

NOTICE OF LEGISLATIVE AND REGULATORY AFFAIRS COMMITTEE MEETING

Friday, April 12, 2024
1:00 p.m. – 5:00 p.m. or until completion of business

<https://dca-meetings.webex.com/dca-meetings/j.php?MTID=m0517f5b95c6e63fa372ca6470802d7ce>

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The Legislative and Regulatory Affairs Committee will hold the Committee Meeting via WebEx, as noted above, and in-person at:

Department of Consumer Affairs
1625 N. Market Blvd., El Dorado Room
Sacramento, CA 95834

To avoid potential technical difficulties, please consider submitting written comments by April 5, 2024, to bopmail@dca.ca.gov for consideration.

Committee Members

Marisela Cervantes, EdD, MPA, Chair
(remote)
Sheryll Casuga, PsyD (remote)
Stephen Phillips, JD, PsyD (remote)

Board Staff

Antonette Sorrick, Executive Officer
Jonathan Burke, Assistant Executive Officer
Cynthia Whitney, Central Services Manager
Sandra Monterrubio, Enforcement Program Manager
Stephanie Cheung, Licensing Manager
Troy Polk, Legislative and Regulatory Analyst
Sarah Proteau, Central Services Office Technician
Anthony Pane, Board Counsel
Sam Singh, Regulatory Counsel

AGENDA

1:00 p.m. – 5:00 p.m. or Until Completion of Business

1. Call to Order/Roll Call/Establishment of a Quorum
2. Chairperson's Welcome and Opening Remarks
3. Public Comment for Items Not on the Agenda. Note: The Committee 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 Committee Meeting Minutes: June 16, 2023 (C. Whitney)
5. Legislation from the 2024 Legislative Session: Review and Possible Action (M. Cervantes)
 - a) Legislative Proposals
 1. Psychological Associates: Business and Professions Code Section 2913: Change of Supervisor Fee: Business and Professions Code Section 2987: Health and Safety Code 124260
 - b) Review of Bills for Active Position Recommendations to the Board
 1. AB 2270 (Maienschein) Healing arts: continuing education: menopausal mental and physical health
 2. AB 2282 (McKinnor) Family reunification services
 3. AB 2581 (Maienschein) Healing arts: continuing education: maternal mental health
 4. AB 2703 (Aguiar-Curry) Federally qualified health centers and rural health clinics: psychological associates
 5. AB 2862 (Gipson) Licenses: African American applicants
 6. SB 1012 (Wiener) The Regulated Psychedelic-assisted Therapy Act and the Regulated Psychedelic Substances Control Act
 7. SB 1067 (Smallwood-Cuevas) Healing arts: expedited licensure process: medically underserved area or population.
 - c) Bills with Active Positions Taken by the Board
 1. AB 2051 (Bonta) Psychology interjurisdictional compact

6. Legislative Items for Future Meeting. The Committee May Discuss Other Items of Legislation in Sufficient Detail to Determine Whether Such Items Should be on a Future Committee or Board Meeting Agenda and/or Whether to Hold a Special Meeting of the Committee or Board to Discuss Such Items Pursuant to Government Code Section 11125.4
7. Regulatory Update, Review, and Consideration of Additional Changes (M. Cervantes)
 - a) 16 CCR sections 1391.13, and 1391.14 – Inactive Psychological Associates Registration and Reactivating a Psychological Associate Registration
 - b) 16 CCR section 1395.2 – Disciplinary Guidelines and Uniform Standards Related to Substance-Abusing Licensees
 - c) 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
 - d) 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, and 1397.55 - Enforcement Provisions
 - e) 16 CCR sections 1397.35, 1397.37, 1397.39, and 1937.40 - Corporations
 - f) 16 CCR sections 1381, 1387, 1387.10, 1388, 1388.6, 1389, and 1389.1 EPPP-2
8. Recommendations for Agenda Items for Future Board Meetings. Note: The Committee 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)].

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.

In the event that a quorum of the Committee is unavailable, the chair may, at their discretion, continue to discuss items from the agenda and to vote to make recommendations to the full Committee at a future meeting [Government Code section 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 goal of this committee is to advocate and promote legislation that advances the ethical and competent practice of psychology to protect consumers of psychological services. The committee reviews and tracks legislation that affects the Board, consumers, and the profession of psychology, and recommends positions on legislation for consideration by the Board.

MEMORANDUM

| | |
|----------------|-------------------------------------------------------------------------------------------------------|
| DATE | March 11, 2024 |
| TO | Legislative and Regulatory Affairs Committee Members |
| FROM | Sarah Proteau Central Services Office Technician |
| SUBJECT | Agenda Item # 4 – Discussion and Possible Approval of the Committee Meeting Minutes: June 16, 2023 |

Background:

Attached are the draft minutes of the June 16, 2023, Committee Meeting.

Action Requested:

Review and approve the minutes of the June 16, 2023, Committee Meeting.

1 **Legislative And Regulatory Affairs Committee Meeting**

2

3 **Committee Members**

4 Marisela Cervantes, EdD, MPA, Chairperson

5 Sheryll Casuga, PsyD

6 Stephen Phillips, JD, PsyD

7

8 **Board Staff**

9 Antonette Sorrick, Executive Officer

10 Jonathan Burke, Assistant Executive Officer

11 Stephanie Cheung, Licensing Manager

12 Cynthia Whitney, Central Services Manager

13 Sandra Monterrubio, Enforcement Program Manager

14 Liezel McCockran, CPD/Renewals Coordinator

15 Troy Polk, Legislative and Regulatory Analyst

16 Curtis Gardner, Central Services Analyst

17 Sarah Proteau, Central Services Technician

18 Evan Gage, Special Projects Analyst

19 Brittany Ng, Board Counsel

20 Karen Halbo, Regulatory Counsel

21

Friday, June 16, 2023

22

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

24

25 Dr. Cervantes called the meeting to order at 10:09 a.m. A quorum was present and due
26 notice had been sent to all interested parties.

27

28 **Agenda Item #2: Chairperson's Welcome and Opening Remarks**

29

30 Dr. Cervantes offered opening remarks.

31

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

36

37 Dr. Cervantes called for public comment.

38

39 No public comment was offered.

40

41 **Agenda Item #4: Discussion and Possible Approval of Legislative and Regulatory**
42 **Affairs Committee Meeting Minutes: June 10, 2022**

43

44 It was (M)Phillips(S)Casuga(C) to adopt the June 10, 2022, Legislative and Regulatory
45 Affairs Committee meeting minutes.

46
47 Dr. Cervantes called for public comment.

48
49 No public comment was offered.

50
51 Votes: 3 ayes (Casuga, Cervantes, Phillips), 0 noes

52
53 Motion passed.

54
55 **Agenda Item #5: Legislation from the 2023 Legislative Session: Review and**
56 **Possible Action**

57
58 Mr. Polk provided the update on this item.

59
60 **a) Review of Bills for Active Position Recommendations to the Board**

61
62 1) **SB 815 Healing Arts**

63
64 SB 815 would make various changes to the Medical Board of California (MBC) by the
65 Legislature through the Sunset Process. Section 10 of the bill would transfer the
66 registration, regulations, and enforcement of Research Psychoanalysts from the MBC to
67 the Board of Psychology.

68
69 SB 815 would transfer funds collected from the licensing and regulation of Research
70 Psychoanalysts to the Board. Board staff met with MBC staff and requested to delay
71 implementation until January 1, 2025, as the Board is underway with preparations for a
72 new registration category for psychological testing technicians under SB 1428 which
73 was signed into law last year. This delayed implementation would give the Board time to
74 prepare for the additional registration category of Research Psychoanalysts.

75
76 On May 19th, the Board adopted a Support if Amended position. The amendment
77 included the delayed implementation until January 1, 2025.

78
79 The bill passed the Senate and was ordered to the Assembly on May 31st.

80
81 On June 8th, SB 815 was referred to the Assembly Committee on Business and
82 Professions.

83
84 A Support if Amended letter has been submitted to the Committee Members and the
85 Committee Consultant.

86
87 Board staff will continue to monitor this bill.

88
89 No Committee discussion and no public comment offered.

90
91 **b) Bills with Active Positions Taken by the Board**

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1) AB 282 (Aquiar-Curry) Psychologist: Licensure

AB 282 would revise section 2914 of the Business and Professions Code (BPC) by adding language to allow applicants seeking licensure to be eligible to take the required licensure exams, which include the Examination for Professional Practice in Psychology (EPPP) and the California Psychology Law and Ethics Examination (CPLEE), at any time after all academic coursework required for a qualifying doctoral degree is completed.

In addition, this bill would require the Board to revise CCR sections 1388 and 1388(c) to remove the requirements to complete the qualified supervised professional experience hours to be eligible to take the licensure exams.

On April 7th, the Board adopted an Oppose Unless Amended position. The proposed amendment was to add “as specified by the Board” to section d of the proposed language.

The bill passed the Assembly and was ordered to the Senate on April 27th.

On May 10th, AB 282 was referred to the Senate Committee on Business, Professions, and Economic Development.

On May 12th, an Oppose Unless Amended letter was submitted to the Senate Business, Professions and Economic Development Committee.

Board staff will continue to monitor this proposal.

Dr. Cervantes called for public comment.

No public comment offered.

2) AB 883 (Mathis) Business Licenses: U.S. Department of Defense SkillBridge Program

AB 883 proposes that boards under the Department of Consumer Affairs expedite the initial licensure process for an applicant who supplies satisfactory evidence to the Board that the applicant is enrolled in the U.S Department of Defense SkillBridge program.

SkillBridge allows Service Members to gain civilian experience through specific industry training, apprenticeships, or internships during the last 180 days of service.

On April 7th, the Board adopted a Support position.

On May 30th, AB 883 passed the Assembly and was ordered to the Senate.

138 On June 7th, AB 883 was referred to the Senate Committee on Business, Professions
139 and Economic Development.

140
141 A support letter was submitted to the Committee, and board staff provided in-person
142 testimony in Support of AB 883 at the Committee hearing on June 12th.

143
144 AB 883 passed the Committee with full support of all Committee members and was
145 referred to the Senate Committee on Military and Veterans Affairs.

146
147 A Support letter was submitted to all Committee members and the Committee
148 Consultant.

149
150 Board staff will continue to monitor AB 883.

151
152 No Committee discussion and no public comment offered.

153
154 3) AB 996 (Low) Department of Consumer Affairs: continuing education: conflict-of-
155 interest policy

156
157 AB 996 proposes that boards under the Department of Consumer Affairs develop and
158 maintain a conflict-of-interest policy that would discourage the qualification of any
159 continuing education course if the provider of that course has an economic interest in a
160 commercial product or enterprise directly or indirectly promoted in that course.

161
162 On April 7th, the Board of Psychology (Board) adopted an Oppose position.

163
164 On May 25th, AB 996 passed the Assembly and was ordered to the Senate.

165
166 On June 7th, AB 996 was referred to the Senate Committee on Business, Professions
167 and Economic Development, and a hearing was scheduled for June 12th.

168
169 An Oppose letter was submitted to the Committee, and staff attended the hearing;
170 however, AB 996 was pulled from the agenda at the request of the author and has been
171 rescheduled to June 19th.

172
173 Ms. Sorrick commented that this was a placeholder bill to be amended later, though it
174 had been moving forward with no amendments since March 2023. Ms. Sorrick called for
175 further legal guidance ahead of the August Board meeting.

176
177 Discussion ensued about operational implications, such as what it might mean as far as
178 approving providers.

179
180 Public comment raised the question about what would be considered conflict of interest
181 in individual instances of an author using their own book as reference while teaching an
182 approved course.

183

184 Dr. Phillips commented that a substantial portion of courses have an economic interest
185 that is not so large as to create a conflict of interest but noted that this bill was
186 overbroad in its application of conflict of interest.

187

188 Board Legal Counsel Ms. Ng commented that boards would be required to develop and
189 maintain a conflict-of-interest policy which disqualified a coursework provider which had
190 an economic interest, and also to disclose that conflict of interest. She commented that
191 boards would have flexibility to tailor their own policy in this regard.

192

193 Board staff will continue to monitor AB 996.

194

195 4) SB 372 (Menjivar) Department of Consumer Affairs: licensee and registrant records:
196 name and gender changes

197

198 SB 372 would require each licensing board under the Department of Consumer Affairs
199 (DCA) to update a licensee or registrant's legal name and/or gender when the Board of
200 Psychology (Board) receives government-issued documentation. The bill would prohibit
201 the Board from charging a higher fee for reissuing a document with a corrected or
202 updated legal name or gender.

203

204 This bill was amended so that in the case of licensees or registrants who are changing
205 name and gender, the Board would be required to remove the former name or gender
206 from the online license verification system and treat the former name or gender as
207 confidential.

208

209 The Board would also be required to establish a process to allow a person to request
210 and obtain the confidential information.

211

212 On April 7th, the Board adopted an Oppose position.

213

214 On May 22nd, SB 372 passed the Senate and was referred to the Assembly.

215

216 On May 31st, the Board met with DCA, the author's office, sponsors, and affected
217 boards to discuss possible amendments. DCA proposed technical amendments to
218 address most of the concerns the Board had with the bill.

219

220 On June 12th, the bill was amended to include the technical amendments, and the
221 amended bill text included in the hand carry item.

222

223 Since the Board's concerns were addressed in new amendments, board staff
224 recommends that the Board remove its opposition and continue to watch the bill.

225

226 It was (M)Casuga(S)Phillips(C) to recommend to Board to remove opposition to SB 372
227 and to watch it instead.

228

229 Dr. Cervantes called for public comment.

230
231 Public comment was appreciative of the Committee's recommendation to remove
232 opposition to SB 372.

233
234 Votes: 3 ayes (Casuga, Cervantes, Phillips), 0 noes

235
236 Motion passed.

237
238 5) SB 816 (Roth) Professions and vocations

239
240 On April 21st, the Board was notified that SB 816 would include proposed fee increases
241 for boards not currently going through sunset, and that the proposed fee increases
242 would be included if there was no significant opposition.

243
244 On April 26th, the updated language was submitted to DCA's Legislative Affairs Division.

245
246 On May 17th, the Board was notified that SB 816 would be amended once the bill was
247 ordered to the Assembly.

248
249 On May 24th, SB 816 passed the Senate and was ordered to the Assembly.

250
251 On June 1st, SB 816 was referred to the Assembly Committee on Business and
252 Professions.

253
254 Board staff will continue to monitor the bill for amendments as the bill moves through
255 the Assembly.

256
257 No Committee discussion and no public comment.

258
259 6) SB 887 Consumer Affairs

260
261 SB 887 included language that would streamline the application process to allow
262 verification following review of a transcript that clearly indicated in the course title that
263 the specified coursework had been completed.

264
265 Additionally, this bill would allow the department chair to act as an additional entity who
266 could provide written certification, in cases where the course title did not adequately
267 indicate the coursework completed.

268
269 On May 11th, SB 887 passed the Senate and was ordered to the Assembly.

270
271 On May 18th, SB 887 was referred to the Assembly Committee on Business and
272 Professions.

273
274 On May 30th, a Support position letter was submitted to all Committee members.

275

276 Board staff will continue to monitor this proposal.

277

278 No Committee discussion and no public comment offered.

279

280 c) Watch Bills

281

282 Items 2, 6, and 8 were taken out of order.

283

284 6) SB 331 (Rubio) Child custody: child abuse and safety

285

286 The item was informational, but Drs. Phillips and Casuga called for discussion on this
287 item.

288

289 Mr. Polk provided the update on this item.

290

291 Committee discussion ensued.

292

293 It was (M)Phillips(S)Casuga(C) to recommend a support position on SB 331.

294

295 Dr. Cervantes called for public comment.

296

297 Public commenters were generally in favor of the Committee's decision to support SB
298 331, but advised caution given the broad implications of the bill to the practice of
299 psychologists with families.

300

301 Dr. Phillips suggested CPA provide additional language for Board consideration ahead
302 of the August Board meeting.

303

304 Votes: 3 ayes (Casuga, Cervantes, Phillips), 0 noes

305

306 Motion passed.

307

308 8) SB 544 (Laird) Bagley-Keene Open Meeting Act: teleconferencing

309

310 Dr. Cervantes called for discussion on this item.

311

312 It was (M)Phillips(S)Casuga(C) to adopt a Support if Amended position on SB 544.

313

314 Dr. Cervantes called for public comment.

315

316 Public comment questioned the provision in SB 544 requiring individuals 18 years or
317 older to be disclosed as participants in an open meeting.

318

319 Ms. Ng commented that this was a long-standing provision, but she was not sure of its
320 original intent.

321

322 Ms. Sorrick commented about the potential burden placed on individuals and licensees
323 who take the time to attend online meetings and that by requiring disclosure of
324 individuals who, for example, may simply be in the vicinity of the Board member's office,
325 we would be placing additional restraints on the ability to conduct Board business. She
326 commented further that requiring disclosure of a Member's spouse or partner could be
327 impinging on the privacy of a Member who was participating in a meeting from home.

328
329 Dr. Phillips commented that while it is never the intention of the Board or its Committees
330 to exclude individuals from a meeting if that individual were to experience technical
331 difficulties, that the business of the day must be allowed to proceed.

332
333 No further Committee discussion and no further public comment offered.

334
335 Votes: 3 ayes (Casuga, Cervantes, Phillips), 0 noes

336
337 Motion passed.

338
339 2) AB 665 (Carrillo) Minors: consent to mental health services

340
341 Dr. Casuga called for discussion on this item.

342
343 Mr. Polk provided the update on this item.

344
345 AB 665 would allow a minor who is 12 years of age or older to consent to mental health
346 treatment or counseling on an outpatient basis, or to residential shelter services, if the
347 minor is mature enough to participate intelligently in the outpatient services or
348 residential shelter services, and without having to present a danger of serious physical
349 or mental harm to themselves or to others, or if the minor is the alleged victim of incest
350 or child abuse.

351
352 This bill would align the existing laws by removing the additional requirement that, in
353 order to consent to mental health treatment or counseling on an outpatient basis, or to
354 residential shelter services, the minor must present a danger of serious physical or
355 mental harm to themselves or to others or be the alleged victim of incest or child abuse.

356
357 The bill is currently in the Senate, and was referred to the Committee on Judiciary, and
358 a hearing was scheduled; however, the hearing was cancelled at the author's request.

359
360 Dr. Casuga recommended a support position of this bill.

361
362 Ms. Sorrick commented that substantive amendments have since been made and
363 suggested having a discussion at the August Board meeting based on the new
364 language.

365

366 No motion was necessary, but staff was requested to follow up on amendments and
367 provide analysis for August Board meeting.

368

369 No public comment offered.

370

371 1) AB 248 (Mathis) Individuals with intellectual or developmental disabilities: The Dignity
372 for All Act

373

374 AB 248 addresses terms that refer to people with intellectual and developmental
375 disabilities using outdated terms like "mentally retarded," "mentally retarded children,"
376 "retardation," and "handicap." The bill revises these terms to read "individuals with
377 intellectual or developmental disabilities", which is more in line with current language
378 referring to people with intellectual and developmental disabilities in a more respectful
379 and accepting way.

380

381 On April 7th, Board Member Dr. Casuga recommended that the Board watch AB 248.

382

383 On May 17th, AB 248 was amended to remove outdated terms missing in the
384 introduction of the bill.

385

386 The bill is currently in the Senate and was referred to the Committee on Human
387 Services.

388

389 3) AB 1163 (Rivas) State forms: gender identity

390

391 AB 1163 would amend the Lesbian, Gay, Bisexual, and Transgender Disparities
392 Reduction Act to require additional State entities to collect voluntary self-identification
393 information pertaining to sexual orientation and gender identity.

394

395 The State agencies include:

396

- The Business, Consumer Services, and Housing Agency
- The California Health and Human Services Agency
- The Department of Housing and Community Development
- The California Commission on Disability Access

399

400
401 This bill requires that by July 1, 2025, the specified State agencies must revise their
402 public use forms that collect demographic data to be inclusive of individuals who identify
403 as transgender, gender non-conforming, or intersex.

404

405 The bill is currently in the Senate and was referred to the Committee on Rules.

406

407 4) AB 1707 (Pacheco) Health professionals and facilities: adverse actions based on
408 another state's law

409

410 Not taken up for discussion.

411

412 5) SB 58 (Wiener) Controlled substances: decriminalization of certain hallucinogenic
413 substances

414
415 Not taken up for discussion.

416
417 7) SB 373 (Menjivar) Board of Behavioral Sciences, Board of Psychology, and Medical
418 Board of California: licensee's and registrants' addresses

419
420 Not taken up for discussion.

421
422 9) SB 802- (Roth) Licensing Board: disqualification from Licensure

423
424 SB 802 would require that applicants for licensure by a DCA program are made aware
425 within 30 days if their license is denied based on a prior criminal conviction.

426
427 The bill is currently in the Assembly and was referred to the committee on Business and
428 Professions.

429
430 Ms. Sorrick commented on technical issues with online meetings regarding CPD and
431 the time people take off to attend. Called attention to concerns regarding who-all would
432 have to be declared if at a meeting even by happenstance (like spouses at home where
433 attendee is on the meeting).

434
435 After discussion of items 6, 8, and 2 in that order, Dr. Cervantes opened the entire item
436 for public comment.

437
438 No public comment offered.

439
440 **Agenda Item #6: Legislative Items for Future Meeting. The Committee May**
441 **Discuss Other Items of Legislation in Sufficient Detail to Determine Whether Such**
442 **Items Should be on a Future Committee or Board Meeting Agenda and/or Whether**
443 **to Hold a Special Meeting of the Committee or Board to Discuss Such Items**
444 **Pursuant to Government Code Section 11125.4**

445
446 Dr. Cervantes called for Committee and staff comments.

447
448 No Committee or staff comments offered.

449
450 Dr. Cervantes called for public comment.

451
452 No public comment offered.

453
454 **Agenda Item #7: Regulatory Update, Review, and Consideration of Additional**
455 **Changes**

456
457 Mr. Polk provided the update on this item.

458

459 a) 16 CCR sections 1391.13 and 1391.14 – Inactive Psychological Associates
460 Registration and Reactivating a Psychological Associate Registration

461
462 On May 19th, the proposed regulatory language was accepted by the Board, and the
463 regulatory package continued in the rulemaking process.

464
465 Currently, the package is in the drafting phase. This phase includes preparation of the
466 regulatory package and collaborative reviews by board staff and legal counsel.

467
468 b) 16 CCR section 1395.2 - Disciplinary Guidelines and Uniform Standards Related to
469 Substance-Abusing Licensees

470
471 On April 21st, the review of the proposed language was completed by board Staff and
472 legal counsel.

473
474 The proposed new language will be presented to Board Members at the August 18th
475 Board Meeting.

476
477 c) 16 CCR sections 1380.3, 1381, 1381.1, 1381.2, 1381.4, 1381.5, 1382, 1382.3,
478 1382.4, 1382.5, 1386, 1387, 1387.1, 1387.2, 1387.3, 1387.4, 1387.5, 1387.6, 1387.10,
479 1388, 1388.6, 1389, 1389.1, 1391, 1391.1, 1391.3, 1391.4, 1391.5, 1391.6, 1391.8,
480 1391.11, and 1391.12 – Pathways to Licensure

481
482 This package is in the drafting phase, which includes collaborative review between
483 board staff and legal counsel.

484
485 d) 16 CCR sections 1380.6, 1393, 1396, 1396.1, 1396.2, 1396.3, 1396.4, 1396.5, 1397,
486 1397.1, 1397.2, 1397.35, 1397.37, 1397.39, 1397.50, 1397.51, 1397.52, 1397.53,
487 1397.54, and 1397.55 - Enforcement Provisions

488
489 This package is in the drafting phase.

490
491 e) 16 CCR sections 1397.35, 1397.37, 1397.39, and 1937.40 - Corporations

492
493 This package is in the drafting phase, under collaborative review between board staff
494 and legal counsel.

495
496 f) 16 CCR sections 1381, 1387, 1387.10, 1388, 1388.6, 1389, and 1389.1 EPPP-2

497
498 This package is in the drafting phase.

499
500 Dr. Cervantes called for public comment.

501
502 No public comment offered.

503
504 **Agenda Item #8: Recommendations for Agenda Items for Future Board Meetings.**
505 **Note: The Committee May Not Discuss or Take Action on Any Matter Raised**

506 **During This Public Comment Section, Except to Decide Whether to Place the**
507 **Matter on the Agenda of a Future Meeting [Government Code Sections 11125 and**
508 **11125.7(a)].**
509

510 Ms. Sorrick commented on the schedule of upcoming Board and Committee meetings.
511 Dr. Casuga commented on how technological advances may apply to the practice of
512 psychology, such as AI, and that the Committee should consider discussing it at future
513 meetings.

514
515 Dr. Cervantes opened the floor for public comment.

516
517 No public comment offered.

518
519 **ADJOURNMENT**

520
521 The meeting adjourned at 11:53 a.m.

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526

DRAFT

MEMORANDUM

| | |
|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DATE | April 12, 2024 |
| TO | Legislative and Regulatory Affairs Committee Members |
| FROM | Troy Polk, Legislative and Regulatory Analyst |
| SUBJECT | Agenda Item 5(a)(1) - Psychological Associates: Business and Professions Code Section 2913: Change of Supervisor Fee: Business and Professions Code Section 2987: Health and Safety Code 124260 |

Background

On January 2, 2024, Board Staff submitted a proposal to the Senate Committee on Business, Professions and Economic Development (BP&ED) for technical, non-substantive changes to be included in the Committee's omnibus bill. The proposal included amendments to Business and Professions Codes (BPC) 2913, 2987, and Health and Safety Code (HSC) 124260.

On January 16, 2024, Board Staff met with the Committee Consultants to discuss the proposal and was advised the proposal would be presented to the Committee Members.

On March 1, 2024, the proposed language for BPC 2913 was amended, and the proposal was approved by the Board. The amended language was submitted to the Senate BP&ED consults to be included in the proposal.

On March 18, 2024, Senate Bill (SB) 1526 was introduced by the Senate BP&ED committee. The bill language includes the Board's proposed amendments to HSC 124260.

Action Requested

Action Requested: Staff recommends the Committee recommend the Board request the Committee consider the additional changes to Business and Professions Code Sections 2913 and 2987 relating to fees and education to qualify for a psychological associate registration.

Attachment #1: SB 1526 Bill Text

Attachment #2: Senate BP&ED Committee proposal

Attachment #3: Amended proposed language BPC 2913

Introduced by Committee on Business, Professions and Economic Development (Senators Ashby (Chair), Alvarado-Gil, Archuleta, Becker, Dodd, Eggman, Glazer, Menjivar, Nguyen, Niello, Roth, Smallwood-Cuevas, and Wilk)

March 18, 2024

An act to amend Sections 144, 205, 208, 1903, 1905.2, 1910.5, 1944, 2538.3, 2538.10, 2538.25, 2538.27, 2539.1, 2736, 2816, 3503, 3526, 3531, 3534.4, 3534.5, 3545, 3620, 3620.1, 3621.5, 3622, 3623, 3624, 3627, 3630, 3633, 3633.1, 3634, 3636, 3640, 3640.2, 3640.3, 3640.5, 3640.8, 3641, 3644, 3650, 3651.5, 3652, 3660, 3661, 3663, 3663.5, 3670, 3672, 3675, 3681, 3685, 4175, 4800, 4800.1, 4809.6, 4810, 4811, 4836.1, 4842.2, 4846, 4848.1, 4857, 4860, 4875, 4886, 4903, 4904, 4905, 4910, 4920.2, 4920.4, 4920.8, 4980.54, 9884, and 17913 of the Business and Professions Code, to amend Sections 94816, 94850, 94856, 94876, 94883, 94899.5, 94901, 94906, 94913, and 94949.71 of the Education Code, and to amend Section 124260 of the Health and Safety Code, relating to consumer affairs.

LEGISLATIVE COUNSEL'S DIGEST

SB 1526, as introduced, Committee on Business, Professions and Economic Development. Consumer affairs.

(1) Existing law establishes the Department of Consumer Affairs in the Business, Consumer Services, and Housing Agency. Existing law establishes various entities within the department for the licensure, regulation, and discipline of various professions and vocations.

Existing law establishes the Professions and Vocations Fund in the State Treasury, which consists of specified special funds and accounts. Other existing law, the Naturopathic Doctors Act, establishes the Naturopathic Doctor's Fund in the State Treasury.

This bill would include the Naturopathic Doctor's Fund in those special funds and accounts in the Professions and Vocations Fund.

(2) Existing law, the Dental Practice Act, provides for the licensure and regulation of dental hygienists by the Dental Hygiene Board of California. Existing law defines "dental hygiene board" to mean the Dental Hygiene Board of California and "dental board" to mean the Dental Board of California.

This bill would correct references to these boards.

(3) Existing law, the Speech-Language Pathologists and Audiologists and Hearing Aid Dispensers Licensure Act, provides for the licensure and regulation by the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board of, among others, speech-language pathology assistants, hearing aid dispensers, and dispensing audiologists.

Existing law requires a person applying for approval as a speech-language pathology assistant to have graduated from a speech-language pathology assistant associate of arts degree program, or equivalent course of study, approved by the board.

This bill would require graduation from a speech-language pathology assistant associate degree program, or equivalent course of study, approved by the board.

Existing law, as it relates to hearing aid dispensers and dispensing audiologists, refers to a "hearing aid dispenser's license."

This bill would instead refer to a "hearing aid dispenser license."

(4) Existing law, the Nursing Practice Act, establishes the Board of Registered Nursing to license and regulate the practice of nursing.

Existing law requires an applicant for licensure as a registered nurse to comply with prescribed requirements, including a requirement to have successfully completed the courses of instruction prescribed by the board for licensure, in a program in this state accredited by the board for training registered nurses, or to have successfully completed courses of instruction in a school of nursing outside of this state that, in the opinion of the board at the time the application is filed, are equivalent to the minimum requirements of the board for licensure established for an accredited program in this state.

This bill would replace references to an "accredited program" with "approved program."

Existing law prohibits an individual from holding themselves out as a public health nurse or using a title that includes the term "public health nurse" unless that individual is in possession of a valid California public health nurse certificate. Existing law establishes minimum and maximum

amounts for a fee for an evaluation of qualifications to use the title “public health nurse,” a fee for an application for renewal of the certificate to practice as a public health nurse, and a penalty fee for failure to renew a certificate to practice as a public health nurse within the prescribed time.

This bill would delete the minimum amounts for those public health nurse fees.

(5) Existing law, the Physician Assistant Practice Act, provides for the licensure and regulation of physician assistants by the Physician Assistant Board.

This bill would make nonsubstantive changes in that act.

(6) Existing law, the Naturopathic Doctors Act, establishes the California Board of Naturopathic Medicine. Existing law changed the name of the former Naturopathic Medicine Committee to the board and former law changed the name of the Bureau of Naturopathic Medicine to the committee. Existing law specifies that any reference in any law or regulation to the bureau or the committee refers to the board.

This bill would update numerous outdated references to the bureau or the committee to instead refer to the board.

Existing law requires the board to adopt regulations in order to carry out the purposes of the Naturopathic Doctors Act and, unless contrary to the Naturopathic Doctors Act, applies regulations adopted by the bureau to the board and its licensees.

This bill, unless contrary to the Naturopathic Doctors Act, would also apply regulations adopted by the committee to the board and its licensees.

(7) Existing law, the Veterinary Medicine Practice Act, establishes the Veterinary Medical Board for the licensure and regulation of veterinarians and the practice of veterinary medicine. Under existing law, revenues of specified fees and fines are deposited in the Veterinary Medical Board Contingent Fund (veterinary fund), an account in the Professions and Vocations Fund subject to appropriation by the Legislature.

This bill would rename the act, the board, and the veterinary fund, respectively, the “California Veterinary Medicine Practice Act,” the “California Veterinary Medical Board,” and the “California Veterinary Medical Board Contingent Fund.”

(8) Existing law establishes the Board of Behavioral Sciences and requires the board to license and regulate various registrants and licensees under existing law, including licensees and registrants under

the Licensed Marriage and Family Therapist Act. A violation of the act is a crime. Existing law prohibits the board from renewing any registration as an associate marriage and family therapist unless the registrant certifies under penalty of perjury to the board, and on a form prescribed by the board, that they have completed not less than 3 hours of continuing education on the subject of California law and ethics during the preceding year. Existing law requires the continuing education to be obtained from one of prescribed sources, including an accredited school or state-approved school that meets specified requirements.

This bill would instead authorize a school, college, or university that is accredited or approved, as defined, to be a continuing education source.

(9) Existing law, the Automotive Repair Act, provides for the registration and regulation of automotive repair dealers by the Bureau of Automotive Repair. Existing law requires an automotive repair dealer to pay a required fee for each place of business operated by the dealer in this state and to register with the director upon forms prescribed by the director, as prescribed. Existing law requires the forms to include any applicable nationally recognized and industry-accepted educational certifications and any bureau-approved educational certifications.

This bill would revise “bureau-approved educational certifications” to “bureau-accepted educational certifications.”

(10) Existing law requires every person who regularly transacts business in this state for profit under a fictitious business name to file a fictitious business name statement, as prescribed, not later than 40 days from the time the registrant commences to transact business, to file a new statement after any change in the facts, and to file a new statement when refiling a fictitious business name statement. Existing law requires the fictitious business name statement to contain specified information and to be substantially in a specified form, including prescribed notice of existing law governing the expiration of a statement.

This bill would conform the notice language to existing law governing the expiration of a statement.

(11) Existing law, the California Private Postsecondary Education Act of 2009 (the act), provides for student protections and regulatory oversight of private postsecondary institutions in the state. The act is enforced by the Bureau for Private Postsecondary Education. The act imposes various requirements and creates certain exemptions that are based, in part, on the total charges, which the act defines as the sum of institutional and noninstitutional charges. The act further defines

“noninstitutional charges” to mean charges for an educational program paid to an entity other than an institution that are specifically required for participation in an educational program.

This bill would narrow the definition of “noninstitutional charges” to include only those specified charges that are paid to such an entity directly.

Existing law requires a private postsecondary educational institution that maintains an internet website to provide on that website specific documents relating to the institution and a link to the bureau’s internet website.

This bill would require that those documents and that link be an up-to-date version.

(12) Existing law relating to mental health services for minors defines terms for its purposes, including defining “mental health treatment or counseling services” to mean the provision of outpatient mental health treatment or counseling by a professional person. Existing law further defines “professional person” to include, among others, a “registered psychologist” and a “registered psychological assistant,” as defined.

This bill would delete the outdated category of “registered psychologist” and update the category “registered psychological assistant” to “registered psychological associate.”

(13) The bill would make technical and other nonsubstantive changes, including changes relating to obsolete provisions and references and the elimination of gendered pronouns.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. Section 144 of the Business and Professions Code
2 is amended to read:
3 144. (a) Notwithstanding any other law, an agency designated
4 in subdivision (b) shall require an applicant to furnish to the agency
5 a full set of fingerprints for purposes of conducting criminal history
6 record checks. Any agency designated in subdivision (b) may
7 obtain and receive, at its discretion, criminal history information
8 from the Department of Justice and the United States Federal
9 Bureau of Investigation.
10 (b) Subdivision (a) applies to the following:
11 (1) California Board of Accountancy.

- 1 (2) State Athletic Commission.
- 2 (3) Board of Behavioral Sciences.
- 3 (4) Court Reporters Board of California.
- 4 (5) Dental Board of California.
- 5 (6) California State Board of Pharmacy.
- 6 (7) Board of Registered Nursing.
- 7 (8) *California* Veterinary Medical Board.
- 8 (9) Board of Vocational Nursing and Psychiatric Technicians
- 9 of the State of California.
- 10 (10) Respiratory Care Board of California.
- 11 (11) Physical Therapy Board of California.
- 12 (12) Physician Assistant Board.
- 13 (13) Speech-Language Pathology and Audiology and Hearing
- 14 Aid Dispensers Board.
- 15 (14) Medical Board of California.
- 16 (15) California State Board of Optometry.
- 17 (16) Acupuncture Board.
- 18 (17) Cemetery and Funeral Bureau.
- 19 (18) Bureau of Security and Investigative Services.
- 20 (19) Division of Investigation.
- 21 (20) Board of Psychology.
- 22 (21) California Board of Occupational Therapy.
- 23 (22) Structural Pest Control Board.
- 24 (23) Contractors State License Board.
- 25 (24) ~~*California Board of Naturopathic Medicine Committee.*~~
- 26 *Medicine.*
- 27 (25) Professional Fiduciaries Bureau.
- 28 (26) Board for Professional Engineers, Land Surveyors, and
- 29 Geologists.
- 30 (27) Podiatric Medical Board of California.
- 31 (28) Osteopathic Medical Board of California.
- 32 (29) California Architects Board, beginning January 1, 2021.
- 33 (30) Landscape Architects Technical Committee, beginning
- 34 January 1, 2022.
- 35 (31) Bureau of Household Goods and Services with respect to
- 36 household movers as described in Chapter 3.1 (commencing with
- 37 Section 19225) of Division 8.
- 38 (c) For purposes of paragraph (26) of subdivision (b), the term
- 39 “applicant” shall be limited to an initial applicant who has never

1 been registered or licensed by the board or to an applicant for a
2 new licensure or registration category.

3 SEC. 2. Section 205 of the Business and Professions Code, as
4 amended by Section 1 of Chapter 508 of the Statutes of 2023, is
5 amended to read:

6 205. (a) There is in the State Treasury the Professions and
7 Vocations Fund. The fund shall consist of the following special
8 funds:

- 9 (1) Accountancy Fund.
- 10 (2) California Architects Board Fund.
- 11 (3) Athletic Commission Fund.
- 12 (4) Barbering and Cosmetology Contingent Fund.
- 13 (5) Cemetery and Funeral Fund.
- 14 (6) Contractors License Fund.
- 15 (7) State Dentistry Fund.
- 16 (8) Home Furnishings and Thermal Insulation Fund.
- 17 (9) California Architects Board-Landscape Architects Fund.
- 18 (10) Contingent Fund of the Medical Board of California.
- 19 (11) Optometry Fund.
- 20 (12) Pharmacy Board Contingent Fund.
- 21 (13) Physical Therapy Fund.
- 22 (14) Private Security Services Fund.
- 23 (15) Professional Engineer's, Land Surveyor's, and Geologist's
24 Fund.
- 25 (16) Consumer Affairs Fund.
- 26 (17) Behavioral Sciences Fund.
- 27 (18) Licensed Midwifery Fund.
- 28 (19) Court Reporters' Fund.
- 29 (20) *California* Veterinary Medical Board Contingent Fund.
- 30 (21) Vocational Nursing and Psychiatric Technicians Fund.
- 31 (22) Electronic and Appliance Repair Fund.
- 32 (23) Acupuncture Fund.
- 33 (24) Physician Assistant Fund.
- 34 (25) Board of Podiatric Medicine Fund.
- 35 (26) Psychology Fund.
- 36 (27) Respiratory Care Fund.
- 37 (28) Speech-Language Pathology and Audiology and Hearing
38 Aid Dispensers Fund.
- 39 (29) Board of Registered Nursing Fund.
- 40 (30) Animal Health Technician Examining Committee Fund.

- 1 (31) State Dental Hygiene Fund.
- 2 (32) Structural Pest Control Fund.
- 3 (33) Structural Pest Control Education and Enforcement Fund.
- 4 (34) Structural Pest Control Research Fund.
- 5 (35) Household Movers Fund.
- 6 (36) Household Goods and Services Fund.
- 7 (37) *Naturopathic Doctor's Fund*.

8 (b) For accounting and recordkeeping purposes, the Professions
9 and Vocations Fund shall be deemed to be a single special fund,
10 and each of the several special funds therein shall constitute and
11 be deemed to be a separate account in the Professions and
12 Vocations Fund. Each account or fund shall be available for
13 expenditure only for the purposes as are now or may hereafter be
14 provided by law.

15 (c) This section shall remain in effect only until July 1, 2026,
16 and as of that date is repealed.

17 SEC. 3. Section 205 of the Business and Professions Code, as
18 added by Section 2 of Chapter 508 of the Statutes of 2023, is
19 amended to read:

20 205. (a) There is in the State Treasury the Professions and
21 Vocations Fund. The fund shall consist of the following special
22 funds:

- 23 (1) Accountancy Fund.
- 24 (2) California Architects Board Fund.
- 25 (3) Athletic Commission Fund.
- 26 (4) Barbering and Cosmetology Contingent Fund.
- 27 (5) Cemetery and Funeral Fund.
- 28 (6) Contractors License Fund.
- 29 (7) State Dentistry Fund.
- 30 (8) California Architects Board-Landscape Architects Fund.
- 31 (9) Contingent Fund of the Medical Board of California.
- 32 (10) Optometry Fund.
- 33 (11) Pharmacy Board Contingent Fund.
- 34 (12) Physical Therapy Fund.
- 35 (13) Private Security Services Fund.
- 36 (14) Professional Engineer's, Land Surveyor's, and Geologist's
37 Fund.
- 38 (15) Consumer Affairs Fund.
- 39 (16) Behavioral Sciences Fund.
- 40 (17) Licensed Midwifery Fund.

- 1 (18) Court Reporters' Fund.
- 2 (19) *California* Veterinary Medical Board Contingent Fund.
- 3 (20) Vocational Nursing and Psychiatric Technicians Fund.
- 4 (21) Acupuncture Fund.
- 5 (22) Physician Assistant Fund.
- 6 (23) Board of Podiatric Medicine Fund.
- 7 (24) Psychology Fund.
- 8 (25) Respiratory Care Fund.
- 9 (26) Speech-Language Pathology and Audiology and Hearing
- 10 Aid Dispensers Fund.
- 11 (27) Board of Registered Nursing Fund.
- 12 (28) Animal Health Technician Examining Committee Fund.
- 13 (29) State Dental Hygiene Fund.
- 14 (30) Structural Pest Control Fund.
- 15 (31) Structural Pest Control Education and Enforcement Fund.
- 16 (32) Structural Pest Control Research Fund.
- 17 (33) Household Goods and Services Fund.
- 18 (34) *Naturopathic Doctor's Fund*.

19 (b) For accounting and recordkeeping purposes, the Professions
20 and Vocations Fund shall be deemed to be a single special fund,
21 and each of the several special funds therein shall constitute and
22 be deemed to be a separate account in the Professions and
23 Vocations Fund. Each account or fund shall be available for
24 expenditure only for the purposes as are now or may hereafter be
25 provided by law.

26 (c) This section shall become operative on July 1, 2026.

27 SEC. 4. Section 208 of the Business and Professions Code is
28 amended to read:

29 208. (a) Beginning April 1, 2023, a Controlled Substance
30 Utilization Review and Evaluation System (CURES) fee of nine
31 dollars (\$9) shall be assessed annually on each of the licensees
32 specified in subdivision (b) to pay the reasonable costs associated
33 with operating and maintaining CURES for the purpose of
34 regulating those licensees. The fee assessed pursuant to this
35 subdivision shall be billed and collected by the regulating agency
36 of each licensee at the time of the licensee's license renewal. If
37 the reasonable regulatory cost of operating and maintaining CURES
38 is less than nine dollars (\$9) per licensee, the Department of
39 Consumer Affairs ~~may~~, *Affairs*, by regulation, *may* reduce the fee
40 established by this section to the reasonable regulatory cost.

1 (b) (1) Licensees authorized pursuant to Section 11150 of the
2 Health and Safety Code to prescribe, order, administer, furnish,
3 or dispense Schedule II, Schedule III, or Schedule IV controlled
4 substances or pharmacists licensed pursuant to Chapter 9
5 (commencing with Section 4000) of Division 2.

6 (2) Licensees issued a license that has been placed in a retired
7 or inactive status pursuant to a statute or regulation are exempt
8 from the CURES fee requirement in subdivision (a). This
9 exemption shall not apply to licensees whose license has been
10 placed in a retired or inactive status if the licensee is at any time
11 authorized to prescribe, order, administer, furnish, or dispense
12 Schedule II, Schedule III, or Schedule IV controlled substances.

13 (3) Wholesalers, third-party logistics providers, nonresident
14 wholesalers, and nonresident third-party logistics providers of
15 dangerous drugs licensed pursuant to Article 11 (commencing with
16 Section 4160) of Chapter 9 of Division 2.

17 (4) Nongovernmental clinics licensed pursuant to Article 13
18 (commencing with Section 4180) and Article 14 (commencing
19 with Section 4190) of Chapter 9 of Division 2.

20 (5) Nongovernmental pharmacies licensed pursuant to Article
21 7 (commencing with Section 4110) of Chapter 9 of Division 2.

22 (c) The funds collected pursuant to subdivision (a) shall be
23 deposited in the CURES Fund, which is hereby created within the
24 State Treasury. Moneys in the CURES ~~Fund shall~~, *Fund*, upon
25 appropriation by the Legislature, *shall* be available to the
26 Department of Consumer Affairs to reimburse the Department of
27 Justice for costs to operate and maintain CURES for the purposes
28 of regulating the licensees specified in subdivision (b).

29 (d) The Department of Consumer Affairs shall contract with
30 the Department of Justice on behalf of the Medical Board of
31 California, the Dental Board of California, the California State
32 Board of Pharmacy, the *California* Veterinary Medical Board, the
33 Board of Registered Nursing, the Physician Assistant Board, the
34 Osteopathic Medical Board of California, the *California Board of*
35 ~~Naturopathic Medicine Committee of the Osteopathic Medical~~
36 ~~Board, Medicine~~, the California State Board of Optometry, and
37 the Podiatric Medical Board of California to operate and maintain
38 CURES for the purposes of regulating the licensees specified in
39 subdivision (b).

40 (e) This section shall become operative on April 1, 2023.

1 SEC. 5. Section 1903 of the Business and Professions Code is
2 amended to read:

3 1903. (a) (1) The dental hygiene board shall consist of nine
4 members as follows:

5 (A) Seven members appointed by the Governor as follows:

6 (i) Two members shall be public members.

7 (ii) One member shall be a practicing general or public health
8 dentist who holds a current license in California.

9 (iii) Four members shall be registered dental hygienists who
10 hold current licenses in California. Of the registered dental
11 hygienist members, one shall be licensed either in alternative
12 practice or in extended functions, one shall be a dental hygiene
13 educator, and two shall be registered dental hygienists. No public
14 member shall have been licensed under this chapter within five
15 years of the date of their appointment or have any current financial
16 interest in a dental-related business.

17 (B) One public member appointed by the Senate Committee on
18 Rules.

19 (C) One public member appointed by the Speaker of the
20 Assembly.

21 (2) (A) The first appointment by the Senate Committee on
22 Rules or the Speaker of the Assembly pursuant to this subdivision
23 shall be made upon the expiration of the term of a public member
24 that is scheduled to occur, or otherwise occurs, on or after January
25 1, 2019.

26 (B) It is the intent of the Legislature that committee members
27 appointed prior to January 1, 2019, remain as *dental* hygiene board
28 members until their term expires or except as otherwise provided
29 in law, whichever occurs first.

30 (3) For purposes of this subdivision, a public health dentist is
31 a dentist whose primary employer or place of employment is in
32 any of the following:

33 (A) A primary care clinic licensed under subdivision (a) of
34 Section 1204 of the Health and Safety Code.

35 (B) A primary care clinic exempt from licensure pursuant to
36 subdivision (c) of Section 1206 of the Health and Safety Code.

37 (C) A clinic owned or operated by a public hospital or health
38 system.

1 (D) A clinic owned and operated by a hospital that maintains
2 the primary contract with a county government to fill the county's
3 role under Section 17000 of the Welfare and Institutions Code.

4 (b) (1) Except as specified in paragraph (2), members of the
5 dental hygiene board shall be appointed for a term of four years.
6 Each member shall hold office until the appointment and
7 qualification of the member's successor or until one year shall
8 have lapsed since the expiration of the term for which the member
9 was appointed, whichever comes first.

10 (2) For the term commencing on January 1, 2012, two of the
11 public members, the general or public health dentist member, and
12 two of the registered dental hygienist members, other than the
13 dental hygiene educator member or the registered dental hygienist
14 member licensed in alternative practice or in extended functions,
15 shall each serve a term of two years, expiring January 1, 2014.

16 (c) Notwithstanding any other provision of law and subject to
17 subdivision (e), the Governor may appoint to the dental hygiene
18 board a person who previously served as a member of the former
19 committee or *dental* hygiene board even if the person's previous
20 term expired.

21 (d) The dental hygiene board shall elect a president, a vice
22 president, and a secretary from its membership.

23 (e) No person shall serve as a member of the dental hygiene
24 board for more than two consecutive terms.

25 (f) A vacancy in the dental hygiene board shall be filled by
26 appointment to the unexpired term.

27 (g) Each member of the dental hygiene board shall receive a
28 per diem and expenses as provided in Section 103.

29 (h) Each appointing authority shall have the power to remove
30 from office at any time any member of the board appointed by that
31 authority pursuant to Section 106.

32 (i) The dental hygiene board, with the approval of the director,
33 may appoint a person exempt from civil service who shall be
34 designated as an executive officer and who shall exercise the
35 powers and perform the duties delegated by the dental hygiene
36 board and vested in the executive officer by this article.

37 (j) This section shall remain in effect only until January 1, 2028,
38 and as of that date is repealed.

39 SEC. 6. Section 1905.2 of the Business and Professions Code
40 is amended to read:

1 1905.2. Recommendations by the dental hygiene board
2 regarding scope of practice issues, as specified in paragraph (8)
3 of subdivision (a) of Section 1905, shall be approved, modified,
4 or rejected by the *dental* board within 90 days of submission of
5 the recommendation to the *dental* board. If the *dental* board rejects
6 or significantly modifies the intent or scope of the recommendation,
7 the dental hygiene board may request that the *dental* board provide
8 its reasons in writing for rejecting or significantly modifying the
9 recommendation, which shall be provided by the *dental* board
10 within 30 days of the request.

11 SEC. 7. Section 1910.5 of the Business and Professions Code
12 is amended to read:

13 1910.5. (a) In addition to the duties specified in Section 1910,
14 a registered dental hygienist is authorized to perform the following
15 additional duties, as specified:

16 (1) Determine which radiographs to perform on a patient who
17 has not received an initial examination by the supervising dentist
18 for the specific purpose of the dentist making a diagnosis and
19 treatment plan for the patient. In these circumstances, the dental
20 hygienist shall follow protocols established by the supervising
21 dentist. This paragraph only applies in the following settings:

22 (A) In a dental office setting.

23 (B) In a public health setting, using telehealth, as defined by
24 Section 2290.5, for the purpose of communication with the
25 supervising dentist, including, but not limited to, schools, head
26 start and preschool programs, and community clinics.

27 (2) Place protective restorations, which for this purpose are
28 identified as interim therapeutic restorations, and defined as a
29 direct provisional restoration placed to stabilize the tooth until a
30 licensed dentist diagnoses the need for further definitive treatment.
31 An interim therapeutic restoration consists of the removal of soft
32 material from the tooth using only hand instrumentation, without
33 the use of rotary instrumentation, and subsequent placement of an
34 adhesive restorative material. Local anesthesia shall not be
35 necessary for interim therapeutic restoration placement. Interim
36 therapeutic restorations shall be placed only in accordance with
37 both of the following:

38 (A) In either of the following settings:

39 (i) In a dental office setting.

1 (ii) In a public health setting, using telehealth, as defined by
 2 Section 2290.5, for the purpose of communication with the
 3 supervising dentist, including, but not limited to, schools, head
 4 start and preschool programs, and community clinics.

5 (B) After the diagnosis, treatment plan, and instruction to
 6 perform the procedure provided by a dentist.

7 (b) The functions described in subdivision (a) may be performed
 8 by a registered dental hygienist only after completion of a program
 9 that includes training in performing those functions, or after
 10 providing evidence, satisfactory to the dental hygiene board, of
 11 having completed a dental hygiene board-approved course in those
 12 functions.

13 (c) No later than January 1, 2018, the dental hygiene board shall
 14 adopt regulations to establish requirements for courses of
 15 instruction for the procedures authorized to be performed by a
 16 registered dental hygienist and registered dental hygienist in
 17 alternative practice pursuant to Sections 1910.5 and 1926.05, using
 18 the competency-based training protocols established by the Health
 19 Workforce Pilot Project (HWPP) No. 172 through the Department
 20 of Health Care Access and Information. The dental hygiene board
 21 shall use the curriculum submitted by the *dental* board pursuant
 22 to Section 1753.55 to adopt regulatory language for approval of
 23 courses of instruction for the interim therapeutic restoration. Any
 24 subsequent amendments to the regulations for the interim
 25 therapeutic restoration curriculum that are promulgated by the
 26 dental hygiene board shall be agreed upon by the *dental* board and
 27 the dental hygiene board.

28 (d) This section shall become operative on January 1, 2018.

29 SEC. 8. Section 1944 of the Business and Professions Code is
 30 amended to read:

31 1944. (a) The dental hygiene board shall establish by resolution
 32 the amount of the fees that relate to the licensing of a registered
 33 dental hygienist, a registered dental hygienist in alternative practice,
 34 and a registered dental hygienist in extended functions. The fees
 35 established by *dental hygiene* board resolution in effect on June
 36 30, 2009, as they relate to the licensure of registered dental
 37 hygienists, registered dental hygienists in alternative practice, and
 38 registered dental hygienists in extended functions, shall remain in
 39 effect until modified by the dental hygiene board. The fees are
 40 subject to the following limitations:

1 (1) The application fee for an original license and the fee for
2 issuance of an original license shall not exceed two hundred fifty
3 dollars (\$250).

4 (2) The fee for examination for licensure as a registered dental
5 hygienist shall not exceed the actual cost of the examination.

6 (3) The fee for examination for licensure as a registered dental
7 hygienist in extended functions shall not exceed the actual cost of
8 the examination.

9 (4) The fee for examination for licensure as a registered dental
10 hygienist in alternative practice shall not exceed the actual cost of
11 administering the examination.

12 (5) The biennial renewal fee shall not exceed five hundred
13 dollars (\$500).

14 (6) The delinquency fee shall not exceed one-half of the renewal
15 fee. Any delinquent license may be restored only upon payment
16 of all fees, including the delinquency fee, and compliance with all
17 other applicable requirements of this article.

18 (7) The fee for issuance of a duplicate license to replace one
19 that is lost or destroyed, or in the event of a name change, shall
20 not exceed twenty-five dollars (\$25) or one-half of the renewal
21 fee, whichever is greater.

22 (8) The fee for certification of licensure shall not exceed one-half
23 of the renewal fee.

24 (9) The fee for each curriculum review and feasibility study
25 review for educational programs for dental hygienists who are not
26 accredited by a dental hygiene board-approved agency shall not
27 exceed two thousand one hundred dollars (\$2,100).

28 (10) The fee for each review or approval of course requirements
29 for licensure or procedures that require additional training shall
30 not exceed seven hundred fifty dollars (\$750).

31 (11) The initial application and biennial fee for a provider of
32 continuing education shall not exceed five hundred dollars (\$500).

33 (12) The amount of fees payable in connection with permits
34 issued under Section 1962 is as follows:

35 (A) The initial permit fee is an amount equal to the renewal fee
36 for the applicant's license to practice dental hygiene in effect on
37 the last regular renewal date before the date on which the permit
38 is issued.

39 (B) If the permit will expire less than one year after its issuance,
40 then the initial permit fee is an amount equal to 50 percent of the

1 renewal fee in effect on the last regular renewal date before the
2 date on which the permit is issued.

3 (13) The fee for the dental hygiene board to conduct a site visit
4 to educational programs for a registered dental hygienist, a
5 registered dental hygienist in alternative practice, or a registered
6 dental hygienist in extended functions to ensure compliance of
7 educational program requirements shall not exceed the actual cost
8 incurred by the dental hygiene board for cost recovery of site visit
9 expenditures.

10 (14) The fee for a retired license shall not exceed one-half of
11 the current license renewal fee.

12 (b) The renewal and delinquency fees shall be fixed by the dental
13 hygiene board by resolution at not more than the current amount
14 of the renewal fee for a license to practice under this article nor
15 less than five dollars (\$5).

16 (c) Fees fixed by the dental hygiene board by resolution pursuant
17 to this section shall not be subject to the approval of the Office of
18 Administrative Law.

19 (d) Fees collected pursuant to this section shall be collected by
20 the dental hygiene board and deposited into the State Dental
21 Hygiene Fund, which is hereby created. All money in this ~~fund~~
22 ~~shall, fund~~, upon appropriation by the Legislature in the annual
23 Budget Act, *shall* be used to implement this article.

24 (e) No fees or charges other than those listed in this section shall
25 be levied by the dental hygiene board in connection with the
26 licensure of registered dental hygienists, registered dental
27 hygienists in alternative practice, or registered dental hygienists
28 in extended functions.

29 (f) The fee for registration of an extramural dental facility shall
30 not exceed two hundred fifty dollars (\$250).

31 (g) The fee for registration of a mobile dental hygiene unit shall
32 not exceed one hundred fifty dollars (\$150).

33 (h) The biennial renewal fee for a mobile dental hygiene unit
34 shall not exceed two hundred fifty dollars (\$250).

35 (i) The fee for an additional office permit shall not exceed two
36 hundred fifty dollars (\$250).

37 (j) The biennial renewal fee for an additional office as described
38 in Section 1926.4 shall not exceed two hundred fifty dollars (\$250).

1 (k) The initial application and biennial special permit fee is an
2 amount equal to the biennial renewal fee specified in paragraph
3 (6) of subdivision (a).

4 (l) The fees in this section shall not exceed an amount sufficient
5 to cover the reasonable regulatory cost of carrying out this article.

6 SEC. 9. Section 2538.3 of the Business and Professions Code
7 is amended to read:

8 2538.3. A person applying for approval as a speech-language
9 pathology assistant shall have graduated from a speech-language
10 pathology assistant associate-of-arts degree program, or equivalent
11 course of study, approved by the board. A person who has
12 successfully graduated from a board-approved bachelor's degree
13 program in speech-language pathology or communication disorders
14 shall be deemed to have satisfied an equivalent course of study.

15 SEC. 10. Section 2538.10 of the Business and Professions
16 Code is amended to read:

17 2538.10. For the purposes of this article, the following
18 definitions shall apply:

19 (a) "Advertise" and its variants include the use of a newspaper,
20 magazine, or other publication, book, notice, circular, pamphlet,
21 letter, handbill, poster, bill, sign, placard, card, label, tag, window
22 display, store sign, radio, or television announcement, or any other
23 means or methods now or hereafter employed to bring to the
24 attention of the public the practice of fitting or selling of hearing
25 aids.

26 (b) "License" means a hearing aid-dispenser's *dispenser* license
27 issued pursuant to this article and includes a temporary or trainee
28 license.

29 (c) "Licensee" means a person holding a license.

30 (d) "Hearing aid" means any wearable instrument or device
31 designed for, or offered for the purpose of, aiding or compensating
32 for impaired human hearing.

33 (e) "Fund" means the Speech-Language Pathology and
34 Audiology and Hearing Aid Dispensers Fund.

35 SEC. 11. Section 2538.25 of the Business and Professions
36 Code is amended to read:

37 2538.25. (a) The board shall prepare, approve, grade, and
38 conduct examinations of applicants for a hearing aid-dispenser's
39 *dispenser* license. The board may provide that the preparation and
40 grading of the examination be conducted by a competent person

1 or organization other than the board, provided, however, that the
2 board shall establish the guidelines for the examination and shall
3 approve the actual examination.

4 (b) Each applicant shall take and pass a written examination
5 and a practical examination compiled at the direction of the board
6 covering the critical tasks involved in the practice of fitting and
7 selling hearing aids and the knowledge, skills, and abilities needed
8 to perform those tasks safely and competently.

9 SEC. 12. Section 2538.27 of the Business and Professions
10 Code is amended to read:

11 2538.27. (a) An applicant who has fulfilled the requirements
12 of Section 2538.24 and has made application therefor, may have
13 a temporary license issued to them upon satisfactory proof to the
14 board that the applicant holds a hearing aid ~~dispenser's~~ *dispenser*
15 license in another state, that the licensee has not been subject to
16 formal disciplinary action by another licensing authority, and that
17 the applicant has been engaged in the fitting and sale of hearing
18 aids for the two years immediately prior to application.

19 (b) A temporary license issued pursuant to this section shall be
20 valid for one year from date of issuance and is not renewable. A
21 temporary license shall automatically terminate upon issuance of
22 a license prior to expiration of the one-year period.

23 (c) The holder of a temporary license issued pursuant to this
24 section who fails either license examination shall be subject to and
25 shall comply with the supervision requirements of Section 2538.28
26 and any regulations adopted pursuant thereto.

27 SEC. 13. Section 2539.1 of the Business and Professions Code
28 is amended to read:

29 2539.1. (a) (1) On and after January 1, 2010, in addition to
30 satisfying the licensure and examination requirements described
31 in Sections 2532, 2532.2, and 2532.25, no licensed audiologist
32 shall sell hearing aids unless they complete an application for a
33 dispensing audiology license, pay all applicable fees, and pass an
34 examination, approved by the board, relating to selling hearing
35 aids.

36 (2) The board shall issue a dispensing audiology license to a
37 licensed audiologist who meets the requirements of paragraph (1).

38 (b) (1) On and after January 1, 2010, a licensed audiologist
39 with an unexpired license to sell hearing aids pursuant to Article
40 8 (commencing with Section 2538.10) may continue to sell hearing

1 aids pursuant to that license until that license expires pursuant to
2 Section 2538.53, and upon that expiration the licensee shall be
3 deemed to have satisfied the requirements described in subdivision
4 (a) and may continue to sell hearing aids pursuant to their
5 audiology license subject to ~~the provisions of this chapter~~. Upon
6 the expiration of the audiologist's license to sell hearing aids, the
7 board shall issue them a dispensing audiology license pursuant to
8 paragraph (2) of subdivision (a). This paragraph shall not prevent
9 an audiologist who also has a hearing aid ~~dispenser's dispenser~~
10 license from maintaining dual or separate licenses if they choose
11 to do so.

12 (2) A licensed audiologist whose license to sell hearing aids,
13 issued pursuant to Article 8 (commencing with Section 2538.10),
14 is suspended, surrendered, or revoked shall not be authorized to
15 sell hearing aids pursuant to this subdivision and they shall be
16 subject to the requirements described in subdivision (a) ~~as well as~~
17 *and* the other provisions of this chapter.

18 (c) A licensed hearing aid dispenser who meets the qualifications
19 for licensure as an audiologist shall be deemed to have satisfied
20 the requirements of paragraph (1) of subdivision (a) for the
21 purposes of obtaining a dispensing audiology license.

22 (d) For purposes of subdivision (a), the board shall provide the
23 hearing aid ~~dispenser's dispenser~~ examination provided by the
24 former Hearing Aid Dispensers Bureau until ~~such time as~~ the next
25 examination validation and occupational analysis is completed by
26 the Department of Consumer Affairs pursuant to Section 139 and
27 a determination is made that a different examination is to be
28 administered.

29 SEC. 14. Section 2736 of the Business and Professions Code
30 is amended to read:

31 2736. (a) An applicant for licensure as a registered nurse shall
32 comply with each of the following:

33 (1) Have completed ~~such~~ general preliminary education
34 requirements as shall be determined by the board.

35 (2) Have successfully completed the courses of instruction
36 prescribed by the board for licensure, in a program in this state
37 ~~accredited~~ *approved* by the board for training registered nurses,
38 or have successfully completed courses of instruction in a school
39 of nursing outside of this state ~~which~~, *that*, in the opinion of the
40 board at the time the application is filed with the ~~Board of~~

1 ~~Registered Nursing, board,~~ are equivalent to the minimum
2 requirements of the board for licensure established for an ~~accredited~~
3 ~~approved~~ program in this state.

4 (3) Not be subject to denial of licensure under Section 480.

5 (b) An applicant who has received their training from a school
6 of nursing in a country outside the United States and who has
7 complied with ~~the provisions of~~ subdivision (a), or has completed
8 training equivalent to that required by subdivision (a), shall qualify
9 for licensure by successfully passing the examination prescribed
10 by the board.

11 SEC. 15. Section 2816 of the Business and Professions Code
12 is amended to read:

13 2816. The nonrefundable fee to be paid by a registered nurse
14 for an evaluation of their qualifications to use the title “public
15 health nurse” shall not be ~~less than three hundred dollars (\$300)~~
16 ~~or~~ more than one thousand dollars (\$1,000). The fee to be paid
17 upon the application for renewal of the certificate to practice as a
18 public health nurse shall not be ~~less than one hundred twenty-five~~
19 ~~dollars (\$125) and not~~ more than five hundred dollars (\$500). The
20 penalty fee for failure to renew a certificate to practice as a public
21 health nurse within the prescribed time shall be 50 percent of the
22 renewal fee in effect on the date of renewal of the certificate, but
23 ~~not less than sixty-two dollars and fifty cents (\$62.50), and not~~
24 ~~more than two hundred fifty dollars (\$250).~~ All fees payable under
25 this section shall be collected by and paid to the Board of
26 Registered Nursing Fund. It is the intention of the Legislature that
27 the costs of carrying out the purposes of this article shall be covered
28 by the revenue collected pursuant to this section. The board shall
29 refund any registered nurse who paid more than three hundred
30 dollars (\$300) for an evaluation of their qualifications to use the
31 title “public health nurse” between April 5, 2018, and December
32 31, 2018.

33 SEC. 16. Section 3503 of the Business and Professions Code
34 is amended to read:

35 3503. No person other than one who has been licensed to
36 practice as a physician assistant shall practice as a physician
37 assistant or in a similar capacity to a physician and surgeon or
38 podiatrist or hold ~~himself or herself~~ *themselves* out as a “physician
39 assistant,” or shall use any other term indicating or implying that
40 ~~he or she is~~ *they are* a physician assistant.

1 SEC. 17. Section 3526 of the Business and Professions Code
2 is amended to read:

3 3526. A person who fails to renew ~~his or her~~ *their* license or
4 approval within five years after its expiration may not renew it,
5 and it may not be reissued, reinstated, or restored ~~thereafter,~~ *after*
6 *that time has elapsed*, but that person may apply for and obtain a
7 new license or approval if ~~he or she:~~ *they:*

8 (a) ~~Has~~ *Have* not committed any acts or crimes constituting
9 grounds for denial of licensure under Division 1.5 (commencing
10 with Section 475).

11 (b) ~~Takes and passes~~ *Take and pass* the examination, if any,
12 ~~which that~~ *that* would be required of ~~him or her~~ *them* if application for
13 licensure was being made for the first time, or otherwise establishes
14 to the satisfaction of the board that, with due regard for the public
15 interest, ~~he or she is~~ *they are* qualified to practice as a physician
16 assistant.

17 (c) ~~Pays~~ *Pay* all of the fees that would be required as if
18 application for licensure was being made for the first time.

19 SEC. 18. Section 3531 of the Business and Professions Code
20 is amended to read:

21 3531. A plea or verdict of guilty or a conviction following a
22 plea of nolo contendere made to a charge of a felony or of any
23 offense ~~which that~~ *that* is substantially related to the qualifications,
24 functions, or duties of the business or profession to which the
25 license was issued is deemed to be a conviction within the meaning
26 of this chapter. The board may order the license suspended or
27 revoked, or shall decline to issue a license when the time for appeal
28 has elapsed, or the judgment of conviction has been affirmed on
29 appeal or when an order granting probation is made suspending
30 the imposition of sentence, irrespective of a subsequent order under
31 ~~the provisions of~~ Section 1203.4 of the Penal Code allowing ~~such~~
32 *that* person to withdraw ~~his or her~~ *their* plea of guilty and to enter
33 a plea of not guilty, or setting aside the verdict of guilty, or
34 dismissing the accusation, information, or indictment.

35 SEC. 19. Section 3534.4 of the Business and Professions Code
36 is amended to read:

37 3534.4. (a) Criteria for acceptance into the diversion program
38 shall include all of the following: ~~(a) the applicant shall be licensed~~
39 ~~as a physician assistant by the board and shall be a resident of~~
40 ~~California;~~ (b) ~~the applicant shall be found to abuse dangerous~~

1 drugs or alcoholic beverages in a manner which may affect his or
 2 her ability to practice medicine safely or competently; (c) the
 3 applicant shall have voluntarily requested admission to the program
 4 or shall be accepted into the program in accordance with terms
 5 and conditions resulting from a disciplinary action; (d) the applicant
 6 shall agree to undertake any medical or psychiatric examination
 7 ordered to evaluate the applicant for participation in the program;
 8 (e) the applicant shall cooperate with the program by providing
 9 medical information, disclosure authorizations, and releases of
 10 liability as may be necessary for participation in the program; and
 11 (f) the applicant shall agree in writing to cooperate with all
 12 elements of the treatment program designed for him or her.

13 *(1) The applicant shall be licensed as a physician assistant by*
 14 *the board and shall be a resident of California.*

15 *(2) The applicant shall be found to abuse dangerous drugs or*
 16 *alcoholic beverages in a manner that may affect their ability to*
 17 *practice medicine safely or competently.*

18 *(3) The applicant shall have voluntarily requested admission*
 19 *to the program or shall be accepted into the program in*
 20 *accordance with terms and conditions resulting from a disciplinary*
 21 *action.*

22 *(4) The applicant shall agree to undertake any medical or*
 23 *psychiatric examination ordered to evaluate the applicant for*
 24 *participation in the program.*

25 *(5) The applicant shall cooperate with the program by providing*
 26 *medical information, disclosure authorizations, and releases of*
 27 *liability as may be necessary for participation in the program.*

28 *(6) The applicant shall agree in writing to cooperate with all*
 29 *elements of the treatment program designed for them.*

30 ~~An~~

31 *(b) An applicant may be denied participation in the program if*
 32 *the board, the program manager, or a committee determines that*
 33 *the applicant will not substantially benefit from participation in*
 34 *the program or that the applicant's participation in the program*
 35 *creates too great a risk to the public health, safety, or welfare.*

36 SEC. 20. Section 3534.5 of the Business and Professions Code
 37 is amended to read:

38 3534.5. *(a) A participant may be terminated from the program*
 39 *for any of the following reasons: (a) the participant has successfully*
 40 *completed the treatment program; (b) the participant has failed to*

1 comply with the treatment program designated for him or her; (c)
2 the participant fails to meet any of the criteria set forth in
3 subdivision (d); or (d) it is determined that the participant has not
4 substantially benefited from participation in the program or that
5 his or her continued participation in the program creates too great
6 a risk to the public health, safety, or welfare. Whenever an
7 applicant is denied participation in the program or a participant is
8 terminated from the program for any reason other than the
9 successful completion of the program, and it is determined that
10 the continued practice of medicine by that individual creates too
11 great a risk to the public health and safety, that fact shall be
12 reported to the executive officer of the board and all documents
13 and information pertaining to and supporting that conclusion shall
14 be provided to the executive officer. The matter may be referred
15 for investigation and disciplinary action by the board. Each
16 physician assistant who requests participation in a diversion
17 program shall agree to cooperate with the recovery program
18 designed for him or her. Any failure to comply with that program
19 may result in termination of participation in the program.

20 *(1) The participant has successfully completed the treatment*
21 *program.*

22 *(2) The participant has failed to comply with the treatment*
23 *program designated for them.*

24 *(3) The participant fails to meet any of the criteria set forth in*
25 *paragraph (4).*

26 *(4) It is determined that the participant has not substantially*
27 *benefited from participation in the program or that their continued*
28 *participation in the program creates too great a risk to the public*
29 *health, safety, or welfare.*

30 *(b) Whenever an applicant is denied participation in the*
31 *program or a participant is terminated from the program for any*
32 *reason other than the successful completion of the program, and*
33 *it is determined that the continued practice of medicine by that*
34 *individual creates too great a risk to the public health and safety,*
35 *that fact shall be reported to the executive officer of the board and*
36 *all documents and information pertaining to and supporting that*
37 *conclusion shall be provided to the executive officer. The matter*
38 *may be referred for investigation and disciplinary action by the*
39 *board.*

1 (c) *Each physician assistant who requests participation in a*
 2 *diversion program shall agree to cooperate with the recovery*
 3 *program designed for them. Any failure to comply with that*
 4 *program may result in termination of participation in the program.*

5 ~~The~~

6 (d) *The board shall inform each participant in the program of*
 7 *the procedures followed in the program, of the rights and*
 8 *responsibilities of a physician assistant in the program, and the*
 9 *possible results of noncompliance with the program.*

10 SEC. 21. Section 3545 of the Business and Professions Code
 11 is amended to read:

12 3545. The income of a physician assistant corporation
 13 attributable to professional services rendered while a shareholder
 14 is a disqualified person, as defined in Section 13401 of the
 15 Corporations Code, shall not in any manner accrue to the benefit
 16 of the shareholder or ~~his or her~~ *their* shares in the physician
 17 assistant corporation.

18 SEC. 22. Section 3620 of the Business and Professions Code
 19 is amended to read:

20 3620. ~~The committee board~~ shall enforce and administer ~~the~~
 21 ~~provisions of this chapter~~ and shall be solely responsible for the
 22 implementation of this chapter.

23 SEC. 23. Section 3620.1 of the Business and Professions Code
 24 is amended to read:

25 3620.1. Protection of the public shall be the highest priority
 26 for ~~the committee board~~ in exercising its licensing, regulatory,
 27 and disciplinary functions. Whenever the protection of the public
 28 is inconsistent with other interests sought to be promoted, the
 29 protection of the public shall be paramount.

30 SEC. 24. Section 3621.5 of the Business and Professions Code
 31 is amended to read:

32 3621.5. ~~The committee board~~ shall meet at least two times
 33 each calendar year and shall conduct additional meetings in
 34 appropriate locations that are necessary to transact its business.

35 SEC. 25. Section 3622 of the Business and Professions Code
 36 is amended to read:

37 3622. (a) ~~The committee board~~ shall adopt regulations in order
 38 to carry out the purposes of this chapter.

39 (b) Unless contrary to ~~the provisions of this chapter~~, regulations
 40 adopted by the Bureau of Naturopathic Medicine *and the*

1 *Naturopathic Medicine Committee* shall continue to apply to the
2 ~~committee board~~ and its licensees.

3 SEC. 26. Section 3623 of the Business and Professions Code
4 is amended to read:

5 3623. (a) The ~~committee board~~ shall approve a naturopathic
6 medical education program accredited by the Council on
7 Naturopathic Medical Education or an equivalent federally
8 recognized accrediting body for the naturopathic medical profession
9 that has the following minimum requirements:

10 (1) Admission requirements that include a minimum of
11 three-quarters of the credits required for a bachelor's degree from
12 a regionally accredited or preaccredited college or university or
13 the equivalency, as determined by the council.

14 (2) Program requirements for its degree or diploma of a
15 minimum of 4,100 total hours in basic and clinical sciences,
16 naturopathic philosophy, naturopathic modalities, and naturopathic
17 medicine. Of the total requisite hours, not less than 2,500 hours
18 shall consist of academic instruction, and not less than 1,200 hours
19 shall consist of supervised clinical training approved by the
20 naturopathic medical school.

21 (b) A naturopathic medical education program in the United
22 States shall offer graduate-level full-time studies and training
23 leading to the degree of Doctor of Naturopathy or Doctor of
24 Naturopathic Medicine. The program shall be an institution, or
25 part of an institution of, higher education that is either accredited
26 or is a candidate for accreditation by a regional institutional
27 accrediting agency recognized by the United States Secretary of
28 Education and the Council on Naturopathic Medical Education,
29 or an equivalent federally recognized accrediting body for
30 naturopathic doctor education.

31 (c) To qualify as an approved naturopathic medical school, a
32 naturopathic medical program located in Canada or the United
33 States shall offer a full-time, doctoral-level, naturopathic medical
34 education program with its graduates being eligible to apply to the
35 ~~committee board~~ for licensure and to the North American Board
36 of Naturopathic Examiners that administers the naturopathic
37 licensing examination.

38 (d) The naturopathic medical program shall evaluate an
39 applicant's education, training, and experience obtained in the

1 armed services, pursuant to Section 35, and provide course credit
 2 where applicable.

3 SEC. 27. Section 3624 of the Business and Professions Code
 4 is amended to read:

5 3624. (a) The ~~committee~~ *board* may grant a certificate of
 6 registration to practice naturopathic medicine to a person who does
 7 not hold a naturopathic doctor’s license under this chapter and is
 8 offered a faculty position by the dean of a naturopathic medical
 9 education program approved by the ~~committee~~; *board*, if all of the
 10 following requirements are met to the satisfaction of the ~~committee~~:
 11 *board*:

12 (1) The applicant submits an application on a form prescribed
 13 by the ~~committee~~; *board*.

14 (2) The dean of the naturopathic medical education program
 15 demonstrates that the applicant has the requisite qualifications to
 16 assume the position to which ~~he or she is~~ *they are* to be appointed.

17 (3) The dean of the naturopathic medical education program
 18 certifies in writing to the ~~committee~~ *board* that the applicant will
 19 be under ~~his or her~~ *their* direction and will not be permitted to
 20 practice naturopathic medicine unless incident to and a necessary
 21 part of the applicant’s duties as approved by the ~~committee~~; *board*.

22 (b) The holder of a certificate of registration issued under this
 23 section shall not receive compensation ~~for or practice for, or~~
 24 *practice*, naturopathic medicine unless it is incidental to and a
 25 necessary part of the applicant’s duties in connection with the
 26 holder’s faculty position.

27 (c) A certificate of registration issued under this section is valid
 28 for two years.

29 SEC. 28. Section 3627 of the Business and Professions Code
 30 is amended to read:

31 3627. (a) The ~~committee~~ *board* shall establish a naturopathic
 32 formulary advisory subcommittee to determine a naturopathic
 33 formulary based upon a review of naturopathic medical education
 34 and training.

35 (b) The naturopathic formulary advisory subcommittee shall be
 36 composed of an equal number of representatives from the clinical
 37 and academic settings of physicians and surgeons, pharmacists,
 38 and naturopathic doctors.

39 (c) The naturopathic formulary advisory subcommittee shall
 40 review naturopathic education, training, and practice and make

1 specific recommendations regarding the prescribing, ordering, and
2 furnishing authority of a naturopathic doctor and the required
3 supervision and protocols for those functions.

4 SEC. 29. Section 3630 of the Business and Professions Code
5 is amended to read:

6 3630. An applicant for a license as a naturopathic doctor shall
7 file an application with the ~~committee~~ *board* on a form provided
8 by the ~~committee~~ *board* that shows, to the ~~committee's~~ *board's*
9 satisfaction, compliance with all of the following requirements:

10 (a) The applicant has not committed an act or crime that
11 constitutes grounds for denial of a license under Section ~~480~~, *480*
12 and has complied with the requirements of Section 144.

13 (b) The applicant has received a degree in naturopathic medicine
14 from an approved naturopathic medical school where the degree
15 substantially meets the educational requirements in paragraph (2)
16 of subdivision (a) of Section 3623.

17 SEC. 30. Section 3633 of the Business and Professions Code
18 is amended to read:

19 3633. The ~~committee~~ *board* may grant a license to an applicant
20 who is licensed and in good standing as a naturopathic doctor in
21 another state, jurisdiction, or territory in the United States, ~~provided~~
22 *if* the applicant has met the requirements of Sections 3630 and
23 3631.

24 SEC. 31. Section 3633.1 of the Business and Professions Code
25 is amended to read:

26 3633.1. The ~~committee~~ *board* may grant a license to an
27 applicant who meets the requirements of Section 3630, but who
28 graduated ~~prior to~~ *before* 1986, ~~pre-NPLEX~~, *before the*
29 *Naturopathic Physicians Licensing Examinations, or NPLEX*, and
30 passed a state or Canadian Province naturopathic licensing
31 examination. Applications under this section shall be received no
32 later than December 31, 2007.

33 SEC. 32. Section 3634 of the Business and Professions Code
34 is amended to read:

35 3634. A license issued under this chapter shall be subject to
36 renewal ~~biennially~~ *biennially*, as prescribed by the ~~committee~~
37 *board*, and shall expire unless renewed in that manner. The
38 ~~committee~~ *board* may provide by regulation for the late renewal
39 of a license.

1 SEC. 33. Section 3636 of the Business and Professions Code
2 is amended to read:

3 3636. (a) Upon a written request, the ~~committee~~ *board* may
4 grant inactive status to a naturopathic doctor who is in good
5 standing and who meets the requirements of Section 462.

6 (b) A person whose license is in inactive status may not engage
7 in any activity for which a license is required under this chapter.

8 (c) A person whose license is in inactive status shall be exempt
9 from continuing education requirements while ~~his or her~~ *their*
10 license is in that status.

11 (d) To restore a license to active status, a person whose license
12 is in inactive status ~~must~~ *shall* fulfill continuing education
13 requirements for the two-year period ~~prior to reactivation,~~ *before*
14 *reactivation* and be current with all licensing fees as determined
15 by the ~~committee.~~ *board.*

16 SEC. 34. Section 3640 of the Business and Professions Code
17 is amended to read:

18 3640. (a) A naturopathic doctor may order and perform
19 physical and laboratory examinations for diagnostic purposes,
20 including, but not limited to, phlebotomy, clinical laboratory tests,
21 speculum examinations, orificial examinations, and physiological
22 function tests.

23 (b) A naturopathic doctor may order diagnostic imaging studies,
24 including X-ray, ultrasound, mammogram, bone densitometry,
25 and others, consistent with naturopathic training as determined by
26 the ~~committee,~~ *board,* but shall refer the studies to an appropriately
27 licensed health care professional to conduct the study and interpret
28 the results.

29 (c) A naturopathic doctor may dispense, administer, order,
30 prescribe, and furnish or perform the following:

31 (1) Food, extracts of food, nutraceuticals, vitamins, amino acids,
32 minerals, enzymes, botanicals and their extracts, botanical
33 medicines, homeopathic medicines, all dietary supplements and
34 nonprescription drugs as defined by the federal Food, Drug, and
35 Cosmetic Act, consistent with the routes of administration
36 identified in subdivision (d).

37 (2) Hot or cold hydrotherapy; naturopathic physical medicine
38 inclusive of the manual use of massage, stretching, resistance, or
39 joint play examination but exclusive of small amplitude movement

1 at or beyond the end range of normal joint motion; electromagnetic
2 energy; colon hydrotherapy; and therapeutic exercise.

3 (3) Devices, including, but not limited to, therapeutic devices,
4 barrier contraception, and durable medical equipment.

5 (4) Health education and health counseling.

6 (5) Repair and care incidental to superficial lacerations and
7 abrasions, except suturing.

8 (6) Removal of foreign bodies located in the superficial tissues.

9 (d) A naturopathic doctor may utilize routes of administration
10 that include oral, nasal, auricular, ocular, rectal, vaginal,
11 transdermal, intradermal, subcutaneous, intravenous, and
12 intramuscular.

13 (e) ~~The committee~~ *board* may establish regulations regarding
14 ocular or intravenous routes of administration that are consistent
15 with the education and training of a naturopathic doctor.

16 (f) Nothing in this section shall exempt a naturopathic doctor
17 from meeting applicable licensure requirements for the performance
18 of clinical laboratory tests, including the requirements imposed
19 under Chapter 3 (commencing with Section 1200).

20 SEC. 35. Section 3640.2 of the Business and Professions Code
21 is amended to read:

22 3640.2. Notwithstanding any other provision of law, a
23 naturopathic assistant may do all of the following:

24 (a) Administer medication only by intradermal, subcutaneous,
25 or intramuscular injections and perform skin tests and additional
26 technical support services upon the specific authorization and
27 supervision of a licensed naturopathic doctor. A naturopathic
28 assistant may also perform all these tasks and services in a clinic
29 licensed pursuant to subdivision (a) of Section 1204 of the Health
30 and Safety Code upon the specific authorization of a naturopathic
31 doctor.

32 (b) Perform venipuncture or skin puncture for the purposes of
33 withdrawing blood upon specific authorization and under the
34 supervision of a licensed naturopathic doctor if prior thereto the
35 naturopathic assistant has met the educational and training
36 requirements for medical assistants as established in Section 2070.
37 A copy of any related certificates shall be retained as a record by
38 each employer of the assistant.

39 (c) Perform the following naturopathic technical support
40 services:

1 (1) Administer medications orally, sublingually, topically,
2 vaginally, or rectally, or by providing a single dose to a patient for
3 immediate self-administration. Administer medication by inhalation
4 if the medications are patient-specific and have been or will be
5 repetitively administered to the patient. In every instance, prior to
6 administration of medication by the naturopathic assistant, the
7 naturopathic doctor shall verify the correct medication and dosage.

8 (2) Apply and remove bandages.

9 (3) Collect by noninvasive techniques and preserve specimens
10 for testing, including urine, sputum, semen, and stool.

11 (4) Assist patients to and from a patient examination room or
12 examination table.

13 (5) As authorized by the naturopathic doctor, provide patient
14 information and instructions.

15 (6) Collect and record patient data, including height, weight,
16 temperature, pulse, respiration rate, and blood pressure, and basic
17 information about the presenting and previous conditions.

18 (7) Perform simple laboratory and screening tests customarily
19 performed in a medical office.

20 (d) Perform additional naturopathic technical support services
21 under the regulations and standards established by the ~~committee~~
22 ~~board~~. ~~The committee shall, prior to board, before the adoption~~
23 ~~of any regulations, shall request recommendations regarding these~~
24 ~~standards from appropriate public agencies, including, but not~~
25 ~~limited to, the Osteopathic Medical Board of California, the~~
26 ~~Medical Board of California, the Board of Registered Nursing, the~~
27 ~~Board of Vocational Nursing and Psychiatric Technicians of the~~
28 ~~State of California, the Laboratory Field Services division of the~~
29 ~~State Department of Public Health, and the Physical Therapy~~
30 ~~Examining Committee. Board of California. The California Board~~
31 ~~of Naturopathic Medicine—Committee shall also request~~
32 ~~recommendations regarding these standards from associations of~~
33 ~~medical assistants, physicians, and others, as appropriate, including,~~
34 ~~but not limited to, the Osteopathic Physicians and Surgeons of~~
35 ~~California, the California Medical Association, the California~~
36 ~~Society of Medical Assistants, and the California Medical~~
37 ~~Assistants’ Association. Nothing in this subdivision shall be~~
38 ~~construed to supersede or modify that portion of the Administrative~~
39 ~~Procedure Act that relates to the procedure for the adoption of~~
40 ~~regulations set forth in Article 5 (commencing with Section 11346)~~

1 of Chapter 3.5 of Part 1 of Division 3 of Title 2 of the Government
2 Code.

3 SEC. 36. Section 3640.3 of the Business and Professions Code
4 is amended to read:

5 3640.3. (a) Nothing in this chapter shall be construed as
6 authorizing the licensure of naturopathic assistants. Nothing in
7 this chapter shall be construed as authorizing the administration
8 of local anesthetic agents by a naturopathic assistant. Nothing in
9 this chapter shall be construed as authorizing the *California Board*
10 *of Naturopathic Medicine-Committee* to adopt any regulations that
11 violate the prohibitions on diagnosis or treatment in Section 2052.

12 (b) Nothing in this chapter shall be construed as authorizing a
13 naturopathic assistant to perform any clinical laboratory test or
14 examination for which ~~he or she is~~ *they are* not authorized under
15 Chapter 3 (commencing with Section 1200).

16 (c) Notwithstanding any other ~~provision of~~ law, a naturopathic
17 assistant may not be employed for inpatient care in a licensed
18 general acute care ~~hospital~~ *hospital*, as defined in subdivision (a)
19 of Section 1250 of the Health and Safety Code.

20 SEC. 37. Section 3640.5 of the Business and Professions Code
21 is amended to read:

22 3640.5. Nothing in this chapter or any other ~~provision of~~ law
23 shall be construed to prohibit a naturopathic doctor from furnishing
24 or ordering drugs when all of the following apply:

25 (a) The drugs are furnished or ordered by a naturopathic doctor
26 in accordance with standardized procedures or protocols developed
27 by the naturopathic doctor and ~~his or her~~ *their* supervising
28 physician and surgeon.

29 (b) The naturopathic doctor is functioning pursuant to
30 standardized procedure, as defined by subdivisions (a), (b), (d),
31 (e), (h), and (i) of Section 2836.1 and paragraph (1) of subdivision
32 (c) of Section 2836.1, or protocol. The standardized procedure or
33 protocol shall be developed and approved by the supervising
34 physician and surgeon, the naturopathic doctor, and, where
35 applicable, the facility administrator or ~~his or her~~ *their* designee.

36 (c) The standardized procedure or protocol covering the
37 furnishing of drugs shall specify which naturopathic doctors may
38 furnish or order drugs, which drugs may be furnished or ordered
39 under what circumstances, the extent of physician and surgeon
40 supervision, the method of periodic review of the naturopathic

1 doctor's competence, including peer review, and review of the
2 provisions of the standardized procedure.

3 (d) The furnishing or ordering of drugs by a naturopathic doctor
4 occurs under physician and surgeon supervision. Physician and
5 surgeon supervision shall not be construed to require the physical
6 presence of the physician, but does include all of the following:

7 (1) Collaboration on the development of the standardized
8 procedure.

9 (2) Approval of the standardized procedure.

10 (3) Availability by telephonic contact at the time of patient
11 examination by the naturopathic doctor.

12 (e) For purposes of this section, a physician and surgeon shall
13 not supervise more than four naturopathic doctors at one time.

14 (f) Drugs furnished or ordered by a naturopathic doctor may
15 include Schedule III through Schedule V controlled substances
16 under the California Uniform Controlled Substances Act (Division
17 10 (commencing with Section 11000) of the Health and Safety
18 Code) and shall be further limited to those drugs agreed upon by
19 the naturopathic doctor and physician and surgeon as specified in
20 the standardized procedure. When Schedule III controlled
21 substances, as defined in Section 11056 of the Health and Safety
22 Code, are furnished or ordered by a naturopathic doctor, the
23 controlled substances shall be furnished or ordered in accordance
24 with a patient-specific protocol approved by the treating or
25 supervising physician. A copy of the section of the naturopathic
26 doctor's standardized procedure relating to controlled substances
27 shall be provided upon request, to a licensed pharmacist who
28 dispenses drugs, when there is uncertainty about the naturopathic
29 doctor furnishing the order.

30 (g) The ~~committee~~ *board* has certified that the naturopathic
31 doctor has satisfactorily completed adequate coursework in
32 pharmacology covering the drugs to be furnished or ordered under
33 this section. The ~~committee~~ *board* shall establish the requirements
34 for satisfactory completion of this subdivision.

35 (h) Use of the term "furnishing" in this section, in health
36 facilities defined in subdivisions (b), (c), (d), (e), and (i) of Section
37 1250 of the Health and Safety Code, shall include both of the
38 following:

39 (1) Ordering a drug in accordance with the standardized
40 procedure.

1 (2) Transmitting an order of a supervising physician and
2 surgeon.

3 (i) For purposes of this section, “drug order” or “order” means
4 an order for medication which is dispensed to or for an ultimate
5 user, issued by a naturopathic doctor as an individual practitioner,
6 within the meaning of Section 1306.02 of Title 21 of the Code of
7 Federal Regulations.

8 (j) Notwithstanding any other ~~provision of~~ law, the following
9 apply:

10 (1) A drug order issued pursuant to this section shall be treated
11 in the same manner as a prescription of the supervising physician.

12 (2) All references to prescription in this code and the Health
13 and Safety Code shall include drug orders issued by naturopathic
14 doctors.

15 (3) The signature of a naturopathic doctor on a drug order issued
16 in accordance with this section shall be deemed to be the signature
17 of a prescriber for purposes of this code and the Health and Safety
18 Code.

19 SEC. 38. Section 3640.8 of the Business and Professions Code
20 is amended to read:

21 3640.8. (a) To qualify to administer intravenous (IV) therapy
22 ~~in his or her~~ *their* practice pursuant to Section 3640.7, a
23 naturopathic doctor shall demonstrate that ~~he or she has~~ *they have*
24 complied with both of the following requirements:

25 (1) ~~Has~~ *Have* a current naturopathic doctor’s license in this
26 state.

27 (2) ~~Has~~ *Have* completed a qualifying course on IV therapy from
28 a course provider approved by the ~~committee~~ *board*.

29 (b) The qualifying course shall consist of a minimum of 25
30 classroom hours on IV administration through injection of
31 applicable naturopathic formulary substances, of which at least 14
32 classroom hours shall be identified as practicum. At a minimum,
33 the qualifying course shall have covered all of the following topics:

34 (1) Evaluation of laboratory results, including, but not limited
35 to, the fluid status, cardiovascular status, and kidney function of
36 the patient.

37 (2) The use of IV fluids, including, but not limited to, osmolarity
38 calculations, diluents, and admixtures pertinent to IV therapeutics.

39 (3) Sterile techniques and admixing.

1 (4) Vein and site selection, site preparation, and insertion
2 techniques.

3 (5) Complications with therapies, nutrient and drug interactions,
4 errors and adverse reactions, reporting errors to appropriate
5 agencies, error prevention, and followup with patient
6 complications.

7 (6) Emergency protocols, management, and referral.

8 (7) Pharmacology, indications, preparation, and IV
9 administration of vitamins, minerals, amino acids, glutathione,
10 botanicals and their extracts, homeopathic medicines, electrolytes,
11 sugars, and diluents.

12 (8) Practicum, including, but not limited to, the following:

13 (A) Observation of at least 10 IV setups, including
14 administration and management.

15 (B) Successful completion of at least 10 IV setups, including
16 administration and management.

17 (9) Successful completion of an examination with 70 percent
18 or greater correct answers to a minimum of 50 questions, where
19 10 percent or more of the questions have direct content to the
20 California formulary.

21 (c) For the purposes of the qualifying course required by this
22 section, one classroom hour is defined as 50 minutes out of each
23 60-minute segment and may include time devoted to examinations.
24 No credit shall be granted for distance education, including, but
25 not limited to, correspondence courses, ~~Internet~~ *internet* courses,
26 or video or remote television offerings.

27 (d) Pursuant to subdivision (e) of Section 3640, the ~~committee~~
28 *board* may establish regulations regarding IV administration that
29 are consistent with the education and training of a naturopathic
30 doctor.

31 SEC. 39. Section 3641 of the Business and Professions Code
32 is amended to read:

33 3641. (a) A naturopathic doctor shall document ~~his or her~~ *their*
34 observations, diagnosis, and summary of treatment in the patient
35 record. Patient records shall be maintained for a period of not less
36 than seven years following the discharge of the patient. The records
37 of an unemancipated minor shall be maintained until at least one
38 year after the minor has reached 18 years of age or seven years
39 following the discharge of the minor, whichever is longer.

1 (b) A naturopathic doctor shall have the same authority and
2 responsibility as a licensed physician and surgeon with regard to
3 public health laws, including laws governing reportable diseases
4 and conditions, communicable disease control and prevention,
5 recording vital statistics, and performing health and physical
6 examinations consistent with ~~his or her~~ *their* education and training.

7 SEC. 40. Section 3644 of the Business and Professions Code
8 is amended to read:

9 3644. This chapter does not prevent or restrict the practice,
10 services, or activities of any of the following:

11 (a) A person licensed, certified, or otherwise recognized in this
12 state by any other law or regulation if that person is engaged in
13 the profession or occupation for which ~~he or she is~~ *they are*
14 licensed, certified, or otherwise recognized.

15 (b) A person employed by the federal government in the practice
16 of naturopathic medicine while the person is engaged in the
17 performance of duties prescribed by laws and regulations of the
18 United States.

19 (c) A person rendering aid to a family member or in an
20 emergency, if no fee or other consideration for the service is
21 charged, received, expected, or contemplated.

22 (d) (1) A person who makes recommendations regarding or is
23 engaged in the sale of food, extracts of food, nutraceuticals,
24 vitamins, amino acids, minerals, enzymes, botanicals and their
25 extracts, botanical medicines, homeopathic medicines, dietary
26 supplements, and nonprescription drugs or other products of nature,
27 the sale of which is not otherwise prohibited under state or federal
28 law.

29 (2) An unlicensed person described in this subdivision may
30 represent that ~~he or she~~ *“practices they”* “practice naturopathy” if
31 ~~he or she complies~~ *they comply* with Section 2053.6. However, an
32 unlicensed person may not use the title “naturopathic doctor” unless
33 ~~he or she has~~ *they have* been issued a license by the ~~committee~~
34 *board*.

35 (e) A person engaged in good faith in the practice of the religious
36 tenets of any church or religious belief without using prescription
37 drugs.

38 (f) A person acting in good faith for religious reasons as a matter
39 of conscience or based on a personal belief, while obtaining or

1 providing information regarding health care and the use of any
2 product described in subdivision (d).

3 (g) A person who provides the following recommendations
4 regarding the human body and its function:

5 (1) Nonprescription products.

6 (2) Natural elements such as air, heat, water, and light.

7 (3) Class I or class II nonprescription, approved medical devices,
8 as defined in Section 360c of Title 21 of the United States Code.

9 (4) Vitamins, minerals, herbs, homeopathics, natural food
10 products and their extracts, and nutritional supplements.

11 (h) A person who is licensed in another state, territory, or the
12 District of Columbia to practice naturopathic medicine if the person
13 is incidentally called into this state for consultation with a
14 naturopathic doctor.

15 (i) A student enrolled in an approved naturopathic medical
16 program whose services are performed pursuant to a course of
17 instruction under the supervision of a naturopathic doctor.

18 SEC. 41. Section 3650 of the Business and Professions Code
19 is amended to read:

20 3650. A naturopathic doctor may perform naturopathic
21 childbirth attendance if ~~he or she has~~ *they have* completed
22 additional training and ~~has~~ *have* been granted a certificate of
23 specialty practice by the ~~committee~~ *board*.

24 SEC. 42. Section 3651.5 of the Business and Professions Code
25 is amended to read:

26 3651.5. A naturopathic doctor certified for the specialty practice
27 of naturopathic childbirth attendance shall do both of the following:

28 (a) Maintain current certification in neonatal resuscitation and
29 cardiopulmonary resuscitation.

30 (b) File with the ~~committee~~ *board* a written plan for the
31 following:

32 (1) Consultation with other health care providers.

33 (2) Supervision by a licensed physician and surgeon who has
34 current practice or training in obstetrics to assist a woman in
35 childbirth so long as progress meets criteria accepted as normal.
36 The plan shall provide that all complications shall be referred to
37 a physician and surgeon immediately.

38 (3) Emergency transfer and transport of an infant or a maternity
39 patient, or both, to an appropriate health care facility, and access

1 to neonatal intensive care units and obstetrical units or other patient
2 care areas.

3 SEC. 43. Section 3652 of the Business and Professions Code
4 is amended to read:

5 3652. (a) A certificate of specialty practice in naturopathic
6 childbirth attendance shall expire concurrently with the licensee's
7 naturopathic doctor's license.

8 (b) The certificate may be renewed upon submission of the
9 renewal fee set by the ~~committee~~ *board* and evidence, to the
10 ~~committee's~~ *board's* satisfaction, of the completion of 30 hours
11 of continuing education credits in naturopathic childbirth,
12 midwifery, or obstetrics. Fifteen hours may be applied to the 60
13 hours of continuing education required for naturopathic doctors.

14 (c) Licensing or disciplinary action by the ~~committee~~ *board* or
15 a judicial authority shall be deemed to have an equal effect upon
16 the specialty certificate to practice naturopathic childbirth issued
17 to a licensee, unless otherwise specified in the licensing or
18 disciplinary action. When the subject of a licensing or disciplinary
19 action relates specifically to the practice of naturopathic childbirth
20 by a licensee holding a specialty certificate, the action may, instead
21 of affecting the entire scope of the licensee's practice, suspend,
22 revoke, condition, or restrict only the licensee's authority under
23 the specialty certificate.

24 SEC. 44. Section 3660 of the Business and Professions Code
25 is amended to read:

26 3660. Except as provided in subdivision (h) of Section 3644,
27 a person shall have a valid, unrevoked, or unsuspended license
28 issued under this chapter to do any of the following:

29 (a) To claim to be a naturopathic doctor, licensed naturopathic
30 doctor, doctor of naturopathic medicine, doctor of naturopathy, or
31 naturopathic medical doctor.

32 (b) To use the professional designation "N.D." or other titles,
33 words, letters, or symbols with the intent to represent that ~~he or~~
34 ~~she practices, is they practice, are~~ authorized to practice, or ~~is are~~
35 able to practice naturopathic medicine as a naturopathic doctor.

36 SEC. 45. Section 3661 of the Business and Professions Code
37 is amended to read:

38 3661. A naturopathic doctor who uses the term or designation
39 "Dr." shall further identify ~~himself or herself~~ *themselves* as
40 "Naturopathic Doctor," "Licensed Naturopathic Doctor," "Doctor

1 of Naturopathic Medicine,” or “Doctor of Naturopathy” and shall
2 not use any term or designation that would tend to indicate the
3 practice of medicine, other than naturopathic medicine, unless
4 otherwise licensed as a physician and surgeon, osteopathic doctor,
5 or doctor of chiropractic.

6 SEC. 46. Section 3663 of the Business and Professions Code
7 is amended to read:

8 3663. (a) The ~~committee~~ *board* shall have the responsibility
9 for reviewing the quality of the practice of naturopathic medicine
10 carried out by persons licensed as naturopathic doctors pursuant
11 to this chapter.

12 (b) The ~~committee~~ *board* may discipline a naturopathic doctor
13 for unprofessional conduct. After a hearing conducted in
14 accordance with the Administrative Procedure Act (Chapter 5
15 (commencing with Section 11500) of Part 1 of Division 3 of Title
16 2 of the Government Code), the ~~committee~~ *board* may deny,
17 suspend, revoke, or place on probation the license of, or reprimand,
18 censure, or otherwise discipline a naturopathic doctor in accordance
19 with Division 1.5 (commencing with Section 475).

20 SEC. 47. Section 3663.5 of the Business and Professions Code
21 is amended to read:

22 3663.5. (a) On and after July 1, 2019, except as otherwise
23 provided in subdivision (c), the ~~committee~~ *board* shall require a
24 licensee to provide a separate disclosure that includes the licensee’s
25 probation status, the length of the probation, the probation end
26 date, all practice restrictions placed on the licensee by the
27 ~~committee~~, *board*, the ~~committee’s~~ *board’s* telephone number,
28 and an explanation of how the patient can find further information
29 on the licensee’s probation on the licensee’s profile page on the
30 ~~committee’s~~ *board’s* online license information ~~Internet Web site,~~
31 *internet website*, to a patient or the patient’s guardian or health
32 care surrogate before the patient’s first visit following the
33 probationary order while the licensee is on probation pursuant to
34 a probationary order made on and after July 1, 2019.

35 (b) A licensee required to provide a disclosure pursuant to
36 subdivision (a) shall obtain from the patient, or the patient’s
37 guardian or health care surrogate, a separate, signed copy of that
38 disclosure.

39 (c) A licensee shall not be required to provide a disclosure
40 pursuant to subdivision (a) if any of the following applies:

1 (1) The patient is unconscious or otherwise unable to
2 comprehend the disclosure and sign the copy of the disclosure
3 pursuant to subdivision (b) and a guardian or health care surrogate
4 is unavailable to comprehend the disclosure and sign the copy.

5 (2) The visit occurs in an emergency room or an urgent care
6 facility or the visit is unscheduled, including consultations in
7 inpatient facilities.

8 (3) The licensee who will be treating the patient during the visit
9 is not known to the patient until immediately prior to the start of
10 the visit.

11 (4) The licensee does not have a direct treatment relationship
12 with the patient.

13 (d) On and after July 1, 2019, the ~~committee~~ *board* shall provide
14 the following information, with respect to licensees on probation
15 and licensees practicing under probationary licenses, in plain view
16 on the licensee's profile page on the ~~committee's board's~~ online
17 license information ~~Internet Web site~~: *internet website*.

18 (1) For probation imposed pursuant to a stipulated settlement,
19 the causes alleged in the operative accusation along with a
20 designation identifying those causes by which the licensee has
21 expressly admitted guilt and a statement that acceptance of the
22 settlement is not an admission of guilt.

23 (2) For probation imposed by an adjudicated decision of the
24 ~~committee~~, *board*, the causes for probation stated in the final
25 probationary order.

26 (3) For a licensee granted a probationary license, the causes by
27 which the probationary license was imposed.

28 (4) The length of the probation and end date.

29 (5) All practice restrictions placed on the license by the
30 ~~committee~~: *board*.

31 (e) A violation of this section shall not be punishable as a crime.

32 SEC. 48. Section 3670 of the Business and Professions Code
33 is amended to read:

34 3670. A naturopathic corporation is a corporation that is
35 authorized to render professional services, as defined in Section
36 13401 of the Corporations Code, if the corporation and its
37 shareholders, officers, directors, and employees rendering
38 professional services who are naturopathic doctors are in
39 compliance with the Moscone-Knox Professional Corporation Act
40 (Part 4 (commencing with Section 13400) of Division 3 of Title

1 1 of the Corporations Code), this chapter, and all other statutes
2 and regulations now or hereafter enacted or adopted pertaining to
3 that corporation and the conduct of its affairs. With respect to a
4 naturopathic corporation, the governmental agency referred to in
5 the Moscone-Knox Professional Corporation Act is the ~~committee-~~
6 *board*.

7 SEC. 49. Section 3672 of the Business and Professions Code
8 is amended to read:

9 3672. The income of a naturopathic corporation attributable
10 to professional services rendered while a shareholder is a
11 disqualified person, as defined in Section 13401 of the Corporations
12 Code, shall not in any manner accrue to the benefit of the
13 shareholder or ~~his or her~~ *their* shares in the naturopathic
14 corporation.

15 SEC. 50. Section 3675 of the Business and Professions Code
16 is amended to read:

17 3675. The ~~committee~~ *board* may adopt and enforce regulations
18 to carry out the purposes and objectives of this article, including,
19 but not limited to, regulations requiring the following:

20 (a) That the bylaws of a naturopathic corporation include a
21 provision whereby the capital stock of the corporation owned by
22 a disqualified person, as defined in Section 13401 of the
23 Corporations Code, or a deceased person, shall be sold to the
24 corporation or to the remaining shareholders of the corporation
25 within any time as the regulations may provide.

26 (b) That a naturopathic corporation shall provide adequate
27 security by insurance or otherwise for claims against it by its
28 patients arising out of the rendering of professional services.

29 SEC. 51. Section 3681 of the Business and Professions Code
30 is amended to read:

31 3681. ~~(a)~~ All fees collected by the ~~committee~~ *board* shall be
32 paid into the State Treasury and shall be credited to the
33 Naturopathic Doctor's Fund which is hereby created in the State
34 Treasury. The money in the fund shall be available to the
35 ~~committee~~ *board* for expenditure for the purposes of this chapter
36 only upon appropriation by the Legislature.

37 ~~(b) Notwithstanding subdivision (a), all money other than~~
38 ~~revenue described in Section 207 received and credited to the~~
39 ~~Naturopathic Doctor's Fund in the 2003-04 fiscal year is hereby~~

1 ~~appropriated to the committee for the purpose of implementing~~
2 ~~this chapter.~~

3 SEC. 52. Section 3685 of the Business and Professions Code
4 is amended to read:

5 3685. Notwithstanding any other law, the repeal of this chapter
6 renders the ~~committee~~ *board* subject to review by the appropriate
7 policy committees of the Legislature.

8 SEC. 53. Section 4175 of the Business and Professions Code
9 is amended to read:

10 4175. (a) The California State Board of Pharmacy shall
11 promptly forward to the appropriate licensing entity, including the
12 Medical Board of California, the *California* Veterinary Medical
13 Board, the Dental Board of California, the California State Board
14 of Optometry, the ~~California Board of Podiatric Medicine,~~
15 *Podiatric Medical Board of California*, the Osteopathic Medical
16 Board of California, the Board of Registered Nursing, the ~~Bureau~~
17 *California Board* of Naturopathic Medicine, or the Physician
18 Assistant Board, all complaints received related to dangerous drugs
19 or dangerous devices dispensed by a prescriber, certified
20 nurse-midwife, nurse practitioner, naturopathic doctor, or physician
21 assistant pursuant to Section 4170.

22 (b) All complaints involving serious bodily injury due to
23 dangerous drugs or dangerous devices dispensed by prescribers,
24 certified nurse-midwives, nurse practitioners, naturopathic doctors,
25 or physician assistants pursuant to Section 4170 shall be handled
26 by the Medical Board of California, the Dental Board of California,
27 the California State Board of Optometry, the ~~California Board of~~
28 *Podiatric Medicine, Podiatric Medical Board of California*, the
29 Osteopathic Medical Board of California, the ~~Bureau~~ *California*
30 *Board* of Naturopathic Medicine, the Board of Registered Nursing,
31 the *California* Veterinary Medical Board, or the Physician Assistant
32 ~~Committee Board~~ as a case of greatest potential harm to a patient.

33 SEC. 54. Section 4800 of the Business and Professions Code
34 is amended to read:

35 4800. (a) There is in the Department of Consumer Affairs a
36 *California* Veterinary Medical Board in which the administration
37 of this chapter is vested. The board shall consist of the following
38 eight members:

- 39 (1) Four licensed veterinarians.
40 (2) One registered veterinary technician.

1 (3) Three public members.

2 (b) This section shall remain in effect only until January 1, 2026,
3 and as of that date is repealed.

4 (c) Notwithstanding any other law, the repeal of this section
5 renders the board subject to review by the appropriate policy
6 committees of the Legislature. However, the review of the board
7 shall be limited to those issues identified by the appropriate policy
8 committees of the Legislature and shall involve the preparation or
9 submission of a sunset review document or evaluative
10 questionnaire.

11 SEC. 55. Section 4800.1 of the Business and Professions Code
12 is amended to read:

13 4800.1. Protection of the public shall be the highest priority
14 for the *California* Veterinary Medical Board in exercising its
15 licensing, regulatory, and disciplinary functions. Whenever the
16 protection of the public is inconsistent with other interests sought
17 to be promoted, the protection of the public shall be paramount.

18 SEC. 56. Section 4809.6 of the Business and Professions Code
19 is amended to read:

20 4809.6. The enforcement of Sections 4809.5 and 4854 of this
21 chapter is a function exclusively reserved to the *California*
22 Veterinary Medical Board and the state has preempted and
23 occupied this field of enforcing the cleanliness and sanitary
24 requirements of this chapter.

25 SEC. 57. Section 4810 of the Business and Professions Code
26 is amended to read:

27 4810. ~~(a)~~—As used in this chapter:

28 ~~(1)~~

29 (a) “Board” means the *California* Veterinary Medical Board.

30 ~~(2)~~

31 (b) “Multidisciplinary committee” means the Veterinary
32 Medicine Multidisciplinary Advisory Committee established
33 pursuant to Section 4809.8.

34 ~~(3)~~

35 (c) “Regulations” means the rules and regulations set forth in
36 Division 20 (commencing with Section 2000) of Title 16 of the
37 California Code of Regulations.

38 ~~(b) This section shall become operative on the July 1 following~~
39 ~~the initial appointment of a registered veterinary technician to the~~
40 ~~board.~~

1 SEC. 58. Section 4811 of the Business and Professions Code
2 is amended to read:

3 4811. This chapter shall be known and may be cited as the
4 ~~Veterinary~~ “*California Veterinary Medicine Practice Act.*”

5 SEC. 59. Section 4836.1 of the Business and Professions Code
6 is amended to read:

7 4836.1. (a) Notwithstanding any other law, a registered
8 veterinary technician or a veterinary assistant may administer a
9 drug, including, but not limited to, a drug that is a controlled
10 substance, under the direct or indirect supervision of a licensed
11 veterinarian when done pursuant to the order, control, and full
12 professional responsibility of a licensed veterinarian. However,
13 no person, other than a licensed veterinarian, may induce anesthesia
14 unless authorized by regulation of the ~~board~~: *California Veterinary*
15 *Medical Board.*

16 (b) A veterinary assistant may obtain or administer a controlled
17 substance pursuant to the order, control, and full professional
18 responsibility of a licensed veterinarian, only if ~~he or she meets~~
19 *they meet* both of the following conditions:

20 (1) Is designated by a licensed veterinarian to obtain or
21 administer controlled substances.

22 (2) Holds a valid veterinary assistant controlled substance permit
23 issued pursuant to Section 4836.2.

24 (c) Notwithstanding subdivision (b), if the *California Veterinary*
25 *Medical Board*, in consultation with the *California State Board of*
26 *Pharmacy*, identifies a dangerous drug, as defined in Section 4022,
27 as a drug that has an established pattern of being diverted, the
28 *California Veterinary Medical Board* may restrict access to that
29 drug by veterinary assistants.

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

31 (1) “Controlled substance” has the same meaning as that term
32 is defined in Section 11007 of the Health and Safety Code.

33 (2) “Direct supervision” has the same meaning as that term is
34 defined in subdivision (e) of Section 2034 of Title 16 of the
35 California Code of Regulations.

36 (3) “Drug” has the same meaning as that term is defined in
37 Section 11014 of the Health and Safety Code.

38 (4) “Indirect supervision” has the same meaning as that term is
39 defined in subdivision (f) of Section 2034 of Title 16 of the
40 California Code of Regulations.

1 (e) This section shall become operative on the date Section
2 4836.2 becomes operative.

3 SEC. 60. Section 4842.2 of the Business and Professions Code
4 is amended to read:

5 4842.2. All funds collected by the board under this article shall
6 be deposited in the *California* Veterinary Medical Board
7 Contingent Fund.

8 SEC. 61. Section 4846 of the Business and Professions Code
9 is amended to read:

10 4846. (a) In order to obtain a license to practice veterinary
11 medicine in California, an individual shall meet the following
12 requirements:

13 (1) Graduate from a veterinary college recognized by the board
14 or receive a certificate from the Educational Commission for
15 Foreign Veterinary Graduates (ECFVG) or the Program for the
16 Assessment of Veterinary Education Equivalence (PAVE). Proof
17 of graduation ~~must~~ shall be directly submitted to the board by the
18 veterinary college or from the American Association of Veterinary
19 State Boards (AAVSB). Proof of certificate ~~must~~ shall be directly
20 submitted to the board by ECFVG or PAVE.

21 (2) Complete a board-approved license application.

22 (3) Pay the applicable fees specified in Section 4905.

23 (4) As directed by the board pursuant to Section 144, submit a
24 full set of fingerprints for the purpose of conducting a criminal
25 history record check and undergo a state and federal criminal
26 offender record information search conducted through the
27 Department of Justice, pursuant to subdivision (u) of Section 11105
28 of the Penal Code. The Department of Justice shall provide a state
29 or federal response to the board pursuant to paragraph (1) of
30 subdivision (p) of Section 11105 of the Penal Code.

31 (5) Pass an examination consisting of the following:

32 (A) A licensing examination that is administered on a national
33 basis. If the applicant passed the national licensing examination
34 over five years from the date of submitting the California
35 veterinarian license application, the applicant shall satisfy one of
36 the following:

37 (i) Retake and pass the national licensing examination.

38 (ii) Submit proof of having practiced clinical veterinary medicine
39 for a minimum of two years and completed a minimum of 2,500
40 hours of clinical practice in another state, Canadian province, or

1 United States territory within the three years immediately preceding
2 filing an application for licensure in this state.

3 (iii) Complete the minimum continuing education requirements
4 of Section 4846.5 for the current and preceding year.

5 (B) A veterinary law examination administered by the board
6 concerning the ~~Veterinary Medicine Practice Act statutes and~~
7 ~~regulations~~. *statutes and regulations of this chapter*. The
8 examination may be administered by regular mail, email, or by
9 other electronic means. The applicant shall certify that the applicant
10 personally completed the examination. Any false statement is a
11 violation subject to Section 4831. Every applicant who obtains a
12 score of at least 80 percent on the veterinary law examination shall
13 be deemed to have passed. University of California and Western
14 University of Health Sciences veterinary medical students who
15 have successfully completed a board-approved course on veterinary
16 law and ethics covering the ~~Veterinary Medicine Practice Act~~ *this*
17 *chapter* shall be exempt from this subparagraph.

18 (b) The applicant shall disclose each state, Canadian province,
19 or United States territory in which the applicant currently holds
20 or has ever held a license to practice veterinary medicine. License
21 verification, including any disciplinary or enforcement history,
22 shall be confirmed through electronic means or direct submission
23 from each state, Canadian province, or United States territory in
24 which the applicant has identified the applicant holds or has ever
25 held a license to practice veterinary medicine.

26 (c) A veterinarian license application shall be subject to denial
27 pursuant to Sections 480, 4875, and 4883.

28 SEC. 62. Section 4848.1 of the Business and Professions Code
29 is amended to read:

30 4848.1. (a) A veterinarian engaged in the practice of veterinary
31 medicine, as defined in Section 4826, employed by the University
32 of California and engaged in the performance of duties in
33 connection with the School of Veterinary Medicine or employed
34 by the Western University of Health Sciences and engaged in the
35 performance of duties in connection with the College of Veterinary
36 Medicine shall be issued a university license pursuant to this
37 section or hold a license to practice veterinary medicine in this
38 state.

39 (b) An individual may apply for and be issued a university
40 license if all of the following are satisfied:

1 (1) The applicant is currently employed by the University of
2 California or Western University of Health Sciences, as defined
3 in subdivision (a).

4 (2) The applicant passes an examination concerning the statutes
5 and regulations of ~~the Veterinary Medicine Practice Act, this~~
6 *chapter*, administered by the board, pursuant to subparagraph (C)
7 of paragraph (2) of subdivision (a) of Section 4848.

8 (3) The applicant completes and submits the application
9 specified by the board and pays the application and the initial
10 license fee, pursuant to Section 4905.

11 (c) A university license:

12 (1) Shall automatically cease to be valid upon termination or
13 cessation of employment by the University of California or by the
14 Western University of Health Sciences.

15 (2) Shall be subject to the license renewal provisions in Section
16 4900 and the payment of the renewal fee pursuant to subdivision
17 (g) of Section 4905.

18 (3) Shall be subject to denial, revocation, or suspension pursuant
19 to Sections 480, 4875, and 4883.

20 (4) Authorizes the holder to practice veterinary medicine only
21 at an educational institution described in subdivision (a) and any
22 locations formally affiliated with those institutions.

23 (d) An individual who holds a university license is exempt from
24 satisfying the license renewal requirements of Section 4846.5.

25 SEC. 63. Section 4857 of the Business and Professions Code
26 is amended to read:

27 4857. (a) A veterinarian licensed under this chapter shall not
28 disclose any information concerning an animal patient receiving
29 veterinary services, the client responsible for the animal patient
30 receiving veterinary services, or the veterinary care provided to
31 an animal patient, except under any one of the following
32 circumstances:

33 (1) Upon written or witnessed ~~oral~~ *verbal* authorization by
34 knowing and informed consent of the client.

35 (2) Upon authorization received by electronic transmission when
36 originated by the client.

37 (3) In response to a valid court order or subpoena.

38 (4) As may be required to ensure compliance with any federal,
39 state, county, or city law or regulation, including, but not limited

1 to, the California Public Records Act (Division 10 (commencing
2 with Section 7920.000) of Title 1 of the Government Code).

3 (5) If the care or service was for a horse that has participated in
4 the previous year, or is intended to participate, in a licensed horse
5 race. In these situations, the entire medical record for the horse
6 shall be made available upon request to anyone responsible for the
7 direct medical care of the horse, including the owner, trainer, or
8 veterinarian, the California Horse Racing Board or any other state
9 or local governmental entity, and the racing association or fair
10 conducting the licensed horse race.

11 (6) As otherwise provided in this section.

12 (b) This section shall not apply to the extent that the client
13 responsible for an animal patient or an authorized agent of the
14 client responsible for the animal patient has filed or caused to be
15 filed a civil or criminal complaint that places the veterinarian's
16 care and treatment of the animal patient or the nature and extent
17 of the injuries to the animal patient at issue, or when the
18 veterinarian is acting to comply with federal, state, county, or city
19 laws or regulations.

20 (c) A veterinarian shall be subject to the criminal penalties set
21 forth in Section 4831 or any other provision of this code for a
22 violation of this section. In addition, any veterinarian who
23 negligently releases confidential information shall be liable in a
24 civil action for any damages caused by the release of that
25 information.

26 (d) Nothing in this section is intended to prevent the sharing of
27 veterinary medical information between veterinarians and peace
28 officers, humane society officers, or animal control officers who
29 are acting to protect the welfare of animals.

30 (e) Nothing in this section is intended to prevent the sharing of
31 veterinary medical information between veterinarians and facilities
32 for the purpose of diagnosis or treatment of the animal patient that
33 is the subject of the medical records.

34 SEC. 64. Section 4860 of the Business and Professions Code
35 is amended to read:

36 4860. It is the intent of the Legislature that the ~~Veterinary~~
37 ~~Medical Board~~ *board* seek ways and means to identify and
38 rehabilitate veterinarians and registered veterinary technicians with
39 impairment due to abuse of dangerous drugs or alcohol, affecting
40 competency so that veterinarians and registered veterinary

1 technicians so afflicted may be treated and returned to the practice
2 of veterinary medicine in a manner that will not endanger the public
3 health and safety.

4 SEC. 65. Section 4875 of the Business and Professions Code
5 is amended to read:

6 4875. The board may revoke or suspend for a certain time the
7 license or registration of any person to practice veterinary medicine
8 or any branch ~~thereof~~ *of veterinary medicine* in this state after
9 notice and hearing for any of the causes provided in this article.
10 In addition to its authority to suspend or revoke a license or
11 registration, the board shall have the authority to assess a fine not
12 in excess of five thousand dollars (\$5,000) against a licensee or
13 registrant for any of the causes specified in Section 4883. A fine
14 may be assessed in lieu of or in addition to a suspension or
15 revocation. The proceedings under this article shall be conducted
16 in accordance with Chapter 5 (commencing with Section 11500)
17 of Part 1 of Division 3 of Title 2 of the Government Code, and the
18 board shall have all the powers ~~granted therein~~ *in that chapter*.
19 Notwithstanding ~~the provisions of~~ Section 4903, all fines collected
20 pursuant to this section shall be deposited to the credit of the
21 *California Veterinary Medical Board Contingent Fund*.

22 SEC. 66. Section 4886 of the Business and Professions Code
23 is amended to read:

24 4886. In reinstating a license or registration that has been
25 revoked or suspended under Section 4883, the board may impose
26 terms and conditions to be followed by the licensee or registrant
27 after the license or registration has been reinstated. The authority
28 of the board to impose terms and conditions includes, but is not
29 limited to, the following:

30 (a) Requiring the licensee or registrant to obtain additional
31 professional training and to pass an examination upon completion
32 of the training.

33 (b) Requiring the licensee or registrant to pass ~~an oral~~, *a verbal*,
34 written, practical, or clinical examination, or any combination
35 ~~thereof of those examinations~~, to determine ~~his or her~~ *their* present
36 fitness to engage in the practice of veterinary medicine or to
37 practice as a veterinary technician.

38 (c) Requiring the licensee or registrant to submit to a complete
39 diagnostic examination by one or more physicians appointed by
40 the board. If the board requires the licensee or registrant to submit

1 to that examination, the board shall receive and consider any other
2 report of a complete diagnostic examination given by one or more
3 physicians of the licensee's or registrant's choice.

4 (d) Restricting or limiting the extent, scope, or type of practice
5 of the licensee or registrant.

6 SEC. 67. Section 4903 of the Business and Professions Code
7 is amended to read:

8 4903. Of all fines or forfeitures of bail in any case ~~wherein any~~
9 ~~where a person is charged with a violation of any of the provisions~~
10 ~~of this act, chapter~~, 50 percent shall be paid upon collection by
11 the proper officer of the court to the State Treasurer, to be deposited
12 to the credit of the *California* Veterinary Medical Board Contingent
13 Fund. The other 50 percent shall be paid as provided by law, for
14 the payment of fines or forfeitures of bail in misdemeanor cases.

15 SEC. 68. Section 4904 of the Business and Professions Code
16 is amended to read:

17 4904. All fees collected on behalf of the board and all receipts
18 of every kind and nature shall be reported each month for the month
19 preceding to the Controller and at the same time the entire amount
20 shall be paid into the State Treasury and shall be credited to the
21 *California* Veterinary Medical Board Contingent Fund. ~~This~~
22 ~~contingent fund~~ *The California Veterinary Medical Board*
23 *Contingent Fund* shall be available, upon appropriation by the
24 Legislature, for the use of the ~~Veterinary Medical Board~~ *board*.

25 SEC. 69. Section 4905 of the Business and Professions Code
26 is amended to read:

27 4905. The following fees shall be collected by the board and
28 shall be credited to the *California* Veterinary Medical Board
29 Contingent Fund:

30 (a) The veterinarian license application fee shall be three
31 hundred fifty dollars (\$350).

32 (b) The *California* Veterinary Medicine Practice Act course fee
33 shall be set by the board in an amount it determines reasonably
34 necessary to provide sufficient funds to carry out the purpose of
35 this chapter, not to exceed one hundred dollars (\$100).

36 (c) The initial veterinarian license fee shall be set by the board
37 not to exceed five hundred dollars (\$500).

38 (d) The biennial veterinarian license renewal fee shall be five
39 hundred dollars (\$500).

- 1 (e) The university licensee application fee shall be three hundred
2 fifty dollars (\$350).
- 3 (f) The initial university license fee shall be five hundred dollars
4 (\$500).
- 5 (g) The biennial university licensee renewal fee shall be five
6 hundred dollars (\$500).
- 7 (h) The delinquency fee shall be fifty dollars (\$50).
- 8 (i) The fee for issuance of a duplicate license, registration, or
9 permit shall be twenty-five dollars (\$25).
- 10 (j) Any charge made for duplication or other services shall be
11 set at the cost of rendering the service, except as specified in
12 subdivision (i).
- 13 (k) The fee for failure to report a change in the mailing address
14 shall be twenty-five dollars (\$25).
- 15 (l) The initial veterinary premises registration fee shall be five
16 hundred dollars (\$500) annually.
- 17 (m) The annual veterinary premises registration renewal fee
18 shall be five hundred twenty-five dollars (\$525).
- 19 (n) The registered veterinary technician application fee shall be
20 two hundred twenty-five dollars (\$225).
- 21 (o) The initial registered veterinary technician registration fee
22 shall be two hundred twenty-five dollars (\$225).
- 23 (p) The biennial registered veterinary technician renewal fee
24 shall be two hundred twenty-five dollars (\$225).
- 25 (q) The veterinary assistant controlled substance permit
26 application fee shall be one hundred dollars (\$100).
- 27 (r) The veterinary assistant controlled substance permit fee shall
28 be one hundred dollars (\$100).
- 29 (s) The biennial veterinary assistant controlled substance permit
30 renewal fee shall be one hundred dollars (\$100).
- 31 (t) The veterinary assistant controlled substance permit
32 delinquency fee shall be 50 percent of the renewal fee for such
33 permit in effect on the date of the renewal of the permit, but shall
34 not be less than twenty-five dollars (\$25) nor more than one
35 hundred fifty dollars (\$150).
- 36 (u) The fee for filing an application for approval of a school or
37 institution offering a curriculum for training registered veterinary
38 technicians pursuant to Section 4843 shall be set by the board at
39 an amount not to exceed three hundred dollars (\$300). The school
40 or institution shall also pay for the reasonable regulatory costs

1 incident to an onsite inspection conducted by the board pursuant
2 to Section 2065.6 of Title 16 of the California Code of Regulations.

3 (v) If the money transferred from the *California* Veterinary
4 Medical Board Contingent Fund to the General Fund pursuant to
5 the Budget Act of 1991 is redeposited into the *California*
6 Veterinary Medical Board Contingent Fund, the fees assessed by
7 the board shall be reduced correspondingly. However, the reduction
8 shall not be so great as to cause the *California* Veterinary Medical
9 Board Contingent Fund to have a reserve of less than three months
10 of annual authorized board expenditures. The fees set by the board
11 shall not result in a *California* Veterinary Medical Board
12 Contingent Fund reserve of more than 10 months of annual
13 authorized board expenditures.

14 SEC. 70. Section 4910 of the Business and Professions Code
15 is amended to read:

16 4910. A veterinary corporation is a corporation ~~which~~ *that* is
17 authorized to render professional services, as defined in Section
18 13401 of the Corporations Code, so long as that corporation and
19 its shareholders, officers, directors, and employees rendering
20 professional services who are licensed veterinarians are in
21 compliance with the Moscone-Knox Professional Corporation Act
22 (Part 4 (commencing with Section 13400) of Division 3 of Title
23 1 of the Corporations Code), this article, and all other statutes and
24 regulations pertaining to the corporation and the conduct of its
25 affairs. With respect to a veterinary corporation, the governmental
26 agency referred to in the Moscone-Knox Professional Corporation
27 Act ~~(Part 4 (commencing with Section 13400) of Division 3 of~~
28 ~~Title 1 of the Corporations Code)~~ is the ~~Veterinary Medical Board~~
29 *board*.

30 SEC. 71. Section 4920.2 of the Business and Professions Code
31 is amended to read:

32 4920.2. Each veterinarian who is licensed in California and
33 engages in the production of animal blood and blood component
34 products solely for use in their own practice or for a community
35 blood bank operating under this article shall meet all of the
36 following conditions:

37 (a) Follow current and best practices on community animal
38 blood banking, which may include those developed pursuant to
39 Section 9255 of the Food and Agricultural Code.

1 (b) Operate under conditions, and use methods of production,
2 that are consistent with current standards of care and practice for
3 the field of veterinary transfusion medicine to ensure that the
4 animal blood and blood component products will not be
5 contaminated, dangerous, or harmful.

6 (c) Ensure that the production of blood and blood component
7 products is safe and not injurious to the donor animal's health.

8 (d) Follow, to the extent possible, the latest blood banking
9 standards, which may include the latest published edition of the
10 American Association of Blood Banks' standards, and maintain
11 responsibility over all veterinary and technical policies and
12 procedures that relate to the safety of staff members and donor
13 animals.

14 (e) Utilize bloodborne pathogen testing for all canine and feline
15 blood donors in accordance with the best clinical practices in the
16 veterinary field, which may include the most recent Consensus
17 Statement on blood donor infectious disease screening by the
18 American College of Veterinary Internal Medicine.

19 (f) Ensure that the production of animal blood and blood
20 component products complies with all applicable federal laws and
21 regulations, including, but not limited to, Chapter 5 (commencing
22 with Section 151) of Title 21 of the United States Code.

23 (g) Maintain onsite records available for inspection by the
24 ~~Veterinary Medical Board~~ *board*, including information
25 documenting any history of blood draws or use of anesthesia on
26 the animal, the number and date of donations collected, the
27 estimated milliliters of blood collected per donation based on
28 weight in grams, any adverse events, and any complaints from
29 owners regarding animals who donate blood or blood component
30 products.

31 (h) Obtain the informed written consent of the owner of the
32 animal blood donor and keep a record of that consent.

33 SEC. 72. Section 4920.4 of the Business and Professions Code
34 is amended to read:

35 4920.4. The ~~Veterinary Medical Board~~ *board* may establish a
36 community blood bank registration fee and annual renewal fee to
37 be paid by community blood banks to cover costs associated with
38 oversight and inspection of the premises. The fee shall not exceed
39 the reasonable regulatory costs of administering, implementing,
40 and enforcing the provisions of this article.

1 SEC. 73. Section 4920.8 of the Business and Professions Code
2 is amended to read:

3 4920.8. A violation of this article by a community blood bank
4 shall constitute a cause for corrective action, suspension, restriction,
5 or the nonrenewal or revocation of a license or registration by the
6 ~~Veterinary Medical Board~~ *board* pursuant to Article 4
7 (commencing with Section 4875).

8 SEC. 74. Section 4980.54 of the Business and Professions
9 Code is amended to read:

10 4980.54. (a) The Legislature recognizes that the education and
11 experience requirements in this chapter constitute only minimal
12 requirements to ensure that an applicant is prepared and qualified
13 to take the licensure examinations as specified in subdivision (d)
14 of Section 4980.40 and, if an applicant passes those examinations,
15 to begin practice.

16 (b) In order to continuously improve the competence of licensed
17 and registered marriage and family therapists and as a model for
18 all psychotherapeutic professions, the Legislature encourages all
19 licensees and registrants to regularly engage in continuing
20 education related to the profession or scope of practice as defined
21 in this chapter.

22 (c) (1) Except as provided in subdivision (e), the board shall
23 not renew any license pursuant to this chapter unless the applicant
24 certifies to the board, on a form prescribed by the board, that the
25 applicant has completed not less than 36 hours of approved
26 continuing education in or relevant to the field of marriage and
27 family therapy in the preceding two years, as determined by the
28 board.

29 (2) The board shall not renew any registration pursuant to this
30 chapter unless the registrant certifies under penalty of perjury to
31 the board, and on a form prescribed by the board, that they have
32 completed not less than three hours of continuing education on the
33 subject of California law and ethics during the preceding year.

34 (d) The board shall have the right to audit the records of any
35 applicant to verify the completion of the continuing education
36 requirement. Applicants shall maintain records of completion of
37 required continuing education coursework for a minimum of two
38 years and shall make these records available to the board for
39 auditing purposes upon request.

1 (e) The board may establish exceptions from the continuing
2 education requirements of this section for good cause, as defined
3 by the board.

4 (f) The continuing education shall be obtained from one of the
5 following sources:

6 (1) ~~An accredited school or state-approved school that meets~~
7 ~~the requirements set forth in Section 4980.36 or 4980.37.~~ *A school,*
8 *college, or university that is accredited or approved, as defined*
9 *in Section 4980.03.* Nothing in this paragraph shall be construed
10 as requiring coursework to be offered as part of a regular degree
11 program.

12 (2) Other continuing education providers, as specified by the
13 board by regulation.

14 (g) The board shall establish, by regulation, a procedure for
15 identifying acceptable providers of continuing education courses,
16 and all providers of continuing education, as described in
17 paragraphs (1) and (2) of subdivision (f), shall adhere to procedures
18 established by the board. The board may revoke or deny the right
19 of a provider to offer continuing education coursework pursuant
20 to this section for failure to comply with this section or any
21 regulation adopted pursuant to this section.

22 (h) Training, education, and coursework by approved providers
23 shall incorporate one or more of the following:

24 (1) Aspects of the discipline that are fundamental to the
25 understanding or the practice of marriage and family therapy.

26 (2) Aspects of the discipline of marriage and family therapy in
27 which significant recent developments have occurred.

28 (3) Aspects of other disciplines that enhance the understanding
29 or the practice of marriage and family therapy.

30 (i) A system of continuing education for licensed marriage and
31 family therapists shall include courses directly related to the
32 diagnosis, assessment, and treatment of the client population being
33 served.

34 (j) The continuing education requirements of this section shall
35 comply fully with the guidelines for mandatory continuing
36 education established by the Department of Consumer Affairs
37 pursuant to Section 166.

38 SEC. 75. Section 9884 of the Business and Professions Code
39 is amended to read:

1 9884. (a) An automotive repair dealer shall pay the fee required
2 by this chapter for each place of business operated by the dealer
3 in this state and shall register with the director upon forms
4 prescribed by the director.

5 (b) (1) The forms shall contain sufficient information to identify
6 the automotive repair dealer, including all of the following:

7 (A) Name.

8 (B) Telephone number.

9 (C) Email address.

10 (D) Address of each location.

11 (E) A statement by the dealer that each location is in an area
12 that, pursuant to local zoning ordinances, permits the operation of
13 a facility for the repair of motor vehicles.

14 (F) The dealer's retail seller's permit number, if a permit is
15 required under the Sales and Use Tax Law (Part 1 (commencing
16 with Section 6001) of Division 2 of the Revenue and Taxation
17 Code).

18 (G) Motor vehicle license plate number, if engaged in mobile
19 automotive repairs.

20 (H) Other identifying data that are prescribed by the director.

21 (2) If the business is to be carried on under a fictitious name,
22 the fictitious name shall be stated.

23 (3) To the extent prescribed by the director, an automotive repair
24 dealer shall identify the owners, directors, officers, partners,
25 members, trustees, managers, and any other persons who directly
26 or indirectly control or conduct the business.

27 (4) The forms shall include any applicable nationally recognized
28 and industry-accepted educational certifications and any
29 ~~bureau-approved~~ *bureau-accepted* educational certifications.

30 (5) The forms shall include a statement signed by the dealer
31 under penalty of perjury that the information provided is true.

32 (c) A state agency is not authorized or required by this section
33 to enforce a city, county, regional, air pollution control district, or
34 air quality management district rule or regulation regarding the
35 site or operation of a facility that repairs motor vehicles.

36 SEC. 76. Section 17913 of the Business and Professions Code
37 is amended to read:

38 17913. (a) The fictitious business name statement shall contain
39 all of the information required by this subdivision and shall be
40 substantially in the following form:

FICTITIOUS BUSINESS NAME STATEMENT

The following person (persons) is (are) doing business as
* _____
at ** _____:
*** _____

This business is conducted by **** _____

The registrant commenced to transact business under the fictitious business
name or names listed above on
***** _____

I declare that all information in this statement is true and correct. (A registrant
who declares as true any material matter pursuant to Section 17913 of the
Business and Professions Code that the registrant knows to be false is guilty
of a misdemeanor punishable by a fine not to exceed one thousand dollars
(\$1,000).)

Registrant signature _____
Statement filed with the County Clerk of ____ County on _____

NOTICE—IN ACCORDANCE WITH SUBDIVISION (a) OF
SECTION 17920, A FICTITIOUS NAME STATEMENT
GENERALLY EXPIRES AT THE END OF FIVE YEARS FROM
THE DATE ON WHICH IT WAS FILED IN THE OFFICE OF
THE COUNTY CLERK, EXCEPT, AS PROVIDED IN
SUBDIVISION (b) OF SECTION 17920, WHERE IT EXPIRES
40 DAYS AFTER ANY CHANGE IN THE FACTS SET FORTH
IN THE STATEMENT PURSUANT TO SECTION—17913
OTHER THAN A CHANGE IN THE RESIDENCE ADDRESS
OF A REGISTERED OWNER. 17913. A NEW FICTITIOUS
BUSINESS NAME STATEMENT MUST BE FILED BEFORE
THE EXPIRATION.

THE FILING OF THIS STATEMENT DOES NOT OF ITSELF
AUTHORIZE THE USE IN THIS STATE OF A FICTITIOUS
BUSINESS NAME IN VIOLATION OF THE RIGHTS OF
ANOTHER UNDER FEDERAL, STATE, OR COMMON LAW
(SEE SECTION 14411 ET SEQ., BUSINESS AND
PROFESSIONS CODE).

1 (b) The fictitious business name statement shall contain the
2 following information set forth in the manner indicated in the form
3 provided by subdivision (a):

4 (1) Where the asterisk (*) appears in the form, insert the
5 fictitious business name or names. Only those businesses operated
6 at the same address and under the same ownership may be listed
7 on one fictitious business name statement.

8 (2) Where the two asterisks (**) appear in the form: If the
9 registrant has a place of business in this state, insert the street
10 address, and county, of the registrant's principal place of business
11 in this state. If the registrant has no place of business in this state,
12 insert the street address, and county, of the registrant's principal
13 place of business outside this state.

14 (3) Where the three asterisks (***) appear in the form: If the
15 registrant is an individual, insert the registrant's full name and
16 business mailing address if it differs from the business address. If
17 the registrants are a married couple, insert the full name and
18 business mailing address of both parties to the marriage if it differs
19 from the business address. If the registrant is a general partnership,
20 copartnership, joint venture, or limited liability partnership, insert
21 the full name and business mailing address of each general partner
22 if it differs from the business address. If the registrant is a limited
23 partnership, insert the full name and business mailing address of
24 each general partner. If the registrant is a limited liability company,
25 insert the name and business mailing address of the limited liability
26 company, as set out in its articles of organization on file with the
27 California Secretary of State, and the state of organization. If the
28 registrant is a trust, insert the full name and business mailing
29 address of each trustee. If the registrant is a corporation, insert the
30 name and address of the corporation, as set out in its articles of
31 incorporation on file with the California Secretary of State, and
32 the state of incorporation. If the registrants are state or local
33 registered domestic partners, insert the full name and business
34 mailing address of each domestic partner if it differs from the
35 business address. If the registrant is an unincorporated association
36 other than a partnership, insert the name of each person who is
37 interested in the business of the association and whose liability
38 with respect to the association is substantially the same as that of
39 a general partner.

1 (4) Where the four asterisks (****) appear in the form, insert
2 whichever of the following best describes the nature of the
3 business: (i) “an individual,” (ii) “a general partnership,” (iii) “a
4 limited partnership,” (iv) “a limited liability company,” (v) “an
5 unincorporated association other than a partnership,” (vi) “a
6 corporation,” (vii) “a trust,” (viii) “copartners,” (ix) “a married
7 couple,” (x) “joint venture,” (xi) “state or local registered domestic
8 partners,” or (xii) “a limited liability partnership.”

9 (5) Where the five asterisks (*****) appear in the form, insert
10 the date on which the registrant first commenced to transact
11 business under the fictitious business name or names listed, if
12 already transacting business under that name or names. If the
13 registrant has not yet commenced to transact business under the
14 fictitious business name or names listed, insert the statement, “Not
15 applicable.”

16 (c) The registrant shall declare that all of the information in the
17 fictitious business name statement is true and correct. A registrant
18 who declares as true any material matter pursuant to this section
19 that the registrant knows to be false is guilty of a misdemeanor
20 punishable by a fine not to exceed one thousand dollars (\$1,000).

21 (d) (1) At the time of filing of the fictitious business name
22 statement, the registrant filing on behalf of the registrant shall
23 present personal identification in the form of a California driver’s
24 license or other government identification acceptable to the county
25 clerk to adequately determine the identity of the registrant filing
26 on behalf of the registrant as provided in subdivision (e) and the
27 county clerk may require the registrant to complete and sign an
28 affidavit of identity.

29 (2) In the case of a registrant utilizing an agent for submission
30 of the registrant’s fictitious business name statement for filing, at
31 the time of filing of the fictitious business name statement, the
32 agent filing on behalf of the registrant shall present personal
33 identification in the form of a California driver’s license or other
34 government identification acceptable to the county clerk to
35 adequately determine the identity of the agent filing on behalf of
36 the registrant as provided in subdivision (e). The county clerk may
37 also require the agent to submit a notarized statement signed by
38 the registrant declaring the registrant has authorized the agent to
39 submit the filing on behalf of the registrant.

1 (e) If the registrant is a corporation, a limited liability company,
2 a limited partnership, or a limited liability partnership, the county
3 clerk may require documentary evidence issued by the California
4 Secretary of State and deemed acceptable by the county clerk,
5 indicating the current existence and good standing of that business
6 entity to be attached to a completed and notarized affidavit of
7 identity, for purposes of subdivision (d).

8 (f) (1) The county clerk may require a registrant that mails a
9 fictitious business name statement to a county clerk’s office for
10 filing to submit a completed and notarized affidavit of identity. A
11 registrant that is a corporation, limited liability company, limited
12 partnership, or limited liability partnership, if required by the
13 county clerk to submit an affidavit of identity, shall also submit
14 documentary evidence issued by the California Secretary of State
15 indicating the current existence and good standing of that business
16 entity.

17 (2) The county clerk may accept an electronic acknowledgment
18 verifying the identity of the registrant using a remote identity
19 proofing process ensuring the registrant’s identification. The
20 identity proofing process shall follow, to the extent reasonable,
21 the federal guidelines for security and privacy and shall include
22 dynamic knowledge-based authentication or an identity proofing
23 method consistent with, at least, level 3 identity assurance, as
24 described in the electronic authentication guidelines of the National
25 Institute of Standards and Technology.

26 (g) A county clerk that chooses to establish procedures pursuant
27 to this section shall prescribe the form of affidavit of identity for
28 filing by a registrant in that county.

29 SEC. 77. Section 94816 of the Education Code is amended to
30 read:

31 94816. “Applicant” means a person, as defined in Section
32 94855, who has submitted an application to the ~~board~~ *bureau* for
33 an approval to operate or for a renewal of an approval to operate.
34 An approval to operate shall be issued only to an applicant.

35 SEC. 78. Section 94850 of the Education Code is amended to
36 read:

37 94850. “Noninstitutional charges” means charges for an
38 educational program paid *directly* to an entity other than an
39 institution that are specifically required for participation in an
40 educational program.

1 SEC. 79. Section 94856 of the Education Code is amended to
2 read:

3 94856. “Person in control” means a person who, ~~by his or her~~
4 ~~position’s authority or conduct, by the authority or conduct of their~~
5 *position*, directs the management of an institution.

6 SEC. 80. Section 94876 of the Education Code is amended to
7 read:

8 94876. (a) The powers and duties set forth in this chapter are
9 vested in the Director of Consumer Affairs, who may delegate
10 them to a bureau chief, subject to ~~the provisions of~~ this section.
11 The bureau chief shall work in collaboration with the director. The
12 director is responsible for the implementation of this chapter and
13 ~~he or she~~ *they* shall ensure that the protection of the public is the
14 bureau’s highest priority.

15 (b) The bureau chief shall be appointed by the Governor, subject
16 to confirmation by the Senate, and is exempt from the State Civil
17 Service Act pursuant to Part 2 (commencing with Section 18500)
18 of Division 5 of Title 2 of the Government Code.

19 (c) Each power granted to, or duty imposed upon, the bureau
20 under this chapter shall be exercised and performed in the name
21 of the bureau, subject to any conditions and limitations the director
22 may prescribe. The bureau chief may delegate any powers or duties
23 to a designee.

24 (d) As may be necessary to carry out this chapter, the director,
25 in accordance with the State Civil Service Act, may appoint and
26 fix the compensation of personnel.

27 SEC. 81. Section 94883 of the Education Code is amended to
28 read:

29 94883. (a) Any individual serving on a visiting committee
30 who provides information to the bureau, or its staff, in the course
31 of evaluating any institution, or who testifies in any administrative
32 hearing arising under this chapter, is entitled to a defense and
33 indemnification in any action arising out of the information or
34 testimony provided as if ~~he or she~~ *they* were a public employee.

35 (b) Any defense and indemnification shall be solely with respect
36 to the action pursuant to Article 4 (commencing with Section 825)
37 of Chapter 1 of Part 2 of, and Part 7 (commencing with Section
38 995) ~~of~~ *of*, Division 3.6 of Title 1 ~~of~~ *of* the Government Code.

39 SEC. 82. Section 94899.5 of the Education Code is amended
40 to read:

1 94899.5. (a) Institutions that offer short-term programs
2 designed to be completed in one term or four months, whichever
3 is less, may require payment of all tuition and fees on the first day
4 of instruction.

5 (b) For those programs designed to be *greater than four months*
6 ~~or longer~~, *months*, an institution shall not require more than one
7 term or four months of advance payment of tuition at a time. When
8 50 percent of the program has been offered, the institution may
9 require full payment.

10 (c) The limitations in this section shall not apply to any funds
11 received by an institution through federal and state student financial
12 aid grant and loan programs, or through any other federal or state
13 programs.

14 (d) An institution that provides private institutional loan funding
15 to a student shall ensure that the student is not obligated for
16 indebtedness that exceeds the total charges for the current period
17 of attendance.

18 (e) At the student's option, an institution may accept payment
19 in full for tuition and fees, including any funds received through
20 institutional loans, after the student has been accepted and enrolled
21 and the date of the first class session is disclosed on the enrollment
22 agreement.

23 SEC. 83. Section 94901 of the Education Code is amended to
24 read:

25 94901. (a) An institution's recruiters shall be employees.

26 (b) (1) An institution shall issue identification to each recruiter
27 identifying the recruiter and the institution.

28 (2) The recruiter shall have the issued identification with ~~him~~
29 ~~or her~~ *them* while recruiting.

30 SEC. 84. Section 94906 of the Education Code is amended to
31 read:

32 94906. (a) An enrollment agreement shall be written in
33 language that is easily understood. If English is not the student's
34 primary language, and the student is unable to understand the terms
35 and conditions of the enrollment agreement, the student shall have
36 the right to obtain a clear explanation of the terms and conditions
37 and all cancellation and refund policies in ~~his or her~~ *their* primary
38 language.

1 (b) If the recruitment leading to enrollment was conducted in a
2 language other than English, the enrollment agreement, disclosures,
3 and statements shall be in that language.

4 SEC. 85. Section 94913 of the Education Code is amended to
5 read:

6 94913. (a) An institution that maintains an internet website
7 shall provide on that internet website *up-to-date versions of* all of
8 the following:

- 9 (1) The school catalog.
- 10 (2) A School Performance Fact Sheet for each educational
11 program offered by the institution.
- 12 (3) Student brochures offered by the institution.
- 13 (4) A link to the bureau’s internet website.
- 14 (5) The institution’s most recent annual report submitted to the
15 bureau.

16 (b) An institution shall include information concerning where
17 students may access the bureau’s internet website anywhere the
18 institution identifies itself as being approved by the bureau.

19 SEC. 86. Section 94949.71 of the Education Code is amended
20 to read:

21 94949.71. (a) The duties of the office shall be vested in a chief,
22 who shall be appointed by the director. The chief, and each staff
23 employee of the office, shall have experience and expertise,
24 commensurate with ~~his or her~~ *their* position, advocating on behalf
25 of students and consumers and shall have knowledge in the state
26 and federal laws governing student protection, student financial
27 aid and loan programs, and the policies and practices of private
28 postsecondary educational institutions.

29 (b) For purposes of this article, “office” means the Office of
30 Student Assistance and Relief.

31 SEC. 87. Section 124260 of the Health and Safety Code is
32 amended to read:

33 124260. (a) As used in this section:

34 (1) “Mental health treatment or counseling services” means the
35 provision of outpatient mental health treatment or counseling by
36 a professional person, as defined in paragraph (2).

37 (2) “Professional person” means any of the following:

38 (A) A person designated as a mental health professional in
39 Sections 622 to 626, inclusive, of Title 9 of the California Code
40 of Regulations.

1 (B) A marriage and family therapist, as defined in Chapter 13
2 (commencing with Section 4980) of Division 2 of the Business
3 and Professions Code.

4 (C) A licensed educational psychologist, as defined in Chapter
5 13.5 (commencing with Section 4989.10) of Division 2 of the
6 Business and Professions Code.

7 (D) A credentialed school psychologist, as described in Section
8 49424 of the Education Code.

9 (E) A clinical psychologist licensed under Chapter 6.6
10 (commencing with Section 2900) of Division 2 of the Business
11 and Professions Code.

12 (F) ~~Any~~ *Either* of the following persons, while working under
13 the supervision of a licensed professional specified in Section 2902
14 of the Business and Professions Code:

15 ~~(i) A registered psychologist, as defined in Section 2909.5 of~~
16 ~~the Business and Professions Code.~~

17 ~~(ii)~~

18 ~~(i) A registered psychological assistant, associate, as defined~~
19 ~~in Section 2913 of the Business and Professions Code.~~

20 ~~(iii)~~

21 ~~(ii) A psychology trainee, as defined in Section 1387 of Title~~
22 ~~16 of the California Code of Regulations.~~

23 (G) A licensed clinical social worker, as defined in Chapter 14
24 (commencing with Section 4991) of Division 2 of the Business
25 and Professions Code.

26 (H) An associate clinical social worker, or a social work intern,
27 as defined in Chapter 14 (commencing with Section 4991) of
28 Division 2 of the Business and Professions Code, while working
29 under the supervision of a licensed professional specified in Section
30 4996.20 of the Business and Professions Code.

31 (I) A person registered as an associate marriage and family
32 therapist or a marriage and family therapist trainee, as defined in
33 Chapter 13 (commencing with Section 4980) of Division 2 of the
34 Business and Professions Code, while working under the
35 supervision of a licensed professional specified in subdivision (g)
36 of Section 4980.03 of the Business and Professions Code.

37 (J) A board certified, or board eligible, psychiatrist.

38 (K) A licensed professional clinical counselor, as defined in
39 Chapter 16 (commencing with Section 4999.10) of Division 2 of
40 the Business and Professions Code.

1 (L) A person registered as an associate professional clinical
2 counselor or a clinical counselor trainee, as defined in Chapter 16
3 (commencing with Section 4999.10) of Division 2 of the Business
4 and Professions Code, while working under the supervision of a
5 licensed professional specified in subdivision (h) of Section
6 4999.12 of the Business and Professions Code.

7 (b) (1) Notwithstanding any ~~provision~~ of law to the contrary,
8 a minor who is 12 years of age or older may consent to mental
9 health treatment or counseling services if, in the opinion of the
10 attending professional person, the minor is mature enough to
11 participate intelligently in the mental health treatment or counseling
12 services.

13 (2) A marriage and family therapist trainee, a clinical counselor
14 trainee, a psychology trainee, or a social work intern, as specified
15 in paragraph (2) of subdivision (a), shall notify ~~his or her~~ *their*
16 supervisor or, if the supervisor is unavailable, an on-call supervisor
17 at the site where the trainee or intern volunteers or is employed
18 within 24 hours of treating or counseling a minor pursuant to
19 paragraph (1). ~~If~~ *If*, upon the initial assessment of the ~~minor~~ *minor*,
20 the trainee or intern believes that the minor is a danger to self or
21 to others, the trainee or intern shall notify the supervisor or, if the
22 supervisor is unavailable, the on-call supervisor immediately after
23 the treatment or counseling session.

24 (3) Nothing in paragraph (2) is intended to supplant, alter,
25 expand, or remove any other reporting responsibilities required of
26 trainees or interns under law.

27 (c) Notwithstanding any ~~provision~~ of law to the contrary, the
28 mental health treatment or counseling of a minor authorized by
29 this section shall include involvement of the minor's parent or
30 guardian, unless the professional person who is treating or
31 counseling the minor, after consulting with the minor, determines
32 that the involvement would be inappropriate. The professional
33 person who is treating or counseling the minor shall state in the
34 client record whether and when the person attempted to contact
35 the minor's parent or guardian, and whether the attempt to contact
36 was successful or unsuccessful, or the reason why, in the
37 professional person's opinion, it would be inappropriate to contact
38 the minor's parent or guardian.

39 (d) The minor's parent or guardian is not liable for payment for
40 mental health treatment or counseling services provided pursuant

1 to this section unless the parent or guardian participates in the
2 mental health treatment or counseling, and then only for services
3 rendered with the participation of the parent or guardian.

4 (e) This section does not authorize a minor to receive convulsive
5 treatment or psychosurgery, as defined in subdivisions (f) and (g)
6 of Section 5325 of the Welfare and Institutions Code, or
7 psychotropic drugs without the consent of the minor's parent or
8 guardian.

O

Senate Business, Professions and Economic Development Committee
COMMITTEE BILL: PROPOSED LEGISLATION

Note: Submit the completed form to the Committee electronically by email and attach any additional information or documentation as necessary.

REQUESTOR & CONTACT INFORMATION:

Antonette Sorrick

Antonette.Sorrick@dca.ca.gov

(916) 574-8938

DATE SUBMITTED:

January 2, 2024

SUMMARY:

In the passing of Senate Bill 816, which increased the Board of Psychology (Board) fees related to licensure, registration, and renewals; the \$25 fee associated with a request to change supervisors for psychological testing technicians was inadvertently removed from the amendments of Business and Professions Code (BPC) 2987. The fee was included in the passing of Senate Bill 1428 which established the registration category. By amending BPC 2987, all fees associated will be applied as established in the prior year approval of SB 1428 (Archuleta, Chapter 622, Statutes of 2022).

The current language in BPC 2913 related to the requirements of a foreign master's degree, and the advancement to candidacy has created confusion to not only applicants seeking registration as a psychological associate but, to also Licensing Staff when processing applications and answering inquiries from applicants. In amending BPC 2913 the Board believes it will alleviate any further confusion for both staff and applicants.

The current language in Health and Safety Code (HSC) 124260 references the registration categories for "registered psychologist" and "psychological assistant." The registration category for "registered psychologist" was eliminated, and the title of "registered psychological assistant" was amended to "registered psychological associate". These changes were effective January 1, 2022, with the passing of Senate Bill 801 (Archuleta, Chaptered 647, Statutes of 2021). By amending HSC 124260 to reflect current registration categories, the Board believes any confusion or errors on what qualifies as a "professional person" can be avoided.

IDENTIFICATION OF PROBLEM:

In reviewing the anticipated workload related to the new registration category of psychological testing technicians and the workload associated with registrants changing their supervisors, the Board discovered that the language in SB 816 related the change of supervisor fee was deleted, as previously approved in SB 1428.

The Board has received inquiries from applicants that the language and placement as currently provided in BPC 2913, as related to the advancement to candidacy and the acceptance of a foreign master's degree is confusing. Licensing Staff has also expressed their concerns with the current language and placement currently provided in BPC 2913.

In reviewing the language in HSC 124260, Board staff discovered that the language had outdated registration categories when referencing BCP 2902.

PROPOSED SOLUTION:

Amend sections of BPCs 2987, 2913 and HCS 124260 as described and provided below.

PROGRAM BACKGROUND & LEGISLATIVE HISTORY:

The Board regulates psychologists, registered psychological associates, and psychological testing technicians. The Board protects consumers of psychological and associated services, regulates the practice of psychology, and supports the evolution of the profession.

SB 801 (Archuleta, Chapter 647, Statutes of 2021) repealed BCP 2909.5 by eliminating the registration category for Registered Psychologist, and amended BCP 2913 to amend the title of "registered psychological assistant" to "registered psychological associate"

SB 1428 (Archuleta, Chapter 622, Statutes of 2022) added Article 10 to the Psychology Licensing Law, commencing with BPC Section 2999.100 to create a new registration within the Board for psychological testing technicians.

SB 816 (Roth, Chapter 723, Statutes of 2023) amended BPC 2987 to increase the fees related to licensure, registration, and renewals.

JUSTIFICATION:

This technical non-substantive proposal will allow the Board to continue the processing of psychological testing technician applications, change of supervisor forms, and registered psychological associate applications, and removes outdated terms in HSC 124260.

ARGUMENTS PRO & CON:

Amending BPC 2987:

Pro:

- Allow the Board to charge the fee that is necessary to process the change supervisor form that was approved in SB 1428.

Con:

- The Board will not be able to charge the fee associated with the change of supervisor and in turn, there is no funding for the process.

Amending BPC 2913:

Pro:

- Will provide clarification for applicants seeking registration, and to Licensing Staff who are processing applications and responding to applicants.

Con:

- Applicants and Licensing Staff will continue to be unclear on the requirements, which will continue to cause unnecessary delays in the application process.

Amending HSC 124260:

Pro:

- Reflects current registration categories and registration title.

Con:

- Continues to reference an eliminated registration category and an incorrect registration title.

PROBABLE SUPPORT & OPPOSITION:

The Board believes there will be support from the California Psychological Association (CPA) for amendments to BPC 2987 and 2913. CPA sponsored SB 1428 which established the psychological testing technician registration and related fees associated with the registration. CPA generally supports amendments that will decrease applicant confusion and delays in the application process. CPA also supported AB 665 (Carrillo, chapter 338, Statutes of 2023) which amended the current law to authorize minors to consent to mental health treatment or counseling services, which also referenced HSC 124260.

FISCAL IMPACT:

The Board currently has processes and procedures in place to review and process the change of supervisor forms for psychological testing technicians. Amending BPC 2987 will fund the specific process to change a registrant's supervisor.

The Board currently has processes and procedures in place to review and process the applications for registered psychological associates. Amending BPC 2913 will provide clarification to applicants and licensing staff. In doing so, will make the application process more efficient.

All changes required in SB 801 have been implemented by the Board, and all required application and procedures changes have been made. Amending HSC 124260 will make the language consistent with current registration categories.

ECONOMIC IMPACT:

This proposal does not impact new or existing businesses within the State of California. The proposal would only impact psychological testing technicians who are requesting to change their current supervisor, provide clarification regarding degree requirements to individuals who are applying to become registered psychological associates, and updates language in HSC 124260.

FINDINGS FROM OTHER STATES:

Not Applicable.

PROPOSED TEXT (use underline & strikeout):

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. This degree 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) Completed a master’s degree in education with the field of specialization in educational psychology, counseling psychology, or school psychology. This degree 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.

(C) Is an admitted candidate for a doctoral degree and after having satisfactorily completed three or more years of postgraduate education in psychology and having passed preliminary doctoral examinations, and that doctoral degree having been completed 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 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 be two hundred thirty-six dollars (\$236).

(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 application fee for the California Psychology Law and Ethics Examination (CPLEE) shall be one hundred twenty-seven dollars (\$127).

(d) The initial license fee for a psychologist shall be two hundred thirty-one dollars (\$231).

(e) The biennial renewal fee for a psychologist shall be seven hundred ninety-five dollars (\$795). The board may adopt regulations to set the fee at a higher amount, up to a maximum of one thousand one hundred dollars (\$1,100).

(f) The application fee for registration as a registered psychological associate under Section 2913 shall be four hundred twenty-four dollars (\$424).

(g) The annual renewal fee for registration of a psychological associate shall be two hundred twenty-four dollars (\$224). The board may adopt regulations to set the fee at a higher amount, up to a maximum of four hundred dollars (\$400).

(h) The duplicate license or registration fee is five dollars (\$5).

(i) The delinquency fee is 50 percent of the renewal fee for each license type, not to exceed three hundred ninety-seven dollars and fifty cents (\$397.50).

(j) The endorsement fee is five dollars (\$5).

(k) The file transfer fee is ten dollars (\$10).

(l) The registration fee for a psychological testing technician shall be seventy-five dollars (\$75).

(m) The annual renewal fee for a psychological testing technician is seventy-five dollars (\$75).

~~(n) The fee for Fingerprint Hard Card Processing for Out of State Applicants shall be one hundred eighty-four dollars (\$184). Applicants shall also pay the actual cost to the board of processing the fingerprint hard card with the Department of Justice and Federal Bureau of Investigation. The fee to add or change a supervisor for a psychological testing technician is twenty-five dollars (\$25).~~

~~(o) The fee for a psychological associate to add or change their supervisor shall be two hundred ten dollars (\$210). The fee shall be the actual cost to the board of processing the addition or change. The fee for Fingerprint Hard Card Processing for Out of State Applicants shall be one hundred eighty-four dollars (\$184). Applicants shall also pay the actual cost to the board of processing the fingerprint hard card with the Department of Justice and Federal Bureau of Investigation.~~

~~(p) 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. The fee for a psychological associate to add or change their supervisor shall be two hundred ten dollars (\$210). The fee shall be the actual cost to the board of processing the addition or change.~~

~~(q) 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.~~

Section 124260 of the Health and Safety Code is amended to read:

124260.

(a) As used in this section:

(1) "Mental health treatment or counseling services" means the provision of outpatient mental health treatment or counseling by a professional person, as defined in paragraph (2).

(2) "Professional person" means any of the following:

(A) A person designated as a mental health professional in Sections 622 to 626, inclusive, of Title 9 of the California Code of Regulations.

(B) A marriage and family therapist, as defined in Chapter 13 (commencing with Section 4980) of Division 2 of the Business and Professions Code.

(C) A licensed educational psychologist, as defined in Chapter 13.5 (commencing with Section 4989.10) of Division 2 of the Business and Professions Code.

(D) A credentialed school psychologist, as described in Section 49424 of the Education Code.

(E) A clinical psychologist licensed under Chapter 6.6 (commencing with Section 2900) of Division 2 of the Business and Professions Code.

(F) Any of the following persons, while working under the supervision of a licensed professional specified in Section 2902 of the Business and Professions Code:

~~(i) A registered psychologist, as defined in Section 2909.5 of the Business and Professions Code.~~

~~(ii) (i) A registered psychological ~~assistant~~ associate, as defined in Section 2913 of the Business and Professions Code.~~

~~(iii) (ii) A psychology trainee, as defined in Section 1387 of Title 16 of the California Code of Regulations.~~

(G) A licensed clinical social worker, as defined in Chapter 14 (commencing with Section 4991) of Division 2 of the Business and Professions Code.

(H) An associate clinical social worker, or a social work intern, as defined in Chapter 14 (commencing with Section 4991) of Division 2 of the Business and Professions Code, while working under the supervision of a licensed professional specified in Section 4996.20 of the Business and Professions Code.

(I) A person registered as an associate marriage and family therapist or a marriage and family therapist trainee, as defined in Chapter 13 (commencing with Section 4980) of Division 2 of the Business and Professions Code, while working under the supervision of a licensed professional specified in subdivision (g) of Section 4980.03 of the Business and Professions Code.

(J) A board certified, or board eligible, psychiatrist.

(K) A licensed professional clinical counselor, as defined in Chapter 16 (commencing with Section 4999.10) of Division 2 of the Business and Professions Code.

(L) A person registered as an associate professional clinical counselor or a clinical counselor trainee, as defined in Chapter 16 (commencing with Section 4999.10) of Division 2 of the Business and Professions Code, while working under the supervision of a licensed professional specified in subdivision (h) of Section 4999.12 of the Business and Professions Code.

(b) (1) Notwithstanding any provision of law to the contrary, a minor who is 12 years of age or older may consent to mental health treatment or counseling services if, in the opinion of the attending professional person, the minor is mature enough to participate intelligently in the mental health treatment or counseling services.

(2) A marriage and family therapist trainee, a clinical counselor trainee, a psychology trainee, or a social work intern, as specified in paragraph (2) of subdivision (a), shall notify his or her supervisor or, if the supervisor is unavailable, an on-call supervisor at the site where the trainee or intern volunteers or is employed within 24 hours of treating or counseling a minor pursuant to paragraph (1). If upon the initial assessment of the minor the trainee or intern believes that the minor is a danger to self or to others, the trainee or intern shall notify the supervisor or, if the supervisor is unavailable, the on-call supervisor immediately after the treatment or counseling session.

(3) Nothing in paragraph (2) is intended to supplant, alter, expand, or remove any other reporting responsibilities required of trainees or interns under law.

(c) Notwithstanding any provision of law to the contrary, the mental health treatment or counseling of a minor authorized by this section shall include involvement of the minor's parent or guardian, unless the professional person who is treating or counseling the minor, after consulting with the minor, determines that the involvement would be inappropriate. The professional person who is treating or counseling the minor shall state in the client record whether and when the person attempted to contact the minor's parent or guardian, and whether the attempt to contact was successful or unsuccessful, or the reason why, in the professional person's opinion, it would be inappropriate to contact the minor's parent or guardian.

(d) The minor's parent or guardian is not liable for payment for mental health treatment or counseling services provided pursuant to this section unless the parent or guardian participates in the mental health treatment or counseling, and then only for services rendered with the participation of the parent or guardian.

(e) This section does not authorize a minor to receive convulsive treatment or psychosurgery, as defined in subdivisions (f) and (g) of Section 5325 of the Welfare and Institutions Code, or psychotropic drugs without the consent of the minor's parent or guardian.

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. This degree 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) Completed a master’s degree in education with the field of specialization in educational psychology, counseling psychology, or school psychology. This degree 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.

(C) Is an admitted candidate for a doctoral degree and after having satisfactorily completed three or more years of postgraduate education in psychology and having passed preliminary doctoral examinations, and that doctoral degree having been completed 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) An applicant for registration trained in an educational institution outside the United States or Canada shall demonstrate to the satisfaction of the board that the applicant possesses a master’s degree in psychology or education as specified in paragraphs (A) and (B) 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:

(1) A transcript in English, or translated into English by the credential evaluation service, of the degree used to qualify for licensure.

(2) An indication that the degree used to qualify for licensure is verified using primary sources.

(3) A determination that the degree is equivalent to a degree that qualifies for registration pursuant to paragraphs (A) or (B)

(D)(E) Completed a doctoral degree that qualifies for licensure under Section 2914.

(2) The board shall make the final determination as to whether a degree obtained outside the United States or Canada 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.

MEMORANDUM

| | |
|----------------|-----------------------------------------------------------------------------------------------------------------------|
| DATE | April 12, 2024 |
| TO | Legislative and Regulatory Affairs Committee Members |
| FROM | Troy Polk, Legislative and Regulatory Analyst |
| SUBJECT | Agenda Item 5(b)(1) – AB 2270 (Maienschein) Healing Arts: continuing education: menopausal mental and physical health |

Background

On February 8, 2024, AB 2270 was introduced by Assembly Member Maienschein.

Existing law, the Psychology Licensing Law, establishes the Board of Psychology and sets forth its powers and duties relating to the licensure and regulation of psychologists, and establishes continuing education requirements.

AB 2270 would allow medical providers including psychologist to have the option to take a course in menopausal mental and physical health as part of the continuing education or professional development requirements.

On February 26, 2024, AB 2270 was referred to the Assembly Committee on Business and Profession.

Board Staff will continue to monitor AB 2270.

Action Requested

Staff recommendation: Legislative and Regulatory Affairs Committee review AB 2270 and consider a position to be presented to the full Board.

Attachment #1: AB 2270 Bill Text

Attachment #2: AB 2270 Fact Sheet

ASSEMBLY BILL

No. 2270

Introduced by Assembly Member Maienschein

February 8, 2024

An act to add Sections 2191.3, 2811.7, 2914.4, 3524.6, 4980.56, 4989.35, 4996.29, and 4999.77 to the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

AB 2270, as introduced, Maienschein. Healing arts: continuing education: menopausal mental and physical health.

Existing law, the Medical Practice Act, establishes the Medical Board of California and sets forth its powers and duties relating to the licensure and regulation of physicians and surgeons. Existing law, the Nursing Practice Act, establishes the Board of Registered Nursing and sets forth its powers and duties relating to the licensure and regulation of the practice of nursing. Existing law, the Psychology Licensing Law, establishes the Board of Psychology and sets forth its powers and duties relating to the licensure and regulation of psychologists. Existing law, the Physician Assistant Practice Act, establishes the Physician Assistant Board and sets forth its powers and duties relating to the licensure and regulation of physician assistants.

Existing law, the Licensed Marriage and Family Therapist Act, the Clinical Social Worker Practice Act, the Licensed Professional Clinical Counselor Act, and the Educational Psychologist Practice Act, provides for the licensure and regulation of the practices of marriage and family therapy, clinical social work, professional clinical counseling, and education psychology, respectively, by the Board of Behavioral Sciences.

Existing law establishes continuing education requirements for all of these various healing arts practitioners.

This bill would require licensees under these provisions to have the option of taking coursework on menopausal mental and physical health to satisfy continuing education and professional development requirements.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. Section 2191.3 is added to the Business and
- 2 Professions Code, to read:
- 3 2191.3. Notwithstanding any law to the contrary, a licensee
- 4 shall have the option of taking coursework on menopausal mental
- 5 and physical health to satisfy continuing education requirements.
- 6 SEC. 2. Section 2811.7 is added to the Business and Professions
- 7 Code, to read:
- 8 2811.7. Notwithstanding any law to the contrary, a licensee
- 9 shall have the option of taking coursework on menopausal mental
- 10 and physical health to satisfy continuing education requirements.
- 11 SEC. 3. Section 2914.4 is added to the Business and Professions
- 12 Code, to read:
- 13 2914.4. Notwithstanding any law to the contrary, a licensee
- 14 shall have the option of taking coursework on menopausal mental
- 15 and physical health to satisfy continuing education requirements.
- 16 SEC. 4. Section 3524.6 is added to the Business and Professions
- 17 Code, to read:
- 18 3524.6. Notwithstanding any law to the contrary, a licensee
- 19 shall have the option of taking coursework on menopausal mental
- 20 and physical health to satisfy continuing education requirements.
- 21 SEC. 5. Section 4980.56 is added to the Business and
- 22 Professions Code, to read:
- 23 4980.56. Notwithstanding any law to the contrary, a licensee
- 24 shall have the option of taking coursework on menopausal mental
- 25 and physical health to satisfy continuing education requirements.
- 26 SEC. 6. Section 4989.35 is added to the Business and
- 27 Professions Code, to read:

1 4989.35. Notwithstanding any law to the contrary, a licensee
2 shall have the option of taking coursework on menopausal mental
3 and physical health to satisfy continuing education requirements.

4 SEC. 7. Section 4996.29 is added to the Business and
5 Professions Code, to read:

6 4996.29. Notwithstanding any law to the contrary, a licensee
7 shall have the option of taking coursework on menopausal mental
8 and physical health to satisfy continuing education requirements.

9 SEC. 8. Section 4999.77 is added to the Business and
10 Professions Code, to read:

11 4999.77. Notwithstanding any law to the contrary, a licensee
12 shall have the option of taking coursework on menopausal mental
13 and physical health to satisfy continuing education requirements.



BRIAN MAIENSCHIEIN

ASSEMBLYMEMBER, SEVENTY-SIXTH DISTRICT

Assembly Bill 2270

**Healing arts: continuing education:
menopausal mental and physical health**

As Introduced 02/08/2024

Summary

AB 2270 would allow medical providers to have the option to take a course in menopausal mental and physical health as part of their continual education or professional development requirements.

Background

According to the National Library of Medicine (2023), it is crucial that individuals who experience menopause and health professionals understand the perimenopause transition. Symptoms and treatment issues can be addressed with effective education, as almost every individual with a female reproductive system will go through this transition. However, there is a misconception surrounding menopause, resulting in a considerable lack of knowledge in the general population and a lack of training in medical schools. This means that many people who will go through menopause are anxious about menopause, associating it with negativity, and doctors may not immediately recognize symptoms as

menopause related to leading a delay in care. This is a major concern, as those who experience menopausal symptoms may have a significantly lower health-related quality of life.

This Bill

This bill would allow physicians, surgeons, nurses, psychologists, physician assistants, marriage and family therapists, clinical social workers, professional clinical counselors, and education psychologists to take a course in menopausal mental and physical health to satisfy their continuing education/ professional development requirements. This course would help bring awareness to the issues people may face during this time in their lives.

Contact Info

Savanah Dominikus, Legislative Assistant

Savanah.Dominikus@asm.ca.gov

916-319-2076

MEMORANDUM

| | |
|----------------|------------------------------------------------------------------------|
| DATE | April 12, 2024 |
| TO | Legislative and Regulatory Affairs Committee Members |
| FROM | Troy Polk, Legislative and Regulatory Analyst |
| SUBJECT | Agenda Item 5(b)(2) – AB 2282 (McKinnor) Family reunification services |

Background

On February 8, 2024, AB 2282 was introduced by Assembly Member McKinnor.

Current law provides that reunification services do not need to be provided to a parent or guardian when the court finds, by clear and convincing evidence, certain circumstances exist, including that the parent or guardian of the child has been convicted of a violent felony, as defined.

AB 2282 would instead provide that reunification services do not need to be provided to a parent or guardian when the court finds that the parent or guardian of the child has been convicted of a violent felony against a child.

AB 2282 would limit criminal convictions used to deny reunification services to families in the family regulation system. It would amend the law to deny services only to the most serious and violent felons who have endangered children or their family.

On March 4, 2024, AB 2270 was referred to the Assembly Committees on Judiciary and Human Services.

Board Staff will continue to monitor AB 2282.

Action Requested

Staff recommendation: Legislative and Regulatory Affairs Committee review AB 2282 and consider a position to be presented to the full Board.

Attachment #1: AB 2282 Bill Text

Attachment #2: AB 2282 Fact Sheet

Attachment #3: Assembly Judiciary Analysis

ASSEMBLY BILL

No. 2282

Introduced by Assembly Member McKinnor

February 8, 2024

An act to amend Sections 361.5 of the Welfare and Institutions Code, relating to juveniles.

LEGISLATIVE COUNSEL'S DIGEST

AB 2282, as introduced, McKinnor. Family reunification services.

Existing law establishes the jurisdiction of the juvenile court, which may adjudge children to be dependents of the court under certain circumstances, including when the child suffered or there is a substantial risk that the child will suffer serious physical harm, or a parent fails to provide the child with adequate food, clothing, shelter, or medical treatment. Existing law establishes the grounds for removal of a dependent child from the custody of the child's parents or guardian, and requires the court to order the social worker to provide designated child welfare services, including family reunification services, as prescribed. Existing law provides that reunification services do not need to be provided to a parent or guardian when the court finds, by clear and convincing evidence, certain circumstances exist, including that the parent or guardian of the child has been convicted of a violent felony, as defined.

This bill would instead provide that reunification services do not need to be provided to a parent or guardian when the court finds that the parent or guardian of the child has been convicted of a violent felony against a child. By expanding the scope of individuals requiring reunification services, the bill would impose additional duties on county

child welfare departments, thereby imposing a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: yes.

The people of the State of California do enact as follows:

1 SECTION 1. Section 361.5 of the Welfare and Institutions
2 Code is amended to read:

3 361.5. (a) Except as provided in subdivision (b), or when the
4 parent has voluntarily relinquished the child and the relinquishment
5 has been filed with the State Department of Social Services, or
6 upon the establishment of an order of guardianship pursuant to
7 Section 360, or when a court adjudicates a petition under Section
8 329 to modify the court’s jurisdiction from delinquency jurisdiction
9 to dependency jurisdiction pursuant to subparagraph (A) of
10 paragraph (2) of subdivision (b) of Section 607.2 and the parents
11 or guardian of the ward have had reunification services terminated
12 under the delinquency jurisdiction, whenever a child is removed
13 from a parent’s or guardian’s custody, the juvenile court shall order
14 the social worker to provide child welfare services to the child and
15 the child’s mother and statutorily presumed father or guardians.
16 Upon a finding and declaration of paternity by the juvenile court
17 or proof of a prior declaration of paternity by any court of
18 competent jurisdiction, the juvenile court may order services for
19 the child and the biological father, if the court determines that the
20 services will benefit the child.

21 (1) Family reunification services, when provided, shall be
22 provided as follows:

23 (A) Except as otherwise provided in subparagraph (C), for a
24 child who, on the date of initial removal from the physical custody
25 of the child’s parent or guardian, was three years of age or older,
26 court-ordered services shall be provided beginning with the
27 dispositional hearing and ending 12 months after the date the child

1 entered foster care, as provided in Section 361.49, unless the
2 child is returned to the home of the parent or guardian.

3 (B) For a child who, on the date of initial removal from the
4 physical custody of the child's parent or guardian, was under three
5 years of age, court-ordered services shall be provided for a period
6 of 6 months from the dispositional hearing, as provided
7 in subdivision (e) of Section 366.21, but no longer than 12 months
8 from the date the child entered foster care, as provided in Section
9 361.49, unless the child is returned to the home of the parent or
10 guardian.

11 (C) For the purpose of placing and maintaining a sibling group
12 together in a permanent home should reunification efforts fail, for
13 a child in a sibling group whose members were removed from
14 parental custody at the same time, and in which one member of
15 the sibling group was under three years of age on the date of initial
16 removal from the physical custody of the child's parent or guardian,
17 court-ordered services for some or all of the sibling group may be
18 limited as set forth in subparagraph (B). For the purposes of this
19 paragraph, "a sibling group" shall mean two or more children who
20 are related to each other as full or half siblings.

21 (2) Any motion to terminate court-ordered reunification services
22 prior to the hearing set pursuant to subdivision (f) of Section 366.21
23 for a child described by subparagraph (A) of paragraph (1), or
24 prior to the hearing set pursuant to subdivision (e) of Section
25 366.21 for a child described by subparagraph (B) or (C) of
26 paragraph (1), shall be made pursuant to the requirements set forth
27 in subdivision (c) of Section 388. A motion to terminate
28 court-ordered reunification services shall not be required at the
29 hearing set pursuant to subdivision (e) of Section 366.21 if the
30 court finds by clear and convincing evidence one of the following:

31 (A) That the child was removed initially under subdivision (g)
32 of Section 300 and the whereabouts of the parent are still unknown.

33 (B) That the parent has failed to contact and visit the child.

34 (C) That the parent has been convicted of a felony indicating
35 parental unfitness.

36 (3) (A) Notwithstanding subparagraphs (A), (B), and (C) of
37 paragraph (1), court-ordered services may be extended up to a
38 maximum time period not to exceed 18 months after the date the
39 child was originally removed from physical custody of the child's
40 parent or guardian if it can be shown, at the hearing held pursuant

1 to subdivision (f) of Section 366.21, that the permanent plan for
2 the child is that the child will be returned and safely maintained
3 in the home within the extended time period. The court shall extend
4 the time period only if it finds that there is a substantial probability
5 that the child will be returned to the physical custody of the child's
6 parent or guardian within the extended time period, or that
7 reasonable services have not been provided to the parent or
8 guardian. Additionally, in the case of an Indian child, the court
9 shall extend the time period if it finds active efforts, as defined in
10 subdivision (f) of Section 224.1, to reunite the child with their
11 family have not been made. In determining whether court-ordered
12 services may be extended, the court shall consider the special
13 circumstances of an incarcerated or institutionalized parent or
14 parents, parent or parents court-ordered to a residential substance
15 abuse treatment program, or a parent who has been arrested and
16 issued an immigration hold, detained by the United States
17 Department of Homeland Security, or deported to the parent's
18 country of origin, including, but not limited to, barriers to the
19 parent's or guardian's access to services and ability to maintain
20 contact with their child. The court shall also consider, among other
21 factors, good faith efforts that the parent or guardian has made to
22 maintain contact with the child. If the court extends the time period,
23 the court shall specify the factual basis for its conclusion that there
24 is a substantial probability that the child will be returned to the
25 physical custody of the child's parent or guardian within the
26 extended time period, that reasonable services have not been
27 provided to the parent or guardian, or, in the case of an Indian
28 child, that active efforts to reunite the child with their family have
29 not been made. The court also shall make findings pursuant to
30 subdivision (a) of Section 366 and subdivision (e) of Section 358.1.

31 (B) When counseling or other treatment services are ordered,
32 the parent or guardian shall be ordered to participate in those
33 services, unless the parent's or guardian's participation is deemed
34 by the court to be inappropriate or potentially detrimental to the
35 child, or unless a parent or guardian is incarcerated or detained by
36 the United States Department of Homeland Security and the
37 corrections facility in which the parent or guardian is incarcerated
38 does not provide access to the treatment services ordered by the
39 court, or has been deported to their country of origin and services
40 ordered by the court are not accessible in that country. Physical

1 custody of the child by the parents or guardians during the
2 applicable time period under subparagraph (A), (B), or (C) of
3 paragraph (1) shall not serve to interrupt the running of the time
4 period. If at the end of the applicable time period, a child cannot
5 be safely returned to the care and custody of a parent or guardian
6 without court supervision, but the child clearly desires contact with
7 the parent or guardian, the court shall take the child's desire into
8 account in devising a permanency plan.

9 (C) In cases where the child was under three years of age on
10 the date of the initial removal from the physical custody of the
11 child's parent or guardian or is a member of a sibling group as
12 described in subparagraph (C) of paragraph (1), the court shall
13 inform the parent or guardian that the failure of the parent or
14 guardian to participate regularly in any court-ordered treatment
15 programs or to cooperate or avail themselves of services provided
16 as part of the child welfare services case plan may result in a
17 termination of efforts to reunify the family after six months. The
18 court shall inform the parent or guardian of the factors used in
19 subdivision (e) of Section 366.21 to determine whether to limit
20 services to six months for some or all members of a sibling group
21 as described in subparagraph (C) of paragraph (1).

22 (4) (A) Notwithstanding paragraph (3), court-ordered services
23 may be extended up to a maximum time period not to exceed 24
24 months after the date the child was originally removed from
25 physical custody of the child's parent or guardian if it is shown,
26 at the hearing held pursuant to paragraph (1) of subdivision (b) of
27 Section 366.22, that the permanent plan for the child is that the
28 child will be returned and safely maintained in the home within
29 the extended time period. The court shall extend the time period
30 only if it finds that, (i) it is in the child's best interest to have the
31 time period extended and that there is a substantial probability that
32 the child will be returned to the physical custody of the child's
33 parent or guardian who is described in subdivision (b) of Section
34 366.22 within the extended time period, (ii) reasonable services
35 have not been provided to the parent or guardian, or (iii) in the
36 case of an Indian child, active efforts, as defined in subdivision
37 (f) of Section 224.1, to reunite the child with their family have not
38 been made. If the court extends the time period, the court shall
39 specify the factual basis for its conclusion that there is a substantial
40 probability that the child will be returned to the physical custody

1 of the child's parent or guardian within the extended time period,
2 or that reasonable services have not been provided to the parent
3 or guardian. The court also shall make findings pursuant to
4 subdivision (a) of Section 366 and subdivision (e) of Section 358.1.

5 (B) When counseling or other treatment services are ordered,
6 the parent or guardian shall be ordered to participate in those
7 services, in order for substantial probability to be found. Physical
8 custody of the child by the parents or guardians during the
9 applicable time period under subparagraph (A), (B), or (C) of
10 paragraph (1) shall not serve to interrupt the running of the time
11 period. If at the end of the applicable time period, the child cannot
12 be safely returned to the care and custody of a parent or guardian
13 without court supervision, but the child clearly desires contact with
14 the parent or guardian, the court shall take the child's desire into
15 account in devising a permanency plan.

16 (C) Except in cases where, pursuant to subdivision (b), the court
17 does not order reunification services, the court shall inform the
18 parent or parents of Section 366.26 and shall specify that the
19 parent's or parents' parental rights may be terminated.

20 (b) Reunification services need not be provided to a parent or
21 guardian described in this subdivision when the court finds, by
22 clear and convincing evidence, any of the following:

23 (1) That the whereabouts of the parent or guardian are unknown.
24 A finding pursuant to this paragraph shall be supported by an
25 affidavit or by proof that a reasonably diligent search has failed
26 to locate the parent or guardian. The posting or publication of
27 notices is not required in that search.

28 (2) That the parent or guardian is suffering from a mental
29 disability that is described in Chapter 2 (commencing with Section
30 7820) of Part 4 of Division 12 of the Family Code and that renders
31 the parent or guardian incapable of utilizing those services.

32 (3) That the child or a sibling of the child has been previously
33 adjudicated a dependent pursuant to any subdivision of Section
34 300 as a result of physical or sexual abuse, that following that
35 adjudication the child had been removed from the custody of the
36 child's parent or guardian pursuant to Section 361, that the child
37 has been returned to the custody of the parent or guardian from
38 whom the child had been taken originally, and that the child is
39 being removed pursuant to Section 361, due to additional physical
40 or sexual abuse.

1 (4) That the parent or guardian of the child has caused the death
2 of another child through abuse or neglect.

3 (5) That the child was brought within the jurisdiction of the
4 court under subdivision (e) of Section 300 because of the conduct
5 of that parent or guardian.

6 (6) (A) That the child has been adjudicated a dependent
7 pursuant to any subdivision of Section 300 as a result of severe
8 sexual abuse or the infliction of severe physical harm to the child,
9 a sibling, or a half sibling by a parent or guardian, as defined in
10 this subdivision, and the court makes a factual finding that it would
11 not benefit the child to pursue reunification services with the
12 offending parent or guardian.

13 (B) A finding of severe sexual abuse, for the purposes of this
14 subdivision, may be based on, but is not limited to, sexual
15 intercourse, or stimulation involving genital-genital, oral-genital,
16 anal-genital, or oral-anal contact, whether between the parent or
17 guardian and the child or a sibling or half sibling of the child, or
18 between the child or a sibling or half sibling of the child and
19 another person or animal with the actual or implied consent of the
20 parent or guardian; or the penetration or manipulation of the
21 child's, sibling's, or half sibling's genital organs or rectum by any
22 animate or inanimate object for the sexual gratification of the
23 parent or guardian, or for the sexual gratification of another person
24 with the actual or implied consent of the parent or guardian.

25 (C) A finding of the infliction of severe physical harm, for the
26 purposes of this subdivision, may be based on, but is not limited
27 to, deliberate and serious injury inflicted to or on a child's body
28 or the body of a sibling or half sibling of the child by an act or
29 omission of the parent or guardian, or of another individual or
30 animal with the consent of the parent or guardian; deliberate and
31 torturous confinement of the child, sibling, or half sibling in a
32 closed space; or any other torturous act or omission that would be
33 reasonably understood to cause serious emotional damage.

34 (7) That the parent is not receiving reunification services for a
35 sibling or a half sibling of the child pursuant to paragraph (3), (5),
36 or (6).

37 (8) That the child was conceived by means of the commission
38 of an offense listed in Section 288 or 288.5 of the Penal Code, or
39 by an act committed outside of this state that, if committed in this

1 state, would constitute one of those offenses. This paragraph only
2 applies to the parent who committed the offense or act.

3 (9) That the child has been found to be a child described in
4 subdivision (g) of Section 300; that the parent or guardian of the
5 child willfully abandoned the child, and the court finds that the
6 abandonment itself constituted a serious danger to the child; or
7 that the parent or other person having custody of the child
8 voluntarily surrendered physical custody of the child pursuant to
9 Section 1255.7 of the Health and Safety Code. For the purposes
10 of this paragraph, “serious danger” means that without the
11 intervention of another person or agency, the child would have
12 sustained severe or permanent disability, injury, illness, or death.
13 For purposes of this paragraph, “willful abandonment” shall not
14 be construed as actions taken in good faith by the parent without
15 the intent of placing the child in serious danger.

16 (10) (A) That the court ordered termination of reunification
17 services for any siblings or half siblings of the child because the
18 parent or guardian failed to reunify with the sibling or half sibling
19 after the sibling or half sibling had been removed from that parent
20 or guardian pursuant to Section 361 and that parent or guardian is
21 the same parent or guardian described in subdivision (a) and that,
22 according to the findings of the court, this parent or guardian has
23 not subsequently made a reasonable effort to treat the problems
24 that led to removal of the sibling or half sibling of that child from
25 that parent or guardian.

26 (B) This paragraph does not apply if the only times the court
27 ordered termination of reunification services for any siblings or
28 half siblings of the child were when the parent was a minor parent,
29 a nonminor dependent parent, or adjudged a ward of the juvenile
30 court pursuant to Section 601 or 602. For purposes of this
31 subparagraph, “minor parent” and “nonminor dependent parent”
32 have the same meaning as in Section 16002.5.

33 (11) (A) That the parental rights of a parent over any sibling
34 or half sibling of the child had been permanently severed, and this
35 parent is the same parent described in subdivision (a), and that,
36 according to the findings of the court, this parent has not
37 subsequently made a reasonable effort to treat the problems that
38 led to removal of the sibling or half sibling of that child from the
39 parent.

1 (B) This paragraph does not apply if the only times the court
2 permanently severed parental rights over any siblings or half
3 siblings of the child were when the parent was a minor parent, a
4 nonminor dependent parent, or adjudged a ward of the juvenile
5 court pursuant to Section 601 or 602. For purposes of this
6 subparagraph, “minor parent” and “nonminor dependent parent”
7 have the same meaning as in Section 16002.5.

8 (12) That the parent or guardian of the child has been convicted
9 of a violent felony, as defined in subdivision (c) of Section 667.5
10 of the Penal Code. ~~Code~~. *Code, against a child.*

11 (13) That the parent or guardian of the child has a history of
12 extensive, abusive, and chronic use of drugs or alcohol and has
13 resisted prior court-ordered treatment for this problem during a
14 three-year period immediately prior to the filing of the petition
15 that brought that child to the court’s attention, or has failed or
16 refused to comply with a program of drug or alcohol treatment
17 described in the case plan required by Section 358.1 on at least
18 two prior occasions, even though the programs identified were
19 available and accessible. For purposes of this paragraph, “resisted”
20 means the parent or guardian refused to participate meaningfully
21 in a prior court-ordered drug or alcohol treatment program and
22 does not include “passive resistance,” as described in *In re B.E.*
23 (2020) 46 Cal.App.5th 932.

24 (14) (A) That the parent or guardian of the child has advised
25 the court that the parent or guardian is not interested in receiving
26 family maintenance or family reunification services or having the
27 child returned to or placed in the parent’s or guardian’s custody
28 and does not wish to receive family maintenance or reunification
29 services.

30 (B) The parent or guardian shall be represented by counsel and
31 shall execute a waiver of services form to be adopted by the
32 Judicial Council. The court shall advise the parent or guardian of
33 any right to services and of the possible consequences of a waiver
34 of services, including the termination of parental rights and
35 placement of the child for adoption. The court shall not accept the
36 waiver of services unless it states on the record its finding that the
37 parent or guardian has knowingly and intelligently waived the
38 right to services.

39 (15) That the parent or guardian has on one or more occasions
40 willfully abducted the child or child’s sibling or half sibling from

1 their placement and refused to disclose the child's or child's
2 sibling's or half sibling's whereabouts, refused to return physical
3 custody of the child or child's sibling or half sibling to their
4 placement, or refused to return physical custody of the child or
5 child's sibling or half sibling to the social worker.

6 (16) That the parent or guardian has been required by the court
7 to be registered on a sex offender registry under the federal Adam
8 Walsh Child Protection and Safety Act of 2006 (42 U.S.C. Sec.
9 16913(a)), as required in Section 106(b)(2)(B)(xvi)(VI) of the
10 federal Child Abuse Prevention and Treatment Act (42 U.S.C.
11 Sec. 5106a(2)(B)(xvi)(VI)).

12 (17) That the parent or guardian knowingly participated in, or
13 permitted, the sexual exploitation, as described in subdivision (c)
14 or (d) of Section 11165.1 of, or subdivision (c) of Section 236.1
15 of, the Penal Code, of the child. This shall not include instances
16 in which the parent or guardian demonstrated by a preponderance
17 of the evidence that the parent or guardian was coerced into
18 permitting, or participating in, the sexual exploitation of the child.

19 (c) (1) In deciding whether to order reunification in any case
20 in which this section applies, the court shall hold a dispositional
21 hearing. The social worker shall prepare a report that discusses
22 whether reunification services shall be provided. When it is alleged,
23 pursuant to paragraph (2) of subdivision (b), that the parent is
24 incapable of utilizing services due to mental disability, the court
25 shall order reunification services unless competent evidence from
26 mental health professionals establishes that, even with the provision
27 of services, the parent is unlikely to be capable of adequately caring
28 for the child within the time limits specified in subdivision (a).

29 (2) The court shall not order reunification for a parent or
30 guardian described in paragraph (3), (4), (6), (7), (8), (9), (10),
31 (11), (12), (13), (14), (15), (16), or (17) of subdivision (b) unless
32 the court finds, by clear and convincing evidence, that reunification
33 is in the best interest of the child.

34 (3) In addition, the court shall not order reunification in any
35 situation described in paragraph (5) of subdivision (b) unless it
36 finds that, based on competent evidence, those services are likely
37 to prevent reabuse or continued neglect of the child or that failure
38 to try reunification will be detrimental to the child because the
39 child is closely and positively attached to that parent. The social
40 worker shall investigate the circumstances leading to the removal

1 of the child and advise the court whether there are circumstances
2 that indicate that reunification is likely to be successful or
3 unsuccessful and whether failure to order reunification is likely to
4 be detrimental to the child.

5 (4) The failure of the parent to respond to previous services, the
6 fact that the child was abused while the parent was under the
7 influence of drugs or alcohol, a past history of violent behavior,
8 or testimony by a competent professional that the parent's behavior
9 is unlikely to be changed by services are among the factors
10 indicating that reunification services are unlikely to be successful.
11 The fact that a parent or guardian is no longer living with an
12 individual who severely abused the child may be considered in
13 deciding that reunification services are likely to be successful,
14 provided that the court shall consider any pattern of behavior on
15 the part of the parent that has exposed the child to repeated abuse.

16 (d) If reunification services are not ordered pursuant to
17 paragraph (1) of subdivision (b) and the whereabouts of a parent
18 become known within six months of the out-of-home placement
19 of the child, the court shall order the social worker to provide
20 family reunification services in accordance with this subdivision.

21 (e) (1) If the parent or guardian is incarcerated, institutionalized,
22 or detained by the United States Department of Homeland Security,
23 or has been deported to the parent's or guardian's country of origin,
24 the court shall order reasonable services unless the court
25 determines, by clear and convincing evidence, those services would
26 be detrimental to the child. In determining detriment, the court
27 shall consider the age of the child, the degree of parent-child
28 bonding, the length of the sentence, the length and nature of the
29 treatment, the nature of the crime or illness, the degree of detriment
30 to the child if services are not offered and, for children 10 years
31 of age or older, the child's attitude toward the implementation of
32 family reunification services, the likelihood of the parent's
33 discharge from incarceration, institutionalization, or detention
34 within the reunification time limitations described in subdivision
35 (a), and any other appropriate factors. In determining the content
36 of reasonable services, the court shall consider the particular
37 barriers to an incarcerated, institutionalized, detained, or deported
38 parent's access to those court-mandated services and ability to
39 maintain contact with the child, and shall document this
40 information in the child's case plan. Reunification services are

1 subject to the applicable time limitations imposed in subdivision
2 (a). Services may include, but shall not be limited to, all of the
3 following:

4 (A) Maintaining contact between the parent and child through
5 collect telephone calls.

6 (B) Transportation services, when appropriate.

7 (C) Visitation services, when appropriate.

8 (D) (i) Reasonable services to extended family members or
9 foster parents providing care for the child if the services are not
10 detrimental to the child.

11 (ii) An incarcerated or detained parent may be required to attend
12 counseling, parenting classes, or vocational training programs as
13 part of the reunification service plan if actual access to these
14 services is provided. The social worker shall document in the
15 child's case plan the particular barriers to an incarcerated,
16 institutionalized, or detained parent's access to those
17 court-mandated services and ability to maintain contact with the
18 child.

19 (E) Reasonable efforts to assist parents who have been deported
20 to contact child welfare authorities in their country of origin, to
21 identify any available services that would substantially comply
22 with case plan requirements, to document the parents' participation
23 in those services, and to accept reports from local child welfare
24 authorities as to the parents' living situation, progress, and
25 participation in services.

26 (2) The presiding judge of the juvenile court of each county
27 may convene representatives of the county welfare department,
28 the sheriff's department, and other appropriate entities for the
29 purpose of developing and entering into protocols for ensuring the
30 notification, transportation, and presence of an incarcerated or
31 institutionalized parent at all court hearings involving proceedings
32 affecting the child pursuant to Section 2625 of the Penal Code.
33 The county welfare department shall utilize the prisoner locator
34 system developed by the Department of Corrections and
35 Rehabilitation to facilitate timely and effective notice of hearings
36 for incarcerated parents.

37 (3) Notwithstanding any other law, if the incarcerated parent is
38 a woman seeking to participate in the community treatment
39 program operated by the Department of Corrections and
40 Rehabilitation pursuant to Chapter 4.8 (commencing with Section

1 1174) of Title 7 of Part 2 of, Chapter 4 (commencing with Section
2 3410) of Title 2 of Part 3 of, the Penal Code, the court shall
3 determine whether the parent’s participation in a program is in the
4 child’s best interest and whether it is suitable to meet the needs of
5 the parent and child.

6 (4) Parents and guardians in custody prior to conviction shall
7 not be denied reunification services pursuant to paragraph (1). In
8 determining the content of reasonable services, the court shall
9 consider the particular barriers to an incarcerated, institutionalized,
10 detained, or deported parent’s or guardian’s access to those
11 court-mandated services and ability to maintain contact with the
12 child, and shall document this information in the child’s case plan.
13 Reunification services are subject to the applicable time limitations
14 imposed in subdivision (a). Nothing in this paragraph precludes
15 denial of reunification services pursuant to subdivision (b).

16 (f) If the court, pursuant to paragraph (2), (3), (4), (5), (6), (7),
17 (8), (9), (10), (11), (12), (13), (14), (15), (16), or (17) of subdivision
18 (b) or paragraph (1) of subdivision (e), does not order reunification
19 services, it shall, at the dispositional hearing, that shall include a
20 permanency hearing, determine if a hearing under Section 366.26
21 shall be set in order to determine whether adoption, guardianship,
22 placement with a fit and willing relative, or another planned
23 permanent living arrangement, or, in the case of an Indian child,
24 in consultation with the child’s tribe, tribal customary adoption,
25 is the most appropriate plan for the child, and shall consider in-state
26 and out-of-state placement options. If the court so determines, it
27 shall conduct the hearing pursuant to Section 366.26 within 120
28 days after the dispositional hearing. However, the court shall not
29 schedule a hearing so long as the other parent is being provided
30 reunification services pursuant to subdivision (a). The court may
31 continue to permit the parent to visit the child unless it finds that
32 visitation would be detrimental to the child.

33 (g) (1) Whenever a court orders that a hearing shall be held
34 pursuant to Section 366.26, including, when, in consultation with
35 the child’s tribe, tribal customary adoption is recommended, it
36 shall direct the agency supervising the child and the county
37 adoption agency, or the State Department of Social Services when
38 it is acting as an adoption agency, to prepare an assessment that
39 shall include:

1 (A) Current search efforts for an absent parent or parents and
2 notification of a noncustodial parent in the manner provided for
3 in Section 291.

4 (B) A review of the amount of and nature of any contact between
5 the child and the child's parents and other members of the child's
6 extended family since the time of placement. Although the
7 extended family of each child shall be reviewed on a case-by-case
8 basis, "extended family" for the purpose of this subparagraph shall
9 include, but not be limited to, the child's siblings, grandparents,
10 aunts, and uncles.

11 (C) (i) An evaluation of the child's medical, developmental,
12 scholastic, mental, and emotional status.

13 (ii) The evaluation pursuant to clause (i) shall include, but is
14 not limited to, providing a copy of the complete health and
15 education summary as required under Section 16010, including
16 the name and contact information of the person or persons currently
17 holding the right to make educational decisions for the child.

18 (iii) In instances where it is determined that disclosure pursuant
19 to clause (ii) of the contact information of the person or persons
20 currently holding the right to make educational decisions for the
21 child poses a threat to the health and safety of that individual or
22 those individuals, that contact information shall be redacted or
23 withheld from the evaluation.

24 (D) A preliminary assessment of the eligibility and commitment
25 of any identified prospective adoptive parent or guardian, including
26 a prospective tribal customary adoptive parent, particularly the
27 caretaker, to include a social history, including screening for
28 criminal records and prior referrals for child abuse or neglect, the
29 capability to meet the child's needs, and the understanding of the
30 legal and financial rights and responsibilities of adoption and
31 guardianship. If a proposed guardian is a relative of the minor, the
32 assessment shall also consider, but need not be limited to, all of
33 the factors specified in subdivision (a) of Section 361.3 and in
34 Section 361.4. As used in this subparagraph, "relative" means an
35 adult who is related to the minor by blood, adoption, or affinity
36 within the fifth degree of kinship, including stepparents,
37 stepsiblings, and all relatives whose status is preceded by the words
38 "great," "great-great," or "grand," or the spouse of any of those
39 persons even if the marriage was terminated by death or
40 dissolution. If the proposed permanent plan is guardianship with

1 an approved relative caregiver for a minor eligible for aid under
2 the Kin-GAP Program, as provided for in Article 4.7 (commencing
3 with Section 11385) of Chapter 2 of Part 3 of Division 9, “relative”
4 as used in this section has the same meaning as “relative” as
5 defined in subdivision (c) of Section 11391.

6 (E) The relationship of the child to any identified prospective
7 adoptive parent or guardian, including a prospective tribal
8 customary parent, the duration and character of the relationship,
9 the degree of attachment of the child to the prospective relative
10 guardian or adoptive parent, the relative’s or adoptive parent’s
11 strong commitment to caring permanently for the child, the
12 motivation for seeking adoption or guardianship, a statement from
13 the child concerning placement and the adoption or guardianship,
14 and whether the child over 12 years of age has been consulted
15 about the proposed relative guardianship arrangements, unless the
16 child’s age or physical, emotional, or other condition precludes
17 the child’s meaningful response, and, if so, a description of the
18 condition.

19 (F) An analysis of the likelihood that the child will be adopted
20 if parental rights are terminated.

21 (G) In the case of an Indian child, in addition to subparagraphs
22 (A) to (F), inclusive, an assessment of the likelihood that the child
23 will be adopted, when, in consultation with the child’s tribe, a
24 tribal customary adoption, as defined in Section 366.24, is
25 recommended. If tribal customary adoption is recommended, the
26 assessment shall include an analysis of both of the following:

27 (i) Whether tribal customary adoption would or would not be
28 detrimental to the Indian child and the reasons for reaching that
29 conclusion.

30 (ii) Whether the Indian child cannot or should not be returned
31 to the home of the Indian parent or Indian custodian and the reasons
32 for reaching that conclusion.

33 (2) (A) A relative caregiver’s preference for legal guardianship
34 over adoption, if it is due to circumstances that do not include an
35 unwillingness to accept legal or financial responsibility for the
36 child, shall not constitute the sole basis for recommending removal
37 of the child from the relative caregiver for purposes of adoptive
38 placement.

39 (B) Regardless of a relative caregiver’s immigration status, a
40 relative caregiver shall be given information regarding the

1 permanency options of guardianship and adoption, including the
2 long-term benefits and consequences of each option, prior to
3 establishing legal guardianship or pursuing adoption. If the
4 proposed permanent plan is guardianship with an approved relative
5 caregiver for a minor eligible for aid under the Kin-GAP Program,
6 as provided for in Article 4.7 (commencing with Section 11385)
7 of Chapter 2 of Part 3 of Division 9, the relative caregiver shall
8 be informed about the terms and conditions of the negotiated
9 agreement pursuant to Section 11387 and shall agree to its
10 execution prior to the hearing held pursuant to Section 366.26. A
11 copy of the executed negotiated agreement shall be attached to the
12 assessment.

13 (h) If, at any hearing held pursuant to Section 366.26, a
14 guardianship is established for the minor with an approved relative
15 caregiver and juvenile court dependency is subsequently dismissed,
16 the minor shall be eligible for aid under the Kin-GAP ~~Program~~
17 *Program*, as provided for in Article 4.5 (commencing with Section
18 11360) or Article 4.7 (commencing with Section 11385), as
19 applicable, of Chapter 2 of Part 3 of Division 9.

20 (i) In determining whether reunification services will benefit
21 the child pursuant to paragraph (6) or (7) of subdivision (b), the
22 court shall consider any information it deems relevant, including
23 the following factors:

24 (1) The specific act or omission comprising the severe sexual
25 abuse or the severe physical harm inflicted on the child or the
26 child's sibling or half sibling.

27 (2) The circumstances under which the abuse or harm was
28 inflicted on the child or the child's sibling or half sibling.

29 (3) The severity of the emotional trauma suffered by the child
30 or the child's sibling or half sibling.

31 (4) Any history of abuse of other children by the offending
32 parent or guardian.

33 (5) The likelihood that the child may be safely returned to the
34 care of the offending parent or guardian within 12 months with no
35 continuing supervision.

36 (6) Whether or not the child desires to be reunified with the
37 offending parent or guardian.

38 (j) When the court determines that reunification services will
39 not be ordered, it shall order that the child's caregiver receive the
40 child's birth certificate in accordance with Sections 16010.4 and

1 16010.5. Additionally, when the court determines that reunification
2 services will not be ordered, it shall order, when appropriate, that
3 a child who is 16 years of age or older receive the child's birth
4 certificate.

5 (k) The court shall read into the record the basis for a finding
6 of severe sexual abuse or the infliction of severe physical harm
7 under paragraph (6) of subdivision (b), and shall also specify the
8 factual findings used to determine that the provision of
9 reunification services to the offending parent or guardian would
10 not benefit the child.

11 SEC. 2. To the extent that this act has an overall effect of
12 increasing the costs already borne by a local agency for programs
13 or levels of service mandated by the 2011 Realignment Legislation
14 within the meaning of Section 36 of Article XIII of the California
15 Constitution, it shall apply to local agencies only to the extent that
16 the state provides annual funding for the cost increase. Any new
17 program or higher level of service provided by a local agency
18 pursuant to this act above the level for which funding has been
19 provided shall not require a subvention of funds by the state or
20 otherwise be subject to Section 6 of Article XIII B of the California
21 Constitution.



AB 2282 (McKinnor) Fair Chance at Family Reunification FACT SHEET

Sponsors: Los Angeles Dependency Lawyers, Brooke Huley, (323) 637-5281; Dependency Legal Services, Julia Hanagan, (707) 755-1042

Staff Contact: Sean Porter, sean.porter@asm.ca.gov

As Introduced: February 8, 2024

ISSUE

Many parents in the family regulation system have suffered from the mass incarceration trend. The statistics show that 11.4% of African American children and 3.5% of Hispanic children have an incarcerated parent. It is not uncommon for parents in dependency court to have a conviction for offenses defined as a violent felony which include robbery and carjacking. However, many times, a parent's criminal history has no current bearing on child safety or parenting ability.

While the majority of states bar reunification efforts to parents with a conviction related to the harm of a child, California law provides no exception for those convictions unrelated to any harm to a child. California presents the most rigid barrier to reunification, with the broadest list of applicable convictions and no requirement that a risk to a child's safety be shown.

SOLUTION

AB 2282 would limit criminal convictions used to deny reunification services to families in the family regulation system. It would amend the law to deny services only to the most serious and violent felons who have endangered children or their family. This reflects the safeguards taken by almost every other state regarding reunification for a parent with a violent criminal history, preserving the safety of the child and the family unit.

This bill would benefit children by increasing the likelihood that they can return safely to their family, and this would therefore reduce the need for expensive foster placements. Furthermore, it would help formerly incarcerated parents retain the positive family relationships that reduce recidivism.

SUPPORT

Los Angeles Dependency Lawyers (Sponsor)

Dependency Legal Services (Sponsor)

Date of Hearing: March 19, 2024

ASSEMBLY COMMITTEE ON JUDICIARY
Ash Kalra, Chair
AB 2282 (McKinnor) – As Introduced February 8, 2024

SUBJECT: FAMILY REUNIFICATION SERVICES

KEY ISSUE: SHOULD CALIFORNIA REMAIN AN OUTLIER AMONG OTHER STATES BY PREVENTING A PARENT WHO HAS BEEN CONVICTED OF A VIOLENT FELONY FROM ATTEMPTING TO REUNIFY WITH THEIR CHILD IN THE FOSTER CARE SYSTEM, OR SHOULD IT MODIFY ITS LAW TO ALIGN WITH MOST OTHER STATES IN THE NATION AND ALLOW SUCH PARENTS THE OPPORTUNITY TO REUNIFY, SO LONG AS THEY ARE NOT CONVICTED OF A VIOLENT FELONY AGAINST A CHILD?

SYNOPSIS

Many parents in the foster care system have also been involved in the criminal justice system. Both of these systems have a disparate impact on communities of color. In fact, 11.4% of Black children and 3.5% of Latino children have an incarcerated parent (as opposed to 1.8% of white children). It is not uncommon for parents in the juvenile dependency court to have a prior conviction for a felony offense, including an offense that meets the definition of a “violent felony.” Current law makes a parent or guardian who has been convicted of a “violent felony” presumptively ineligible for services designed for them to reunify with their child in the foster care system.

This bill, co-sponsored by Los Angeles Dependency Lawyers and Dependency Legal Services, modifies state law so that more parents and guardians whose children are in the foster care system would qualify for services that could allow them to reunify with their children. Specifically, it would modify existing law so that a parent or guardian who has been convicted of a violent felony would be eligible for reunification services, so long as their conviction were not for a violent felony against a child. This change in the law would align California with the vast majority of other states and effectively allow more parents with past felony convictions to have the opportunity to reunify with their children in the foster care system. The bill also is supported by a number of youth, legal, and criminal justice reform advocates and has no opposition on file. Should this bill be approved by this Committee, it would be referred to the Assembly Committee on Human Services.

SUMMARY: Makes more parents and guardians whose children are in the foster care system eligible for services that could allow them to reunify with their child. Specifically, **this bill** removes the presumption in current law that a parent or guardian who has been convicted of a violent felony is ineligible for services to reunify with their child, so long as the parent or guardian is not convicted of a violent felony against a child.

EXISTING LAW:

- 1) Establishes the juvenile court with jurisdiction over children who are subject to abuse or neglect. (Welfare & Institutions Code Section 300. Unless stated otherwise, all further statutory references are to the Welfare & Institutions Code.)

- 2) Establishes that the purpose of the juvenile court dependency system is the maximum safety and protection for children who are currently being abused, neglected, or exploited. Provides that the focus is on the preservation of the family, as well as the safety, protection, and physical and emotional well-being of the child. (Section 300.2.)
- 3) Requires that if, at the initial hearing, the juvenile court orders a child removed from their parent or guardian due to abuse or neglect, the court to order that child welfare reunification services be provided to the family as soon as possible in order to reunify the child with their family, if appropriate. (Section 319 (e).)
- 4) Requires the court, at the dispositional hearing, to order a social worker to provide child welfare services to a child who has been removed from their parents' custody and to the parents in order to support the goal of reunification, for a specified time period, except under certain circumstances. Provides that children and families in the child welfare system should typically receive a full six months of reunification services if the child is under three years of age, and twelve months if the child is over three years of age, but that may be extended up to 18 or 24 months, as provided. (Section 361.5 (a).)
- 5) Provides that reunification services under 4) above, need not be provided if the court finds, by clear and convincing evidence, that specified conditions exist, including:
 - a) The parent is suffering from a mental disability that renders the parent incapable of using the reunification services;
 - b) The parent has caused the death of another child through abuse or neglect;
 - c) The child or a sibling has been adjudicated a dependent as the result of several physical or sexual abuse;
 - d) The parent has been convicted of a violent felony; or
 - e) The parent has a history of drug or alcohol abuse and has failed to comply with treatment programs as provided. (Section 361.5 (b).)
- 6) Prevents a court from ordering reunification services for a parent in specified situations, including the situations set forth in 5) above, unless the court finds, by clear and convincing evidence, that reunification is in the child's best interest. (Section 361.5 (c)(2) - (4).)
- 7) Defines all of the following as "violent felonies."
 - a) Murder or voluntary manslaughter.
 - b) Mayhem.
 - c) Rape.
 - d) Sodomy.
 - e) Oral copulation.
 - f) Lewd or lascivious act on a child under 14 years old, or with force.

- g) Any felony punishable by death or imprisonment in the state prison for life.
- h) Any felony in which the defendant inflicts great bodily injury on a person other than an accomplice, or any felony in which the defendant uses a firearm which use has been charged and proved.
- i) Any robbery.
- j) Arson that causes great bodily injury or causes an inhabited structure to burn.
- k) Sexual penetration.
- l) Attempted murder.
- m) Exploding or igniting a destructive device or explosive.
- n) Kidnapping.
- o) Assault with the intent to commit b) – f)
- p) Continuous sexual abuse of a child.
- q) Carjacking.
- r) Rape or sexual penetration, in concert.
- s) Extortion that would constitute a felony.
- t) Threats to victims or witnesses that would constitute a felony.
- u) Any burglary of the first degree wherein it is charged and proved that another person, other than an accomplice, was present in the residence during the commission of the burglary.
- v) Any crime that is subject to a sentence enhancement under Penal Code Section 12022.53.
- w) Using or employing a weapon of mass destruction. (Penal Code Section 667.5.)

FISCAL EFFECT: As currently in print this bill is keyed fiscal.

COMMENTS: Many parents in the foster care system have also been involved in the criminal justice system. Both of these systems have a disparate impact on communities of color. In fact, 11.4% of Black children and 3.5% of Latino children have an incarcerated parent (as opposed to 1.8% of white children). It is not uncommon for parents in the juvenile dependency court to have a prior conviction for a felony offense, including an offense that meets the definition of a “violent felony.” Current law makes a parent or guardian who has been convicted of a “violent felony” presumptively ineligible for services designed for them to reunify with their child in the foster care system.

This bill, co-sponsored by Los Angeles Dependency Lawyers and Dependency Legal Services, modifies state law so that more parents and guardians whose children are in the foster care

system would qualify for services that *could* allow them to reunify with their children. Specifically, it would modify existing law so that a parent or guardian who has been convicted of violent felony would be eligible for reunification services, so long as their conviction were not for a violent felony against a child. This change in the law would align California with the vast majority of other states and effectively allow more parents with past felony convictions to have the *opportunity* to reunify with their children in the foster care system. According to the author:

AB 2282 seeks to help reunite families by allowing people with a past violent felony conviction the opportunity to be reunited with their children. This would benefit children by increasing the likelihood that they can return safely to their family, therefore reducing the need for foster placements. Furthermore this would help formerly incarcerated parents retain the positive family relationships that reduce recidivism.

Overview of child welfare services and juvenile dependency court: Children who are at risk of abuse, neglect, or abandonment may be deemed dependents of the juvenile court and provided with services, supports and interventions aimed at protecting them and their health and safety. The system aims to preserve and strengthen families by maintaining or reuniting children with their parents whenever appropriate. The dependency process begins when child abuse, neglect, or abandonment is reported to the local child welfare agency. A social worker with the child welfare agency investigates the allegation to determine if the child requires protection in order to ensure their safety. If so, the child welfare agency files a petition with the juvenile court to make the child a dependent of the court. If necessary, the social worker will remove the child from their home and take the child into protective custody.

At the subsequent court hearing, the court may elect to keep the child in, or return the child to, their home or remove the child from the home. Removal may either result in eventual reunification with the family, or the court may determine that an alternate permanent placement –including the options of guardianship or adoption – is more fitting. When reunification is not possible or appropriate, children are placed in the setting deemed least restrictive and most suitable; the court must give preference to potential placements with relatives or nonrelative extended family members. Throughout this system, there are multiple court hearings – including the detention hearing, the jurisdictional hearing and the dispositional hearing, followed by ongoing review hearings and the permanency hearing – where the custody of a child or their placement is evaluated, reviewed, and determined by the court, in consultation with the child’s social worker appointed by the county and the child’s attorney, to help provide the best possible support and services to the child.

As of October 1, 2022, more than 74,500 children were receiving services from county child welfare agencies in California. As of that date (the most recent available), 11,512 children were placed in foster homes. (California Child Welfare Indicators Project, *Pont in Time/In Care*, available at <https://ccwip.berkeley.edu/childwelfare/index/r>.)

Reunification services. When it is necessary for a child to be removed from the home of their parent or guardian, the primary objective of the child welfare system is to safely reunify the child with those caregivers. To support this objective, in most cases the juvenile court orders reunification services, such as counseling for the family and parenting classes and drug or alcohol treatment for the child’s parents. If the child is under the age of three, these reunification services are only offered for a period of six months. If the child is over the age of three, the services are offered for twelve months. In some circumstances, the time period for reunification

services can be extended up to 24 months.

During dependency proceedings, a court must hold periodical review hearings at least every six months, including at six and 12 months after the dispositional hearing. (Section 366.21(e)(1).) At each hearing, except for the permanency and permanency review hearings, the court must find by clear and convincing evidence that the parent was adequately provided reunification services. At a permanency hearing, a judge must find, also by clear and convincing evidence, that reunification services were provided. (Section 366.26.)

Barriers to Parents with Criminal Convictions Reunifying with their Children. Reunification services must be provided to most parents. In a number of exceptional cases, however, reunification services “need not” be provided if the court finds, by clear and convincing evidence, that one of the following specified conditions exist:

- The parent is suffering from a mental disability that renders the parent incapable of using the reunification services;
- The parent has caused the death of another child through abuse or neglect;
- The child or a sibling has been adjudicated a dependent as the result of several physical or sexual abuse;
- *The parent has been convicted of a violent felony; or*
- The parent has a history of drug or alcohol abuse and has failed to comply with treatment programs as provided. (Section 361.5 (b).)

Penal Code Section 667.5 enumerates an extensive list of crimes that are defined as a “violent felony,” including crimes that do not require the infliction of violence against another person, such as arson (Penal Code Section 667.5 (c)(10) and extortion (Penal Code Section 667.5 (c)(19). Furthermore, the vast majority of the enumerated crimes have no connection whatsoever to children or parenting. As a result, there often is no connection between the fact that a person has been convicted of a felony listed in Penal Code Section 667.5 (c) and that person’s ability to provide a safe home for their child.

Under current law, a parent who previously was convicted of a violent felony is presumed to be ineligible for the services necessary to reunify with their child, even when the underlying conviction occurred decades in the past and/or long before they became a parent. While a court *may* order that reunification services to be provided to the parent, such an order can only be made when the court finds, by clear and convincing evidence, that reunification is in the child's best interest. (Section 361.5 (c)(2) - (4).) Thus, a parent with a violent felony conviction would have the burden of providing evidence to the court – that is clear and convincing -- that services should be provided. If the parent were somehow able to do so, they would have the *opportunity* to *attempt* to reunify with their child (like the vast majority of other parents with children in the system). Clearly, this is a significant barrier for a parent with a past conviction for a violent felony.

The restriction in current law, making all parents and guardians who have been convicted of a “violent felony” presumptively ineligible to reunify with their children, arguably is a vestige of outmoded generalizations about -- and prejudice against -- parents who have prior involvement with the prison system.

Comparison to the law in other states. California’s restriction on parental eligibility for reunification services appears to be far more restrictive than the vast majority of other states. According to background provided to the Committee by the author, two states – Montana and New Mexico – have no restriction whatsoever on the provision of reunification services to parents based upon their past criminal history. On the other extreme, California and Illinois are the only two states that deny reunification services to a parent who has been convicted of a violent felony. Virtually all other states have restrictions that are somewhere in between these two extremes. If California were to modify its law in the manner proposed by this bill, it would join 32 other states that restrict reunification services to parents based upon their prior conviction for a crime only when the conviction was for a violent felony involving a child.

No restriction related to a criminal conviction: Montana, New Mexico

Restrictions for violent crimes involving a child: Arizona, Arkansas, Colorado, Connecticut, Delaware, Georgia, Hawaii, Iowa, Indiana, Kentucky, Louisiana, Maine, Maryland, Michigan, Minnesota, Mississippi, Missouri, New Jersey, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Dakota, Tennessee, Texas, Vermont, Wisconsin, Wyoming

Restrictions for violent crimes involving the other parent or child: Alabama, Alaska, Florida, Massachusetts, Nebraska, New Hampshire, South Carolina, Utah, Virginia, Washington, West Virginia

Restrictions for murder or manslaughter: Idaho, Nevada

Restrictions for any murder, manslaughter, or felony battery: Kansas

Restrictions for any violent felony: California and Illinois

This bill only makes a parent eligible for reunification services, like the vast majority of other parents. A parent who is provided with reunification services is not guaranteed to be reunified with their child. Rather, should they participate in such services and make progress in their parenting skills and relationship with their child by means of those services, they will have the *opportunity* – by the end of the period when those services are required to be provided – to be reunified. A juvenile court would continue to review the parent’s progress toward reunification with their child at hearings every six months. At the end of the reunification period, “within 18 months after the date the child was originally removed from the physical custody of his or her parent.” the court would be required to order the return of the child to the physical custody of their parent or legal guardian “unless the court finds, by a preponderance of the evidence, that the return of the child to their parent or legal guardian would create a substantial risk of detriment to the safety, protection, or physical or emotional well-being of the child.” (Section 366.22 (a)(1).) While the presumption would be for the return of the child, that presumption could be overcome: if the parent failed to participate in services that were offered, or did something to endanger the welfare of the child, for example. But in that case, the court’s decision would be based upon the parent’s conduct in relation to the child. If a parent were never offered the opportunity to reunify because of the parent’s past criminal conviction alone, the court’s decision to deny reunification would be based only on the prior conviction (which may or may not have involved an act of violence) and would have nothing to do with their parenting skills or ability to provide their child with a safe home.

As the author points out, “[P]eople should not have their past held against them and violent felony convictions do not dictate how well of a parent someone will be. These people have served their time and should be given a chance to reunite with their children. Also when people are released from prison, one way to reduce recidivism is to reunite them with their family and especially their children.”

ARGUMENTS IN SUPPORT: Dependency Advocacy Center writes the following to explain why the bill is an important measure for equity, as well as child safety:

At Dependency Advocacy Center, through the work we have done supporting parents on probation and with criminal justice system involvement, it is apparent that the reasons for criminal justice system involvement are nuanced and multifaceted. Many of the parents we work with have criminal convictions that predate them becoming parents, or where their conviction is predicated on a theory of accomplice liability where they were not the violent actor or the result of a plea bargain where the potential collateral child welfare consequences of that criminal conviction were not thoroughly explained. We have countless success stories of parents with violent criminal convictions changing the trajectory of their lives and not only being safe parents for their children but role models for children, for other parents, and for the community.

By narrowing the circumstances in which a parent with a criminal history can be denied an opportunity to reunify with their child, this bill will benefit children by increasing the likelihood that they can return safely to their families and thus reduce the need for children to remain in foster care. Furthermore, by protecting and promoting family relationships between formerly incarcerated parents and their children, this bill incidentally helps to support recidivism as well.

REGISTERED SUPPORT / OPPOSITION:

Support

A New Way of Life Reentry Project
California Public Defenders Association
Dependency Advocacy Center
Dependency Legal Services
Ella Baker Center for Human Rights
Families Inspiring Reentry & Reunification 4 Everyone
Los Angeles Dependency Lawyers, INC.
Public Counsel
Root & Rebound

Opposition

None on file

Analysis Prepared by: Alison Merrilees / JUD. / (916) 319-2334

MEMORANDUM

| | |
|----------------|-----------------------------------------------------------------------------------------------------------|
| DATE | April 12, 2024 |
| TO | Legislative and Regulatory Affairs Committee Members |
| FROM | Troy Polk, Legislative and Regulatory Analyst |
| SUBJECT | Agenda Item 5(b)(3) – AB 2581 (Maienschein) Healing arts: continuing education: maternal mental health |

Background

On February 14, 2024, AB 2581 was introduced by Assembly Member Maienschein.

AB 2581 would allow medical providers including psychologists to have the option to take coursework in maternal mental health to satisfy continuing education or professional development requirements.

On March 4, 2024, AB 2581 was referred to the Assembly Committee on Business and Profession.

Board Staff will continue to monitor AB 2581.

Action Requested

Staff recommendation: Legislative and Regulatory Affairs Committee review AB 2581 and consider a position to be presented to the full Board.

Attachment #1: AB 2581 Bill Text

Attachment #2: B 2581 Fact Sheet

ASSEMBLY BILL

No. 2581

Introduced by Assembly Member Maienschein

February 14, 2024

An act to add Sections 2191.3, 2811.7, 2914.4, 3524.6, 4980.56, 4989.35, 4996.29, and 4999.77 to the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

AB 2581, as introduced, Maienschein. Healing arts: continuing education: maternal mental health.

Existing law, the Medical Practice Act, establishes the Medical Board of California and sets forth its powers and duties relating to the licensure and regulation of physicians and surgeons. Existing law, the Nursing Practice Act, establishes the Board of Registered Nursing and sets forth its powers and duties relating to the licensure and regulation of the practice of nursing. Existing law, the Psychology Licensing Law, establishes the Board of Psychology and sets forth its powers and duties relating to the licensure and regulation of psychologists. Existing law, the Physician Assistant Practice Act, establishes the Physician Assistant Board and sets forth its powers and duties relating to the licensure and regulation of physician assistants.

Existing law, the Licensed Marriage and Family Therapist Act, the Clinical Social Worker Practice Act, the Licensed Professional Clinical Counselor Act, and the Educational Psychologist Practice Act, provides for the licensure and regulation of the practices of marriage and family therapy, clinical social work, professional clinical counseling, and education psychology, respectively, by the Board of Behavioral Sciences.

Existing law establishes continuing education requirements for all of these various healing arts practitioners.

This bill would require licensees under these provisions to have the option of taking coursework on maternal mental health to satisfy continuing education and professional development requirements.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. Section 2191.3 is added to the Business and
2 Professions Code, to read:

3 2191.3. Notwithstanding any law to the contrary, a licensee
4 shall have the option of taking coursework on maternal mental
5 health to satisfy continuing education requirements.

6 SEC. 2. Section 2811.7 is added to the Business and Professions
7 Code, to read:

8 2811.7. Notwithstanding any law to the contrary, a licensee
9 shall have the option of taking coursework on maternal mental
10 health to satisfy continuing education requirements.

11 SEC. 3. Section 2914.4 is added to the Business and Professions
12 Code, to read:

13 2914.4. Notwithstanding any law to the contrary, a licensee
14 shall have the option of taking coursework on maternal mental
15 health to satisfy continuing education requirements.

16 SEC. 4. Section 3524.6 is added to the Business and Professions
17 Code, to read:

18 3524.6. Notwithstanding any law to the contrary, a licensee
19 shall have the option of taking coursework on maternal mental
20 health to satisfy continuing education requirements.

21 SEC. 5. Section 4980.56 is added to the Business and
22 Professions Code, to read:

23 4980.56. Notwithstanding any law to the contrary, a licensee
24 shall have the option of taking coursework on maternal mental
25 health to satisfy continuing education requirements.

26 SEC. 6. Section 4989.35 is added to the Business and
27 Professions Code, to read:

28 4989.35. Notwithstanding any law to the contrary, a licensee
29 shall have the option of taking coursework on maternal mental
30 health to satisfy continuing education requirements.

1 SEC. 7. Section 4996.29 is added to the Business and
2 Professions Code, to read:

3 4996.29. Notwithstanding any law to the contrary, a licensee
4 shall have the option of taking coursework on maternal mental
5 health to satisfy continuing education requirements.

6 SEC. 8. Section 4999.77 is added to the Business and
7 Professions Code, to read:

8 4999.77. Notwithstanding any law to the contrary, a licensee
9 shall have the option of taking coursework on maternal mental
10 health to satisfy continuing education requirements.

O



BRIAN MAIENSCHIEIN

ASSEMBLYMEMBER, SEVENTY-SIXTH DISTRICT

Assembly Bill 2581

Healing Arts: Continuing Education: Maternal Mental Health.

As Introduced 02/14/2024

Summary

AB 2581 would allow additional medical providers to have the option to take a course in maternal mental health as part of their continual education or professional development requirements.

Background

According to the American Hospital Association, over 50% of pregnant individuals suffering from depression go untreated, significantly impacting both parent and child. In 2019, maternal mental health conditions emerged as the leading cause of pregnancy-related deaths. Empowering all perinatal nurses and providers with training in maternal mental health equips them with the knowledge and skills necessary to support their patients effectively. It is imperative that all healthcare professionals across disciplines, understand the factors influencing women's overall health and proactively identify and address potential pregnancy risks.

In 2019, Assembly Bill 845 (Maienschein, Chapter 220, Statutes of 2019) allowed physicians and surgeons to satisfy continuing medical education requirements by taking a course on maternal mental health disorders and evidence-based treatment options.

This Bill

This bill would expand the types of medical professionals allowed to take a course in maternal mental health as part of their continuing education and professional development requirements to include nurses, psychologists, physician assistants, marriage and family therapists, clinical social workers, professional clinical counselors, and education psychologists. This would provide information to medical/mental health providers about maternal mental health and ways to appropriately treat their patients and clients.

Contact Info

Savanah Dominikus, Legislative Assistant

Savanah.Dominikus@asm.ca.gov

916-319-2076

MEMORANDUM

| | |
|----------------|------------------------------------------------------------------------------------------------------------------------------------|
| DATE | April 12, 2024 |
| TO | Legislative and Regulatory Affairs Committee Members |
| FROM | Troy Polk, Legislative and Regulatory Analyst |
| SUBJECT | Agenda Item 5(b)(4) – AB 2703 (Aguiar-Curry) Federally qualified health centers and rural health clinics: psychological associates |

Background

On February 14, 2024, AB 2703 was introduced by Assembly Member Aguiar-Curry. The bill is co-sponsored by The California Psychological Association (CPA) and the Primary Care Association.

Existing law does not specifically allow Federally Qualifies Health Centers (FQHC) and Rural Health Centers (RHC) to be reimbursed for services provided by psychological associates. CPA provides that the current law limits training opportunities and limits the access to mental and behavioral health services to patients at FQHCs and RHCs.

AB 2703 would amend the current law to allow psychological associates to perform services in FQHCs and RHCs and allow the centers to be reimbursed for the services.

On March 4, 2024, AB 2703 was referred to the Assembly Committee on Health.

Board Staff will continue to monitor AB 2703.

Action Requested

Staff recommendation: Legislative and Regulatory Affairs Committee review AB 2703 and consider a position to be presented to the full Board.

Attachment #1: AB 2703 Bill Text
Attachment #2: AB 2703 Fact Sheet

ASSEMBLY BILL

No. 2703

Introduced by Assembly Member Aguiar-Curry

February 14, 2024

An act to amend Section 14132.100 of the Welfare and Institutions Code, relating to Medi-Cal.

LEGISLATIVE COUNSEL'S DIGEST

AB 2703, as introduced, Aguiar-Curry. Federally qualified health centers and rural health clinics: psychological associates.

Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services, including federally qualified health center (FQHC) services and rural health clinic (RHC) services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions.

Existing law requires the department to seek any necessary federal approvals and issue appropriate guidance to allow an FQHC or RHC to bill, under a supervising licensed behavioral health practitioner, for an encounter between an FQHC or RHC patient and an associate clinical social worker or associate marriage and family therapist when certain conditions are met, including, among others, that the FQHC or RHC is otherwise authorized to bill for services provided by the supervising practitioner as a separate visit.

This bill would add a psychological associate to those provisions, requiring the department to seek any necessary federal approvals and issue appropriate guidance to allow an FQHC or RHC to bill for an encounter between a patient and a psychological associate under those conditions. The bill would make conforming changes with regard to

supervision by a licensed psychologist as required by the Board of Psychology.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. Section 14132.100 of the Welfare and Institutions
- 2 Code is amended to read:
- 3 14132.100. (a) The federally qualified health center services
- 4 described in Section 1396d(a)(2)(C) of Title 42 of the United States
- 5 Code are covered benefits.
- 6 (b) The rural health clinic services described in Section
- 7 1396d(a)(2)(B) of Title 42 of the United States Code are covered
- 8 benefits.
- 9 (c) Federally qualified health center services and rural health
- 10 clinic services shall be reimbursed on a per-visit basis in
- 11 accordance with the definition of “visit” set forth in subdivision
- 12 (g).
- 13 (d) Effective October 1, 2004, and on each October 1 thereafter,
- 14 until no longer required by federal law, federally qualified health
- 15 center (FQHC) and rural health clinic (RHC) per-visit rates shall
- 16 be increased by the Medicare Economic Index applicable to
- 17 primary care services in the manner provided for in Section
- 18 1396a(bb)(3)(A) of Title 42 of the United States Code. Prior to
- 19 January 1, 2004, FQHC and RHC per-visit rates shall be adjusted
- 20 by the Medicare Economic Index in accordance with the
- 21 methodology set forth in the state plan in effect on October 1,
- 22 2001.
- 23 (e) (1) An FQHC or RHC may apply for an adjustment to its
- 24 per-visit rate based on a change in the scope of services provided
- 25 by the FQHC or RHC. Rate changes based on a change in the
- 26 scope of services provided by an FQHC or RHC shall be evaluated
- 27 in accordance with Medicare reasonable cost principles, as set
- 28 forth in Part 413 (commencing with Section 413.1) of Title 42 of
- 29 the Code of Federal Regulations, or its successor.
- 30 (2) Subject to the conditions set forth in subparagraphs (A) to
- 31 (D), inclusive, of paragraph (3), a change in scope of service means
- 32 any of the following:

- 1 (A) The addition of a new FQHC or RHC service that is not
2 incorporated in the baseline prospective payment system (PPS)
3 rate, or a deletion of an FQHC or RHC service that is incorporated
4 in the baseline PPS rate.
- 5 (B) A change in service due to amended regulatory requirements
6 or rules.
- 7 (C) A change in service resulting from relocating or remodeling
8 an FQHC or RHC.
- 9 (D) A change in types of services due to a change in applicable
10 technology and medical practice utilized by the center or clinic.
- 11 (E) An increase in service intensity attributable to changes in
12 the types of patients served, including, but not limited to,
13 populations with HIV or AIDS, or other chronic diseases, or
14 homeless, elderly, migrant, or other special populations.
- 15 (F) Any changes in any of the services described in subdivision
16 (a) or (b), or in the provider mix of an FQHC or RHC or one of
17 its sites.
- 18 (G) Changes in operating costs attributable to capital
19 expenditures associated with a modification of the scope of any
20 of the services described in subdivision (a) or (b), including new
21 or expanded service facilities, regulatory compliance, or changes
22 in technology or medical practices at the center or clinic.
- 23 (H) Indirect medical education adjustments and a direct graduate
24 medical education payment that reflects the costs of providing
25 teaching services to interns and residents.
- 26 (I) Any changes in the scope of a project approved by the federal
27 Health Resources and Services Administration (HRSA).
- 28 (3) A change in costs is not, in and of itself, a scope-of-service
29 change, unless all of the following apply:
- 30 (A) The increase or decrease in cost is attributable to an increase
31 or decrease in the scope of services defined in subdivisions (a) and
32 (b), as applicable.
- 33 (B) The cost is allowable under Medicare reasonable cost
34 principles set forth in Part 413 (commencing with Section ~~413~~) of
35 ~~Subchapter B of Chapter 4~~ 413.1) of Title 42 of the Code of Federal
36 Regulations, or its successor.
- 37 (C) The change in the scope of services is a change in the type,
38 intensity, duration, or amount of services, or any combination
39 thereof.

1 (D) The net change in the FQHC's or RHC's rate equals or
2 exceeds 1.75 percent for the affected FQHC or RHC site. For
3 FQHCs and RHCs that filed consolidated cost reports for multiple
4 sites to establish the initial prospective payment reimbursement
5 rate, the 1.75-percent threshold shall be applied to the average
6 per-visit rate of all sites for the purposes of calculating the cost
7 associated with a scope-of-service change. "Net change" means
8 the per-visit rate change attributable to the cumulative effect of all
9 increases and decreases for a particular fiscal year.

10 (4) An FQHC or RHC may submit requests for scope-of-service
11 changes once per fiscal year, only within 90 days following the
12 beginning of the FQHC's or RHC's fiscal year. Any approved
13 increase or decrease in the provider's rate shall be retroactive to
14 the beginning of the FQHC's or RHC's fiscal year in which the
15 request is submitted.

16 (5) An FQHC or RHC shall submit a scope-of-service rate
17 change request within 90 days of the beginning of any FQHC or
18 RHC fiscal year occurring after the effective date of this section,
19 if, during the FQHC's or RHC's prior fiscal year, the FQHC or
20 RHC experienced a decrease in the scope of services provided that
21 the FQHC or RHC either knew or should have known would have
22 resulted in a significantly lower per-visit rate. If an FQHC or RHC
23 discontinues providing onsite pharmacy or dental services, it shall
24 submit a scope-of-service rate change request within 90 days of
25 the beginning of the following fiscal year. The rate change shall
26 be effective as provided for in paragraph (4). As used in this
27 paragraph, "significantly lower" means an average per-visit rate
28 decrease in excess of 2.5 percent.

29 (6) Notwithstanding paragraph (4), if the approved
30 scope-of-service change or changes were initially implemented
31 on or after the first day of an FQHC's or RHC's fiscal year ending
32 in calendar year 2001, but before the adoption and issuance of
33 written instructions for applying for a scope-of-service change,
34 the adjusted reimbursement rate for that scope-of-service change
35 shall be made retroactive to the date the scope-of-service change
36 was initially implemented. Scope-of-service changes under this
37 paragraph shall be required to be submitted within the later of 150
38 days after the adoption and issuance of the written instructions by
39 the department, or 150 days after the end of the FQHC's or RHC's
40 fiscal year ending in 2003.

1 (7) All references in this subdivision to “fiscal year” shall be
2 construed to be references to the fiscal year of the individual FQHC
3 or RHC, as the case may be.

4 (f) (1) An FQHC or RHC may request a supplemental payment
5 if extraordinary circumstances beyond the control of the FQHC
6 or RHC occur after December 31, 2001, and PPS payments are
7 insufficient due to these extraordinary circumstances. Supplemental
8 payments arising from extraordinary circumstances under this
9 subdivision shall be solely and exclusively within the discretion
10 of the department and shall not be subject to subdivision (l). These
11 supplemental payments shall be determined separately from the
12 scope-of-service adjustments described in subdivision (e).
13 Extraordinary circumstances include, but are not limited to, acts
14 of nature, changes in applicable requirements in the Health and
15 Safety Code, changes in applicable licensure requirements, and
16 changes in applicable rules or regulations. Mere inflation of costs
17 alone, absent extraordinary circumstances, shall not be grounds
18 for supplemental payment. If an FQHC’s or RHC’s PPS rate is
19 sufficient to cover its overall costs, including those associated with
20 the extraordinary circumstances, then a supplemental payment is
21 not warranted.

22 (2) The department shall accept requests for supplemental
23 payment at any time throughout the prospective payment rate year.

24 (3) Requests for supplemental payments shall be submitted in
25 writing to the department and shall set forth the reasons for the
26 request. Each request shall be accompanied by sufficient
27 documentation to enable the department to act upon the request.
28 Documentation shall include the data necessary to demonstrate
29 that the circumstances for which supplemental payment is requested
30 meet the requirements set forth in this section. Documentation
31 shall include both of the following:

32 (A) A presentation of data to demonstrate reasons for the
33 FQHC’s or RHC’s request for a supplemental payment.

34 (B) Documentation showing the cost implications. The cost
35 impact shall be material and significant, two hundred thousand
36 dollars (\$200,000) or 1 percent of a facility’s total costs, whichever
37 is less.

38 (4) A request shall be submitted for each affected year.

39 (5) Amounts granted for supplemental payment requests shall
40 be paid as lump-sum amounts for those years and not as revised

1 PPS rates, and shall be repaid by the FQHC or RHC to the extent
2 that it is not expended for the specified purposes.

3 (6) The department shall notify the provider of the department's
4 discretionary decision in writing.

5 (g) (1) An FQHC or RHC "visit" means a face-to-face
6 encounter between an FQHC or RHC patient and a physician,
7 physician assistant, nurse practitioner, certified nurse-midwife,
8 clinical psychologist, licensed clinical social worker, or a visiting
9 nurse. A visit shall also include a face-to-face encounter between
10 an FQHC or RHC patient and a comprehensive perinatal
11 practitioner, as defined in Section 51179.7 of Title 22 of the
12 California Code of Regulations, providing comprehensive perinatal
13 services, a four-hour day of attendance at an adult day health care
14 center, and any other provider identified in the state plan's
15 definition of an FQHC or RHC visit.

16 (2) (A) A visit shall also include a face-to-face encounter
17 between an FQHC or RHC patient and a dental hygienist, a dental
18 hygienist in alternative practice, or a marriage and family therapist.

19 (B) Notwithstanding subdivision (e), if an FQHC or RHC that
20 currently includes the cost of the services of a dental hygienist in
21 alternative practice, or a marriage and family therapist for the
22 purposes of establishing its FQHC or RHC rate chooses to bill
23 these services as a separate visit, the FQHC or RHC shall apply
24 for an adjustment to its per-visit rate, and, after the rate adjustment
25 has been approved by the department, shall bill these services as
26 a separate visit. However, multiple encounters with dental
27 professionals or marriage and family therapists that take place on
28 the same day shall constitute a single visit. The department shall
29 develop the appropriate forms to determine which FQHC's or
30 RHC's rates shall be adjusted and to facilitate the calculation of
31 the adjusted rates. An FQHC's or RHC's application for, or the
32 department's approval of, a rate adjustment pursuant to this
33 subparagraph shall not constitute a change in scope of service
34 within the meaning of subdivision (e). An FQHC or RHC that
35 applies for an adjustment to its rate pursuant to this subparagraph
36 may continue to bill for all other FQHC or RHC visits at its existing
37 per-visit rate, subject to reconciliation, until the rate adjustment
38 for visits between an FQHC or RHC patient and a dental hygienist,
39 a dental hygienist in alternative practice, or a marriage and family
40 therapist has been approved. Any approved increase or decrease

1 in the provider's rate shall be made within six months after the
2 date of receipt of the department's rate adjustment forms pursuant
3 to this subparagraph and shall be retroactive to the beginning of
4 the fiscal year in which the FQHC or RHC submits the request,
5 but in no case shall the effective date be earlier than January 1,
6 2008.

7 (C) An FQHC or RHC that does not provide dental hygienist,
8 dental hygienist in alternative practice, or marriage and family
9 therapist services, and later elects to add these services and bill
10 these services as a separate visit, shall process the addition of these
11 services as a change in scope of service pursuant to subdivision
12 (e).

13 (3) Notwithstanding any other provision of this section, no later
14 than July 1, 2018, a visit shall include a marriage and family
15 therapist.

16 (4) (A) (i) Subject to subparagraphs (C) and (D), a visit shall
17 also include an encounter between an FQHC or RHC patient and
18 a physician, physician assistant, nurse practitioner, certified
19 nurse-midwife, clinical psychologist, licensed clinical social
20 worker, visiting nurse, comprehensive perinatal services program
21 practitioner, dental hygienist, dental hygienist in alternative
22 practice, or marriage and family therapist using video synchronous
23 interaction, when services delivered through that interaction meet
24 the applicable standard of care. A visit described in this clause
25 shall be reimbursed at the applicable FQHC's or RHC's per-visit
26 PPS rate to the extent the department determines that the FQHC
27 or RHC has met all billing requirements that would have applied
28 if the applicable services were delivered via a face-to-face
29 encounter. An FQHC or RHC is not precluded from establishing
30 a new patient relationship through video synchronous interaction.
31 An FQHC patient who receives telehealth services shall otherwise
32 be eligible to receive in-person services from that FQHC pursuant
33 to HRSA requirements.

34 (ii) Subject to subparagraphs (C) and (D), a visit shall also
35 include an encounter between an FQHC or RHC patient and a
36 physician, physician assistant, nurse practitioner, certified
37 nurse-midwife, clinical psychologist, licensed clinical social
38 worker, visiting nurse, comprehensive perinatal services program
39 practitioner, dental hygienist, dental hygienist in alternative
40 practice, or marriage and family therapist using audio-only

1 synchronous interaction, when services delivered through that
2 modality meet the applicable standard of care. A visit described
3 in this clause shall be reimbursed at the applicable FQHC's or
4 RHC's per-visit PPS rate to the extent the department determines
5 that the FQHC or RHC has met all billing requirements that would
6 have applied if the applicable services were delivered via a
7 face-to-face encounter.

8 (iii) Subject to subparagraphs (C) and (D), a visit shall also
9 include an encounter between an FQHC or RHC patient and a
10 physician, physician assistant, nurse practitioner, certified
11 nurse-midwife, clinical psychologist, licensed clinical social
12 worker, visiting nurse, comprehensive perinatal services program
13 practitioner, dental hygienist, dental hygienist in alternative
14 practice, or marriage and family therapist using an asynchronous
15 store and forward modality, when services delivered through that
16 modality meet the applicable standard of care. A visit described
17 in this clause shall be reimbursed at the applicable FQHC's or
18 RHC's per-visit PPS rate to the extent the department determines
19 that the FQHC or RHC has met all billing requirements that would
20 have applied if the applicable services were delivered via a
21 face-to-face encounter.

22 (iv) (I) An FQHC or RHC may not establish a new patient
23 relationship using an audio-only synchronous interaction.

24 (II) Notwithstanding subclause (I), the department may provide
25 for exceptions to the prohibition established by subclause (I),
26 including, but not limited to, the exceptions described in
27 sub-subclauses (ia) and (ib), which shall be developed in
28 consultation with affected stakeholders and published in
29 departmental guidance.

30 (ia) Notwithstanding the prohibition in subclause (I) and subject
31 to subparagraphs (C) and (D), an FQHC or RHC may establish a
32 new patient relationship using an audio-only synchronous
33 interaction when the visit is related to sensitive services, as defined
34 in subdivision (n) of Section 56.05 of the Civil Code, and when
35 established in accordance with department-specific requirements
36 and consistent with federal and state laws, regulations, and
37 guidance.

38 (ib) Notwithstanding the prohibition in subclause (I) and subject
39 to subparagraphs (C) and (D), an FQHC or RHC may establish a
40 new patient relationship using an audio-only synchronous

1 interaction when the patient requests an audio-only modality or
2 attests they do not have access to video, and when established in
3 accordance with department-specific requirements and consistent
4 with federal and state laws, regulations, and guidance.

5 (v) An FQHC or RHC is not precluded from establishing a new
6 patient relationship through an asynchronous store and forward
7 modality, as defined in subdivision (a) of Section 2290.5 of the
8 Business and Professions Code, if the visit meets all of the
9 following conditions:

10 (I) The patient is physically present at the FQHC or RHC, or at
11 an intermittent site of the FQHC or RHC, at the time the service
12 is performed.

13 (II) The individual who creates the patient records at the
14 originating site is an employee or contractor of the FQHC or RHC,
15 or other person lawfully authorized by the FQHC or RHC to create
16 a patient record.

17 (III) The FQHC or RHC determines that the billing provider is
18 able to meet the applicable standard of care.

19 (IV) An FQHC patient who receives telehealth services shall
20 otherwise be eligible to receive in-person services from that FQHC
21 pursuant to HRSA requirements.

22 (B) (i) Pursuant to an effective date designated by the
23 department that is no sooner than January 1, 2024, an FQHC or
24 RHC furnishing applicable health care services via audio-only
25 synchronous interaction shall also offer those same health care
26 services via video synchronous interaction to preserve beneficiary
27 choice.

28 (ii) The department may provide specific exceptions to the
29 requirement specified in clause (i), based on an FQHC's or RHC's
30 access to requisite technologies, which shall be developed in
31 consultation with affected stakeholders and published in
32 departmental guidance.

33 (iii) Effective on the date designated by the department pursuant
34 to clause (i), an FQHC or RHC furnishing services through video
35 synchronous interaction or audio-only synchronous interaction
36 shall also do one of the following:

37 (I) Offer those services via in-person, face-to-face contact.

38 (II) Arrange for a referral to, and a facilitation of, in-person care
39 that does not require a patient to independently contact a different
40 provider to arrange for that care.

1 (iv) In addition to any existing law requiring beneficiary consent
2 to telehealth, including, but not limited to, subdivision (b) of
3 Section 2290.5 of the Business and Professions Code, all of the
4 following shall be communicated by an FQHC or RHC to a
5 Medi-Cal beneficiary, in writing or verbally, on at least one
6 occasion prior to, or concurrent with, initiating the delivery of one
7 or more health care services via telehealth to a Medi-Cal
8 beneficiary: an explanation that beneficiaries have the right to
9 access covered services that may be delivered via telehealth through
10 an in-person, face-to-face visit; an explanation that use of telehealth
11 is voluntary and that consent for the use of telehealth can be
12 withdrawn at any time by the Medi-Cal beneficiary without
13 affecting their ability to access covered Medi-Cal services in the
14 future; an explanation of the availability of Medi-Cal coverage for
15 nonmedical transportation services to in-person visits when other
16 available resources have been reasonably exhausted; and the
17 potential limitations or risks related to receiving services through
18 telehealth as compared to an in-person visit, to the extent any
19 limitations or risks are identified by the FQHC or RHC.

20 (I) The FQHC or RHC shall document in the patient record the
21 provision of this information and the patient's verbal or written
22 acknowledgment that the information was received.

23 (II) The department shall develop, in consultation with affected
24 stakeholders, model language for purposes of the communication
25 described in this subparagraph.

26 (C) The department shall seek any federal approvals it deems
27 necessary to implement this paragraph. This paragraph shall be
28 implemented only to the extent that any necessary federal approvals
29 are obtained and federal financial participation is available and
30 not otherwise jeopardized.

31 (D) This paragraph shall be operative on January 1, 2023, or on
32 the operative date or dates reflected in the applicable federal
33 approvals obtained by the department pursuant to subparagraph
34 (C), whichever is later. This paragraph shall not be construed to
35 limit coverage of, and reimbursement for, covered telehealth
36 services provided before the operative date of this paragraph.

37 (E) Notwithstanding Chapter 3.5 (commencing with Section
38 11340) of Part 1 of Division 3 of Title 2 of the Government Code,
39 the department may implement, interpret, and make specific this
40 paragraph by means of all-county letters, plan letters, provider

1 manuals, information notices, provider bulletins, and similar
2 instructions, without taking any further regulatory action.

3 (F) Telehealth modalities authorized pursuant to this paragraph
4 shall be subject to the billing, reimbursement, and utilization
5 management policies imposed by the department.

6 (G) Services delivered via telehealth modalities described in
7 this paragraph shall comply with the privacy and security
8 requirements contained in the federal Health Insurance Portability
9 and Accountability Act of 1996 found in Parts 160 and 164 of Title
10 45 of the Code of Federal Regulations, the Medicaid state plan,
11 and any other applicable state and federal statutes and regulations.

12 (5) For purposes of this section, “physician” shall be interpreted
13 in a manner consistent with the federal Centers for Medicare and
14 Medicaid Services’ Medicare Rural Health Clinic and Federally
15 Qualified Health Center Manual (Publication 27), or its successor,
16 only to the extent that it defines the professionals whose services
17 are reimbursable on a per-visit basis and not as to the types of
18 services that these professionals may render during these visits
19 and shall include a physician and surgeon, osteopath, podiatrist,
20 dentist, optometrist, and chiropractor.

21 (h) If FQHC or RHC services are partially reimbursed by a
22 third-party payer, such as a managed care entity, as defined in
23 Section 1396u-2(a)(1)(B) of Title 42 of the United States Code,
24 the Medicare Program, or the Child Health and Disability
25 Prevention (CHDP) Program, the department shall reimburse an
26 FQHC or RHC for the difference between its per-visit PPS rate
27 and receipts from other plans or programs on a contract-by-contract
28 basis and not in the aggregate, and may not include managed care
29 financial incentive payments that are required by federal law to
30 be excluded from the calculation.

31 (i) (1) Provided that the following entities are not operating as
32 intermittent clinics, as defined in subdivision (h) of Section 1206
33 of the Health and Safety Code, each entity shall have its
34 reimbursement rate established in accordance with one of the
35 methods outlined in paragraph (2) or (3), as selected by the FQHC
36 or RHC:

37 (A) An entity that first qualifies as an FQHC or RHC in 2001
38 or later.

39 (B) A newly licensed facility at a new location added to an
40 existing FQHC or RHC.

1 (C) An entity that is an existing FQHC or RHC that is relocated
2 to a new site.

3 (2) (A) An FQHC or RHC that adds a new licensed location to
4 its existing primary care license under paragraph (1) of subdivision
5 (b) of Section 1212 of the Health and Safety Code may elect to
6 have the reimbursement rate for the new location established in
7 accordance with paragraph (3), or notwithstanding subdivision
8 (e), an FQHC or RHC may choose to have one PPS rate for all
9 locations that appear on its primary care license determined by
10 submitting a change in scope of service request if both of the
11 following requirements are met:

12 (i) The change in scope of service request includes the costs
13 and visits for those locations for the first full fiscal year
14 immediately following the date the new location is added to the
15 FQHC's or RHC's existing licensee.

16 (ii) The FQHC or RHC submits the change in scope of service
17 request within 90 days after the FQHC's or RHC's first full fiscal
18 year.

19 (B) The FQHC's or RHC's single PPS rate for those locations
20 shall be calculated based on the total costs and total visits of those
21 locations and shall be determined based on the following:

22 (i) An audit in accordance with Section 14170.

23 (ii) Rate changes based on a change in scope of service request
24 shall be evaluated in accordance with Medicare reasonable cost
25 principles, as set forth in Part 413 (commencing with Section
26 413.1) of Title 42 of the Code of Federal Regulations, or its
27 successors.

28 (iii) Any approved increase or decrease in the provider's rate
29 shall be retroactive to the beginning of the FQHC's or RHC's fiscal
30 year in which the request is submitted.

31 (C) Except as specified in subdivision (j), this paragraph does
32 not apply to a location that was added to an existing primary care
33 clinic license by the State Department of Public Health, whether
34 by a regional district office or the centralized application unit, prior
35 to January 1, 2017.

36 (3) If an FQHC or RHC does not elect to have the PPS rate
37 determined by a change in scope of service request, the FQHC or
38 RHC shall have the reimbursement rate established for any of the
39 entities identified in paragraph (1) or (2) in accordance with one
40 of the following methods at the election of the FQHC or RHC:

1 (A) The rate may be calculated on a per-visit basis in an amount
2 that is equal to the average of the per-visit rates of three comparable
3 FQHCs or RHCs located in the same or adjacent area with a similar
4 caseload.

5 (B) In the absence of three comparable FQHCs or RHCs with
6 a similar caseload, the rate may be calculated on a per-visit basis
7 in an amount that is equal to the average of the per-visit rates of
8 three comparable FQHCs or RHCs located in the same or an
9 adjacent service area, or in a reasonably similar geographic area
10 with respect to relevant social, health care, and economic
11 characteristics.

12 (C) At a new entity's one-time election, the department shall
13 establish a reimbursement rate, calculated on a per-visit basis, that
14 is equal to 100 percent of the projected allowable costs to the
15 FQHC or RHC of furnishing FQHC or RHC services during the
16 first 12 months of operation as an FQHC or RHC. After the first
17 12-month period, the projected per-visit rate shall be increased by
18 the Medicare Economic Index then in effect. The projected
19 allowable costs for the first 12 months shall be cost settled and the
20 prospective payment reimbursement rate shall be adjusted based
21 on actual and allowable cost per visit.

22 (D) The department may adopt any further and additional
23 methods of setting reimbursement rates for newly qualified FQHCs
24 or RHCs as are consistent with Section 1396a(bb)(4) of Title 42
25 of the United States Code.

26 (4) In order for an FQHC or RHC to establish the comparability
27 of its caseload for purposes of subparagraph (A) or (B) of paragraph
28 (1), the department shall require that the FQHC or RHC submit
29 its most recent annual utilization report as submitted to the Office
30 of Statewide Health Planning and Development, unless the FQHC
31 or RHC was not required to file an annual utilization report. FQHCs
32 or RHCs that have experienced changes in their services or
33 caseload subsequent to the filing of the annual utilization report
34 may submit to the department a completed report in the format
35 applicable to the prior calendar year. FQHCs or RHCs that have
36 not previously submitted an annual utilization report shall submit
37 to the department a completed report in the format applicable to
38 the prior calendar year. The FQHC or RHC shall not be required
39 to submit the annual utilization report for the comparable FQHCs

1 or RHCs to the department, but shall be required to identify the
2 comparable FQHCs or RHCs.

3 (5) The rate for any newly qualified entity set forth under this
4 subdivision shall be effective retroactively to the later of the date
5 that the entity was first qualified by the applicable federal agency
6 as an FQHC or RHC, the date a new facility at a new location was
7 added to an existing FQHC or RHC, or the date on which an
8 existing FQHC or RHC was relocated to a new site. The FQHC
9 or RHC shall be permitted to continue billing for Medi-Cal covered
10 benefits on a fee-for-service basis under its existing provider
11 number until it is informed of its FQHC or RHC enrollment
12 approval, and the department shall reconcile the difference between
13 the fee-for-service payments and the FQHC's or RHC's prospective
14 payment rate at that time.

15 (j) (1) Visits occurring at an intermittent clinic site, as defined
16 in subdivision (h) of Section 1206 of the Health and Safety Code,
17 of an existing FQHC or RHC, in a mobile unit as defined by
18 ~~paragraph (2) of~~ *in* subdivision (b) of Section 1765.105 of the
19 Health and Safety Code, or at the election of the FQHC or RHC
20 and subject to paragraph (2), a location added to an existing
21 primary care clinic license by the State Department of Public
22 Health prior to January 1, 2017, shall be billed by and reimbursed
23 at the same rate as the FQHC or RHC that either established the
24 intermittent clinic site or mobile unit, or that held the clinic license
25 to which the location was added prior to January 1, 2017.

26 (2) If an FQHC or RHC with at least one additional location on
27 its primary care clinic license that was added by the State
28 Department of Public Health prior to January 1, 2017, applies for
29 an adjustment to its per-visit rate based on a change in the scope
30 of services provided by the FQHC or RHC as described in
31 subdivision (e), all locations on the FQHC's or RHC's primary
32 care clinic license shall be subject to a scope-of-service adjustment
33 in accordance with either paragraph (2) or (3) of subdivision (i),
34 as selected by the FQHC or RHC.

35 (3) This subdivision does not preclude or otherwise limit the
36 right of the FQHC or RHC to request a scope-of-service adjustment
37 to the rate.

38 (k) An FQHC or RHC may elect to have pharmacy or dental
39 services reimbursed on a fee-for-service basis, utilizing the current
40 fee schedules established for those services. These costs shall be

1 adjusted out of the FQHC's or RHC's clinic base rate as
2 scope-of-service changes. An FQHC or RHC that reverses its
3 election under this subdivision shall revert to its prior rate, subject
4 to an increase to account for all Medicare Economic Index
5 increases occurring during the intervening time period, and subject
6 to any increase or decrease associated with applicable
7 scope-of-service adjustments as provided in subdivision (e).

8 (l) Reimbursement for Drug Medi-Cal services shall be provided
9 pursuant to this subdivision.

10 (1) An FQHC or RHC may elect to have Drug Medi-Cal services
11 reimbursed directly from a county or the department under contract
12 with the FQHC or RHC pursuant to paragraph (4).

13 (2) (A) For an FQHC or RHC to receive reimbursement for
14 Drug Medi-Cal services directly from the county or the department
15 under contract with the FQHC or RHC pursuant to paragraph (4),
16 costs associated with providing Drug Medi-Cal services shall not
17 be included in the FQHC's or RHC's per-visit PPS rate. For
18 purposes of this subdivision, the costs associated with providing
19 Drug Medi-Cal services shall not be considered to be within the
20 FQHC's or RHC's clinic base PPS rate if in delivering Drug
21 Medi-Cal services the clinic uses different clinical staff at a
22 different location.

23 (B) If the FQHC or RHC does not use different clinical staff at
24 a different location to deliver Drug Medi-Cal services, the FQHC
25 or RHC shall submit documentation, in a manner determined by
26 the department, that the current per-visit PPS rate does not include
27 any costs related to rendering Drug Medi-Cal services, including
28 costs related to utilizing space in part of the FQHC's or RHC's
29 building, that are or were previously calculated as part of the
30 clinic's base PPS rate.

31 (3) If the costs associated with providing Drug Medi-Cal
32 services are within the FQHC's or RHC's clinic base PPS rate, as
33 determined by the department, the Drug Medi-Cal services costs
34 shall be adjusted out of the FQHC's or RHC's per-visit PPS rate
35 as a change in scope of service.

36 (A) An FQHC or RHC shall submit to the department a
37 scope-of-service change request to adjust the FQHC's or RHC's
38 clinic base PPS rate after the first full fiscal year of rendering Drug
39 Medi-Cal services outside of the PPS rate. Notwithstanding
40 subdivision (e), the scope-of-service change request shall include

1 a full fiscal year of activity that does not include Drug Medi-Cal
2 services costs.

3 (B) An FQHC or RHC may submit requests for scope-of-service
4 change under this subdivision only within 90 days following the
5 beginning of the FQHC's or RHC's fiscal year. Any
6 scope-of-service change request under this subdivision approved
7 by the department shall be retroactive to the first day that Drug
8 Medi-Cal services were rendered and reimbursement for Drug
9 Medi-Cal services was received outside of the PPS rate, but in no
10 case shall the effective date be earlier than January 1, 2018.

11 (C) The FQHC or RHC may bill for Drug Medi-Cal services
12 outside of the PPS rate when the FQHC or RHC obtains approval
13 as a Drug Medi-Cal provider and enters into a contract with a
14 county or the department to provide these services pursuant to
15 paragraph (4).

16 (D) Within 90 days of receipt of the request for a
17 scope-of-service change under this subdivision, the department
18 shall issue the FQHC or RHC an interim rate equal to 90 percent
19 of the FQHC's or RHC's projected allowable cost, as determined
20 by the department. An audit to determine the final rate shall be
21 performed in accordance with Section 14170.

22 (E) Rate changes based on a request for scope-of-service change
23 under this subdivision shall be evaluated in accordance with
24 Medicare reasonable cost principles, as set forth in Part 413
25 (commencing with Section 413.1) of Title 42 of the Code of
26 Federal Regulations, or its successor.

27 (F) For purposes of recalculating the PPS rate, the FQHC or
28 RHC shall provide upon request to the department verifiable
29 documentation as to which employees spent time, and the actual
30 time spent, providing federally qualified health center services or
31 rural health center services and Drug Medi-Cal services.

32 (G) After the department approves the adjustment to the FQHC's
33 or RHC's clinic base PPS rate and the FQHC or RHC is approved
34 as a Drug Medi-Cal provider, an FQHC or RHC shall not bill the
35 PPS rate for any Drug Medi-Cal services provided pursuant to a
36 contract entered into with a county or the department pursuant to
37 paragraph (4).

38 (H) An FQHC or RHC that reverses its election under this
39 subdivision shall revert to its prior PPS rate, subject to an increase
40 to account for all Medicare Economic Index increases occurring

1 during the intervening time period, and subject to any increase or
2 decrease associated with the applicable scope-of-service
3 adjustments as provided for in subdivision (e).

4 (4) Reimbursement for Drug Medi-Cal services shall be
5 determined according to subparagraph (A) or (B), depending on
6 whether the services are provided in a county that participates in
7 the Drug Medi-Cal organized delivery system (DMC-ODS).

8 (A) In a county that participates in the DMC-ODS, the FQHC
9 or RHC shall receive reimbursement pursuant to a mutually agreed
10 upon contract entered into between the county or county designee
11 and the FQHC or RHC. If the county or county designee refuses
12 to contract with the FQHC or RHC, the FQHC or RHC may follow
13 the contract denial process set forth in the Special Terms and
14 Conditions.

15 (B) In a county that does not participate in the DMC-ODS, the
16 FQHC or RHC shall receive reimbursement pursuant to a mutually
17 agreed upon contract entered into between the county and the
18 FQHC or RHC. If the county refuses to contract with the FQHC
19 or RHC, the FQHC or RHC may request to contract directly with
20 the department and shall be reimbursed for those services at the
21 Drug Medi-Cal fee-for-service rate.

22 (5) The department shall not reimburse an FQHC or RHC
23 pursuant to subdivision (h) for the difference between its per-visit
24 PPS rate and any payments for Drug Medi-Cal services made
25 pursuant to this subdivision.

26 (6) For purposes of this subdivision, the following definitions
27 apply:

28 (A) “Drug Medi-Cal organized delivery system” or
29 “DMC-ODS” means the Drug Medi-Cal organized delivery system
30 authorized under the California Medi-Cal 2020 Demonstration,
31 Number 11-W-00193/9, as approved by the federal Centers for
32 Medicare and Medicaid Services and described in the Special
33 Terms and Conditions.

34 (B) “Special Terms and Conditions” has the same meaning as
35 set forth in subdivision (o) of Section 14184.10.

36 (m) Reimbursement for specialty mental health services shall
37 be provided pursuant to this subdivision.

38 (1) An FQHC or RHC and one or more mental health plans that
39 contract with the department pursuant to Section 14712 may
40 mutually elect to enter into a contract to have the FQHC or RHC

1 provide specialty mental health services to Medi-Cal beneficiaries
2 as part of the mental health plan's network.

3 (2) (A) For an FQHC or RHC to receive reimbursement for
4 specialty mental health services pursuant to a contract entered into
5 with the mental health plan under paragraph (1), the costs
6 associated with providing specialty mental health services shall
7 not be included in the FQHC's or RHC's per-visit PPS rate. For
8 purposes of this subdivision, the costs associated with providing
9 specialty mental health services shall not be considered to be within
10 the FQHC's or RHC's clinic base PPS rate if in delivering specialty
11 mental health services the clinic uses different clinical staff at a
12 different location.

13 (B) If the FQHC or RHC does not use different clinical staff at
14 a different location to deliver specialty mental health services, the
15 FQHC or RHC shall submit documentation, in a manner
16 determined by the department, that the current per-visit PPS rate
17 does not include any costs related to rendering specialty mental
18 health services, including costs related to utilizing space in part of
19 the FQHC's or RHC's building, that are or were previously
20 calculated as part of the clinic's base PPS rate.

21 (3) If the costs associated with providing specialty mental health
22 services are within the FQHC's or RHC's clinic base PPS rate, as
23 determined by the department, the specialty mental health services
24 costs shall be adjusted out of the FQHC's or RHC's per-visit PPS
25 rate as a change in scope of service.

26 (A) An FQHC or RHC shall submit to the department a
27 scope-of-service change request to adjust the FQHC's or RHC's
28 clinic base PPS rate after the first full fiscal year of rendering
29 specialty mental health services outside of the PPS rate.
30 Notwithstanding subdivision (e), the scope-of-service change
31 request shall include a full fiscal year of activity that does not
32 include specialty mental health costs.

33 (B) An FQHC or RHC may submit requests for a
34 scope-of-service change under this subdivision only within 90
35 days following the beginning of the FQHC's or RHC's fiscal year.
36 Any scope-of-service change request under this subdivision
37 approved by the department is retroactive to the first day that
38 specialty mental health services were rendered and reimbursement
39 for specialty mental health services was received outside of the

1 PPS rate, but the effective date shall not be earlier than January 1,
2 2018.

3 (C) The FQHC or RHC may bill for specialty mental health
4 services outside of the PPS rate when the FQHC or RHC contracts
5 with a mental health plan to provide these services pursuant to
6 paragraph (1).

7 (D) Within 90 days of receipt of the request for a
8 scope-of-service change under this subdivision, the department
9 shall issue the FQHC or RHC an interim rate equal to 90 percent
10 of the FQHC's or RHC's projected allowable cost, as determined
11 by the department. An audit to determine the final rate shall be
12 performed in accordance with Section 14170.

13 (E) Rate changes based on a request for scope-of-service change
14 under this subdivision shall be evaluated in accordance with
15 Medicare reasonable cost principles, as set forth in Part 413
16 (commencing with Section 413.1) of Title 42 of the Code of
17 Federal Regulations, or its successor.

18 (F) For the purpose of recalculating the PPS rate, the FQHC or
19 RHC shall provide upon request to the department verifiable
20 documentation as to which employees spent time, and the actual
21 time spent, providing federally qualified health center services or
22 rural health center services and specialty mental health services.

23 (G) After the department approves the adjustment to the FQHC's
24 or RHC's clinic base PPS rate, an FQHC or RHC shall not bill the
25 PPS rate for any specialty mental health services that are provided
26 pursuant to a contract entered into with a mental health plan
27 pursuant to paragraph (1).

28 (H) An FQHC or RHC that reverses its election under this
29 subdivision shall revert to its prior PPS rate, subject to an increase
30 to account for all Medicare Economic Index increases occurring
31 during the intervening time period, and subject to any increase or
32 decrease associated with the applicable scope-of-service
33 adjustments as provided for in subdivision (e).

34 (4) The department shall not reimburse an FQHC or RHC
35 pursuant to subdivision (h) for the difference between its per-visit
36 PPS rate and any payments made for specialty mental health
37 services under this subdivision.

38 (n) The department shall seek any necessary federal approvals
39 and issue appropriate guidance to allow an FQHC or RHC to bill,
40 under a supervising licensed behavioral health practitioner, for an

1 encounter between an FQHC or RHC patient and ~~an associate~~
2 ~~clinical social worker~~ *a psychological associate, associate clinical*
3 *social worker*, or associate marriage and family therapist when all
4 of the following conditions are met:

5 (1) ~~The associate clinical social worker or the~~ *psychological*
6 *associate, associate clinical social worker*, or associate marriage
7 and family therapist is supervised by the licensed behavioral health
8 practitioner, as required by the Board of ~~Behavioral Sciences.~~
9 *Psychology or the Board of Behavioral Sciences, as applicable.*
10 *For purposes of this subdivision, in the case of a psychological*
11 *associate, “licensed behavioral health practitioner” shall be a*
12 *licensed psychologist.*

13 (2) The visit is billed under the supervising licensed behavioral
14 health practitioner of the FQHC or RHC.

15 (3) The FQHC or RHC is otherwise authorized to bill for
16 services provided by the supervising licensed behavioral health
17 practitioner as a separate visit.

18 (o) FQHCs and RHCs may appeal a grievance or complaint
19 concerning ratesetting, scope-of-service changes, and settlement
20 of cost report audits, in the manner prescribed by Section 14171.
21 The rights and remedies provided under this subdivision are
22 cumulative to the rights and remedies available under all other
23 provisions of law of this state.

24 (p) The department shall promptly seek all necessary federal
25 approvals in order to implement this section, including any
26 amendments to the state plan. To the extent that any element or
27 requirement of this section is not approved, the department shall
28 submit a request to the federal Centers for Medicare and Medicaid
29 Services for any waivers that would be necessary to implement
30 this section.

31 (q) The department shall implement this section only to the
32 extent that federal financial participation is available.

33 (r) Notwithstanding any other law, the director may, without
34 taking regulatory action pursuant to Chapter 3.5 (commencing
35 with Section 11340) of Part 1 of Division 3 of Title 2 of the
36 Government Code, implement, interpret, or make specific
37 subdivisions (l) and (m) by means of a provider bulletin or similar
38 instruction. The department shall notify and consult with interested
39 parties and appropriate stakeholders in implementing, interpreting,

1 or making specific the provisions of subdivisions (l) and (m),
2 including all of the following:

3 (1) Notifying provider representatives in writing of the proposed
4 action or change. The notice shall occur, and the applicable draft
5 provider bulletin or similar instruction, shall be made available at
6 least 10 business days prior to the meeting described in paragraph
7 (2).

8 (2) Scheduling at least one meeting with interested parties and
9 appropriate stakeholders to discuss the proposed action or change.

10 (3) Allowing for written input regarding the proposed action or
11 change, to which the department shall provide summary written
12 responses in conjunction with the issuance of the applicable final
13 written provider bulletin or similar instruction.

14 (4) Providing at least 60 days advance notice of the effective
15 date of the proposed action or change.

AB XXX Assemblymember Aguiar-Curry Psychological Associates in FQHCs and RHCs

Background

Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs) provide access to the full spectrum of care, from primary care to dental to behavioral health, to every Californian who walks through their doors, regardless of their ability to pay, their immigration status, lack of health insurance, or their individual circumstances. They provide high-quality comprehensive care to 7.7 million people, more than 1 in 5 Californians, and more than 1 in 3 of those on Medi-Cal.

Psychological Associates are individuals registered with the Board of Psychology and who have completed their doctoral degree but must still complete 3,000 supervised clinical hours for their licensure.

Issue

Current law does not specifically allow FQHCs or RHCs to be reimbursed for services provided by Psychological Associates. This limits training opportunities for associates interested in working in public health. Allowing Psychological Associates to work in these settings would greatly increase training and employment opportunities. It would also expand access to needed mental and behavioral health services to safety net patients at FQHCs and RHCs.

Associates need to be registered with the Board of Psychology, supervised by a licensed psychologist and the services they provide would be billed under their supervisor.

Solution

Allow Associate Psychologists to work in FQHCs and RHCs, and for those healthcare facilities to be reimbursed for the services they provide.

The benefits of this bill include:

1. Provide new work locations for Associate Psychologists to complete their 3,000 clinical hours required for licensure. This is necessary because it can be hard to find location/employment to complete clinical hours, which often delays licensure.
2. Provide FQHCs and RHCs the opportunity to hire more behavioral health providers while the state is facing a shortage of professionals who provide this care.
3. Increase access to behavioral health services for individuals and families seeking treatment in FQHCs and RHCs.

Sponsored by the CPCA Advocates and the California Psychological Association

CPCA Advocates is the advocacy affiliate of the California Primary Care Association. They advocate on behalf of California's over 1,270 community health centers (CHCs) which encompass California's federally qualified health centers (FQHCs), community clinics, tribal health centers, free clinics, and rural health centers (RHCs).

The California Psychological Association is a non-profit professional association for licensed psychologists and others affiliated with the delivery of psychological services. We advocate on behalf of the profession of psychology and the over 17,890 licensed psychologists in the state of California.

MEMORANDUM

| | |
|----------------|------------------------------------------------------------------------------|
| DATE | April 12, 2024 |
| TO | Legislative and Regulatory Affairs Committee Members |
| FROM | Troy Polk, Legislative and Regulatory Analyst |
| SUBJECT | Agenda Item 5(b)(5) – AB 2862 (Gipson) Licenses: African American applicants |

Background

On February 15, 2024, AB 2862 was introduced by Assembly Member Gipson.

Current law prescribes requirements for licensure and regulation of various businesses and professions, including healing arts and real estate businesses and professions, by various boards, bureaus, commissions, committees, and departments.

AB 2862 would require various business and professions, including healing arts board under the Department of Consumer Affairs to prioritize African American applicants seeking licensure, especially applicants who are descended from a person who was enslaved in the United States.

On March 11, 2024, AB 2862 was referred to the Assembly Committee on Business and Professions and Judiciary.

Board Staff will continue to monitor AB 2862.

Action Requested

Staff recommendation: Legislative and Regulatory Affairs Committee review AB 2703 and consider a position to be presented to the full Board.

Attachment #1: AB 2862 Bill Text

ASSEMBLY BILL

No. 2862

Introduced by Assembly Member Gipson

February 15, 2024

An act to add Division 1.1 (commencing with Section 473) to the Business and Professions Code, relating to professions and vocations.

LEGISLATIVE COUNSEL'S DIGEST

AB 2862, as introduced, Gipson. Licenses: African American applicants.

Existing law prescribes requirements for licensure and regulation of various businesses and professions, including healing arts and real estate businesses and professions, by various boards, bureaus, commissions, committees, and departments.

This bill would require boards to prioritize African American applicants seeking licenses under these provisions, especially applicants who are descended from a person enslaved in the United States. The bill would define various terms for these purposes.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. Division 1.1 (commencing with Section 473) is
2 added to the Business and Professions Code, to read:

3

4 DIVISION 1.1. PRIORITIZATION OF LICENSES

5

6 473. (a) For purposes of this division:

- 1 (1) “Board” includes “bureau,” “commission,” “committee,”
- 2 “department,” “division,” “examining committee,” “program,”
- 3 and “agency.”
- 4 (2) “License” includes certificate, registration, or other means
- 5 to engage in a business or profession regulated by this code.
- 6 (b) Notwithstanding any other law, a board shall prioritize
- 7 African American applicants seeking licenses, especially applicants
- 8 who are descended from a person enslaved in the United States.

MEMORANDUM

| | |
|----------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| DATE | April 12, 2024 |
| TO | Legislative and Regulatory Affairs Committee Members |
| FROM | Troy Polk, Legislative and Regulatory Analyst |
| SUBJECT | Agenda Item 5(b)(6) – SB 1012 (Wiener) The Regulated Psychedelic-assisted Therapy Act and the Regulated Psychedelic Substances Control Act |

Background

On February 5, 2024, SB 1012 was introduced by Senator Wiener.

SB 1012 would enact the Regulated Psychedelic-assisted Therapy Act, which would establish the Board of Regulated Psychedelic Facilitators in the Department of Consumer Affairs to license and regulate psychedelic-assisted therapy facilitators, as defined. The bill would require the board to be appointed, as specified, by April 1, 2025.

The new Board would be required to establish education, training, and other qualifications and requirements for obtaining a license as a regulated psychedelic-assisted therapy facilitator and would establish conditions of licensure. The bill would require the board to establish license fees for the reasonable regulatory costs to the board to administer the act. The bill would require the board to begin accepting license applications by April 1, 2026.

On February 14, 2024, SB 1012 was referred to the Senate Committees on Business, Professions and Economic Development and Public Safety.

Board Staff will continue to monitor SB 1012

Action Requested

Staff recommendation: Legislative and Regulatory Affairs Committee review SB 1012 and consider a position to be presented to the full Board.

Attachment #1: SB 1012 Bill Text

Attachment #2: SB 1012 Fact Sheet

Introduced by Senator Wiener

(Principal coauthors: Assembly Members Lowenthal and Waldron)

(Coauthors: Senators Becker, Bradford, Dodd, and Skinner)

(Coauthors: Assembly Members Bryan, Haney, Jackson, Kalra, Lee, Rendon, and Wilson)

February 5, 2024

An act to amend Section 101 of, to add Chapter 7.1 (commencing with Section 3200) to Division 2 of, and to add Division 11 (commencing with Section 27000) to, the Business and Professions Code, to add Section 1550.6 to the Civil Code, and to amend Sections 11350, 11351, 11352, 11364, 11364.7, 11377, 11378, 11379, 11390, and 11391 of the Health and Safety Code, relating to regulated psychedelic substances.

LEGISLATIVE COUNSEL'S DIGEST

SB 1012, as introduced, Wiener. The Regulated Psychedelic-assisted Therapy Act and the Regulated Psychedelic Substances Control Act.

(1) Existing law provides for the regulation of various professions and vocations by boards established under the jurisdiction of the Department of Consumer Affairs. Existing law, the California Uniform Controlled Substances Act, classifies controlled substances into 5 schedules, and places the greatest restrictions and penalties on the use of those substances placed in Schedule I. Existing law classifies dimethyltryptamine, mescaline, 3,4-methylenedioxymethamphetamine (MDMA), ibogaine, psilocybin, and psilocyn as Schedule I substances, and prohibits various actions related to those substances, including their sale, possession, transportation, manufacture, or cultivation.

(2) This bill would enact the Regulated Psychedelic-assisted Therapy Act, which would establish the Board of Regulated Psychedelic

Facilitators in the Department of Consumer Affairs to license and regulate psychedelic-assisted therapy facilitators, as defined. The bill would require the board to be appointed, as specified, by April 1, 2025. The bill would require the board to establish education, training, and other qualifications and requirements for obtaining a license as a regulated psychedelic-assisted therapy facilitator and would establish conditions of licensure. The bill would require the board to establish license fees for the reasonable regulatory costs to the board to administer the act. The bill would require the board to begin accepting license applications by April 1, 2026. The bill would make a license subject to renewal every 2 years. The bill would create the Regulated Psychedelic-assisted Therapy Fund in the State Treasury, would require all funds received pursuant to the act to be credited to the fund, and would make moneys in the fund available to the board for the act's purposes upon appropriation by the Legislature. The bill would require the board, in consultation with the Regulated Psychedelic Substances Advisory Committee, which would be created by the bill, to adopt regulations, on or before January 1, 2026, governing the safe provision of regulated psychedelic-assisted therapy, including regulations governing the scope of practice for regulated psychedelic-assisted therapy facilitators and recordkeeping requirements, provided the recordkeeping does not result in the disclosure of personally identifiable information of participants. The bill would require the board to determine which schools and programs meet the requirements of the act and to adopt regulations governing the requirements and process for approving schools and programs related to the provision of regulated psychedelic-assisted therapy. The bill would authorize the board to charge a reasonable fee for the inspection or approval of schools or programs. The bill would make a violation of the act a misdemeanor and subject a licenseholder's license to suspension for 3 years and a \$1,000 fine. The bill would make a violation of specified acts subject to discipline by the board in accordance with specified procedures. By creating a new crime, the bill would impose a state-mandated local program. The bill would make specified practices unfair business practices, including a person without a license holding themselves out as a licensed psychedelic-assisted therapy facilitator. The bill would prohibit a local government from enacting or enforcing an ordinance that conflicts with the act.

(3) This bill would enact the Regulated Psychedelic Substances Control Act to establish a comprehensive system to control and regulate

the cultivation, distribution, transportation, storage, processing, manufacturing, testing, quality control, and sale of regulated psychedelic substances for use in conjunction with regulated psychedelic-assisted therapy. The bill would define “regulated psychedelic substances” to include dimethyltryptamine; mescaline; 3,4-methylenedioxyamphetamine (MDMA); psilocybin; psilocyn; and spores or mycelium capable of producing mushrooms that contain psilocybin or psilocyn. The bill would establish the Division of Regulated Psychedelic Substances Control in the Business, Consumer Services, and Housing Agency to administer and enforce the act. The bill would require the division to adopt emergency regulations and to take other actions to carry out its duties under the act, including conducting investigations and employing peace officers. The bill would require the division, no later than April 1, 2025, to convene a Regulated Psychedelic Substances Advisory Committee to advise the division and the Board of Regulated Psychedelic Facilitators on the development of standards and regulations that include best practices and guidelines that protect public health and safety. The bill would require the advisory committee, commencing on January 1, 2026, to publish an annual public report that includes, among other things, the advisory committee’s recommendations to the division and whether those recommendations were implemented. The bill would require the division to adopt regulations for the administration and enforcement of laws regulating regulated psychedelic substances and services, including regulations that, among other things, establish categories of licensure and registration, establish requirements governing the safe provision of regulated psychedelic substances to participants, and that establish requirements governing the licensing and operation of psychedelic therapy centers and approved locations, as defined. The bill would require the division, no later than April 1, 2026, to begin to accept and process applications for licensure. The bill would create the Regulated Psychedelic Substances Control Fund within the State Treasury, and would allocate the funds, upon appropriation by the Legislature, to the division for the purposes of implementing, administering, and enforcing the act. The bill would also create the Regulated Psychedelic Substances Education and Harm Reduction Fund, to be available to the Office of Community Partnerships and Strategic Communications, upon appropriation by the Legislature, to award grants for public education and harm reduction relating to psychedelic substances. The bill would authorize the division to accept moneys from private sources to

supplement state funds, which may be appropriated by the Legislature to the fund. The bill would make a violation of the act a misdemeanor and subject to a fine of up to \$1,000 and forfeiture of a license granted under the act for 3 years. By creating a new crime, the bill would impose a state-mandated local program. The bill would require the division to work with state and local enforcement agencies to implement, administer, and enforce the division’s rules and regulations.

(4) This bill would declare that it is the public policy of the people of the State of California that contracts related to the operation of licenses under the Regulated Psychedelic-assisted Therapy Act and the Regulated Psychedelic Substances Control Act shall be enforceable.

(5) This bill would make conforming changes to the California Uniform Controlled Substances Act.

(6) This bill would include findings that changes proposed by this bill address a matter of statewide concern rather than a municipal affair and, therefore, apply to all cities, including charter cities.

(7) This bill would state that its provisions are severable.

(8) The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

(9) Existing constitutional provisions require that a statute that limits the right of access to the meetings of public bodies or the writings of public officials and agencies be adopted with findings demonstrating the interest protected by the limitation and the need for protecting that interest.

This bill would make legislative findings to that effect.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: yes.

The people of the State of California do enact as follows:

1 SECTION 1. (a) (1) California’s current approach to mental
2 health has failed to fulfill its promise. Californians deserve more
3 tools to address mental health issues, including approaches such
4 as regulated psychedelic-assisted therapy, that are grounded in
5 treatment, recovery, health, and wellness rather than
6 criminalization, stigma, suffering, and punishment.

1 (2) Californians are experiencing problematic mental health
2 issues, including but not limited to, suicidality, addiction,
3 depression, and anxiety.

4 (3) An extensive and growing body of research is advancing to
5 support the efficacy of regulated psychedelic substances combined
6 with therapy as treatment for depression, anxiety, substance use
7 disorders, end-of-life distress, other conditions, and overall human
8 wellness.

9 (4) Psychedelic substances are powerful agents that have known
10 contraindications for certain populations and, when used with
11 certain other substances, and can trigger a variety of adverse
12 effects. Thus, the use of psychedelic substances must be
13 accompanied by a strong public education campaign, guardrails
14 for safe access and use in a supervised environment by trained
15 facilitators, harm reduction initiatives, and training for first
16 responders and multiresponders.

17 (5) If accompanied by strong public education, guardrails, and
18 safety standards, Californians can promote health and healing by
19 providing regulated access to psychedelic-assisted therapy through
20 a humane, cost-effective, and responsible approach.

21 (6) Oregon voters enacted Measure 109 in November 2020 and
22 Colorado voters enacted Proposition 122 in November 2022 to
23 establish regulated systems of delivering one or more regulated
24 psychedelic substances in conjunction with therapeutic services.

25 (b) The intent of the Legislature in enacting this act is as follows:

26 (1) Establish a regulated program to allow safe access to
27 regulated psychedelic-assisted therapy for adults 21 years of age
28 and older under the supervision of a licensed psychedelic-assisted
29 therapy facilitator.

30 (2) To house the regulatory program within the California
31 Business, Consumer Services, and Housing Agency and to
32 authorize that agency to oversee and regulate manufacture, testing,
33 quality control, transport, and safety of regulated psychedelic
34 substances.

35 (3) To create and establish a professional licensing board for
36 psychedelic-assisted therapy facilitators to govern the qualifications
37 for education, training, experience, licensure, professional practice,
38 standards of care, appropriate locations for the provision of
39 psychedelic-assisted therapy, ethics, and discipline for
40 psychedelic-assisted therapy facilitators.

1 (4) To create an advisory committee housed within the
2 California Business, Consumer Services, and Housing Agency to
3 advise and make recommendations to the agency, the professional
4 licensing board, and other involved agencies and departments on
5 the adoption of rules and the implementation of this act.

6 (5) To ensure that the psychedelic-assisted therapy available
7 under the regulated program be accessible, equitable, affordable,
8 and safe for adults 21 years of age and older for whom
9 psychedelic-assisted therapy is potentially beneficial.

10 (6) Respect and support indigenous cultures, traditions, and uses
11 of psychedelic substances and not affect rights or undermine any
12 protected status, or practice under other laws related to indigenous
13 uses of psychedelic substances, or affect churches operating
14 pursuant to the Religious Freedom Restoration Act of 1993.

15 (7) To create a fund that may receive both public and private
16 dollars to provide grants to public and private entities to develop
17 and advance education and harm reduction curricula, public
18 education campaigns, trainings, and information for the public
19 related to the use of psychedelic substances, including an internet
20 website, screening tool, and information about contraindications
21 and adverse effects and education and training for first responders
22 and multiresponders including law enforcement, emergency
23 medical services, social services, and fire services.

24 (8) Not affect or limit any rights or activities protected under
25 any other local, state, or federal law to expand upon any rights or
26 activities protected by this act.

27 SEC. 2. Section 101 of the Business and Professions Code is
28 amended to read:

29 101. The department is comprised of the following:

- 30 (a) The Dental Board of California.
- 31 (b) The Medical Board of California.
- 32 (c) The California State Board of Optometry.
- 33 (d) The California State Board of Pharmacy.
- 34 (e) The Veterinary Medical Board.
- 35 (f) The California Board of Accountancy.
- 36 (g) The California Architects Board.
- 37 (h) The State Board of Barbering and Cosmetology.
- 38 (i) The Board for Professional Engineers, Land Surveyors, and
39 Geologists.
- 40 (j) The Contractors State License Board.

- 1 (k) The Bureau for Private Postsecondary Education.
- 2 (l) The Bureau of Household Goods and Services.
- 3 (m) The Board of Registered Nursing.
- 4 (n) The Board of Behavioral Sciences.
- 5 (o) The State Athletic Commission.
- 6 (p) The Cemetery and Funeral Bureau.
- 7 (q) The Bureau of Security and Investigative Services.
- 8 (r) The Court Reporters Board of California.
- 9 (s) The Board of Vocational Nursing and Psychiatric
- 10 Technicians.
- 11 (t) The Landscape Architects Technical Committee.
- 12 (u) The Division of Investigation.
- 13 (v) The Bureau of Automotive Repair.
- 14 (w) The Respiratory Care Board of California.
- 15 (x) The Acupuncture Board.
- 16 (y) The Board of Psychology.
- 17 (z) The Podiatric Medical Board of California.
- 18 (aa) The Physical Therapy Board of California.
- 19 (ab) The Arbitration Review Program.
- 20 (ac) The Physician Assistant Board.
- 21 (ad) The Speech-Language Pathology and Audiology and
- 22 Hearing Aid Dispensers Board.
- 23 (ae) The California Board of Occupational Therapy.
- 24 (af) The Osteopathic Medical Board of California.
- 25 (ag) The California Board of Naturopathic Medicine.
- 26 (ah) The Dental Hygiene Board of California.
- 27 (ai) The Professional Fiduciaries Bureau.
- 28 (aj) The State Board of Chiropractic Examiners.
- 29 (ak) The Bureau of Real Estate Appraisers.
- 30 (al) The Structural Pest Control Board.
- 31 (am) *The Board of Regulated Psychedelic Facilitators.*
- 32 ~~(am)~~
- 33 (an) Any other boards, offices, or officers subject to its
- 34 jurisdiction by law.
- 35 SEC. 3. Chapter 7.1 (commencing with Section 3200) is added
- 36 to Division 2 of the Business and Professions Code, to read:

CHAPTER 7.1. REGULATED PSYCHEDELIC THERAPY
FACILITATORS

Article 1. General Provisions

3200. (a) This act shall be known as the Regulated Psychedelic-assisted Therapy Act.

(b) The intent of the Legislature in acting this act is as follows:

(1) Establish a regulated program to allow safe access to psychedelic-assisted therapy for adults 21 years of age and older under the supervision of a licensed facilitator.

(2) To create and establish a professional licensing board for psychedelic-assisted therapy facilitators to govern the qualifications for education, training, experience, licensure, professional practice, standards of care, ethics, and discipline for psychedelic-assisted therapy facilitators.

(3) Ensure that regulated psychedelic-assisted therapy is available, equitable, and affordable for all adults 21 years of age and older for whom regulated psychedelic-assisted therapy is appropriate and potentially beneficial.

(4) Respect indigenous cultures, traditions, and uses of psychedelic substances and not affect rights or undermine any protected status, or practice under other laws related to indigenous uses of psychedelic substances, or affect churches operating pursuant to the Religious Freedom Restoration Act of 1993.

(5) Provide education and harm reduction information for the public related to the use of regulated psychedelic substances, including information about contraindications and adverse effects and training for first responders and multiresponders, including law enforcement, emergency medical services, social services, and fire services.

(6) Not affect or limit any rights or activities protected under any other local, state, or federal law to expand upon any rights or activities protected by this act.

3201. The Board of Regulated Psychedelic Facilitators is hereby created within the Department of Consumer Affairs to carry out the responsibilities and duties set forth in this chapter.

3202. Unless otherwise specified, the following definitions apply for purposes of this chapter:

- 1 (a) “Administration session” means a session conducted at a
2 regulated psychedelic-assisted therapy establishment or other
3 approved location during which a participant consumes and
4 experiences the effects of a regulated psychedelic substance under
5 the supervision of a regulated psychedelic-assisted therapy
6 facilitator.
- 7 (b) “Adverse event” or “adverse reaction” means any adverse
8 reaction during or after the psychedelic experience requiring
9 psychiatric, medical, or psychological care.
- 10 (c) “Approved location” means a location approved by the board
11 for the provision of regulated psychedelic-assisted therapy or a
12 clinic, center, or other premises approved by the State Department
13 of Public Health for the provision of regulated psychedelic-assisted
14 therapy.
- 15 (d) “Approved school” means a school or educational program
16 approved by the board that meets minimum standards for training
17 and curriculum in regulated psychedelic-assisted therapy
18 facilitation and related subjects established by the board and that
19 has not been otherwise unapproved by the board.
- 20 (e) “Board” means the Board of Regulated Psychedelic
21 Facilitators.
- 22 (f) “Compensation” means a payment, loan, advance, donation,
23 contribution, deposit, gift of money, or anything of value.
- 24 (g) “Followup session” means a meeting between a participant
25 and a regulated psychedelic-assisted therapy facilitator that occurs
26 within 12 to 36 hours after the completion of an administration
27 session or sooner, if warranted, to assess well-being, screen for
28 adverse reactions and, if needed, make referrals to needed care,
29 additional psychosocial support, or other interventions.
- 30 (h) “Integration session” means counseling provided by the
31 regulated psychedelic-assisted facilitator or other personnel trained
32 in postpsychedelic support that is intended to help the participant
33 ground themselves and feel oriented, better understand their
34 psychedelic experience, and apply insights from their experience
35 to healthy behavioral change in their daily life.
- 36 (i) “License” means a valid license issued by the board pursuant
37 to this chapter.
- 38 (j) “Participant” means an individual who is 21 years of age or
39 older and who received regulated psychedelic-assisted therapy

1 performed by and under the supervision of a regulated
2 psychedelic-assisted therapy facilitator.

3 (k) “Preparation session” means a session conducted between
4 the participant and the facilitator before the administration of the
5 regulated psychedelic substance. More than one preparation session
6 may be indicated to provide participants adequate education and
7 instruction, to develop sufficient rapport between participant and
8 facilitator before psychedelic substance administration, and to
9 revisit informed consent and safety planning. The initial preparation
10 session shall include review of the safety screen and considerations
11 for exclusion; presentation and discussion of detailed information
12 about the psychedelic substance, including its potential risks and
13 benefits; presentation and discussion of the therapeutic process,
14 including administration session parameters; obtaining informed
15 consent; safety planning; and other information as the board may
16 determine. If three months or more have passed since the last
17 psychedelic administration session conducted by a given participant
18 with a given facilitator, this will be considered a new course of
19 care, and another initial preparation session must be conducted.

20 (l) “Regulated psychedelic substances” has the same meaning
21 as in subdivision (i) of Section 27002.

22 (m) “Regulated psychedelic-assisted therapy” means services
23 provided pursuant to this chapter by a regulated
24 psychedelic-assisted therapy facilitator or other authorized person
25 to a participant before, during, and after the participant’s
26 consumption of a regulated psychedelic substance, that includes
27 all of the following:

- 28 (1) A safety screen.
- 29 (2) One or more preparation sessions.
- 30 (3) An administration session.
- 31 (4) One or more followup sessions.

32 (n) “Regulated psychedelic-assisted therapy establishment” or
33 “establishment” means an approved location where regulated
34 psychedelic-assisted therapy is performed for compensation.

35 (o) “Regulated psychedelic-assisted therapy facilitator” means
36 a person licensed by the board who satisfies the requirements set
37 forth in Section 3220.

38 (p) “Safety screen” means a screening for medical conditions,
39 mental health conditions, family history, contraindications, and

1 pharmacological interactions that must be provided to every
2 participant before an administration session.

3 (q) “Set” means the mindset of an individual, including the
4 individual’s history, personality, and intentions going into
5 psychedelic-assisted therapy.

6 (r) “Setting” means the physical and social environment in which
7 the psychedelic-assisted therapy experience occurs.

8 (s) “Sole provider” means a regulated psychedelic-assisted
9 therapy business where the owner owns 100 percent of the business
10 and is the only person who provides regulated psychedelic-assisted
11 therapy for compensation for that business pursuant to a valid and
12 active license issued in accordance with this chapter.

13

14

Article 2. Administration

15

16 3210. Protection of the public shall be the highest priority for
17 the board in exercising its licensing, regulatory, and disciplinary
18 functions. Whenever the protection of the public is inconsistent
19 with other interests sought to be promoted, the protection of the
20 public shall be paramount.

21 3211. (a) The board shall consist of nine members. Seven
22 members shall be appointed by the Governor, one public member
23 shall be appointed by the Senate Committee on Rules, and one
24 public member shall be appointed by the Speaker of the Assembly.
25 Members of the board shall include five members who have
26 experience facilitating psychedelic-assisted therapy and four public
27 members. At least one member shall have experience as a facilitator
28 as part of a United States Food and Drug Administration-approved
29 clinical trial; at least one member shall have experience in training
30 and supervising facilitators; at least one member shall be a licensed
31 physician or licensed nurse practitioner; at least one member shall
32 have experience providing care health care to veterans; and at least
33 one member shall be a licensed marriage and family therapist or
34 a licensed clinical social worker.

35 (b) A member of the board shall be appointed for a four-year
36 term. A person shall not serve as a member of the board for more
37 than two consecutive terms. A member shall hold office until the
38 appointment and qualification of the member’s successor, or until
39 one year from the expiration of the term for which the member
40 was appointed, whichever first occurs. Any vacancy shall be filled

1 by appointment by the appointing authority which originally
2 appointed the member whose position has become vacant.

3 (c) A public member of the board shall be a resident of this state
4 for at least one year preceding the public member's appointment.

5 (d) A person shall not be appointed as a public member if the
6 person or the person's immediate family owns an economic interest
7 in a college, school, or institution engaged in regulated
8 psychedelic-assisted therapy education. "Immediate family" means
9 the public member's spouse, domestic partner, parent, child, or
10 child's spouse or domestic partner.

11 (e) Each member of the board shall receive a per diem and
12 expenses as provided in Section 103.

13 (f) The board may appoint a person exempt from civil service
14 who shall be designated as an executive officer and who shall
15 exercise the powers and perform the duties delegated by the board
16 and vested in the executive officer by this chapter.

17 (g) Each appointing authority has power to remove from office
18 at any time any member of the board appointed by that authority
19 pursuant to Section 106.

20 3213. (a) The board may take any reasonable actions necessary
21 to carry out the responsibilities and duties set forth in this chapter,
22 including, but not limited to, hiring staff, entering into contracts,
23 and developing policies, procedures, rules, and bylaws to
24 implement this chapter.

25 (b) The board may require background checks for employees,
26 contractors, volunteers, and board members as a condition of their
27 employment, formation of a contractual relationship, or
28 participation in board activities.

29 (c) The board shall establish educational, training, examination,
30 practicum, and supervision requirements, different tiers of
31 licensing, scope of practice, and qualifications for regulated
32 psychedelic-assisted therapy facilitators that protect participant
33 safety, eliminate abuse, and reduce harm, and establish procedures
34 to collect and report data to better inform use and increase equitable
35 access to services.

36 (d) The board shall issue requirements for psychedelic-assisted
37 therapy for both individuals and groups, including those that
38 include veterans.

39 (e) The board shall issue a license to an individual applicant
40 who satisfies the requirements of this chapter for that license.

1 (f) The board shall determine whether the information provided
2 to the board in relation to the licensure of an applicant is true and
3 accurate and meets the requirements of this chapter. If the board
4 has any reason to question whether the information provided is
5 true or accurate, or meets the requirements of this chapter, the
6 board may make any investigation it deems necessary to establish
7 that the information received is accurate and satisfies the criteria
8 established by this chapter. The applicant has the burden to prove
9 that they are entitled to licensure.

10 (g) The board shall establish fees for the reasonable regulatory
11 costs to the board in administering this chapter. Initial license and
12 renewal fees shall be in an amount sufficient, but shall not exceed
13 the amount necessary, to support the functions of the board in the
14 administration of this chapter. The renewal fee shall be reassessed
15 biennially by the board.

16 (h) The meetings of the board shall be subject to the rules of
17 the Bagley-Keene Open Meeting Act (Article 9 (commencing with
18 Section 11120) of Chapter 1 of Part 1 of Division 3 of Title 2 of
19 the Government Code). The board may adopt additional policies
20 and procedures that provide greater transparency to licenseholders
21 and the public than required by the Bagley-Keene Open Meeting
22 Act.

23 (i) The board shall have the authority to, and shall collect
24 available and relevant information and data necessary to, perform
25 its functions and duties under this act, but must not disclose the
26 identity of any participant or publicly disclose any information
27 that could disclose the identity of a participant.

28 3214. (a) The board shall be appointed by April 1, 2025. The
29 board shall adopt the regulations set forth in subdivision (b) on or
30 before January 1, 2026, and begin accepting license applications
31 by April 1, 2026.

32 (b) The board, in consultation with the Regulated Psychedelic
33 Substances Advisory Committee established pursuant to Section
34 27018 and in compliance with the Regulated Psychedelic
35 Substances Control Act (Division 11 (commencing with Section
36 27000)) and any regulations adopted pursuant to that act, shall
37 adopt regulations governing the safe provision of regulated
38 psychedelic-assisted therapy by regulated psychedelic-assisted
39 therapy facilitators that include, at a minimum, the following:

- 1 (1) Requirements for holding and verifying completion of
2 medical and mental health screenings, including a safety screening,
3 at least one preparation session, an administration session, and at
4 least one followup session and one integration session.
- 5 (2) Health and safety warnings required to be provided to
6 participants before regulated psychedelic-assisted therapy begins.
- 7 (3) Educational materials required to be provided to participants
8 before regulated psychedelic-assisted therapy begins.
- 9 (4) A medical, mental health, and contraindications safety screen
10 that a participant must complete prior to an administration session.
- 11 (5) The informed consent form that each regulated
12 psychedelic-assisted therapy facilitator and participant must sign
13 before providing or receiving regulated psychedelic-assisted
14 therapy verifying that the participant was provided accurate and
15 complete health information in accordance with board rules, was
16 informed of identified risk factors and contraindications, and
17 provided informed consent to receive regulated
18 psychedelic-assisted therapy. The form shall also include
19 agreements that the participant and facilitator make about how the
20 session will be conducted and safety measures that will be followed
21 to ensure the participant remains safe for the duration of the
22 session.
- 23 (6) Proper supervision during the administration session and
24 safe transportation for the participant when the session is complete.
- 25 (7) Rules to prevent exploitation or abuse during the
26 administration session.
- 27 (8) Requirements for group administration sessions where one
28 or more regulated psychedelic-assisted therapy facilitators provide
29 regulated psychedelic-assisted therapy to more than one participant
30 as part of the same administration session.
- 31 (9) Conditions under which the session must take place,
32 including what should not be present, such as weapons of any sort,
33 mirrors, intense physical stimuli, or triggering or polarizing objects,
34 art, or signs.
- 35 (10) Requirements for postsession integration.
- 36 (11) The restrictions on advertising and marketing regulated
37 psychedelic-assisted therapy and substances, including prohibition
38 on any claims of beneficial health or medical use.
- 39 (12) Insurance requirements to the extent the policies are
40 commercially available and not cost prohibitive.

1 (13) Age verification procedures to ensure that a participant is
2 21 years of age or older.

3 (14) The scope of practice for regulated psychedelic-assisted
4 therapy facilitators.

5 (15) The qualifications, education, and training requirements
6 that regulated psychedelic-assisted therapy facilitators must meet
7 before providing regulated psychedelic-assisted therapy, that shall
8 satisfy all of the following:

9 (A) Be tiered depending on the prior education, experience, or
10 training of the facilitator or the complexity of the conditions or
11 the background of the participant.

12 (B) Include education and training on participant safety,
13 contraindications, mental health, mental state, physical health,
14 physical state, social and cultural considerations, physical
15 environment, screening, preparation, administration, integration,
16 ethics, facilitation skills, and compliance with new regulations and
17 laws.

18 (C) Allow for limited waivers of education and training
19 requirements based on an applicant's prior experience, training,
20 or skill, including, but not limited to, with regulated psychedelic
21 substances, including credit for prior training and experience when
22 that training or experience otherwise meets the standards set by
23 the board.

24 (D) Include practicum requirements with a practicum supervisor.

25 (E) Do not require a professional license or professional degree
26 other than a regulated psychedelic-assisted therapy facilitator
27 license granted pursuant to this chapter for the first tier of licensing
28 established pursuant to paragraph (1).

29 (16) Procedures and policies that allow for compensation for
30 regulated psychedelic-assisted therapy.

31 (17) Procedures and policies that allow for the provision of
32 regulated psychedelic-assisted therapy to more than one participant
33 at a time in group administration sessions.

34 (18) Oversight and supervision requirements for regulated
35 psychedelic-assisted therapy facilitators, including professional
36 responsibility standards and continuing education requirements,
37 including limited hours within a regulated psychedelic-assisted
38 therapy facilitator support network with peer support.

39 (19) A complaint, review, and disciplinary process for regulated
40 psychedelic-assisted therapy facilitators who engage in misconduct.

1 (20) Recordkeeping, privacy, and confidentiality requirements
2 for regulated psychedelic-assisted therapy facilitators, provided
3 the recordkeeping does not result in the disclosure to the public or
4 any governmental agency of personally identifiable information
5 of participants.

6 (21) Deidentified data collection and reporting requirements
7 for psychedelic-assisted therapy facilitators and participants
8 pertaining to the implementation and outcomes of this act, to
9 comprehensively measure its success, safety, quality, impact on
10 individuals' well-being and public health, including adverse events
11 experienced during, immediately after, or after the passage of time
12 with information about substance, dosage, and other contextual
13 information.

14 (22) Requirements for the safe and secure handling and
15 assurance of quality control of regulated psychedelic substances
16 by regulated psychedelic-assisted therapy facilitators.

17 3214.5. The Regulated Psychedelic-assisted Therapy Advisory
18 Committee established pursuant to Section 27018 shall advise the
19 board on the development of standards and regulations pursuant
20 to this chapter, including best practices and guidelines that protect
21 the public health and safety while ensuring a regulated environment
22 to provide safe access to regulated psychedelic-assisted therapy.

23 3215. (a) The board shall determine which schools and
24 programs meet the requirements of this chapter.

25 (b) The board shall adopt regulations governing the requirements
26 and process for approving schools and programs for the provision
27 of regulated psychedelic-assisted therapy training. The regulations
28 shall include, among other things, acceptable curriculums, facility
29 requirements, student-teacher ratios, practicum requirements,
30 substance-specific training, and provisions for the acceptance of
31 accreditation from a recognized accreditation body or other form
32 of acceptance.

33 (c) The board may consider expedited approval or partial
34 approval for programs that are already in existence in the state to
35 train licensed mental health professionals in the provision of
36 psychedelic-assisted therapy.

37 (d) The board shall exercise its authority to approve, deny
38 approval of, and unapprove schools or programs and specify
39 corrective action in keeping with the purposes set forth in
40 subdivision (b) of Section 3200.

1 (e) The board may charge a reasonable fee for the inspection
2 or approval of schools or programs, provided the fees do not exceed
3 the reasonable cost of the inspection or approval process.

4 (f) The board shall post on its internet website the date that a
5 letter proposing to deny a school or program’s application for
6 approval or reapproval or requesting corrective action has been
7 sent to the school and the final outcome and date of that proposed
8 action.

9 3216. The board may hold hearings, take testimony, administer
10 oaths, subpoena witnesses, and issue subpoenas for the production
11 of books, records, or documents of any kind.

12
13 Article 3. Licensure
14

15 3220. (a) To obtain licensure as a regulated
16 psychedelic-assisted therapy facilitator, an applicant shall submit
17 a written application and provide the board with satisfactory
18 evidence that the applicant meets all of the following requirements
19 for the tier of facilitator license they are applying for:

20 (1) The applicant is 21 years of age or older.

21 (2) The applicant has successfully completed the curriculum in
22 regulated psychedelic-assisted therapy facilitation and related
23 subjects and the number of hours established by the board, that
24 incorporates appropriate school assessment of student knowledge
25 and skills, prior experience accepted by the board as an equivalent
26 to, or equivalent to a portion of, the required curricula or practicum
27 requirement, including existing licensure in a health or mental
28 health profession, and any practicum experience that is required
29 by the board. All of the hours shall be from schools or programs
30 approved by the board. For purposes of this section, “unapproved”
31 means that the board determined that it will not accept hours from
32 a school toward licensure.

33 (3) The applicant has passed a regulated psychedelic-assisted
34 therapy facilitator competency assessment examination that meets
35 generally recognized principles and standards and that is created
36 and administered by the board or an entity designated by the board.

37 (4) The applicant has successfully passed a background
38 investigation pursuant to Section 3222, and has not violated any
39 of the provisions of this chapter.

40 (5) All fees required by the board have been paid.

1 (b) The board may issue a license to an applicant who meets
2 the qualifications of this chapter if the applicant holds a current
3 and valid registration, licensure, or license from any other state
4 whose licensure requirements meet or exceed those defined within
5 this chapter. If an applicant has received education at a school or
6 program that is not approved by the board, the board shall have
7 the discretion to give credit for comparable academic or
8 experiential work completed by an applicant in a program outside
9 of California, or for work completed by an applicant in a program
10 in California before the enactment of this act.

11 (c) If an applicant has received education at a school or program
12 located outside of California or a school located in a country
13 outside of the United States that does not meet the requirements
14 of Section 3215 to be an approved school or program, the board
15 shall have the discretion to give credit for comparable academic
16 or experiential work completed by an applicant toward licensure.

17 (d) A license issued pursuant to this chapter and any
18 identification card issued by the board shall be surrendered to the
19 board by any licenseholder whose license is suspended or revoked.

20 3221. Except as otherwise provided, a license issued pursuant
21 to this chapter shall be subject to renewal every two years in the
22 manner prescribed by the board. A license issued by the board
23 shall expire after two years unless renewed as prescribed.

24 3222. (a) Before issuing a license to an applicant, the board
25 shall require the applicant to submit fingerprint images as directed
26 by the board in a form consistent with the requirements of this
27 section.

28 (b) The board shall submit the fingerprint images and related
29 information to the Department of Justice to obtaining information
30 as to the existence and nature of a record of state and federal level
31 convictions and of state and federal level arrests for which the
32 Department of Justice establishes that the applicant or candidate
33 was released on bail or on their own recognizance pending trial.

34 (c) Requests for federal-level criminal offender record
35 information received by the Department of Justice pursuant to this
36 section shall be forwarded to the Federal Bureau of Investigation
37 by the Department of Justice. The Department of Justice shall
38 review the information returned from the Federal Bureau of
39 Investigation, and shall compile and disseminate a fitness
40 determination regarding the applicant or candidate to the board.

1 The Department of Justice shall provide information to the board
2 pursuant to subdivision (p) of Section 11105 of the Penal Code.

3 (d) The Department of Justice and the board shall charge a fee
4 sufficient to cover the cost of processing the request for state and
5 federal level criminal offender record information.

6 (e) The board shall request subsequent arrest notification service
7 from the Department of Justice, as provided under Section 11105.2
8 of the Penal Code, for all applicants for licensure for whom
9 fingerprint images and related information are submitted to conduct
10 a search for state and federal level criminal offender record
11 information.

12 (f) The board may receive arrest notifications and other
13 background materials about applicants and licenseholders from a
14 city, county, or city and county.

15 3223. In addition to the other requirements of this chapter, a
16 licenseholder shall do all of the following:

17 (a) Make available for display the licenseholder's original
18 license at any location where the licenseholder provides regulated
19 psychedelic-assisted therapy for compensation. A licenseholder
20 shall have their identification card in their possession while
21 providing regulated psychedelic-assisted therapy for compensation.

22 (b) Provide their full name and license number upon the request
23 of a member of the public, the board, or a member of law
24 enforcement, or a local governmental agency charged with
25 regulating establishments, at the location where they are providing
26 regulated psychedelic-assisted therapy for compensation.

27 (c) Include the name under which the individual is licensed and
28 their license number in any advertising of regulated
29 psychedelic-assisted therapy for compensation.

30 (d) Notify the board within 30 days of any changes in the
31 licenseholder's home address or the address of any establishment
32 or other location where the licenseholder provides regulated
33 psychedelic-assisted therapy for compensation. A licenseholder
34 also shall notify the board of the licenseholder's primary email
35 address, if any, and notify the board within 30 days of a change
36 of the primary email address.

Article 4. Enforcement

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3230. Unless otherwise specified, a violation of this chapter is a misdemeanor and shall result in suspension of the licenseholder’s license for three years and a fine not to exceed one thousand dollars (\$1,000).

3231. (a) It is a violation of this chapter for an applicant or a licenseholder to commit any of the following acts, the commission of which is grounds for the board to deny an application for a license or to impose discipline on a licenseholder:

(1) Unprofessional conduct, including, but not limited to, any of the following:

(A) Engaging in sexual relations with a client or a former client within two years following termination of therapy, soliciting sexual relations with a client, or committing an act of sexual abuse, or sexual misconduct with a client, or committing an act punishable as a sexually related crime, if that act or solicitation is substantially related to the qualifications, functions, or duties of a licensed psychedelic-assisted therapy facilitator or occurs before, during, or after a preparation, administration, or followup session.

(B) Practicing facilitation on a suspended license, practicing without a license, or practicing outside of the conditions of a license.

(C) Engaging in financial misconduct, manipulation, or a conflict of interest with a client.

(D) Engaging in fraud, coercion, or verbal abuse with a client.

(E) Violating the terms of consent or agreements entered into with the client during the preparation session.

(F) Discriminating against a client on the basis of race, color, ancestry, national origin, religion, creed, gender, sex, sexual orientation, age, disability, marital status, and any other basis enumerated under California law.

(2) Procuring or attempting to procure a license by fraud, misrepresentation, or mistake.

(3) Failing to fully disclose all information requested on the application.

(4) Impersonating an applicant or acting as a proxy for an applicant in any examination referred to in this chapter for the issuance of a license.

1 (5) Impersonating a licenseholder or permitting or allowing a
2 nonlicensed person to use a license.

3 (6) Violating or attempting to violate, directly or indirectly, or
4 assisting in or abetting the violation of, or conspiring to violate,
5 any provision of this chapter or any rule or regulation adopted by
6 the board.

7 (7) Committing any fraudulent, dishonest, or corrupt act that is
8 substantially related to the qualifications, functions, or duties of a
9 licenseholder.

10 (8) Offering or giving commissions, rebates, or other forms of
11 remuneration for the referral of clients.

12 (9) Denial of licensure, revocation, suspension, restriction,
13 citation, or any other disciplinary action against an applicant or
14 licenseholder by another state or territory of the United States, by
15 any other governmental agency, or by another California healing
16 arts professional licensing board. A certified copy of the decision,
17 order, judgment, or citation shall be conclusive evidence of these
18 actions.

19 (10) Being convicted of any felony or misdemeanor, or being
20 held liable in an administrative or civil action for an act, that is
21 substantially related to the qualifications, functions, or duties of a
22 licenseholder. A record of the conviction or other judgment or
23 liability shall be conclusive evidence of the crime or liability.

24 (11) Failing to act within the limitations created by a physical
25 illness, physical condition, or behavioral, mental health, or
26 substance use disorder that renders the licensee unable to perform
27 psychedelic-assisted therapy services with reasonable skill and
28 safety to the participant.

29 (b) The board may deny an application for a license for the
30 commission of any of the acts described in subdivision (a). The
31 board may also discipline a licenseholder, in any manner permitted
32 by this chapter, for the commission of any of those acts by a
33 licenseholder.

34 (c) The board shall deny an application for a license, or revoke
35 the license of a licenseholder, if the applicant or licenseholder is
36 required to register pursuant to the Sex Offender Registration Act
37 (Chapter 5.5 (commencing with Section 290) of Title 9 of Part 1
38 of the Penal Code), or is required to register as a sex offender in
39 another state.

1 3232. (a) An applicant for a license shall not be denied a
2 license and a licenseholder shall not be disciplined pursuant to this
3 chapter except according to procedures that satisfy the requirements
4 of this section.

5 (b) The board may discipline a licenseholder by any of the
6 following methods:

7 (1) Placing the licenseholder on probation, which may include
8 limitations or conditions on practice.

9 (2) Suspending the license and the rights conferred by this
10 chapter on a licenseholder for a period not to exceed one year.

11 (3) Suspending or staying the disciplinary order, or portions of
12 it, with or without conditions.

13 (4) Revoking the license.

14 (5) Taking other action the board deems proper, as authorized
15 by this chapter.

16 (c) The board may issue an initial license on probation, with
17 specific terms and conditions, to any applicant.

18 (d) Any denial or discipline shall be decided upon and imposed
19 in good faith and in a fair and reasonable manner.

20 (e) Any notice required under this section may be given by any
21 method reasonably calculated to provide actual notice. Notice
22 given by mail shall be given by first-class or certified mail sent to
23 the last address of the applicant or licensee shown on the board's
24 records.

25 (f) An applicant or licenseholder may challenge a denial or
26 discipline decision issued pursuant to this section in a court of
27 competent jurisdiction. Any action challenging a denial or
28 discipline, including any claim alleging defective notice, shall be
29 commenced within 90 days after the effective date of the denial
30 or discipline. A license issued pursuant to this chapter is not a
31 fundamental vested right and judicial review of denial and
32 disciplinary decisions made by the board shall be conducted using
33 the substantial evidence standard of review. If the action is
34 successful, the court may order any relief, including reinstatement,
35 that it finds equitable under the circumstances.

36 (g) This section governs only the procedures for denial or
37 discipline decision and not the substantive grounds for the denial
38 or discipline. Denial or discipline based upon substantive grounds
39 that violates contractual or other rights of the applicant or licensee,

1 or is otherwise unlawful, is not made valid by compliance with
2 this section.

3 3233. (a) It is an unfair business practice for a person to do
4 any of the following:

5 (1) To hold themselves out or to use the title of “licensed
6 psychedelic-assisted therapy facilitator,” “regulated
7 psychedelic-assisted therapy facilitator,” or any other term, such
8 as “licensed,” or “certified,” in any manner that implies that the
9 person is licensed as a psychedelic-assisted therapy facilitator,
10 unless that person currently holds an active and valid license issued
11 by the board pursuant to this chapter.

12 (2) To falsely state or advertise or put out any sign or card or
13 other device, or to falsely represent to the public through any print
14 or electronic media, that they or any other individual are licensed,
15 certified, or registered by a governmental agency as a regulated
16 psychedelic-assisted therapy facilitator.

17 (b) In addition to any other available remedies, engaging in any
18 of the prohibited behaviors described in subdivision (a) constitutes
19 unfair competition under Section 17200.

20 (c) Nothing in this chapter shall be construed to limit the
21 provisions of the Medical Practice Act (Chapter 5 (commencing
22 with Section 2000)), the Clinical Social Worker Practice Act
23 (Chapter 14 (commencing with Section 4991)), the Nursing
24 Practice Act (Chapter 6 (commencing with Section 2700)), the
25 Psychology Licensing Law (Chapter 6.6 (commencing with Section
26 2901)), the Licensed Marriage and Family Therapist Act (Chapter
27 13 (commencing with Section 4980.04)), the Naturopathic Doctors
28 Act (Chapter 8.2 (commencing with Section 3610)), or any other
29 licensed profession.

30 3234. (a) Notwithstanding any other law, a city, county, or
31 city and county shall not enact or enforce an ordinance that
32 conflicts with this chapter.

33 (b) A local government shall impose and enforce only reasonable
34 and necessary fees and regulations on establishments, in keeping
35 with the requirements of existing law and being mindful of the
36 need to protect legitimate business owners and regulated
37 psychedelic-assisted therapy facilitators.

38 3235. The superior court of a county of competent jurisdiction
39 may, upon a petition by any person, issue an injunction or any
40 other relief the court deems appropriate for a violation of this

1 chapter by any person or establishment operating in that county
2 subject to the provisions of this chapter. An injunction proceeding
3 under this section shall be governed by Chapter 3 (commencing
4 with Section 525) of Title 7 of Part 2 of the Code of Civil
5 Procedure.

6 3236. (a) This chapter shall be liberally construed to effectuate
7 its purposes.

8 (b) The provisions of this chapter are severable. If any provision
9 of this chapter or its application is held invalid, that invalidity shall
10 not affect other provisions or applications that can be given effect
11 without the invalid provision or application.

12 (c) If any provision of this chapter or the application of these
13 provisions to any person or circumstance is held to be invalid, the
14 invalidity shall not affect other provisions or applications of the
15 chapter that can be given effect without the invalid provision or
16 application, and to this end the provisions of this chapter are
17 severable.

18 3237. The board may discipline an owner of an establishment
19 for the conduct of any individual providing regulated
20 psychedelic-assisted therapy on the establishment's premises or
21 under the supervision of the establishment.

22 3238. A person engaged in a profession or occupation subject
23 to licensure pursuant to this division shall not be subject to
24 discipline by another professional licensing board solely for
25 providing professional services related to activity permitted under
26 this chapter or for engaging in any activity that is lawful under this
27 chapter that is not subject to criminal penalty under state law. This
28 act does not authorize a person to engage in malpractice or to
29 violate the standards of professional practice for which a person
30 is licensed.

31 3239. It is the public policy of the people of the State of
32 California that contracts related to the operation of licenses under
33 this chapter should be enforceable and no contract entered into by
34 a licensee, its employees, or its agents, as permitted pursuant to a
35 valid license issued by the board, or by those who allow property
36 to be used by a licensee, its employees, or its agents, as permitted
37 pursuant to a valid license issued by the board, shall be deemed
38 unenforceable on the basis that the actions or conduct permitted
39 pursuant to the license are prohibited by federal law.

Article 5. Revenue

3250. (a) The Regulated Psychedelic-assisted Therapy Fund is hereby created in the State Treasury.

(b) Except as otherwise specified, all funds received pursuant to this chapter shall be credited to the fund.

(c) Notwithstanding Section 16305.7 of the Government Code, the fund shall include any interest and dividends earned on the moneys in the fund.

(d) Notwithstanding Section 13340 of the Government Code, all moneys in the fund shall be allocated to the board, upon appropriation by the Legislature, to carry out the purposes of this chapter.

(e) All moneys collected as a result of fees imposed under this chapter shall be deposited directly into the fund.

(f) All moneys collected as a result of penalties imposed under this division shall be deposited directly into the General Fund, to be available upon appropriation by the Legislature.

SEC. 4. Division 11 (commencing with Section 27000) is added to the Business and Professions Code, to read:

DIVISION 11. REGULATED PSYCHEDELIC SUBSTANCES CONTROL ACT

CHAPTER 1. GENERAL

27000. (a) This division shall be known and may be cited as the Regulated Psychedelic Substances Control Act.

(b) The purpose and intent of this division is to establish a comprehensive system to control and regulate the cultivation, distribution, transportation, storage, processing, manufacturing, testing, quality control, and sale of regulated psychedelic substances for use in conjunction with regulated psychedelic-assisted therapy pursuant to the Regulated Psychedelic-assisted Therapy Act (Chapter 7.1 (commencing with Section 3200) of Division 2).

27001. The Division of Regulated Psychedelic Substances Control is hereby established in the Business, Consumer Services, and Housing Agency to administer this division. The division shall be under the supervision and control of a director.

1 27002. As used in this division, the following definitions apply:

2 (a) “Advisory committee” means the Regulated Psychedelic
3 Substances Advisory Committee.

4 (b) “Board” means the Board of Regulated Psychedelic
5 Facilitators established pursuant to Chapter 7.1 (commencing with
6 Section 3200) of Division 2.

7 (c) “Clinic” shall have the same meaning as set forth in Section
8 1200 of the Health and Safety Code.

9 (d) “Cultivate” means the growing and cultivating of regulated
10 psychedelic substances.

11 (e) “Division” means the Division of Regulated Psychedelic
12 Substances Control.

13 (f) “Participant” means a person 21 years of age or older who
14 purchases or receives a regulated psychedelic substance from a
15 regulated psychedelic licensee for use in conjunction with regulated
16 psychedelic-assisted therapy at a licensed location and under the
17 supervision of a licensed psychedelic-assisted therapy facilitator.

18 (g) “Regulated psychedelic substance licensee” means an entity
19 that holds a license in any of the categories for licensure or
20 registration established by the division pursuant to paragraph (1)
21 of subdivision (a) of Section 27030. A regulated psychedelic
22 substance licensee may receive compensation for regulated
23 psychedelic substances in connection with use in regulated
24 psychedelic-assisted therapy provided at a licensed establishment.

25 (h) (1) “Regulated psychedelic substances” means the following
26 substances as defined in Section 11054 of the Health and Safety
27 Code:

28 (A) Dimethyltryptamine.

29 (B) Mescaline.

30 (C) 3,4-methylenedioxymethamphetamine (MDMA).

31 (D) Psilocybin.

32 (E) Psilocyn.

33 (F) Spores or mycelium capable of producing mushrooms that
34 contain psilocybin or psilocyn.

35 (2) “Regulated psychedelic substances” does not include peyote,
36 including all parts of the plant classified botanically as *Lophophora*
37 *williamsii*, whether growing or not, its seeds, any extract from any
38 part of the plant, and every compound, salt, derivative, mixture,
39 or preparation of the plant, or its seeds or extracts.

1 (i) “Regulated psychedelic-assisted therapy” means services
2 provided by a regulated psychedelic-assisted therapy facilitator in
3 accordance with the Regulated Psychedelic-assisted Therapy Act
4 (Chapter 7.1 (commencing with Section 3200) of Division 2).

5 (j) “Regulated psychedelic-assisted therapy facilitator” means
6 a person licensed by the Board of Regulated Psychedelic
7 Facilitators pursuant to Chapter 7.1 (commencing with Section
8 3200) of Division 2.

9
10 CHAPTER 2. ADMINISTRATION

11
12 27010. (a) The Governor shall appoint the director of the
13 division, subject to confirmation by the Senate. The director shall
14 serve under the direction and supervision of the Secretary of
15 Business, Consumer Services, and Housing and at the pleasure of
16 the Governor.

17 (b) Every power granted to or duty imposed upon the director
18 under this division may be exercised or performed in the name of
19 the director by a deputy or assistant director or by a chief, subject
20 to conditions and limitations that the director may prescribe.

21 (c) The director may employ and appoint all employees
22 necessary to properly administer the work of the division, in
23 accordance with civil service laws and regulations.

24 (d) The division has the power, duty, purpose, responsibility,
25 and jurisdiction to regulate regulated psychedelic substances as
26 provided in this division.

27 27011. The protection of the public shall be the highest priority
28 for the division in exercising its licensing, regulatory, and
29 disciplinary functions under this division. Whenever the protection
30 of the public is inconsistent with other interests sought to be
31 promoted, the protection of the public shall be paramount.

32 27012. (a) It being a matter of statewide concern, except as
33 otherwise authorized in this division, the division shall have the
34 sole authority to create, issue, deny, renew, discipline, condition,
35 suspend, or revoke regulated psychedelic substance licenses.

36 (b) The division may collect fees in connection with activities
37 it regulates. The division may create licenses in addition to those
38 identified in this division that the division deems necessary to
39 effectuate its duties under this division.

1 (c) For the performance of its duties, the division has the power
2 conferred by Article 2 (commencing with Section 11180) of
3 Chapter 2 of Part 1 of Division 3 of Title 2 of the Government
4 Code.

5 27013. (a) The division shall provide on its internet website
6 information regarding the status of every license issued by the
7 division in accordance with the California Public Records Act
8 (Division 10 (commencing with Section 7920.000) of Title 1 of
9 the Government Code) and the Information Practices Act of 1977
10 (Chapter 1 (commencing with Section 1798) of Title 1.8 of Part
11 4 of Division 3 of the Civil Code).

12 (b) The information provided on the division's internet website
13 pursuant to subdivision (a) shall include information on suspensions
14 and revocations of licenses and final decisions adopted by the
15 division pursuant to the Administrative Procedure Act (Chapter
16 3.5 (commencing with Section 11340) of Part 1 of Division 3 of
17 Title 2 of the Government Code) relating to persons or businesses
18 licensed or regulated by the division.

19 27014. (a) The division shall adopt regulations as may be
20 necessary to implement, administer, and enforce its duties under
21 this division in accordance with Chapter 3.5 (commencing with
22 Section 11340) of Part 1 of Division 3 of Title 2 of the Government
23 Code. Those rules and regulations shall be consistent with the
24 purposes and intent of the Regulated Psychedelic-assisted Therapy
25 Act (Chapter 7.1 (commencing with Section 3200) of Division 2),
26 as specified in Section 3200.

27 (b) (1) The division may adopt emergency regulations to
28 consolidate, clarify, or make consistent regulations.

29 (2) The division may readopt any emergency regulation
30 authorized by this section that is the same as, or substantially
31 equivalent to, an emergency regulation previously adopted as
32 authorized by this section. Any readoption shall be limited to one
33 time for each regulation.

34 (3) Notwithstanding any other law, the adoption of emergency
35 regulations and the readoption of emergency regulations authorized
36 by this section shall be deemed an emergency and necessary for
37 the immediate preservation of the public peace, health, safety, or
38 general welfare. The emergency regulations and the readopted
39 emergency regulations authorized by this section shall be each
40 submitted to the Office of Administrative Law for filing with the

1 Secretary of State and shall remain in effect for no more than 180
2 days, by which time final regulations may be adopted.

3 (c) Regulations issued under this division shall be necessary to
4 achieve the purposes of this division, based on best available
5 evidence, and shall mandate only commercially feasible procedures,
6 technology, or other requirements, and shall not unreasonably
7 restrain or inhibit the development of alternative procedures or
8 technology to achieve the same substantive requirements, nor shall
9 the regulations make compliance so onerous that the operation
10 under a license is not worthy of being carried out in practice by a
11 reasonably prudent businessperson.

12 (d) The division shall adopt regulations concerning psilocybin,
13 psilocyn, and 3,4-methylenedioxymethamphetamine (MDMA)
14 not later than January 1, 2026. At least every two years thereafter,
15 the division shall adopt regulations concerning additional
16 substances identified as regulated psychedelic substances in
17 subdivision (h) of Section 27002, if recommended by the advisory
18 committee.

19 27015. (a) Notice of any action of the division required by
20 this division to be given may be signed and given by the director
21 or an authorized employee of the division and may be made
22 personally or in the manner prescribed by Section 1013 of the
23 Code of Civil Procedure, or in the manner prescribed by Section
24 124 of this code.

25 (b) Notwithstanding subdivision (c) of Section 11505 of the
26 Government Code, whenever written notice, including a notice,
27 order, or document served pursuant to Chapter 3.5 (commencing
28 with Section 11340), Chapter 4 (commencing with Section 11370),
29 or Chapter 5 (commencing with Section 11500), of Part 1 of
30 Division 3 of Title 2 of the Government Code, is required to be
31 given by the division, the notice may be given by regular mail
32 addressed to the last known address of the licensee or by personal
33 service, at the option of the division.

34 27016. (a) The division may make or cause to be made any
35 investigation it deems necessary to carry out its duties under this
36 division.

37 (b) The chief of enforcement and all investigators, inspectors,
38 and deputies of the division identified by the director have the
39 authority of peace officers while engaged in exercising the powers
40 granted or performing the duties imposed upon them in

1 investigating the laws administered by the division or commencing
2 directly or indirectly any criminal prosecution arising from any
3 investigation conducted under these laws. All persons herein
4 referred to shall be deemed to be acting within the scope of
5 employment with respect to all acts and matters set forth in this
6 section.

7 (c) The division may employ individuals, who are not peace
8 officers, to provide investigative services.

9 (d) Notwithstanding any other law, the division may employ
10 peace officers and shall be exempt from the requirements of Section
11 13540 of the Penal Code.

12 27017. For any hearing held pursuant to this division, the
13 division may delegate the power to hear and decide to an
14 administrative law judge. Any hearing before an administrative
15 law judge shall be pursuant to the procedures, rules, and limitations
16 prescribed in Chapter 5 (commencing with Section 11500) of Part
17 1 of Division 3 of Title 2 of the Government Code.

18 27018. (a) No later than April 1, 2025, the division shall
19 convene an advisory committee, to be known as the Regulated
20 Psychedelic Substances Advisory Committee, to advise the division
21 and the board on the development of standards and regulations
22 pursuant to this division and the Regulated Psychedelic-assisted
23 Therapy Act (Chapter 7.1 (commencing with Section 3200) of
24 Division 2), including best practices and guidelines that protect
25 public health and safety while ensuring a regulated environment
26 to provide safe access to regulated psychedelic-assisted therapy.

27 (b) The advisory committee members shall include, but not be
28 limited to, at least one person with expertise in all of the following:

- 29 (1) Mental or behavioral health.
- 30 (2) Regulated psychedelic-assisted therapy.
- 31 (3) Issues confronting veterans.
- 32 (4) Developing and implementing evaluation methodologies to
33 assess the outcomes of a program, including its achievements,
34 safety, quality, and impact on individuals.
- 35 (5) Health care insurance or barriers in access to health care.
- 36 (6) Emergency medical services or first responders.
- 37 (7) Mycology and regulated psychedelic substance cultivation.
- 38 (8) Training regulated psychedelic-assisted therapy facilitators.
- 39 (9) Harm reduction.
- 40 (10) Municipal psychedelic policy.

- 1 (11) Regulated psychedelic substance research.
- 2 (12) Indigenous uses of regulated psychedelic substances.
- 3 (13) Public health data collection.
- 4 (c) The advisory committee shall:
 - 5 (1) Consider all matters submitted to it by the division or the
 - 6 board.
 - 7 (2) Advise the division and the board on guidelines, rules, and
 - 8 regulations that include:
 - 9 (A) Accurate and culturally appropriate public health approaches
 - 10 regarding use, effect, and risk reduction for regulated
 - 11 psychedelic-assisted therapy and regulated psychedelic substances
 - 12 and the content and scope of related educational campaigns.
 - 13 (B) Research related to the efficacy and regulation of regulated
 - 14 psychedelic substances, including recommendations related to
 - 15 product safety, harm reduction, and cultural responsibility.
 - 16 (C) Affordable, equitable, ethical, inclusive, and culturally
 - 17 responsible access to regulated psychedelic-assisted therapy and
 - 18 requirements to ensure access to regulated psychedelic-assisted
 - 19 therapy is affordable, equitable, ethical, inclusive, and culturally
 - 20 responsible.
 - 21 (D) Identifying existing state funds and programs for improving
 - 22 public health outcomes and advising as to how these funds and
 - 23 programs may include psychedelic services as options and be used
 - 24 to make access to psychedelic services more affordable to
 - 25 low-income individuals.
 - 26 (E) Requirements, methods, reporting, and publication of
 - 27 information pertaining to the implementation and outcomes of this
 - 28 act, in order to comprehensively measure its success, safety,
 - 29 quality, impact on individuals' well-being and public health.
 - 30 (F) Sustainability issues related to regulated psychedelic
 - 31 substances and impact on Indigenous cultures and document
 - 32 existing reciprocity efforts and continuing support measures that
 - 33 are needed.
 - 34 (G) Whether other substances should be added pursuant to
 - 35 subdivision (d) of Section 27014.
 - 36 (H) Potential future regulation and use of additional psychedelic
 - 37 substances with therapeutic potential, beyond those included in
 - 38 this division and the Regulated Psychedelic-assisted Therapy Act
 - 39 (Chapter 7.1 (commencing with Section 3200) of Division 2).

1 (d) Commencing on January 1, 2026, the advisory committee
2 shall publish on its internet website an annual report describing
3 its activities including, but not limited to, the recommendations
4 the advisory committee made to the division and the board during
5 the immediately preceding calendar year and whether those
6 recommendations were implemented by the division.

7 (e) Each member of the advisory committee shall be reimbursed
8 for traveling and other expenses necessarily incurred in the
9 performance of official duties. The payments in each instance shall
10 be made only from the fund and shall be subject to the availability
11 of moneys.

12
13 CHAPTER 3. LICENSING
14

15 27030. (a) Except as specified in Section 27014, the division
16 shall, in consultation with the advisory committee and in
17 accordance with the Administrative Procedure Act (Chapter 3.5
18 (commencing with Section 11340) of Part 1 of Division 3 of Title
19 2 of the Government Code), adopt regulations consistent with this
20 division for the administration and enforcement of laws regulating
21 regulated psychedelic substances and services. The regulations
22 shall do all of the following:

23 (1) License qualified persons or entities for activities related to
24 regulated psychedelic substances that include:

25 (A) Establishing categories of licensure and registration
26 including, but not limited to, the following:

27 (i) A cultivation, processing, manufacture, delivery, or sales-only
28 license that would allow for the provision and sale of regulated
29 psychedelic substances at the premises of a separately licensed
30 psychedelic-assisted therapy center or approved location for use
31 during an administration session at that psychedelic-assisted
32 therapy center or approved location.

33 (ii) A testing license for the testing of regulated psychedelic
34 substances for quality, concentration, and contaminants.

35 (B) Establishing license application, issuance, denial, renewal,
36 suspension, and revocation procedures.

37 (C) Establishing application, licensing, and renewal fees that
38 shall be sufficient, but not exceed the amount necessary, to cover
39 the cost of administering this division, and, for licensing and

1 renewal fees, scaled based on either the volume of business of the
2 licensee or the gross annual revenue of the licensee.

3 (2) In collaboration with the Board of Regulated Psychedelic
4 Facilitators, establish requirements governing the safe provision
5 of regulated psychedelic substances to participants that include:

6 (A) Contraindications due to medical condition, mental health
7 history, and pharmacological interactions and contraindications
8 for the particular substances being used.

9 (B) Health and safety warnings to be provided to participants
10 before regulated psychedelic substances are provided.

11 (C) Recommended dosages of regulated psychedelic substances.

12 (D) Documentation that the regulated psychedelic-assisted
13 therapy facilitator is properly licensed pursuant to Chapter 7.1
14 (commencing with Section 3200) of Division 2.

15 (E) Safe transportation for the participant when the session is
16 complete.

17 (F) Provisions to allow a psychedelic-assisted therapy center or
18 facilitator to refuse to provide regulated psychedelic substances
19 or therapy to a participant.

20 (G) Procedures for handling and reporting adverse reactions.

21 (H) The requirements and standards for testing of regulated
22 psychedelic substances for quality, concentration, and
23 contaminants.

24 (I) Prohibitions on advertising, branding, and marketing
25 regulated psychedelic substances or making medical claims about
26 regulated psychedelic substances.

27 (J) Insurance requirements to the extent that the policies are
28 commercially available and not cost prohibitive.

29 (K) Age verification procedures to ensure that a participant is
30 21 years of age or older.

31 (3) Establish the requirements governing the licensing and
32 operation of psychedelic-assisted therapy centers and approved
33 locations that include:

34 (A) Oversight requirements for regulated psychedelic licensees.

35 (B) Recordkeeping, privacy, and confidentiality requirements
36 for regulated psychedelic licensees, provided the recordkeeping
37 does not result in the disclosure to the public or any governmental
38 agency of personally identifiable information of participants.

39 (C) Deidentified data collection and reporting requirements for
40 pertaining to the implementation and outcomes of this act.

1 (D) Security requirements for regulated psychedelic licensees,
2 including requirements for protection of each licensed
3 psychedelic-assisted therapy center location.

4 (E) Procedures and policies that allow for regulated psychedelic
5 licensees to receive compensation for services and regulated
6 psychedelic substances provided in conjunction with therapeutic
7 services.

8 (F) Procedures and policies to ensure statewide access to
9 regulated psychedelic-assisted therapy.

10 (G) Rules that prohibit an individual from having a financial
11 interest in more than five psychedelic-assisted therapy locations.

12 (H) Rules that allow for regulated psychedelic licensees to share
13 the same premises with other regulated psychedelic licensees or
14 to share the same premises with health care facilities so that a
15 participant may receive regulated psychedelic substances from
16 one regulated psychedelic licensee and complete the administration
17 session at a separately owned and approved location.

18 (I) Rules that allow a regulated psychedelic-assisted therapy
19 facilitator to provide regulated psychedelic-assisted therapy to a
20 participant at an approved location.

21 (J) Rules that allow for approval of locations where regulated
22 psychedelic-assisted therapy may be provided by licensed
23 psychedelic-assisted therapy facilitators, including, but not limited
24 to, health care facilities, clinics, and private residences.

25 (4) Establish procedures, policies, and programs to ensure that
26 the licensing of regulated psychedelic substances and the provision
27 of regulated psychedelic-assisted therapy is equitable and inclusive
28 and to promote the licensing of and the provision of regulated
29 psychedelic-assisted therapy to persons from low-income
30 communities; to persons who face barriers to access to health care;
31 to persons who have a history of traditional or indigenous use of
32 regulated psychedelic substances; to persons who are or were first
33 responders; and to persons who are veterans. The procedures,
34 policies, and programs shall include, but are not limited to:

35 (A) Reduced fees for licensure and other support services for
36 applicants, which may include loans and grants.

37 (B) Incentivizing the provision of regulated psychedelic-assisted
38 therapy at a reduced cost to low-income individuals.

1 (C) Incentivizing geographic and cultural diversity in licensing
2 and the provision and availability of regulated psychedelic-assisted
3 therapy.

4 (D) A process for annually reviewing the effectiveness of the
5 policies and programs promulgated under this paragraph.

6 (5) Gather and publish, on an annual basis, adequate information
7 to evaluate the implementation, safety, equity, quality, and
8 outcomes of this division and Chapter 7.1 (commencing with
9 Section 3200) of Division 2, following sound data and privacy
10 protocols, without revealing any identifiable details pertaining to
11 individual participants.

12 (6) Adopt, amend, and repeal rules as necessary to implement
13 this division and to protect the public health and safety.

14 (b) Upon receiving a complete application for a license under
15 this division, the division shall have 120 days to issue its decision
16 on the application.

17 (c) The division may suspend or revoke a regulated psychedelic
18 substances license under regulations made pursuant to this division
19 upon written notice of a violation and, if applicable, an opportunity
20 to cure any violation within 30 days of the notice.

21 (d) The division shall enforce the laws and regulations relating
22 to the cultivation, preparing, delivery, storage, sale, and testing of
23 regulated psychedelic substances. The division shall conduct
24 investigations of compliance with this division and shall perform
25 regular inspections of licensees and the books and records of
26 licensees as necessary to enforce this division. The division shall
27 cooperate with appropriate state and local organizations to provide
28 training to law enforcement officers of the state and its political
29 subdivisions.

30 (e) The division shall annually publish a report of its actions
31 during each year containing a comprehensive description of its
32 activities and a statement of revenue and expenses of the division.

33 (f) The division shall have the authority to collect available and
34 relevant information and data necessary to performs its functions
35 and duties under this act, but must not disclose the identity of any
36 participant or publicly disclose any information that could disclose
37 the identity of a participant.

38 (g) The division shall deposit all license fees, registration fees,
39 and monetary penalties collected pursuant to this division in the

1 Regulated Psychedelic Substances Control Fund established in
2 Section 27060.

3 (h) In carrying out its duties under this division, the division
4 shall consult with the Regulated Psychedelic Substances Advisory
5 Committee and may also consult with other state agencies or any
6 other individual or entity the division finds necessary.

7 27031. (a) Actions and conduct by a licensee that are
8 authorized pursuant to a valid license issued by the division, and
9 by those who allow property to be used by a licensee, as permitted
10 pursuant to a valid license issued by the division, are lawful under
11 state and local law, and shall not be a violation of state or local
12 law.

13 (b) No state or local governmental agency shall impose any
14 criminal, civil, or administrative penalty on any licensee or on
15 those who allow property to be used by a licensee solely for actions
16 or conduct permitted pursuant to a valid license issued by the
17 division.

18 (c) Actions and conduct by a licensee that are permitted pursuant
19 to a valid license issued by the division, and by those who allow
20 property to be used by a licensee, as permitted pursuant to a valid
21 license issued by the division, shall not be a basis for seizure or
22 forfeiture of any products, materials, equipment, property, or assets
23 under state or local law.

24 (d) Nothing in this section shall be construed or interpreted to:

25 (1) Prevent the division from enforcing its rules and regulations
26 against a licensee.

27 (2) Prevent a state or local governmental agency from enforcing
28 a law, rule, or regulation that is not in conflict with the provisions
29 of this division or the rules and regulations of the division, and is
30 consistent with the intents and purposes of the Regulated
31 Psychedelic-assisted Therapy Act (Chapter 7.1 (commencing with
32 Section 3200) of Division 2), as specified in Section 3200.

33 (3) Prevent a city, county, or a city and county from enforcing
34 a local zoning ordinance, local ordinance of general application,
35 or local ordinance enacted pursuant to Section 27046.

36 27032. (a) Not later than April 1, 2026, the division shall begin
37 to accept and process applications for licensure.

38 (b) Upon receipt of an application for licensure and any
39 applicable fee, the division shall make a thorough investigation to

1 determine whether the applicant and the premises qualify for the
2 license and have complied with the provisions of this division.

3 (c) The division shall deny an application under either of the
4 following circumstances:

5 (1) The applicant or the premises for which the license is applied
6 do not qualify for licensure under rules and regulations enacted
7 by the division pursuant to this division.

8 (2) Issuance would conflict with any local zoning ordinance,
9 local ordinance of general application, or local ordinance enacted
10 pursuant to Section 27046.

11 (d) The division may refuse to issue any license for premises
12 located within 1,000 feet of a school providing instruction in
13 kindergarten or any of grades 1 to 12, inclusive.

14

15 CHAPTER 4. ENFORCEMENT

16

17 27040. A violation of this division is a misdemeanor and shall
18 result in a fine of not less than one thousand dollars (\$1,000) and
19 forfeiture of any license granted under this division for three years.

20 27041. (a) The division shall work with state and local law
21 enforcement agencies for the purposes of implementing,
22 administering, and enforcing the division's rules and regulations
23 and taking appropriate action against licensees and others who fail
24 to comply with these rules and regulations or with state law.

25 (b) The division may bring a legal action to enjoin a violation
26 or potential violation of, or to compel compliance with, any
27 provision of this division or rules and regulations promulgated by
28 the division. The legal action shall be brought in the county in
29 which the violation occurred or may occur. Any proceedings
30 brought pursuant to this section shall conform to the requirements
31 of Chapter 3 (commencing with Section 525) of Title 7 of Part 2
32 of the Code of Civil Procedure.

33 (c) State and local law enforcement agencies shall immediately
34 notify the division of any arrests made that involve a licensee or
35 a licensed premises and actions or conduct under the division's
36 jurisdiction. The division shall promptly investigate whether the
37 arrests warrant suspension or revocation of a license.

38 (d) Nothing in this division shall be construed or interpreted to
39 limit a state or local law enforcement agency's ability to investigate
40 unlawful activity in relation to a licensee or licensed premises.

1 27042. (a) The division shall establish a procedure for those
2 persons and parties affected by decisions of the division to protest
3 and appeal those decisions.

4 (b) An interested person may seek judicial review of any final
5 decision of the division.

6 (c) Any individual or entity may commence a legal action for
7 a writ of mandate to compel the division to perform the acts
8 mandated by this division.

9 27043. This division shall not be construed to permit the sale
10 of psychedelic substances to an individual for personal use.

11 27044. This division shall not be construed to permit the
12 knowing transfer of any psychedelic substances, with or without
13 remuneration, to a person under 21 years of age or to allow a person
14 under 21 years of age to possess, use, purchase, obtain, cultivate,
15 process, prepare, deliver or sell or otherwise transfer any
16 psychedelic substance.

17 27046. (a) A city, county, or a city and county may reasonably
18 regulate the time, place, and manner of the operation of regulated
19 psychedelic substance licensees pursuant to this division within
20 its boundaries.

21 (b) A city, county, or a city and county shall not ban or
22 completely prohibit the establishment or operation of regulated
23 psychedelic licensees operating in accordance with this division
24 and division rules within its boundaries.

25 (c) A city, county, or a city and county shall not ban or
26 completely prohibit the provision of regulated psychedelic-assisted
27 therapy offered in accordance with this division and division rules.

28 (d) A city, county, or a city and county shall not enact a greater
29 fine or penalty for conduct related to regulated psychedelic-assisted
30 therapy or substances than is allowed under state law.

31 (e) A city, county, or city and county shall not require an
32 additional license or the payment of a fee in addition to the state
33 license and fee for conduct related to regulated psychedelic-assisted
34 therapy or regulated psychedelic-assisted substance licensees, other
35 than generally applicable licenses and fees that apply to all
36 businesses operating with the jurisdiction.

37 (f) A city, county, or a city and county shall not prohibit the
38 transportation of regulated psychedelic substances through its
39 jurisdiction on public roads by a licensee or as otherwise allowed
40 by this division.

1 27047. (a) Notwithstanding any other law, except as otherwise
2 provided in this division, a person shall not be arrested, prosecuted,
3 penalized, sanctioned, or otherwise denied any benefit and shall
4 not be subject to seizure or forfeiture of assets for allowing property
5 the person owns, occupies, or manages to be used for any of the
6 activities conducted lawfully under this division or for enrolling
7 or employing a person who engages in regulated psychedelic
8 substance-related activities lawfully under this act.

9 (b) The use of regulated psychedelic substances shall not
10 disqualify a person from any needed medical procedure or medical
11 treatment or any other lawful health-related service.

12 (c) The use of regulated psychedelic substances lawfully under
13 this act shall not, by itself, be the basis for punishing a person
14 currently under parole, probation, or other state-supervised release,
15 including pretrial release.

16 (d) Nothing in this division shall restrict the sale, possession,
17 display, or cultivation of living fungi, plants, or seeds that were
18 lawful before the enactment of this section.

19 (e) Engaging in regulated psychedelic substance-related
20 activities authorized under this division shall not, by itself, be the
21 basis to deny eligibility for any public assistance program, unless
22 required by federal law.

23 27048. Nothing in this division shall be construed to affect any
24 of the following:

25 (a) Laws prohibiting the sale, administering, furnishing, or
26 giving away of psychedelic substances, or the offering to sell,
27 administer, furnish, or give away psychedelic substances, to a
28 person younger than 21 years of age.

29 (b) The ability of public and private employers to maintain,
30 enact, and enforce workplace policies prohibiting or restricting
31 actions or conduct otherwise permitted under this division in the
32 workplace or by their employees.

33 (c) Laws prohibiting persons from engaging in actions or
34 conduct that endanger others.

35 (d) Laws pertaining to driving or operating a motor vehicle,
36 boat, vessel, aircraft, or other vehicle or device used for
37 transportation under the influence of regulated psychedelic
38 substances.

39 (e) The ability of a state or local governmental agency to prohibit
40 or restrict actions or conduct otherwise permitted under this

1 division within a building owned, leased, or occupied by the state
2 or local governmental agency.

3 (f) The ability of an individual or private entity to prohibit or
4 restrict actions or conduct otherwise permitted under this division
5 on the individual's or entity's privately owned property.

6 (g) Laws pertaining to actions or conduct otherwise permitted
7 under this division on the grounds of, or within, any facility or
8 institution under the jurisdiction of the division of Corrections and
9 Rehabilitation or the Division of Juvenile Justice, or on the grounds
10 of any other facility or institution referenced in Section 4573 of
11 the Penal Code.

12 (h) Laws pertaining to actions or conduct otherwise permitted
13 under this division on the grounds of a school providing instruction
14 in kindergarten or any grades 1 to 12, inclusive.

15 (i) Laws protecting indigenous cultures, traditions, and uses of
16 psychedelic substances and, any protected status, or practice under
17 other laws related to indigenous uses of psychedelic substances,
18 or churches operating pursuant to the federal Religious Freedom
19 Restoration Act of 1993 (42 U.S.C. Sec. 2000bb-4 et seq).

20 27049. A person engaged in a profession or occupation subject
21 to licensure shall not be subject to disciplinary action by a
22 professional licensing board solely for providing professional
23 services related to activity permitted under this division or for
24 engaging in any activity that is lawful under this division that is
25 not subject to criminal penalty under state law. This division does
26 not permit a person to engage in malpractice or to violate the
27 standards of professional practice for which a person is licensed.

28 27050. Notwithstanding any other law, unless required by
29 federal law, mental health, substance use disorder, or behavioral
30 health services otherwise covered under the California Medical
31 Assistance Program set forth in Chapter 7 (commencing with
32 Section 14000) of Part 3 of Division 9 of the Welfare and
33 Institutions Code shall not be denied on the basis that they are
34 covered in conjunction with regulated psychedelic-assisted therapy
35 or that regulated psychedelic substances are prohibited by federal
36 law. No insurance or insurance provider is required to cover the
37 cost of a regulated psychedelic substance itself.

38 27051. The provisions of this division are severable. If any
39 provision of this division or its application is held invalid, that

1 invalidity shall not affect other provisions or applications that can
2 be given effect without the invalid provision or application.

3
4 CHAPTER 5. REVENUE
5

6 27060. (a) The Regulated Psychedelic Substances Control
7 Fund is hereby created within the State Treasury.

8 (b) All fees collected pursuant to this division shall be deposited
9 into the fund.

10 (c) Notwithstanding Section 16305.7 of the Government Code,
11 the fund shall include any interest and dividends earned on the
12 moneys in the fund.

13 (d) Notwithstanding Section 13340 of the Government Code,
14 all moneys in the fund shall be allocated, upon appropriation by
15 the Legislature, to the division solely for the purposes of
16 implementing, administering, and enforcing this division, including,
17 but not limited to, the costs incurred by the division for its
18 administrative expenses.

19 (e) All moneys collected as a result of penalties imposed under
20 this division shall be deposited directly into the General Fund, to
21 be available upon appropriation by the Legislature.

22 27061. The Regulated Psychedelic Substances Education and
23 Harm Reduction Fund is hereby established in the State Treasury.
24 Moneys in the fund shall be available to the Office of Community
25 Partnerships and Strategic Communications upon appropriation
26 by the Legislature. The division may accept moneys from private
27 sources to supplement state funds, which may be appropriated by
28 the Legislature to the fund. Moneys in the fund may be used by
29 the Office of Community Partnerships and Strategic
30 Communications to award grants for the following purposes:

31 (a) Public education relating to psychedelic substances.

32 (b) Harm reduction relating to psychedelic substances.

33 SEC. 5. Section 1550.6 is added to the Civil Code, to read:

34 1550.6. Notwithstanding any law, it is the public policy of the
35 people of the State of California that contracts related to the
36 operation of licenses under the Regulated Psychedelic-assisted
37 Therapy Act (Chapter 7.1 (commencing with Section 3200) of
38 Division 2 of the Business and Professions Code) or the Regulated
39 Psychedelic Substances Control Act (Division 11 (commencing
40 with Section 27000) of the Business and Professions Code) shall

1 be enforceable. No contract entered into by a licensee, as permitted
2 pursuant to a valid license issued by the Division of Regulated
3 Psychedelic Substances Control or the Board of Regulated
4 Psychedelic Facilitators, or by those who allow property to be used
5 by a licensee, as permitted pursuant to a valid license issued by
6 the Division of Regulated Psychedelic Substances Control or the
7 Board of Regulated Psychedelic Facilitators, shall be deemed
8 unenforceable on the basis that the actions or conduct permitted
9 pursuant to the license are prohibited by federal law.

10 SEC. 6. Section 11350 of the Health and Safety Code is
11 amended to read:

12 11350. (a) Except as otherwise provided in this ~~division,~~
13 *division and in Division 11 (commencing with Section 27000) of*
14 *the Business and Professions Code*, every person who possesses
15 (1) any controlled substance specified in subdivision (b), (c), (e),
16 or paragraph (1) of subdivision (f) of Section 11054, specified in
17 paragraph (14), (15), or (20) of subdivision (d) of Section 11054,
18 or specified in subdivision (b) or (c) of Section 11055, or specified
19 in subdivision (h) of Section 11056, or (2) any controlled substance
20 classified in Schedule III, IV, or V ~~which that~~ is a narcotic drug,
21 unless upon the written prescription of a physician, dentist,
22 podiatrist, or veterinarian licensed to practice in this state, shall
23 be punished by imprisonment in a county jail for not more than
24 one year, except that such person shall instead be punished pursuant
25 to subdivision (h) of Section 1170 of the Penal Code if that person
26 has one or more prior convictions for an offense specified in clause
27 (iv) of subparagraph (C) of paragraph (2) of subdivision (e) of
28 Section 667 of the Penal Code or for an offense requiring
29 registration pursuant to subdivision (c) of Section 290 of the Penal
30 Code.

31 (b) Except as otherwise provided in this division, whenever a
32 person who possesses any of the controlled substances specified
33 in subdivision (a), the judge may, in addition to any punishment
34 provided for pursuant to subdivision (a), assess against that person
35 a fine not to exceed seventy dollars (\$70) with proceeds of this
36 fine to be used in accordance with Section 1463.23 of the Penal
37 Code. The court shall, however, take into consideration the
38 defendant's ability to pay, and no defendant shall be denied
39 probation because of ~~his or her~~ *their* inability to pay the fine
40 permitted under this subdivision.

1 (c) Except in unusual cases in which it would not serve the
2 interest of justice to do so, whenever a court grants probation
3 pursuant to a felony conviction under this section, in addition to
4 any other conditions of probation ~~which~~ *that* may be imposed, the
5 following conditions of probation shall be ordered:

6 (1) For a first offense under this section, a fine of at least one
7 thousand dollars (\$1,000) or community service.

8 (2) For a second or subsequent offense under this section, a
9 fine of at least two thousand dollars (\$2,000) or community service.

10 (3) If a defendant does not have the ability to pay the minimum
11 fines specified in paragraphs (1) and (2), community service shall
12 be ordered in lieu of the fine.

13 (d) It is not unlawful for a person other than the prescription
14 holder to possess a controlled substance described in subdivision
15 (a) if both of the following apply:

16 (1) The possession of the controlled substance is at the direction
17 or with the express authorization of the prescription holder.

18 (2) The sole intent of the possessor is to deliver the prescription
19 to the prescription holder for its prescribed use or to discard the
20 substance in a lawful manner.

21 (e) This section does not permit the use of a controlled substance
22 by a person other than the prescription holder or permit the
23 distribution or sale of a controlled substance that is otherwise
24 inconsistent with the prescription.

25 SEC. 7. Section 11351 of the Health and Safety Code is
26 amended to read:

27 11351. Except as otherwise provided in ~~this division, division~~
28 *and in Division 11 (commencing with Section 27000) of the*
29 *Business and Professions Code*, every person who possesses for
30 sale or purchases for purposes of sale (1) any controlled substance
31 specified in subdivision (b), (c), or (e) of Section 11054, specified
32 in paragraph (14), (15), or (20) of subdivision (d) of Section 11054,
33 or specified in subdivision (b) or (c) of Section 11055, or specified
34 in subdivision (h) of Section 11056, or (2) any controlled substance
35 classified in Schedule III, IV, or V which is a narcotic drug, shall
36 be punished by imprisonment pursuant to subdivision (h) of Section
37 1170 of the Penal Code for two, three, or four years.

38 SEC. 8. Section 11352 of the Health and Safety Code is
39 amended to read:

1 11352. (a) Except as otherwise provided in this ~~division,~~
2 *division and in Division 11 (commencing with Section 27000) of*
3 *the Business and Professions Code*, every person who transports,
4 imports into this state, sells, furnishes, administers, or gives away,
5 or offers to transport, import into this state, sell, furnish, administer,
6 or give away, or attempts to import into this state or transport (1)
7 any controlled substance specified in subdivision (b), (c), or (e),
8 or paragraph (1) of subdivision (f) of Section 11054, specified in
9 paragraph (14), (15), or (20) of subdivision (d) of Section 11054,
10 or specified in subdivision (b) or (c) of Section 11055, or specified
11 in subdivision (h) of Section 11056, or (2) any controlled substance
12 classified in Schedule III, IV, or V which is a narcotic drug, unless
13 upon the written prescription of a physician, dentist, podiatrist, or
14 veterinarian licensed to practice in this state, shall be punished by
15 imprisonment pursuant to subdivision (h) of Section 1170 of the
16 Penal Code for three, four, or five years.

17 (b) Notwithstanding the penalty provisions of subdivision (a),
18 any person who transports any controlled substances specified in
19 subdivision (a) within this state from one county to another
20 noncontiguous county shall be punished by imprisonment pursuant
21 to subdivision (h) of Section 1170 of the Penal Code for three, six,
22 or nine years.

23 (c) For purposes of this section, “transports” means to transport
24 for sale.

25 (d) This section does not preclude or limit the prosecution of
26 an individual for aiding and abetting the commission of, or
27 conspiring to commit, or acting as an accessory to, any act
28 prohibited by this section.

29 SEC. 9. Section 11364 of the Health and Safety Code is
30 amended to read:

31 11364. (a) ~~Except as provided in Division 11 (commencing~~
32 *with Section 27000) of the Business and Professions Code*, it is
33 unlawful to possess an opium pipe or any device, contrivance,
34 instrument, or paraphernalia used for unlawfully injecting or
35 smoking (1) a controlled substance specified in subdivision (b),
36 (c), or (e) or paragraph (1) of subdivision (f) of Section 11054,
37 specified in paragraph (14), (15), or (20) of subdivision (d) of
38 Section 11054, specified in subdivision (b) or (c) of Section 11055,
39 or specified in paragraph (2) of subdivision (d) of Section 11055,

1 or (2) a controlled substance that is a narcotic drug classified in
2 Schedule III, IV, or V.

3 (b) This section shall not apply to hypodermic needles or
4 syringes that have been containerized for safe disposal in a
5 container that meets state and federal standards for disposal of
6 sharps waste.

7 (c) Until January 1, 2026, as a public health measure intended
8 to prevent the transmission of HIV, viral hepatitis, and other
9 bloodborne diseases among persons who use syringes and
10 hypodermic needles, and to prevent subsequent infection of sexual
11 partners, newborn children, or other persons, this section shall not
12 apply to the possession solely for personal use of hypodermic
13 needles or syringes.

14 SEC. 10. Section 11364.7 of the Health and Safety Code is
15 amended to read:

16 11364.7. (a) (1) Except as *provided in Division 11*
17 *(commencing with Section 27000) of the Business and Professions*
18 *Code and as otherwise* authorized by law, any person who delivers,
19 furnishes, or transfers, possesses with intent to deliver, furnish, or
20 transfer, or manufactures with the intent to deliver, furnish, or
21 transfer, drug paraphernalia, knowing, or under circumstances
22 where one reasonably should know, that it will be used to plant,
23 propagate, cultivate, grow, harvest, compound, convert, produce,
24 process, prepare, test, analyze, pack, repack, store, contain, conceal,
25 inject, ingest, inhale, or otherwise introduce into the human body
26 a controlled substance, except as provided in subdivision (b), in
27 violation of this division, is guilty of a misdemeanor.

28 (2) A public entity, its agents, or employees shall not be subject
29 to criminal prosecution for distribution of hypodermic needles or
30 syringes or any materials deemed by a local or state health
31 department to be necessary to prevent the spread of communicable
32 diseases, or to prevent drug overdose, injury, or disability to
33 participants in clean needle and syringe exchange projects
34 authorized by the public entity pursuant to Chapter 18
35 (commencing with Section 121349) of Part 4 of Division 105.

36 (b) Except as authorized by law, any person who manufactures
37 with intent to deliver, furnish, or transfer drug paraphernalia
38 knowing, or under circumstances where one reasonably should
39 know, that it will be used to plant, propagate, cultivate, grow,
40 harvest, manufacture, compound, convert, produce, process,

1 prepare, test, analyze, pack, repack, store, contain, conceal, inject,
2 ingest, inhale, or otherwise introduce into the human body cocaine,
3 cocaine base, heroin, phencyclidine, or methamphetamine in
4 violation of this division shall be punished by imprisonment in a
5 county jail for not more than one year, or in the state prison.

6 (c) Except as authorized by law, any person, 18 years of age or
7 over, who violates subdivision (a) by delivering, furnishing, or
8 transferring drug paraphernalia to a person under 18 years of age
9 who is at least three years ~~his or her junior, or younger, or~~ who,
10 upon the grounds of a public or private elementary, vocational,
11 junior high, or high school, possesses a hypodermic needle, as
12 defined in paragraph (7) of subdivision (a) of Section 11014.5,
13 with the intent to deliver, furnish, or transfer the hypodermic
14 needle, knowing, or under circumstances where one reasonably
15 should know, that it will be used by a person under 18 years of
16 age to inject into the human body a controlled substance, is guilty
17 of a misdemeanor and shall be punished by imprisonment in a
18 county jail for not more than one year, by a fine of not more than
19 one thousand dollars (\$1,000), or by both that imprisonment and
20 fine.

21 (d) The violation, or the causing or the permitting of a violation,
22 of subdivision (a), (b), or (c) by a holder of a business or liquor
23 license issued by a city, county, or city and county, or by the State
24 of California, and in the course of the licensee's business shall be
25 grounds for the revocation of that license.

26 (e) All drug paraphernalia defined in Section 11014.5 is subject
27 to forfeiture and may be seized by any peace officer pursuant to
28 Section 11471 unless its distribution has been authorized pursuant
29 to subdivision (a).

30 (f) If any provision of this section or the application thereof to
31 any person or circumstance is held invalid, it is the intent of the
32 Legislature that the invalidity shall not affect other provisions or
33 applications of this section ~~which~~ that can be given effect without
34 the invalid provision or application and to this end the provisions
35 of this section are severable.

36 SEC. 11. Section 11377 of the Health and Safety Code is
37 amended to read:

38 11377. (a) Except as authorized by law and as otherwise
39 provided in subdivision (b) or Section 11375, or in Article 7
40 (commencing with Section 4211) of Chapter 9 of Division 2 *or in*

1 *Division 11 (commencing with Section 27000)* of the Business and
2 Professions Code, every person who possesses any controlled
3 substance ~~which~~ *that* is (1) classified in Schedule III, IV, or V,
4 and ~~which~~ *that* is not a narcotic drug, (2) specified in subdivision
5 (d) of Section 11054, except paragraphs (13), (14), (15), and (20)
6 of subdivision (d), (3) specified in paragraph (11) of subdivision
7 (c) of Section 11056, (4) specified in paragraph (2) or (3) of
8 subdivision (f) of Section 11054, or (5) specified in subdivision
9 (d), (e), or (f) of Section 11055, unless upon the prescription of a
10 physician, dentist, podiatrist, or veterinarian, licensed to practice
11 in this state, shall be punished by imprisonment in a county jail
12 for a period of not more than one year, except that such person
13 may instead be punished pursuant to subdivision (h) of Section
14 1170 of the Penal Code if that person has one or more prior
15 convictions for an offense specified in clause (iv) of subparagraph
16 (C) of paragraph (2) of subdivision (e) of Section 667 of the Penal
17 Code or for an offense requiring registration pursuant to
18 subdivision (c) of Section 290 of the Penal Code.

19 (b) The judge may assess a fine not to exceed seventy dollars
20 (\$70) against any person who violates subdivision (a), with the
21 proceeds of this fine to be used in accordance with Section 1463.23
22 of the Penal Code. The court shall, however, take into consideration
23 the defendant's ability to pay, and no defendant shall be denied
24 probation because of ~~his or her~~ *their* inability to pay the fine
25 permitted under this subdivision.

26 (c) It is not unlawful for a person other than the prescription
27 holder to possess a controlled substance described in subdivision
28 (a) if both of the following apply:

29 (1) The possession of the controlled substance is at the direction
30 or with the express authorization of the prescription holder.

31 (2) The sole intent of the possessor is to deliver the prescription
32 to the prescription holder for its prescribed use or to discard the
33 substance in a lawful manner.

34 (d) This section does not permit the use of a controlled substance
35 by a person other than the prescription holder or permit the
36 distribution or sale of a controlled substance that is otherwise
37 inconsistent with the prescription.

38 SEC. 12. Section 11378 of the Health and Safety Code is
39 amended to read:

1 11378. Except as otherwise provided in Article 7 (commencing
 2 with Section 4110) of Chapter 9 of Division 2 *or in Division 11*
 3 *(commencing with Section 27000)* of the Business and Professions
 4 Code, a person who possesses for sale a controlled substance that
 5 meets any of the following criteria shall be punished by
 6 imprisonment pursuant to subdivision (h) of Section 1170 of the
 7 Penal Code:

8 ~~(1)~~

9 (a) The substance is classified in Schedule III, IV, or V and is
 10 not a narcotic drug, except the substance specified in subdivision
 11 (g) of Section 11056.

12 ~~(2)~~

13 (b) The substance is specified in subdivision (d) of Section
 14 11054, except paragraphs (13), (14), (15), (20), (21), (22), and
 15 (23) of subdivision (d).

16 ~~(3)~~

17 (c) The substance is specified in paragraph (11) of subdivision
 18 (c) of Section 11056.

19 ~~(4)~~

20 (d) The substance is specified in paragraph (2) or (3) of
 21 subdivision (f) of Section 11054.

22 ~~(5)~~

23 (e) The substance is specified in subdivision (d), (e), or (f),
 24 except paragraph (3) of subdivision (e) and subparagraphs (A) and
 25 (B) of paragraph (2) of subdivision (f), of Section 11055.

26 SEC. 13. Section 11379 of the Health and Safety Code is
 27 amended to read:

28 11379. (a) Except as otherwise provided in subdivision (b)
 29 and in Article 7 (commencing with Section 4211) of Chapter 9 of
 30 Division 2 *or in Division 11 (commencing with Section 27000)* of
 31 the Business and Professions Code, every person who transports,
 32 imports into this state, sells, furnishes, administers, or gives away,
 33 or offers to transport, import into this state, sell, furnish, administer,
 34 or give away, or attempts to import into this state or transport any
 35 controlled substance ~~which~~ *that* is (1) classified in Schedule III,
 36 IV, or V and ~~which~~ *that* is not a narcotic drug, except subdivision
 37 (g) of Section 11056, (2) specified in subdivision (d) of Section
 38 11054, except paragraphs (13), (14), (15), (20), (21), (22), and
 39 (23) of subdivision (d), (3) specified in paragraph (11) of
 40 subdivision (c) of Section 11056, (4) specified in paragraph (2) or

1 (3) of subdivision (f) of Section 11054, or (5) specified in
2 subdivision (d) or (e), except paragraph (3) of subdivision (e), or
3 specified in subparagraph (A) of paragraph (1) of subdivision (f),
4 of Section 11055, unless upon the prescription of a physician,
5 dentist, podiatrist, or veterinarian, licensed to practice in this state,
6 shall be punished by imprisonment pursuant to subdivision (h) of
7 Section 1170 of the Penal Code for a period of two, three, or four
8 years.

9 (b) Notwithstanding the penalty provisions of subdivision (a),
10 *except as provided in Division 11 (commencing with Section*
11 *27000) of the Business and Professions Code*, any person who
12 transports any controlled substances specified in subdivision (a)
13 within this state from one county to another noncontiguous county
14 shall be punished by imprisonment pursuant to subdivision (h) of
15 Section 1170 of the Penal Code for three, six, or nine years.

16 (c) For purposes of this section, “transports” means to transport
17 for sale.

18 ~~(d) Nothing in this section is intended to~~ *This section does not*
19 *preclude or limit prosecution under an aiding and abetting theory,*
20 *accessory theory, or a conspiracy theory.*

21 SEC. 14. Section 11390 of the Health and Safety Code is
22 amended to read:

23 11390. *Except as provided in Division 11 (commencing with*
24 *Section 27000) of the Business and Professions Code and as*
25 *otherwise authorized by law, every person who, with intent to*
26 *produce a controlled substance specified in paragraph (18) or (19)*
27 *of subdivision (d) of Section 11054, cultivates any spores or*
28 *mycelium capable of producing mushrooms or other material* ~~which~~
29 *that contains such a controlled substance shall be punished by*
30 *imprisonment in the county jail for a period of not more than one*
31 *year or in the state prison.*

32 SEC. 15. Section 11391 of the Health and Safety Code is
33 amended to read:

34 11391. (a) *Except as provided in Division 11 (commencing*
35 *with Section 27000) of the Business and Professions Code and as*
36 *otherwise authorized by law, every person who transports, imports*
37 *into this state, sells, furnishes, gives away, or offers to transport,*
38 *import into this state, sell, furnish, or give away any spores or*
39 *mycelium capable of producing mushrooms or other material* ~~which~~
40 *that contain a controlled substance specified in paragraph (18) or*

1 (19) of subdivision (d) of Section 11054 for the purpose of
2 facilitating a violation of Section 11390 shall be punished by
3 imprisonment in the county jail for a period of not more than one
4 year or in the state prison.

5 (b) For purposes of this section, “transport” means to transport
6 for sale.

7 (c) This section does not preclude or limit prosecution for any
8 aiding and abetting or conspiracy offenses.

9 SEC. 16. This act shall not be construed to require a person to
10 violate a federal law, exempt a person from a federal law, or
11 obstruct the enforcement of a federal law.

12 SEC. 17. The Legislature finds and declares that, in order to
13 protect the health, safety, and welfare of persons in the entire state,
14 establishing a uniform standard of licensure for regulated
15 psychedelic-assisted therapy regulated psychedelic-assisted therapy
16 facilitators upon which consumers may rely to identify individuals
17 who have achieved specified levels of education, training, and skill
18 is a matter of statewide concern and is not a municipal affair as
19 that term is used in Section 5 of Article XI of the California
20 Constitution. Therefore, Sections 3 and 4 of this act adding Chapter
21 7.1 (commencing with Section 3200) to Division 2 of, and adding
22 Division 11 (commencing with Section 27000) to, the Business
23 and Professions Code apply to all cities, including charter cities.

24 SEC. 18. The provisions of this act are severable. If any
25 provision of this act or its application is held invalid, that invalidity
26 shall not affect other provisions or applications that can be given
27 effect without the invalid provision or application.

28 SEC. 19. No reimbursement is required by this act pursuant to
29 Section 6 of Article XIII B of the California Constitution because
30 the only costs that may be incurred by a local agency or school
31 district will be incurred because this act creates a new crime or
32 infraction, eliminates a crime or infraction, or changes the penalty
33 for a crime or infraction, within the meaning of Section 17556 of
34 the Government Code, or changes the definition of a crime within
35 the meaning of Section 6 of Article XIII B of the California
36 Constitution.

37 SEC. 20. The Legislature finds and declares that Sections 3
38 and 4 of this act, which add Sections 3214 and 27030, respectively,
39 to the Business and Professions Code, impose a limitation on the
40 public’s right of access to the meetings of public bodies or the

1 writings of public officials and agencies within the meaning of
2 Section 3 of Article I of the California Constitution. Pursuant to
3 that constitutional provision, the Legislature makes the following
4 findings to demonstrate the interest protected by this limitation
5 and the need for protecting that interest:

6 In order to establish appropriate recordkeeping by licensees
7 engaging in activities authorized by this act while also protecting
8 the privacy of members of the public seeking or engaging in
9 regulated psychedelic-assisted therapy, it is necessary that
10 personally identifiable information of members of the public remain
11 confidential.

O



Senator Scott Wiener, 11th Senate District

Senate Bill 1012 – Regulated Therapeutic Access to Psychedelics

SUMMARY

Senate Bill 1012 provides therapeutic access for persons 21 and older to certain psychedelic substances under the supervision of a licensed and trained facilitator. This bill establishes a professional licensing board under the California Business, Consumer Services, and Housing Agency for psychedelic therapy facilitators to develop training programs, ethical standards, scope of practice guidelines, and regulatory oversight. This bill does not remove criminal penalties for activities involving psychedelic substances outside of the regulated program nor allow for retail sales for use outside the regulated, therapeutic context.

BACKGROUND/EXISTING LAW

Current law lists psilocyn, psilocybin, mescaline, MDMA, and DMT as Schedule I Drugs. According to the Drug Enforcement Agency (DEA), Schedule I Drugs have “no accepted medical use and high potential for abuse.” However, within the medical research community, these psychedelic substances are well-documented as having therapeutic and medical benefits.

A promising 2020 study showed MDMA could be used in combination with psychotherapy to reduce anxiety in patients facing life-threatening illnesses. Recent clinical trials studying MDMA as a treatment for depression, anxiety, and Post-Traumatic Stress (PTSD) led the FDA to distinguish MDMA-assisted psychotherapy treatment as a “Breakthrough Therapy.” In 2018 and 2019, the FDA also issued the same distinction to psilocybin. Two different clinical trials¹ showed psilocybin can reduce symptoms

in patients with treatment-resistant depression. A Johns Hopkins study showed a significant decrease in depression and anxiety in cancer patients using psilocybin. These recent studies support decades of psychedelic research conducted in the medical field that demonstrates the potential of psychedelics to treat PTSD, anxiety, and depression. Observational studies have also documented the use of Ayahuasca (which contains DMT)² to treat substance use disorder. When used in a safe and supervised setting, these substances have all been demonstrated to provide healing to their users and have documented medicinal use.

The stigma behind psychedelic drugs overshadows their legitimate value as medicine. In the 1960s, psychedelics were legal, and many researchers were conducting promising studies on the effectiveness of substances as a medical treatment. However, the mass criminalization created in the 1970s and the decades after halted this scientific progress and among many things, created a system to deter drug use that is not founded in science. Today, we have research that demonstrates that psychedelic substances are a tool for healing, and have a promising future for mental health treatment. Amid a historic mental health crisis, we cannot afford to ignore the promise of psychedelics.

In recent years, a few states have acknowledged the healing potential of psychedelics and taken action to put a therapeutic framework in place for people to access these substances in a safe and controlled setting. In 2020, Oregon voters approved two ballot measures that decriminalized the personal use of all scheduled substances and authorized the creation of a state-

¹ *Journal of Psychopharmacology (Oxford, England)*. 2016.

² *The American Journal of Drug and Alcohol Abuse*. 2018.

licensed, psilocybin-assisted therapy program over the next two years. In 2022, Colorado voters approved a two-prong ballot measure that allowed access to psilocybin and ibogaine, and later to DMT and mescaline in a regulated therapeutic context, and decriminalized the noncommercial, personal possession of those same substances. The state is developing rules and regulations and will begin licensing facilitators in late 2024.

Last fall, the Legislature passed SB 58, my legislation that would have decriminalized the personal use and possession of certain psychedelic substances. In a message explaining his decision to veto the bill, Governor Newsom urged the Legislature to send him a bill establishing therapeutic guidelines for the use of psychedelics in California. As the Governor stated in his [veto message](#):

“Both peer-reviewed science and powerful personal anecdotes lead me to support new opportunities to address mental health through psychedelic medicines like those addressed in this bill. Psychedelics have proven to relieve people suffering from certain conditions such as depression, PTSD, traumatic brain injury, and other addictive personality traits. This is an exciting frontier and California will be on the front-end of leading it. . . . I urge the legislature to send me legislation next year that includes therapeutic guidelines.”

Senate Bill 1012 is a direct response to the Governor’s well-articulated request.

PROBLEM

In California, issues related to mental health are among the most prevalent health concerns. One in six adult Californians experience mental health disorders in some form, with one in 24 facing a serious mental health illness. Low-income and BIPOC communities are more likely to face mental health illness and often have the fewest resources to access treatment.

About two-thirds of adults with depression do not receive mental health treatment. Both the prevalence of mental health challenges and the challenges with access to care were exacerbated by the pandemic. According to a poll by the Kaiser Family Foundation, nearly half of Americans report the COVID-19 crisis harmed their mental health.

For California’s veterans and first responders, psychedelics have especially promising healing potential. Studies indicate that for veterans, many of whom live with PTSD, access to psychedelics can be effective in treating the acute trauma they face, and may even save their lives. Veterans die by suicide at a rate of one and a half times the general public.³ Many veterans who have used psychedelic medicines to treat their PTSD report that without this treatment, they would have taken their life. In January 2024, the Department of Veterans Affairs announced it would fund studies on the benefits of psychedelic substances, such as MDMA and psilocybin, when used with psychotherapy for treating PTSD and depression in veterans.

California is failing to provide residents with a safe, regulated program to access groundbreaking psychedelic-assisted therapy. As a result, many Californians are going abroad to access psychedelics or seeking out underground psychedelic facilitators and using unregulated substances. To ensure that Californians can access these substances as safely as possible, we must ensure Californians have the proper public education about the potential risks and harms around these substances and access to a safe, supervised, and regulated setting to use these substances for healing. Additionally, when Californians use substances in conjunction with psychedelic facilitation, those substances should be produced and tested by a licensed, regulated provider in accordance with proper safety standards. In addition, there is no state-supported effort to promote the development of professional standards of care for psychedelic-

³ *American Psychological Association*. 2022.

assisted therapy or educate the public about safe practices and the potential risks and benefits. This bill will fill this gap in California.

SOLUTION

Senate Bill 1012 creates the Board of Psychedelic Facilitators under the Department of Consumer Affairs, which will license and regulate professional facilitators who are trained in psychedelic-assisted therapy. Once licensed, these facilitators will provide therapeutic access for persons 21+ to certain regulated psychedelic substances (psilocybin/psilocyn, DMT, mescaline (excluding peyote), and MDMA) produced and tested by licensed entities. These substances shall be used only under the supervision of the licensed and trained facilitator. The bill also establishes a public-private fund to support a public education program to promote safety and increase understanding of psychedelic substances. This bill does not allow for retail sales for use at home or outside the regulated, therapeutic context.

SPONSOR

- Heroic Hearts Project

SUPPORT

- California Association of Social Rehabilitation Agencies
- City of West Hollywood
- Dr. Bronner's

CO-AUTHORS

- Assemblymember Marie Waldron (Principal)
- Assemblymember Josh Lowenthal (Principal)
- Assemblymember Isaac Bryan
- Assemblymember Matt Haney
- Assemblymember Corey A. Jackson
- Assemblymember Ash Kalra
- Assemblymember Alex Lee
- Speaker Emeritus Anthony Rendon
- Assemblymember Lori Wilson
- Senator Josh Becker
- Senator Steven Bradford
- Senator Bill Dodd

- Senator Nancy Skinner

FOR MORE INFORMATION

Stella Fontus, *Legislative Aide*

Email: Stella.Fontus@sen.ca.gov

Phone: (916) 651-4011

MEMORANDUM

| | |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------|
| DATE | April 12, 2024 |
| TO | Legislative and Regulatory Affairs Committee Members |
| FROM | Troy Polk, Legislative and Regulatory Analyst |
| SUBJECT | Agenda Item 5(b)(7) – SB 1067 (Smallwood-Cuevas) Healing arts: expedited licensure process: medically underserved area or population. |

Background

On February 12, 2024, SB 1067 was introduced by Senator Smallwood-Cuevas.

SB 1067 would require each healing arts board under the Department of Consumer Affairs to develop a process to expedite the licensure process by giving priority to applicants who are seeking licensure if they demonstrate that they intend to practice in a medically underserved area or serve a medically underserved population.

Health and Safety Code (HSC) 128552 defines “Medically underserved area” as a health professional shortage area or an area of the state where unmet priority needs for physicians exist. HSC 128552 also defines “medically underserved population” as individuals in the Medi-Cal program and uninsured populations.

On February 21, 2024, SB 1067 was referred to the Senate Committee on Business, Professions and Economic Development.

Board Staff will continue to monitor SB 1067

Action Requested

Staff recommendation: Legislative and Regulatory Affairs Committee review SB 1067 and consider a position to be presented to the full Board.

Attachment #1: SB 1067 Bill Text
Attachment #2: SB 1067 Fact Sheet

Introduced by Senator Smallwood-CuevasFebruary 12, 2024

An act to add Section 871 to the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

SB 1067, as introduced, Smallwood-Cuevas. Healing arts: expedited licensure process: medically underserved area or population.

Existing law establishes various boards within the Department of Consumer Affairs to license and regulate various health professionals. Existing law requires specified boards to expedite the licensure process of an applicant who can demonstrate that they intend to provide abortions within their scope of practice and specifies the documentation an applicant is required to provide to demonstrate their intent.

This bill would require each healing arts board, as defined, to develop a process to expedite the licensure process by giving priority review status to the application of an applicant for a license who demonstrates that they intend to practice in a medically underserved area or serve a medically underserved population, as defined. The bill would authorize an applicant for a license to demonstrate their intent to practice in a medically underserved area or serve a medically underserved population by providing proper documentation, including, but not limited to, a letter from an employer, located in a medically underserved area or which serves a medically underserved population, indicating that the applicant has accepted employment and stating the start date.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. Section 871 is added to the Business and
2 Professions Code, to read:

3 871. (a) Each healing arts board shall develop a process to
4 expedite the licensure process by giving priority review status to
5 the application of an applicant for a license who demonstrates that
6 they intend to practice in a medically underserved area or serve a
7 medically underserved population, as defined in Section 128552
8 of the Health and Safety Code.

9 (b) An applicant for a license may demonstrate their intent to
10 practice in a medically underserved area or serve a medically
11 underserved population by providing proper documentation,
12 including, but not limited to, a letter from an employer, located in
13 a medically underserved area or which serves a medically
14 underserved population, indicating that the applicant has accepted
15 employment and stating the start date.

16 (c) As used in this section, “healing arts board” means any
17 board, division, or examining committee in the Department of
18 Consumer Affairs that licenses or certifies health professionals.

FACT SHEET

SB 1067 (Smallwood-Cuevas)
Supporting a Strong Healthcare Workforce

SUMMARY

SB 1067 will establish a process for healing arts boards to expedite license applications for those health care providers who are going to practice in a medically underserved area or provide care to a medically underserved population.

BACKGROUND

Workforce has historically been a major issue in medically underserved areas of the state, and in health facilities primarily serving the populations who access safety net services like Community Health Centers (CHCs). CHCs encompass California's federally qualified health centers (FQHCs), community clinics, Native American Health Centers, free clinics, migrant health centers and rural health centers (RHCs). Over 1,270 CHCs in California provide high-quality comprehensive care to 7.7 million people, more than 1 in 5 Californians. They serve everyone who walks through their doors, regardless of their ability to pay, their immigration status, or their individual circumstances.

The issue of workforce has become even more acute since the COVID-19 pandemic when workforce burnout contributed to a mass resignation from healthcare jobs. In a recent survey CHCs reported high vacancy rates and prolonged periods of time to fill staff vacancies for key positions such as physicians, dentists, and nurse practitioners. Data shows they need an average of 26.6 weeks to fill a physician vacancy and 18 weeks to fill a dentist and nurse practitioner vacancy. This has left CHCs in an untenable and challenging position when it comes to recruiting workers to provide healthcare to some of the state's most vulnerable populations.

PROBLEM

Many if not all the healing arts boards who license dentists, nurses, and other healthcare providers in California have lengthy backlogs for processing applications for licensure. Often, getting a provider licensed takes much too long and prevents a provider from joining the healthcare workforce in a timely manner. Licensing delays undermine quality patient care, timely access to care, and further exacerbates the major healthcare workforce shortage in California.

SOLUTION

The Medical Board of California (MBC) has established a process to expedite license applications for those who can demonstrate they intend to practice in a medically underserved area or serve a medically underserved population. This legislative proposal would use the model established under the MBC, to create an expedited licensure application process at all other healing arts boards for future providers who can demonstrate they intend to practice in a medically underserved area or serve a medically underserved population. This bill does not require new or duplicative efforts of healing arts boards, only the prioritization of certain applications they'd already be processing.

STAFF CONTACT

Kenyamarie Mahone
Phone: (916) 651-457
Kenyamarie.mahone@sen.ca.gov

SUPPORT

California Primary Care Association Advocates
(Sponsor)

MEMORANDUM

| | |
|----------------|-----------------------------------------------------------------------------------------------------------------------------|
| DATE | April 12, 2024 |
| TO | Legislative and Regulatory Affairs Committee Members |
| FROM | Troy Polk, Legislative and Regulatory Analyst |
| SUBJECT | Agenda Item 5(c)(1) – Bill with Active Position Taken by the Board - AB 2051 (Bonta) Psychology interjurisdictional compact |

Background

On February 2, 2024, Assembly Bill (AB) 2051 was introduced by Assemblymember Bonta.

This bill would make California a compact state under the Psychology Interjurisdictional Compact (PSYPACT), to facilitate the practice of telepsychology and the temporary in-person, face-to-face practice of psychology across state lines.

On March 1, 2024, AB 2051 was presented to the Board. The Board adopted an Oppose position.

On March 15, 2024, an Oppose Letter was submitted to the members of the Assembly Business and Professions Committee, as well as the author's office.

AB 2051 is scheduled to heard in the Assembly Business and Professions Committee on April 16, 2024.

Board Staff will continue to monitor AB 2051

Action Requested

This item is for informational purposes only. There is no action required at this time.

Attachment #1: AB 2051 Bill Analysis
Attachment #2: AB 2051 Bill Text
Attachment #3: AB 2051 Oppose Letter

2024 Bill Analysis

| | | |
|------------------------------------------------------------|--------------------------------|-----------------------|
| Author: Assembly Member Bonta | Bill Number: AB 2051 | Related Bills: |
| Sponsor: TBD | Version: Introduced | |
| Subject: Psychology interjurisdictional compact. | | |

SUMMARY

This bill would approve the Psychology Interjurisdictional Compact (PSYPACT), to facilitate the practice of telepsychology and the temporary in-person, face-to-face practice of psychology across state lines in California. This bill would require California to join as a compact state, to recognize the right of a psychologist, licensed in a compact state in compliance with the compact, to practice telepsychology in other compact states in which the psychologist is not licensed, as approved in the compact.

RECOMMENDATION

FOR DISCUSSION – Staff recommend the Board take an Oppose position on AB 2051.

Summary of Suggested Amendments
None on file.

| | |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| Other Boards/Departments that may be affected: | |
| <input type="checkbox"/> Change in Fee(s) | <input type="checkbox"/> Affects Licensing Processes |
| <input type="checkbox"/> Urgency Clause | <input type="checkbox"/> Affects Enforcement Processes |
| <input type="checkbox"/> Regulations Required | <input type="checkbox"/> Legislative Reporting |
| <input type="checkbox"/> New Appointment Required | |
| Legislative & Regulatory Affairs Committee Position: | Full Board Position: |
| <input type="checkbox"/> Support <input type="checkbox"/> Support if Amended | <input type="checkbox"/> Support <input type="checkbox"/> Support if Amended |
| <input type="checkbox"/> Oppose <input type="checkbox"/> Oppose Unless Amended | <input type="checkbox"/> Oppose <input type="checkbox"/> Oppose Unless Amended |
| <input type="checkbox"/> Neutral <input type="checkbox"/> Watch | <input type="checkbox"/> Neutral <input type="checkbox"/> Watch |
| Date: _____ | Date: _____ |
| Vote: _____ | Vote: _____ |

REASON FOR THE BILL

As provided in PSYPACTs Article I, the compact is designed to increase public access to professional psychological services and allow for telepsychology across state lines as well as temporary in-person, face-to-face services. The compact will enhance a state's ability to protect the public and ensure patient safety, while encouraging the cooperation of Compact State in the field of psychology.

ANALYSIS

The bill would require the state of California to join PSYPACT and would be required to establish the Psychology Interjurisdictional Compact Commission (The Commission), to administer and enforce the compact and to address future issues surrounding telepsychology and temporary in-person, face-to-face practice as needed. The Commission serves to provide as a mechanism for solving interstate matters. The Commission has a number of powers; which include: to purchase and maintain insurance and bonds; to borrow, accept or contract for services of personnel, including, but not limited to, employees of a Compact State; to establish a budget and make expenditures; to borrow money; to provide and receive information from, and to cooperate with, law enforcement agencies.

Each Compact State has one vote. The voting member serves as the state's Commissioner. The Board of Psychology (Board) would have to appoint its delegate, who can act on behalf of its Compact State. The delegate must be the Executive Director or Executive Secretary; a current member of the State Psychology Regulatory Authority of a Compact State; or a designee empowered with the appropriate delegate authority to act on behalf of the Compact State. Each Commissioner is entitled to one (1) vote.

The Compact also has an Executive Board, which is comprised of six (6) members. Five voting members are elected from the current membership of the Commission; and one member who is an ex-officio, nonvoting member from the recognized membership organization composed of State and Provincial Psychology Regulatory Authorities. The Executive Board meets annually and has a number of duties. They recommend changes to the Rules or Bylaws, changes to Compact legislation, fees paid by Compact States such as annual dues, and any other applicable fees. They also prepare and recommend the budget and maintain financial records for the Commission. The Commission is financed through an annual assessment paid by each Compact State.

Additionally, The Commission and the Association of State and Provincial Psychology Boards (ASPPB) have entered into a Memorandum of Understanding (MOU). This MOU covers the costs associated with staffing, professional fees such as the contract with the Council of State Governments (CSG), Directors & Officers (D & O) Insurance, travel costs for the Commission, office space and utilities, use of computers, telephone, internet, and other office equipment and services.

PSYPACT does not impact a state's right or ability to issue a license. It is applicable to the interjurisdictional practice of telepsychology and temporary in-person, face-to-face practice and only takes precedence over state laws regarding this type of interjurisdictional practice.

The Compact will only be possible between states that recognize the E.Passport. The E. Passport will allow licensees who are eligible to qualify to practice telepsychology on patients in other states that recognize the E. Passport.

"E. Passport" means: a certificate issued by the Association of State and Provincial Psychology Boards (ASPPB) that promotes the standardization in the criteria of interjurisdictional telepsychology practice and facilitates the process for licensed psychologists to provide telepsychological services across state lines.

"E. Passport" is the credential vetted and issued by ASPPB granting authorization to practice interjurisdictional telepsychology in a "Receiving State" where the psychologist with this credential is not currently licensed. A psychologist must be licensed at the doctoral level to qualify for the E. Passport.

In order for a licensee to obtain an E. Passport, they must meet certain requirements. One of the eligibility requirements states that the degree program that the licensee graduated from must have been accredited by the American Psychological Association/ Canadian Psychological Association or designated by the ASPPB National Register Joint Designation Project at the time their degree was conferred. The requirements allow applicants who have been continuously licensed (active or inactive) to practice psychology independently in one or more ASPPB member jurisdictions prior to January 1, 1985, and based on a doctoral degree from a regionally accredited institutions, to have met the educational requirements.

In addition, any licensed psychologist who obtains an E. Passport to practice telepsychology under the authority of PSYPACT and must have three (3) hours of continuing education training in technology as required by the E. Passport. Should a PSYPACT state not require continuing education, this requirement of PSYPACT would supersede the State's authority.

If California is required to join PSYPACT, the Board would have ability to view which California Licensees hold an E. Passport, however, the Board would not be notified of the number of out-of-state licensees provided services in the state until the end of year when the PSYPACT report is released to the Compact States.

Under the PSYPACT, a Compact State's Psychology Regulatory Authority will be able to issue subpoenas for hearings and investigations which require the attendance and testimony of witnesses and the production of evidence. Subpoenas issued by a Compact State's Psychology Regulatory Authority for attendance and testimony of witnesses, and/or the production of evidence from another Compact State shall be enforced in the latter state by any court of competent jurisdiction, according to that

court's practice and procedure in considering subpoenas issued in its own proceedings. The issuing State Psychology Regulatory Authority shall pay any witness fees, travel expenses, mileage and other fees required by the service statutes of the state where the witnesses and/or evidence are located.

In the event an adverse action must be taken against a psychologist, a Home State (State in which the licensee obtained licensure) has the discretion to impose an action against a psychologist from that Home State. Additionally, the state in which services were provided, known as a Receiving State, has the authority to take an adverse action on a psychologist's Authority to Practice Interjurisdictional Telepsychology within that Receiving State. A Home State's Psychology Regulatory Authority, such as the Board, will be responsible for investigating and taking appropriate action with respect to reported inappropriate conduct engaged in by a licensee which occurred in a Receiving State as it would if such conduct had occurred by a licensee within the Home State. In such cases, the Home State's law will determine any adverse action against a psychologist's license.

The Compact State's Psychology Regulatory Authority can also issue cease and desist and/or injunctive relief orders to revoke a psychologist's Authority to Practice Interjurisdictional Telepsychology and/or Temporary Authorization to Practice. While an investigation is underway, a psychologist may not change their Home State. A Home State Psychology Regulatory Authority is authorized to complete any pending investigations of a psychologist and to take any actions appropriate under its law. The Home State Psychology Regulatory Authority may coordinate with the Receiving State Psychology Regulatory Authority to complete the investigation.

Once the investigation is complete, the Home State Psychology Regulatory Authority shall promptly report the conclusions of the investigations to the Commission. The psychologist may change his/her Home State licensure once an investigation has been completed. The Commission shall promptly notify the new Home State of any such decisions as provided in the Rules of the Commission. All information provided to the Commission or distributed by Compact States pursuant to the psychologist shall be confidential, filed under seal and used for investigatory or disciplinary matters.

The bill would also be required to upload licensure and enforcement information to the Coordinated Database, or PSYPACT Directory. Currently, PSYPACT is not utilizing the Coordinated Database. In order to meet this requirement, the Commission will need access to state's licensure data (which is already available on the Board's website) and for disciplinary data to be entered into the ASPPB Disciplinary Data System, which is currently being done by Board staff.

Board staff has the following concerns about joining PSYPACT:

- (a) Payment of fees for operations of the PSYPACT, as there is no funding for California to become a Compact State. All fees are paid to ASPPB and the

Commission. In the case of enforcement, there is potentially no reimbursement for enforcement actions.

- (b) The promulgation of rules and laws by the Commission which would have the force of law in Compact States, which includes the approval of temporary practice across state lines, adverse actions, criminal history, investigations, and the coordination of the licensure information system/database.
- (c) The requirement of graduation from an APA accredited program in order to obtain the E. Passport.
 - In data reviewed from 2000-2020, approximately 3,841 applicants attended an APA accredited program, and approximately 2,020 applicants attend non-APA accredited programs. For applicants who attended non-APA accredited programs would not be able to participate in the compact, who otherwise meet the criteria, and potential fees paid to Board by these licensees could go to fund the Commission.
- (d) The APA accreditation requirement conflicts with Business and Professions Code 2914 “No educational institution shall be denied recognition as an accredited academic institution solely because its program is not accredited by any professional organization of psychologists, and nothing in this chapter or in the administration of this chapter shall require the registration with the board by educational institutions of their departments of psychology or their doctoral programs in psychology.”
- (e) Enforcement workload and cost, as there is potentially no reimbursement for enforcement actions for licensees who are licensed in another state.

The Board currently has existing law, as provided in Business and Professions Code (BPC) 2912, which allows any person who is licensed as a psychologist at the doctoral level in another state or territory of the U.S. or in Canada to provide telehealth psychological services in California for a period not to exceed 30 days in any calendar. BPC 2946(b) also allows a psychologist who is licensed in another state, territory, or province who has applied to the Board for licensure to perform activities and services of a psychological nature without a valid California license for a period not to exceed 180 calendar days from the time of submitting their application or from the commencement of residency in California, whichever occurs first.

LEGISLATIVE HISTORY

Not applicable

OTHER STATES' INFORMATION

Currently, there are 41 participating states, and 39 effective which are:

Alabama, Arizona, Arkansas, Colorado, Commonwealth of the Northern Mariana Islands, Connecticut, Delaware, District of Columbia, Florida, Georgia, Idaho, Illinois, Indiana, Kansas, Kentucky, Maine, Maryland, Michigan, Minnesota, Missouri, Nebraska, Nevada, New Hampshire, New Jersey, North Carolina, North Dakota, Ohio, Oklahoma, Pennsylvania, Rhode Island, South Carolina, Tennessee, Texas, Utah, Virginia, Washington, West Virginia, Wisconsin, and Wyoming.

Vermont and South Dakota have enacted to join PSYPACT, with a tentative effective date of July 1, 2024.

The following states have active PSYPACT legislation, however, not considered PSYPACT participating states:

Massachusetts, New York, Hawaii, Mississippi, and California.

PROGRAM BACKGROUND

The Board regulates psychologists, registered psychological associates, and psychological testing technicians. The Board protects consumers of psychological and associated services, regulates the practice of psychology, and supports the evolution of the profession.

The Board is responsible for reviewing applications, verifying education and experience, determining exam eligibility, as well as issuing licensure, registrations, and renewals.

FISCAL IMPACT

The Commission is financed through an annual assessment paid by each Compact State. Based upon the Revenue Assumptions in the PSYPACT 2023 Annual Budget and Narrative Report, if California were to join PSYPACT, the annual assessment of approximately \$3,765.92. This is based on the following formula: total number of licensees (23,537) multiplied by 1%; this number (235.37) is then multiplied by \$40.00; this figure (\$9,414.80) is then multiplied by 40%. Article X of the Compact has a maximum cap of \$6,000 for the annual assessment.

Joining PSYPACT could potentially increase the Board's Enforcement Division workload and enforcement fees. Since out of state licensees who hold an E. Passport could potentially provide psychological services to California consumers, thus increasing the number of licensees the Enforcement Division would have to monitor.

ECONOMIC IMPACT

Not Applicable

LEGAL IMPACT

Not Applicable

APPOINTMENTS

Not Applicable

SUPPORT/OPPOSITION

Support: None on File

Opposition: None on File

ARGUMENTS

Proponents: None on File

Opponents: None on File

AMENDMENTS

None on File

ASSEMBLY BILL

No. 2051

Introduced by Assembly Member Bonta

February 1, 2024

An act to amend Section 2903 of, to add Section 2948.5 to, and to add Article 11 (commencing with Section 2999.110) to Chapter 6.6 of Division 2 of, the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

AB 2051, as introduced, Bonta. Psychology interjurisdictional compact.

Existing law, the Psychology Licensing Law, establishes the Board of Psychology to license and regulate the practice of psychology. Existing law, except as specified, prohibits persons without a license under existing law from practicing psychology or representing themselves to be a psychologist in this state. Existing law requires an applicant for licensure as a psychologist to possess specified degrees, have engaged in supervised professional experience, pass an examination, and complete particular coursework or provide evidence of training.

This bill would ratify and approve the Psychology Interjurisdictional Compact, an interstate compact that is operational under its terms, to facilitate the practice of telepsychology and the temporary in-person, face-to-face practice of psychology across state boundaries.

Under this bill, the compact would require this state, as a compact state, to recognize the right of a psychologist, licensed in a compact state in conformance with the compact, to practice telepsychology in other compact states in which the psychologist is not licensed, as

provided in the compact. Under the bill, the compact would also require this state to recognize the right of a psychologist, licensed in a compact state in conformance with the compact, to practice temporarily in other compact states in which the psychologist is not licensed, as provided in the compact. Under the bill, the compact would require the board to appoint a commissioner to the Psychology Interjurisdictional Compact Commission, a joint body with powers and responsibilities as established by the compact, including rulemaking authority, as prescribed.

This bill would require the board to comply with the requirements of the compact and to adopt regulations as necessary to implement the compact. Under the bill, a person without a license granted under existing state law, but holding a privilege to practice under the compact, would not be prohibited from engaging in the practice of psychology or representing themselves to be a psychologist.

Vote: majority. Appropriation: no. Fiscal committee: yes.
 State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. Section 2903 of the Business and Professions
- 2 Code is amended to read:
- 3 2903. (a) No person may engage in the practice of psychology,
- 4 or represent ~~himself or herself~~ *themselves* to be a psychologist,
- 5 without a license granted under this chapter, except as otherwise
- 6 provided in this ~~chapter~~. ~~The chapter, including, but not limited~~
- 7 ~~to, holding a privilege to practice under the Psychology~~
- 8 ~~Interjurisdictional Compact (PSYPACT) adopted pursuant to~~
- 9 ~~Article 11 (commencing with Section 2999.110).~~
- 10 (b) The practice of psychology is defined as rendering or offering
- 11 to render to individuals, groups, organizations, or the public any
- 12 psychological service involving the application of psychological
- 13 principles, methods, and procedures of understanding, predicting,
- 14 and influencing behavior, such as the principles pertaining to
- 15 learning, perception, motivation, emotions, and interpersonal
- 16 relationships; and the methods and procedures of interviewing,
- 17 counseling, psychotherapy, behavior modification, and hypnosis;
- 18 and of constructing, administering, and interpreting tests of mental
- 19 abilities, aptitudes, interests, attitudes, personality characteristics,
- 20 emotions, and motivations.
- 21 (b)

1 (c) The application of these principles and methods includes,
2 but is not restricted to, assessment, diagnosis, prevention,
3 treatment, and intervention to increase effective functioning of
4 individuals, groups, and organizations.

5 ~~(e) Psychotherapy within~~

6 (d) “*Psychotherapy*,” within the meaning of this ~~chapter~~
7 ~~chapter~~, means the use of psychological methods in a professional
8 relationship to assist a person or persons to acquire greater human
9 effectiveness or to modify feelings, conditions, attitudes, and
10 behaviors that are emotionally, intellectually, or socially ineffectual
11 or maladaptive.

12 SEC. 2. Section 2948.5 is added to the Business and Professions
13 Code, to read:

14 2948.5. The board shall comply with the requirements of the
15 Psychology Interjurisdictional Compact (PSYPACT) adopted
16 pursuant to Article 11 (commencing with Section 2999.110) and
17 shall adopt regulations necessary to implement the requirements
18 of the compact.

19 SEC. 3. Article 11 (commencing with Section 2999.110) is
20 added to Chapter 6.6 of Division 2 of the Business and Professions
21 Code, to read:

22
23 Article 11. Psychology Interjurisdictional Compact (PSYPACT)

24
25 2999.110. Psychology Interjurisdictional Compact (PSYPACT)
26 as set forth in Section 2999.111 is hereby ratified and approved.

27 2999.111. The provisions of the Psychology Interjurisdictional
28 Compact (PSYPACT) between the State of California and other
29 states that are parties to the compact are as follows:

30 ARTICLE I. PURPOSE

31 Whereas, states license psychologists, in order to protect the
32 public through verification of education, training and experience
33 and ensure accountability for professional practice; and

34 Whereas, this Compact is intended to regulate the day to day
35 practice of telepsychology (i.e. the provision of psychological
36 services using telecommunication technologies) by psychologists
37 across state boundaries in the performance of their psychological
38 practice as assigned by an appropriate authority; and

39 Whereas, this Compact is intended to regulate the temporary
40 in-person, face-to-face practice of psychology by psychologists

1 across state boundaries for 30 days within a calendar year in the
2 performance of their psychological practice as assigned by an
3 appropriate authority;

4 Whereas, this Compact is intended to authorize State Psychology
5 Regulatory Authorities to afford legal recognition, in a manner
6 consistent with the terms of the Compact, to psychologists licensed
7 in another state;

8 Whereas, this Compact recognizes that states have a vested
9 interest in protecting the public’s health and safety through their
10 licensing and regulation of psychologists and that such state
11 regulation will best protect public health and safety;

12 Whereas, this Compact does not apply when a psychologist is
13 licensed in both the Home and Receiving States; and

14 Whereas, this Compact does not apply to permanent in-person,
15 face-to-face practice, it does allow for authorization of temporary
16 psychological practice.

17 Consistent with these principles, this Compact is designed to
18 achieve the following purposes and objectives:

19 1. Increase public access to professional psychological services
20 by allowing for telepsychological practice across state lines as well
21 as temporary in-person, face-to-face services into a state which
22 the psychologist is not licensed to practice psychology;

23 2. Enhance the states’ ability to protect the public’s health and
24 safety, especially client/patient safety;

25 3. Encourage the cooperation of Compact States in the areas of
26 psychology licensure and regulation;

27 4. Facilitate the exchange of information between Compact States
28 regarding psychologist licensure, adverse actions and disciplinary
29 history;

30 5. Promote compliance with the laws governing psychological
31 practice in each Compact State; and

32 6. Invest all Compact States with the authority to hold licensed
33 psychologists accountable through the mutual recognition of
34 Compact State licenses.

35 ARTICLE II. DEFINITIONS

36 A. “Adverse Action” means: Any action taken by a State
37 Psychology Regulatory Authority which finds a violation of a
38 statute or regulation that is identified by the State Psychology
39 Regulatory Authority as discipline and is a matter of public record.

1 B. “Association of State and Provincial Psychology Boards
2 (ASPPB)” means: the recognized membership organization
3 composed of State and Provincial Psychology Regulatory
4 Authorities responsible for the licensure and registration of
5 psychologists throughout the United States and Canada.

6 C. “Authority to Practice Interjurisdictional Telepsychology”
7 means: a licensed psychologist’s authority to practice
8 telepsychology, within the limits authorized under this Compact,
9 in another Compact State.

10 D. “Bylaws” means: those Bylaws established by the Psychology
11 Interjurisdictional Compact Commission pursuant to Article X for
12 its governance, or for directing and controlling its actions and
13 conduct.

14 E. “Client/Patient” means: the recipient of psychological services,
15 whether psychological services are delivered in the context of
16 healthcare, corporate, supervision, and/or consulting services.

17 F. “Commissioner” means: the voting representative appointed
18 by each State Psychology Regulatory Authority pursuant to Article
19 X.

20 G. “Compact State” means: a state, the District of Columbia, or
21 United States territory that has enacted this Compact legislation
22 and which has not withdrawn pursuant to Article XIII, Section C
23 or been terminated pursuant to Article XII, Section B.

24 H. “Coordinated Licensure Information System” also referred
25 to as “Coordinated Database” means: an integrated process for
26 collecting, storing, and sharing information on psychologists’
27 licensure and enforcement activities related to psychology licensure
28 laws, which is administered by the recognized membership
29 organization composed of State and Provincial Psychology
30 Regulatory Authorities.

31 I. “Confidentiality” means: the principle that data or information
32 is not made available or disclosed to unauthorized persons and/or
33 processes.

34 J. “Day” means: any part of a day in which psychological work
35 is performed.

36 K. “Distant State” means: the Compact State where a
37 psychologist is physically present (not through the use of
38 telecommunications technologies), to provide temporary in-person,
39 face-to-face psychological services.

1 L. “E.Passport” means: a certificate issued by the Association
2 of State and Provincial Psychology Boards (ASPPB) that promotes
3 the standardization in the criteria of interjurisdictional
4 telepsychology practice and facilitates the process for licensed
5 psychologists to provide telepsychological services across state
6 lines.

7 M. “Executive Board” means: a group of directors elected or
8 appointed to act on behalf of, and within the powers granted to
9 them by, the Commission.

10 N. “Home State” means: a Compact State where a psychologist
11 is licensed to practice psychology. If the psychologist is licensed
12 in more than one Compact State and is practicing under the
13 Authorization to Practice Interjurisdictional Telepsychology, the
14 Home State is the Compact State where the psychologist is
15 physically present when the telepsychological services are
16 delivered. If the psychologist is licensed in more than one Compact
17 State and is practicing under the Temporary Authorization to
18 Practice, the Home State is any Compact State where the
19 psychologist is licensed.

20 O. “Identity History Summary” means: a summary of information
21 retained by the FBI, or other designee with similar authority, in
22 connection with arrests and, in some instances, federal
23 employment, naturalization, or military service.

24 P. “In-Person, Face-to-Face” means: interactions in which the
25 psychologist and the client/patient are in the same physical space
26 and which does not include interactions that may occur through
27 the use of telecommunication technologies.

28 Q. “Interjurisdictional Practice Certificate (IPC)” means: a
29 certificate issued by the Association of State and Provincial
30 Psychology Boards (ASPPB) that grants temporary authority to
31 practice based on notification to the State Psychology Regulatory
32 Authority of intention to practice temporarily, and verification of
33 one’s qualifications for such practice.

34 R. “License” means: authorization by a State Psychology
35 Regulatory Authority to engage in the independent practice of
36 psychology, which would be unlawful without the authorization.

37 S. “Non-Compact State” means: any State which is not at the
38 time a Compact State.

39 T. “Psychologist” means: an individual licensed for the
40 independent practice of psychology.

1 U. “Psychology Interjurisdictional Compact Commission” also
2 referred to as “Commission” means: the national administration
3 of which all Compact States are members.

4 V. “Receiving State” means: a Compact State where the
5 client/patient is physically located when the telepsychological
6 services are delivered.

7 W. “Rule” means: a written statement by the Psychology
8 Interjurisdictional Compact Commission promulgated pursuant to
9 Article XI of the Compact that is of general applicability,
10 implements, interprets, or prescribes a policy or provision of the
11 Compact, or an organizational, procedural, or practice requirement
12 of the Commission and has the force and effect of statutory law
13 in a Compact State, and includes the amendment, repeal or
14 suspension of an existing rule.

15 X. “Significant Investigatory Information” means:

16 1. investigative information that a State Psychology Regulatory
17 Authority, after a preliminary inquiry that includes notification
18 and an opportunity to respond if required by state law, has reason
19 to believe, if proven true, would indicate more than a violation of
20 state statute or ethics code that would be considered more
21 substantial than minor infraction; or

22 2. investigative information that indicates that the psychologist
23 represents an immediate threat to public health and safety
24 regardless of whether the psychologist has been notified and/or
25 had an opportunity to respond.

26 Y. “State” means: a state, commonwealth, territory, or possession
27 of the United States, the District of Columbia.

28 Z. “State Psychology Regulatory Authority” means: the Board,
29 office or other agency with the legislative mandate to license and
30 regulate the practice of psychology.

31 AA. “Telepsychology” means: the provision of psychological
32 services using telecommunication technologies.

33 BB. “Temporary Authorization to Practice” means: a licensed
34 psychologist’s authority to conduct temporary in-person,
35 face-to-face practice, within the limits authorized under this
36 Compact, in another Compact State.

37 CC. “Temporary In-Person, Face-to-Face Practice” means: where
38 a psychologist is physically present (not through the use of
39 telecommunications technologies), in the Distant State to provide

1 for the practice of psychology for 30 days within a calendar year
2 and based on notification to the Distant State.

3 ARTICLE III. HOME STATE LICENSURE

4 A. The Home State shall be a Compact State where a
5 psychologist is licensed to practice psychology.

6 B. A psychologist may hold one or more Compact State licenses
7 at a time. If the psychologist is licensed in more than one Compact
8 State, the Home State is the Compact State where the psychologist
9 is physically present when the services are delivered as authorized
10 by the Authority to Practice Interjurisdictional Telepsychology
11 under the terms of this Compact.

12 C. Any Compact State may require a psychologist not previously
13 licensed in a Compact State to obtain and retain a license to be
14 authorized to practice in the Compact State under circumstances
15 not authorized by the Authority to Practice Interjurisdictional
16 Telepsychology under the terms of this Compact.

17 D. Any Compact State may require a psychologist to obtain and
18 retain a license to be authorized to practice in a Compact State
19 under circumstances not authorized by Temporary Authorization
20 to Practice under the terms of this Compact.

21 E. A Home State’s license authorizes a psychologist to practice
22 in a Receiving State under the Authority to Practice
23 Interjurisdictional Telepsychology only if the Compact State:

- 24 1. Currently requires the psychologist to hold an active
25 E.Passport;
- 26 2. Has a mechanism in place for receiving and investigating
27 complaints about licensed individuals;
- 28 3. Notifies the Commission, in compliance with the terms herein,
29 of any adverse action or significant investigatory information
30 regarding a licensed individual;
- 31 4. Requires an Identity History Summary of all applicants at
32 initial licensure, including the use of the results of fingerprints or
33 other biometric data checks compliant with the requirements of
34 the Federal Bureau of Investigation FBI, or other designee with
35 similar authority, no later than ten years after activation of the
36 Compact; and
- 37 5. Complies with the Bylaws and Rules of the Commission.

38 F. A Home State’s license grants Temporary Authorization to
39 Practice to a psychologist in a Distant State only if the Compact
40 State:

- 1 1. Currently requires the psychologist to hold an active IPC;
- 2 2. Has a mechanism in place for receiving and investigating
- 3 complaints about licensed individuals;
- 4 3. Notifies the Commission, in compliance with the terms herein,
- 5 of any adverse action or significant investigatory information
- 6 regarding a licensed individual;
- 7 4. Requires an Identity History Summary of all applicants at
- 8 initial licensure, including the use of the results of fingerprints or
- 9 other biometric data checks compliant with the requirements of
- 10 the Federal Bureau of Investigation FBI, or other designee with
- 11 similar authority, no later than ten years after activation of the
- 12 Compact; and
- 13 5. Complies with the Bylaws and Rules of the Commission.

14 ARTICLE IV. COMPACT PRIVILEGE TO PRACTICE
15 TELEPSYCHOLOGY

16 A. Compact States shall recognize the right of a psychologist,
17 licensed in a Compact State in conformance with Article III, to
18 practice telepsychology in other Compact States (Receiving States)
19 in which the psychologist is not licensed, under the Authority to
20 Practice Interjurisdictional Telepsychology as provided in the
21 Compact.

22 B. To exercise the Authority to Practice Interjurisdictional
23 Telepsychology under the terms and provisions of this Compact,
24 a psychologist licensed to practice in a Compact State must:

25 1. Hold a graduate degree in psychology from an institute of
26 higher education that was, at the time the degree was awarded:

27 a. Regionally accredited by an accrediting body recognized by
28 the U.S. Department of Education to grant graduate degrees, OR
29 authorized by Provincial Statute or Royal Charter to grant doctoral
30 degrees; OR

31 b. A foreign college or university deemed to be equivalent to 1
32 (a) above by a foreign credential evaluation service that is a
33 member of the National Association of Credential Evaluation
34 Services (NACES) or by a recognized foreign credential evaluation
35 service; AND

36 2. Hold a graduate degree in psychology that meets the following
37 criteria:

38 a. The program, wherever it may be administratively housed,
39 must be clearly identified and labeled as a psychology program.
40 Such a program must specify in pertinent institutional catalogues

- 1 and brochures its intent to educate and train professional
- 2 psychologists;
- 3 b. The psychology program must stand as a recognizable,
- 4 coherent, organizational entity within the institution;
- 5 c. There must be a clear authority and primary responsibility for
- 6 the core and specialty areas whether or not the program cuts across
- 7 administrative lines;
- 8 d. The program must consist of an integrated, organized sequence
- 9 of study;
- 10 e. There must be an identifiable psychology faculty sufficient
- 11 in size and breadth to carry out its responsibilities;
- 12 f. The designated director of the program must be a psychologist
- 13 and a member of the core faculty;
- 14 g. The program must have an identifiable body of students who
- 15 are matriculated in that program for a degree;
- 16 h. The program must include supervised practicum, internship,
- 17 or field training appropriate to the practice of psychology;
- 18 i. The curriculum shall encompass a minimum of three academic
- 19 years of full- time graduate study for doctoral degree and a
- 20 minimum of one academic year of full-time graduate study for
- 21 master’s degree;
- 22 j. The program includes an acceptable residency as defined by
- 23 the Rules of the Commission.
- 24 3. Possess a current, full and unrestricted license to practice
- 25 psychology in a Home State which is a Compact State;
- 26 4. Have no history of adverse action that violate the Rules of the
- 27 Commission;
- 28 5. Have no criminal record history reported on an Identity History
- 29 Summary that violates the Rules of the Commission;
- 30 6. Possess a current, active E.Passport;
- 31 7. Provide attestations in regard to areas of intended practice,
- 32 conformity with standards of practice, competence in
- 33 telepsychology technology; criminal background; and knowledge
- 34 and adherence to legal requirements in the home and receiving
- 35 states, and provide a release of information to allow for primary
- 36 source verification in a manner specified by the Commission; and
- 37 8. Meet other criteria as defined by the Rules of the Commission.
- 38 C. The Home State maintains authority over the license of any
- 39 psychologist practicing into a Receiving State under the Authority
- 40 to Practice Interjurisdictional Telepsychology.

1 D. A psychologist practicing into a Receiving State under the
2 Authority to Practice Interjurisdictional Telepsychology will be
3 subject to the Receiving State’s scope of practice.

4 A Receiving State may, in accordance with that state’s due
5 process law, limit or revoke a psychologist’s Authority to Practice
6 Interjurisdictional Telepsychology in the Receiving State and may
7 take any other necessary actions under the Receiving State’s
8 applicable law to protect the health and safety of the Receiving
9 State’s citizens. If a Receiving State takes action, the state shall
10 promptly notify the Home State and the Commission.

11 E. If a psychologist’s license in any Home State, another
12 Compact State, or any Authority to Practice Interjurisdictional
13 Telepsychology in any Receiving State, is restricted, suspended
14 or otherwise limited, the E.Passport shall be revoked and therefore
15 the psychologist shall not be eligible to practice telepsychology
16 in a Compact State under the Authority to Practice
17 Interjurisdictional Telepsychology.

18 **ARTICLE V. COMPACT TEMPORARY AUTHORIZATION**
19 **TO PRACTICE**

20 A. Compact States shall also recognize the right of a
21 psychologist, licensed in a Compact State in conformance with
22 Article III, to practice temporarily in other Compact States (Distant
23 States) in which the psychologist is not licensed, as provided in
24 the Compact.

25 B. To exercise the Temporary Authorization to Practice under
26 the terms and provisions of this Compact, a psychologist licensed
27 to practice in a Compact State must:

28 1. Hold a graduate degree in psychology from an institute of
29 higher education that was, at the time the degree was awarded:

30 a. Regionally accredited by an accrediting body recognized by
31 the U.S. Department of Education to grant graduate degrees, OR
32 authorized by Provincial Statute or Royal Charter to grant doctoral
33 degrees; OR

34 b. A foreign college or university deemed to be equivalent to 1
35 (a) above by a foreign credential evaluation service that is a
36 member of the National Association of Credential Evaluation
37 Services (NACES) or by a recognized foreign credential evaluation
38 service; AND

39 2. Hold a graduate degree in psychology that meets the following
40 criteria:

- 1 a. The program, wherever it may be administratively housed,
2 must be clearly identified and labeled as a psychology program.
3 Such a program must specify in pertinent institutional catalogues
4 and brochures its intent to educate and train professional
5 psychologists;
- 6 b. The psychology program must stand as a recognizable,
7 coherent, organizational entity within the institution;
- 8 c. There must be a clear authority and primary responsibility for
9 the core and specialty areas whether or not the program cuts across
10 administrative lines;
- 11 d. The program must consist of an integrated, organized sequence
12 of study;
- 13 e. There must be an identifiable psychology faculty sufficient
14 in size and breadth to carry out its responsibilities;
- 15 f. The designated director of the program must be a psychologist
16 and a member of the core faculty;
- 17 g. The program must have an identifiable body of students who
18 are matriculated in that program for a degree;
- 19 h. The program must include supervised practicum, internship,
20 or field training appropriate to the practice of psychology;
- 21 i. The curriculum shall encompass a minimum of three academic
22 years of full- time graduate study for doctoral degrees and a
23 minimum of one academic year of full-time graduate study for
24 master's degree;
- 25 j. The program includes an acceptable residency as defined by
26 the Rules of the Commission.
- 27 3. Possess a current, full and unrestricted license to practice
28 psychology in a Home State which is a Compact State;
- 29 4. No history of adverse action that violate the Rules of the
30 Commission;
- 31 5. No criminal record history that violates the Rules of the
32 Commission;
- 33 6. Possess a current, active IPC;
- 34 7. Provide attestations in regard to areas of intended practice
35 and work experience and provide a release of information to allow
36 for primary source verification in a manner specified by the
37 Commission; and
- 38 8. Meet other criteria as defined by the Rules of the Commission.

1 C. A psychologist practicing into a Distant State under the
2 Temporary Authorization to Practice shall practice within the scope
3 of practice authorized by the Distant State.

4 D. A psychologist practicing into a Distant State under the
5 Temporary Authorization to Practice will be subject to the Distant
6 State's authority and law. A Distant State may, in accordance with
7 that state's due process law, limit or revoke a psychologist's
8 Temporary Authorization to Practice in the Distant State and may
9 take any other necessary actions under the Distant State's
10 applicable law to protect the health and safety of the Distant State's
11 citizens. If a Distant State takes action, the state shall promptly
12 notify the Home State and the Commission.

13 E. If a psychologist's license in any Home State, another
14 Compact State, or any Temporary Authorization to Practice in any
15 Distant State, is restricted, suspended or otherwise limited, the IPC
16 shall be revoked and therefore the psychologist shall not be eligible
17 to practice in a Compact State under the Temporary Authorization
18 to Practice.

19 ARTICLE VI. CONDITIONS OF TELEPSYCHOLOGY
20 PRACTICE IN A RECEIVING STATE

21 A. A psychologist may practice in a Receiving State under the
22 Authority to Practice Interjurisdictional Telepsychology only in
23 the performance of the scope of practice for psychology as assigned
24 by an appropriate State Psychology Regulatory Authority, as
25 defined in the Rules of the Commission, and under the following
26 circumstances:

27 1. The psychologist initiates a client/patient contact in a Home
28 State via telecommunications technologies with a client/patient in
29 a Receiving State;

30 2. Other conditions regarding telepsychology as determined by
31 Rules promulgated by the Commission.

32 ARTICLE VII. ADVERSE ACTIONS

33 A. A Home State shall have the power to impose adverse action
34 against a psychologist's license issued by the Home State. A
35 Distant State shall have the power to take adverse action on a
36 psychologist's Temporary Authorization to Practice within that
37 Distant State.

38 B. A Receiving State may take adverse action on a psychologist's
39 Authority to Practice Interjurisdictional Telepsychology within
40 that Receiving State. A Home State may take adverse action against

1 a psychologist based on an adverse action taken by a Distant State
2 regarding temporary in-person, face-to-face practice.

3 C. If a Home State takes adverse action against a psychologist's
4 license, that psychologist's Authority to Practice Interjurisdictional
5 Telepsychology is terminated and the E.Passport is revoked.
6 Furthermore, that psychologist's Temporary Authorization to
7 Practice is terminated and the IPC is revoked.

8 1. All Home State disciplinary orders which impose adverse
9 action shall be reported to the Commission in accordance with the
10 Rules promulgated by the Commission. A Compact State shall
11 report adverse actions in accordance with the Rules of the
12 Commission.

13 2. In the event discipline is reported on a psychologist, the
14 psychologist will not be eligible for telepsychology or temporary
15 in-person, face-to-face practice in accordance with the Rules of
16 the Commission.

17 3. Other actions may be imposed as determined by the Rules
18 promulgated by the Commission.

19 D. A Home State's Psychology Regulatory Authority shall
20 investigate and take appropriate action with respect to reported
21 inappropriate conduct engaged in by a licensee which occurred in
22 a Receiving State as it would if such conduct had occurred by a
23 licensee within the Home State. In such cases, the Home State's
24 law shall control in determining any adverse action against a
25 psychologist's license.

26 E. A Distant State's Psychology Regulatory Authority shall
27 investigate and take appropriate action with respect to reported
28 inappropriate conduct engaged in by a psychologist practicing
29 under Temporary Authorization Practice which occurred in that
30 Distant State as it would if such conduct had occurred by a licensee
31 within the Home State. In such cases, Distant State's law shall
32 control in determining any adverse action against a psychologist's
33 Temporary Authorization to Practice.

34 F. Nothing in this Compact shall override a Compact State's
35 decision that a psychologist's participation in an alternative
36 program may be used in lieu of adverse action and that such
37 participation shall remain non-public if required by the Compact
38 State's law. Compact States must require psychologists who enter
39 any alternative programs to not provide telepsychology services
40 under the Authority to Practice Interjurisdictional Telepsychology

1 or provide temporary psychological services under the Temporary
2 Authorization to Practice in any other Compact State during the
3 term of the alternative program.

4 G. No other judicial or administrative remedies shall be available
5 to a psychologist in the event a Compact State imposes an adverse
6 action pursuant to subsection C, above.

7 ARTICLE VIII. ADDITIONAL AUTHORITIES INVESTED
8 IN A COMPACT STATE'S PSYCHOLOGY REGULATORY
9 AUTHORITY

10 A. In addition to any other powers granted under state law, a
11 Compact State's Psychology Regulatory Authority shall have the
12 authority under this Compact to:

13 1. Issue subpoenas, for both hearings and investigations, which
14 require the attendance and testimony of witnesses and the
15 production of evidence. Subpoenas issued by a Compact State's
16 Psychology Regulatory Authority for the attendance and testimony
17 of witnesses, and/or the production of evidence from another
18 Compact State shall be enforced in the latter state by any court of
19 competent jurisdiction, according to that court's practice and
20 procedure in considering subpoenas issued in its own proceedings.
21 The issuing State Psychology Regulatory Authority shall pay any
22 witness fees, travel expenses, mileage and other fees required by
23 the service statutes of the state where the witnesses and/or evidence
24 are located; and

25 2. Issue cease and desist and/or injunctive relief orders to revoke
26 a psychologist's Authority to Practice Interjurisdictional
27 Telepsychology and/or Temporary Authorization to Practice.

28 3. During the course of any investigation, a psychologist may
29 not change his/her Home State licensure. A Home State Psychology
30 Regulatory Authority is authorized to complete any pending
31 investigations of a psychologist and to take any actions appropriate
32 under its law. The Home State Psychology Regulatory Authority
33 shall promptly report the conclusions of such investigations to the
34 Commission. Once an investigation has been completed, and
35 pending the outcome of said investigation, the psychologist may
36 change his/her Home State licensure. The Commission shall
37 promptly notify the new Home State of any such decisions as
38 provided in the Rules of the Commission. All information provided
39 to the Commission or distributed by Compact States pursuant to
40 the psychologist shall be confidential, filed under seal and used

1 for investigatory or disciplinary matters. The Commission may
2 create additional rules for mandated or discretionary sharing of
3 information by Compact States.

4 ARTICLE IX. COORDINATED LICENSURE INFORMATION
5 SYSTEM

6 A. The Commission shall provide for the development and
7 maintenance of a Coordinated Licensure Information System
8 (Coordinated Database) and reporting system containing licensure
9 and disciplinary action information on all psychologists individuals
10 to whom this Compact is applicable in all Compact States as
11 defined by the Rules of the Commission.

12 B. Notwithstanding any other provision of state law to the
13 contrary, a Compact State shall submit a uniform data set to the
14 Coordinated Database on all licensees as required by the Rules of
15 the Commission, including:

- 16 1. Identifying information;
- 17 2. Licensure data;
- 18 3. Significant investigatory information;
- 19 4. Adverse actions against a psychologist’s license;
- 20 5. An indicator that a psychologist’s Authority to Practice
21 Interjurisdictional
22 Telepsychology and/or Temporary Authorization to Practice is
23 revoked;
- 24 6. Non-confidential information related to alternative program
25 participation information;
- 26 7. Any denial of application for licensure, and the reasons for
27 such denial; and
- 28 8. Other information which may facilitate the administration of
29 this Compact, as determined by the Rules of the Commission.

30 C. The Coordinated Database administrator shall promptly notify
31 all Compact States of any adverse action taken against, or
32 significant investigative information on, any licensee in a Compact
33 State.

34 D. Compact States reporting information to the Coordinated
35 Database may designate information that may not be shared with
36 the public without the express permission of the Compact State
37 reporting the information.

38 E. Any information submitted to the Coordinated Database that
39 is subsequently required to be expunged by the law of the Compact

1 State reporting the information shall be removed from the
2 Coordinated Database.

3 ARTICLE X. ESTABLISHMENT OF THE PSYCHOLOGY
4 INTERJURISDICTIONAL COMPACT COMMISSION

5 A. The Compact States hereby create and establish a joint public
6 agency known as the Psychology Interjurisdictional Compact
7 Commission.

8 1. The Commission is a body politic and an instrumentality of
9 the Compact States.

10 2. Venue is proper and judicial proceedings by or against the
11 Commission shall be brought solely and exclusively in a court of
12 competent jurisdiction where the principal office of the
13 Commission is located. The Commission may waive venue and
14 jurisdictional defenses to the extent it adopts or consents to
15 participate in alternative dispute resolution proceedings.

16 3. Nothing in this Compact shall be construed to be a waiver of
17 sovereign immunity.

18 B. Membership, Voting, and Meetings

19 1. The Commission shall consist of one voting representative
20 appointed by each Compact State who shall serve as that state's
21 Commissioner. The State Psychology Regulatory Authority shall
22 appoint its delegate. This delegate shall be empowered to act on
23 behalf of the Compact State. This delegate shall be limited to:

24 a. Executive Director, Executive Secretary or similar executive;

25 b. Current member of the State Psychology Regulatory Authority
26 of a Compact State;

27 OR

28 c. Designee empowered with the appropriate delegate authority
29 to act on behalf of the Compact State.

30 2. Any Commissioner may be removed or suspended from office
31 as provided by the law of the state from which the Commissioner
32 is appointed. Any vacancy occurring in the Commission shall be
33 filled in accordance with the laws of the Compact State in which
34 the vacancy exists.

35 3. Each Commissioner shall be entitled to one (1) vote with
36 regard to the promulgation of Rules and creation of Bylaws and
37 shall otherwise have an opportunity to participate in the business
38 and affairs of the Commission. A Commissioner shall vote in
39 person or by such other means as provided in the Bylaws. The

1 Bylaws may provide for Commissioners’ participation in meetings
2 by telephone or other means of communication.
3 4. The Commission shall meet at least once during each calendar
4 year. Additional meetings shall be held as set forth in the Bylaws.
5 5. All meetings shall be open to the public, and public notice of
6 meetings shall be given in the same manner as required under the
7 rulemaking provisions in Article XI.
8 6. The Commission may convene in a closed, non-public meeting
9 if the Commission must discuss:
10 a. Non-compliance of a Compact State with its obligations under
11 the Compact;
12 b. The employment, compensation, discipline or other personnel
13 matters, practices or procedures related to specific employees or
14 other matters related to the
15 Commission’s internal personnel practices and procedures;
16 c. Current, threatened, or reasonably anticipated litigation against
17 the Commission;
18 d. Negotiation of contracts for the purchase or sale of goods,
19 services or real estate;
20 e. Accusation against any person of a crime or formally censuring
21 any person;
22 f. Disclosure of trade secrets or commercial or financial
23 information which is privileged or confidential;
24 g. Disclosure of information of a personal nature where
25 disclosure would constitute a clearly unwarranted invasion of
26 personal privacy;
27 h. Disclosure of investigatory records compiled for law
28 enforcement purposes;
29 i. Disclosure of information related to any investigatory reports
30 prepared by or on behalf of or for use of the Commission or other
31 committee charged with responsibility for investigation or
32 determination of compliance issues pursuant to the Compact; or
33 j. Matters specifically exempted from disclosure by federal and
34 state statute.
35 7. If a meeting, or portion of a meeting, is closed pursuant to
36 this provision, the Commission’s legal counsel or designee shall
37 certify that the meeting may be closed and shall reference each
38 relevant exempting provision. The Commission shall keep minutes
39 which fully and clearly describe all matters discussed in a meeting
40 and shall provide a full and accurate summary of actions taken, of

1 any person participating in the meeting, and the reasons therefore,
2 including a description of the views expressed. All documents
3 considered in connection with an action shall be identified in such
4 minutes. All minutes and documents of a closed meeting shall
5 remain under seal, subject to release only by a majority vote of
6 the Commission or order of a court of competent jurisdiction.

7 C. The Commission shall, by a majority vote of the
8 Commissioners, prescribe Bylaws and/or Rules to govern its
9 conduct as may be necessary or appropriate to carry out the
10 purposes and exercise the powers of the Compact, including but
11 not limited to:

- 12 1. Establishing the fiscal year of the Commission;
- 13 2. Providing reasonable standards and procedures:
 - 14 a. for the establishment and meetings of other committees; and
 - 15 b. governing any general or specific delegation of any authority16 or function of the Commission;
- 17 3. Providing reasonable procedures for calling and conducting
18 meetings of the Commission, ensuring reasonable advance notice
19 of all meetings and providing an opportunity for attendance of
20 such meetings by interested parties, with enumerated exceptions
21 designed to protect the public's interest, the privacy of individuals
22 of such proceedings, and proprietary information, including trade
23 secrets. The Commission may meet in closed session only after a
24 majority of the Commissioners vote to close a meeting to the public
25 in whole or in part. As soon as practicable, the Commission must
26 make public a copy of the vote to close the meeting revealing the
27 vote of each Commissioner with no proxy votes allowed;
- 28 4. Establishing the titles, duties and authority and reasonable
29 procedures for the election of the officers of the Commission;
- 30 5. Providing reasonable standards and procedures for the
31 establishment of the personnel policies and programs of the
32 Commission. Notwithstanding any civil service or other similar
33 law of any Compact State, the Bylaws shall exclusively govern
34 the personnel policies and programs of the Commission;
- 35 6. Promulgating a Code of Ethics to address permissible and
36 prohibited activities of Commission members and employees;
- 37 7. Providing a mechanism for concluding the operations of the
38 Commission and the equitable disposition of any surplus funds
39 that may exist after the termination of the Compact after the
40 payment and/or reserving of all of its debts and obligations;

- 1 8. The Commission shall publish its Bylaws in a convenient
- 2 form and file a copy thereof and a copy of any amendment thereto,
- 3 with the appropriate agency or officer in each of the Compact
- 4 States;
- 5 9. The Commission shall maintain its financial records in
- 6 accordance with the Bylaws; and
- 7 10. The Commission shall meet and take such actions as are
- 8 consistent with the provisions of this Compact and the Bylaws.
- 9 D. The Commission shall have the following powers:
- 10 1. The authority to promulgate uniform rules to facilitate and
- 11 coordinate implementation and administration of this Compact.
- 12 The rule shall have the force and effect of law and shall be binding
- 13 in all Compact States;
- 14 2. To bring and prosecute legal proceedings or actions in the
- 15 name of the Commission, provided that the standing of any State
- 16 Psychology Regulatory Authority or other regulatory body
- 17 responsible for psychology licensure to sue or be sued under
- 18 applicable law shall not be affected;
- 19 3. To purchase and maintain insurance and bonds;
- 20 4. To borrow, accept or contract for services of personnel,
- 21 including, but not limited to, employees of a Compact State;
- 22 5. To hire employees, elect or appoint officers, fix compensation,
- 23 define duties, grant such individuals appropriate authority to carry
- 24 out the purposes of the Compact, and to establish the Commission's
- 25 personnel policies and programs relating to conflicts of interest,
- 26 qualifications of personnel, and other related personnel matters;
- 27 6. To accept any and all appropriate donations and grants of
- 28 money, equipment, supplies, materials and services, and to receive,
- 29 utilize and dispose of the same; provided that at all times the
- 30 Commission shall strive to avoid any appearance of impropriety
- 31 and/or conflict of interest;
- 32 7. To lease, purchase, accept appropriate gifts or donations of,
- 33 or otherwise to own, hold, improve or use, any property, real,
- 34 personal or mixed; provided that at all times the Commission shall
- 35 strive to avoid any appearance of impropriety;
- 36 8. To sell, convey, mortgage, pledge, lease, exchange, abandon
- 37 or otherwise dispose of any property real, personal or mixed;
- 38 9. To establish a budget and make expenditures;
- 39 10. To borrow money;

1 11. To appoint committees, including advisory committees
2 comprised of Members, State regulators, State legislators or their
3 representatives, and consumer representatives, and such other
4 interested persons as may be designated in this Compact and the
5 Bylaws;

6 12. To provide and receive information from, and to cooperate
7 with, law enforcement agencies;

8 13. To adopt and use an official seal; and

9 14. To perform such other functions as may be necessary or
10 appropriate to achieve the purposes of this Compact consistent
11 with the state regulation of psychology licensure, temporary
12 in-person, face-to-face practice and telepsychology practice.

13 E. The Executive Board

14 The elected officers shall serve as the Executive Board, which
15 shall have the power to act on behalf of the Commission according
16 to the terms of this Compact.

17 1. The Executive Board shall be comprised of six members:

18 a. Five voting members who are elected from the current
19 membership of the Commission by the Commission;

20 b. One ex-officio, nonvoting member from the recognized
21 membership organization composed of State and Provincial
22 Psychology Regulatory Authorities.

23 2. The ex-officio member must have served as staff or member
24 on a State Psychology Regulatory Authority and will be selected
25 by its respective organization.

26 3. The Commission may remove any member of the Executive
27 Board as provided in Bylaws.

28 4. The Executive Board shall meet at least annually.

29 5. The Executive Board shall have the following duties and
30 responsibilities:

31 a. Recommend to the entire Commission changes to the Rules
32 or Bylaws, changes to this Compact legislation, fees paid by
33 Compact States such as annual dues, and any other applicable fees;

34 b. Ensure Compact administration services are appropriately
35 provided, contractual or otherwise;

36 c. Prepare and recommend the budget;

37 d. Maintain financial records on behalf of the Commission;

38 e. Monitor Compact compliance of member states and provide
39 compliance reports to the Commission;

40 f. Establish additional committees as necessary; and

1 g. Other duties as provided in Rules or Bylaws.

2 F. Financing of the Commission

3 1. The Commission shall pay, or provide for the payment of the
4 reasonable expenses of its establishment, organization and ongoing
5 activities.

6 2. The Commission may accept any and all appropriate revenue
7 sources, donations and grants of money, equipment, supplies,
8 materials and services.

9 3. The Commission may levy on and collect an annual
10 assessment from each Compact State or impose fees on other
11 parties to cover the cost of the operations and activities of the
12 Commission and its staff which must be in a total amount sufficient
13 to cover its annual budget as approved each year for which revenue
14 is not provided by other sources. The aggregate annual assessment
15 amount shall be allocated based upon a formula to be determined
16 by the Commission which shall promulgate a rule binding upon
17 all Compact States.

18 4. The Commission shall not incur obligations of any kind prior
19 to securing the funds adequate to meet the same; nor shall the
20 Commission pledge the credit of any of the Compact States, except
21 by and with the authority of the Compact State.

22 5. The Commission shall keep accurate accounts of all receipts
23 and disbursements. The receipts and disbursements of the
24 Commission shall be subject to the audit and accounting procedures
25 established under its Bylaws. However, all receipts and
26 disbursements of funds handled by the Commission shall be audited
27 yearly by a certified or licensed public accountant and the report
28 of the audit shall be included in and become part of the annual
29 report of the Commission.

30 G. Qualified Immunity, Defense, and Indemnification

31 1. The members, officers, Executive Director, employees and
32 representatives of the Commission shall be immune from suit and
33 liability, either personally or in their official capacity, for any claim
34 for damage to or loss of property or personal injury or other civil
35 liability caused by or arising out of any actual or alleged act, error
36 or omission that occurred, or that the person against whom the
37 claim is made had a reasonable basis for believing occurred within
38 the scope of Commission employment, duties or responsibilities;
39 provided that nothing in this paragraph shall be construed to protect
40 any such person from suit and/or liability for any damage, loss,

1 injury or liability caused by the intentional or willful or wanton
2 misconduct of that person.

3 2. The Commission shall defend any member, officer, Executive
4 Director, employee or representative of the Commission in any
5 civil action seeking to impose liability arising out of any actual or
6 alleged act, error or omission that occurred within the scope of
7 Commission employment, duties or responsibilities, or that the
8 person against whom the claim is made had a reasonable basis for
9 believing occurred within the scope of Commission employment,
10 duties or responsibilities; provided that nothing herein shall be
11 construed to prohibit that person from retaining his or her own
12 counsel; and provided further, that the actual or alleged act, error
13 or omission did not result from that person's intentional or willful
14 or wanton misconduct.

15 3. The Commission shall indemnify and hold harmless any
16 member, officer, Executive Director, employee or representative
17 of the Commission for the amount of any settlement or judgment
18 obtained against that person arising out of any actual or alleged
19 act, error or omission that occurred within the scope of Commission
20 employment, duties or responsibilities, or that such person had a
21 reasonable basis for believing occurred within the scope of
22 Commission employment, duties or responsibilities, provided that
23 the actual or alleged act, error or omission did not result from the
24 intentional or willful or wanton misconduct of that person.

25 ARTICLE XI. RULEMAKING

26 A. The Commission shall exercise its rulemaking powers
27 pursuant to the criteria set forth in this Article and the Rules
28 adopted thereunder. Rules and amendments shall become binding
29 as of the date specified in each rule or amendment.

30 B. If a majority of the legislatures of the Compact States rejects
31 a rule, by enactment of a statute or resolution in the same manner
32 used to adopt the Compact, then such rule shall have no further
33 force and effect in any Compact State.

34 C. Rules or amendments to the rules shall be adopted at a regular
35 or special meeting of the Commission.

36 D. Prior to promulgation and adoption of a final rule or Rules
37 by the Commission, and at least sixty (60) days in advance of the
38 meeting at which the rule will be considered and voted upon, the
39 Commission shall file a Notice of Proposed Rulemaking:

40 1. On the website of the Commission; and

1 2. On the website of each Compact States' Psychology
2 Regulatory Authority or the publication in which each state would
3 otherwise publish proposed rules.

4 E. The Notice of Proposed Rulemaking shall include:

5 1. The proposed time, date, and location of the meeting in which
6 the rule will be considered and voted upon;

7 2. The text of the proposed rule or amendment and the reason
8 for the proposed rule;

9 3. A request for comments on the proposed rule from any
10 interested person; and

11 4. The manner in which interested persons may submit notice
12 to the Commission of their intention to attend the public hearing
13 and any written comments.

14 F. Prior to adoption of a proposed rule, the Commission shall
15 allow persons to submit written data, facts, opinions and arguments,
16 which shall be made available to the public.

17 G. The Commission shall grant an opportunity for a public
18 hearing before it adopts a rule or amendment if a hearing is
19 requested by:

20 1. At least twenty-five (25) persons who submit comments
21 independently of each other;

22 2. A governmental subdivision or agency; or

23 3. A duly appointed person in an association that has having at
24 least twenty-five (25) members.

25 H. If a hearing is held on the proposed rule or amendment, the
26 Commission shall publish the place, time, and date of the scheduled
27 public hearing.

28 1. All persons wishing to be heard at the hearing shall notify the
29 Executive Director of the Commission or other designated member
30 in writing of their desire to appear and testify at the hearing not
31 less than five (5) business days before the scheduled date of the
32 hearing.

33 2. Hearings shall be conducted in a manner providing each person
34 who wishes to comment a fair and reasonable opportunity to
35 comment orally or in writing.

36 3. No transcript of the hearing is required, unless a written
37 request for a transcript is made, in which case the person requesting
38 the transcript shall bear the cost of producing the transcript. A
39 recording may be made in lieu of a transcript under the same terms
40 and conditions as a transcript. This subsection shall not preclude

1 the Commission from making a transcript or recording of the
2 hearing if it so chooses.

3 4. Nothing in this section shall be construed as requiring a
4 separate hearing on each rule. Rules may be grouped for the
5 convenience of the Commission at hearings required by this
6 section.

7 I. Following the scheduled hearing date, or by the close of
8 business on the scheduled hearing date if the hearing was not held,
9 the Commission shall consider all written and oral comments
10 received.

11 J. The Commission shall, by majority vote of all members, take
12 final action on the proposed rule and shall determine the effective
13 date of the rule, if any, based on the rulemaking record and the
14 full text of the rule.

15 K. If no written notice of intent to attend the public hearing by
16 interested parties is received, the Commission may proceed with
17 promulgation of the proposed rule without a public hearing.

18 L. Upon determination that an emergency exists, the Commission
19 may consider and adopt an emergency rule without prior notice,
20 opportunity for comment, or hearing, provided that the usual
21 rulemaking procedures provided in the Compact and in this section
22 shall be retroactively applied to the rule as soon as reasonably
23 possible, in no event later than ninety (90) days after the effective
24 date of the rule. For the purposes of this provision, an emergency
25 rule is one that must be adopted immediately in order to:

- 26 1. Meet an imminent threat to public health, safety, or welfare;
- 27 2. Prevent a loss of Commission or Compact State funds;
- 28 3. Meet a deadline for the promulgation of an administrative
29 rule that is established by federal law or rule; or
- 30 4. Protect public health and safety.

31 M. The Commission or an authorized committee of the
32 Commission may direct revisions to a previously adopted rule or
33 amendment for purposes of correcting typographical errors, errors
34 in format, errors in consistency, or grammatical errors. Public
35 notice of any revisions shall be posted on the website of the
36 Commission. The revision shall be subject to challenge by any
37 person for a period of thirty (30) days after posting. The revision
38 may be challenged only on grounds that the revision results in a
39 material change to a rule.

1 A challenge shall be made in writing, and delivered to the Chair
2 of the Commission prior to the end of the notice period. If no
3 challenge is made, the revision will take effect without further
4 action. If the revision is challenged, the revision may not take
5 effect without the approval of the Commission.

6 ARTICLE XII. OVERSIGHT, DISPUTE RESOLUTION AND
7 ENFORCEMENT

8 A. Oversight

9 1. The Executive, Legislative and Judicial branches of state
10 government in each Compact State shall enforce this Compact and
11 take all actions necessary and appropriate to effectuate the
12 Compact's purposes and intent. The provisions of this Compact
13 and the rules promulgated hereunder shall have standing as
14 statutory law.

15 2. All courts shall take judicial notice of the Compact and the
16 rules in any judicial or administrative proceeding in a Compact
17 State pertaining to the subject matter of this Compact which may
18 affect the powers, responsibilities or actions of the Commission.

19 3. The Commission shall be entitled to receive service of process
20 in any such proceeding, and shall have standing to intervene in
21 such a proceeding for all purposes. Failure to provide service of
22 process to the Commission shall render a judgment or order void
23 as to the Commission, this Compact or promulgated rules.

24 B. Default, Technical Assistance, and Termination

25 1. If the Commission determines that a Compact State has
26 defaulted in the performance of its obligations or responsibilities
27 under this Compact or the promulgated rules, the Commission
28 shall:

29 a. Provide written notice to the defaulting state and other
30 Compact States of the nature of the default, the proposed means
31 of remedying the default and/or any other action to be taken by
32 the Commission; and

33 b. Provide remedial training and specific technical assistance
34 regarding the default.

35 2. If a state in default fails to remedy the default, the defaulting
36 state may be terminated from the Compact upon an affirmative
37 vote of a majority of the Compact States, and all rights, privileges
38 and benefits conferred by this Compact shall be terminated on the
39 effective date of termination. A remedy of the default does not

1 relieve the offending state of obligations or liabilities incurred
2 during the period of default.

3 3. Termination of membership in the Compact shall be imposed
4 only after all other means of securing compliance have been
5 exhausted. Notice of intent to suspend or terminate shall be
6 submitted by the Commission to the Governor, the majority and
7 minority leaders of the defaulting state's legislature, and each of
8 the Compact States.

9 4. A Compact State which has been terminated is responsible
10 for all assessments, obligations and liabilities incurred through the
11 effective date of termination, including obligations which extend
12 beyond the effective date of termination.

13 5. The Commission shall not bear any costs incurred by the state
14 which is found to be in default or which has been terminated from
15 the Compact, unless agreed upon in writing between the
16 Commission and the defaulting state.

17 6. The defaulting state may appeal the action of the Commission
18 by petitioning the U.S. District Court for the state of Georgia or
19 the federal district where the Compact has its principal offices.
20 The prevailing member shall be awarded all costs of such litigation,
21 including reasonable attorney's fees.

22 C. Dispute Resolution

23 1. Upon request by a Compact State, the Commission shall
24 attempt to resolve disputes related to the Compact which arise
25 among Compact States and between Compact and Non-Compact
26 States.

27 2. The Commission shall promulgate a rule providing for both
28 mediation and binding dispute resolution for disputes that arise
29 before the commission.

30 D. Enforcement

31 1. The Commission, in the reasonable exercise of its discretion,
32 shall enforce the provisions and Rules of this Compact.

33 2. By majority vote, the Commission may initiate legal action
34 in the United States District Court for the State of Georgia or the
35 federal district where the Compact has its principal offices against
36 a Compact State in default to enforce compliance with the
37 provisions of the Compact and its promulgated Rules and Bylaws.
38 The relief sought may include both injunctive relief and damages.
39 In the event judicial enforcement is necessary, the prevailing

1 member shall be awarded all costs of such litigation, including
2 reasonable attorney’s fees.

3 3. The remedies herein shall not be the exclusive remedies of
4 the Commission. The Commission may pursue any other remedies
5 available under federal or state law.

6 ARTICLE XIII. DATE OF IMPLEMENTATION OF THE
7 PSYCHOLOGY INTERJURISDICTIONAL COMPACT
8 COMMISSION AND ASSOCIATED RULES, WITHDRAWAL,
9 AND AMENDMENTS

10 A. The Compact shall come into effect on the date on which the
11 Compact is enacted into law in the seventh Compact State. The
12 provisions which become effective at that time shall be limited to
13 the powers granted to the Commission relating to assembly and
14 the promulgation of rules. Thereafter, the Commission shall meet
15 and exercise rulemaking powers necessary to the implementation
16 and administration of the Compact.

17 B. Any state which joins the Compact subsequent to the
18 Commission’s initial adoption of the rules shall be subject to the
19 rules as they exist on the date on which the Compact becomes law
20 in that state. Any rule which has been previously adopted by the
21 Commission shall have the full force and effect of law on the day
22 the Compact becomes law in that state.

23 C. Any Compact State may withdraw from this Compact by
24 enacting a statute repealing the same.

25 1. A Compact State’s withdrawal shall not take effect until six
26 (6) months after enactment of the repealing statute.

27 2. Withdrawal shall not affect the continuing requirement of the
28 withdrawing State’s Psychology Regulatory Authority to comply
29 with the investigative and adverse action reporting requirements
30 of this act prior to the effective date of withdrawal.

31 D. Nothing contained in this Compact shall be construed to
32 invalidate or prevent any psychology licensure agreement or other
33 cooperative arrangement between a Compact State and a
34 Non-Compact State which does not conflict with the provisions
35 of this Compact.

36 E. This Compact may be amended by the Compact States. No
37 amendment to this Compact shall become effective and binding
38 upon any Compact State until it is enacted into the law of all
39 Compact States.

40 ARTICLE XIV. CONSTRUCTION AND SEVERABILITY

1 This Compact shall be liberally construed so as to effectuate the
2 purposes thereof. If this Compact shall be held contrary to the
3 constitution of any state member thereto, the Compact shall remain
4 in full force and effect as to the remaining Compact States

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March 15, 2024

The Honorable Marc Berman
Chair, Assembly Committee on Business and Professions
State Capitol, Room 8130
Sacramento, CA 95814

RE: AB 2051 – Psychology Interjurisdictional Compact - OPPOSE

Dear Assembly Member Berman:

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

At its March 1, 2024, meeting, the Board adopted an **Oppose** position on AB 2051 (Bonta). This bill would make California a compact state under the Psychology Interjurisdictional Compact (PSYPACT), to facilitate the practice of telepsychology and the temporary in-person, face-to-face practice of psychology across state lines for licensees who have authorization.

The Board has concerns with AB 2051, including the promulgation of rules and laws by PSYPACT's Commission which would have the force of law in California. This delegation of substantial authority to a non-governmental entity located in another jurisdiction and dominated in large part by smaller states many of which do not share some of the contemporary core values of California is problematic. It vests in this nongovernmental entity the authority to promulgate regulations that would affect the Board, California licensees, and California consumers. For instance, many of the nonresident psychologists who practice telehealth with California consumers will not be from jurisdictions that share the same requirements for continuing professional development in social justice and diversity, equity, and inclusion like California licensees, thereby subjecting California consumers to potential harm. Further, some of the states in which out of state practitioners reside still allow practices such as conversion therapy for LGBTQ+ children and adolescents or mandatory counseling for women seeking to terminate an unwanted pregnancy.

Another serious concern with this bill is the requirement that psychologists must graduate from an American Psychological Association (APA) accredited program to obtain the E. Passport and gain authorization to provide services in a compact state. The APA accreditation requirement conflicts with Business and Professions Code 2914, which does not require the completion of an APA accredited program for licensure and otherwise authorizes the Board to make the final determination. Current law allows for flexibility for approval outside of APA accreditation. Approval of this bill would constrict this flexibility.

The exclusion of licensees due to the APA accreditation requirement would have a negative impact on historically underrepresented groups, as graduates of regionally

accredited programs have a more significant representation of historically underrepresented groups and devote much of their training providing services to those groups. This is a particular concern due to its inequity, variable impact on California consumers, and the exclusion of a substantial proportion of our licensees. Further, it may impact the viability of graduate programs that contribute to a broader theoretical and philosophical diversity in the delivery of psychological services. Stakeholders have also expressed their grave concerns about the negative impact of this requirement.

Although no accusation of intentionality is being made, the overall impact of the scheme is likely to result in the elevation of historically elite graduate programs over other graduate programs with more diverse student populations, thereby resulting in structural discrimination against historically underrepresented groups.

The fiscal impact of joining the compact will be equally problematic. There is no funding for California to become a Compact State, as all fees are paid to the Association of State and Provincial Psychology Boards (ASPPB) and the Commission. However, the Board will be taking on substantial additional duties which will likely require the hiring of an additional staff member to discharge the responsibilities of a compact state without a concomitant source of funding. Although a substantial percentage of our licensees will not be eligible to participate in PSYPACT, their licensing fees will be going to support the additional services necessary for participation in the pact, further enhancing the injustice to graduates of programs at regionally accredited universities. In fact, California will have to pay the Commission each year for its participation.

Lastly, AB 2051 will increase the Boards enforcement workload. The Board would require additional staff to support the additional workload, since out of state licensees who hold an E. Passport could potentially provide psychological services to California consumers, thus increasing the number of complaints the Enforcement Division would receive. The additional workload to the Board and its staff, could create delays in providing existing services, given there is no provision for revenue sharing for the tasks that would be required for participation in PSYPACT.

The bill is also unnecessary as current California law does permit the delivery of telepsychology within the state and to clients in other jurisdictions. Our regulations allow for telehealth practice with clients outside of California; however, the laws and regulations of the jurisdiction where the client is located may determine whether it is permissible. The Board will investigate any complaint made against a California licensee as to the legality of that interjurisdictional practice and the services rendered regardless of where the services were delivered or received. The regulations also permit licensees of other jurisdictions to temporarily provide services to Californians.

If you have any questions or concerns, please feel free to contact the Board's Executive Officer, Antonette Sorrick, at (916) 574-8938 or Antonette.Sorrick@dca.ca.gov. Thank you.

Sincerely,

A handwritten signature in black ink that reads "Lea Tate PsyD". The signature is written in a cursive, flowing style.

Lea Tate, PsyD
President, Board of Psychology

cc: Assembly Member Heath Flora (Vice Chair)
Members of the Assembly Committee on Business and Professions.
Assembly Member Mia Bonta
Robert Sumner, Chief Consultant

MEMORANDUM

| | |
|----------------|----------------------------------------------------------|
| DATE | April 12, 2024 |
| TO | Legislative and Regulatory Affairs Committee Members |
| FROM | Troy Polk, Legislative and Regulatory Analyst |
| SUBJECT | Agenda Item 7(a),(b),(c),(d),(e),(f) – Regulatory Update |

The following is a list of the Board of Psychology’s (Board) remaining regulatory packages, and their status in the regulatory process:

a) Update on 16 CCR sections 1391.13 and 1391.14 – Inactive Psychological Associates 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 Production Stage. Revised proposed regulatory language was adopted at the May 19, 2023, Board Meeting. At the August 18, 2023, Board Meeting the Board resolved additional issues regarding the inactive timeframe, and voted to adopt the proposed regulatory language as amended. On December 15, 2023, the DCA Budget Office completed the fiscal impact of this rulemaking.

On January 18, 2024, Board Staff submitted the regulation package to the Regulations Coordinator to be submitted for review by the DCA Director and the Business Consumer Services and Housing Agency (Agency).

On January 28, 2024, the regulation package was approved by the DCA Director, and on January 30, 2024, the regulations package was submitted to Agency.

On March 21, 2024, the regulation package was approved by Agency, and the regulation package was submitted to OAL for publishing on March 25, 2024.

b) Update on 16 CCR sections 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 |
|------------------------------|-----------------------------|-----------------------------|-------------------------------------|------------------------------------|---------------------------|------------------------------|---------------------------------------|

This package is in the Production Stage. This phase includes Board-approved Text, and collaborative reviews by Board staff, legal counsel, and Budget staff to prepare the initial documents for submission to the Director and Agency.

At the August 18, 2023, Board Meeting the Board voted to adopt the proposed regulatory language and staff is preparing the initial submission documents for DCA and Agency review before filing with OAL for notice publication.

c) 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.

d) Update on 16 CCR sections 1380.6, 1393, 1396, 1396.1, 1396.2, 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.

e) Update on 16 CCR sections 1397.35 – 1397.40 - Corporations

| | | | | | | | |
|------------------------------|-----------------------------|-----------------------------|-------------------------------------|------------------------------------|---------------------------|------------------------------|---------------------------------------|
| 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 1381, 1387.10, 1388, 1388.6, 1389, and 1389.1 – EPPP-2

| | | | | | | | |
|------------------------------|-----------------------------|-----------------------------|-------------------------------------|------------------------------------|---------------------------|------------------------------|---------------------------------------|
| 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.

On May 19, 2023, the Board approved the statutory and regulatory changes to implement the EPPP part 2 Skills Exam, effective January 1, 2026.

Action Requested:

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