instead require the renewal fee for an inactive license to be 1/2 of the amount of the fee for a renewal of an active license, unless the board establishes a lower fee. The bill would make conforming and other nonsubstantive changes.

The Board agreed to watch SB 1031 on April 29, 2022.

Location: Senate Appropriations

Status: 5/20/22 Failed Deadline.

Action Requested:
There is no action requested and this item is for informational purposes only.

Attachment A: SB 1031 (Ochoa Bogh) Bill Text

SB-1031 Healing arts boards: inactive license fees - Dead

SECTION 1.
Section 701 of the Business and Professions Code is amended to read:

701.
(a) As used in this article, “board” refers to ~~any~~ *a* healing arts board, division, or examining committee ~~which~~ *that* licenses or certifies health professionals.

(b) Each healing arts board referred to in this division shall issue, upon application and payment of the ~~normal~~ *inactive license* renewal fee, ~~an~~ *in an amount determined by the board pursuant to Section 703, an* inactive license or certificate to a current holder of an active license or certificate whose license or certificate is not suspended, revoked, or otherwise punitively restricted by that board.

SEC. 2.
Section 703 of the Business and Professions Code is amended to read:

703.
(a) An inactive healing arts license or certificate issued pursuant to this article shall be renewed during the same time period at which an active license or certificate is renewed. In order to renew a license or certificate issued pursuant to this article, the holder ~~thereof need not~~ *of the license or certificate is not required to* comply with any continuing education requirement for renewal of an active license or certificate.

(b) ~~The~~ *Notwithstanding any other law, the* renewal fee for a license or certificate in an ~~active status shall apply also for~~ *inactive status shall be one-half of the amount of the fee for the* renewal of a license or certificate in an ~~inactive status, unless a lower fee has been established by the issuing board.~~ *active status, unless the issuing board establishes a lower fee.*

SEC. 3.
Section 1006.5 of the Business and Professions Code is amended to read:

1006.5.
Notwithstanding any other law, the amount of regulatory fees necessary to carry out the responsibilities required by the Chiropractic Initiative Act and this chapter are fixed in the following schedule:

(a) Fee to apply for a license to practice chiropractic: three hundred seventy-one dollars ($371).

(b) Fee for initial license to practice chiropractic: one hundred eighty-six dollars ($186).

(c) Fee to renew an active ~~or inactive~~ license to practice chiropractic: three hundred thirteen dollars ($313).

(d) Fee to apply for approval as a continuing education provider: eighty-four dollars ($84).

(e) Biennial continuing education provider renewal fee: fifty-six dollars ($56).

(f) Fee to apply for approval of a continuing education course: fifty-six dollars ($56) per course.

(g) Fee to apply for a satellite office certificate: sixty-two dollars ($62).

(h) Fee to renew a satellite office certificate: thirty-one dollars ($31).

(i) Fee to apply for a license to practice chiropractic pursuant to Section 9 of the Chiropractic Initiative Act: three hundred seventy-one dollars ($371).

(j) Fee to apply for a certificate of registration of a chiropractic corporation: one hundred eighty-six dollars ($186).

(k) Fee to renew a certificate of registration of a chiropractic corporation: thirty-one dollars ($31).

(l) Fee to file a chiropractic corporation special report: thirty-one dollars ($31).

(m) Fee to apply for approval as a referral service: five hundred fifty-seven dollars ($557).

(n) Fee for an endorsed verification of licensure: one hundred twenty-four dollars ($124).

(o) Fee for replacement of a lost or destroyed license: fifty dollars ($50).

(p) Fee for replacement of a satellite office certificate: fifty dollars ($50).

(q) Fee for replacement of a certificate of registration of a chiropractic corporation: fifty dollars ($50).

(r) Fee to restore a forfeited or canceled license to practice chiropractic: double the annual renewal fee specified in subdivision (c).

(s) Fee to apply for approval to serve as a preceptor: thirty-one dollars ($31).

(t) Fee to petition for reinstatement of a revoked license: three hundred seventy-one dollars ($371).

(u) Fee to petition for early termination of probation: three hundred seventy-one dollars ($371).

(v) Fee to petition for reduction of penalty: three hundred seventy-one dollars ($371).

SEC. 4.
Section 2734 of the Business and Professions Code is amended to read:

2734.
Upon application in writing to the board and payment of ~~the biennial renewal fee,~~ *a renewal fee, in an amount determined by the board pursuant to Section 703,* a licensee may have ~~his~~ *their* license placed in an inactive status for an indefinite period of time. A licensee whose license is in an inactive status ~~may~~ *shall* not practice nursing. However,

~~such a~~ *the* licensee ~~does~~ *is* not ~~have~~ *required* to comply with the continuing education standards of Section 2811.5.

California Board of PSYCHOLOGY

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MEMORANDUM

DATE	August 3, 2022
TO	Board of Psychology
FROM	Suzy Costa Darrow Legislative and Regulatory Analyst
SUBJECT	Agenda Item #13(b)(3)(G) – SB 1223 (Becker) Criminal procedure: mental health diversion

Background:

This bill would change the criteria for a court to consider mental health diversion by: providing that a defendant must be diagnosed with a mental health disorder within five years, as specified, in order to be eligible for mental health diversion; creating a presumption that a mental health disorder was a significant factor in the commission of an offense unless there is clear and convincing evidence that the mental disorder did not cause the offense to be committed; authorizing a court to consider an outlined treatment plan that deals with the defendant's mental disorder when deciding whether the defendant poses an unreasonable risk of danger to society; stating that a defendant may be diverted no longer than two years if the offense at issue is a felony, and one year if it is a misdemeanor; and stating that if the defendant is referred to a county mental health agency and the agency declares it is unable to provide services to the defendant, the declaration is not evidence that the defendant is unsuitable for diversion.

On April 29, 2022, the Board agreed to watch SB 1223.

Location: Assembly Appropriations

Status: 6/28/22 – Assembly Appropriations

Action Requested:
There is no action requested and this item is for informational purposes only.

Attachment A: SB 1223 (Becker) Bill Text

SB 1223 (Becker) Criminal procedure: mental health diversion – As Amended 6/29/22

SECTION 1.
Section 1001.36 of the Penal Code is amended to read:

1001.36.
(a) On an accusatory pleading alleging the commission of a misdemeanor or felony offense, the court may, after considering the positions of the defense and prosecution, grant pretrial diversion to a defendant pursuant to this section if the defendant meets all of the requirements specified in ~~paragraph (1) of subdivision (b).~~ *subdivisions (b), (c), and (d).*

(b) ~~(1)~~ Pretrial diversion ~~may be granted~~ pursuant to this section ~~if all~~ *shall be considered if both* of the following criteria are met:

~~(A)~~ *(1)* The ~~court is satisfied that the defendant suffers from~~ *defendant has been diagnosed with* a mental disorder as identified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, including, but not limited to, bipolar disorder, schizophrenia, schizoaffective disorder, or post-traumatic stress disorder, but excluding antisocial personality disorder, borderline personality disorder, and pedophilia. Evidence of the defendant's mental disorder shall be provided by the defense and shall include a ~~recent diagnosis~~ *diagnosis or treatment for a diagnosed mental disorder within the last five years* by a qualified mental health expert. In opining that a defendant suffers from a qualifying disorder, the qualified mental health expert may rely on an examination of the defendant, the defendant's medical records, arrest reports, or any other relevant evidence.

~~(B)~~ *(2)* The court is satisfied that the defendant's mental disorder was a significant factor in the commission of the charged offense. ~~A court may conclude that a~~ *If the defendant has been diagnosed with a mental disorder, the court shall find that the* defendant's mental disorder was a significant factor in the commission of the ~~charged offense if, after reviewing~~ *offense unless there is clear and convincing evidence that it was not a motivating factor, causal factor, or contributing factor to the defendant's involvement in the alleged offense. A court may consider* any relevant and credible evidence, including, but not limited to, police reports, preliminary hearing transcripts, witness statements, statements by the defendant's mental health treatment provider, medical records, records or reports by qualified medical experts, or evidence that the defendant displayed symptoms consistent with the relevant mental disorder at or near the time of the ~~offense, the court concludes that the defendant's mental disorder substantially contributed to the defendant's involvement in the commission of the~~ offense.

(c) The court may grant pretrial diversion pursuant to this section if all of the following criteria are met:

~~(C)~~ *(1)* In the opinion of a qualified mental health expert, the defendant's symptoms of the mental disorder *causing, contributing to, or* motivating the criminal behavior would respond to mental health treatment.

~~(D)~~ *(2)* The defendant consents to diversion and waives the defendant's right to a speedy trial, unless a defendant has been found to be an appropriate candidate for diversion in lieu of commitment pursuant to clause (iv) of subparagraph (B) of paragraph (1) of subdivision (a) of Section 1370 and, as a result of the defendant's mental incompetence, cannot consent to diversion or give a knowing and intelligent waiver of the defendant's right to a speedy trial.

~~(E)~~ *(3)* The defendant agrees to comply with treatment as a condition of ~~diversion, unless the defendant has been found to be an appropriate candidate for diversion in lieu of commitment for restoration of competency treatment pursuant to clause (iv) of subparagraph (B) of paragraph (1) of subdivision (a) of Section 1370 and, as a result of the defendant's mental incompetence, cannot agree to comply with treatment.~~ *diversion.*

~~(F)~~ *(4)* The court is satisfied that the defendant will not pose an unreasonable risk of danger to public safety, as defined in Section 1170.18, if treated in the community. The court may consider the opinions of the district attorney, the defense, or a qualified mental health expert, and may consider the defendant's *treatment plan, the defendant's* violence and criminal history, the current charged offense, and any other factors that the court deems appropriate.

~~(2)~~ *(d)* A defendant may not be placed into a diversion program, pursuant to this section, for the following current charged offenses:

~~(A)~~ *(1)* Murder or voluntary manslaughter.

~~(B)~~ *(2)* An offense for which a person, if convicted, would be required to register pursuant to Section 290, except for a violation of Section 314.

~~(C)~~ *(3)* Rape.

~~(D)~~ *(4)* Lewd or lascivious act on a child under 14 years of age.

~~(E)~~ *(5)* Assault with intent to commit rape, sodomy, or oral copulation, in violation of Section 220.

~~(F)~~ *(6)* Commission of rape or sexual penetration in concert with another person, in violation of Section 264.1.

~~(G)~~ *(7)* Continuous sexual abuse of a child, in violation of Section 288.5.

~~(H)~~ *(8)* A violation of subdivision (b) or (c) of Section 11418.

~~(3)~~ *(e)* At any stage of the proceedings, the court may require the defendant to make a prima facie showing that the defendant will meet the minimum requirements of eligibility for diversion and that the defendant and the offense are suitable for diversion. The hearing on the prima facie showing shall be informal and may proceed on offers of proof, reliable hearsay, and argument of counsel. If a prima facie showing is not made, the court may summarily deny the request for diversion or grant any other relief as may be deemed appropriate.

(f) As used in this chapter, the following terms have the following meanings:

~~(c)~~ *(1)* ~~As used in this chapter, "pretrial~~ *"Pretrial* diversion" means the postponement of prosecution, either temporarily or permanently, at any point in the judicial process from the point at which the accused is charged until adjudication, to allow the defendant to undergo mental health treatment, subject to all of the following:

~~(1)~~ *(A)* ~~(A)~~ *(i)* The court is satisfied that the recommended inpatient or outpatient program of mental health treatment will meet the specialized mental health treatment needs of the defendant.

~~(B)~~ *(ii)* The defendant may be referred to a program of mental health treatment utilizing existing inpatient or outpatient mental health resources. Before approving a proposed treatment program, the court shall consider the request of the defense, the request of the prosecution, the needs of the defendant, and the interests of the community. The treatment may be procured using private or public funds, and a referral may be made to a county mental health agency, existing collaborative courts, or assisted outpatient treatment only if that entity has agreed to accept responsibility for the treatment of the defendant, and mental health services are provided only to the extent that resources are available and the defendant is eligible for those services.

(iii) If the court refers the defendant to a county mental health agency pursuant to this section, and the agency determines that it is unable to provide services to the defendant, the court shall accept a written declaration to that effect from the agency in lieu of requiring live testimony. Such a declaration shall serve only to establish that the program is unable to provide services to the defendant at that time and does not constitute evidence that the defendant is unqualified or unsuitable for diversion under this section.

~~(2)~~ *(B)* The provider of the mental health treatment program in which the defendant has been placed shall provide regular reports to the court, the defense, and the prosecutor on the defendant's progress in treatment.

~~(3)~~ *(C)* The period during which criminal proceedings against the defendant may be diverted ~~shall be no longer than two years.~~ *is limited as follows:*

(i) If the defendant is charged with a felony, the period shall be no longer than two years.

(ii) If the defendant is charged with a misdemeanor, the period shall be no longer than one year.

~~(4)~~ *(D)* Upon request, the court shall conduct a hearing to determine whether restitution, as defined in subdivision (f) of Section 1202.4, is owed to any victim as a result of the diverted offense and, if owed, order its payment during the period of diversion. However, a defendant's inability to pay restitution due to indigence or mental disorder shall not be grounds for denial of diversion or a finding that the defendant has failed to comply with the terms of diversion.

(2) "Qualified mental health expert" includes, but is not limited to, a psychiatrist, psychologist, a person described in Section 5751.2 of the Welfare and Institutions Code, or a person whose knowledge, skill, experience, training, or education qualifies them as an expert.

~~(d)~~ *(g)* If any of the following circumstances exists, the court shall, after notice to the defendant, defense counsel, and the prosecution, hold a hearing to determine whether the criminal proceedings should be reinstated, whether the treatment should be modified, or whether the defendant should be conserved and referred to the conservatorship investigator of the county of commitment to initiate conservatorship proceedings for the defendant pursuant to Chapter 3 (commencing with Section 5350) of Part 1 of Division 5 of the Welfare and Institutions Code:

(1) The defendant is charged with an additional misdemeanor allegedly committed during the pretrial diversion and that reflects the defendant's propensity for violence.

(2) The defendant is charged with an additional felony allegedly committed during the pretrial diversion.

(3) The defendant is engaged in criminal conduct rendering the defendant unsuitable for diversion.

(4) Based on the opinion of a qualified mental health expert whom the court may deem appropriate, either of the following circumstances exists:

(A) The defendant is performing unsatisfactorily in the assigned program.

(B) The defendant is gravely disabled, as defined in subparagraph (B) of paragraph (1) of subdivision (h) of Section 5008 of the Welfare and Institutions Code. A defendant shall only be conserved and referred to the conservatorship investigator pursuant to this finding.

~~(e)~~ *(h)* If the defendant has performed satisfactorily in diversion, at the end of the period of diversion, the court shall dismiss the defendant's criminal charges that were the subject of the criminal proceedings at the time of the initial diversion. A court may conclude that the defendant has performed satisfactorily if the defendant has substantially complied with the requirements of diversion, has avoided significant new violations of law unrelated to the defendant's mental health condition, and has a plan in place for long-term mental health care. If the court dismisses the charges, the clerk of the court shall file a record with the Department of Justice indicating the disposition of the case diverted pursuant to this section. Upon successful completion of diversion, if the court dismisses the charges, the arrest upon which the diversion was based shall be deemed never to have occurred, and the court shall order access to the record of the arrest restricted in accordance with Section 1001.9, except as specified in subdivisions ~~(g)~~ *(j)* and ~~(h).~~ *(k).* The defendant who successfully completes diversion may indicate in response to any question concerning the defendant's prior criminal record that the defendant was not arrested or diverted for the offense, except as specified in subdivision ~~(g).~~ *(j).*

~~(f)~~ *(i)* A record pertaining to an arrest resulting in successful completion of diversion, or any record generated as a result of the defendant's application for or participation in diversion, shall not, without the defendant's consent, be used in any way that could result in the denial of any employment, benefit, license, or certificate.

~~(g)~~ *(j)* The defendant shall be advised that, regardless of the defendant's completion of diversion, both of the following apply:

(1) The arrest upon which the diversion was based may be disclosed by the Department of Justice to any peace officer application request and that, notwithstanding subdivision ~~(f),~~ *(i),* this section does not relieve the defendant of the obligation to disclose the arrest in response to any direct question contained in any questionnaire or application for a position as a peace officer, as defined in Section 830.

(2) An order to seal records pertaining to an arrest made pursuant to this section has no effect on a criminal justice agency's ability to access and use those sealed records and information regarding sealed arrests, as described in Section 851.92.

~~(h)~~ *(k)* A finding that the defendant suffers from a mental disorder, any progress reports concerning the defendant's treatment, or any other records related to a mental disorder that were created as a result of participation in, or completion of, diversion pursuant to this section or for use at a hearing on the defendant's eligibility for diversion under this section may not be used in any other proceeding without the defendant's consent, unless that information is relevant evidence that is admissible under the standards described in paragraph (2) of subdivision (f) of Section 28 of Article I of the California Constitution. However, when

determining whether to exercise its discretion to grant diversion under this section, a court may consider previous records of participation in diversion under this section.

~~(i)~~ *(I)* The county agency administering the diversion, the defendant's mental health treatment providers, the public guardian or conservator, and the court shall, to the extent not prohibited by federal law, have access to the defendant's medical and psychological records, including progress reports, during the defendant's time in diversion, as needed, for the purpose of providing care and treatment and monitoring treatment for diversion or conservatorship.

SEC. 2.
Section 1370 of the Penal Code is amended to read:

1370.
(a) (1) (A) If the defendant is found mentally competent, the criminal process shall resume, the trial on the offense charged or hearing on the alleged violation shall proceed, and judgment may be pronounced.

(B) If the defendant is found mentally incompetent, the trial, the hearing on the alleged violation, or the judgment shall be suspended until the person becomes mentally competent.

(i) The court shall order that the mentally incompetent defendant be delivered by the sheriff to a State Department of State Hospitals facility, as defined in Section 4100 of the Welfare and Institutions Code, as directed by the State Department of State Hospitals, or to any other available public or private treatment facility, including a community-based residential treatment system *established pursuant to Article 1 (commencing with Section 5670) of Chapter 2.5 of Part 2 of Division 5 of the Welfare and Institutions Code if the facility has a secured perimeter or a locked and controlled treatment facility,* approved by the community program ~~director, or their designee,~~ *director* that will promote the defendant's speedy restoration to mental competence, or placed on outpatient status as specified in Section 1600.

(ii) However, if the action against the defendant who has been found mentally incompetent is on a complaint charging a felony offense specified in Section 290, the prosecutor shall determine whether the defendant previously has been found mentally incompetent to stand trial pursuant to this chapter on a charge of a Section 290 offense, or whether the defendant is currently the subject of a pending Section 1368 proceeding arising out of a charge of a Section 290 offense. If either determination is made, the prosecutor shall notify the court and defendant in writing. After this notification, and opportunity for hearing, the court shall order that the defendant be delivered by the sheriff to a State Department of State Hospitals facility, as directed by the State Department of State Hospitals, or other secure treatment facility for the care and treatment of persons with a mental health disorder, unless the court makes specific findings on the record that an alternative placement would provide more appropriate treatment for the defendant and would not pose a danger to the health and safety of others.

(iii) If the action against the defendant who has been found mentally incompetent is on a complaint charging a felony offense specified in Section 290 and the defendant has been denied bail pursuant to subdivision (b) of Section 12 of Article I of the California Constitution because the court has found, based upon clear and convincing evidence, a substantial likelihood that the person's release would result in great bodily harm to others, the court shall

order that the defendant be delivered by the sheriff to a State Department of State Hospitals facility, as directed by the State Department of State Hospitals, unless the court makes specific findings on the record that an alternative placement would provide more appropriate treatment for the defendant and would not pose a danger to the health and safety of others.

(iv) ~~(I)~~ If, at any time after the court finds that the defendant is mentally incompetent and before the defendant is transported to a facility pursuant to this section, the court is provided with any information that the defendant may benefit from diversion pursuant to Chapter 2.8A (commencing with Section 1001.35) of Title 6, the court may make a finding that the defendant is an appropriate candidate for diversion.

~~(II) Notwithstanding subclause (I), if a defendant is found mentally incompetent and is transferred to a facility described in Section 4361.6 of the Welfare and Institutions Code, the court may, at any time upon receiving any information that the defendant may benefit from diversion pursuant to Chapter 2.8A (commencing with Section 1001.35) of Title 6, make a finding that the defendant is an appropriate candidate for diversion.~~

(v) If a defendant is found by the court to be an appropriate candidate for diversion pursuant to clause (iv), the defendant's eligibility shall be determined pursuant to Section 1001.36. A defendant granted diversion may participate for the lesser of the period specified in paragraph (1) of subdivision (c) or ~~two years.~~ *the applicable period described in subparagraph (C) of paragraph (1) of subdivision (f) of Section 1001.36.* If, during that period, the court determines that criminal proceedings should be reinstated pursuant to subdivision ~~(d)~~ *(g)* of Section 1001.36, the court shall, pursuant to Section 1369, appoint a psychiatrist, licensed psychologist, or any other expert the court may deem appropriate, to determine the defendant's competence to stand trial.

(vi) Upon the dismissal of charges at the conclusion of the period of diversion, pursuant to subdivision ~~(e)~~ *(h)* of Section 1001.36, a defendant shall no longer be deemed incompetent to stand trial pursuant to this section.

(vii) The clerk of the court shall notify the Department of Justice, in writing, of a finding of mental incompetence with respect to a defendant who is subject to clause (ii) or (iii) for inclusion in the defendant's state summary criminal history information.

(C) Upon the filing of a certificate of restoration to competence, the court shall order that the defendant be returned to court in accordance with Section 1372. The court shall transmit a copy of its order to the community program director or a designee.

(D) A defendant charged with a violent felony may not be delivered to a State Department of State Hospitals facility or treatment facility pursuant to this subdivision unless the State Department of State Hospitals facility or treatment facility has a secured perimeter or a locked and controlled treatment facility, and the judge determines that the public safety will be protected.

(E) For purposes of this paragraph, "violent felony" means an offense specified in subdivision (c) of Section 667.5.

(F) A defendant charged with a violent felony may be placed on outpatient status, as specified in Section 1600, only if the court finds that the placement will not pose a danger to the health or safety of others. If the court places a defendant charged with a violent felony on outpatient

status, as specified in Section 1600, the court shall serve copies of the placement order on defense counsel, the sheriff in the county where the defendant will be placed, and the district attorney for the county in which the violent felony charges are pending against the defendant.

(G) If, at any time after the court has declared a defendant incompetent to stand trial pursuant to this section, counsel for the defendant or a jail medical or mental health staff provider provides the court with substantial evidence that the defendant's psychiatric symptoms have changed to such a degree as to create a doubt in the mind of the judge as to the defendant's current mental incompetence, the court may appoint a psychiatrist or a licensed psychologist to opine as to whether the defendant has regained competence. If, in the opinion of that expert, the defendant has regained competence, the court shall proceed as if a certificate of restoration of competence has been returned pursuant to paragraph (1) of subdivision (a) of Section ~~1372.~~ *1372, except that a presumption of competency shall not apply and a hearing shall be held to determine whether competency has been restored.*

(H) (i) The State Department of State Hospitals may, pursuant to Section 4335.2 of the Welfare and Institutions Code, conduct an evaluation of the defendant in county custody to determine any of the following:

(I) The defendant has regained competence.

(II) There is no substantial likelihood that the defendant will regain competence in the foreseeable future.

(III) The defendant should be referred to the county for further evaluation for potential participation in a county diversion program, if one exists, or to another outpatient treatment program.

(ii) If, in the opinion of the department's expert, the defendant has regained competence, the court shall proceed as if a certificate of restoration of competence has been returned pursuant to paragraph (1) of subdivision (a) of Section ~~1372.~~ *1372, except that a presumption of competency shall not apply and a hearing shall be held to determine whether competency has been restored.*

(iii) If, in the opinion of the department's expert, there is no substantial likelihood that the defendant will regain mental competence in the foreseeable future, the committing court shall proceed pursuant to paragraph (2) of subdivision (c) no later than 10 days following receipt of the report.

(2) Prior to making the order directing that the defendant be committed to the State Department of State Hospitals or other treatment facility or placed on outpatient status, the court shall proceed as follows:

(A) ~~(i)~~ The court shall order the community program director or a designee to evaluate the defendant and to submit to the court within 15 judicial days of the order a written recommendation as to whether the defendant should be required to undergo outpatient treatment, or be committed to the State Department of State Hospitals or to any other treatment facility. A person shall not be admitted to a State Department of State Hospitals facility or other treatment facility or placed on outpatient status under this section without having been evaluated by the community program director or a designee. The community program director or designee shall evaluate the appropriate placement for the defendant between a State

Department of State Hospitals facility or the community-based residential treatment system based upon guidelines provided by the State Department of State Hospitals.

~~(ii) Commencing on July 1, 2023, a defendant shall first be considered for placement in an outpatient treatment program, a community treatment program, or a diversion program, if any such program is available, unless a court, based upon the recommendation of the community program director or their designee, finds that either the clinical needs of the defendant or the risk to community safety, warrant placement in a State Department of State Hospitals facility.~~

(B) The court shall hear and determine whether the defendant lacks capacity to make decisions regarding the administration of antipsychotic medication. The court shall consider opinions in the reports prepared pursuant to subdivision (a) of Section 1369, as applicable to the issue of whether the defendant lacks capacity to make decisions regarding the administration of antipsychotic medication, and shall proceed as follows:

(i) The court shall hear and determine whether any of the following is true:

(I) ~~Based upon the opinion of the psychiatrist or licensed psychologist offered to the court pursuant to subparagraph (A) of paragraph (2) of subdivision (a) of Section 1369, the~~ *The* defendant lacks capacity to make decisions regarding antipsychotic medication, the defendant's mental disorder requires medical treatment with antipsychotic medication, and, if the defendant's mental disorder is not treated with antipsychotic medication, it is probable that serious harm to the physical or mental health of the defendant will result. Probability of serious harm to the physical or mental health of the defendant requires evidence that the defendant is presently suffering adverse effects to their physical or mental health, or the defendant has previously suffered these effects as a result of a mental disorder and their condition is substantially deteriorating. The fact that a defendant has a diagnosis of a mental disorder does not alone establish probability of serious harm to the physical or mental health of the defendant.

(II) ~~Based upon the opinion of the psychiatrist or licensed psychologist offered to the court pursuant to subparagraph (A) of paragraph (2) of subdivision (a) of Section 1369, the~~ *The* defendant is a danger to others, in that the defendant has inflicted, attempted to inflict, or made a serious threat of inflicting substantial physical harm on another while in custody, or the defendant had inflicted, attempted to inflict, or made a serious threat of inflicting substantial physical harm on another that resulted in the defendant being taken into custody, and the defendant presents, as a result of mental disorder or mental defect, a demonstrated danger of inflicting substantial physical harm on others. Demonstrated danger may be based on an assessment of the defendant's present mental condition, including a consideration of past behavior of the defendant within six years prior to the time the defendant last attempted to inflict, inflicted, or threatened to inflict substantial physical harm on another, and other relevant evidence.

(III) The people have charged the defendant with a serious crime against the person or property, ~~and based upon the opinion of the psychiatrist offered to the court pursuant to subparagraph (C) of paragraph (2) of subdivision (a) of Section 1369, the~~ involuntary administration of antipsychotic medication is substantially likely to render the defendant competent to stand trial, the medication is unlikely to have side effects that interfere with the defendant's ability to understand the nature of the criminal proceedings or to assist counsel in the conduct of a defense in a reasonable manner, less intrusive treatments are unlikely to have

substantially the same results, and antipsychotic medication is ~~diagnostically and medically appropriate in~~ *in the defendant's best medical interest in* light of their medical condition.

~~(ii) (I) If the court finds the conditions described in subclause (I) or (II) of clause (i) to be true, and if pursuant to the opinion offered to the court pursuant to paragraph (2) of subdivision (a) of Section 1369, a psychiatrist has opined that treatment with antipsychotic medications is appropriate for the defendant, the court shall issue an order authorizing the administration of antipsychotic medication as needed, including on an involuntary basis, to be administered under the direction and supervision of a licensed psychiatrist.~~

~~(II) If the court finds the conditions described in subclause (I) or (II) of clause (i) to be true, and if pursuant to the opinion offered to the court pursuant to paragraph (2) of subdivision (a) of Section 1369, a licensed psychologist has opined that treatment with antipsychotic medication may be appropriate for the defendant, the court shall issue an order authorizing treatment by a licensed psychiatrist on an involuntary basis. That treatment may include the administration of antipsychotic medication as needed, to be administered under the direction and supervision of a licensed psychiatrist.~~

~~(III) If the court finds the conditions described in subclause (III) of clause (i) to be true, and if pursuant to the opinion offered to the court pursuant to paragraph (2) of subdivision (a) of Section 1369, a psychiatrist has opined that it is appropriate to treat the defendant with antipsychotic medication, the court shall issue an order authorizing the administration of antipsychotic medication as needed, including on an involuntary basis, to be administered under the direction and supervision of a licensed psychiatrist.~~

(ii) ~~(iii)~~ *If the* ~~An~~ *court finds any of the conditions described in clause (i) to be true, the court shall issue an* order authorizing involuntary administration of antipsychotic medication to the defendant when and as prescribed by the defendant's treating psychiatrist at any facility housing the defendant for purposes of this ~~chapter, including a county jail, shall remain in effect when the defendant returns to county custody pursuant to subparagraph (A) of paragraph (1) of subdivision (b) or paragraph (1) of subdivision (c), or pursuant to subparagraph (C) of paragraph (3) of subdivision (a) of Section 1372, but shall~~ *chapter. The order shall* be valid for no more than one year, pursuant to subparagraph (A) of paragraph (7). The court shall not order involuntary administration of psychotropic medication under subclause (III) of clause (i) unless the court has first found that the defendant does not meet the criteria for involuntary administration of psychotropic medication under subclause (I) of clause (i) and does not meet the criteria under subclause (II) of clause (i).

~~(iv)~~ *(iii)* In all cases, the treating hospital, ~~county jail,~~ facility, or program may administer medically appropriate antipsychotic medication prescribed by a psychiatrist in an emergency as described in subdivision (m) of Section 5008 of the Welfare and Institutions Code.

~~(v)~~ *(iv)* If the court has determined that the defendant has the capacity to make decisions regarding antipsychotic medication, and if the defendant, with advice of their counsel, consents, the court order of commitment shall include confirmation that antipsychotic medication may be given to the defendant as prescribed by a treating psychiatrist pursuant to the defendant's consent. The commitment order shall also indicate that, if the defendant withdraws consent for antipsychotic medication, after the treating psychiatrist complies with the provisions of subparagraph (C), the defendant shall be returned to court for a hearing in accordance with

subparagraphs (C) and (D) regarding whether antipsychotic medication shall be administered involuntarily.

~~(vi)~~ *(v)* If the court has determined that the defendant has the capacity to make decisions regarding antipsychotic medication and if the defendant, with advice from their counsel, does not consent, the court order for commitment shall indicate that, after the treating psychiatrist complies with the provisions of subparagraph (C), the defendant shall be returned to court for a hearing in accordance with subparagraphs (C) and (D) regarding whether antipsychotic medication shall be administered involuntarily.

~~(vii)~~ *(vi)* A report made pursuant to paragraph (1) of subdivision (b) shall include a description of antipsychotic medication administered to the defendant and its effects and side effects, including effects on the defendant's appearance or behavior that would affect the defendant's ability to understand the nature of the criminal proceedings or to assist counsel in the conduct of a defense in a reasonable manner. During the time the defendant is confined in a State Department of State Hospitals facility or other treatment facility or placed on outpatient status, either the defendant or the people may request that the court review any order made pursuant to this subdivision. The defendant, to the same extent enjoyed by other patients in the State Department of State Hospitals facility or other treatment facility, shall have the right to contact the patients' rights advocate regarding the defendant's rights under this section.

(C) If the defendant consented to antipsychotic medication as described in clause (iv) of subparagraph (B), but subsequently withdraws their consent, or, if involuntary antipsychotic medication was not ordered pursuant to clause (v) of subparagraph (B), and the treating psychiatrist determines that antipsychotic medication has become medically necessary and appropriate, the treating psychiatrist shall make efforts to obtain informed consent from the defendant for antipsychotic medication. If informed consent is not obtained from the defendant, and the treating psychiatrist is of the opinion that the defendant lacks capacity to make decisions regarding antipsychotic medication based on the conditions described in subclause (I) or (II) of clause (i) of subparagraph (B), the treating psychiatrist shall certify whether the lack of capacity and any applicable conditions described above exist. That certification shall contain an assessment of the current mental status of the defendant and the opinion of the treating psychiatrist that involuntary antipsychotic medication has become medically necessary and appropriate.

(D) (i) If the treating psychiatrist certifies that antipsychotic medication has become medically necessary and appropriate pursuant to subparagraph (C), antipsychotic medication may be administered to the defendant for not more than 21 days, provided, however, that, within 72 hours of the certification, the defendant is provided a medication review hearing before an administrative law judge to be conducted at the facility where the defendant is receiving treatment. The treating psychiatrist shall present the case for the certification for involuntary treatment and the defendant shall be represented by an attorney or a patients' rights advocate. The attorney or patients' rights advocate shall be appointed to meet with the defendant no later than one day prior to the medication review hearing to review the defendant's rights at the medication review hearing, discuss the process, answer questions or concerns regarding involuntary medication or the hearing, assist the defendant in preparing for the hearing and advocating for the defendant's interests at the hearing, review the panel's final determination following the hearing, advise the defendant of their right to judicial review of the panel's

decision, and provide the defendant with referral information for legal advice on the subject. The defendant shall also have the following rights with respect to the medication review hearing:

(I) To be given timely access to the defendant's records.

(II) To be present at the hearing, unless the defendant waives that right.

(III) To present evidence at the hearing.

(IV) To question persons presenting evidence supporting involuntary medication.

(V) To make reasonable requests for attendance of witnesses on the defendant's behalf.

(VI) To a hearing conducted in an impartial and informal manner.

(ii) If the administrative law judge determines that the defendant either meets the criteria specified in subclause (I) of clause (i) of subparagraph (B), or meets the criteria specified in subclause (II) of clause (i) of subparagraph (B), antipsychotic medication may continue to be administered to the defendant for the 21-day certification period. Concurrently with the treating psychiatrist's certification, the treating psychiatrist shall file a copy of the certification and a petition with the court for issuance of an order to administer antipsychotic medication beyond the 21-day certification period. For purposes of this subparagraph, the treating psychiatrist shall not be required to pay or deposit any fee for the filing of the petition or other document or paper related to the petition.

(iii) If the administrative law judge disagrees with the certification, medication may not be administered involuntarily until the court determines that antipsychotic medication should be administered pursuant to this section.

(iv) The court shall provide notice to the prosecuting attorney and to the attorney representing the defendant, and shall hold a hearing, no later than 18 days from the date of the certification, to determine whether antipsychotic medication should be ordered beyond the certification period.

(v) If, as a result of the hearing, the court determines that antipsychotic medication should be administered beyond the certification period, the court shall issue an order authorizing the administration of that medication.

(vi) The court shall render its decision on the petition and issue its order no later than three calendar days after the hearing and, in any event, no later than the expiration of the 21-day certification period.

(vii) If the administrative law judge upholds the certification pursuant to clause (ii), the court may, for a period not to exceed 14 days, extend the certification and continue the hearing pursuant to stipulation between the parties or upon a finding of good cause. In determining good cause, the court may review the petition filed with the court, the administrative law judge's order, and any additional testimony needed by the court to determine if it is appropriate to continue medication beyond the 21-day certification and for a period of up to 14 days.

(viii) The district attorney, county counsel, or representative of a facility where a defendant found incompetent to stand trial is committed may petition the court for an order to administer

involuntary medication pursuant to the criteria set forth in subclauses (II) and (III) of clause (i) of subparagraph (B). The order is reviewable as provided in paragraph (7).

(3) When the court orders that the defendant be committed to a State Department of State Hospitals facility or other public or private treatment facility, the court shall provide copies of the following documents prior to the admission of the defendant to the State Department of State Hospitals or other treatment facility where the defendant is to be committed:

(A) The commitment order, ~~which shall include~~ *including* a specification of the ~~charges, an assessment of whether involuntary treatment with antipsychotic medications is warranted, and any orders by the court, pursuant to subparagraph (B) of paragraph (2), authorizing involuntary treatment with antipsychotic medications.~~ *charges.*

(B) A computation or statement setting forth the maximum term of commitment in accordance with subdivision (c).

(C) ~~(i)~~ A computation or statement setting forth the amount of credit for time served, if any, to be deducted from the maximum term of commitment.

~~(ii) If a certificate of restoration of competency was filed with the court pursuant to Section 1372 and the court subsequently rejected the certification, a copy of the court order or minute order rejecting the certification shall be provided. The court order shall include a new computation or statement setting forth the amount of credit for time served, if any, to be deducted from the defendant's maximum term of commitment based on the court's rejection of the certification.~~

(D) State summary criminal history information.

~~(E) Jail classification records for the defendant's current incarceration.~~

~~(F)~~ *(E)* Arrest reports prepared by the police department or other law enforcement agency.

~~(G)~~ *(F)* Court-ordered psychiatric examination or evaluation reports.

~~(H)~~ *(G)* The community program director's placement recommendation report.

~~(I)~~ *(H)* Records of a finding of mental incompetence pursuant to this chapter arising out of a complaint charging a felony offense specified in Section 290 or a pending Section 1368 proceeding arising out of a charge of a Section 290 offense.

~~(J)~~ *(I)* Medical ~~records, including jail mental health~~ records.

(4) When the defendant is committed to a treatment facility pursuant to clause (i) of subparagraph (B) of paragraph (1) or the court makes the findings specified in clause (ii) or (iii) of subparagraph (B) of paragraph (1) to assign the defendant to a treatment facility other than a State Department of State Hospitals facility or other secure treatment facility, the court shall order that notice be given to the appropriate law enforcement agency or agencies having local jurisdiction at the placement facility of a finding of mental incompetence pursuant to this chapter arising out of a charge of a Section 290 offense.

(5) When directing that the defendant be confined in a State Department of State Hospitals facility pursuant to this subdivision, the court shall commit the defendant to the State Department of State Hospitals.

(6) (A) If the defendant is committed or transferred to the State Department of State Hospitals pursuant to this section, the court may, upon receiving the written recommendation of the medical director of the State Department of State Hospitals facility and the community program director that the defendant be transferred to a public or private treatment facility approved by the community program director, order the defendant transferred to that facility. If the defendant is committed or transferred to a public or private treatment facility approved by the community program director, the court may, upon receiving the written recommendation of the community program director, transfer the defendant to the State Department of State Hospitals or to another public or private treatment facility approved by the community program director. In the event of dismissal of the criminal charges before the defendant recovers competence, the person shall be subject to the applicable provisions of the Lanterman-Petris-Short Act (Part 1 (commencing with Section 5000) of Division 5 of the Welfare and Institutions Code). If either the defendant or the prosecutor chooses to contest either kind of order of transfer, a petition may be filed in the court for a hearing, which shall be held if the court determines that sufficient grounds exist. At the hearing, the prosecuting attorney or the defendant may present evidence bearing on the order of transfer. The court shall use the same standards as are used in conducting probation revocation hearings pursuant to Section 1203.2.

Prior to making an order for transfer under this section, the court shall notify the defendant, the attorney of record for the defendant, the prosecuting attorney, and the community program director or a designee.

(B) If the defendant is initially committed to a State Department of State Hospitals facility or secure treatment facility pursuant to clause (ii) or (iii) of subparagraph (B) of paragraph (1) and is subsequently transferred to any other facility, copies of the documents specified in paragraph (3) shall be electronically transferred or taken with the defendant to each subsequent facility to which the defendant is transferred. The transferring facility shall also notify the appropriate law enforcement agency or agencies having local jurisdiction at the site of the new facility that the defendant is a person subject to clause (ii) or (iii) of subparagraph (B) of paragraph (1).

(7) (A) An order by the court authorizing involuntary medication of the defendant shall be valid for no more than one year. The court shall review the order at the time of the review of the initial report and the six-month progress reports pursuant to paragraph (1) of subdivision (b) to determine if the grounds for the authorization remain. In the review, the court shall consider the reports of the treating psychiatrist or psychiatrists and the defendant’s patients’ rights advocate or attorney. The court may require testimony from the treating psychiatrist and the patients’ rights advocate or attorney, if necessary. The court may continue the order authorizing involuntary medication for up to another six months, or vacate the order, or make any other appropriate order.

(B) Within 60 days before the expiration of the one-year involuntary medication order, the district attorney, county counsel, or representative of any facility where a defendant found incompetent to stand trial is committed may petition the committing court for a renewal, subject to the same conditions and requirements as in subparagraph (A). The petition shall include the basis for involuntary medication set forth in clause (i) of subparagraph (B) of paragraph (2). Notice of the petition shall be provided to the defendant, the defendant’s attorney, and the district attorney. The court shall hear and determine whether the defendant continues to meet the criteria set forth in clause (i) of subparagraph (B) of paragraph (2). The hearing on a petition to renew an order for involuntary medication shall be conducted prior to the expiration of the current order.

(8) For purposes of subparagraph (D) of paragraph (2) and paragraph (7), if the treating psychiatrist determines that there is a need, based on preserving their rapport with the defendant or preventing harm, the treating psychiatrist may request that the facility medical director designate another psychiatrist to act in the place of the treating psychiatrist. If the medical director of the facility designates another psychiatrist to act pursuant to this paragraph, the treating psychiatrist shall brief the acting psychiatrist of the relevant facts of the case and the acting psychiatrist shall examine the defendant prior to the hearing.

(b) (1) Within 90 days after a commitment made pursuant to subdivision (a), the medical director of the State Department of State Hospitals facility or other treatment facility to which the defendant is confined shall make a written report to the court and the community program director for the county or region of commitment, or a designee, concerning the defendant's progress toward recovery of mental competence and whether the administration of antipsychotic medication remains necessary.

If the defendant is in county custody, the county jail shall provide access to the defendant for purposes of the State Department of State Hospitals conducting an evaluation of the defendant pursuant to Section 4335.2 of the Welfare and Institutions Code. Based upon this evaluation, the State Department of State Hospitals may make a written report to the court within 90 days of a commitment made pursuant to subdivision (a) concerning the defendant's progress toward recovery of mental incompetence and whether the administration of antipsychotic medication is necessary. If the defendant remains in county custody after the initial 90-day report, the State Department of State Hospitals may conduct an evaluation of the defendant pursuant to Section 4335.2 of the Welfare and Institutions Code and make a written report to the court concerning the defendant's progress toward recovery of mental incompetence and whether the administration of antipsychotic medication is necessary.

If the defendant is on outpatient status, the outpatient treatment staff shall make a written report to the community program director concerning the defendant's progress toward recovery of mental competence. Within 90 days of placement on outpatient status, the community program director shall report to the court on this matter. If the defendant has not recovered mental competence, but the report discloses a substantial likelihood that the defendant will regain mental competence in the foreseeable future, the defendant shall remain in the State Department of State Hospitals facility or other treatment facility or on outpatient status. Thereafter, at six-month intervals or until the defendant becomes mentally competent, if the defendant is confined in a treatment facility, the medical director of the State Department of State Hospitals facility or person in charge of the facility shall report, in writing, to the court and the community program director or a designee regarding the defendant's progress toward recovery of mental competence and whether the administration of antipsychotic medication remains necessary. If the defendant is on outpatient status, after the initial 90-day report, the outpatient treatment staff shall report to the community program director on the defendant's progress toward recovery, and the community program director shall report to the court on this matter at six-month intervals. A copy of these reports shall be provided to the prosecutor and defense counsel by the court.

(A) If the report indicates that there is no substantial likelihood that the defendant will regain mental competence in the foreseeable future, custody of the defendant shall be transferred without delay to the committing county and shall remain with the county until further order of the court. The defendant shall be returned to the court for proceedings pursuant to paragraph (2) of

subdivision (c) no later than 10 days following receipt of the report. The court shall not order the defendant returned to the custody of the State Department of State Hospitals under the same commitment. The court shall transmit a copy of its order to the community program director or a designee.

(B) If the report indicates that there is no substantial likelihood that the defendant will regain mental competence in the foreseeable future, the medical director of the State Department of State Hospitals facility or other treatment facility to which the defendant is confined shall do both of the following:

(i) Promptly notify and provide a copy of the report to the defense counsel and the district attorney.

(ii) Provide a separate notification, in compliance with applicable privacy laws, to the committing county's sheriff that immediate transportation will be needed for the defendant pursuant to subparagraph (A).

(C) If a county does not take custody of a defendant committed to the State Department of State Hospitals within 10 calendar days following notification made pursuant to clause (ii) of subparagraph (B), the county shall be charged the daily rate for a state hospital bed, as established by the State Department of State Hospitals.

(2) ~~The~~ *If the court has issued an order authorizing the treating facility to involuntarily administer antipsychotic medication to the defendant, the* reports made pursuant to paragraph (1) concerning the defendant's progress toward regaining competency shall also consider the issue of involuntary medication. Each report shall include, but not be limited to, all of the following:

(A) Whether or not the defendant has the capacity to make decisions concerning antipsychotic medication.

(B) If the defendant lacks capacity to make decisions concerning antipsychotic medication, whether the defendant risks serious harm to their physical or mental health if not treated with antipsychotic medication.

(C) Whether or not the defendant presents a danger to others if the defendant is not treated with antipsychotic medication.

(D) Whether the defendant has a mental disorder for which medications are the only effective treatment.

(E) Whether there are any side effects from the medication currently being experienced by the defendant that would interfere with the defendant's ability to collaborate with counsel.

(F) Whether there are any effective alternatives to medication.

(G) How quickly the medication is likely to bring the defendant to competency.

(H) Whether the treatment plan includes methods other than medication to restore the defendant to competency.

(I) A statement, if applicable, that no medication is likely to restore the defendant to competency.

(3) After reviewing the reports, the court shall determine ~~if~~ *whether or not* grounds for the *order authorizing* involuntary administration of antipsychotic medication ~~exist, whether or not an order was issued at the time of commitment,~~ *still exist* and shall do one of the following:

(A) If the original grounds for involuntary medication still exist, ~~any~~ *the* order authorizing the treating facility to involuntarily administer antipsychotic medication to the defendant shall remain in effect.

(B) If the original grounds for involuntary medication no longer exist, and there is no other basis for involuntary administration of antipsychotic medication, ~~any~~ *the* order for the involuntary administration of antipsychotic medication shall be vacated.

(C) If the original grounds for involuntary medication no longer exist, and the report states that there is another basis for involuntary administration of antipsychotic medication, the court shall ~~determine whether to vacate the order or issue a new order for the involuntary administration of antipsychotic medication. The court shall consider the opinions in reports submitted pursuant to paragraph (1) of subdivision (b), including any opinions rendered pursuant to Section 4335.2 of the Welfare and Institutions Code. The court may, upon a showing of good cause,~~ set a hearing within 21 days to determine whether the order for the involuntary administration of antipsychotic medication shall be vacated or whether a new order for the involuntary administration of antipsychotic medication shall be issued. The hearing shall proceed as set forth in subparagraph (B) of paragraph (2) of subdivision (a). ~~The court shall require witness testimony to occur remotely, including clinical testimony pursuant to subdivision (d) of Section 4335.2 of the Welfare and Institutions Code. In-person witness testimony shall only be allowed upon a court's finding of good cause.~~

~~(D) If the report states a basis for involuntary administration of antipsychotic medication and the court did not issue such order at the time of commitment, the court shall determine whether to issue an order for the involuntary administration of antipsychotic medication. The court shall consider the opinions in reports submitted pursuant to paragraph (1) of subdivision (b), including any opinions rendered pursuant to Section 4335.2 of the Welfare and Institutions Code. The court may, upon a finding of good cause, set a hearing within 21 days to determine whether an order for the involuntary administration of antipsychotic medication shall be issued. The hearing shall proceed as set forth in subparagraph (B) of paragraph (2) of subdivision (a). The court shall require witness testimony to occur remotely, including clinical testimony pursuant to subdivision (d) of Section 4335.2 of the Welfare and Institutions Code. In-person witness testimony shall only be allowed upon a court's finding of good cause.~~

(4) If it is determined by the court that treatment for the defendant's mental impairment is not being conducted, the defendant shall be returned to the committing court, and, if the defendant is not in county custody, returned to the custody of the county. The court shall transmit a copy of its order to the community program director or a designee.

(5) At each review by the court specified in this subdivision, the court shall determine if the security level of housing and treatment is appropriate and may make an order in accordance with its determination. If the court determines that the defendant shall continue to be treated in the State Department of State Hospitals facility or on an outpatient basis, the court shall determine issues concerning administration of antipsychotic medication, as set forth in subparagraph (B) of paragraph (2) of subdivision (a).

(c) (1) At the end of two years from the date of commitment or a period of commitment equal to the maximum term of imprisonment provided by law for the most serious offense charged in the information, indictment, or misdemeanor complaint, or the maximum term of imprisonment provided by law for a violation of probation or mandatory supervision, whichever is shorter, but no later than 90 days prior to the expiration of the defendant's term of commitment, a defendant who has not recovered mental competence shall be returned to the committing court, and custody of the defendant shall be transferred without delay to the committing county and shall remain with the county until further order of the court. The court shall not order the defendant returned to the custody of the State Department of State Hospitals under the same commitment. The court shall notify the community program director or a designee of the return and of any resulting court orders.

(2) (A) The medical director of the State Department of State Hospitals facility or other treatment facility to which the defendant is confined shall provide notification, in compliance with applicable privacy laws, to the committing county's sheriff that immediate transportation will be needed for the defendant pursuant to paragraph (1).

(B) If a county does not take custody of a defendant committed to the State Department of State Hospitals within 10 calendar days following notification pursuant to subparagraph (A), the county shall be charged the daily rate for a state hospital bed, as established by the State Department of State Hospitals.

(3) Whenever a defendant is returned to the court pursuant to paragraph (1) or (4) of subdivision (b) or paragraph (1) of this subdivision and it appears to the court that the defendant is gravely disabled, as defined in subparagraph (A) or (B) of paragraph (1) of subdivision (h) of Section 5008 of the Welfare and Institutions Code, the court shall order the conservatorship investigator of the county of commitment of the defendant to initiate conservatorship proceedings for the defendant pursuant to Chapter 3 (commencing with Section 5350) of Part 1 of Division 5 of the Welfare and Institutions Code. Hearings required in the conservatorship proceedings shall be held in the superior court in the county that ordered the commitment. The court shall transmit a copy of the order directing initiation of conservatorship proceedings to the community program director or a designee, the sheriff and the district attorney of the county in which criminal charges are pending, and the defendant's counsel of record. The court shall notify the community program director or a designee, the sheriff and district attorney of the county in which criminal charges are pending, and the defendant's counsel of record of the outcome of the conservatorship proceedings.

(4) If a change in placement is proposed for a defendant who is committed pursuant to subparagraph (A) or (B) of paragraph (1) of subdivision (h) of Section 5008 of the Welfare and Institutions Code, the court shall provide notice and an opportunity to be heard with respect to the proposed placement of the defendant to the sheriff and the district attorney of the county in which the criminal charges or revocation proceedings are pending.

(5) If the defendant is confined in a treatment facility, a copy of any report to the committing court regarding the defendant's progress toward recovery of mental competence shall be provided by the committing court to the prosecutor and to the defense counsel.

(d) With the exception of proceedings alleging a violation of mandatory supervision, the criminal action remains subject to dismissal pursuant to Section 1385. If the criminal action is dismissed, the court shall transmit a copy of the order of dismissal to the community program director or a

designee. In a proceeding alleging a violation of mandatory supervision, if the person is not placed under a conservatorship as described in paragraph (3) of subdivision (c), or if a conservatorship is terminated, the court shall reinstate mandatory supervision and may modify the terms and conditions of supervision to include appropriate mental health treatment or refer the matter to a local mental health court, reentry court, or other collaborative justice court available for improving the mental health of the defendant.

(e) If the criminal action against the defendant is dismissed, the defendant shall be released from commitment ordered under this section, but without prejudice to the initiation of proceedings that may be appropriate under the Lanterman-Petris-Short Act (Part 1 (commencing with Section 5000) of Division 5 of the Welfare and Institutions Code).

(f) As used in this chapter, “community program director” means the person, agency, or entity designated by the State Department of State Hospitals pursuant to Section 1605 of this code and Section 4360 of the Welfare and Institutions Code.

(g) For the purpose of this section, “secure treatment facility” does not include, except for State Department of State Hospitals facilities, state developmental centers, and correctional treatment facilities, any facility licensed pursuant to Chapter 2 (commencing with Section 1250) of, Chapter 3 (commencing with Section 1500) of, or Chapter 3.2 (commencing with Section 1569) of, Division 2 of the Health and Safety Code, or any community board and care facility.

(h) This section does not preclude a defendant from filing a petition for habeas corpus to challenge the continuing validity of an order authorizing a treatment facility or outpatient program to involuntarily administer antipsychotic medication to a person being treated as incompetent to stand trial.

SEC. 3.
Section 1370.01 of the Penal Code is amended to read:

1370.01.
(a) If the defendant is found mentally competent, the criminal process shall resume, and the trial on the offense charged or hearing on the alleged violation shall proceed.

(b) If the defendant is found mentally incompetent, the trial, judgment, or hearing on the alleged violation shall be suspended and the court may do either of the following:

(1) (A) Conduct a hearing, pursuant to Chapter 2.8A (commencing with Section 1001.35) of Title 6, and, if the court deems the defendant eligible, grant diversion pursuant to Section 1001.36 for a period not to exceed one year from the date the individual is accepted into diversion or the maximum term of imprisonment provided by law for the most serious offense charged in the misdemeanor complaint, whichever is shorter.

(B) If the court opts to conduct a hearing pursuant to this paragraph, the hearing shall be held no later than 30 days after the finding of incompetence. If the hearing is delayed beyond 30 days, the court shall order the defendant to be released on their own recognizance pending the hearing.

(C) If the defendant performs satisfactorily on diversion pursuant to this section, at the end of the period of diversion, the court shall dismiss the criminal charges that were the subject of the criminal proceedings at the time of the initial diversion.

(D) If the court finds the defendant ineligible for diversion based on the circumstances set forth in subdivision ~~(b) or (d)~~ *(b), (c), (d), or (g)* of Section 1001.36, the court may, after notice to the defendant, defense counsel, and the prosecution, hold a hearing to determine whether to do any of the following:

(i) Order modification of the treatment plan in accordance with a recommendation from the treatment provider.

(ii) Refer the defendant to assisted outpatient treatment pursuant to Section 5346 of the Welfare and Institutions Code. A referral to assisted outpatient treatment may only occur in a county where services are available pursuant to Section 5348 of the Welfare and Institutions Code, and the agency agrees to accept responsibility for treatment of the defendant. A hearing to determine eligibility for assisted outpatient treatment shall be held within 45 days after the date of the referral. If the hearing is delayed beyond 45 days, the court shall order the defendant, if confined in county jail, to be released on their own recognizance pending that hearing. If the defendant is accepted into assisted outpatient treatment, the charges shall be dismissed pursuant to Section 1385.

(iii) Refer the defendant to the county conservatorship investigator in the county of commitment for possible conservatorship proceedings for the defendant pursuant to Chapter 3 (commencing with Section 5350) of Part 1 of Division 5 of the Welfare and Institutions Code. A defendant shall only be referred to the conservatorship investigator if, based on the opinion of a qualified mental health expert, the defendant appears to be gravely disabled, as defined in subparagraph (A) of paragraph (1) of subdivision (h) of Section 5008 of the Welfare and Institution Code. Any hearings required in the conservatorship proceedings shall be held in the superior court in the county of commitment. The court shall transmit a copy of the order directing initiation of conservatorship proceedings to the county mental health director or the director's designee and shall notify the county mental health director or their designee of the outcome of the proceedings. Before establishing a conservatorship, the public guardian shall investigate all available alternatives to conservatorship pursuant to Section 5354 of the Welfare and Institutions Code. If a petition is not filed within 60 days of the referral, the court shall order the defendant, if confined in county jail, to be released on their own recognizance pending conservatorship proceedings. If the outcome of the conservatorship proceedings results in the establishment of conservatorship, the charges shall be dismissed pursuant to Section 1385.

(2) Dismiss the charges pursuant to Section 1385. If the criminal action is dismissed, the court shall transmit a copy of the order of dismissal to the county mental health director or the director's designee.

(c) If the defendant is found mentally incompetent and is on a grant of probation for a misdemeanor offense, the court shall dismiss the pending revocation matter and may return the defendant to supervision. If the revocation matter is dismissed pursuant to this subdivision, the court may modify the terms and conditions of supervision to include appropriate mental health treatment.

(d) It is the intent of the Legislature that a defendant subject to the terms of this section receive mental health treatment in a treatment facility and not a jail. A term of four days will be deemed to have been served for every two days spent in actual custody against the maximum term of diversion. A defendant not in actual custody shall otherwise receive day for day credit against the term of diversion from the date the defendant is accepted into diversion. “Actual custody” has the same meaning as in Section 4019.

(e) This section shall apply only as provided in subdivision (b) of Section 1367.

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MEMORANDUM

DATE	August 3, 2022
TO	Board of Psychology
FROM	Jason Glasspiegel Central Services Manager
SUBJECT	Agenda Item #13(b)(5) – Regulatory Update

The following is a list of the Board's remaining regulatory packages, and their status in the regulatory process:

a) Update on 16 CCR Sections 1381.9, 1397.60, 1397.61, 1397.62, 1397.67 – Continuing Professional Development

Preparing Regulatory Package	Initial Departmental Review	Notice with OAL and Hearing	Notice of Modified Text and Hearing	Preparation of Final Documentation	Final Departmental Review	Submission to OAL for Review	OAL Approval and Board Implementation

This package was approved by the Office of Administrative Law on June 29, 2022. This package will be effective January 1, 2023.

b) Update on Title 16, California Code of Regulations (CCR) sections 1391.1, 1391.2, 1391.5, 1391.6, 1391.8, 1391.10, 1391.11, 1391.12, 1392.1 – Psychological Associates

Preparing Regulatory Package	Initial Departmental Review	Notice with OAL and Hearing	Notice of Modified Text and Hearing	Preparation of Final Documentation	Final Departmental Review	Submission to OAL for Review	OAL Approval and Board Implementation

This package was noticed for the 45-day comment period on June 7, 2022. The comment period ended on August 2, 2022. As no comments were received, staff will create the remaining documents to submit to DCA for the Final Departmental Review.

c) Update on 16 CCR sections 1391.13, and 1391.14 – Inactive Psychological Associate Registration and Reactivating a Psychological Associate Registration

Preparing Regulatory Package	Initial Departmental Review	Notice with OAL and Hearing	Notice of Modified Text and Hearing	Preparation of Final Documentation	Final Departmental Review	Submission to OAL for Review	OAL Approval and Board Implementation

This package is in the Initial Review Stage. Staff received feedback from Legal Counsel on September 17, 2019, and have incorporated the recommended

changes. Staff is waiting to submit the package back to Board Counsel until the Sunset Psychological Associate regulatory package is farther through the regulatory process. Upon approval by Board Legal Counsel, the package will be submitted for the Initial Departmental Review which involves reviews by DCA Legal Affairs Division, DCA Budget Office, DCA's Division of Legislative Affairs, DCA Chief Counsel, DCA Director, and the Business Consumer Services and Housing Agency.

d) Addition to 16 CCR section 1392 – Psychologist Fees – California Psychology Law and Ethics Exam (CPLEE) and Initial License and Biennial Renewal Fee for Psychologist

Preparing Regulatory Package	Initial Departmental Review	Notice with OAL and Hearing	Notice of Modified Text and Hearing	Preparation of Final Documentation	Final Departmental Review	Submission to OAL for Review	OAL Approval and Board Implementation

This package was approved by OAL on May 6, 2022. This package became effective July 1, 2022. Breeze implementation was completed soon after. At this time, no issues have been reported.

e) Addition to 16 CCR section 1395.2 – Disciplinary Guidelines and Uniform Standards Related to Substance-Abusing Licensees

Preparing Regulatory Package	Initial Departmental Review	Notice with OAL and Hearing	Notice of Modified Text and Hearing	Preparation of Final Documentation	Final Departmental Review	Submission to OAL for Review	OAL Approval and Board Implementation

Drafting Phase. This phase includes preparation of the regulatory package and collaborative reviews by Board staff and legal counsel.

f) Update on 16 CCR sections 1380.3, 1381, 1381.1, 1381.2, 1381.4, 1381.5, 1382, 1382.3, 1382.4, 1382.5, 1386, 1387, 1387.1, 1387.2, 1387.3, 1387.4, 1387.5, 1387.6, 1387.10, 1388, 1388.6, 1389, 1389.1, 1391, 1391.1, 1391.3, 1391.4, 1391.5, 1391.6, 1391.8, 1391.11, and 1391.12 – Pathways to Licensure

Preparing Regulatory Package	Initial Departmental Review	Notice with OAL and Hearing	Notice of Modified Text and Hearing	Preparation of Final Documentation	Final Departmental Review	Submission to OAL for Review	OAL Approval and Board Implementation

Drafting Phase. This phase includes preparation of the regulatory package and collaborative reviews by Board staff and legal counsel.

g) Update on 16 CCR sections 1380.6, 1393, 1396, 1396.1, 1396.2, 1396.3, 1396.4, 1396.5, 1397, 1397.1, 1397.2, 1397.35, 1397.37, 1397.39, 1397.50, 1397.51, 1397.52, 1397.53, 1397.54, 1397.55 - Enforcement Provisions

Preparing Regulatory Package	Initial Departmental Review	Notice with OAL and Hearing	Notice of Modified Text and Hearing	Preparation of Final Documentation	Final Departmental Review	Submission to OAL for Review	OAL Approval and Board Implementation

Drafting Phase. This phase includes preparation of the regulatory package and collaborative reviews by Board staff and legal counsel.

Action Requested:

No action required at this time. This is for informational purposes only.

California Board of PSYCHOLOGY

1625 North Market Blvd., Suite N-215, Sacramento, CA 95834
T (916) 574-7720 F (916) 574-8672 Toll-Free (866) 503-3221
www.psychology.ca.gov

MEMORANDUM

DATE	July 27, 2022
TO	Board of Psychology
FROM	Jason Glasspiegel Central Services Manager
SUBJECT	**Agenda Item 14** Consideration of any Written Responses and Possible Adoption of 16 CCR sections 1381.10, 1392, and 1397.69 – Retired License, Renewal of Expired License, Psychologist Fees (Retired License)

Background

The California Board of Psychology (Board) is implementing BPC Section 2988.5, which became effective on January 1, 2017, with Senate Bill (SB) 1193 (Hill, Chapter 484, Statutes of 2016). This newly added section gives the Board the authority to issue a retired license to a psychologist who holds a current license issued by the Board. This bill was the byproduct of the sunset review process, by which the Senate and Assembly Business and Professions Committees recommended that the Board provide recommendations to the legislature to establish a retired license. At the time the legislative proposal was submitted, retired licenses were the most common constituent inquiry legislative staff received from the Board's licensees.

Although SB 1193 gave the Board the statutory authority to issue retired licenses, it does not specify the requirements and procedures for obtaining this license status. The purpose of the proposed regulatory language is to specify the requirements for obtaining and maintaining a psychologist license in retired status.

This rulemaking file brings the Board in compliance with the changes enacted by SB 1193 (Hill Chapter 484, Statutes of 2016).

This package was noticed for the initial 45-day comment period on October 15, 2021. The commend period for this rulemaking file ended on November 30, 2021. The regulatory hearing took place on December 1, 2021.

Due to the absence of any negative comments, the Board voted to approve the language as noticed at the February 2022 Board meeting.

California Board of PSYCHOLOGY

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This package was submitted to the Office of Administrative Law (OAL) for their final review on May 9, 2022.

During their initial review, OAL suggested some changes, which were incorporated into the modified text and noticed on July 5, 2022. The comment period on this modified text ran through July 21, 2022. Comments were received for the Board's consideration.

Summarized Comments and Recommended Responses from Modified Text

1. Commentor Allen N Shub, PhD (Received 7/7/22) requests to modify the request for personal information to not include the Social Security Number. If the number is necessary, only require the last four digits.

   Recommended Board response

   The Board appreciates this comment but makes no changes in response.

   The Board notes that this comment is outside of the scope of the modified text comment period.

   Because the Board receives incomplete or inaccurate information on forms, it is important to verify that the correct license is being retired or restored to active status. Therefore, the full social security number is necessary and authorized by BPC 29 and 30.

2. Commentor Robin Schupp (PSY 5371 – received 7/5/22) believes this modification is unfair, biased and will create undue hardships for retired psychologists who want to retain their license for career identification purposes or as well as reenter active licensure status. It appears to them that our new modified requirements suggest that the retiree would not be able to retire at all based on your rules to regain active status. Their reading is that the licensee would need to remain active in our newly constructed model for licensure requiring the inactive retired licensee to be active in peer groups etc. and would find it difficult to reinstate to active status as the individual would be restarting their career. Commentor is reading that this modification will significantly impact retirees' reentry and is purposely intended to eliminate retirees from actively reentering the psychologist market without undue hardships.

   Recommended Board response

   The Board appreciates this comment but makes no changes in response.

   The Board notes that this comment is outside of the scope of the modified text comment period.

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The retired license status is not replacing any other status currently available. Retired status is being added to the current active and inactive status options. The only difference is this is a nonrenewable status that is intended to be terminal, but does offer a one-time reinstatement and return to retired status before the licensee is required to reapply for licensure. The requirements for restoration to active status did not change in the modified text comment period and are designed to ensure licensee relevancy.

3. Commentor Barbara Parry PhD (PSY 9575 – received 7/5/22) states "Thank goodness California has finally figured out that leaving practice as a retiree is not a crime. Thank you for doing this regulation. I hope the rest of the country figures this out pretty soon as so many of us are aging out."

   Recommended Board response:

   The Board appreciates this comment. No changes are required.

4. Commentor Jeffrey Hutter PhD (PSY 4024 – received 7/1/22) questions the provision that limits restoring retirement status to two times. It appears arbitrary and unnecessary. Commentor further states:

   1. I can imagine a psychologist retiring for different reasons under different life circumstances: illness, leaving the state, debilitating mental or physical condition, illness of a spouse or family member. Unanticipated life or health conditions might improve; some serious conditions might be unstable and unpredictable, like cancers; marital or family status later changes for the better.

   2. How does someone wanting to change their retirement status more than twice affect the board or consumers? If the registrant meets reasonable, relevant reinstatement requirements, why would it matter if the registrant wants to resume practice more than twice?

   3. There is no time span within which this regulation applies. Depending on circumstances, I could reasonably imagine a 50-year span in which a registrant might consider and then reconsider retirement. Given current trends in healthy aging, psychologists could be able to competently practice up to 100 years of age, or longer in the near future.

   Recommended Board Response

   The Board appreciates this comment but makes no changes in response.

   The Board notes that this comment is outside of the scope of the modified text comment period.

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Per the Initial Statement of Reasons, because retired status was intended to be an end point for licensure, it is expected that a licensee who retires stays retired. The Board understands that external circumstances or events might change a newly retired licensee's mind and the licensee might restore a license to active. When the restored license is later retired again, the Board intends that action to be final. Accordingly, once the retired status has been granted a second time, the retired licensee would be required to apply for a new license to return to active practice. This prevents the misuse of retired status as a means of avoiding renewal fees or other renewal requirements, ensures that proper vetting is done regarding what the licensee may have done in the interim, and avoids the draining of the Board's resources required to make frequent changes to the status of a license.

A licensee who is unsure of whether to place their license in retired status should utilize the inactive license status. There is no limit to the number of times or length of time a licensee can be in an inactive status.

Someone in inactive status still receives Board communications such as newsletters, advisories, meeting agendas, etc. which keeps them more professionally relevant than someone in retired status. Additionally, the Board receives subsequent arrest notifications for licensees in active and inactive status.

Someone seeking a new license after having been retired twice would go through a background investigation to ensure no criminal issues have arisen for public protection reasons, and an applicant would need to take the California Psychology Law and Ethics Exam (CPLEE) (which is a 100-question exam, offered four times per year) to ensure relevancy of current law which also protects the public.

Action Requested:

Staff recommends that, after consideration of the comments received as reflected above, the Board adopt the modified regulation text with no further changes and approve all of the comment responses with the following motion:

Adopt the modified text as noticed; Approve the responses to all comments received during the 15-day comment period; Delegate to the Executive Officer the ability to make any technical or non-substantive edits to the text in order to secure final approval from the Office of Administrative Law.

Attachment A: 15-Day Written Comments
Attachment B: Modified Regulation Text, Forms, and Explanation of Form Changes

ALLEN N. SHUB [redacted]

July 7, 2022

Jason Glasspiegel
Board of Psychology
1625 N. Market Blvd., Suite N-215
Sacramento, CA 95834

Dear Mr. Glasspiegel:

I am currently a Licensed Psychologist in the State of California. I applaud the proposal to enact a Retired Status, and I plan to apply for it.

I do have a concern, however, that I would like to call to the Board's attention. The concern is in regard to: *Form PSY 900 (New 2021) – Application for Psychologist Requesting Retired Status*, which is incorporated by reference in the proposed text.

I am specifically concerned that the Psychologist requesting retired status must place his/her Social Security Number in *Section 1: Applicant Information*. I am concerned about privacy and about possible identity theft if the information should fall into the wrong hands, whether it be by interception of U.S. mail or by interception of an online submission.

Furthermore, under *Possible Disclosure of Personal Information*, the form states that personal information may be shared in response to a Public Records Act request. This, too, is a privacy and identity theft concern.

My first choice would be for the Board to delete Social Security Number on Form PSY 900. But, if the Board absolutely needs Social Security Number, in addition to Psychologist License Number, Date of Birth, Street Address, Email Address, and Telephone Number in order to verify identity before granting a request for retired status, I would suggest that only the *last four digits* of the Social Security Number be required on Form PSY 900.

I thank the Board for its consideration of this request.

Sincerely,

Allen N. Shub

Allen N. Shub, Ph.D.
Licensed Psychologist
State of California

From:	bopmail@DCA
To:	Costa, Suzy@DCA
Cc:	Glasspiegel, Jason@DCA; Sorrick, Antonette@DCA
Subject:	FW: 15-Day Notice of Modified Text for Proposed Retired License Status Regulations
Date:	Tuesday, July 5, 2022 2:06:40 PM

From: Robin Schupp [redacted]
Sent: Tuesday, July 5, 2022 2:05 PM
To: bopmail@DCA <bopmail@dca.ca.gov>
Subject: Fwd: 15-Day Notice of Modified Text for Proposed Retired License Status Regulations

WARNING: This message was sent from outside the CA Gov network. Do not open attachments unless you know the sender: [redacted]

Sent from my iPhone

Begin forwarded message:

> **From:** Robin Schupp <[redacted]>
> **Date:** July 5, 2022 at 12:03:54 PM PDT
> **To:** noreply@dca.ca.gov
> **Subject: Re: 15-Day Notice of Modified Text for Proposed Retired License Status Regulations**
>
> Robin Schupp License 5371
> I have looked at the regulatory modifications for retired licenses. I believe this modification is unfair, biased and will create undue hardships for retired psychologists who want to retain their license for career identification purposes or as well as reenter active licensure status. It appears to me that your new modified requirements suggest that the retiree would not be able to retire at all based on your rules to regain active status. My reading is that the licensee would need to remain active in your newly constructed model for licensure requiring the inactive retired licensee to be active in peer groups etc and would find it difficult to reinstate to active status as the individual would be restarting their career. I am reading that this modification will significantly impact retirees reentry and is purposely intended to eliminate retirees from actively reentering the psychologist market without undue hardships.
>
> Sent from my iPhone
>
> > On Jul 1, 2022, at 4:35 PM, Psychology Board <00000013d0ed399d-dmarc-request@subscribe.dcalists.ca.gov> wrote:
> >
> > Good afternoon,

The Board of Psychology has issued a 15-Day Notice of Modified Text to its proposed regulatory action regarding retired license status regulations. The 15-day comment period is from July 5, 2022, to July 21, 2022. To view the regulatory documents including the modified text, please visit:

https://www.psychology.ca.gov/laws_regs/regulations.shtml

Sincerely,

The Board of Psychology

Unsubscribe from the PSYCH-LICENSEES List:

http://subscribe.dcalists.ca.gov/cgi-bin/wa?SUBED1=PSYCH-LICENSEES&A=1

From: [redacted]
To: Glasspiegel, Jason@DCA
Subject: retired license information
Date: Tuesday, July 5, 2022 10:17:05 AM

WARNING: This message was sent from outside the CA Gov network. Do not open attachments unless you know the sender: [redacted]

My Comment: thank goodness California has finally figured out that leaving practice as a retireee is not a crime. Thank you for doing this regulation. I hope the rest of the country figures this out pretty soon as so many of us are aging out.

Barbara Parry PhD
CA PSY 9575 (inactive)

7/5/2022

From: Jeffrey Hutter
To: Glasspiegel, Jason@DCA
Subject: comment re Concerning Retired License Status
Date: Friday, July 1, 2022 5:12:22 PM

WARNING: This message was sent from outside the CA Gov network. Do not open attachments unless you know the sender: [redacted]

Board of Psychology
ATTN: Jason Glasspiegel

I am questioning the provision that limits restoring retirement status to two times. It appears arbitrary and unnecessary.

1. I can imagine a psychologist retiring for different reasons under different life circumstances: illness, leaving the state, debilitating mental or physical condition, illness of a spouse or family member. Unanticipated life or health conditions might improve; some serious conditions might be unstable and unpredictable, like cancers; marital or family status later changes for the better.

2. How does someone wanting to change their retirement status more than twice affect the board or consumers? If the registrant meets reasonable, relevant reinstatement requirements, why would it matter if the registrant wants to resume practice more than twice?

3. There is no time span within which this regulation applies. Depending on circumstances, I could reasonably imagine a 50-year span in which a registrant might consider and then reconsider retirement. Given current trends in healthy aging, psychologists could be able to competently practice up to 100 years of age, or longer in the near future.

Sincerely,

Jeffrey Hutter, PhD
CA PSY 4024

California Board of Psychology
Department of Consumer Affairs
California Code of Regulations
Title 16. Professional and Vocational Regulations
Division 13.1. Board of Psychology

Modified Text

Omitted Text is shown by * * *

Originally proposed language is shown as underlined.
Originally proposed deletions are shown in ~~strike-through~~.

After review by the Office of Administrative Law, the Board proposes the following extra changes:
Additions are shown in double-underline.
Deletions are shown in ~~double strike-through~~.

§ 1381.10. Retired Status.

(a) Pursuant to Section 2988.5 of the Code, a psychologist who holds a current active or current inactive license, issued by the Board, may apply to place that license in retired status by submitting Form PSY 900 (New 2021), which is hereby incorporated by reference.

(b) As used in Section 2988.5 of the Code:

(1) "Otherwise restricted by the board" ~~means that the license is not currently on~~includes probation ~~or~~, subject to any other terms and conditions, or the licensee is ~~not~~ restricted from practice.

(2) "Subject to discipline under this chapter" means ~~that there are no~~ pending court or administrative actions to restrict the applicant's practice for violations of Chapter 6.6 of Division 2 (commencing with section 2900), ~~Accusations pursuant to the Administrative Procedure Act, Interim Suspension Orders filed pursuant to section 494~~ of the Code~~, evaluations pursuant to Section820 of the Code, or practice restrictions pursuant to Penal Code section 23.~~

(c) To apply to restore the license to active status if the application to place the license in retired status was granted less than three (3) years prior, in addition to any other requirements in 2988.5 of the Code, the licensee shall:

(1) Submit Form PSY 905 (New 2021), which is hereby incorporated by reference, and pay the biennial renewal fee as prescribed in section 1392(d) of the Board's regulations and all additional fees as prescribed in section 2987.2 of the Code, and section 1397.69 of the Board's regulations at the time the request to restore to active status is received;

(2) Furnish to the Department of Justice, a full set of electronic fingerprints for the purpose of conducting a criminal history record check and to undergo a state and federal level criminal offender record information search if the licensee has not been previously fingerprinted for the Board or for whom an electronic record of the submission of fingerprints does not exist in the Department of Justice's criminal offender identification database.

(d) To apply to restore the license to active status (3) or more years from the date of issuance of the license in retired status, the licensee shall comply with the requirements in 2988.5(d)(2) of the Code.

(e) The Board will not grant an application for a license to be placed in a retired status more than twice.

(f) A licensee who has been granted a license in retired status twice must apply for a new license in order to obtain a license in active status.

Note: Authority cited: Sections 2930 and 2988.5 Business and Professions Code. Reference: Sections 118, 2960, 2960.6, and 2988.5, Business and Professions Code; and Section 11105(b)(10), Penal Code.

§ 1392. Psychologist Fees.

(a) * * *
(b) * * *
(c) * * *
(d) * * *
(e) * * *

(f) The application fee for a retired license is $75.00.

Note: Authority cited: Sections 2930, 2987, 2988.5, and 2989, Business and Professions Code.
Reference: Sections 2987, 2988, 2988.5, and 2989, Business andProfessions Code.

§ 1397.69. Continuing Professional Development Audit Fee~~Licensee Fees~~.

For the administration of this article, in addition to any other fees due the Board, and as a condition of renewal or reinstatement, a $10 fee is to be paid to the Board by a licensee renewing in an active status or after inactive, ~~or delinquent~~ expired, or reactivating from a retired status.

Note: Authority cited: Section~~s 2915(g) and~~ 2930, Business and Professions Code.
Reference: Section~~s~~ 2915~~(j)~~ and 2988.5, Business and Professions Code.

California Board of PSYCHOLOGY

APPLICATION FOR PSYCHOLOGIST REQUESTING RETIRED STATUS

INSTRUCTIONS:

- Mail completed form and $75 application fee to: Board of Psychology, 1625 North Market Blvd., Suite N-215, Sacramento, CA 95834
- If your licens as not canceled, a payment of all accrued renewal and delinqu submitted with the $75 a
- Make checks or m le to the Board of Psychology.
- A licensee in Retired d from engaging in the practice of psychology o rovision of psychological service d Status is not subject to renewal.
- Please print or type. Illeg ill be returned.

I: APPLICANT INFORM

Last Name | t Name | Middle Initial | Date of Birth

Street Address | State | Zip Code

License Number | Social Security Number | ddress | Telephone Number

SECTION II: MANDATORY CONVICTIO DISCIPLINE DISCLOSURE QUESTIONS

YES*	NO	
☐	☐	Since you last renewed your license, h ed by a government agency or other disciplinary body?
☐	☐	Since you last renewed your lic n conv ty or nolo contendere to any felony, misdemeanor, infraction or ot e under th the United States, or a foreign country? If you are awaiting judgmer llowing entry dict, you must still disclose the conviction.

* If you answered yes to any of t ease provide information n. For your convenience, you can use the **Conviction/Lice ction Form** to provide this in **ychology.ca.gov**).

TION III: STATEMENT OF APPLIC

I have read the forego ts entirety and know the contents thereof. By sig questing my license be placed in Retire d that I am prohibited from engaging in the practice e provision of, psychology. I her enalty of perjury under the laws of the state of California, made herein or attached he rrect in every respect. I understand that any misstatements o ial fact may be cause for or revocation of a license.

Signature | Date

PSY 900 (NEW 2021)
[Internal Control Number PDE_21-107 (Revised 6/21)]

California Board of PSYCHOLOGY

APPLICATION FOR PSYCHOLOGIST REQUESTING RETIRED STATUS

Collection and Use of Personal Information

The Department of Consumer Affairs and the California Board of Psychology collect the information requested on this form as authorized by Business and Professions Code sections 325 and 326 and the Information Practices Act

Mandatory Su

Submission of the re n is mandatory. The Board cannot consider your appli e or renewal unless you provide all formation.

Access to Your Informa

You may review the records m oard pertaining to you that contain rmation, as permitted by the Information Practices Act. S tion below.

Possible Disclosure of Person

We make every effort to protect the p you provide us. H eed to share the information you give us with other government agencies haring any pe n you gave us.

The information you provide may also be di wing c

- In response to a Public Records Act request, ices Act.
- To another government agency as required by
- In response to a court or administrative order, a s rant.

Contact Information

For questions about this notice or access to your reco Board at 1625 North Market Blvd., Suite N-215, Sacramento, CA 95834; by phone at (866) 503-3221 **ca.gov**. For questions about the Department of Consumer Affairs' Privacy Policy, you may contac arket Blvd., Sacramento, CA 95834; by phone at (800) 952-5210; or by email at **dca@dca.ca.gov**

www.psychology.ca.gov
P (916) 574-7720 / F (916) 574-8672
1625 North Market Blvd. N-215, Sacramento, CA 95834

GAVIN NEWSOM, GOVERNOR
BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY

STATE OF CALIFORNIA
dca
DEPARTMENT OF CONSUMER AFFAIRS

California Board of PSYCHOLOGY

APPLICATION FOR PSYCHOLOGIST TO RESTORE TO ACTIVE STATUS

INSTRUCTIONS:

- Mail completed form to: Board of Psychology, 1625 North Market Blvd., Suite N-215, Sacramento, CA 95834.
- If it has been less than 3 years since you were issued a retired license, complete this form and pay the biennial renewal fee.
- If it has been ... ce you were issued a retired license, do not use this form. Com... **equest form** and the **Appli... e as a Psychologist Form** and pay the appropriate fees.
- Please print or ty... tions will be returned.

SECTION I: APPLICANT INFORMATION

Last Name | First Name | Middle Initial | Date of Birth

Street Address | City | State | Zip Code

License Number | Social Security | Telephone Number

SECTION II: MANDATORY CO... LIC... NE DISCLOSURE QUESTIONS

YES*	NO	
☐	☐	**CONVICTION/DISCIPLINE:** Since you las... ve you had any license disciplined by a government agency or other disciplinary b...
☐	☐	Since you last renewed your license, omittin... nder $500 not involving alcohol, dangerous drugs, or a controlled substance, have you been co... f law in this or any other state, the United States or its territories, military court, or other...
		* If you answered yes to any of these question... ding that action. For your convenience, you can use the **Conviction/License Disciplina... o p... tion (**www.psychology.ca.gov**).
☐	☐	**CONTINUING PROFESSIONAL... I comple... roved continuing professional development within the pre... *You must include proof pur... 7.61 of the Californi... s of 36 hours of continuing professional developmen... on. Independent learni... et no more than 75% (27 hours) of the required 36 hours.*
☐	☐	**FINGERPRINT REC... it a full set of electronic fingerpr... r purposes of conducting a criminal history ... riminal history information obtained... the Department of Justice and the Feder... gation.

SECTION III: STATEMENT OF APPLICANT

I have read the f... n in its entirety and know the contents thereof. By signing ... ing that my retired license... ve status. I understand that I am prohibited from engaging in t... isting in the provisio... til my license has been restored to active status. I hereby certify un... y under the laws o... nia, that any statements made herein or attached hereto are true and c... ct. I understand that any misstatements or omissions of material fact may be cause for denial, suspension, or revocation of a license.

Signature | Date

PSY 905 (NEW 2021)
[Internal Control Number PDE_21-108 (Revised 6/21)]

California Board of PSYCHOLOGY

APPLICATION FOR PSYCHOLOGIST TO RESTORE TO ACTIVE STATUS

Collection and Use of Personal Information

The Department of Consumer Affairs and the California Board of Psychology collect the information requested on this form as authorized by Business and Professions Code sections 325 and 326 and the Information Practices Act

Mandatory Su

Submission of the re n is mandatory. The Board cannot consider your appli e or renewal unless you provide all ormation.

Access to Your Informa

You may review the records m oard pertaining to you that contain rmation, as permitted by the Information Practices Act. S tion below.

Possible Disclosure of Person

We make every effort to protect the p you provide us. H eed to share the information you give us with other government agencies haring any pe n you gave us.

The information you provide may also be di wing c

- In response to a Public Records Act request, ices Act.
- To another government agency as required by
- In response to a court or administrative order, a s rant.

Contact Information

For questions about this notice or access to your reco Board at 1625 North Market Blvd., Suite N-215, Sacramento, CA 95834; by phone at (866) 503-3221 **ca.gov**. For questions about the Department of Consumer Affairs' Privacy Policy, you may contac arket Blvd., Sacramento, CA 95834; by phone at (800) 952-5210; or by email at **dca@dca.ca.gov**

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GAVIN NEWSOM, GOVERNOR
BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY

STATE OF CALIFORNIA
dca
DEPARTMENT OF CONSUMER AFFAIRS

TITLE 16. BOARD OF PSYCHOLOGY

EXPLANATION OF FORM CHANGES

As part of the modified text, the Board is proposing to change Forms PSY 900 (New 2021) and PSY 905 (New 2021). Because of formatting issues, however, we are placing an explanation of changes to those forms in this document, rather than on the form itself. The forms included in the modified text reflect these changes.

Identical changes to both Form PSY 900 and PSY 905

The asterisks in section II are being deleted as they are unnecessary.

Changes to Form PSY 905

1. The **CPLEE** abbreviation under the **INSTRUCTIONS** was amended to spell out the abbreviated California Psychology Law and Ethics Examination (**CPLEE)** for clarity.

2. The **FINGERPRINT REQUIREMENT** under **SECTION II** was changed from:

☐ ☐ **FINGERPRINT REQUIREMENT:** Submit a full set of electronic fingerprints to the Board for purposes of conducting a criminal history record check with criminal history information obtained and received from the Department of Justice and the Federal Bureau of Investigation.

to:

☐ ☐ **FINGERPRINT REQUIREMENT:** When necessary, pursuant to section 1381(c)(2) of the Board's regulations, I agree to submit a full set of electronic fingerprints for purposes of conducting a criminal history record check with criminal history information obtained and received from the Department of Justice and the Federal Bureau of Investigation.

Changes to both forms PSY 900 and PSY 905 that are harmonized

1. The second questions in Section II: Mandatory Conviction and License Discipline Disclosure Question was changed from:

Form 900

☐ ☐ Since you last renewed your license, have you been convicted of or pled guilty or nolo contendere to any felony, misdemeanor, infraction or other criminal offense under the laws of any state, the United States, or a foreign country? If you are awaiting judgment and sentencing following entry of a plea or jury verdict, you must still disclose the conviction.

Form 905

☐ ☐ Since you last renewed your license, omitting traffic infractions under $500 not involving alcohol, dangerous drugs, or a controlled substance, have you been convicted of any violations of law in this or any other state, the United States or its territories, military court, or other county?

to:

Forms 900 and 905

☐ ☐ Since you last renewed your license, omitting traffic infractions under $500 not involving alcohol, dangerous drugs, or a controlled substance, have you been convicted of or pled nolo contendere to any felony, misdemeanor, infraction or other criminal offense under the laws of any state, the United States, or a foreign country? If you are awaiting judgment and sentencing following entry of a plea or jury verdict, you must still disclose the conviction.

2. The **Conviction/License Disciplinary Action Form** referenced in Section II was changed to the **License Disciplinary Action Form** as that is the current name of the courtesy form.

3. The italicized sentence in Section II underneath the second "yes or no" questions:

   If you answered yes to any of these questions, please provide information regarding that action,

   was changed to:

   If you answered yes to any of these questions, see page 2.

   for clarity.

On the top of page 2, the following information is added:

If you answered Yes to the Conviction/Discipline Question on page 1
Please provide details of the conviction/discipline, such as:

- *Date*
- *Jurisdiction*
- *….*

4. The **Contact Information** at the end of each form was modified to list the Executive Officer as the contact pursuant to Civil Code Section 1798.17.

California Board of PSYCHOLOGY

APPLICATION FOR PSYCHOLOGIST REQUESTING RETIRED STATUS

INSTRUCTIONS:

- Mail completed form and $75 application fee to: Board of Psychology, 1625 North Market Blvd., Suite N-215, Sacramento, CA 95834.
- If your license has expired, but has not canceled, a payment of all accrued renewal and delinquency fees must be submitted with the $75 application fee.
- Make checks or money orders payable to the Board of Psychology.
- A licensee in Retired Status is prohibited from engaging in the practice of psychology or assisting in the provision of psychological services. A license in Retired Status is not subject to renewal.
- Please print or type. Illegible applications will be returned.

SECTION I: APPLICANT INFORMATION

Last Name _____ First Name _____ Middle Initial _____ Date of Birth _____

Street Address _____ City _____ State _____ Zip Code _____

License Number _____ Social Security Number _____ Email Address _____ Telephone Number _____

SECTION II: MANDATORY CONVICTION AND LICENSE DISCIPLINE DISCLOSURE QUESTIONS

YES	NO	
☐	☐	Since you last renewed your license, have you had any license disciplined by a government agency or other disciplinary body?
☐	☐	Since you last renewed your license, omitting traffic infractions under $500 not involving alcohol, dangerous drugs, or a controlled substance, have you been convicted of or pled nolo contendere to any felony, misdemeanor, infraction or other criminal offense under the laws of any state, the United States, or a foreign country? If you are awaiting judgment and sentencing following entry of a plea or jury verdict, you must still disclose the conviction.

*If you answered yes to either of these questions, see page 2. For your convenience, you can use the **License Disciplinary Action Form** to provide this information (**www.psychology.ca.gov**).*

SECTION III: STATEMENT OF APPLICANT

I have read the foregoing application in its entirety and know the contents thereof. By signing below, I am requesting my license be placed in Retired Status. I understand that I am prohibited from engaging in the practice of, or assisting in the provision of, psychology. I hereby certify under penalty of perjury under the laws of the state of California, that any statements made herein or attached hereto are true and correct in every respect. I understand that any misstatements or omissions of material fact may be cause for denial, suspension, or revocation of a license.

Signature _____ Date _____

www.psychology.ca.gov
P (916) 574-7720 / F (916) 574-8672
1625 North Market Blvd. N-215, Sacramento, CA 95834

GAVIN NEWSOM, GOVERNOR
BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY

STATE OF CALIFORNIA
dca
DEPARTMENT OF CONSUMER AFFAIRS

Conviction and License Discipline Disclosure

If you answered "YES" to either of the Conviction and License Disclosure questions under Section II, please provide the following information:

For Convictions:

Date, underlying circumstances, outcome, jurisdiction, and court case number.

For License discipline:

Date, underlying circumstances, disposition, and licensing agency.

INFORMATION PRACTICES ACT DISCLOSURES

Collection and Use of Personal Information

The Department of Consumer Affairs and the California Board of Psychology collect the information requested on this form as authorized by Business and Professions Code sections 325 and 326 and the Information Practices Act.

Mandatory Submission

Submission of the requested information is mandatory. The Board cannot consider your application for licensure or renewal unless you provide all of the requested information.

Access to Your Information

You may review the records maintained by the Board pertaining to you that contain your personal information, as permitted by the Information Practices Act. See contact information below.

Possible Disclosure of Personal Information

We make every effort to protect the personal information you provide us. However, we may need to share the information you give us with other government agencies. This may include sharing any personal information you gave us.

The information you provide may also be disclosed in the following circumstances:

- In response to a Public Records Act request, as allowed by the Information Practices Act.
- To another government agency as required by state or federal law.
- In response to a court or administrative order, a subpoena, or a search warrant.

Contact Information

For questions about this notice or access to your records, you may contact the Executive Officer of the Board at 1625 North Market Blvd., Suite N-215, Sacramento, CA 95834; by phone at (866) 503-3221; or by email at **bopmail@dca.ca.gov**. For questions about the Department of Consumer Affairs' Privacy Policy, you may contact the Department at 1625 North Market Blvd., Sacramento, CA 95834; by phone at (800) 952-5210; or by email at **dca@dca.ca.gov**.

California Board of PSYCHOLOGY

APPLICATION FOR PSYCHOLOGIST TO RESTORE TO ACTIVE STATUS

INSTRUCTIONS:

- Mail completed form to: Board of Psychology, 1625 North Market Blvd., Suite N-215, Sacramento, CA 95834.
- If it has been less than 3 years since you were issued a retired license, complete this form and pay the biennial renewal fee.
- If it has been 3 or more years since you were issued a retired license, do not use this form. Complete the **California Psychology Law and Ethics Examination (CPLEE) Request form** and the **Application for Licensure as a Psychologist Form** and pay the appropriate fees.
- Please print or type. Illegible applications will be returned.

SECTION I: APPLICANT INFORMATION

Last Name _____ First Name _____ Middle Initial _____ Date of Birth _____

Street Address _____ City _____ State _____ Zip Code _____

License Number _____ Social Security Number _____ Email Address _____ Telephone Number _____

SECTION II: MANDATORY CONVICTION AND LICENSE DISCIPLINE DISCLOSURE QUESTIONS

YES	NO	
☐	☐	**CONVICTION/DISCIPLINE:** Since you last renewed your license, have you had any license disciplined by a government agency or other disciplinary body?
☐	☐	Since you last renewed your license, omitting traffic infractions under $500 not involving alcohol, dangerous drugs, or a controlled substance, have you been convicted of any violations of law in this or any other state, the United States or its territories, military court, or other county?

*If you answered yes to either of these questions, see page 2. For your convenience, you can use the **License Disciplinary Action Form** to provide this information (**www.psychology.ca.gov**).*

☐	☐	**CONTINUING PROFESSIONAL DEVELOPMENT:** I completed 36 hours of approved continuing professional development within the preceding 24 months. *You must include proof pursuant to section 1397.61 of the California Code of Regulations of 36 hours of continuing professional development with this application. Independent learning can be used to meet no more than 75% (27 hours) of the required 36 hours.*
☐	☐	**FINGERPRINT REQUIREMENT:** When necessary, pursuant to section 1381(c)(2) of the Board's regulations, I agree to submit a full set of electronic fingerprints for purposes of conducting a criminal history record check with criminal history information obtained and received from the Department of Justice and the Federal Bureau of Investigation.

SECTION III: STATEMENT OF APPLICANT

I have read the foregoing application in its entirety and know the contents thereof. By signing below, I am requesting that my retired license be returned to active status. I understand that I am prohibited from engaging in the practice of, or assisting in the provision of, psychology until my license has been restored to active status. I hereby certify under penalty of perjury under the laws of the state of California, that any statements made herein or attached hereto are true and correct in every respect. I understand that any misstatements or omissions of material fact may be cause for denial, suspension, or revocation of a license.

Signature _____ Date _____

Conviction and License Discipline Disclosure

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