

NOTICE OF BOARD MEETING

May 10, 2024

9:00 a.m. – 6:00 p.m. or until Completion of Business

Sonesta Los Angeles Airport
5985 West Century Boulevard
Los Angeles, CA 90045
1 (310) 642-7500

Due to potential technical difficulties, please consider submitting written comments by May 3, 2024, to bopmail@dca.ca.gov for consideration.

Licensees attending the Board Meeting are required to sign in using the provided attendance sheet, including their first and last name, license number, time of arrival, and time of departure from the meeting in order to receive Continuing Professional Development (CPD) credit. For Board meetings lasting a full day, six (6) hours will be credited. In cases of Board meetings that are three (3) hours or less in duration, attendance will be credited on a one-to-one basis, with one (1) hour of attendance equating to 1 hour credited towards CPD.

Board Members

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

Board Staff

Antonette Sorrick, Executive Officer
Cynthia Whitney, Central Services Manager
Stephanie Cheung, Licensing Manager
Troy Polk, Legislative and Regulatory Analyst
Anthony Pane, Board Counsel

Friday, May 10, 2024

9:00 a.m. – 6:00 p.m. or until Completion of Business

AGENDA

Action may be taken on any item on the agenda.

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

The Board welcomes and encourages public participation at its meetings. The public may take appropriate opportunities to comment on any issue before the Board at the

time the item is heard. If public comment is not specifically requested, members of the public should feel free to request an opportunity to comment.

1. Call to Order/Roll Call/Establishment of a Quorum
2. President's Welcome
 - a) Mindfulness Exercise (S. Rodgers)
3. Public Comment for Items Not on the Agenda. Note: The Board May Not Discuss or Take Action on Any Matter Raised During this Public Comment Section, Except to Decide Whether to Place the Matter on the Agenda of a Future Meeting [Government Code sections 11125 and 11125.7(a)].
4. Discussion and Possible Approval of the Board Meeting Minutes: February 29-March 1, 2024 (A. Sorrick)
5. President's Report (L. Tate)
 - a) Meeting Calendar
6. Executive Officer's Report (A. Sorrick)
 - a) Personnel Update
7. DCA Update
8. Budget Update (T. Polk)
9. Enforcement Report (A. Sorrick)
10. Licensing Report (S. Cheung)
11. Examination Report (S. Cheung)
12. Continuing Professional Development and Renewals Report (C. Whitney)
13. Legislative and Regulatory Affairs Committee Report and Consideration of Committee Recommendations (Cervantes – Chairperson, Casuga, Phillips)
 - a) Legislative Proposals
 1. SB 1526 – Consumer Affairs - 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 Position Taken by the Board
1. AB 2051 (Bonta) Psychology interjurisdictional compact
14. Review Bills for Possible Action
 - a) AB 1991 (Bonta) Licensee and Registrant Records
 15. 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
 16. 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 1395.2 – Disciplinary Guidelines and Uniform Standards Related to Substance-Abusing Licensees
 - c) 16 CCR sections 1380.3, 1381.1, 1381.2, 1381.4, 1381.5, 1382, 1382.3, 1382.4, 1382.5, 1386, 1387.1, 1387.2, 1387.3, 1387.4, 1387.5, 1387.6, 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, 1396.4, 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
 - e) 16 CCR sections 1397.35, 1397.37, 1397.39, and 1397.40 - Corporations
 - f) 16 CCR sections 1381, 1387, 1387.10, 1388, 1388.6, 1389, and 1389.1 – EPPP-2. Discussion and Possible Approval of proposed language and licensure application forms related to AB 282.
 17. Review, Discussion, and Possible Action on Research Psychoanalyst Ad hoc Advisory Committee – Utilizing Title 16 CCR 1367 – 1378.5 as a basis for adopting regulations for Research Psychoanalyst under the Board of Psychology's regulations.

CLOSED SESSION

18. The Board will Meet in Closed Session Pursuant to Government Code Section 11126(c)(3) to Discuss Disciplinary Matters Including Petitions for Reinstatement, Modification, or Early Termination, Proposed Decisions, Stipulations, Petitions for Reinstatement and Modification of Penalty, Petitions for Reconsideration, and Remands.
19. Recommendations for Agenda Items for Future Board Meetings. Note: The Board May Not Discuss or Take Action on Any Matter Raised During This Public Comment Section, Except to Decide Whether to Place the Matter on the Agenda of a Future Meeting [Government Code Sections 11125 and 11125.7(a)].

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 Board is unavailable, the president may, at their discretion, continue to discuss items from the agenda and to vote to make recommendations to the full board at a future meeting [Government Code 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 Board of Psychology protects consumers of psychological services by licensing psychologists and associated professionals, regulating the practice of psychology, and supporting the ethical evolution of the profession.

MEMORANDUM

DATE	April 22, 2024
TO	Board of Psychology
FROM	Sarah Proteau Central Services Technician
SUBJECT	Agenda Item # 4 – Discussion and Possible Approval of the Board Meeting Minutes: February 29 – March 1, 2024

Background:

Attached are the draft minutes of the February 29 – March 1, 2024, Board Meeting.

Action Requested:

Review and approve the minutes of the February 29 – March 1, 2024, Board Meeting.

1 DRAFT MINUTES NOTICE OF BOARD MEETING

2 February 29 – March 1, 2024

3 8:00 a.m. – 6:00 p.m. or until Completion of Business

4
5 Department of Consumer Affairs – Evergreen Building
6 2005 Evergreen St., Hearing Room (First Floor)
7 Sacramento, CA 95815
8 (916) 574-7720
9

10 **Board Members**

11 Lea Tate, PsyD, President
12 Shacunda Rodgers, PhD, Vice President
13 Sheryll Casuga, PsyD, CMPC
14 Marisela Cervantes, EdD, MPA
15 Seyron Foo
16 Mary Harb Sheets, PhD
17 Julie Nystrom
18 Stephen Phillips, JD, PsyD
19 Ana Rescate
20

21 **Board Staff**

22 Antonette Sorrick, Executive Officer
23 Jonathan Burke, Assistant Executive Officer
24 Sandra Monterrubio, Enforcement Program Manager
25 Cynthia Whitney, Central Services Manager
26 Liezel McCockran, CPD/Renewals Coordinator
27 Troy Polk, Legislative and Regulatory Analyst
28 Mai Xiong, BreEZe Coordinator
29 Anthony Pane, Board Counsel
30 Sam Singh, Regulatory Counsel
31

32 Thursday, February 29, 2024

33 8:00 a.m. – 6:00 p.m. or until Completion of Business
34

35 AGENDA

36
37 **Agenda Item 1: Call to Order/Roll Call/Establishment of a Quorum**

38
39 President Tate called the meeting to order at 8:09 a.m., roll was taken, and a quorum
40 established.
41

42 **Agenda Item 2: President's Welcome**

43
44 a) Mindfulness Exercise (S. Rodgers)

45
46 Dr. Rodgers led attendees in a mindfulness exercise.
47

48 Dr. Tate thanked Dr. Rodgers for the exercise.

49

50 There was no further Board or public comment offered.

51

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

56

57 A comment was made in reference to the Board's "For Your Peace Of Mind" publication.
58 The commenter stated their opinion that a limitation on multiple relationships with a
59 patient is not consistent with a notation from the American Psychological Association
60 (APA) code of ethics.

61

62 There was no further public comment offered.

63

64 **Agenda Item 4: Discussion and Possible Approval of the Board Meeting Minutes:**
65 **November 2-3, 2023**

66

67 Dr. Tate introduced this item.

68

69 It was M/Phillips s/Rodgers to approve the Board Meeting Minutes from November 2-3,
70 2023.

71

72 There was no Board or public comment offered.

73

74 Votes

75 6 Ayes (Casuga, Harb Sheets, Phillips, Rescate, Rodgers, Tate), 0 Noes, 1 Abstention
76 (Nystrom)

77

78 Item 7 was taken up next in the interest of time.

79

80 8:30 a.m. - Petition Hearing

81

82 **Agenda Item 7: Petition for Reinstatement of Revoked License – Elizabeth R.**
83 **Lewis, Ph.D.**

84

85 Administrative Law Judge Coren D. Wong presided. Deputy Attorney General Matthew
86 Fleming was present and represented the People of the State of California. Ms. Karen
87 Goodman was present and represented Dr. Elizabeth R. Lewis Ph.D., who was also
88 present.

89

90 10:30 a.m. - Petition Hearing

91

92 **Agenda Item 8: Petition for Early Termination of Probation – Morella Bombardini,**
93 **Ph.D.**

94

95 Administrative Law Judge Coren D. Wong presided. Deputy Attorney General Matthew
96 Fleming was present and represented the People of the State of California. Dr. Morella
97 Bombardini, Ph.D., was present and represented herself.

98
99 12:30 – 1:30 p.m. LUNCH/CLOSED SESSION

100
101 **Agenda Item 9: The Board will Meet in Closed Session Pursuant to Government**
102 **Code Section 11126(c)(3) to Discuss Disciplinary Matters Including Petitions for**
103 **Reinstatement, Modification, or Early Termination, Proposed Decisions,**
104 **Stipulations, Petitions for Reconsideration, and Remands.**

105
106 The Board met in closed session.

107
108 Items 20(b),(c) and (e) were taken up at return to open session.

109
110 **Agenda Item 20: Licensure Committee Report and Consideration of Committee**
111 **Recommendations**

112
113 20(b),(c) and (e) were taken up with (a) and (d) to be taken up Friday.

114
115 b) Continuing Professional Development and Renewals Report

116
117 Ms. McCockran provided this update.

118
119 Discussion ensued regarding the provided report. Comments included confirmation of
120 how licensees were communicated with regarding the audit (email as well as US mail
121 notification), the responsibility of licensees to maintain a current Address of Record, and
122 the type of courses that were submitted by licensees when audited.

123
124 There was no further Board and no public comment offered.

125
126 c) Examination Report

127
128 Ms. Whitney provided this update.

129
130 There was no Board or public comment offered.

131
132 e) Barriers to Telehealth Survey Follow-Up: Review Competency Requirements for
133 Doctoral Programs, Training Settings, and Supervised Experience

134
135 Dr. Harb Sheets stated this item would be addressed at a later meeting.

136
137 There was no Board or public comment offered.

138
139 Items 5 and 6 were taken up next.

140
141 **Agenda Item 5: President's Report**

142
143 a) Meeting Calendar

144
145 Dr. Tate presented this item and referenced the meeting calendar which was included in
146 the meeting materials and posted on the Board website.

147
148 There was no Board or public comment offered.

149
150 **Agenda Item 6: Executive Officer's Report**

151
152 a) Personnel Update

153
154 Ms. Sorrick provided this update.

155
156 Discussion ensued on SB 544 requirements and what planning measures were
157 necessary for Board and Committee meeting compliance. Historical context was given
158 with temporary allowances made for COVID-19 provided which was followed up with
159 current requirements and reasoning.

160
161 Discussion ensued regarding vacancies and what measures were being implemented to
162 manage the resulting workload.

163
164 There was no further Board or public comment offered.

165
166 1:30 p.m. - Petition Hearing

167
168 **Agenda Item 10: Petition for Early Termination of Probation – Celena Horton,**
169 **Psy.D.**

170
171 Administrative Law Judge Coren D. Wong presided. Deputy Attorney General Ms. Jade
172 Wolanski was present and represented the People of the State of California. Dr. Celena
173 Horton, Psy.D., was present and represented herself.

174
175 Item 19 was taken up next.

176
177 **Agenda Item 19: Enforcement Report**

178
179 Ms. Monterrubio presented this item.

180
181 There was no Board or public comment offered.

182
183 3:30 p.m. - Petition Hearing

184
185 **Agenda Item 11: Petition for Early Termination of Probation – Charnea Crump**

186
187 Administrative Law Judge Coren D. Wong presided. Deputy Attorney General Ms. Jade
188 Wolanski was present and represented the People of the State of California. Ms.

189 Charnea Crump was present and represented herself.

190

191 **Agenda Item 12: The Board will Meet in Closed Session Pursuant to Government**
192 **Code Section 11126(c)(3) to Discuss Disciplinary Matters Including Petitions for**
193 **Reinstatement, Modification, or Early Termination, Proposed Decisions,**
194 **Stipulations, Petitions for Reinstatement and Modification of Penalty, Petitions for**
195 **Reconsideration, and Remands.**

196

197 The Board met in closed session.

198

199 Friday, March 1, 2024

200 9:00 a.m. – 5:00 p.m. or until Completion of Business

201

202 **Agenda Item 13: Call to Order/Roll Call/Establishment of a Quorum**

203

204 President Tate called the meeting to order at 9:05 a.m., roll was taken, and a quorum
205 established.

206

207 She stated that the Board would go into Closed Session for Items 14 and 15.

208

209 CLOSED SESSION

210

211 **Agenda Item 14: Discussion and Possible Action on Board Executive Officer**
212 **Classification Exempt Salary Level Increase. The Board will Meet in Closed**
213 **Session Pursuant to Government Code Section 11126(a)(1) to Consider the Pay**
214 **Range of its Executive Officer.**

215

216 **Agenda Item 15: The Board will Meet in Closed Session Pursuant to Government**
217 **Code Section 11126(c)(3) to Discuss Disciplinary Matters Including Petitions for**
218 **Reinstatement, Modification, or Early Termination, Proposed Decisions,**
219 **Stipulations, Petitions for Reinstatement and Modification of Penalty, Petitions for**
220 **Reconsideration, and Remands.**

221

222 RETURN TO OPEN SESSION

223

224 **Agenda Item 16: Public Comment for Items Not on the Agenda. Note: The Board**
225 **May Not Discuss or Take Action on Any Matter Raised During this Public**
226 **Comment Section, Except to Decide Whether to Place the Matter on the Agenda**
227 **of a Future Meeting [Government Code sections 11125 and 11125.7(a)].**

228

229 Comment was made by Dr. Douglas Beatty about the increase in licensing fees.

230

231 There was no further public comment offered.

232

233 **Agenda Item 17: DCA Update**

234

235 Brian Clifford, DCA Budget Office, presented this item which included updates on the

236 state budget efforts to reduce spending and required training.

237
238 Dr. Rodgers commented on her experience of completing the required training which
239 included Diversity, Equity, and Inclusion and “Active Shooter” training which she found
240 very helpful.

241
242 There was no additional Board and no public comment offered.

243
244 **Agenda Item 18: DCA Budget Presentation**

245
246 Mr. Burke introduced Suzanne Balkis and Nicole Brady from the DCA Budget Office
247 who presented this item.

248
249 Mr. Foo made reference to the public comment under item 16 regarding an increase in
250 licensing fees and asked Ms. Brady about historic context of fees. It was confirmed that
251 prior to the increase, fees had not been raised in statute for thirty years.

252
253 Discussion ensued on factors that necessitated the fee increase which included
254 increased costs of doing business since the early 1990s. It was clarified that the initial
255 conversation of impending insolvency began in 2019 and continued with a
256 comprehensive fee analysis presented in 2021 and extensive discussion that continued
257 at multiple Board meetings.

258
259 Discussion continued on the increased costs from outside areas such as the
260 Department of Justice and the Office of the Attorney General which affected the Board’s
261 budget.

262
263 Ms. McCockran provided details regarding an upcoming fee webinar that was being
264 presented by the Board which would discuss the fee increases, with historical context
265 and that attendees could receive CPD credit for participating.

266
267 There was no further Board or public comment offered.

268
269 **Agenda Item 20: Licensure Committee Report and Consideration of Committee**
270 **Recommendations**

271
272 20(b)-(c) were taken up day 1 with (a), (d), and (e) taken up day 2.

273
274 a) Licensing Report

275
276 Ms. Xiong provided this update.

277
278 There were no Board or public comment offered.

279
280 d) OPES Presentation on Examination Performance: APA-accredited vs. Non-APA-
281 accredited programs

282

283 Drs. Heidi Lincer and Robert Calvert presented this item which included a
284 comprehensive analysis on pass rates for various school programs. The slides for this
285 item were included in the meeting materials beginning on page 54.

286
287 Discussion ensued on what may have contributed to lower pass rates at various points
288 in time, passing rates by age, and accommodations.

289
290 Dr. Elizabeth Winkelman, California Psychological Association (CPA), asked for the
291 numbers of applicants or licensees which attended APA-accredited versus non-APA-
292 accredited programs, which was provided by Dr. Calvert.

293
294 Mr. Burke provided context of what had been included in the data for the analysis in
295 cooperation with Dr. Calvert. It was determined that Dr. Winkelman would get in touch
296 with Dr. Calvert directly for more detail of school attendance.

297
298 Dr. Jackie Horn, Association of State and Provincial Psychology Boards (ASPPB),
299 provided some historical context on the EPPP including when the test switched from
300 paper to computer and when the offering dates for the test went from two options per
301 year to four options per year.

302
303 Discussion ensued on passing rates due to COVID in APA-accredited and Non-APA-
304 accredited programs in which APA-accredited programs were less negatively impacted.

305
306 Mr. Foo inquired about the possibility of conducting an analysis to examine the
307 interaction variable between COVID and accredited programs, with a focus on
308 determining the effect size.

309
310 Public comment

311
312 Discussion ensued on how the EPPP may have changed over time with the content that
313 it covered and the difficulty of applicants to be able to study all topics that were
314 included.

315
316 Dr. Phillips commented that the EPPP was a general licensing exam which was not only
317 for clinical psychologists but for all people that have a psychology license and come
318 from different focuses. It would be ideal if the test preparation material was broad
319 enough to cover all of the test's subject matter, but that is outside of the purview of the
320 Board of Psychology.

321
322 Drs. Rodgers and Cervantes expressed interest in providing a summary of information
323 to be included in an upcoming journal or email.

324
325 Discussion ensued on any data related to gender and/or ethnicity and passing rates. It
326 was stated that markers related to gender had been removed prior to analysis and
327 ethnic identifiers were not provided.

328
329 Dr. Casuga commented regarding the test prep industry and how it can be difficult to do

330 as well on the test without investing in expensive test preparation materials which is
331 another barrier and financial burden.

332
333 Dr. Horn commented that ASPPB provides sample practice exams which include retired
334 questions from the exam and stated that candidates that use the sample practice exams
335 score higher on the EPPP. She stated that these are administered in a testing center in
336 a real-world environment and the cost is minimal compared to the high cost of other test
337 preparation materials.

338
339 Item 23 was taken up next.

340
341 **Agenda Item 23: Legislative Proposals**

342
343 a) Psychological Associates: Business and Professions Code Section 2913:
344 Change of Supervisor Fee: Business and Professions Code Section 2987: Health and
345 Safety Code 124260

346
347 Dr. Cervantes introduced this item.

348
349 Mr. Polk presented this item, which was included in the meeting materials, beginning on
350 page 220 and an additional document included in the hand carry materials.

351
352 He provided the staff recommendation that the Board review the attached proposal and
353 approve the proposed text.

354
355 It was M/(Tate)/S(Casuga)/C to approve the proposed text to Psychological Associates:
356 Business and Professions Code Section 2913.

357
358 Ms. Nystrom recused herself from item 23 and 24.

359
360 The Board discussed changes to be presented to the Legislative and Regulatory Affairs
361 Committee.

362
363 An amended motion was presented upon changes to the language. It was
364 M/(Tate)/S(Rodgers)/C to approve the amendments to section 2913 to strike from
365 example (b)(1)(c) the language that says "having passed preliminary doctoral
366 examinations".

367
368 There was no further Board and no public comment offered.

369
370 Votes

371 7 Ayes (Casuga, Cervantes, Foo, Phillips, Rescate, Rodgers, Tate), 0 Noes, 1 Recusal
372 (Nystrom)

373
374 b) Patient Privilege: Business and Professions Code section 2918

375
376 Mr. Polk presented this item which was included in the meeting materials beginning on

377 page 225.

378

379 It was M/(Rodgers)/S(Tate)/C to approve the amendments to section 2987 of the
380 Business and Professions code as they appear in the materials.

381

382 There was no Board or public comment offered.

383

384 Votes

385 6 Ayes (Cervantes, Foo, Nystrom, Phillips, Rescate, Rodgers, Tate), 0 Noes, 1 Recusal
386 (Nystrom), 1 Absence (Casuga)

387

388 c) California Psychological Association Legislative Proposal 2023: Business and
389 Professions Code section 2914

390

391 Dr. Cervantes introduced this item and stated that it would be reviewed in the next
392 Legislative and Regulatory Affairs Committee Meeting.

393

394 The detail for this item was included in the materials beginning on page 234.

395

396 Mr. Polk presented this item which was for informational purposes only with no action
397 required.

398

399 Public comment

400

401 Dr. Elizabeth Winkelman, CPA, thanked the Board for considering CPA sponsored bills.

402

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

407

408 There was no Board or public comment offered.

409

410 Item 25 was taken up next.

411

412 **Agenda Item 25: Regulatory Update, Review, and Consideration of Additional**
413 **Changes**

414

415 Dr. Cervantes introduced item 25 and stated that all listed under this item were
416 informational only, with no action required. The detail was contained within the meeting
417 materials beginning on page 463.

418

419 There was no Board or public comment offered.

420

421 a) 16 CCR sections 1391.13, and 1391.14 – Inactive Psychological Associates
422 Registration and Reactivating a Psychological Associate Registration

423

b) 16 CCR 1395.2 – Disciplinary Guidelines and Uniform Standards Related to

- 424 Substance-Abusing Licensees
425 c) 16 CCR sections 1380.3, 1381, 1381.1, 1381.2, 1381.4, 1381.5, 1382, 1382.3,
426 1382.4, 1382.5, 1386, 1387, 1387.1, 1387.2, 1387.3, 1387.4, 1387.5, 1387.6, 1387.10,
427 1388, 1388.6, 1389, 1389.1, 1391, 1391.1, 1391.3, 1391.4, 1391.5, 1391.6, 1391.8,
428 1391.11, and 1391.12 – Pathways to Licensure
429 d) 16 CCR sections 1380.6, 1393, 1396, 1396.1, 1396.2, 1396.4, 1396.5, 1397,
430 1397.1, 1397.2, 1397.35, 1397.37, 1397.39, 1397.50, 1397.51, 1397.52, 1397.53,
431 1397.54, 1397.55 - Enforcement Provisions
432 e) 16 CCR sections 1397.35 – 1397.40 – Corporations
433 f) 16 CCR sections 1381, 1387, 1387.10, 1388, 1388.6, 1389, and 1389.1 – EPPP
434 2
435

436 **Agenda Item 26: Discussion of California Psychological Association (CPA)**
437 **Survey Licensing Timeframes**
438

439 Ms. Sorrick presented this item which was included in the meeting materials beginning
440 on page 466. She expressed appreciation to CPA for facilitating the initial survey and
441 the subsequent follow-up survey.
442

443 Mr. Foo asked about difficulties with reaching staff due to staffing issues.
444

445 Ms. Sorrick stated that a position had been moved to the Licensing Unit to address
446 questions on status updates and turnaround time. She also noted the efforts made to
447 digitize several of the application processes to cut down on processing time. Ms. Sorrick
448 referenced the draft Strategic Plan which would be discussed. This draft included
449 acknowledgment of the need of staff growth to be able to provide the customer service
450 that was expected both internally and by stakeholders.
451

452 Discussion ensued on various improvements that had been made and others that could
453 be made when staffing was in a more positive state.
454

455 There was no further Board and no public comment offered.
456

457 Item 22 was taken up next.
458

459 **Agenda Item 22: Review and Possible Approval of Draft 2024-2029 Strategic Plan**
460

461 Dr. Tate presented this item which was included in the meeting materials beginning on
462 page 205.
463

464 The Board reviewed the draft for any edits or changes. There were none made.
465

466 It was M/(Foo)/S(Nystrom)/C to adopt the Strategic Plan as presented.
467

468 There was no Board or public comment offered.
469

470 Votes

471 8 Ayes (Casuga, Cervantes, Foo, Nystrom, Phillips, Rescate, Rodgers, Tate), 0 Noes

472

473 **Agenda Item 21: Discuss and Consider Mandatory EPPP2 on January 1, 2026**

474

475 a) History of EPPP2

476 b) Board Position from May 19, 2023

477

478 Ms. Whitney provided background information and a contextual summary which was
479 included in the meeting materials beginning on page 117 and for informational purposes
480 only.

481

482 Dr. Casuga clarified that there would be a full status report at the August 2024 Board
483 meeting.

484

485 There was no Board or public comment offered.

486

487 **Agenda Item 24: Review Bills for Active Position Recommendations**

488

489 a) AB 2051 (Bonta) Psychology interjurisdictional compact

490

491 Dr. Cervantes introduced this item which was included in the meeting materials
492 beginning on page 257 with an analysis and fact sheet included in the hand carry.

493

494 Mr. Polk presented this item and provided the staff recommendation that the Board take
495 an Oppose position on AB 2051.

496

497 It was M/(Phillips)/S(Casuga)/C to accept the staff recommendation to Oppose AB 2051
498 (Bonta).

499

500 There was no Board comment offered.

501

502 Public comment

503

504 Discussion ensued regarding PsyPact and comments were presented from the public
505 supporting a position of Oppose.

506

507 Mr. Foo referenced the fact sheet that was provided by the Assembly and asked Ms.
508 Monterrubio if there had been any complaints about California psychologists practicing
509 telehealth in another state when a client is traveling.

510

511 Ms. Monterrubio stated the enforcement unit had not received many, if any, complains
512 to this effect and that the fact sheet did not seem to contain correct information as to
513 what licensed psychologists can do in regard to telehealth.

514

515 Discussion ensued regarding items from the fact sheet that had been provided and
516 different state's requirement of graduation from an APA-accredited program.

517

518 There was no further Board or public comment offered.
519

520 Votes

521 7 Ayes (Casuga, Cervantes, Foo, Phillips, Rescate, Rodgers, Tate), 0 Noes, 1 Recusal
522 (Nystrom)

523
524 **Agenda Item 27: Recommendations for Agenda Items for Future Board Meetings.**
525 **Note: The Board May Not Discuss or Take Action on Any Matter Raised During**
526 **This Public Comment Section, Except to Decide Whether to Place the Matter on**
527 **the Agenda of a Future Meeting [Government Code Sections 11125 and**
528 **11125.7(a)].**

529
530 Dr. Tate presented this item.

531 There was no Board or public comment offered.

532

533 ADJOURNMENT

534

535 The meeting adjourned at 2:11 p.m.

536

537

2024 Board Meeting/Event Calendar

Board Meeting

Event	Date	Location	Agenda/Materials	Minutes	Webcast
Board Meeting	February 29 – March 1, 2024	IN PERSON Sacramento, CA	Agenda Materials Hand Carry		Feb 29, Webcast Part 1 Feb 29, Webcast Part 2 Mar 1, Webcast
Board Meeting	May 10, 2024	IN PERSON Los Angeles, CA			
Board Meeting	August 16, 2024	IN PERSON Bay Area, CA			
Board Meeting	November 7-8, 2024	IN PERSON San Diego, CA			

Licensure Committee

Event	Date	Location	Agenda/Materials	Minutes	Webcast
Licensure Committee Meeting	February 2, 2024	Hybrid	Agenda Materials		Webcast
Licensure Committee Meeting	July 19, 2024	Hybrid			

Legislative and Regulatory Affairs Committee

Event	Date	Location	Agenda/Materials	Minutes	Webcast
Legislative and Regulatory Affairs Committee	April 12, 2024	Webex	Agenda Materials		Webcast
Legislative and Regulatory Affairs Committee	June 14, 2024	Webex			

Outreach and Communications Committee

Event	Date	Location	Agenda/Materials	Minutes	Webcast
Outreach and Communications Committee Meeting	September 27, 2024	Webex			

Research Psychoanalyst Ad hoc Committee

Event	Date	Location	Agenda/Materials	Minutes	Webcast
Research Psychoanalyst Ad hoc Committee	September 20, 2024	Hybrid			

MEMORANDUM

DATE	April 22, 2024
TO	Psychology Board Members
FROM	Antonette Sorrick, Executive Officer
SUBJECT	Executive Officer's Report: Agenda Item 6(a)

Background:

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

- 1) Personnel Update

Personnel Update

Authorized Positions: 28.30

Temp Help: 3.0

Vacancies: 3.0

New Hires	
Classification	Program

Promotions

Vacancies
<ol style="list-style-type: none"> 1. Licensing Analyst (SSA). The Board is seeking to fill a half time limited term vacancy. The Board will be conducting interviews in May with the hope to fill the position by June. 2. Examinations Coordinator (AGPA). The Board will be seeking to fill the position recently vacated by Lavinia Snyder who retired with the Board. 3. Enforcement Analyst (AGPA). The Board will be seeking to fill the position vacated by Ashley Castleberry. After two rounds of interviews, an offer was made but the individual accepted a position at another agency. The Board will conduct interviews and hope to have the position filled by the end of May. 4. Continuing Professional Development Coordinator (AGPA). The Board conducted interviews and hope to have the position filled by the end of May.

Action Requested:

This item is for informational purposes only.

MEMORANDUM

DATE	May 10, 2024
TO	Psychology Board Members
FROM	Troy Polk, Legislative and Regulatory Analyst
SUBJECT	Agenda Item 8 – Budget Report

Background

As of Fiscal Month (FM) 9, the Board projects collecting \$7.58 million in revenue during the current Fiscal Year 2023-24. As for expenditures for 2023-24, based on FM 9, the Board is projected to spend approximately \$8.331 million of its budgeted appropriation of \$8.481 million leaving a balance of approximately \$149 thousand. Board Staff will continue to monitor revenue and expenditures with the Budget Office monthly.

Action Requested

This item is for informational purposes only. There is no action required at this time.

Attachment #1: Budget Report: FY 2023-24 through Fiscal Month 9.

Attachment #2: Fund Condition

Attachment #3: Revenue Projection Report

Attachment #4: Expenditure and Revenue Comparison

Expenditure Projection Report

Expenditure Projection Report

Board of Psychology

Reporting Structure(s): 11112100 Support

Fiscal Month: 9

Fiscal Year: 2023 - 2024

Run Date: 04/17/2024

PERSONAL SERVICES

Fiscal Code	Line Item	PY Budget	PY FM13	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Projections to Year End	Balance
5100	PERMANENT POSITIONS	\$1,753,000	\$1,783,554	\$1,830,000	\$152,915	\$1,424,512	\$0	\$1,424,512	\$1,917,647	-\$87,647
5100	TEMPORARY POSITIONS	\$47,000	\$93,730	\$47,000	\$727	\$46,177	\$0	\$46,177	\$75,000	-\$28,000
5105-5108	PER DIEM, OVERTIME, & LUMP SUM	\$22,000	\$31,392	\$22,000	\$721	\$30,386	\$0	\$30,386	\$48,500	-\$26,500
5150	STAFF BENEFITS	\$1,212,000	\$1,084,865	\$1,272,000	\$104,953	\$930,439	\$0	\$930,439	\$1,260,658	\$11,342
	PERSONAL SERVICES	\$3,034,000	\$2,993,540	\$3,171,000	\$259,315	\$2,431,515	\$0	\$2,431,515	\$3,301,805	-\$130,805

OPERATING EXPENSES & EQUIPMENT

5301	GENERAL EXPENSE	\$107,000	\$64,912	\$107,000	\$1,385	\$39,648	\$26,221	\$65,869	\$88,232	\$18,768
5302	PRINTING	\$55,000	\$20,661	\$55,000	\$258	\$8,928	\$12,477	\$21,405	\$23,905	\$31,095
5304	COMMUNICATIONS	\$31,000	\$3,895	\$31,000	\$25	\$1,987	\$0	\$1,987	\$4,275	\$26,725
5306	POSTAGE	\$19,000	\$4,314	\$19,000	\$0	\$4,365	\$0	\$4,365	\$4,500	\$14,500
5308	INSURANCE	\$0	\$38	\$0	\$50	\$50	\$0	\$50	\$50	-\$50
53202-204	IN STATE TRAVEL	\$25,000	\$9,520	\$25,000	\$3,423	\$18,425	\$0	\$18,425	\$25,000	\$0
5322	TRAINING	\$18,000	\$0	\$18,000	\$0	\$1,000	\$0	\$1,000	\$1,000	\$17,000
5324	FACILITIES	\$153,000	\$233,034	\$153,000	\$19,676	\$173,751	\$62,448	\$236,199	\$244,615	-\$91,615
53402-53403	C/P SERVICES (INTERNAL)	\$1,353,000	\$941,266	\$1,426,000	\$112,514	\$759,400	\$0	\$759,400	\$1,495,297	-\$69,297
53404-53405	C/P SERVICES (EXTERNAL)	\$633,000	\$435,768	\$781,000	\$21,367	\$311,234	\$62,521	\$373,755	\$460,356	\$320,644
5342	DEPARTMENT PRORATA	\$2,431,000	\$2,019,243	\$2,581,000	\$0	\$1,839,750	\$0	\$1,839,750	\$2,581,000	\$0
5342	DEPARTMENTAL SERVICES	\$54,000	\$49,619	\$54,000	\$44	\$29,452	\$0	\$29,452	\$49,640	\$4,360
5344	CONSOLIDATED DATA CENTERS	\$15,000	\$17,962	\$15,000	\$0	\$0	\$0	\$0	\$17,962	-\$2,962
5346	INFORMATION TECHNOLOGY	\$7,000	\$1,774	\$7,000	\$0	\$1,823	\$0	\$1,823	\$3,268	\$3,732
5362-5368	EQUIPMENT	\$35,000	\$43,597	\$38,000	\$57	\$20,167	\$2,741	\$22,907	\$22,907	\$15,093
5390	OTHER ITEMS OF EXPENSE	\$0	\$0	\$0	\$0	\$232	\$3,525	\$3,757	\$3,820	-\$3,820
54	SPECIAL ITEMS OF EXPENSE	\$0	\$2,833	\$0	\$0	\$550	\$0	\$550	\$3,500	-\$3,500
	OPERATING EXPENSES & EQUIPMENT	\$4,936,000	\$3,848,435	\$5,310,000	\$158,799	\$3,210,762	\$169,932	\$3,380,694	\$5,029,327	\$280,673

OVERALL TOTALS		\$7,970,000	\$6,841,975	\$8,481,000	\$418,114	\$5,642,277	\$169,932	\$5,812,209	\$8,331,133	\$149,867
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**0310 - Board of Psychology's Fund Analysis of Fund Condition
(Dollars in Thousands)**

Prepared 04.19.2024

2024-25 Governor's Budget With FM 9 Projections

	Actual 2022-23	CY 2023-24	BY 2024-25	BY +1 2025-26	BY +2 2026-27
BEGINNING BALANCE					
Prior Year Adjustment	\$ 6,296	\$ 5,661	\$ 4,565	\$ 4,877	\$ 5,019
Adjusted Beginning Balance	\$ -76	\$ -	\$ -	\$ -	\$ -
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
	\$ 6,220	\$ 5,661	\$ 4,565	\$ 4,877	\$ 5,019
REVENUES, TRANSFERS AND OTHER ADJUSTMENTS					
Revenues					
4121200 - Delinquent fees	\$ 68	\$ 85	\$ 96	\$ 96	\$ 96
4127400 - Renewal fees	\$ 4,611	\$ 6,330	\$ 7,750	\$ 7,750	\$ 7,750
4129200 - Other regulatory fees	\$ 145	\$ 185	\$ 102	\$ 102	\$ 102
4129400 - Other regulatory licenses and permits	\$ 743	\$ 791	\$ 998	\$ 998	\$ 998
4143500 - Miscellaneous Services to the Public	\$ 1	\$ -	\$ -	\$ -	\$ -
4150500 - Interest Income from Interfund Loans	\$ 12	\$ -	\$ -	\$ -	\$ -
4163000 - Income from surplus money investments	\$ 159	\$ 180	\$ 68	\$ 74	\$ 73
4171400 - Escheat of unclaimed checks and warrants	\$ 3	\$ 4	\$ -	\$ -	\$ -
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Totals, Revenues	\$ 5,742	\$ 7,575	\$ 9,014	\$ 9,020	\$ 9,019
Loan Repayment from the General Fund (0001) to the Psychology Fund (0310) per Item 1111-011-0310, Budget Act of 2020	\$ 900	\$ -	\$ -	\$ -	\$ -
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Totals, Transfers and Other Adjustments	\$ 900	\$ -	\$ -	\$ -	\$ -
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
TOTALS, REVENUES, TRANSFERS AND OTHER ADJUSTMENTS	\$ 6,642	\$ 7,575	\$ 9,014	\$ 9,020	\$ 9,019
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
TOTAL RESOURCES	\$ 12,862	\$ 13,236	\$ 13,579	\$ 13,897	\$ 14,038
Expenditures:					
1111 Department of Consumer Affairs Regulatory Boards, Bureaus, Divisions (State Operations)	\$ 6,651	\$ 8,096	\$ 8,090	\$ 8,333	\$ 8,583
9892 Supplemental Pension Payments (State Operations)	\$ 94	\$ 94	\$ 67	\$ -	\$ -
9900 Statewide General Administrative Expenditures (Pro Rata) (State Operations)	\$ 456	\$ 481	\$ 545	\$ 545	\$ 545
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
TOTALS, EXPENDITURES AND EXPENDITURE ADJUSTMENTS	\$ 7,201	\$ 8,671	\$ 8,702	\$ 8,878	\$ 9,128
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
FUND BALANCE					
Reserve for economic uncertainties	\$ 5,661	\$ 4,565	\$ 4,877	\$ 5,019	\$ 4,911
Months in Reserve	7.8	6.3	6.6	6.6	6.5

NOTES:

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

Revenue

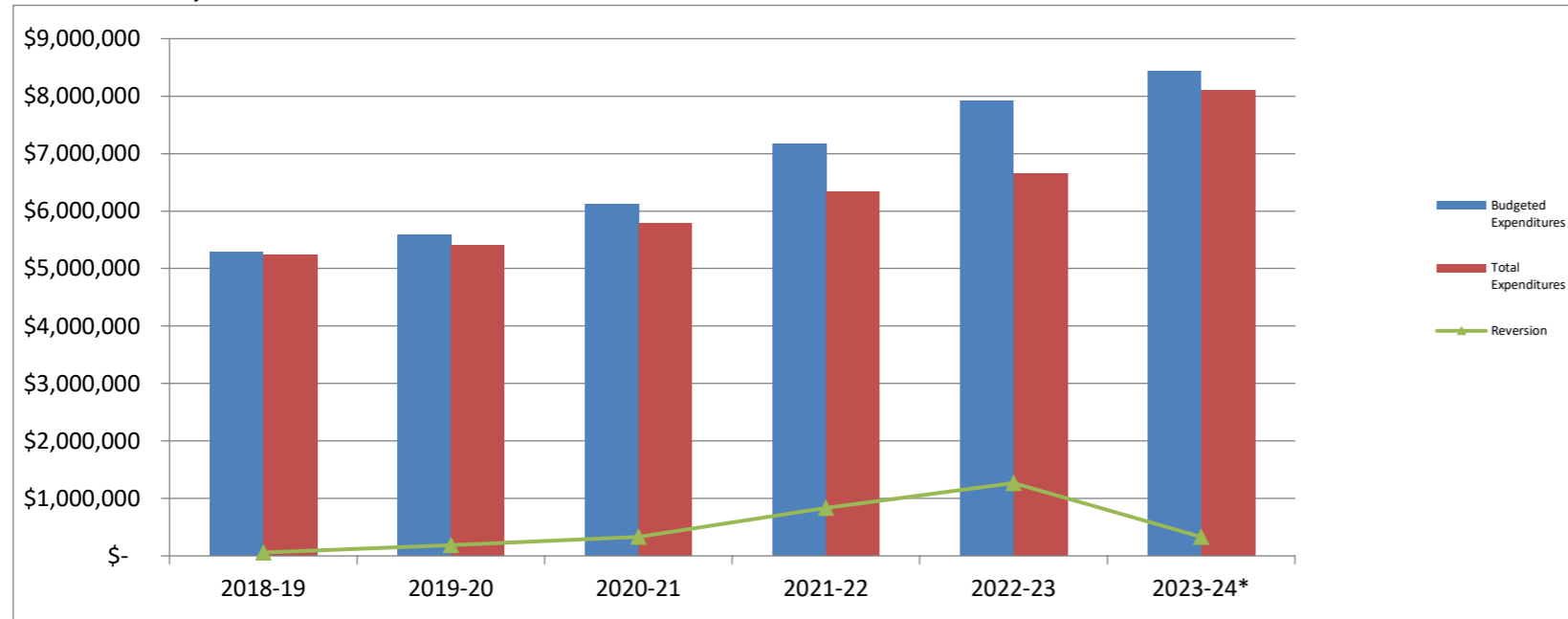
Line Item	Budget	July	August	September	October	November	December	January	February	March	Year to Date	Projection To Year End
Delinquent Fees	\$83,000	\$4,853	\$6,105	\$7,113	\$6,110	\$4,835	\$4,550	\$7,757	\$11,666	\$13,475	\$66,463	\$85,277
Other Regulatory Fees	\$102,000	\$10,565	\$17,125	\$15,175	\$22,049	\$12,030	\$11,791	\$21,750	\$22,215	\$21,370	\$154,070	\$184,545
Other Regulatory License and Permits	\$891,000	\$96,421	\$75,647	\$87,288	\$73,709	\$63,123	\$45,219	\$69,903	\$72,226	\$64,620	\$648,156	\$791,356
Other Revenue	\$63,000	\$75	\$125	\$960	\$55,268	\$56	\$35	\$62,780	\$0	\$0	\$119,299	\$184,444
Renewal Fees	\$6,205,000	\$429,139	\$446,062	\$614,596	\$734,597	\$417,604	\$366,495	\$670,715	\$657,373	\$661,775	\$4,998,355	\$6,329,755
Revenue	\$7,344,000	\$541,052	\$545,064	\$725,131	\$891,732	\$497,649	\$428,090	\$832,905	\$763,480	\$761,240	\$5,986,343	\$7,575,377

Reimbursements

Line Item	Budget	July	August	September	October	November	December	January	February	March	Year to Date	Projection To Year End
Scheduled Reimbursements	\$0	\$1,225	\$637	\$882	\$392	\$98	\$245	\$245	\$441	\$490	\$4,655	\$5,405
Unscheduled Reimbursements	\$0	\$40,166	\$15,502	\$21,589	\$22,976	\$28,972	\$10,461	\$36,177	\$7,688	\$19,493	\$203,023	\$230,023
Reimbursements	\$0	\$41,391	\$16,139	\$22,471	\$23,368	\$29,070	\$10,706	\$36,422	\$8,129	\$19,983	\$207,678	\$235,428

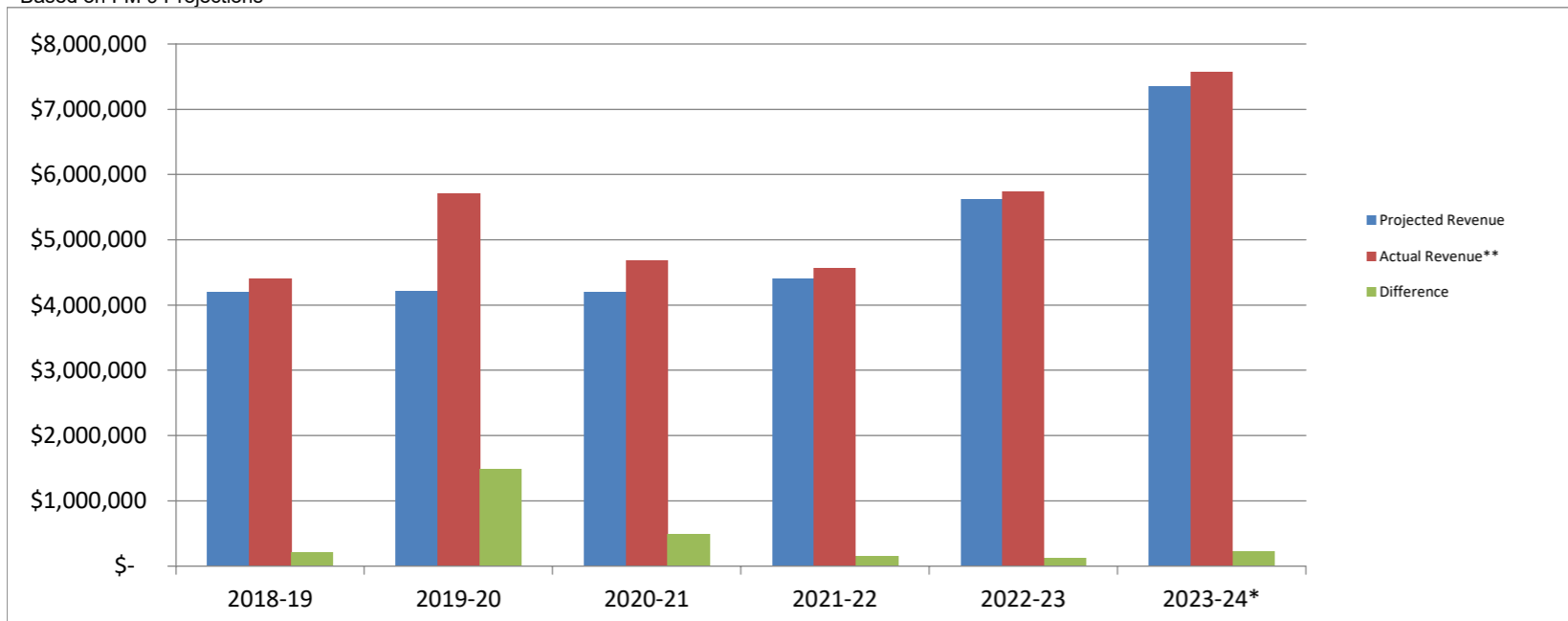
Psychology Expenditure Comparison (Budgeted vs. Actual)						
	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24*
Budgeted Expenditures	\$ 5,290,000	\$ 5,586,000	\$ 6,111,000	\$ 7,171,000	\$ 7,919,000	\$ 8,430,000
Total Expenditures	\$ 5,232,000	\$ 5,396,000	\$ 5,783,000	\$ 6,334,000	\$ 6,651,000	\$ 8,096,000
Reversion	\$ 58,000	\$ 190,000	\$ 328,000	\$ 837,000	\$ 1,268,000	\$ 334,000

*Based on FM 9 Projections



Psychology Revenue Comparison (Projected vs. Actual)						
	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24*
Projected Revenue	\$ 4,195,000	\$ 4,219,000	\$ 4,201,689	\$ 4,411,000	\$ 5,623,000	\$ 7,344,000
Actual Revenue**	\$ 4,404,000	\$ 5,716,000	\$ 4,690,000	\$ 4,565,000	\$ 5,742,000	\$ 7,575,000
Difference	\$ 209,000	\$ 1,497,000	\$ 488,311	\$ 154,000	\$ 119,000	\$ 231,000

*Based on FM 9 Projections



MEMORANDUM

DATE	April 6, 2024
TO	Psychology Board Members
FROM	Sandra Monterrubio, Enforcement Program Manager Board of Psychology
SUBJECT	Agenda Item 9, Enforcement Report

Please find attached the most recent Performance Measures.

The Enforcement Unit is still looking to backfill Ashley Castleberry's Enforcement Analyst position. We have posted the position twice and held two rounds of interviews. We made a conditional offer to an applicant, but the applicant accepted another position with another state agency so we will hold another round of interviews in early May. Staff continues to absorb the workload from Ashley's position.

The Board is still looking to recruit additional subject matter experts for its Expert Reviewer Program. Currently, we only have 36 experts. Over the past 16 months the Board has published recruitment articles in its quarterly journal, emailed over 5,000 recruitment letters, and contacted licensees through email. To date, we have received 25 new expert applications. At the next Enforcement Committee Meeting, the Committee Members and staff will discuss additional outreach attempts to recruit experts. We are planning on having our next expert training in July or August.

Complaint Program

Since July 1, 2023, the Board has received 924 complaints. All complaints received are opened and assigned to an enforcement analyst.

Citation Program

Since July 1, 2023, the Board has issued 19 (nineteen) enforcement citations. Citation and fines are issued for minor violations.

Discipline Program

Since July 1, 2023, the Board has referred 44 (forty-four) cases to the Office of the Attorney General for formal discipline.

Probation Program

Enforcement staff is currently monitoring 35 (thirty-five) active probationers and 14 (fourteen) tolled probationers. Of the 35 active probationers, one is out of compliance. Being out of compliance can result in a citation and fine or further disciplinary action through the Office of the Attorney General.

Attachments:

Performance Measures

Action Requested

This item is for informational purposes only.

Select a DCA Entity
Board of Psychology

Select a Fiscal Year
FY2023/24

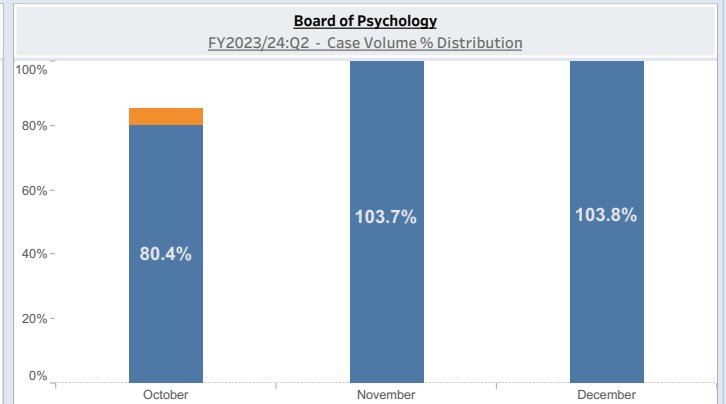
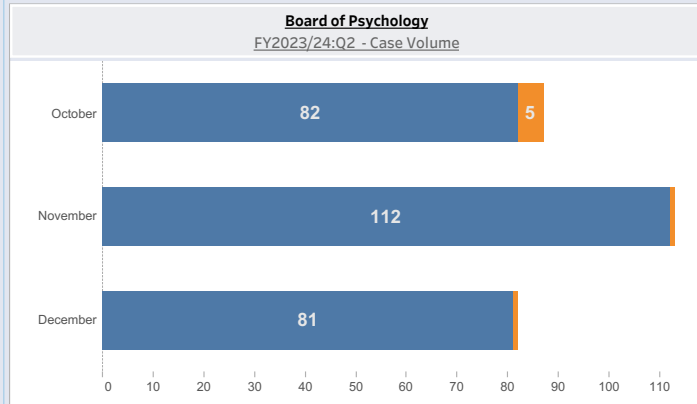
Select a Quarter
Q2

Case Type
Complaints Volume Conviction/Arrest Volume

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

Board of Psychology New Cases Summary
Data last refreshed on 04/08/2024

Complaints Volume	Conviction/Arrest Volume	Total Volume
275	7	288



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

Select a DCA Entity
Board of Psychology

Select a Fiscal Year
FY2023/24

Select a Quarter
Q2

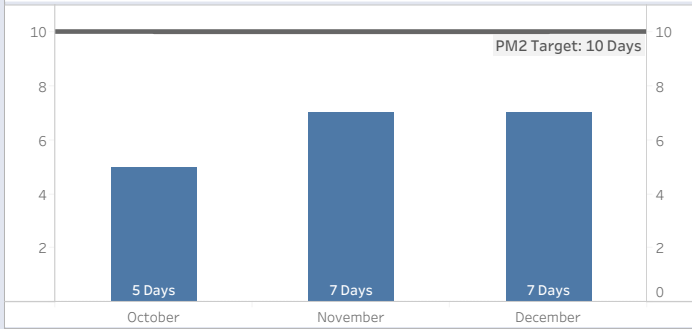
Cycle Time
Actual Target

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

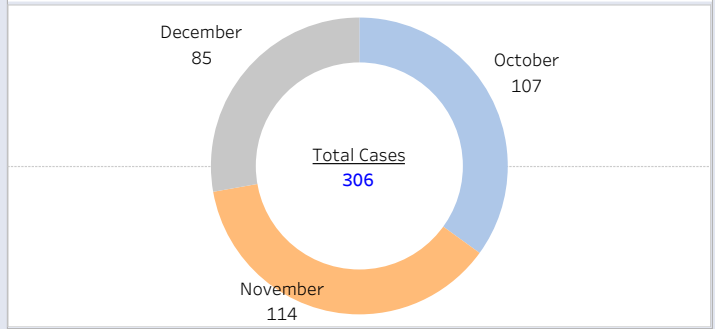
Board of Psychology PM2 Performance Summary
Data last refreshed on 04/08/2024

Case Volume	Target	Actual	Variance
306	10 Days	6 Day(s)	▼ -4 Day(s)

Board of Psychology
FY2023/24: Q2 | PM2 - Intake Cycle Time



Board of Psychology
FY2023/24: Q2 | PM2 - Volume



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

Select a DCA Entity
Board of Psychology

Select a Fiscal Year
FY2023/24

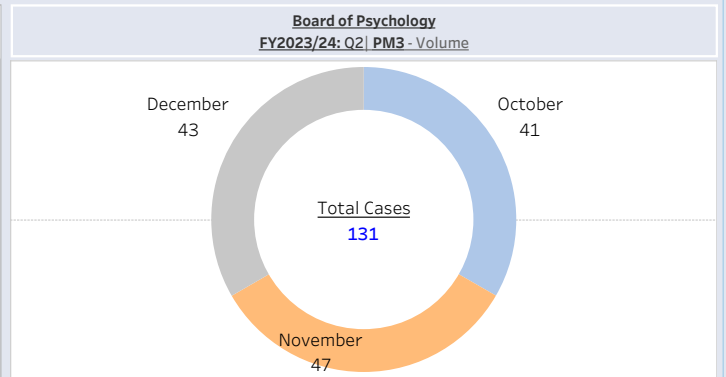
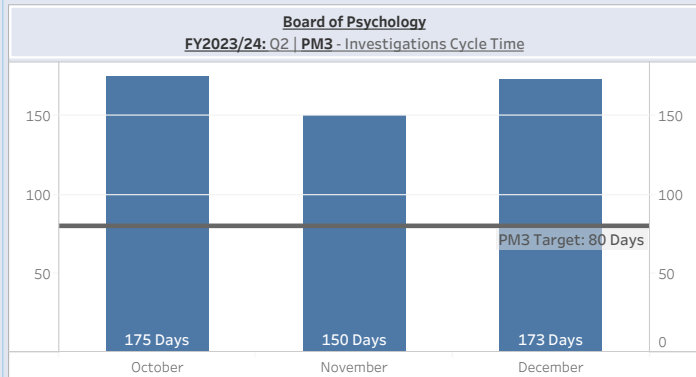
Select a Quarter
Q2

Cycle Time
Actual Target

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

Board of Psychology PM3 Performance Summary
Data last refreshed on 04/08/2024

Case Volume	Target	Actual	Variance
131	80 Days	165 Day(s)	▲ 85 Day(s)



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

Select a DCA Entity
Board of Psychology

Select a Fiscal Year
FY2023/24

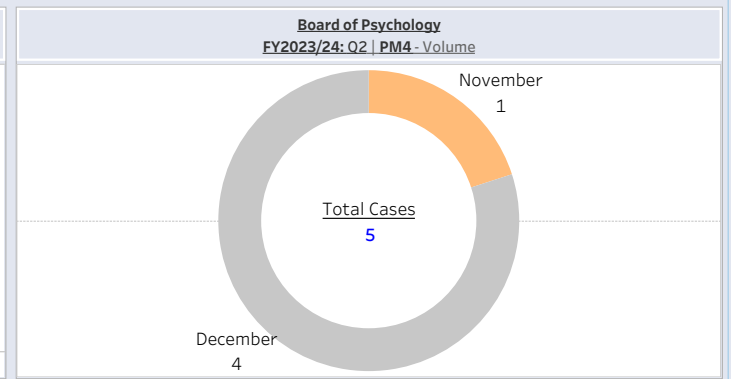
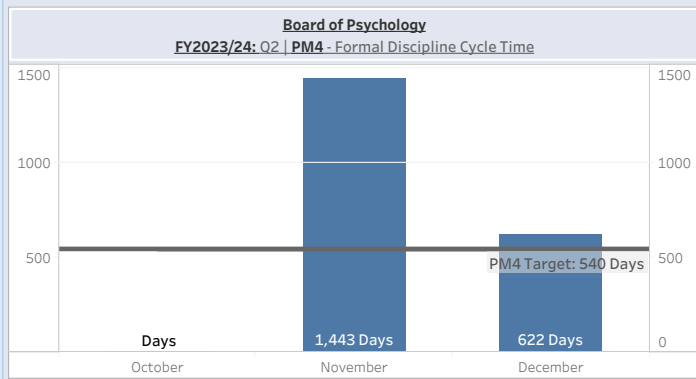
Select a Quarter
Q2

Cycle Time
Actual Target

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

Board of Psychology PM4 Performance Summary
Data last refreshed on 04/08/2024

Case Volume	Target	Actual	Variance
5	540 Days	786 Day(s)	▲ 246 Day(s)



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

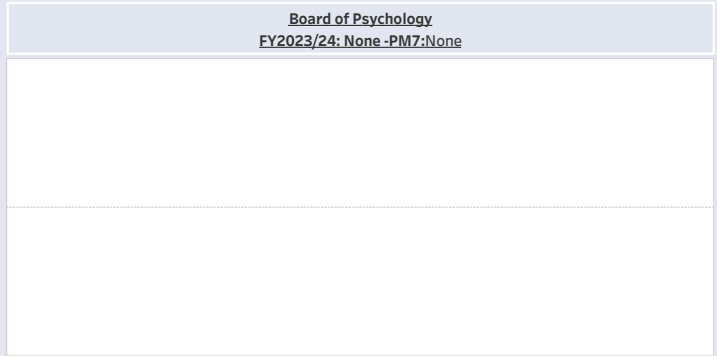
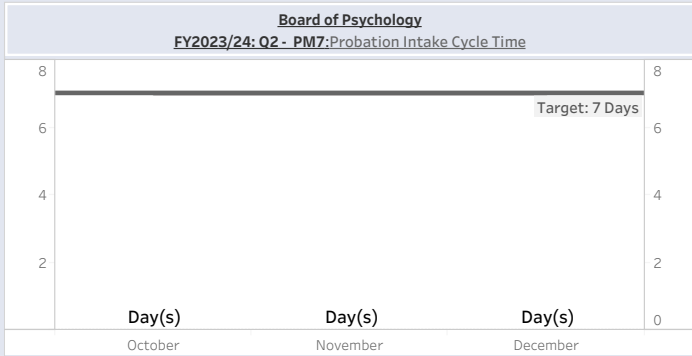
Select a DCA Entity: Board of Psychology | Select a Fiscal Year: FY2023/24 | Performance Measure: PM7 | Select a Quarter: Q2 | Cycle Time: Actual (Selected), Target

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

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

Board of Psychology PM7 Performance Summary
Data not available

Case Volume	Target	Actual	Variance
0	7 Days		



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

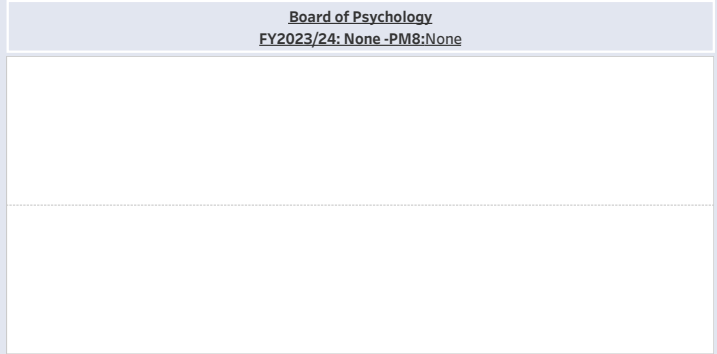
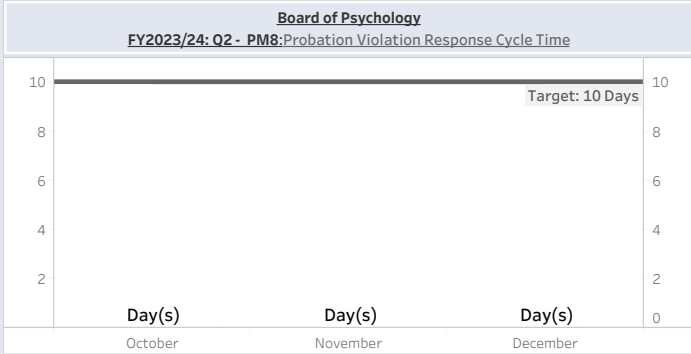
Select a DCA Entity: Board of Psychology | Select a Fiscal Year: FY2023/24 | Performance Measure: PM8 | Select a Quarter: Q2 | Cycle Time: Actual (blue square), Target (grey square)

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

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

Board of Psychology PM8 Performance Summary
Data not available

Case Volume	Target	Actual	Variance
0	10 Days		



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

MEMORANDUM

DATE	April 19, 2024
TO	Board Members
FROM	Mai Xiong Licensing/BreEZe Coordinator
SUBJECT	Agenda Item 10 Licensing Report

License/Registration Data by Fiscal Year:

License & Registrations	14/15	15/16	16/17	17/18	18/19	19/20	20/21	21/22	22/23	23/24**
Psychologist*	20,575	20,227	20,024	20,580	21,116	22,005	22,218	22,289	22,611	22,744
Psychological Associate	1,701	1,580	1,446	1,446	1,361	1,344	1,348	1,450	1,744	1,827
Psychological Testing Technician***	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	24

*Includes licensees who are in Current, Inactive, Military Inactive and Military Active status

**As of April 19, 2024

***The psychological testing technician registration category became effective 1/1/2024, thus there are no data prior to 1/1/2024.

As of April 19, 2024, there are 22,744 licensed psychologists, 1,827 registered psychological associates, and 24 registered psychological testing technicians that are overseen by the Board. This includes 20,549 licensed psychologists who are in the “current” status, 2,192 licensed psychologists who are in the “inactive” status, 2 licensed psychologists who are in the “military inactive” status and 1 license psychologist who is in the “military active” status which is provided in the Licensing Population Report (Attachment A). This report also provides a snapshot of the number of psychologists, psychological associates, and psychological testing technicians in each status at the time it was generated.

The “military inactive” and “military active” statuses have been added to Attachment A as the Board has recently approved requests for licensed psychologists in those license statuses. The “military inactive” status means a licensed psychologist who is actively serving in the military, but psychological practice is not permitted. The “military active” status means a licensed psychologist who is actively serving in the military and psychological practice is permitted only in a military setting – no private practice is permitted.

Application Workload Reports:

The attached reports provide statistics from October 2023 through March 2024 on the application status by month for psychologist license, psychological associate, and psychological testing technician registrations (see Attachment B). On each report, the type of transaction is indicated on the x-axis of the graphs. The different types of

transactions and the meaning of the transaction status are explained below for the Board's reference.

Psychologist Application Workload Report

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

"Exam Eligible for CPLEE" is the second step towards licensure. In this step, the applicant has successfully passed the EPPP and has applied to take the CPLEE. An application with an "open" status means it is deficient or pending review.

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

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

Psychological Associate Application Workload Report

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

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

Psychological Testing Technician Application Workload Report

The "Psychological Testing Tech Initial" transaction provides information regarding the number of registrations issued as indicated by an "approved" status, and any pending application that is deficient or pending initial review is indicated by an "open" status.

The "Change of Supervisor" transaction for the Psychological Testing Technician is created to allow a psychological testing technician to practice with more than one supervisor or to request to remove a supervisor who the psychological testing technician is no longer providing services under. This transaction captures the number of approved notifications to add, change or remove a supervisor if the status is

“approved” or pending additional information or initial review when it has an “open” status.

Applications and Notifications Received

Attachment C provides the number of new applications and notifications received in the last 12-month period. In comparison to the same 12-month period in 2022/2023, there is a decrease of 109 psychologist applications and 63 psychological associate applications and an increase of 90 psychological associate notifications.

Average Application Processing Timeframes

The Board reviews and processes applications based on a first-come, first-served basis. This includes, but not limited to, all applications, supporting materials, and responses to application deficiencies, are reviewed according to the date they are received.

Attachment D (Average Application Processing Timeframes) provides a 6-month overview of average application processing timeframes in business days. The processing timeframes are collected and posted on the Board’s website approximately every two weeks. The monthly average application processing timeframes provided on Attachment D are based on the first set of data collected for that month.

The psychological testing technician data is limited as this registration type has recently become effective on January 1, 2024.

New Informational Resources for Application for Licensure as a Psychologist

To assist individuals who are interested to apply for licensure as a psychologist of those who are in the licensure process, three new checklists were developed and are now available on the [Psychologist Applicants page of Board’s website](#). Please see below for the hyperlinks to the checklists respectively:

- [Application for Licensure as a Psychologist Checklist](#)
- [California Psychology Law and Ethics Examination \(CPLEE\) Request Application Checklist](#)
- [Request for Initial Licensure Checklist](#)

These checklists include a list of the required documents and submission instruction specific for each step in the licensure process. Individuals interested in applying for a psychologist license should reference the checklists along with the step-by-step instructions available on the Board’s website as they are preparing to embark on the licensure process.

Attachments:

A. Licensing Population Report as of April 19, 2024

B. Application Workload Reports October 2023 – March 2024 as of April 19, 2024

C. Applications and Notifications Received April 2023 – March 2024 as of April 19, 2024
D. Average Application Processing Timeframes – November 2023 to April 2024 as of
April 19, 2024

Action:

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



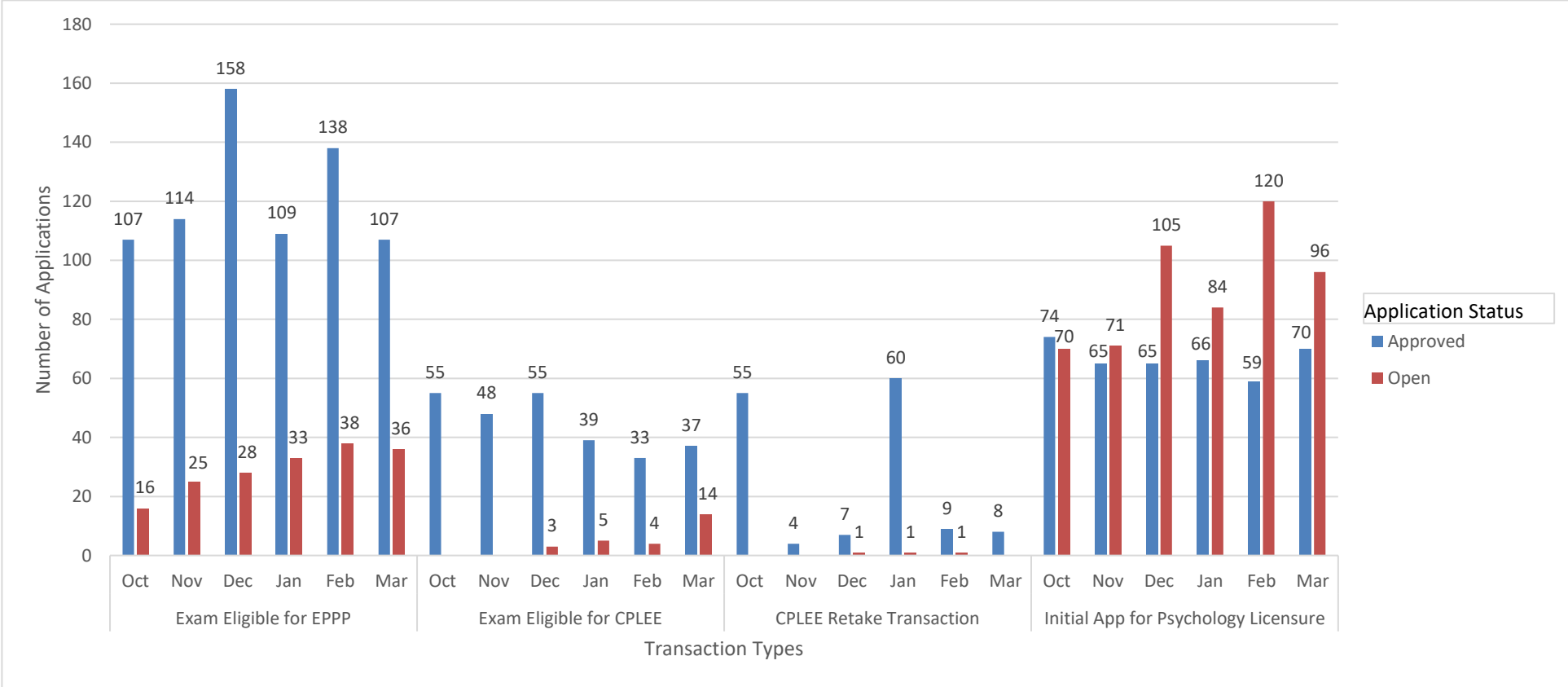
STATE DEPARTMENT OF CONSUMER AFFAIRS
BREEZE SYSTEM



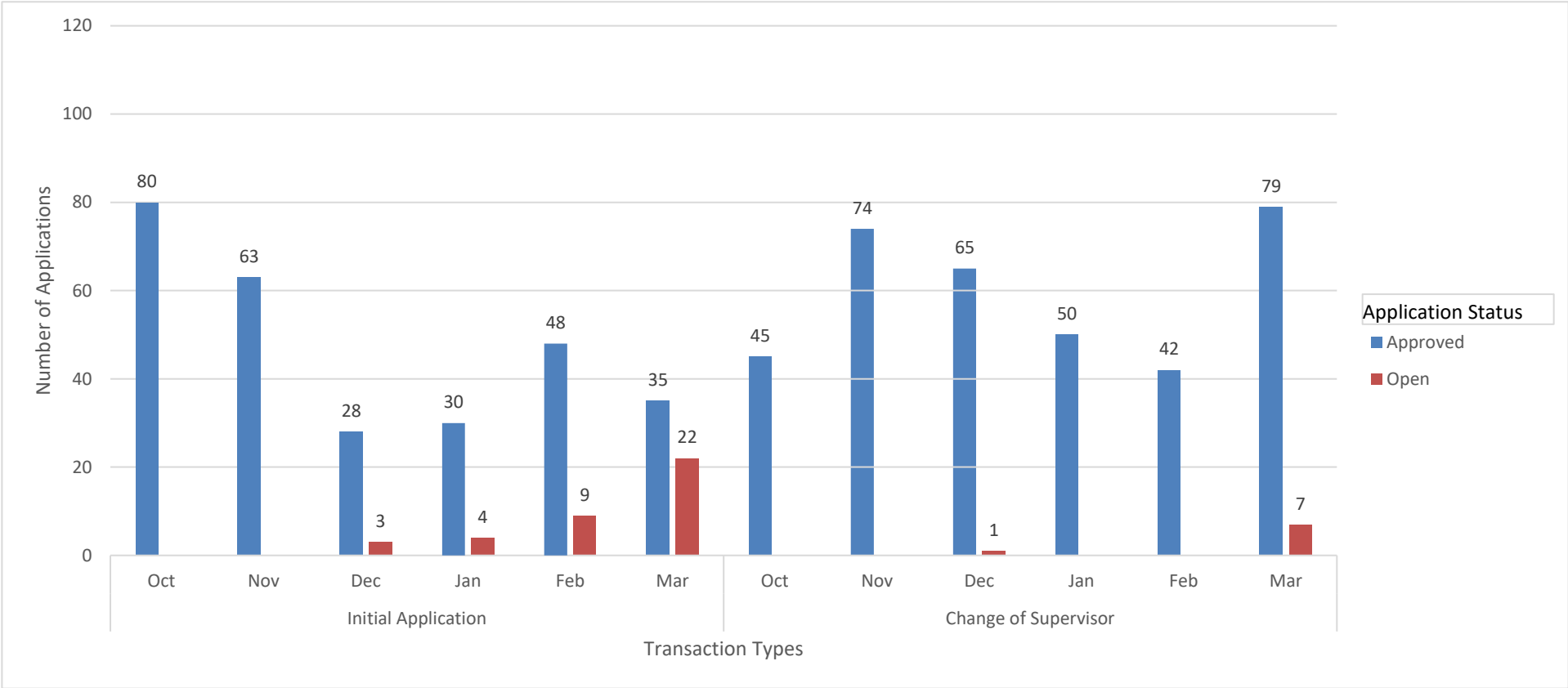
LICENSING POPULATION REPORT
BOARD OF PSYCHOLOGY
AS OF 4/19/2024

License Type	License Status											Total
	Licensing								Enforcement			
	Current	Inactive	Military Inactive	Military Active	Delinquent	Cancelled	Retired	Deceased	Surrendered	Revoked	Revoked, Stayed, Probation	
Psychologist	20,549	2,192	2	1	1,586	8,008	397	1,086	270	164	125	34,380
Psychological Associate	1,827	0	0	0	51	24,172	0	8	15	8	19	26,100
Psychological Testing Technician	24	0	0	0	0	0	0	0	0	0	0	24
Total	22,400	2,192	2	1	1,637	32,180	397	1,094	285	172	144	60,504

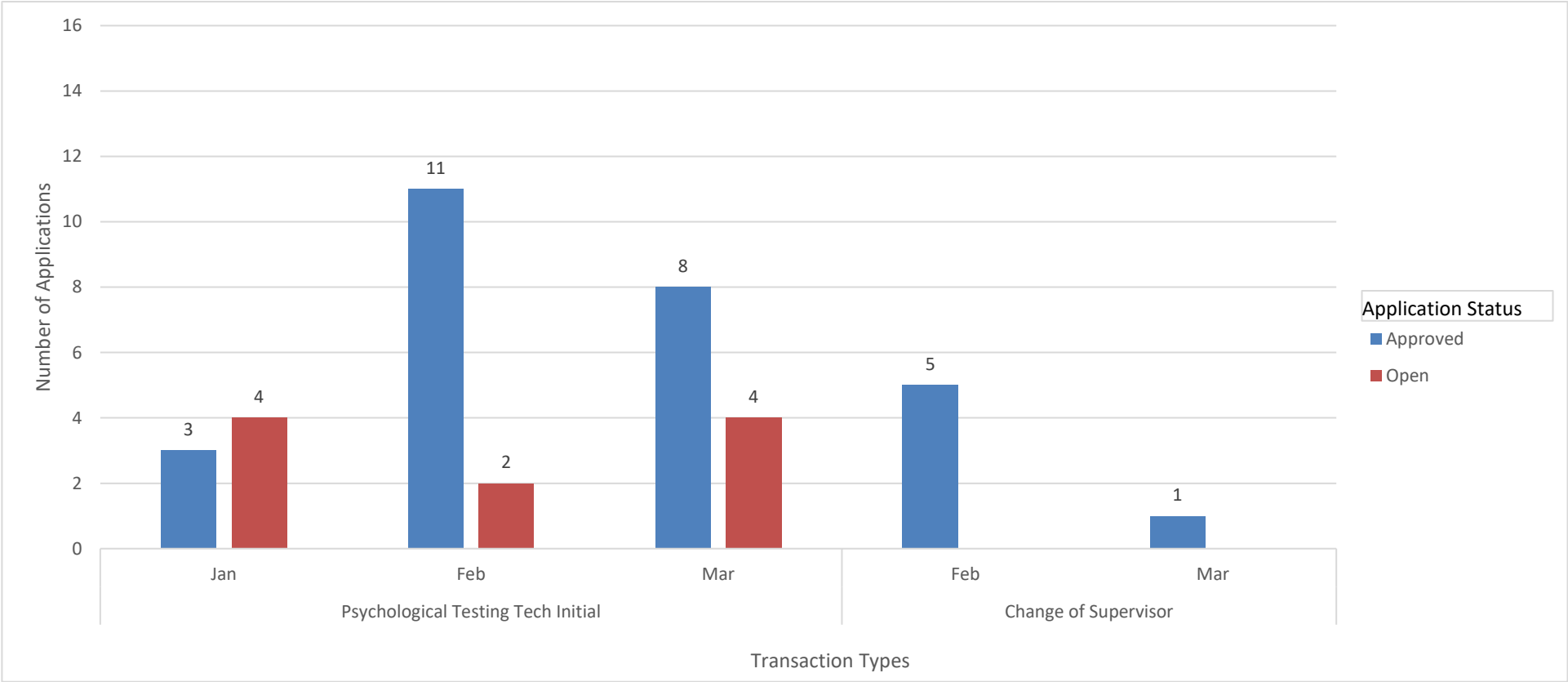
Psychologist Application Workload Report
 October 1, 2023 to March 31, 2024
 As of April 19, 2024



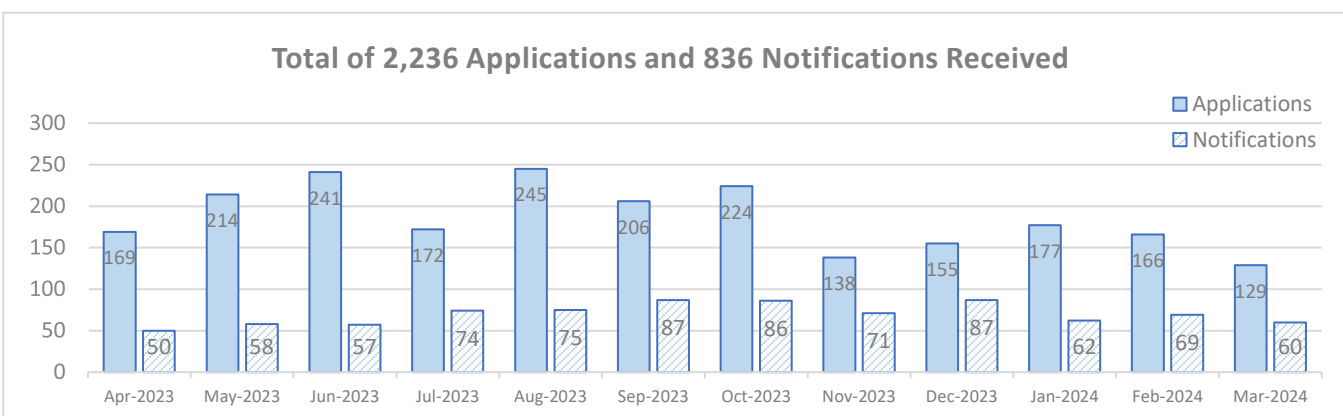
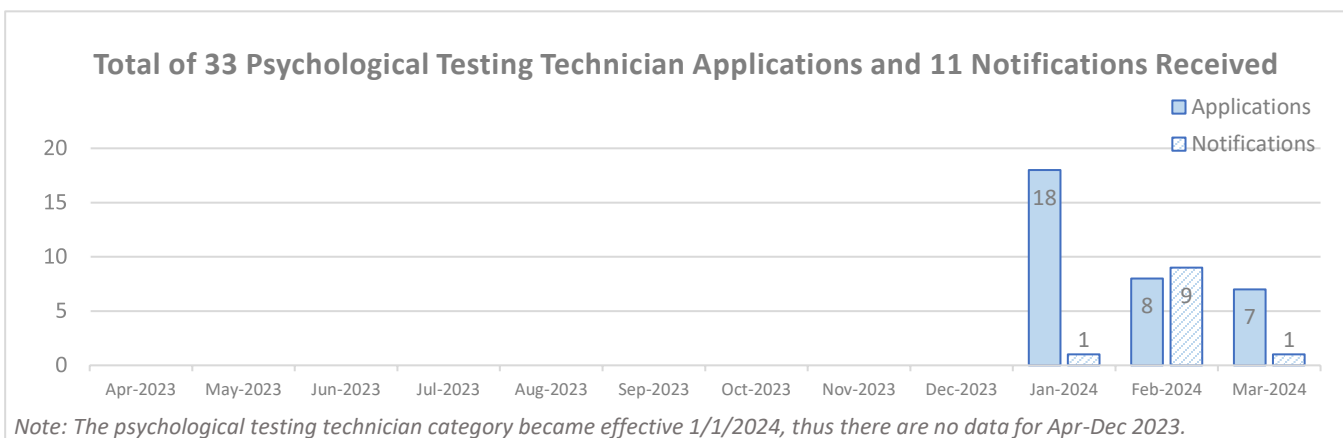
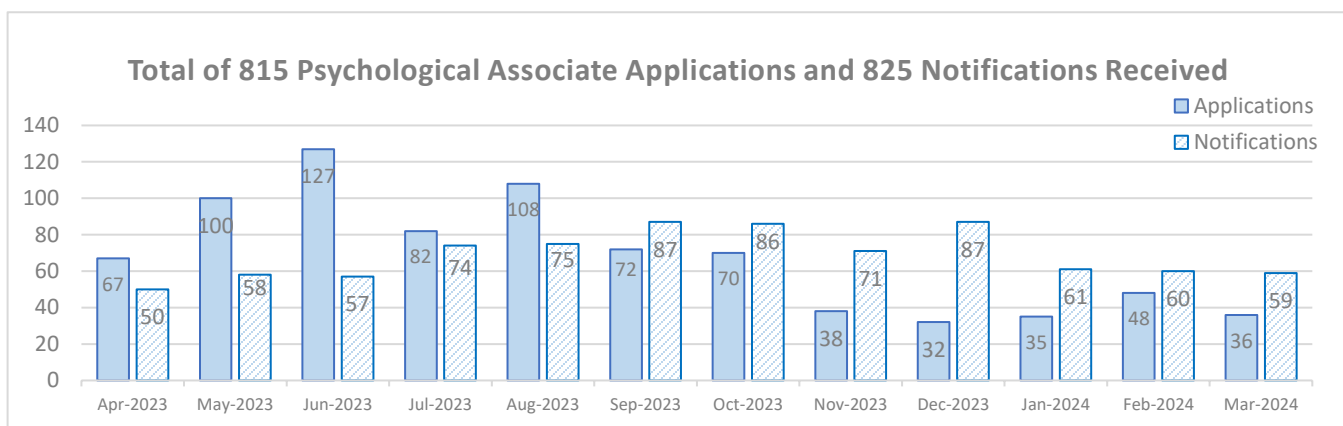
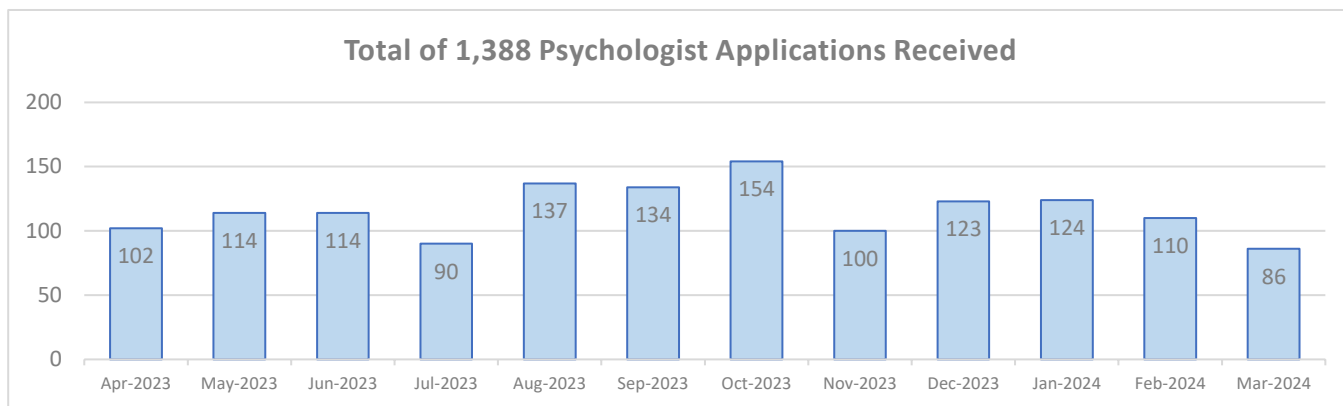
Psychological Associate Application Workload Report
October 1, 2023 to March 31, 2024
As of April 19, 2024



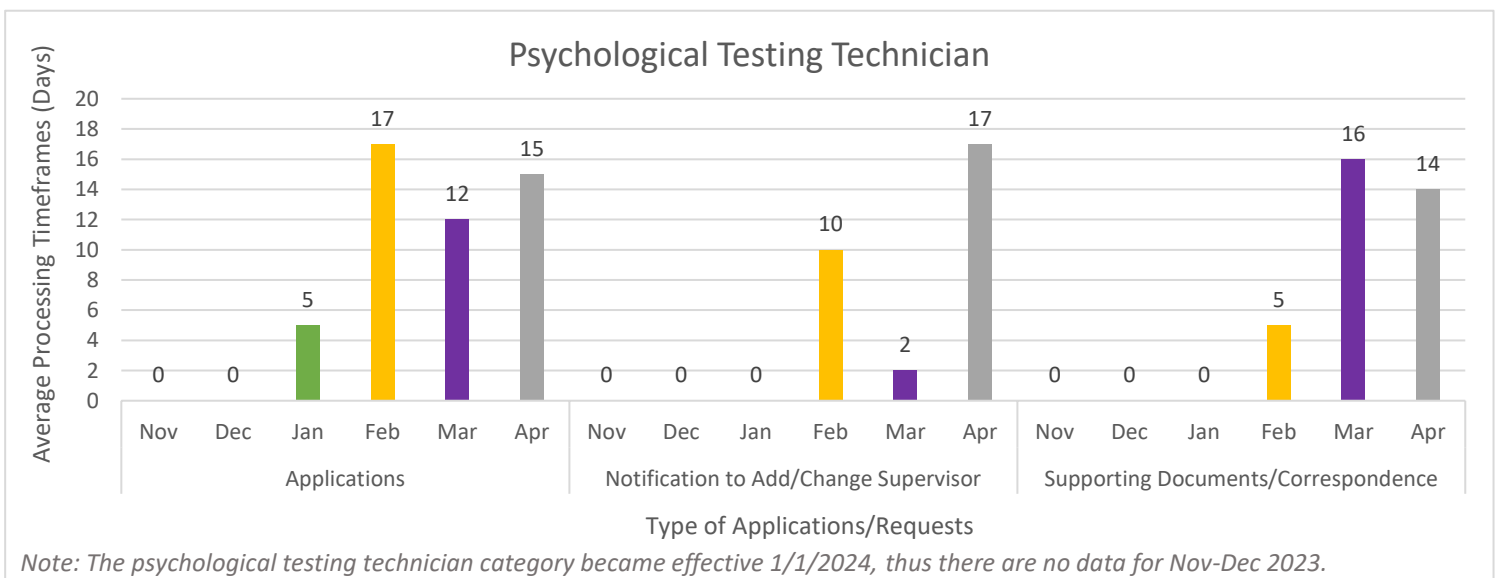
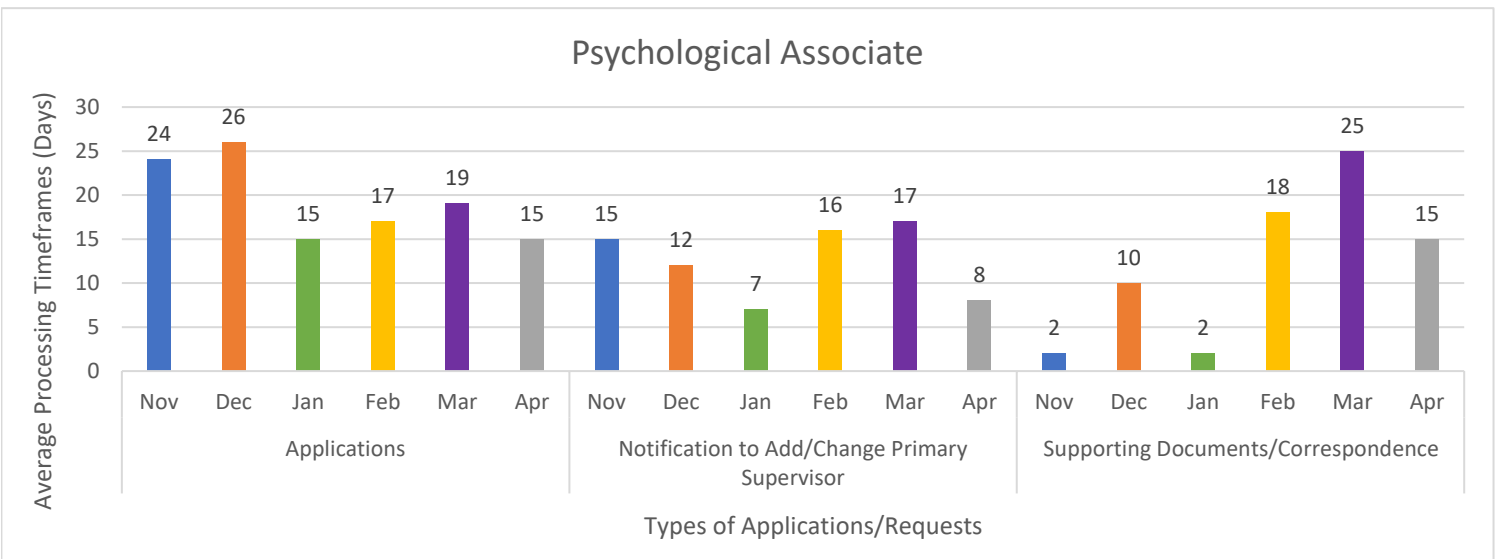
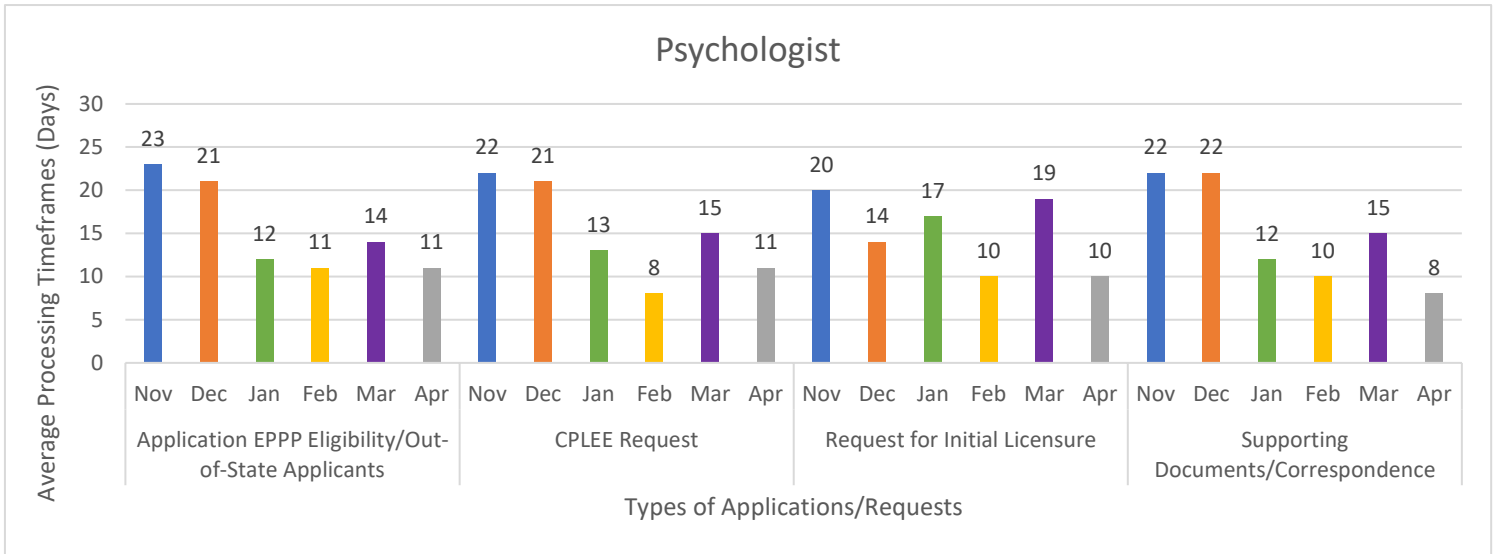
Psychological Testing Technician Application Workload Report
January 1, 2024 to March 31, 2024
As of April 19, 2024



Applications and Notifications Received from April 2023 to March 2024 As of April 19, 2024



Average Application Processing Timeframes from November 2023 to April 2024
As of April 19, 2024



Note: The psychological testing technician category became effective 1/1/2024, thus there are no data for Nov-Dec 2023.

MEMORANDUM

DATE	April 17, 2024
TO	Board Members
FROM	Stephanie Cheung Licensing Manager
SUBJECT	Agenda Item 11 Examination Report

2024 Examination Statistics

EPPP Monthly Examination Statistics from January to March 2024

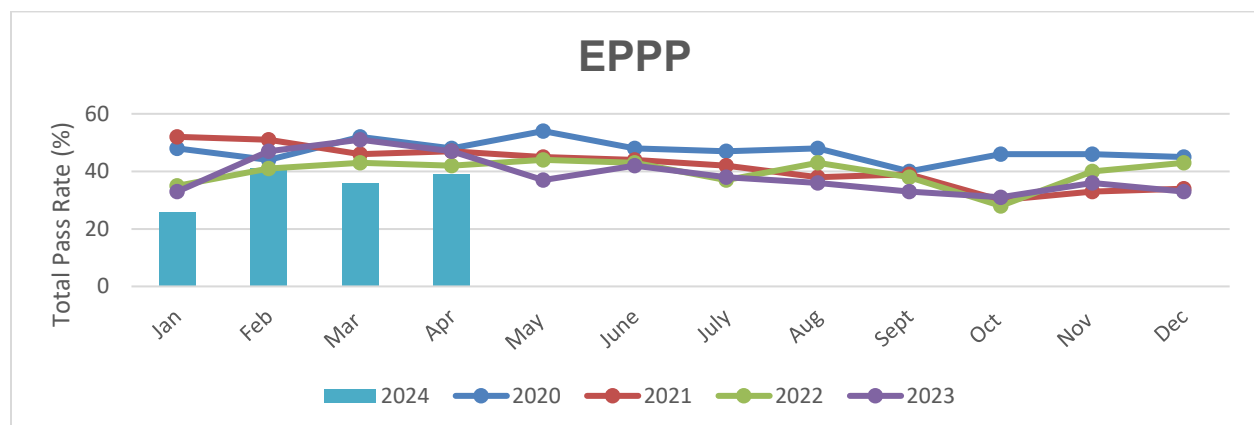
The Examination from Professional Practice in Psychology (EPPP) is the national exam developed by the Association for Provincial and Psychology Boards (ASPPB) and administered by Pearson Vue. The exam tests candidates' general knowledge in psychology. EPPP is one of the required exams for licensure in CA.

In 2024 so far, the overall pass rate is 34.47% with an overall first-time pass rate of 54.04%. First time pass rate tends to be higher than overall pass rates.

2024 Monthly EPPP Examination Statistics

Month	# of Candidates	# Passed	% Passed	Total First Timers	First Time Passed	% First Time Passed
January	58	15	25.86%	24	11	45.83%
February	99	41	41.41%	52	29	55.77%
March	166	60	36.14%	76	46	60.53%
EPPP - Total	323	116	34.47%	152	86	54.04%

The chart below depicts pass rate statistics of the EPPP for the past four years compared to the pass rates in 2024. The pass rates for 2024 are trending lower than previous years.



CPLEE Monthly examination statistics from January to March 2024

The California Psychology Laws and Ethics Exam (CPLEE) is a state-owned exam developed by the Department of Consumer Affairs, Office of Professional Examination Services (OPES) and administered by PSI, Inc.

The exam tests candidates on their knowledge of APA Code of Conduct and the Board's laws and regulations. For 2024 so far, the overall pass rate is 82.07% and the overall first-time pass rate is at 80.75%.

2024 Monthly CPLEE Examination Statistics

January	74	66	89.19%	55	49	89.09%
February	74	57	77.03%	47	35	74.47%
March	75	60	80.00%	61	48	78.69%

The CPLEE pass rate for 2024 is trending mostly consistent with previous years. The CPLEE has a higher pass rate than the EPPP.



Action:

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

MEMORANDUM

DATE	May 10, 2024
TO	Psychology Board Members
FROM	Troy Polk, Legislative and Regulatory Analyst
SUBJECT	Agenda Item 13(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 consultants 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.

On April 12, 2024, a Support Position Letter was submitted to the Senate BP&ED Committee.

On April 17, 2024, SB 1526 was amended to include HSC's 1374.72 and 128454, which updated the registration categories.

Action Requested

Legislative and Regulatory Affairs Committee recommends the Board request the Senate 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: Amended SB 1526 Bill Text

Attachment #2: Senate BP&ED Committee proposal

Attachment #3: Amended proposed language BPC 2913

Attachment #4: SB 1526 Support Letter

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, 4826.7, 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~~ *Sections 1374.72, 124260, and 128454* of the Health and Safety Code, relating to consumer affairs.

LEGISLATIVE COUNSEL'S DIGEST

SB 1526, as amended, 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.”~~

(12) Existing law, the Psychology Licensing Law, provides for the licensure and regulation of psychologists and registered psychological associates.

This bill would correct various references in other laws to a “psychological assistant” to instead refer to a “registered psychological associate,” and would delete an outdated reference to the category of “registered psychologist.”

(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.
- 12 (2) State Athletic Commission.
- 13 (3) Board of Behavioral Sciences.
- 14 (4) Court Reporters Board of California.
- 15 (5) Dental Board of California.
- 16 (6) California State Board of Pharmacy.
- 17 (7) Board of Registered Nursing.
- 18 (8) California Veterinary Medical Board.
- 19 (9) Board of Vocational Nursing and Psychiatric Technicians
20 of the State of California.
- 21 (10) Respiratory Care Board of California.
- 22 (11) Physical Therapy Board of California.
- 23 (12) Physician Assistant Board.
- 24 (13) Speech-Language Pathology and Audiology and Hearing
25 Aid Dispensers Board.
- 26 (14) Medical Board of California.
- 27 (15) California State Board of Optometry.
- 28 (16) Acupuncture Board.
- 29 (17) Cemetery and Funeral Bureau.
- 30 (18) Bureau of Security and Investigative Services.
- 31 (19) Division of Investigation.
- 32 (20) Board of Psychology.
- 33 (21) California Board of Occupational Therapy.
- 34 (22) Structural Pest Control Board.
- 35 (23) Contractors State License Board.
- 36 (24) California Board of Naturopathic Medicine.
- 37 (25) Professional Fiduciaries Bureau.

1 (26) Board for Professional Engineers, Land Surveyors, and
2 Geologists.

3 (27) Podiatric Medical Board of California.

4 (28) Osteopathic Medical Board of California.

5 (29) California Architects Board, beginning January 1, 2021.

6 (30) Landscape Architects Technical Committee, beginning
7 January 1, 2022.

8 (31) Bureau of Household Goods and Services with respect to
9 household movers as described in Chapter 3.1 (commencing with
10 Section 19225) of Division 8.

11 (c) For purposes of paragraph (26) of subdivision (b), the term
12 “applicant” shall be limited to an initial applicant who has never
13 been registered or licensed by the board or to an applicant for a
14 new licensure or registration category.

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

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

21 (1) Accountancy Fund.

22 (2) California Architects Board Fund.

23 (3) Athletic Commission Fund.

24 (4) Barbering and Cosmetology Contingent Fund.

25 (5) Cemetery and Funeral Fund.

26 (6) Contractors License Fund.

27 (7) State Dentistry Fund.

28 (8) Home Furnishings and Thermal Insulation Fund.

29 (9) California Architects Board-Landscape Architects Fund.

30 (10) Contingent Fund of the Medical Board of California.

31 (11) Optometry Fund.

32 (12) Pharmacy Board Contingent Fund.

33 (13) Physical Therapy Fund.

34 (14) Private Security Services Fund.

35 (15) Professional Engineer’s, Land Surveyor’s, and Geologist’s
36 Fund.

37 (16) Consumer Affairs Fund.

38 (17) Behavioral Sciences Fund.

39 (18) Licensed Midwifery Fund.

40 (19) Court Reporters’ Fund.

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

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

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

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

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

- 35 (1) Accountancy Fund.
- 36 (2) California Architects Board Fund.
- 37 (3) Athletic Commission Fund.
- 38 (4) Barbering and Cosmetology Contingent Fund.
- 39 (5) Cemetery and Funeral Fund.
- 40 (6) Contractors License Fund.

- 1 (7) State Dentistry Fund.
- 2 (8) California Architects Board-Landscape Architects Fund.
- 3 (9) Contingent Fund of the Medical Board of California.
- 4 (10) Optometry Fund.
- 5 (11) Pharmacy Board Contingent Fund.
- 6 (12) Physical Therapy Fund.
- 7 (13) Private Security Services Fund.
- 8 (14) Professional Engineer’s, Land Surveyor’s, and Geologist’s
- 9 Fund.
- 10 (15) Consumer Affairs Fund.
- 11 (16) Behavioral Sciences Fund.
- 12 (17) Licensed Midwifery Fund.
- 13 (18) Court Reporters’ Fund.
- 14 (19) California Veterinary Medical Board Contingent Fund.
- 15 (20) Vocational Nursing and Psychiatric Technicians Fund.
- 16 (21) Acupuncture Fund.
- 17 (22) Physician Assistant Fund.
- 18 (23) Board of Podiatric Medicine Fund.
- 19 (24) Psychology Fund.
- 20 (25) Respiratory Care Fund.
- 21 (26) Speech-Language Pathology and Audiology and Hearing
- 22 Aid Dispensers Fund.
- 23 (27) Board of Registered Nursing Fund.
- 24 (28) Animal Health Technician Examining Committee Fund.
- 25 (29) State Dental Hygiene Fund.
- 26 (30) Structural Pest Control Fund.
- 27 (31) Structural Pest Control Education and Enforcement Fund.
- 28 (32) Structural Pest Control Research Fund.
- 29 (33) Household Goods and Services Fund.
- 30 (34) Naturopathic Doctor’s Fund.
- 31 (b) For accounting and recordkeeping purposes, the Professions
- 32 and Vocations Fund shall be deemed to be a single special fund,
- 33 and each of the several special funds therein shall constitute and
- 34 be deemed to be a separate account in the Professions and
- 35 Vocations Fund. Each account or fund shall be available for
- 36 expenditure only for the purposes as are now or may hereafter be
- 37 provided by law.
- 38 (c) This section shall become operative on July 1, 2026.
- 39 SEC. 4. Section 208 of the Business and Professions Code is
- 40 amended to read:

1 208. (a) Beginning April 1, 2023, a Controlled Substance
2 Utilization Review and Evaluation System (CURES) fee of nine
3 dollars (\$9) shall be assessed annually on each of the licensees
4 specified in subdivision (b) to pay the reasonable costs associated
5 with operating and maintaining CURES for the purpose of
6 regulating those licensees. The fee assessed pursuant to this
7 subdivision shall be billed and collected by the regulating agency
8 of each licensee at the time of the licensee's license renewal. If
9 the reasonable regulatory cost of operating and maintaining CURES
10 is less than nine dollars (\$9) per licensee, the Department of
11 Consumer Affairs, by regulation, may reduce the fee established
12 by this section to the reasonable regulatory cost.

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

18 (2) Licensees issued a license that has been placed in a retired
19 or inactive status pursuant to a statute or regulation are exempt
20 from the CURES fee requirement in subdivision (a). This
21 exemption shall not apply to licensees whose license has been
22 placed in a retired or inactive status if the licensee is at any time
23 authorized to prescribe, order, administer, furnish, or dispense
24 Schedule II, Schedule III, or Schedule IV controlled substances.

25 (3) Wholesalers, third-party logistics providers, nonresident
26 wholesalers, and nonresident third-party logistics providers of
27 dangerous drugs licensed pursuant to Article 11 (commencing with
28 Section 4160) of Chapter 9 of Division 2.

29 (4) Nongovernmental clinics licensed pursuant to Article 13
30 (commencing with Section 4180) and Article 14 (commencing
31 with Section 4190) of Chapter 9 of Division 2.

32 (5) Nongovernmental pharmacies licensed pursuant to Article
33 7 (commencing with Section 4110) of Chapter 9 of Division 2.

34 (c) The funds collected pursuant to subdivision (a) shall be
35 deposited in the CURES Fund, which is hereby created within the
36 State Treasury. Moneys in the CURES Fund, upon appropriation
37 by the Legislature, shall be available to the Department of
38 Consumer Affairs to reimburse the Department of Justice for costs
39 to operate and maintain CURES for the purposes of regulating the
40 licensees specified in subdivision (b).

1 (d) The Department of Consumer Affairs shall contract with
2 the Department of Justice on behalf of the Medical Board of
3 California, the Dental Board of California, the California State
4 Board of Pharmacy, the California Veterinary Medical Board, the
5 Board of Registered Nursing, the Physician Assistant Board, the
6 Osteopathic Medical Board of California, the California Board of
7 Naturopathic Medicine, the California State Board of Optometry,
8 and the Podiatric Medical Board of California to operate and
9 maintain CURES for the purposes of regulating the licensees
10 specified in subdivision (b).

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

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

14 1903. (a) (1) The dental hygiene board shall consist of nine
15 members as follows:

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

17 (i) Two members shall be public members.

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

20 (iii) Four members shall be registered dental hygienists who
21 hold current licenses in California. Of the registered dental
22 hygienist members, one shall be licensed either in alternative
23 practice or in extended functions, one shall be a dental hygiene
24 educator, and two shall be registered dental hygienists. No public
25 member shall have been licensed under this chapter within five
26 years of the date of their appointment or have any current financial
27 interest in a dental-related business.

28 (B) One public member appointed by the Senate Committee on
29 Rules.

30 (C) One public member appointed by the Speaker of the
31 Assembly.

32 (2) (A) The first appointment by the Senate Committee on
33 Rules or the Speaker of the Assembly pursuant to this subdivision
34 shall be made upon the expiration of the term of a public member
35 that is scheduled to occur, or otherwise occurs, on or after January
36 1, 2019.

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

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

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

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

8 (C) A clinic owned or operated by a public hospital or health
9 system.

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

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

19 (2) For the term commencing on January 1, 2012, two of the
20 public members, the general or public health dentist member, and
21 two of the registered dental hygienist members, other than the
22 dental hygiene educator member or the registered dental hygienist
23 member licensed in alternative practice or in extended functions,
24 shall each serve a term of two years, expiring January 1, 2014.

25 (c) Notwithstanding any other provision of law and subject to
26 subdivision (e), the Governor may appoint to the dental hygiene
27 board a person who previously served as a member of the former
28 committee or dental hygiene board even if the person's previous
29 term expired.

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

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

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

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

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

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

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

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

10 1905.2. Recommendations by the dental hygiene board
11 regarding scope of practice issues, as specified in paragraph (8)
12 of subdivision (a) of Section 1905, shall be approved, modified,
13 or rejected by the dental board within 90 days of submission of
14 the recommendation to the dental board. If the dental board rejects
15 or significantly modifies the intent or scope of the recommendation,
16 the dental hygiene board may request that the dental board provide
17 its reasons in writing for rejecting or significantly modifying the
18 recommendation, which shall be provided by the dental board
19 within 30 days of the request.

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

22 1910.5. (a) In addition to the duties specified in Section 1910,
23 a registered dental hygienist is authorized to perform the following
24 additional duties, as specified:

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

31 (A) In a dental office setting.

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

36 (2) Place protective restorations, which for this purpose are
37 identified as interim therapeutic restorations, and defined as a
38 direct provisional restoration placed to stabilize the tooth until a
39 licensed dentist diagnoses the need for further definitive treatment.
40 An interim therapeutic restoration consists of the removal of soft

1 material from the tooth using only hand instrumentation, without
2 the use of rotary instrumentation, and subsequent placement of an
3 adhesive restorative material. Local anesthesia shall not be
4 necessary for interim therapeutic restoration placement. Interim
5 therapeutic restorations shall be placed only in accordance with
6 both of the following:

7 (A) In either of the following settings:

8 (i) In a dental office setting.

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

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

15 (b) The functions described in subdivision (a) may be performed
16 by a registered dental hygienist only after completion of a program
17 that includes training in performing those functions, or after
18 providing evidence, satisfactory to the dental hygiene board, of
19 having completed a dental hygiene board-approved course in those
20 functions.

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

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

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

39 1944. (a) The dental hygiene board shall establish by resolution
40 the amount of the fees that relate to the licensing of a registered

1 dental hygienist, a registered dental hygienist in alternative practice,
2 and a registered dental hygienist in extended functions. The fees
3 established by dental hygiene board resolution in effect on June
4 30, 2009, as they relate to the licensure of registered dental
5 hygienists, registered dental hygienists in alternative practice, and
6 registered dental hygienists in extended functions, shall remain in
7 effect until modified by the dental hygiene board. The fees are
8 subject to the following limitations:

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

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

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

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

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

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

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

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

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

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

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

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

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

7 (B) If the permit will expire less than one year after its issuance,
8 then the initial permit fee is an amount equal to 50 percent of the
9 renewal fee in effect on the last regular renewal date before the
10 date on which the permit is issued.

11 (13) The fee for the dental hygiene board to conduct a site visit
12 to educational programs for a registered dental hygienist, a
13 registered dental hygienist in alternative practice, or a registered
14 dental hygienist in extended functions to ensure compliance of
15 educational program requirements shall not exceed the actual cost
16 incurred by the dental hygiene board for cost recovery of site visit
17 expenditures.

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

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

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

27 (d) Fees collected pursuant to this section shall be collected by
28 the dental hygiene board and deposited into the State Dental
29 Hygiene Fund, which is hereby created. All money in this fund,
30 upon appropriation by the Legislature in the annual Budget Act,
31 shall be used to implement this article.

32 (e) No fees or charges other than those listed in this section shall
33 be levied by the dental hygiene board in connection with the
34 licensure of registered dental hygienists, registered dental
35 hygienists in alternative practice, or registered dental hygienists
36 in extended functions.

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

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

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

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

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

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

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

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

14 2538.3. A person applying for approval as a speech-language
15 pathology assistant shall have graduated from a speech-language
16 pathology assistant associate degree program, or equivalent course
17 of study, approved by the board. A person who has successfully
18 graduated from a board-approved bachelor's degree program in
19 speech-language pathology or communication disorders shall be
20 deemed to have satisfied an equivalent course of study.

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

23 2538.10. For the purposes of this article, the following
24 definitions shall apply:

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

32 (b) "License" means a hearing aid dispenser license issued
33 pursuant to this article and includes a temporary or trainee license.

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

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

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

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

3 2538.25. (a) The board shall prepare, approve, grade, and
4 conduct examinations of applicants for a hearing aid dispenser
5 license. The board may provide that the preparation and grading
6 of the examination be conducted by a competent person or
7 organization other than the board, provided, however, that the
8 board shall establish the guidelines for the examination and shall
9 approve the actual examination.

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

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

17 2538.27. (a) An applicant who has fulfilled the requirements
18 of Section 2538.24 and has made application therefor, may have
19 a temporary license issued to them upon satisfactory proof to the
20 board that the applicant holds a hearing aid dispenser license in
21 another state, that the licensee has not been subject to formal
22 disciplinary action by another licensing authority, and that the
23 applicant has been engaged in the fitting and sale of hearing aids
24 for the two years immediately prior to application.

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

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

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

35 2539.1. (a) (1) On and after January 1, 2010, in addition to
36 satisfying the licensure and examination requirements described
37 in Sections 2532, 2532.2, and 2532.25, no licensed audiologist
38 shall sell hearing aids unless they complete an application for a
39 dispensing audiology license, pay all applicable fees, and pass an

1 examination, approved by the board, relating to selling hearing
2 aids.

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

5 (b) (1) On and after January 1, 2010, a licensed audiologist
6 with an unexpired license to sell hearing aids pursuant to Article
7 8 (commencing with Section 2538.10) may continue to sell hearing
8 aids pursuant to that license until that license expires pursuant to
9 Section 2538.53, and upon that expiration the licensee shall be
10 deemed to have satisfied the requirements described in subdivision
11 (a) and may continue to sell hearing aids pursuant to their
12 audiology license subject to this chapter. Upon the expiration of
13 the audiologist's license to sell hearing aids, the board shall issue
14 them a dispensing audiology license pursuant to paragraph (2) of
15 subdivision (a). This paragraph shall not prevent an audiologist
16 who also has a hearing aid dispenser license from maintaining dual
17 or separate licenses if they choose to do so.

18 (2) A licensed audiologist whose license to sell hearing aids,
19 issued pursuant to Article 8 (commencing with Section 2538.10),
20 is suspended, surrendered, or revoked shall not be authorized to
21 sell hearing aids pursuant to this subdivision and they shall be
22 subject to the requirements described in subdivision (a) and the
23 other provisions of this chapter.

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

28 (d) For purposes of subdivision (a), the board shall provide the
29 hearing aid dispenser examination provided by the former Hearing
30 Aid Dispensers Bureau until the next examination validation and
31 occupational analysis is completed by the Department of Consumer
32 Affairs pursuant to Section 139 and a determination is made that
33 a different examination is to be administered.

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

36 2736. (a) An applicant for licensure as a registered nurse shall
37 comply with each of the following:

38 (1) Have completed general preliminary education requirements
39 as shall be determined by the board.

1 (2) Have successfully completed the courses of instruction
 2 prescribed by the board for licensure, in a program in this state
 3 approved by the board for training registered nurses, or have
 4 successfully completed courses of instruction in a school of nursing
 5 outside of this state that, in the opinion of the board at the time the
 6 application is filed with the board, are equivalent to the minimum
 7 requirements of the board for licensure established for an approved
 8 program in this state.

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

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

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

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

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

36 3503. No person other than one who has been licensed to
 37 practice as a physician assistant shall practice as a physician
 38 assistant or in a similar capacity to a physician and surgeon or
 39 podiatrist or hold themselves out as a “physician assistant,” or

1 shall use any other term indicating or implying that they are a
2 physician assistant.

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

5 3526. A person who fails to renew their license or approval
6 within five years after its expiration may not renew it, and it may
7 not be reissued, reinstated, or restored after that time has elapsed,
8 but that person may apply for and obtain a new license or approval
9 if they:

10 (a) Have not committed any acts or crimes constituting grounds
11 for denial of licensure under Division 1.5 (commencing with
12 Section 475).

13 (b) Take and pass the examination, if any, that would be required
14 of them if application for licensure was being made for the first
15 time, or otherwise establishes to the satisfaction of the board that,
16 with due regard for the public interest, they are qualified to practice
17 as a physician assistant.

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

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

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

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

38 3534.4. (a) Criteria for acceptance into the diversion program
39 shall include all of the following:

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

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

6 (3) The applicant shall have voluntarily requested admission to
7 the program or shall be accepted into the program in accordance
8 with terms and conditions resulting from a disciplinary action.

9 (4) The applicant shall agree to undertake any medical or
10 psychiatric examination ordered to evaluate the applicant for
11 participation in the program.

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

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

17 (b) An applicant may be denied participation in the program if
18 the board, the program manager, or a committee determines that
19 the applicant will not substantially benefit from participation in
20 the program or that the applicant's participation in the program
21 creates too great a risk to the public health, safety, or welfare.

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

24 3534.5. (a) A participant may be terminated from the program
25 for any of the following reasons:

26 (1) The participant has successfully completed the treatment
27 program.

28 (2) The participant has failed to comply with the treatment
29 program designated for them.

30 (3) The participant fails to meet any of the criteria set forth in
31 paragraph (4).

32 (4) It is determined that the participant has not substantially
33 benefited from participation in the program or that their continued
34 participation in the program creates too great a risk to the public
35 health, safety, or welfare.

36 (b) Whenever an applicant is denied participation in the program
37 or a participant is terminated from the program for any reason
38 other than the successful completion of the program, and it is
39 determined that the continued practice of medicine by that
40 individual creates too great a risk to the public health and safety,

1 that fact shall be reported to the executive officer of the board and
2 all documents and information pertaining to and supporting that
3 conclusion shall be provided to the executive officer. The matter
4 may be referred for investigation and disciplinary action by the
5 board.

6 (c) Each physician assistant who requests participation in a
7 diversion program shall agree to cooperate with the recovery
8 program designed for them. Any failure to comply with that
9 program may result in termination of participation in the program.

10 (d) The board shall inform each participant in the program of
11 the procedures followed in the program, of the rights and
12 responsibilities of a physician assistant in the program, and the
13 possible results of noncompliance with the program.

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

16 3545. The income of a physician assistant corporation
17 attributable to professional services rendered while a shareholder
18 is a disqualified person, as defined in Section 13401 of the
19 Corporations Code, shall not in any manner accrue to the benefit
20 of the shareholder or their shares in the physician assistant
21 corporation.

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

24 3620. The board shall enforce and administer this chapter and
25 shall be solely responsible for the implementation of this chapter.

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

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

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

35 3621.5. The board shall meet at least two times each calendar
36 year and shall conduct additional meetings in appropriate locations
37 that are necessary to transact its business.

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

1 3622. (a) The board shall adopt regulations in order to carry
2 out the purposes of this chapter.

3 (b) Unless contrary to this chapter, regulations adopted by the
4 Bureau of Naturopathic Medicine and the Naturopathic Medicine
5 Committee shall continue to apply to the board and its licensees.

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

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

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

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

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

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

1 (d) The naturopathic medical program shall evaluate an
2 applicant's education, training, and experience obtained in the
3 armed services, pursuant to Section 35, and provide course credit
4 where applicable.

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

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

13 (1) The applicant submits an application on a form prescribed
14 by the board.

15 (2) The dean of the naturopathic medical education program
16 demonstrates that the applicant has the requisite qualifications to
17 assume the position to which they are to be appointed.

18 (3) The dean of the naturopathic medical education program
19 certifies in writing to the board that the applicant will be under
20 their direction and will not be permitted to practice naturopathic
21 medicine unless incident to and a necessary part of the applicant's
22 duties as approved by the board.

23 (b) The holder of a certificate of registration issued under this
24 section shall not receive compensation for, or practice, naturopathic
25 medicine unless it is incidental to and a necessary part of the
26 applicant's duties in connection with the 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 board shall establish a naturopathic formulary
32 advisory subcommittee to determine a naturopathic formulary
33 based upon a review of naturopathic medical education and
34 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 board on a form provided by the board
8 that shows, to the board's satisfaction, compliance with all of the
9 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 and
12 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 board may grant a license to an applicant who is
20 licensed and in good standing as a naturopathic doctor in another
21 state, jurisdiction, or territory in the United States, if the applicant
22 has met the requirements of Sections 3630 and 3631.

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

25 3633.1. The board may grant a license to an applicant who
26 meets the requirements of Section 3630, but who graduated before
27 1986, before the Naturopathic Physicians Licensing Examinations,
28 or NPLEX, and passed a state or Canadian Province naturopathic
29 licensing examination. Applications under this section shall be
30 received no later than December 31, 2007.

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

33 3634. A license issued under this chapter shall be subject to
34 renewal biennially, as prescribed by the board, and shall expire
35 unless renewed in that manner. The board may provide by
36 regulation for the late renewal of a license.

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

1 3636. (a) Upon a written request, the board may grant inactive
2 status to a naturopathic doctor who is in good standing and who
3 meets the requirements of Section 462.

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

6 (c) A person whose license is in inactive status shall be exempt
7 from continuing education requirements while their license is in
8 that status.

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

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

15 3640. (a) A naturopathic doctor may order and perform
16 physical and laboratory examinations for diagnostic purposes,
17 including, but not limited to, phlebotomy, clinical laboratory tests,
18 speculum examinations, orificial examinations, and physiological
19 function tests.

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

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

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

34 (2) Hot or cold hydrotherapy; naturopathic physical medicine
35 inclusive of the manual use of massage, stretching, resistance, or
36 joint play examination but exclusive of small amplitude movement
37 at or beyond the end range of normal joint motion; electromagnetic
38 energy; colon hydrotherapy; and therapeutic exercise.

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

1 (4) Health education and health counseling.

2 (5) Repair and care incidental to superficial lacerations and
3 abrasions, except suturing.

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

5 (d) A naturopathic doctor may utilize routes of administration
6 that include oral, nasal, auricular, ocular, rectal, vaginal,
7 transdermal, intradermal, subcutaneous, intravenous, and
8 intramuscular.

9 (e) The board may establish regulations regarding ocular or
10 intravenous routes of administration that are consistent with the
11 education and training of a naturopathic doctor.

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

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

18 3640.2. Notwithstanding any other provision of law, a
19 naturopathic assistant may do all of the following:

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

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

35 (c) Perform the following naturopathic technical support
36 services:

37 (1) Administer medications orally, sublingually, topically,
38 vaginally, or rectally, or by providing a single dose to a patient for
39 immediate self-administration. Administer medication by inhalation
40 if the medications are patient-specific and have been or will be

1 repetitively administered to the patient. In every instance, prior to
2 administration of medication by the naturopathic assistant, the
3 naturopathic doctor shall verify the correct medication and dosage.

4 (2) Apply and remove bandages.

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

7 (4) Assist patients to and from a patient examination room or
8 examination table.

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

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

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

16 (d) Perform additional naturopathic technical support services
17 under the regulations and standards established by the board. The
18 board, before the adoption of any regulations, shall request
19 recommendations regarding these standards from appropriate
20 public agencies, including, but not limited to, the Osteopathic
21 Medical Board of California, the Medical Board of California, the
22 Board of Registered Nursing, the Board of Vocational Nursing
23 and Psychiatric Technicians of the State of California, the
24 Laboratory Field Services division of the State Department of
25 Public Health, and the Physical Therapy Board of California. The
26 California Board of Naturopathic Medicine shall also request
27 recommendations regarding these standards from associations of
28 medical assistants, physicians, and others, as appropriate, including,
29 but not limited to, the Osteopathic Physicians and Surgeons of
30 California, the California Medical Association, the California
31 Society of Medical Assistants, and the California Medical
32 Assistants' Association. Nothing in this subdivision shall be
33 construed to supersede or modify that portion of the Administrative
34 Procedure Act that relates to the procedure for the adoption of
35 regulations set forth in Article 5 (commencing with Section 11346)
36 of Chapter 3.5 of Part 1 of Division 3 of Title 2 of the Government
37 Code.

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

1 3640.3. (a) Nothing in this chapter shall be construed as
2 authorizing the licensure of naturopathic assistants. Nothing in
3 this chapter shall be construed as authorizing the administration
4 of local anesthetic agents by a naturopathic assistant. Nothing in
5 this chapter shall be construed as authorizing the California Board
6 of Naturopathic Medicine to adopt any regulations that violate the
7 prohibitions on diagnosis or treatment in Section 2052.

8 (b) Nothing in this chapter shall be construed as authorizing a
9 naturopathic assistant to perform any clinical laboratory test or
10 examination for which they are not authorized under Chapter 3
11 (commencing with Section 1200).

12 (c) Notwithstanding any other law, a naturopathic assistant may
13 not be employed for inpatient care in a licensed general acute care
14 hospital, as defined in subdivision (a) of Section 1250 of the Health
15 and Safety Code.

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

18 3640.5. Nothing in this chapter or any other law shall be
19 construed to prohibit a naturopathic doctor from furnishing or
20 ordering drugs when all of the following apply:

21 (a) The drugs are furnished or ordered by a naturopathic doctor
22 in accordance with standardized procedures or protocols developed
23 by the naturopathic doctor and their supervising physician and
24 surgeon.

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

32 (c) The standardized procedure or protocol covering the
33 furnishing of drugs shall specify which naturopathic doctors may
34 furnish or order drugs, which drugs may be furnished or ordered
35 under what circumstances, the extent of physician and surgeon
36 supervision, the method of periodic review of the naturopathic
37 doctor's competence, including peer review, and review of the
38 standardized procedure.

39 (d) The furnishing or ordering of drugs by a naturopathic doctor
40 occurs under physician and surgeon supervision. Physician and

1 surgeon supervision shall not be construed to require the physical
2 presence of the physician, but does include all of the following:

3 (1) Collaboration on the development of the standardized
4 procedure.

5 (2) Approval of the standardized procedure.

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

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

10 (f) Drugs furnished or ordered by a naturopathic doctor may
11 include Schedule III through Schedule V controlled substances
12 under the California Uniform Controlled Substances Act (Division
13 10 (commencing with Section 11000) of the Health and Safety
14 Code) and shall be further limited to those drugs agreed upon by
15 the naturopathic doctor and physician and surgeon as specified in
16 the standardized procedure. When Schedule III controlled
17 substances, as defined in Section 11056 of the Health and Safety
18 Code, are furnished or ordered by a naturopathic doctor, the
19 controlled substances shall be furnished or ordered in accordance
20 with a patient-specific protocol approved by the treating or
21 supervising physician. A copy of the section of the naturopathic
22 doctor's standardized procedure relating to controlled substances
23 shall be provided upon request, to a licensed pharmacist who
24 dispenses drugs, when there is uncertainty about the naturopathic
25 doctor furnishing the order.

26 (g) The board has certified that the naturopathic doctor has
27 satisfactorily completed adequate coursework in pharmacology
28 covering the drugs to be furnished or ordered under this section.
29 The board shall establish the requirements for satisfactory
30 completion of this subdivision.

31 (h) Use of the term "furnishing" in this section, in health
32 facilities defined in subdivisions (b), (c), (d), (e), and (i) of Section
33 1250 of the Health and Safety Code, shall include both of the
34 following:

35 (1) Ordering a drug in accordance with the standardized
36 procedure.

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

39 (i) For purposes of this section, "drug order" or "order" means
40 an order for medication which is dispensed to or for an ultimate

1 user, issued by a naturopathic doctor as an individual practitioner,
2 within the meaning of Section 1306.02 of Title 21 of the Code of
3 Federal Regulations.

4 (j) Notwithstanding any other law, the following apply:

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

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

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

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

16 3640.8. (a) To qualify to administer intravenous (IV) therapy
17 in their practice pursuant to Section 3640.7, a naturopathic doctor
18 shall demonstrate that they have complied with both of the
19 following requirements:

20 (1) Have a current naturopathic doctor’s license in this state.

21 (2) Have completed a qualifying course on IV therapy from a
22 course provider approved by the board.

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

28 (1) Evaluation of laboratory results, including, but not limited
29 to, the fluid status, cardiovascular status, and kidney function of
30 the patient.

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

33 (3) Sterile techniques and admixing.

34 (4) Vein and site selection, site preparation, and insertion
35 techniques.

36 (5) Complications with therapies, nutrient and drug interactions,
37 errors and adverse reactions, reporting errors to appropriate
38 agencies, error prevention, and followup with patient
39 complications.

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

1 (7) Pharmacology, indications, preparation, and IV
2 administration of vitamins, minerals, amino acids, glutathione,
3 botanicals and their extracts, homeopathic medicines, electrolytes,
4 sugars, and diluents.

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

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

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

10 (9) Successful completion of an examination with 70 percent
11 or greater correct answers to a minimum of 50 questions, where
12 10 percent or more of the questions have direct content to the
13 California formulary.

14 (c) For the purposes of the qualifying course required by this
15 section, one classroom hour is defined as 50 minutes out of each
16 60-minute segment and may include time devoted to examinations.
17 No credit shall be granted for distance education, including, but
18 not limited to, correspondence courses, internet courses, or video
19 or remote television offerings.

20 (d) Pursuant to subdivision (e) of Section 3640, the board may
21 establish regulations regarding IV administration that are consistent
22 with the education and training of a naturopathic doctor.

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

25 3641. (a) A naturopathic doctor shall document their
26 observations, diagnosis, and summary of treatment in the patient
27 record. Patient records shall be maintained for a period of not less
28 than seven years following the discharge of the patient. The records
29 of an unemancipated minor shall be maintained until at least one
30 year after the minor has reached 18 years of age or seven years
31 following the discharge of the minor, whichever is longer.

32 (b) A naturopathic doctor shall have the same authority and
33 responsibility as a licensed physician and surgeon with regard to
34 public health laws, including laws governing reportable diseases
35 and conditions, communicable disease control and prevention,
36 recording vital statistics, and performing health and physical
37 examinations consistent with their education and training.

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

1 3644. This chapter does not prevent or restrict the practice,
2 services, or activities of any of the following:

3 (a) A person licensed, certified, or otherwise recognized in this
4 state by any other law or regulation if that person is engaged in
5 the profession or occupation for which they are licensed, certified,
6 or otherwise recognized.

7 (b) A person employed by the federal government in the practice
8 of naturopathic medicine while the person is engaged in the
9 performance of duties prescribed by laws and regulations of the
10 United States.

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

14 (d) (1) A person who makes recommendations regarding or is
15 engaged in the sale of food, extracts of food, nutraceuticals,
16 vitamins, amino acids, minerals, enzymes, botanicals and their
17 extracts, botanical medicines, homeopathic medicines, dietary
18 supplements, and nonprescription drugs or other products of nature,
19 the sale of which is not otherwise prohibited under state or federal
20 law.

21 (2) An unlicensed person described in this subdivision may
22 represent that they “practice naturopathy” if they comply with
23 Section 2053.6. However, an unlicensed person may not use the
24 title “naturopathic doctor” unless they have been issued a license
25 by the board.

26 (e) A person engaged in good faith in the practice of the religious
27 tenets of any church or religious belief without using prescription
28 drugs.

29 (f) A person acting in good faith for religious reasons as a matter
30 of conscience or based on a personal belief, while obtaining or
31 providing information regarding health care and the use of any
32 product described in subdivision (d).

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

35 (1) Nonprescription products.

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

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

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

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

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

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

10 3650. A naturopathic doctor may perform naturopathic
11 childbirth attendance if they have completed additional training
12 and have been granted a certificate of specialty practice by the
13 board.

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

16 3651.5. A naturopathic doctor certified for the specialty practice
17 of naturopathic childbirth attendance shall do both of the following:

18 (a) Maintain current certification in neonatal resuscitation and
19 cardiopulmonary resuscitation.

20 (b) File with the board a written plan for the following:

21 (1) Consultation with other health care providers.

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

27 (3) Emergency transfer and transport of an infant or a maternity
28 patient, or both, to an appropriate health care facility, and access
29 to neonatal intensive care units and obstetrical units or other patient
30 care areas.

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

33 3652. (a) A certificate of specialty practice in naturopathic
34 childbirth attendance shall expire concurrently with the licensee's
35 naturopathic doctor's license.

36 (b) The certificate may be renewed upon submission of the
37 renewal fee set by the board and evidence, to the board's
38 satisfaction, of the completion of 30 hours of continuing education
39 credits in naturopathic childbirth, midwifery, or obstetrics. Fifteen

1 hours may be applied to the 60 hours of continuing education
2 required for naturopathic doctors.

3 (c) Licensing or disciplinary action by the board or a judicial
4 authority shall be deemed to have an equal effect upon the specialty
5 certificate to practice naturopathic childbirth issued to a licensee,
6 unless otherwise specified in the licensing or disciplinary action.
7 When the subject of a licensing or disciplinary action relates
8 specifically to the practice of naturopathic childbirth by a licensee
9 holding a specialty certificate, the action may, instead of affecting
10 the entire scope of the licensee's practice, suspend, revoke,
11 condition, or restrict only the licensee's authority under the
12 specialty certificate.

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

15 3660. Except as provided in subdivision (h) of Section 3644,
16 a person shall have a valid, unrevoked, or unsuspended license
17 issued under this chapter to do any of the following:

18 (a) To claim to be a naturopathic doctor, licensed naturopathic
19 doctor, doctor of naturopathic medicine, doctor of naturopathy, or
20 naturopathic medical doctor.

21 (b) To use the professional designation "N.D." or other titles,
22 words, letters, or symbols with the intent to represent that they
23 practice, are authorized to practice, or are able to practice
24 naturopathic medicine as a naturopathic doctor.

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

27 3661. A naturopathic doctor who uses the term or designation
28 "Dr." shall further identify themselves as "Naturopathic Doctor,"
29 "Licensed Naturopathic Doctor," "Doctor of Naturopathic
30 Medicine," or "Doctor of Naturopathy" and shall not use any term
31 or designation that would tend to indicate the practice of medicine,
32 other than naturopathic medicine, unless otherwise licensed as a
33 physician and surgeon, osteopathic doctor, or doctor of
34 chiropractic.

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

37 3663. (a) The board shall have the responsibility for reviewing
38 the quality of the practice of naturopathic medicine carried out by
39 persons licensed as naturopathic doctors pursuant to this chapter.

1 (b) The board may discipline a naturopathic doctor for
2 unprofessional conduct. After a hearing conducted in accordance
3 with the Administrative Procedure Act (Chapter 5 (commencing
4 with Section 11500) of Part 1 of Division 3 of Title 2 of the
5 Government Code), the board may deny, suspend, revoke, or place
6 on probation the license of, or reprimand, censure, or otherwise
7 discipline a naturopathic doctor in accordance with Division 1.5
8 (commencing with Section 475).

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

11 3663.5. (a) On and after July 1, 2019, except as otherwise
12 provided in subdivision (c), the board shall require a licensee to
13 provide a separate disclosure that includes the licensee's probation
14 status, the length of the probation, the probation end date, all
15 practice restrictions placed on the licensee by the board, the board's
16 telephone number, and an explanation of how the patient can find
17 further information on the licensee's probation on the licensee's
18 profile page on the board's online license information internet
19 website, to a patient or the patient's guardian or health care
20 surrogate before the patient's first visit following the probationary
21 order while the licensee is on probation pursuant to a probationary
22 order made on and after July 1, 2019.

23 (b) A licensee required to provide a disclosure pursuant to
24 subdivision (a) shall obtain from the patient, or the patient's
25 guardian or health care surrogate, a separate, signed copy of that
26 disclosure.

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

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

33 (2) The visit occurs in an emergency room or an urgent care
34 facility or the visit is unscheduled, including consultations in
35 inpatient facilities.

36 (3) The licensee who will be treating the patient during the visit
37 is not known to the patient until immediately prior to the start of
38 the visit.

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

1 (d) On and after July 1, 2019, the board shall provide the
2 following information, with respect to licensees on probation and
3 licensees practicing under probationary licenses, in plain view on
4 the licensee’s profile page on the board’s online license information
5 internet website.

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

11 (2) For probation imposed by an adjudicated decision of the
12 board, the causes for probation stated in the final probationary
13 order.

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

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

17 (5) All practice restrictions placed on the license by the board.

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

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

21 3670. A naturopathic corporation is a corporation that is
22 authorized to render professional services, as defined in Section
23 13401 of the Corporations Code, if the corporation and its
24 shareholders, officers, directors, and employees rendering
25 professional services who are naturopathic doctors are in
26 compliance with the Moscone-Knox Professional Corporation Act
27 (Part 4 (commencing with Section 13400) of Division 3 of Title
28 1 of the Corporations Code), this chapter, and all other statutes
29 and regulations now or hereafter enacted or adopted pertaining to
30 that corporation and the conduct of its affairs. With respect to a
31 naturopathic corporation, the governmental agency referred to in
32 the Moscone-Knox Professional Corporation Act is the board.

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

35 3672. The income of a naturopathic corporation attributable
36 to professional services rendered while a shareholder is a
37 disqualified person, as defined in Section 13401 of the Corporations
38 Code, shall not in any manner accrue to the benefit of the
39 shareholder or their shares in the naturopathic corporation.

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

3 3675. The board may adopt and enforce regulations to carry
4 out the purposes and objectives of this article, including, but not
5 limited to, regulations requiring the following:

6 (a) That the bylaws of a naturopathic corporation include a
7 provision whereby the capital stock of the corporation owned by
8 a disqualified person, as defined in Section 13401 of the
9 Corporations Code, or a deceased person, shall be sold to the
10 corporation or to the remaining shareholders of the corporation
11 within any time as the regulations may provide.

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

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

17 3681. All fees collected by the board shall be paid into the
18 State Treasury and shall be credited to the Naturopathic Doctor's
19 Fund which is hereby created in the State Treasury. The money in
20 the fund shall be available to the board for expenditure for the
21 purposes of this chapter only upon appropriation by the Legislature.

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

24 3685. Notwithstanding any other law, the repeal of this chapter
25 renders the board subject to review by the appropriate policy
26 committees of the Legislature.

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

29 4175. (a) The California State Board of Pharmacy shall
30 promptly forward to the appropriate licensing entity, including the
31 Medical Board of California, the California Veterinary Medical
32 Board, the Dental Board of California, the California State Board
33 of Optometry, the Podiatric Medical Board of California, the
34 Osteopathic Medical Board of California, the Board of Registered
35 Nursing, the California Board of Naturopathic Medicine, or the
36 Physician Assistant Board, all complaints received related to
37 dangerous drugs or dangerous devices dispensed by a prescriber,
38 certified nurse-midwife, nurse practitioner, naturopathic doctor,
39 or physician assistant pursuant to Section 4170.

1 (b) All complaints involving serious bodily injury due to
2 dangerous drugs or dangerous devices dispensed by prescribers,
3 certified nurse-midwives, nurse practitioners, naturopathic doctors,
4 or physician assistants pursuant to Section 4170 shall be handled
5 by the Medical Board of California, the Dental Board of California,
6 the California State Board of Optometry, the Podiatric Medical
7 Board of California, the Osteopathic Medical Board of California,
8 the California Board of Naturopathic Medicine, the Board of
9 Registered Nursing, the California Veterinary Medical Board, or
10 the Physician Assistant Board as a case of greatest potential harm
11 to a patient.

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

14 4800. (a) There is in the Department of Consumer Affairs a
15 California Veterinary Medical Board in which the administration
16 of this chapter is vested. The board shall consist of the following
17 eight members:

- 18 (1) Four licensed veterinarians.
- 19 (2) One registered veterinary technician.
- 20 (3) Three public members.

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

23 (c) Notwithstanding any other law, the repeal of this section
24 renders the board subject to review by the appropriate policy
25 committees of the Legislature. However, the review of the board
26 shall be limited to those issues identified by the appropriate policy
27 committees of the Legislature and shall involve the preparation or
28 submission of a sunset review document or evaluative
29 questionnaire.

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

32 4800.1. Protection of the public shall be the highest priority
33 for the California Veterinary Medical Board in exercising its
34 licensing, regulatory, and disciplinary functions. Whenever the
35 protection of the public is inconsistent with other interests sought
36 to be promoted, the protection of the public shall be paramount.

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

39 4809.6. The enforcement of Sections 4809.5 and 4854 of this
40 chapter is a function exclusively reserved to the California

1 Veterinary Medical Board and the state has preempted and
2 occupied this field of enforcing the cleanliness and sanitary
3 requirements of this chapter.

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

6 4810. As used in this chapter:

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

8 (b) “Multidisciplinary committee” means the Veterinary
9 Medicine Multidisciplinary Advisory Committee established
10 pursuant to Section 4809.8.

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

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

16 4811. This chapter shall be known and may be cited as the
17 “California Veterinary Medicine Practice Act.”

18 SEC. 59. *Section 4826.7 of the Business and Professions Code*
19 *is amended to read:*

20 4826.7. (a) For purposes of this section, “veterinarian” means
21 a California licensed veterinarian.

22 (b) A veterinarian may authorize a registered veterinary
23 technician to act as an agent of the veterinarian for the purpose of
24 establishing the veterinarian-client-patient relationship to
25 administer preventive or prophylactic vaccines or medications for
26 the control or eradication of apparent or anticipated internal or
27 external parasites if all of the following conditions are met:

28 (1) The registered veterinary technician administers preventive
29 or prophylactic vaccines or medications for the control or
30 eradication of apparent or anticipated internal or external parasites
31 in a registered veterinary premises when the veterinarian is
32 physically present at the registered veterinary premises.

33 (2) If working at a location other than a registered veterinary
34 premises, the registered veterinary technician administers
35 preventive or prophylactic vaccines or medications for the control
36 or eradication of apparent or anticipated internal or external
37 parasites when the veterinarian is in the general vicinity or available
38 by telephone and is quickly and easily available. At this location,
39 the registered veterinary technician shall have equipment and drugs
40 necessary to provide immediate emergency care at a level

1 commensurate with the provision of preventive or prophylactic
2 vaccines or medications for the control or eradication of apparent
3 or anticipated internal or external parasites.

4 (3) The registered veterinary technician examines the animal
5 patient and administers preventive or prophylactic vaccines or
6 medications for the control or eradication of apparent or anticipated
7 internal or external parasites in accordance with written protocols
8 and procedures established by the veterinarian, which shall include,
9 at a minimum, all of the following:

10 (A) Obtaining the animal patient's history from the client in
11 order to reasonably ensure that the administration of preventive
12 or prophylactic vaccines or medications for the control or
13 eradication of apparent or anticipated internal or external parasites
14 is appropriate.

15 (B) Data that must be collected by physical examination of the
16 animal patient in order to reasonably ensure that the administration
17 of preventive or prophylactic vaccines or medications for the
18 control or eradication of apparent or anticipated internal or external
19 parasites is appropriate.

20 (C) Information in the patient history or physical examination
21 results that would preclude the administration of preventive or
22 prophylactic vaccines or medications for the control or eradication
23 of apparent or anticipated internal or external parasites.

24 (D) Criteria that would disqualify the animal patient from
25 receiving the preventive or prophylactic vaccines or medications
26 for the control or eradication of apparent or anticipated internal or
27 external parasites.

28 (E) Vaccination protocols for each animal species for which
29 preventive or prophylactic vaccines are administered, that include,
30 at a minimum, handling and administration of vaccines in
31 accordance with manufacturer label recommendations and what
32 to do in the event of an adverse reaction or other emergency.

33 (F) Preventative procedures for parasite control for each animal
34 species for which medications for the control or eradication of
35 apparent or anticipated internal or external parasites are being
36 administered, which shall include, at a minimum, handling and
37 administration of medications in accordance with manufacturer
38 label recommendations and what to do in the event of an adverse
39 reaction or other emergency.

- 1 (G) Documentation of all of the following animal patient
2 information:
- 3 (i) Name or initials of the person responsible for entries.
 - 4 (ii) Name, address, and phone number of the client.
 - 5 (iii) Name or identity of the animal, herd, or flock.
 - 6 (iv) Except for herds or flocks, age, sex, breed, species, and
7 color of the animal.
 - 8 (v) Beginning and ending dates of custody of the animal, if
9 applicable.
 - 10 (vi) A history or pertinent information as it pertains to each
11 animal, herd, or flock's medical status.
 - 12 (vii) Data, including that obtained by instrumentation, from the
13 physical examination.
 - 14 (viii) Treatment and intended treatment plan, including
15 medications, dosages, route of administration, and frequency of
16 use.
 - 17 (ix) Diagnosis or assessment before performing a treatment or
18 procedure.
 - 19 (x) If relevant, a prognosis of the animal's condition.
 - 20 (xi) All medications and treatments prescribed and dispensed,
21 including strength, dosage, route of administration, quantity, and
22 frequency of use.
- 23 (4) The veterinarian and the registered veterinary technician
24 sign and date a statement containing an assumption of risk by the
25 veterinarian for all acts of the registered veterinary technician
26 related to examining the animal patient and administering
27 preventive or prophylactic vaccines or medications for the control
28 or eradication of apparent or anticipated internal or external
29 parasite, short of willful acts of animal cruelty, gross negligence,
30 or gross unprofessional conduct on behalf of the registered
31 veterinary technician.
- 32 (5) The veterinarian and the registered veterinary technician
33 sign and date a statement containing authorization for the registered
34 veterinary technician to act as the agent of the veterinarian only
35 to establish the veterinarian-client-patient relationship for purposes
36 of administering preventive or prophylactic vaccines or medications
37 for the control or eradication of apparent or anticipated internal or
38 external parasites when acting in compliance with the protocols
39 and procedures specified in paragraph (3), and only until the date

1 the veterinarian terminates authorization for the registered
2 veterinary technician to act as the agent of the veterinarian.

3 (6) (A) Before the registered veterinary technician examines
4 or administers any preventive or prophylactic vaccines or
5 medications for the control or eradication of apparent or anticipated
6 internal or external parasites to the animal patient, the registered
7 veterinary technician informs the client ~~orally~~ *verbally* or in writing
8 that the registered veterinary technician is acting as an agent of
9 the veterinarian for purposes of administering to the animal patient
10 preventive or prophylactic vaccines or medications, as applicable,
11 and provides the veterinarian's name and license number to the
12 client.

13 (B) After providing the disclosure specified in subparagraph
14 (A), the registered veterinary technician records in the animal
15 patient's medical record the ~~oral~~ *verbal* or written authorization
16 of the client to proceed with the registered veterinary technician's
17 examination of the animal patient and administration of the
18 specified vaccine or medication.

19 (c) (1) Documentation relating to satisfaction of the
20 requirements of paragraphs (4) and (5) of subdivision (b) shall be
21 retained by the veterinarian for the duration of the registered
22 veterinary technician's work as an agent of that veterinarian and
23 until three years from the date of the termination of the
24 veterinarian's relationship with the registered veterinary technician.

25 (2) Documentation relating to satisfaction of subparagraph (G)
26 of paragraph (3) of subdivision (b) shall be retained by the
27 veterinarian for a minimum of three years after the animal patient's
28 last visit.

29 ~~SEC. 59.~~

30 *SEC. 60.* Section 4836.1 of the Business and Professions Code
31 is amended to read:

32 4836.1. (a) Notwithstanding any other law, a registered
33 veterinary technician or a veterinary assistant may administer a
34 drug, including, but not limited to, a drug that is a controlled
35 substance, under the direct or indirect supervision of a licensed
36 veterinarian when done pursuant to the order, control, and full
37 professional responsibility of a licensed veterinarian. However,
38 no person, other than a licensed veterinarian, may induce anesthesia
39 unless authorized by regulation of the California Veterinary
40 Medical Board.

1 (b) A veterinary assistant may obtain or administer a controlled
2 substance pursuant to the order, control, and full professional
3 responsibility of a licensed veterinarian, only if they meet both of
4 the following conditions:

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

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

9 (c) Notwithstanding subdivision (b), if the California Veterinary
10 Medical Board, in consultation with the California State Board of
11 Pharmacy, identifies a dangerous drug, as defined in Section 4022,
12 as a drug that has an established pattern of being diverted, the
13 California Veterinary Medical Board may restrict access to that
14 drug by veterinary assistants.

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

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

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

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

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

26 (e) This section shall become operative on the date Section
27 4836.2 becomes operative.

28 ~~SEC. 60.~~

29 *SEC. 61.* Section 4842.2 of the Business and Professions Code
30 is amended to read:

31 4842.2. All funds collected by the board under this article shall
32 be deposited in the California Veterinary Medical Board Contingent
33 Fund.

34 ~~SEC. 61.~~

35 *SEC. 62.* Section 4846 of the Business and Professions Code
36 is amended to read:

37 4846. (a) In order to obtain a license to practice veterinary
38 medicine in California, an individual shall meet the following
39 requirements:

1 (1) Graduate from a veterinary college recognized by the board
2 or receive a certificate from the Educational Commission for
3 Foreign Veterinary Graduates (ECFVG) or the Program for the
4 Assessment of Veterinary Education Equivalence (PAVE). Proof
5 of graduation shall be directly submitted to the board by the
6 veterinary college or from the American Association of Veterinary
7 State Boards (AAVSB). Proof of certificate shall be directly
8 submitted to the board by ECFVG or PAVE.

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

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

11 (4) As directed by the board pursuant to Section 144, submit a
12 full set of fingerprints for the purpose of conducting a criminal
13 history record check and undergo a state and federal criminal
14 offender record information search conducted through the
15 Department of Justice, pursuant to subdivision (u) of Section 11105
16 of the Penal Code. The Department of Justice shall provide a state
17 or federal response to the board pursuant to paragraph (1) of
18 subdivision (p) of Section 11105 of the Penal Code.

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

20 (A) A licensing examination that is administered on a national
21 basis. If the applicant passed the national licensing examination
22 over five years from the date of submitting the California
23 veterinarian license application, the applicant shall satisfy one of
24 the following:

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

26 (ii) Submit proof of having practiced clinical veterinary medicine
27 for a minimum of two years and completed a minimum of 2,500
28 hours of clinical practice in another state, Canadian province, or
29 United States territory within the three years immediately preceding
30 filing an application for licensure in this state.

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

33 (B) A veterinary law examination administered by the board
34 concerning the statutes and regulations of this chapter. The
35 examination may be administered by regular mail, email, or by
36 other electronic means. The applicant shall certify that the applicant
37 personally completed the examination. Any false statement is a
38 violation subject to Section 4831. Every applicant who obtains a
39 score of at least 80 percent on the veterinary law examination shall
40 be deemed to have passed. University of California and Western

1 University of Health Sciences veterinary medical students who
2 have successfully completed a board-approved course on veterinary
3 law and ethics covering this chapter shall be exempt from this
4 subparagraph.

5 (b) The applicant shall disclose each state, Canadian province,
6 or United States territory in which the applicant currently holds
7 or has ever held a license to practice veterinary medicine. License
8 verification, including any disciplinary or enforcement history,
9 shall be confirmed through electronic means or direct submission
10 from each state, Canadian province, or United States territory in
11 which the applicant has identified the applicant holds or has ever
12 held a license to practice veterinary medicine.

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

15 ~~SEC. 62.~~

16 *SEC. 63.* Section 4848.1 of the Business and Professions Code
17 is amended to read:

18 4848.1. (a) A veterinarian engaged in the practice of veterinary
19 medicine, as defined in Section 4826, employed by the University
20 of California and engaged in the performance of duties in
21 connection with the School of Veterinary Medicine or employed
22 by the Western University of Health Sciences and engaged in the
23 performance of duties in connection with the College of Veterinary
24 Medicine shall be issued a university license pursuant to this
25 section or hold a license to practice veterinary medicine in this
26 state.

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

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

32 (2) The applicant passes an examination concerning the statutes
33 and regulations of this chapter, administered by the board, pursuant
34 to subparagraph (C) of paragraph (2) of subdivision (a) of Section
35 4848.

36 (3) The applicant completes and submits the application
37 specified by the board and pays the application and the initial
38 license fee, pursuant to Section 4905.

39 (c) A university license:

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

4 (2) Shall be subject to the license renewal provisions in Section
5 4900 and the payment of the renewal fee pursuant to subdivision
6 (g) of Section 4905.

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

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

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

14 ~~SEC. 63.~~

15 *SEC. 64.* Section 4857 of the Business and Professions Code
16 is amended to read:

17 4857. (a) A veterinarian licensed under this chapter shall not
18 disclose any information concerning an animal patient receiving
19 veterinary services, the client responsible for the animal patient
20 receiving veterinary services, or the veterinary care provided to
21 an animal patient, except under any one of the following
22 circumstances:

23 (1) Upon written or witnessed verbal authorization by knowing
24 and informed consent of the client.

25 (2) Upon authorization received by electronic transmission when
26 originated by the client.

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

28 (4) As may be required to ensure compliance with any federal,
29 state, county, or city law or regulation, including, but not limited
30 to, the California Public Records Act (Division 10 (commencing
31 with Section 7920.000) of Title 1 of the Government Code).

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

40 (6) As otherwise provided in this section.

1 (b) This section shall not apply to the extent that the client
2 responsible for an animal patient or an authorized agent of the
3 client responsible for the animal patient has filed or caused to be
4 filed a civil or criminal complaint that places the veterinarian's
5 care and treatment of the animal patient or the nature and extent
6 of the injuries to the animal patient at issue, or when the
7 veterinarian is acting to comply with federal, state, county, or city
8 laws or regulations.

9 (c) A veterinarian shall be subject to the criminal penalties set
10 forth in Section 4831 or any other provision of this code for a
11 violation of this section. In addition, any veterinarian who
12 negligently releases confidential information shall be liable in a
13 civil action for any damages caused by the release of that
14 information.

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

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

23 ~~SEC. 64.~~

24 *SEC. 65.* Section 4860 of the Business and Professions Code
25 is amended to read:

26 4860. It is the intent of the Legislature that the board seek ways
27 and means to identify and rehabilitate veterinarians and registered
28 veterinary technicians with impairment due to abuse of dangerous
29 drugs or alcohol, affecting competency so that veterinarians and
30 registered veterinary technicians so afflicted may be treated and
31 returned to the practice of veterinary medicine in a manner that
32 will not endanger the public health and safety.

33 ~~SEC. 65.~~

34 *SEC. 66.* Section 4875 of the Business and Professions Code
35 is amended to read:

36 4875. The board may revoke or suspend for a certain time the
37 license or registration of any person to practice veterinary medicine
38 or any branch of veterinary medicine in this state after notice and
39 hearing for any of the causes provided in this article. In addition
40 to its authority to suspend or revoke a license or registration, the

1 board shall have the authority to assess a fine not in excess of five
 2 thousand dollars (\$5,000) against a licensee or registrant for any
 3 of the causes specified in Section 4883. A fine may be assessed
 4 in lieu of or in addition to a suspension or revocation. The
 5 proceedings under this article shall be conducted in accordance
 6 with Chapter 5 (commencing with Section 11500) of Part 1 of
 7 Division 3 of Title 2 of the Government Code, and the board shall
 8 have all the powers granted in that chapter. Notwithstanding
 9 Section 4903, all fines collected pursuant to this section shall be
 10 deposited to the credit of the California Veterinary Medical Board
 11 Contingent Fund.

12 ~~SEC. 66.~~

13 *SEC. 67.* Section 4886 of the Business and Professions Code
 14 is amended to read:

15 4886. In reinstating a license or registration that has been
 16 revoked or suspended under Section 4883, the board may impose
 17 terms and conditions to be followed by the licensee or registrant
 18 after the license or registration has been reinstated. The authority
 19 of the board to impose terms and conditions includes, but is not
 20 limited to, the following:

21 (a) Requiring the licensee or registrant to obtain additional
 22 professional training and to pass an examination upon completion
 23 of the training.

24 (b) Requiring the licensee or registrant to pass a verbal, written,
 25 practical, or clinical examination, or any combination of those
 26 examinations, to determine their present fitness to engage in the
 27 practice of veterinary medicine or to practice as a veterinary
 28 technician.

29 (c) Requiring the licensee or registrant to submit to a complete
 30 diagnostic examination by one or more physicians appointed by
 31 the board. If the board requires the licensee or registrant to submit
 32 to that examination, the board shall receive and consider any other
 33 report of a complete diagnostic examination given by one or more
 34 physicians of the licensee’s or registrant’s choice.

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

37 ~~SEC. 67.~~

38 *SEC. 68.* Section 4903 of the Business and Professions Code
 39 is amended to read:

1 4903. Of all fines or forfeitures of bail in any case where a
2 person is charged with a violation of this chapter, 50 percent shall
3 be paid upon collection by the proper officer of the court to the
4 State Treasurer, to be deposited to the credit of the California
5 Veterinary Medical Board Contingent Fund. The other 50 percent
6 shall be paid as provided by law, for the payment of fines or
7 forfeitures of bail in misdemeanor cases.

8 ~~SEC. 68.~~

9 *SEC. 69.* Section 4904 of the Business and Professions Code
10 is amended to read:

11 4904. All fees collected on behalf of the board and all receipts
12 of every kind and nature shall be reported each month for the month
13 preceding to the Controller and at the same time the entire amount
14 shall be paid into the State Treasury and shall be credited to the
15 California Veterinary Medical Board Contingent Fund. The
16 California Veterinary Medical Board Contingent Fund shall be
17 available, upon appropriation by the Legislature, for the use of the
18 board.

19 ~~SEC. 69.~~

20 *SEC. 70.* Section 4905 of the Business and Professions Code
21 is amended to read:

22 4905. The following fees shall be collected by the board and
23 shall be credited to the California Veterinary Medical Board
24 Contingent Fund:

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

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

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

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

35 (e) The university licensee application fee shall be three hundred
36 fifty dollars (\$350).

37 (f) The initial university license fee shall be five hundred dollars
38 (\$500).

39 (g) The biennial university licensee renewal fee shall be five
40 hundred dollars (\$500).

- 1 (h) The delinquency fee shall be fifty dollars (\$50).
- 2 (i) The fee for issuance of a duplicate license, registration, or
3 permit shall be twenty-five dollars (\$25).
- 4 (j) Any charge made for duplication or other services shall be
5 set at the cost of rendering the service, except as specified in
6 subdivision (i).
- 7 (k) The fee for failure to report a change in the mailing address
8 shall be twenty-five dollars (\$25).
- 9 (l) The initial veterinary premises registration fee shall be five
10 hundred dollars (\$500) annually.
- 11 (m) The annual veterinary premises registration renewal fee
12 shall be five hundred twenty-five dollars (\$525).
- 13 (n) The registered veterinary technician application fee shall be
14 two hundred twenty-five dollars (\$225).
- 15 (o) The initial registered veterinary technician registration fee
16 shall be two hundred twenty-five dollars (\$225).
- 17 (p) The biennial registered veterinary technician renewal fee
18 shall be two hundred twenty-five dollars (\$225).
- 19 (q) The veterinary assistant controlled substance permit
20 application fee shall be one hundred dollars (\$100).
- 21 (r) The veterinary assistant controlled substance permit fee shall
22 be one hundred dollars (\$100).
- 23 (s) The biennial veterinary assistant controlled substance permit
24 renewal fee shall be one hundred dollars (\$100).
- 25 (t) The veterinary assistant controlled substance permit
26 delinquency fee shall be 50 percent of the renewal fee for such
27 permit in effect on the date of the renewal of the permit, but shall
28 not be less than twenty-five dollars (\$25) nor more than one
29 hundred fifty dollars (\$150).
- 30 (u) The fee for filing an application for approval of a school or
31 institution offering a curriculum for training registered veterinary
32 technicians pursuant to Section 4843 shall be set by the board at
33 an amount not to exceed three hundred dollars (\$300). The school
34 or institution shall also pay for the reasonable regulatory costs
35 incident to an onsite inspection conducted by the board pursuant
36 to Section 2065.6 of Title 16 of the California Code of Regulations.
- 37 (v) If the money transferred from the California Veterinary
38 Medical Board Contingent Fund to the General Fund pursuant to
39 the Budget Act of 1991 is redeposited into the California Veterinary
40 Medical Board Contingent Fund, the fees assessed by the board

1 shall be reduced correspondingly. However, the reduction shall
2 not be so great as to cause the California Veterinary Medical Board
3 Contingent Fund to have a reserve of less than three months of
4 annual authorized board expenditures. The fees set by the board
5 shall not result in a California Veterinary Medical Board
6 Contingent Fund reserve of more than 10 months of annual
7 authorized board expenditures.

8 ~~SEC. 70.~~

9 *SEC. 71.* Section 4910 of the Business and Professions Code
10 is amended to read:

11 4910. A veterinary corporation is a corporation that is
12 authorized to render professional services, as defined in Section
13 13401 of the Corporations Code, so long as that corporation and
14 its shareholders, officers, directors, and employees rendering
15 professional services who are licensed veterinarians are in
16 compliance with the Moscone-Knox Professional Corporation Act
17 (Part 4 (commencing with Section 13400) of Division 3 of Title
18 1 of the Corporations Code), this article, and all other statutes and
19 regulations pertaining to the corporation and the conduct of its
20 affairs. With respect to a veterinary corporation, the governmental
21 agency referred to in the Moscone-Knox Professional Corporation
22 Act is the board.

23 ~~SEC. 71.~~

24 *SEC. 72.* Section 4920.2 of the Business and Professions Code
25 is amended to read:

26 4920.2. Each veterinarian who is licensed in California and
27 engages in the production of animal blood and blood component
28 products solely for use in their own practice or for a community
29 blood bank operating under this article shall meet all of the
30 following conditions:

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

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

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

1 (d) Follow, to the extent possible, the latest blood banking
2 standards, which may include the latest published edition of the
3 American Association of Blood Banks' standards, and maintain
4 responsibility over all veterinary and technical policies and
5 procedures that relate to the safety of staff members and donor
6 animals.

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

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

16 (g) Maintain onsite records available for inspection by the board,
17 including information documenting any history of blood draws or
18 use of anesthesia on the animal, the number and date of donations
19 collected, the estimated milliliters of blood collected per donation
20 based on weight in grams, any adverse events, and any complaints
21 from owners regarding animals who donate blood or blood
22 component products.

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

25 ~~SEC. 72.~~

26 *SEC. 73.* Section 4920.4 of the Business and Professions Code
27 is amended to read:

28 4920.4. The board may establish a community blood bank
29 registration fee and annual renewal fee to be paid by community
30 blood banks to cover costs associated with oversight and inspection
31 of the premises. The fee shall not exceed the reasonable regulatory
32 costs of administering, implementing, and enforcing this article.

33 ~~SEC. 73.~~

34 *SEC. 74.* Section 4920.8 of the Business and Professions Code
35 is amended to read:

36 4920.8. A violation of this article by a community blood bank
37 shall constitute a cause for corrective action, suspension, restriction,
38 or the nonrenewal or revocation of a license or registration by the
39 board pursuant to Article 4 (commencing with Section 4875).

1 ~~SEC. 74.~~

2 *SEC. 75.* Section 4980.54 of the Business and Professions Code
3 is amended to read:

4 4980.54. (a) The Legislature recognizes that the education and
5 experience requirements in this chapter constitute only minimal
6 requirements to ensure that an applicant is prepared and qualified
7 to take the licensure examinations as specified in subdivision (d)
8 of Section 4980.40 and, if an applicant passes those examinations,
9 to begin practice.

10 (b) In order to continuously improve the competence of licensed
11 and registered marriage and family therapists and as a model for
12 all psychotherapeutic professions, the Legislature encourages all
13 licensees and registrants to regularly engage in continuing
14 education related to the profession or scope of practice as defined
15 in this chapter.

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

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

28 (d) The board shall have the right to audit the records of any
29 applicant to verify the completion of the continuing education
30 requirement. Applicants shall maintain records of completion of
31 required continuing education coursework for a minimum of two
32 years and shall make these records available to the board for
33 auditing purposes upon request.

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

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

39 (1) A school, college, or university that is accredited or
40 approved, as defined in Section 4980.03. Nothing in this paragraph

1 shall be construed as requiring coursework to be offered as part
 2 of a regular degree program.

3 (2) Other continuing education providers, as specified by the
 4 board by regulation.

5 (g) The board shall establish, by regulation, a procedure for
 6 identifying acceptable providers of continuing education courses,
 7 and all providers of continuing education, as described in
 8 paragraphs (1) and (2) of subdivision (f), shall adhere to procedures
 9 established by the board. The board may revoke or deny the right
 10 of a provider to offer continuing education coursework pursuant
 11 to this section for failure to comply with this section or any
 12 regulation adopted pursuant to this section.

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

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

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

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

21 (i) A system of continuing education for licensed marriage and
 22 family therapists shall include courses directly related to the
 23 diagnosis, assessment, and treatment of the client population being
 24 served.

25 (j) The continuing education requirements of this section shall
 26 comply fully with the guidelines for mandatory continuing
 27 education established by the Department of Consumer Affairs
 28 pursuant to Section 166.

29 ~~SEC. 75.~~

30 *SEC. 76.* Section 9884 of the Business and Professions Code
 31 is amended to read:

32 9884. (a) An automotive repair dealer shall pay the fee required
 33 by this chapter for each place of business operated by the dealer
 34 in this state and shall register with the director upon forms
 35 prescribed by the director.

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

38 (A) Name.

39 (B) Telephone number.

40 (C) Email address.

1 (D) Address of each location.

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

5 (F) The dealer’s retail seller’s permit number, if a permit is
6 required under the Sales and Use Tax Law (Part 1 (commencing
7 with Section 6001) of Division 2 of the Revenue and Taxation
8 Code).

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

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

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

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

18 (4) The forms shall include any applicable nationally recognized
19 and industry-accepted educational certifications and any
20 bureau-accepted educational certifications.

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

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

27 ~~SEC. 76.~~

28 *SEC. 77.* Section 17913 of the Business and Professions Code
29 is amended to read:

30 17913. (a) The fictitious business name statement shall contain
31 all of the information required by this subdivision and shall be
32 substantially in the following form:

33

FICTITIOUS BUSINESS NAME STATEMENT

34 The following person (persons) is (are) doing business as

35 * _____

36 at ** _____:

37 *** _____

38 _____

39 _____

40 _____

1 _____
 2 This business is conducted by ***** _____
 3 The registrant commenced to transact business under the fictitious business
 4 name or names listed above on
 5 ***** _____
 6 I declare that all information in this statement is true and correct. (A registrant
 7 who declares as true any material matter pursuant to Section 17913 of the
 8 Business and Professions Code that the registrant knows to be false is guilty
 9 of a misdemeanor punishable by a fine not to exceed one thousand dollars
 10 (\$1,000).)
 11 Registrant signature _____
 12 Statement filed with the County Clerk of ____ County on _____
 13

14 NOTICE—IN ACCORDANCE WITH SUBDIVISION (a) OF
 15 SECTION 17920, A FICTITIOUS NAME STATEMENT
 16 GENERALLY EXPIRES AT THE END OF FIVE YEARS FROM
 17 THE DATE ON WHICH IT WAS FILED IN THE OFFICE OF
 18 THE COUNTY CLERK, EXCEPT, AS PROVIDED IN
 19 SUBDIVISION (b) OF SECTION 17920, WHERE IT EXPIRES
 20 40 DAYS AFTER ANY CHANGE IN THE FACTS SET FORTH
 21 IN THE STATEMENT PURSUANT TO SECTION 17913. A
 22 NEW FICTITIOUS BUSINESS NAME STATEMENT MUST
 23 BE FILED BEFORE THE EXPIRATION.

24 THE FILING OF THIS STATEMENT DOES NOT OF ITSELF
 25 AUTHORIZE THE USE IN THIS STATE OF A FICTITIOUS
 26 BUSINESS NAME IN VIOLATION OF THE RIGHTS OF
 27 ANOTHER UNDER FEDERAL, STATE, OR COMMON LAW
 28 (SEE SECTION 14411 ET SEQ., BUSINESS AND
 29 PROFESSIONS CODE).
 30

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

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

38 (2) Where the two asterisks (**) appear in the form: If the
 39 registrant has a place of business in this state, insert the street
 40 address, and county, of the registrant’s principal place of business

1 in this state. If the registrant has no place of business in this state,
2 insert the street address, and county, of the registrant’s principal
3 place of business outside this state.

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

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

38 (5) Where the five asterisks (*****) appear in the form, insert
39 the date on which the registrant first commenced to transact
40 business under the fictitious business name or names listed, if

1 already transacting business under that name or names. If the
2 registrant has not yet commenced to transact business under the
3 fictitious business name or names listed, insert the statement, “Not
4 applicable.”

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

10 (d) (1) At the time of filing of the fictitious business name
11 statement, the registrant filing on behalf of the registrant shall
12 present personal identification in the form of a California driver’s
13 license or other government identification acceptable to the county
14 clerk to adequately determine the identity of the registrant filing
15 on behalf of the registrant as provided in subdivision (e) and the
16 county clerk may require the registrant to complete and sign an
17 affidavit of identity.

18 (2) In the case of a registrant utilizing an agent for submission
19 of the registrant’s fictitious business name statement for filing, at
20 the time of filing of the fictitious business name statement, the
21 agent filing on behalf of the registrant shall present personal
22 identification in the form of a California driver’s license or other
23 government identification acceptable to the county clerk to
24 adequately determine the identity of the agent filing on behalf of
25 the registrant as provided in subdivision (e). The county clerk may
26 also require the agent to submit a notarized statement signed by
27 the registrant declaring the registrant has authorized the agent to
28 submit the filing on behalf of the registrant.

29 (e) If the registrant is a corporation, a limited liability company,
30 a limited partnership, or a limited liability partnership, the county
31 clerk may require documentary evidence issued by the California
32 Secretary of State and deemed acceptable by the county clerk,
33 indicating the current existence and good standing of that business
34 entity to be attached to a completed and notarized affidavit of
35 identity, for purposes of subdivision (d).

36 (f) (1) The county clerk may require a registrant that mails a
37 fictitious business name statement to a county clerk’s office for
38 filing to submit a completed and notarized affidavit of identity. A
39 registrant that is a corporation, limited liability company, limited
40 partnership, or limited liability partnership, if required by the

1 county clerk to submit an affidavit of identity, shall also submit
2 documentary evidence issued by the California Secretary of State
3 indicating the current existence and good standing of that business
4 entity.

5 (2) The county clerk may accept an electronic acknowledgment
6 verifying the identity of the registrant using a remote identity
7 proofing process ensuring the registrant’s identification. The
8 identity proofing process shall follow, to the extent reasonable,
9 the federal guidelines for security and privacy and shall include
10 dynamic knowledge-based authentication or an identity proofing
11 method consistent with, at least, level 3 identity assurance, as
12 described in the electronic authentication guidelines of the National
13 Institute of Standards and Technology.

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

17 ~~SEC. 77.~~

18 *SEC. 78.* Section 94816 of the Education Code is amended to
19 read:

20 94816. “Applicant” means a person, as defined in Section
21 94855, who has submitted an application to the bureau for an
22 approval to operate or for a renewal of an approval to operate. An
23 approval to operate shall be issued only to an applicant.

24 ~~SEC. 78.~~

25 *SEC. 79.* Section 94850 of the Education Code is amended to
26 read:

27 94850. “Noninstitutional charges” means charges for an
28 educational program paid directly to an entity other than an
29 institution that are specifically required for participation in an
30 educational program.

31 ~~SEC. 79.~~

32 *SEC. 80.* Section 94856 of the Education Code is amended to
33 read:

34 94856. “Person in control” means a person who, by the
35 authority or conduct of their position, directs the management of
36 an institution.

37 ~~SEC. 80.~~

38 *SEC. 81.* Section 94876 of the Education Code is amended to
39 read:

1 94876. (a) The powers and duties set forth in this chapter are
2 vested in the Director of Consumer Affairs, who may delegate
3 them to a bureau chief, subject to this section. The bureau chief
4 shall work in collaboration with the director. The director is
5 responsible for the implementation of this chapter and they shall
6 ensure that the protection of the public is the bureau's highest
7 priority.

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

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

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

20 ~~SEC. 81.~~

21 *SEC. 82.* Section 94883 of the Education Code is amended to
22 read:

23 94883. (a) Any individual serving on a visiting committee
24 who provides information to the bureau, or its staff, in the course
25 of evaluating any institution, or who testifies in any administrative
26 hearing arising under this chapter, is entitled to a defense and
27 indemnification in any action arising out of the information or
28 testimony provided as if they were a public employee.

29 (b) Any defense and indemnification shall be solely with respect
30 to the action pursuant to Article 4 (commencing with Section 825)
31 of Chapter 1 of Part 2 of, and Part 7 (commencing with Section
32 995) of, Division 3.6 of Title 1 of the Government Code.

33 ~~SEC. 82.~~

34 *SEC. 83.* Section 94899.5 of the Education Code is amended
35 to read:

36 94899.5. (a) Institutions that offer short-term programs
37 designed to be completed in one term or four months, whichever
38 is less, may require payment of all tuition and fees on the first day
39 of instruction.

1 (b) For those programs designed to be greater than four months,
2 an institution shall not require more than one term or four months
3 of advance payment of tuition at a time. When 50 percent of the
4 program has been offered, the institution may require full payment.

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

9 (d) An institution that provides private institutional loan funding
10 to a student shall ensure that the student is not obligated for
11 indebtedness that exceeds the total charges for the current period
12 of attendance.

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

18 ~~SEC. 83.~~

19 *SEC. 84.* Section 94901 of the Education Code is amended to
20 read:

21 94901. (a) An institution's recruiters shall be employees.

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

24 (2) The recruiter shall have the issued identification with them
25 while recruiting.

26 ~~SEC. 84.~~

27 *SEC. 85.* Section 94906 of the Education Code is amended to
28 read:

29 94906. (a) An enrollment agreement shall be written in
30 language that is easily understood. If English is not the student's
31 primary language, and the student is unable to understand the terms
32 and conditions of the enrollment agreement, the student shall have
33 the right to obtain a clear explanation of the terms and conditions
34 and all cancellation and refund policies in their primary language.

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

38 ~~SEC. 85.~~

39 *SEC. 86.* Section 94913 of the Education Code is amended to
40 read:

1 94913. (a) An institution that maintains an internet website
2 shall provide on that internet website up-to-date versions of all of
3 the following:

4 (1) The school catalog.

5 (2) A School Performance Fact Sheet for each educational
6 program offered by the institution.

7 (3) Student brochures offered by the institution.

8 (4) A link to the bureau's internet website.

9 (5) The institution's most recent annual report submitted to the
10 bureau.

11 (b) An institution shall include information concerning where
12 students may access the bureau's internet website anywhere the
13 institution identifies itself as being approved by the bureau.

14 ~~SEC. 86.~~

15 *SEC. 87.* Section 94949.71 of the Education Code is amended
16 to read:

17 94949.71. (a) The duties of the office shall be vested in a chief,
18 who shall be appointed by the director. The chief, and each staff
19 employee of the office, shall have experience and expertise,
20 commensurate with their position, advocating on behalf of students
21 and consumers and shall have knowledge in the state and federal
22 laws governing student protection, student financial aid and loan
23 programs, and the policies and practices of private postsecondary
24 educational institutions.

25 (b) For purposes of this article, "office" means the Office of
26 Student Assistance and Relief.

27 *SEC. 88.* *Section 1374.72 of the Health and Safety Code is*
28 *amended to read:*

29 1374.72. (a) (1) Every health care service plan contract issued,
30 amended, or renewed on or after January 1, 2021, that provides
31 hospital, medical, or surgical coverage shall provide coverage for
32 medically necessary treatment of mental health and substance use
33 disorders, under the same terms and conditions applied to other
34 medical conditions as specified in subdivision (c).

35 (2) For purposes of this section, "mental health and substance
36 use disorders" means a mental health condition or substance use
37 disorder that falls under any of the diagnostic categories listed in
38 the mental and behavioral disorders chapter of the most recent
39 edition of the International Classification of Diseases or that is
40 listed in the most recent version of the Diagnostic and Statistical

1 Manual of Mental Disorders. Changes in terminology, organization,
2 or classification of mental health and substance use disorders in
3 future versions of the American Psychiatric Association’s
4 Diagnostic and Statistical Manual of Mental Disorders or the World
5 Health Organization’s International Statistical Classification of
6 Diseases and Related Health Problems shall not affect the
7 conditions covered by this section as long as a condition is
8 commonly understood to be a mental health or substance use
9 disorder by health care providers practicing in relevant clinical
10 specialties.

11 (3) (A) For purposes of this section, “medically necessary
12 treatment of a mental health or substance use disorder” means a
13 service or product addressing the specific needs of that patient, for
14 the purpose of preventing, diagnosing, or treating an illness, injury,
15 condition, or its symptoms, including minimizing the progression
16 of that illness, injury, condition, or its symptoms, in a manner that
17 is all of the following:

18 (i) In accordance with the generally accepted standards of mental
19 health and substance use disorder care.

20 (ii) Clinically appropriate in terms of type, frequency, extent,
21 site, and duration.

22 (iii) Not primarily for the economic benefit of the health care
23 service plan and subscribers or for the convenience of the patient,
24 treating physician, or other health care provider.

25 (B) This paragraph does not limit in any way the independent
26 medical review rights of an enrollee or subscriber under this
27 chapter.

28 (4) For purposes of this section, “health care provider” means
29 any of the following:

30 (A) A person who is licensed under Division 2 (commencing
31 with Section 500) of the Business and Professions Code.

32 (B) An associate marriage and family therapist or marriage and
33 family therapist trainee functioning pursuant to Section 4980.43.3
34 of the Business and Professions Code.

35 (C) A qualified autism service provider or qualified autism
36 service professional certified by a national entity pursuant to
37 Section 10144.51 of the Insurance Code and Section 1374.73.

38 (D) An associate clinical social worker functioning pursuant to
39 Section 4996.23.2 of the Business and Professions Code.

1 (E) An associate professional clinical counselor or professional
2 clinical counselor trainee functioning pursuant to Section 4999.46.3
3 of the Business and Professions Code.

4 (F) A registered psychologist, as described in Section 2909.5
5 of the Business and Professions Code.

6 (G) A registered psychological ~~assistant~~, *associate*, as described
7 in Section 2913 of the Business and Professions Code.

8 (H) A psychology trainee or person supervised as set forth in
9 Section 2910 or 2911 of, or subdivision (d) of Section 2914 of,
10 the Business and Professions Code.

11 (5) For purposes of this section, “generally accepted standards
12 of mental health and substance use disorder care” has the same
13 meaning as defined in paragraph (1) of subdivision (f) of Section
14 1374.721.

15 (6) A health care service plan shall not limit benefits or coverage
16 for mental health and substance use disorders to short-term or acute
17 treatment.

18 (7) All medical necessity determinations by the health care
19 service plan concerning service intensity, level of care placement,
20 continued stay, and transfer or discharge of enrollees diagnosed
21 with mental health and substance use disorders shall be conducted
22 in accordance with the requirements of Section 1374.721. This
23 paragraph does not deprive an enrollee of the other protections of
24 this chapter, including, but not limited to, grievances, appeals,
25 independent medical review, discharge, transfer, and continuity
26 of care.

27 (8) A health care service plan that authorizes a specific type of
28 treatment by a provider pursuant to this section shall not rescind
29 or modify the authorization after the provider renders the health
30 care service in good faith and pursuant to this authorization for
31 any reason, including, but not limited to, the plan’s subsequent
32 rescission, cancellation, or modification of the enrollee’s or
33 subscriber’s contract, or the plan’s subsequent determination that
34 it did not make an accurate determination of the enrollee’s or
35 subscriber’s eligibility. This section shall not be construed to
36 expand or alter the benefits available to the enrollee or subscriber
37 under a plan.

38 (b) The benefits that shall be covered pursuant to this section
39 shall include, but not be limited to, the following:

1 (1) Basic health care services, as defined in subdivision (b) of
2 Section 1345.

3 (2) Intermediate services, including the full range of levels of
4 care, including, but not limited to, residential treatment, partial
5 hospitalization, and intensive outpatient treatment.

6 (3) Prescription drugs, if the plan contract includes coverage
7 for prescription drugs.

8 (c) The terms and conditions applied to the benefits required
9 by this section, that shall be applied equally to all benefits under
10 the plan contract, shall include, but not be limited to, all of the
11 following patient financial responsibilities:

12 (1) Maximum annual and lifetime benefits, if not prohibited by
13 applicable law.

14 (2) Copayments and coinsurance.

15 (3) Individual and family deductibles.

16 (4) Out-of-pocket maximums.

17 (d) If services for the medically necessary treatment of a mental
18 health or substance use disorder are not available in network within
19 the geographic and timely access standards set by law or regulation,
20 the health care service plan shall arrange coverage to ensure the
21 delivery of medically necessary out-of-network services and any
22 medically necessary followup services that, to the maximum extent
23 possible, meet those geographic and timely access standards. As
24 used in this subdivision, to “arrange coverage to ensure the delivery
25 of medically necessary out-of-network services” includes, but is
26 not limited to, providing services to secure medically necessary
27 out-of-network options that are available to the enrollee within
28 geographic and timely access standards. The enrollee shall pay no
29 more than the same cost sharing that the enrollee would pay for
30 the same covered services received from an in-network provider.

31 (e) This section shall not apply to contracts entered into pursuant
32 to Chapter 7 (commencing with Section 14000) or Chapter 8
33 (commencing with Section 14200) of Part 3 of Division 9 of the
34 Welfare and Institutions Code, between the State Department of
35 Health Care Services and a health care service plan for enrolled
36 Medi-Cal beneficiaries.

37 (f) (1) For the purpose of compliance with this section, a health
38 care service plan may provide coverage for all or part of the mental
39 health and substance use disorder services required by this section
40 through a separate specialized health care service plan or mental

1 health plan, and shall not be required to obtain an additional or
2 specialized license for this purpose.

3 (2) A health care service plan shall provide the mental health
4 and substance use disorder coverage required by this section in its
5 entire service area and in emergency situations as may be required
6 by applicable laws and regulations. For purposes of this section,
7 health care service plan contracts that provide benefits to enrollees
8 through preferred provider contracting arrangements are not
9 precluded from requiring enrollees who reside or work in
10 geographic areas served by specialized health care service plans
11 or mental health plans to secure all or part of their mental health
12 services within those geographic areas served by specialized health
13 care service plans or mental health plans, provided that all
14 appropriate mental health or substance use disorder services are
15 actually available within those geographic service areas within
16 timeliness standards.

17 (3) Notwithstanding any other law, in the provision of benefits
18 required by this section, a health care service plan may utilize case
19 management, network providers, utilization review techniques,
20 prior authorization, copayments, or other cost sharing, provided
21 that these practices are consistent with Section 1374.76 of this
22 code, and Section 2052 of the Business and Professions Code.

23 (g) This section shall not be construed to deny or restrict in any
24 way the department's authority to ensure plan compliance with
25 this chapter.

26 (h) A health care service plan shall not limit benefits or coverage
27 for medically necessary services on the basis that those services
28 should be or could be covered by a public entitlement program,
29 including, but not limited to, special education or an individualized
30 education program, Medicaid, Medicare, Supplemental Security
31 Income, or Social Security Disability Insurance, and shall not
32 include or enforce a contract term that excludes otherwise covered
33 benefits on the basis that those services should be or could be
34 covered by a public entitlement program.

35 (i) A health care service plan shall not adopt, impose, or enforce
36 terms in its plan contracts or provider agreements, in writing or in
37 operation, that undermine, alter, or conflict with the requirements
38 of this section.

1 ~~SEC. 87.~~

2 *SEC. 89.* Section 124260 of the Health and Safety Code is
3 amended to read:

4 124260. (a) As used in this section:

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

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

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

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

15 (C) A licensed educational psychologist, as defined in Chapter
16 13.5 (commencing with Section 4989.10) of Division 2 of the
17 Business and Professions Code.

18 (D) A credentialed school psychologist, as described in Section
19 49424 of the Education Code.

20 (E) A clinical psychologist licensed under Chapter 6.6
21 (commencing with Section 2900) of Division 2 of the Business
22 and Professions Code.

23 (F) Either of the following persons, while working under the
24 supervision of a licensed professional specified in Section 2902
25 of the Business and Professions Code:

26 (i) A registered psychological associate, as defined in Section
27 2913 of the Business and Professions Code.

28 (ii) A psychology trainee, as defined in Section 1387 of Title
29 16 of the California Code of Regulations.

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

33 (H) An associate clinical social worker, or a social work intern,
34 as defined in Chapter 14 (commencing with Section 4991) of
35 Division 2 of the Business and Professions Code, while working
36 under the supervision of a licensed professional specified in Section
37 4996.20 of the Business and Professions Code.

38 (I) A person registered as an associate marriage and family
39 therapist or a marriage and family therapist trainee, as defined in
40 Chapter 13 (commencing with Section 4980) of Division 2 of the

1 Business and Professions Code, while working under the
2 supervision of a licensed professional specified in subdivision (g)
3 of Section 4980.03 of the Business and Professions Code.

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

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

8 (L) A person registered as an associate professional clinical
9 counselor or a clinical counselor trainee, as defined in Chapter 16
10 (commencing with Section 4999.10) of Division 2 of the Business
11 and Professions Code, while working under the supervision of a
12 licensed professional specified in subdivision (h) of Section
13 4999.12 of the Business and Professions Code.

14 (b) (1) Notwithstanding any law to the contrary, a minor who
15 is 12 years of age or older may consent to mental health treatment
16 or counseling services if, in the opinion of the attending
17 professional person, the minor is mature enough to participate
18 intelligently in the mental health treatment or counseling services.

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

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

33 (c) Notwithstanding any law to the contrary, the mental health
34 treatment or counseling of a minor authorized by this section shall
35 include involvement of the minor's parent or guardian, unless the
36 professional person who is treating or counseling the minor, after
37 consulting with the minor, determines that the involvement would
38 be inappropriate. The professional person who is treating or
39 counseling the minor shall state in the client record whether and
40 when the person attempted to contact the minor's parent or

1 guardian, and whether the attempt to contact was successful or
2 unsuccessful, or the reason why, in the professional person’s
3 opinion, it would be inappropriate to contact the minor’s parent
4 or guardian.

5 (d) The minor’s parent or guardian is not liable for payment for
6 mental health treatment or counseling services provided pursuant
7 to this section unless the parent or guardian participates in the
8 mental health treatment or counseling, and then only for services
9 rendered with the participation of the parent or guardian.

10 (e) This section does not authorize a minor to receive convulsive
11 treatment or psychosurgery, as defined in subdivisions (f) and (g)
12 of Section 5325 of the Welfare and Institutions Code, or
13 psychotropic drugs without the consent of the minor’s parent or
14 guardian.

15 *SEC. 90. Section 128454 of the Health and Safety Code is*
16 *amended to read:*

17 128454. (a) There is hereby created the Licensed Mental Health
18 Service Provider Education Program within the Department of
19 Health Care Access and Information.

20 (b) For purposes of this article, the following definitions shall
21 apply:

22 (1) “Licensed mental health service provider” means a
23 psychologist licensed by the Board of Psychology, registered
24 psychologist, ~~postdoctoral psychological assistant~~, *registered*
25 *psychological associate*, postdoctoral psychology trainee employed
26 in an exempt setting pursuant to Section 2910 of the Business and
27 Professions Code or employed pursuant to a State Department of
28 Health Care Services waiver pursuant to Section 5751.2 of the
29 Welfare and Institutions Code, marriage and family therapist,
30 associate marriage and family therapist, licensed clinical social
31 worker, associate clinical social worker, licensed professional
32 clinical counselor, and associate professional clinical counselor.

33 (2) “Mental health professional shortage area” means an area
34 designated as such by the Health Resources and Services
35 Administration (HRSA) of the United States Department of Health
36 and Human Services.

37 (c) Commencing January 1, 2005, any licensed mental health
38 service provider, including a mental health service provider who
39 is employed at a publicly funded mental health facility or a public
40 or nonprofit private mental health facility that contracts with a

1 county mental health entity or facility to provide mental health
2 services, who provides direct patient care in a publicly funded
3 facility or a mental health professional shortage area may apply
4 for grants under the program to reimburse their educational loans
5 related to a career as a licensed mental health service provider.

6 (d) The department shall adopt all of the following:

7 (1) A standard contractual agreement to be signed by the director
8 and any licensed mental health service provider who is serving in
9 a publicly funded facility or a mental health professional shortage
10 area that would require the licensed mental health service provider
11 who receives a grant under the program to work in the publicly
12 funded facility or a mental health professional shortage area for
13 at least one year.

14 (2) The maximum allowable total grant amount per individual
15 licensed mental health service provider.

16 (3) The maximum allowable annual grant amount per individual
17 licensed mental health service provider.

18 (e) The department shall develop the program, which shall
19 comply with all of the following requirements:

20 (1) The total amount of grants under the program per individual
21 licensed mental health service provider shall not exceed the amount
22 of educational loans related to a career as a licensed mental health
23 service provider incurred by that provider.

24 (2) The program shall keep the fees from the different licensed
25 providers separate to ensure that all grants are funded by those
26 fees collected from the corresponding licensed provider groups.

27 (3) A loan forgiveness grant may be provided in installments
28 proportionate to the amount of the service obligation that has been
29 completed.

30 (4) The number of persons who may be considered for the
31 program shall be limited by the funds made available pursuant to
32 Section 128458.

33 (f) This section shall become operative on July 1, 2018.

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.

April 12, 2023

The Honorable Angelique V. Ashby
Chair, Senate Committee on Business, Professions and Economic Development
State Capitol, Room 3320
Sacramento, CA 95814

RE: SB 1526 – Consumer Affairs - SUPPORT

Dear Senator Ashby:

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.

The Board is in **SUPPORT** of SB 1526. This bill would amend Health and Safety Code (HSC) 124260 by removing the outdated registration category for “registered psychologist” and amend the registration title “psychological assistant” by replacing the category with the current title of “psychological associate.” By amending HSC 124260, the Board believes any confusion or errors on what qualifies as a “professional person” will be avoided under the specific code.

The Board asks for your support of SB 1526 when it is heard in the Senate Committee on Committee on Business, Professions and Economic Development. 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,



Lea Tate, PsyD
President, Board of Psychology

cc: Senator Janet Nguyen (Vice Chair)
Members of the Senate Committee on Business, Professions and Economic Development
Elissa Silva, Consultant, Senate Committee on Business, Professions and Economic Development
Kayla Williams, Senate Republican Caucus

MEMORANDUM

DATE	May 10, 2024
TO	Psychology Board Members
FROM	Troy Polk, Legislative and Regulatory Analyst
SUBJECT	Agenda Item 13(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.

On April 1, 2024, the bill was amended by the Business and Professions Committee which removed the term “physical health” from the course requirement and added “within the scope of their practice to BPC 2914.4.

On April 10, AB 2270 was amended to require the Board to consider including a course in menopausal mental or physical health for continuing professional development.

On April 12, 2024. AB 2270 was presented to the Legislative and Regulatory Affairs Committee for possible position recommendation.

Board Staff will continue to monitor AB 2270.

Action Requested

Legislative and Regulatory Affairs Committee recommendation: The Board take a **Support** position on AB 2270.

Attachment #1: AB 2270 Amended Bill Text

Attachment #2: AB 2270 Fact Sheet

Attachment #3: Assembly Business and Professions Analysis

AMENDED IN ASSEMBLY APRIL 10, 2024

AMENDED IN ASSEMBLY APRIL 1, 2024

CALIFORNIA LEGISLATURE—2023–24 REGULAR SESSION

ASSEMBLY BILL

No. 2270

Introduced by Assembly Member Maienschein
(Coauthor: Assembly Member Bains)

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 amend Sections 2191, 2811.5, 3524.5, 4980.54, 4989.34, 4996.22, and 4999.76 of, and to add Section 2914.4 to, the Business and Professions Code, relating to healing arts.~~

LEGISLATIVE COUNSEL'S DIGEST

AB 2270, as amended, Maienschein. Healing arts: continuing education: menopausal mental or 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~~. *surgeons, including osteopathic 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 or physical health within the scope of their practice to satisfy continuing education and professional development requirements. the above-specified boards, in determining their continuing education requirements, to consider including a course in menopausal mental or physical health.~~

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 of the Business and Professions
2 Code is amended to read:

3 2191. (a) In determining its continuing education requirements,
4 the board shall consider including a course in human sexuality,
5 defined as the study of a human being as a sexual being and how
6 ~~he or she functions~~ *they function* with respect thereto, and nutrition
7 to be taken by those licensees whose practices may require
8 knowledge in those areas.

9 (b) The board shall consider including a course in child abuse
10 detection and treatment to be taken by those licensees whose
11 practices are of a nature that there is a likelihood of contact with
12 abused or neglected children.

13 (c) The board shall consider including a course in acupuncture
14 to be taken by those licensees whose practices may require
15 knowledge in the area of acupuncture and whose education has
16 not included instruction in acupuncture.

17 (d) The board shall encourage every physician and surgeon to
18 take nutrition as part of ~~his or her~~ *their* continuing education,
19 particularly a physician and surgeon involved in primary care.

1 (e) The board shall consider including a course in elder abuse
2 detection and treatment to be taken by those licensees whose
3 practices are of a nature that there is a likelihood of contact with
4 abused or neglected persons 65 years of age and older.

5 (f) In determining its continuing education requirements, the
6 board shall consider including a course in the early detection and
7 treatment of substance abusing pregnant women to be taken by
8 those licensees whose practices are of a nature that there is a
9 likelihood of contact with these women.

10 (g) In determining its continuing education requirements, the
11 board shall consider including a course in the special care needs
12 of ~~drug-addicted~~ *drug-addicted* infants to be taken by those
13 licensees whose practices are of a nature that there is a likelihood
14 of contact with these infants.

15 (h) In determining its continuing education requirements, the
16 board shall consider including a course providing training and
17 guidelines on how to routinely screen for signs exhibited by abused
18 women, particularly for physicians and surgeons in emergency,
19 surgical, primary care, pediatric, prenatal, and mental health
20 settings. In the event the board establishes a requirement for
21 continuing education coursework in spousal or partner abuse
22 detection or treatment, that requirement shall be met by each
23 licensee within no more than four years from the date the
24 requirement is imposed.

25 (i) In determining its continuing education requirements, the
26 board shall consider including a course in the special care needs
27 of individuals and their families facing end-of-life issues, including,
28 but not limited to, all of the following:

- 29 (1) Pain and symptom management.
- 30 (2) The psycho-social dynamics of death.
- 31 (3) Dying and bereavement.
- 32 (4) Hospice care.

33 (j) In determining its continuing education requirements, the
34 board shall give its highest priority to considering a course on pain
35 management and the risks of addiction associated with the use of
36 Schedule II drugs.

37 (k) In determining its continuing education requirements, the
38 board shall consider including a course in geriatric care for
39 emergency room physicians and surgeons.

1 *(l) In determining its continuing education requirements, the*
2 *board shall consider including a course in menopausal mental or*
3 *physical health.*

4 *SEC. 2. Section 2811.5 of the Business and Professions Code*
5 *is amended to read:*

6 2811.5. (a) Each person renewing their license under Section
7 2811 shall submit proof satisfactory to the board that, during the
8 preceding two-year period, they have been informed of the
9 developments in the registered nurse field or in any special area
10 of practice engaged in by the licensee, occurring since the last
11 renewal thereof, either by pursuing a course or courses of
12 continuing education in the registered nurse field or relevant to
13 the practice of the licensee, and approved by the board, or by other
14 means deemed equivalent by the board.

15 (b) Notwithstanding Section 10231.5 of the Government Code,
16 the board, in compliance with Section 9795 of the Government
17 Code, shall do the following:

18 (1) By January 1, 2019, deliver a report to the appropriate
19 legislative policy committees detailing a comprehensive plan for
20 approving and disapproving continuing education opportunities.

21 (2) By January 1, 2020, report to the appropriate legislative
22 committees on its progress implementing this plan.

23 (c) For purposes of this section, the board shall, by regulation,
24 establish standards for continuing education. The standards shall
25 be established in a manner to ensure that a variety of alternative
26 forms of continuing education are available to licensees, including,
27 but not limited to, online, academic studies, in-service education,
28 institutes, seminars, lectures, conferences, workshops, extension
29 studies, and home study programs. The standards shall take
30 cognizance of specialized areas of practice, and content shall be
31 relevant to the practice of nursing and shall be related to the
32 scientific knowledge or technical skills required for the practice
33 of nursing or be related to direct or indirect patient or client care.
34 The continuing education standards established by the board shall
35 not exceed 30 hours of direct participation in a course or courses
36 approved by the board, or its equivalent in the units of measure
37 adopted by the board.

38 (d) The board shall audit continuing education providers at least
39 once every five years to ensure adherence to regulatory

1 requirements, and shall withhold or rescind approval from any
2 provider that is in violation of the regulatory requirements.

3 (e) The board shall encourage continuing education in spousal
4 or partner abuse detection and treatment. In the event the board
5 establishes a requirement for continuing education coursework in
6 spousal or partner abuse detection or treatment, that requirement
7 shall be met by each licensee within no more than four years from
8 the date the requirement is imposed.

9 (f) In establishing standards for continuing education, the board
10 shall consider including a course in the special care needs of
11 individuals and their families, including, but not limited to, all of
12 the following:

- 13 (1) Pain and symptom management, including palliative care.
- 14 (2) The psychosocial dynamics of death.
- 15 (3) Dying and bereavement.
- 16 (4) Hospice care.

17 (g) *In establishing standards for continuing education, the board*
18 *shall consider including a course in menopausal mental or physical*
19 *health.*

20 ~~(g)~~

21 (h) This section shall not apply to licensees during the first two
22 years immediately following their initial licensure in California
23 or any other governmental jurisdiction, except that, beginning
24 January 1, 2023, those licensees shall complete one hour of direct
25 participation in an implicit bias course offered by a continuing
26 education provider approved by the board that meets all the same
27 requirements outlined in paragraph (1) of subdivision (f) of Section
28 2786, including, but not limited to, the identification of the
29 licensees previous or current unconscious biases and
30 misinformation and corrective measures to decrease implicit bias
31 at the interpersonal and institutional levels, including ongoing
32 policies and practices for that purpose.

33 ~~(h)~~

34 (i) The board may, in accordance with the intent of this section,
35 make exceptions from continuing education requirements for
36 licensees residing in another state or country, or for reasons of
37 health, military service, or other good cause.

38 *SEC. 3. Section 2914.4 is added to the Business and Professions*
39 *Code, to read:*

1 2914.4. *In determining its continuing professional development,*
2 *the board shall consider including a course in menopausal mental*
3 *or physical health.*

4 SEC. 4. *Section 3524.5 of the Business and Professions Code*
5 *is amended to read:*

6 3524.5. (a) The board may require a licensee to complete
7 continuing education as a condition of license renewal under
8 Section 3523 or 3524. The board shall not require more than 50
9 hours of continuing education every two years. The board shall,
10 as it deems appropriate, accept certification by the National
11 Commission on Certification of Physician Assistants (NCCPA),
12 or another qualified certifying body, as determined by the board,
13 as evidence of compliance with continuing education requirements.

14 (b) (1) The board shall adopt regulations to require that, on and
15 after January 1, 2022, all continuing education courses for licensees
16 under this chapter contain curriculum that includes the
17 understanding of implicit bias.

18 (2) Beginning January 1, 2023, continuing education providers
19 shall ensure compliance with paragraph (1).

20 (3) Beginning January 1, 2023, the board shall audit continuing
21 education providers at least once every five years to ensure
22 adherence to regulatory requirements, and shall withhold or rescind
23 approval from any provider that is in violation of the regulatory
24 requirements.

25 (c) Notwithstanding the provisions of subdivision (b), a
26 continuing education course dedicated solely to research or other
27 issues that does not include a direct patient care component is not
28 required to contain curriculum that includes implicit bias in the
29 practice of physician assistants.

30 (d) In order to satisfy the requirements of subdivision (a),
31 continuing education courses shall address at least one or a
32 combination of the following:

33 (1) Examples of how implicit bias affects perceptions and
34 treatment decisions of physician assistants, leading to disparities
35 in health outcomes.

36 (2) Strategies to address how unintended biases in
37 decisionmaking may contribute to health care disparities by shaping
38 behavior and producing differences in medical treatment along
39 lines of race, ethnicity, gender identity, sexual orientation, age,
40 socioeconomic status, or other characteristics.

1 (e) *In determining its continuing education requirements, the*
2 *board shall consider including a course in menopausal mental or*
3 *physical health.*

4 SEC. 5. *Section 4980.54 of the Business and Professions Code*
5 *is amended to read:*

6 4980.54. (a) The Legislature recognizes that the education and
7 experience requirements in this chapter constitute only minimal
8 requirements to ensure that an applicant is prepared and qualified
9 to take the licensure examinations as specified in subdivision (d)
10 of Section 4980.40 and, if an applicant passes those examinations,
11 to begin practice.

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

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

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

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

36 (e) *In determining its continuing education requirements, the*
37 *board shall consider including a course in menopausal mental or*
38 *physical health.*

39 ~~(e)~~

1 (f) 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)~~

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

7 (1) An accredited school or state-approved school that meets
8 the requirements set forth in Section 4980.36 or 4980.37. Nothing
9 in this paragraph shall be construed as requiring coursework to be
10 offered as part of a regular degree program.

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

13 ~~(g)~~

14 (h) 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)~~; (g), shall adhere to
18 procedures established by the board. The board may revoke or
19 deny the right of a provider to offer continuing education
20 coursework pursuant to this section for failure to comply with this
21 section or any regulation adopted pursuant to this section.

22 ~~(h)~~

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

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

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

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

31 ~~(i)~~

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

36 ~~(j)~~

37 (k) The continuing education requirements of this section shall
38 comply fully with the guidelines for mandatory continuing
39 education established by the Department of Consumer Affairs
40 pursuant to Section 166.

1 *SEC. 6. Section 4989.34 of the Business and Professions Code*
2 *is amended to read:*

3 4989.34. (a) To renew a license, a licensee shall certify to the
4 board, on a form prescribed by the board, completion in the
5 preceding two years of not less than 36 hours of approved
6 continuing education in, or relevant to, educational psychology.

7 (b) (1) The continuing education shall be obtained from either
8 an accredited university or a continuing education provider as
9 specified by the board by regulation.

10 (2) The board shall establish, by regulation, a procedure
11 identifying acceptable providers of continuing education courses,
12 and all providers of continuing education shall comply with
13 procedures established by the board. The board may revoke or
14 deny the right of a provider to offer continuing education
15 coursework pursuant to this section for failure to comply with this
16 section or any regulation adopted pursuant to this section.

17 (c) *In determining its continuing education requirements, the*
18 *board shall consider including a course in menopausal mental or*
19 *physical health.*

20 ~~(e)~~

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

23 (1) Aspects of the discipline that are fundamental to the
24 understanding or the practice of educational psychology.

25 (2) Aspects of the discipline of educational psychology in which
26 significant recent developments have occurred.

27 (3) Aspects of other disciplines that enhance the understanding
28 or the practice of educational psychology.

29 ~~(e)~~

30 (e) The board may audit the records of a licensee to verify
31 completion of the continuing education requirement. A licensee
32 shall maintain records of the completion of required continuing
33 education coursework for a minimum of two years and shall make
34 these records available to the board for auditing purposes upon its
35 request.

36 ~~(e)~~

37 (f) The board may establish exceptions from the continuing
38 education requirements of this section for good cause, as
39 determined by the board.

40 ~~(f)~~

1 (g) The continuing education requirements of this section shall
2 comply fully with the guidelines for mandatory continuing
3 education established by the Department of Consumer Affairs
4 pursuant to Section 166.

5 *SEC. 7. Section 4996.22 of the Business and Professions Code*
6 *is amended to read:*

7 4996.22. (a) (1) Except as provided in subdivision ~~(e)~~, (d),
8 the board shall not renew any license pursuant to this chapter unless
9 the applicant certifies to the board, on a form prescribed by the
10 board, that the applicant has completed not less than 36 hours of
11 approved continuing education in or relevant to the field of social
12 work in the preceding two years, as determined by the board.

13 (2) The board shall not renew any license of an applicant who
14 began graduate study before January 1, 2004, pursuant to this
15 chapter unless the applicant certifies to the board that during the
16 applicant's first renewal period after the operative date of this
17 section, the applicant completed a continuing education course in
18 spousal or partner abuse assessment, detection, and intervention
19 strategies, including community resources, cultural factors, and
20 same gender abuse dynamics. On and after January 1, 2005, the
21 course shall consist of not less than seven hours of training.
22 Equivalent courses in spousal or partner abuse assessment,
23 detection, and intervention strategies taken before the operative
24 date of this section or proof of equivalent teaching or practice
25 experience may be submitted to the board and at its discretion,
26 may be accepted in satisfaction of this requirement. Continuing
27 education courses taken pursuant to this paragraph shall be applied
28 to the 36 hours of approved continuing education required under
29 paragraph (1).

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

35 (b) *In determining its continuing education requirements, the*
36 *board shall consider including a course in menopausal mental or*
37 *physical health.*

38 ~~(b)~~

39 (c) The board shall have the right to audit the records of any
40 applicant to verify the completion of the continuing education

1 requirement. Applicants shall maintain records of completion of
2 required continuing education coursework for a minimum of two
3 years and shall make these records available to the board for
4 auditing purposes upon request.

5 ~~(e)~~

6 (d) The board may establish exceptions from the continuing
7 education requirement of this section for good cause as defined
8 by the board.

9 ~~(d)~~

10 (e) The continuing education shall be obtained from one of the
11 following sources:

12 (1) An accredited school of social work, as defined in Section
13 4991.2, or a school or department of social work that is a candidate
14 for accreditation by the Commission on Accreditation of the
15 Council on Social Work Education. Nothing in this paragraph shall
16 be construed as requiring coursework to be offered as part of a
17 regular degree program.

18 (2) A school, college, or university accredited by a regional or
19 national institutional accrediting agency that is recognized by the
20 United States Department of Education or a school, college, or
21 university that is approved by the Bureau for Private Postsecondary
22 Education.

23 (3) Another continuing education provider, as specified by the
24 board by regulation.

25 ~~(e)~~

26 (f) The board shall establish, by regulation, a procedure for
27 identifying acceptable providers of continuing education courses,
28 and all providers of continuing education, as described in
29 paragraphs (1) and (2) of subdivision ~~(d)~~; (e), shall adhere to the
30 procedures established by the board. The board may revoke or
31 deny the right of a provider to offer continuing education
32 coursework pursuant to this section for failure to comply with this
33 section or any regulation adopted pursuant to this section.

34 ~~(f)~~

35 (g) Training, education, and coursework by approved providers
36 shall incorporate one or more of the following:

37 (1) Aspects of the discipline that are fundamental to the
38 understanding, or the practice, of social work.

39 (2) Aspects of the social work discipline in which significant
40 recent developments have occurred.

1 (3) Aspects of other related disciplines that enhance the
2 understanding, or the practice, of social work.

3 ~~(g)~~

4 (h) A system of continuing education for licensed clinical social
5 workers shall include courses directly related to the diagnosis,
6 assessment, and treatment of the client population being served.

7 ~~(h)~~

8 (i) The continuing education requirements of this section shall
9 comply fully with the guidelines for mandatory continuing
10 education established by the Department of Consumer Affairs
11 pursuant to Section 166.

12 ~~(i)~~

13 (j) The board may adopt regulations as necessary to implement
14 this section.

15 *SEC. 8. Section 4999.76 of the Business and Professions Code*
16 *is amended to read:*

17 4999.76. (a) (1) Except as provided in subdivision ~~(e)~~, (d),
18 the board shall not renew any license pursuant to this chapter unless
19 the applicant certifies to the board, on a form prescribed by the
20 board, that the applicant has completed not less than 36 hours of
21 approved continuing education in or relevant to the field of
22 professional clinical counseling in the preceding two years, as
23 determined by the board.

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

29 (b) *In determining its continuing education requirements, the*
30 *board shall consider including a course in menopausal mental or*
31 *physical health.*

32 ~~(b)~~

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

39 ~~(e)~~

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

4 ~~(d)~~

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

7 (1) A school, college, or university that is accredited or
8 approved, as defined in Section 4999.12. Nothing in this paragraph
9 shall be construed as requiring coursework to be offered as part
10 of a regular degree program.

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

13 ~~(e)~~

14 (f) 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 ~~(d)~~, (e), shall adhere to
18 procedures established by the board. The board may revoke or
19 deny the right of a provider to offer continuing education
20 coursework pursuant to this section for failure to comply with this
21 section or any regulation adopted pursuant to this section.

22 ~~(f)~~

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

25 (1) Aspects of the discipline that are fundamental to the
26 understanding or the practice of professional clinical counseling.

27 (2) Significant recent developments in the discipline of
28 professional clinical counseling.

29 (3) Aspects of other disciplines that enhance the understanding
30 or the practice of professional clinical counseling.

31 ~~(g)~~

32 (h) A system of continuing education for licensed professional
33 clinical counselors shall include courses directly related to the
34 diagnosis, assessment, and treatment of the client population being
35 served.

36 ~~(h)~~

37 (i) The continuing education requirements of this section shall
38 fully comply with the guidelines for mandatory continuing
39 education established by the Department of Consumer Affairs
40 pursuant to Section 166.

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 ~~or physical health within the scope of their practice to satisfy~~
6 ~~continuing education requirements.~~

7 SEC. 2. ~~Section 2811.7 is added to the Business and Professions~~
8 ~~Code, to read:~~

9 ~~2811.7. Notwithstanding any law to the contrary, a licensee~~
10 ~~shall have the option of taking coursework on menopausal mental~~
11 ~~or physical health within the scope of their practice to satisfy~~
12 ~~continuing education requirements.~~

13 SEC. 3. ~~Section 2914.4 is added to the Business and Professions~~
14 ~~Code, to read:~~

15 ~~2914.4. Notwithstanding any law to the contrary, a licensee~~
16 ~~shall have the option of taking coursework on menopausal mental~~
17 ~~health within the scope of their practice to satisfy continuing~~
18 ~~education requirements.~~

19 SEC. 4. ~~Section 3524.6 is added to the Business and Professions~~
20 ~~Code, to read:~~

21 ~~3524.6. Notwithstanding any law to the contrary, a licensee~~
22 ~~shall have the option of taking coursework on menopausal mental~~
23 ~~or physical health within the scope of their practice to satisfy~~
24 ~~continuing education requirements.~~

25 SEC. 5. ~~Section 4980.56 is added to the Business and~~
26 ~~Professions Code, to read:~~

27 ~~4980.56. Notwithstanding any law to the contrary, a licensee~~
28 ~~shall have the option of taking coursework on menopausal mental~~
29 ~~health within the scope of their practice to satisfy continuing~~
30 ~~education requirements.~~

31 SEC. 6. ~~Section 4989.35 is added to the Business and~~
32 ~~Professions Code, to read:~~

33 ~~4989.35. Notwithstanding any law to the contrary, a licensee~~
34 ~~shall have the option of taking coursework on menopausal mental~~
35 ~~health within the scope of their practice to satisfy continuing~~
36 ~~education requirements.~~

37 SEC. 7. ~~Section 4996.29 is added to the Business and~~
38 ~~Professions Code, to read:~~

39 ~~4996.29. Notwithstanding any law to the contrary, a licensee~~
40 ~~shall have the option of taking coursework on menopausal mental~~

1 ~~health within the scope of their practice to satisfy continuing~~
2 ~~education requirements.~~

3 ~~SEC. 8. Section 4999.77 is added to the Business and~~
4 ~~Professions Code, to read:~~

5 ~~4999.77. Notwithstanding any law to the contrary, a licensee~~
6 ~~shall have the option of taking coursework on menopausal mental~~
7 ~~health within the scope of their practice to satisfy continuing~~
8 ~~education requirements.~~

O



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.

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916-319-2076

Date of Hearing: April 9, 2024

ASSEMBLY COMMITTEE ON BUSINESS AND PROFESSIONS

Marc Berman, Chair

AB 2270 (Maienschein) – As Amended April 1, 2024

SUBJECT: Healing arts: continuing education: menopausal mental and physical health.

SUMMARY: Requires licensees of the Medical Board of California (MBC), the Osteopathic Medical Board of California (OMBC), the Board of Registered Nursing (BRN), the Physician Assistants Board (PAB), the Board of Psychology (BOP), and the Board of Behavioral Sciences (BSS) to have the option to take coursework on menopausal mental or physical health within the scope of their practice to satisfy continuing education (CE) requirements.

EXISTING LAW:

- 1) Establishes the Medical Practice Act, which provides for the state's licensure and regulation of physicians and surgeons, and the Osteopathic Act, which provides for the state's licensure and regulation of osteopathic physicians and surgeons. (Business and Professions Code (BPC) § 2000 et seq.)
- 2) Establishes the MBC within the Department of Consumer Affairs for purposes of implementing and enforcing the Medical Practice Act. (BPC § 2001)
- 3) Establishes the OMBC for purposes of implementing and enforcing the Osteopathic Act and the Medical Practice Act, when applicable. (BPC § 2701)
- 4) Specifies that references to the MBC in the Medical Practice Act also refer to the OMBC, as specified. (BPC § 2451)
- 5) Requires the MBC to adopt and administer standards for the CE of its licensees; authorizes the MBC to set content standards for any education regarding the prevention and treatment of a chronic disease; and mandates that the MBC require each licensed physician and surgeon to demonstrate satisfaction of CE requirements at intervals of not less than four nor more than six years. (BPC § 2190)
- 6) Authorizes the MBC's Division of Licensing to establish continuing medical education standards for courses that serve to maintain, develop, or increase the knowledge, skills, and professional performance that a physician and surgeon uses to provide care, or to improve the quality of care provided to patients. (BPC § 2190.1)
- 7) Requires a physician and surgeon to complete not less than 50 hours of approved CE during every two years as a condition of license renewal. (California Code of Regulations, Title 16, § 1336)
- 8) In determining its CE requirements, requires the MBC to consider including courses related to numerous specified subjects. (BPC §§ 2191, 2191.4, 2191.5, 2196.9)
- 9) Requires most physicians and surgeons to complete a one-time CE course in pain management and the treatment of terminally ill and dying patients, which must include the subject of the risks associated with the use of Schedule II drugs. (BPC § 2190.5)

- 10) Authorizes a physician and surgeon to complete a one-time CE course on the treatment and management of opiate-dependent patients as an alternative to the required course in pain management. (BPC § 2190.6)
- 11) Requires the OMBC to adopt and administer standards for CE of osteopathic physician and surgeons. (BPC § 2454.5)
- 12) Mandates that the OMBC require each licensed osteopathic physician and surgeon to complete a minimum of 50 hours of American Osteopathic Association CE hours, as specified, and demonstrate satisfaction of CE requirements every two years as a condition of license renewal. (BPC § 2454.5)
- 13) Requires osteopathic physician and surgeons to complete a course on the risks of addiction associated with the use of Schedule II drugs. (BPC § 2454.5)
- 14) Establishes the Nursing Practice Act, which provides for the state's licensure and regulation of registered nurses. (BPC §§ 2700-2838.4)
- 15) Establishes the BRN, within DCA, for purposes of implementing and enforcing the Nursing Practice Act. (BPC § 2701)
- 16) Requires the BRN to, by regulation, establish standards for CE, as specified. (BPC § 2811.5(c))
- 17) Requires registered nurses to complete 30 hours of CE approved by the BRN every two years as a condition of license renewal. (California Code of Regulations. Title 16 § 1451)
- 18) In establishing standards for CE, requires the BRN to consider including a course in the special needs care of individuals and their families, including, but not limited to: pain and symptom management; the psychosocial dynamics of death; dying and bereavement; and hospice care. (BPD § 2811.5(f))
- 19) Requires the BRN to adopt regulations requiring all CE courses to contain curriculum related to implicit bias. (BPC § 2736.5)
- 20) Requires the BRN to encourage CE in spousal or partner abuse detection and treatment. (BPC § 2811.5(e))
- 21) Establishes the Psychology Licensing Law, which provides for the state's licensure and regulation of psychologists. (BPC § 2901)
- 22) Establishes the BOP within DCA for purposes of implementing and enforcing the Psychology Licensing Law. (BPC § 2920)
- 23) Requires licensed psychologists to complete 36 hours of approved continuing professional development (CPD), as specified, every two years as a condition of license renewal. (BPC § 2915(a))
- 24) Requires the BOP to encourage every licensed psychologist to take CPD in geriatric pharmacology. (BPC § 2914.1)

- 25) Requires the BOP to encourage licensed psychologists to take CPD in psychopharmacology and biological basis of behavior. (BPC § 2914.2)
- 26) Establishes the Physician Assistant Practice Act, which provides for the state's licensure and regulation of PAs. (BPC §§ 3500.5-3545)
- 27) Authorizes the PAB to require a licensee to complete CE as a condition of license renewal, but not more than 50 hours every two years. (BPC § 3524.5(a))
- 28) Requires the PAB to adopt regulations that require all CE courses to contain curriculum related to implicit bias. (BPC § 3524.5(b))
- 29) Requires specified PAs to complete, as part of their CE requirements, a course that covers Schedule II controlled substances and the risks of addiction associated with their use. (BPC § 3502.1(e)(3))
- 30) Establishes the Licensed Marriage and Family Therapist Act, which provides for the state's licensure and regulation of licensed marriage and family therapists (LMFT), the Educational Psychologist Practice Act, which provides for the state's licensure and regulation of licensed educational psychologists (LEP), the Licensed Professional Clinical Counselor Act, which provides for the licensure and regulation of licensed professional clinical counselors (LPCC), and the Clinical Social Worker Practice Act, which provides for the state's licensure and regulation of licensed clinical social workers (LCSW). (BPC §§ 4980-4989; 4989.10-4989.18; 4991-4998.5, 4999.10-4999.129)
- 31) Establishes the BBS for purposes of implementing and enforcing the Licensed Marriage and Family Therapist Act, the Educational Psychologist Practice Act, the Licensed Professional Clinical Counselor Act, and the Clinical Social Worker Practice Act. (BPC § 4989.12)
- 32) Requires licensees, as a condition of license renewal, to certify to the BBS that they have completed 36 hours of approved CE in or relevant to their field of practice in the past two years. (BPC § 4980.54(c), 4989.34(a), 4996.22(a), 4996.6(b)(3), 4999.76(a)(1))
- 33) Requires that 6 hours of the required 36 hours of CE taken in a renewal period be in the subject of law and ethics. (California Code of Regulations, Title 16, § 1887.3(c))
- 34) Requires continuing training, education, and coursework to be from approved providers and must incorporate one or more of the following: aspects of the discipline that are fundamental to the understanding or the practice of the profession for which the individual is licensed; aspects of the discipline in which significant recent developments have occurred; or aspects of other disciplines that enhance the understanding or the practice of the profession for which the individual is licensed. (BPC § 4980.54(h), 4989.34(c), 4996.22(f), and 4999.76(f))
- 35) Requires the BBS to establish, by regulation, a procedure for identifying acceptable providers of CE courses for LMFTs, LPCCs, and LCSWs, and requires all CE providers to adhere to procedures established by the BBS. (BPC §§ 4980.54(g), 4996.22(e), 4999.76(e))

THIS BILL:

- 1) Requires a licensee of the MBC, OMBC, BRN, BOP, PAB, or the BBS to have the option of taking coursework on menopausal mental or physical health within the scope of their practice to satisfy continuing education requirements, notwithstanding any law to the contrary.

FISCAL EFFECT: Unknown. This bill is keyed fiscal by Legislative Counsel.

COMMENTS:

Purpose. This bill is author-sponsored. According to the author:

It is imperative to address the misconceptions and lack of understanding surrounding menopause. It is crucial for both women experiencing menopause and healthcare professionals to comprehend the perimenopause transition, as it affects almost every woman. Lack of knowledge perpetuates anxiety and delays in care, potentially impacting the health-related quality of life. This bill aims to add an educational course on menopausal mental and physical health for healthcare providers, including physicians, nurses, psychologists, and others, to improve patient care during this significant life transition.

Background.

Continuing Medical Education for Physicians. Physicians and surgeons licensed by the MBC and the OMBC are required to complete 50 hours of approved CE every two years as a condition of license renewal. Though existing law also requires the MBC to consider requiring CE related to various topics (e.g. nutrition), there are only two subject-specific CE requirements in statute. Most physicians and surgeons are required to complete a one-time, 12-hour training in either the pain management and treatment of terminally ill and dying patients or the treatment and management of opiate-dependent patients.¹ Additionally, general internists and family physicians who have a patient population of which over 25 percent are 65 years of age or older must complete at least 20 percent of their mandatory CE in the field of geriatric medicine. Physicians are otherwise afforded great latitude in choosing which CE courses to take to satisfy their 50 hours. Both the MBC and the OMBC require CE courses to be accredited or approved by specified organizations such as the American Medical Association and the Accreditation Council for Continuing Medical Education. Osteopathic physician and surgeons specifically are required to complete a minimum of 20 CE hours certified by the American Osteopathic Association.²

Continuing Education for Registered Nurses. All nurses under the BRN are required by statute to complete 30 hours of CE during each two-year renewal cycle to ensure continued competence. Courses must be related to either the scientific knowledge or technical skills required for the practice of nursing, or to direct or indirect patient care.³ Courses approved by appropriate state, regional and national health professional associations as well as other professional health and licensing boards in and out of California can be acceptable, so long as the content meets the BRN's requirements.

¹ Pathologists and radiologists are exempt from this requirement.

² [Osteopathic Medical Board of California Continuing Medical Education](#)

³ [Board of Registered Nursing Continuing Education for License Renewal](#)

Continuing Professional Development for Psychologists. Psychologists under the BOP are required to complete at least 36 hours of approved CDP every two years as a condition of license renewal. Acceptable CDP activities include professional activities (e.g. peer consultation, exam development, and attendance at a BOP meeting), academic activities (e.g. graduate-level coursework and authoring publications), board certification by the American Board of Professional Psychology, and sponsored CE.⁴ The BOP accepts up to 27 hours of sponsored CE each renewal period and requires courses to be approved by the American Psychological Association, California Psychological Association, Association of Black Psychologists, California Medical Association, or the Accreditation Council for Continuing Medical Education.

Continuing Medical Education for Physician Assistants. Physician assistants are required to complete 50 hours of CME every two years as a condition of license renewal.⁵ Continuing education requirements may be deemed satisfied if the physician assistant is certified by the National Commission on Certification of Physician Assistants at the time of renewal. CME courses must be Category I (Preapproved) by the American Academy of Physician Assistants, the American Medical Association, the American Osteopathic Association Council on Continuing Medical Education, the American Academy of Family Physicians, the Accreditation Council for Continuing Medical Education (ACCME), or a state medical society recognized by the ACCME.⁶

Continuing Education for Social Workers, Marriage and Family Therapists, Educational Psychologists, and Professional Clinical Counselors. The BBS requires licensees to complete 36 hours of CE, including 6 hours of Law and Ethics⁷, every two-year license renewal period. LMFTs, LCSWs, LPCCs, and LEPs are also required to take one-time courses on suicide risk assessment and intervention, and telehealth as a condition of license renewal. Newly licensed LMFTs, LCSWs, and LPCCs are required to complete CE on HIV/AIDs prior to their first license renewal.⁸ Similarly, newly licensed LEPs are required to take CE related to child abuse assessment and reporting⁹ and alcoholism and other chemical substance dependency¹⁰ if not completed prior to initial licensure. CE must be taken from a BBS-accepted provider, such as an accredited university or an organization or association that is recognized by the BBS as a CE provider.¹¹

Menopause. Menopause is a natural part of aging for women and people assigned female at birth.¹² During perimenopause, decreases in estrogen and progesterone cause menstrual periods to cease, typically over many years in a person's 40s or 50s. Menopause, which marks the end of a person's fertility, is diagnosed after 12 consecutive months without a menstrual cycle. Symptoms include hot flashes, sleep disturbances, and emotional changes, and may be managed by hormone therapy, prescription medications, and lifestyle changes. Symptoms may improve during postmenopause, but risks of adverse health conditions such including osteoporosis and heart disease are elevated.

⁴ [Board of Psychology Continuing Professional Development Information](#)

⁵ 16 CCR § 1399.615

⁶ [Physician Assistant Board Continuing Medical Education Information](#)

⁷ 16 CCR § 1887.3(d)

⁸ 16 CCR § 1887.3(c)

⁹ 16 CCR § 1807.2

¹⁰ 16 CCR § 1810

¹¹ [Board of Behavioral Sciences Licensee Continuing Education Information Brochure](#)

¹² [Cleveland Clinic Menopause](#)

A 2017 survey of 183 postgraduates in family medicine, internal medicine, and obstetrics and gynecology residency programs across the US highlighted knowledge gaps concerning hormone therapy and menopause management strategies. Notably, 20% of respondents (36) reported a lack of menopause lectures during residency and just 6.8% (12) felt adequately prepared to manage menopausal patients. The authors of the study emphasized the need to invest in “the education of future clinicians to ensure evidence-based, comprehensive menopause management for the increasing population of midlife women.”¹³

This bill would require physician and surgeons, osteopathic physician and surgeons, registered nurses, psychologists, physician assistants, LCSWs, LEPs, LMFTs, and LPCCs to have the option of taking CE related to menopausal mental or physical health within their scope of practice. Considering people of lower socioeconomic status are more likely to experience menopause at a younger age and have worse symptoms,¹⁴ the author’s office believes that this bill will reduce health-related inequities by ensuring health care providers are knowledgeable about menopause,

Current Related Legislation.

AB 2467 (Bauer-Kahan) of 2024 would require a health care service plan contract or health insurance policy, except for a specialized contract or policy, that is issued, amended, or renewed on or after January 1, 2025, to include coverage for treatment of perimenopause and menopause. *AB 2467 is pending in the Assembly Health Committee.*

AB 2229 (Wilson) of 2024 would require comprehensive sexual health education to include instruction and materials on menopause, among other topics related to menstruation. *AB 2229 is pending in the Assembly Appropriations Committee.*

AB 2581 (Maienschein) of 2024 would licensees of the MBC, OMBC, BRN, PAB, BOP, and the BBS to have the option of taking coursework on maternal mental health to satisfy CE requirements. *AB 2581 is pending in this committee.*

AB 3119 (Low) of 2024 would require the MBC, in determining its CE requirements, to consider including a course in Long COVID. *AB 3119 is pending in this committee.*

Prior Related Legislation.

AB 845 (Maienschein), Chapter 220, Statutes of 2019, requires the MBC, in determining its CE requirements for licensed physicians and surgeons, to consider including a course in maternal mental health.

AB 1791 (Waldron), Chapter 122, Statutes of 2018, requires the MBC, in determining its CE requirements, to consider including a continuing medical education course relating to the

¹³ Kling JM, MacLaughlin KL, Schnatz PF, Crandall CJ, Skinner LJ, Stuenkel CA, Kaunitz AM, Bitner DL, Mara K, Fohmader Hilsaca KS, Faubion SS. Menopause Management Knowledge in Postgraduate Family Medicine, Internal Medicine, and Obstetrics and Gynecology Residents: A Cross-Sectional Survey. *Mayo Clin Proc.* 2019 Feb;94(2):242-253.

¹⁴ Santoro N, Sutton-Tyrrell K. The SWAN song: Study of Women's Health Across the Nation's recurring themes. *Obstet Gynecol Clin North Am.* 2011 Sep;38(3):417-23.

integration of HIV/AIDS pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) medication maintenance and counseling in primary care settings.

AB 1340 (Maienschein), Chapter 759, Statutes of 2017, requires the MBC to, when determining its CE requirements, consider including a course in integrating mental and physical health care in primary care settings.

ARGUMENTS IN SUPPORT:

The **California Retired Teachers Association** writes in support:

[This bill] would expand the scope of continuing education and professional development opportunities for doctors and therapists to include menopausal mental and physical health. Since a disproportionate number of teachers are women, ensuring medical professionals can expand their expertise on women’s medical issues during menopause will provide overall better care.

ARGUMENTS IN OPPOSITION:

None on file

POLICY ISSUE(S) FOR CONSIDERATION:

Need for the bill. Historically, similar bills have either required a board to encourage its licensees to take CE related to a particular topic, mandated licensees to complete CE related to a specific topic, or required a board to consider requiring licensees to complete specified CE. This bill only requires that licensees have the *option* to take CE related to a specific subject—menopausal mental or physical health. This committee is currently aware of at least one CE course on the topic.¹⁵ As such, it is unclear why a licensee would not currently have the option to take CE related to menopausal health unless such coursework is not relevant to the licensee’s practice or does not meet a board’s parameters for acceptable CE. Provided the availability of CE related to menopause, the benefit of the bill is uncertain.

Relevance. Existing law requires licensees under the BBS (LCSWs, LMFTs, LEPs, and LPCCs) to take CE courses that are related to their field of practice. While the topic of menopause may be relevant to the practice of a LCSW, LMFT, or LPCC, it is much less likely to be applicable to LEPs whose clients are children. However, as currently written, this bill could be interpreted to require the BBS to accept menopause-related CE from any licensee regardless of germaneness.

IMPLEMENTATION ISSUES:

Impact on existing CE requirements. Existing law requires licensees to complete 30-50 hours of CE (depending on license type) every license renewal period. In fulfillment of some of those hours, some boards require licensees to complete coursework related to California law and ethics. As the bill is currently drafted, it is unclear whether the completion of a single CE course related to menopause would satisfy the entirety of a licensee’s CE obligation, including any specific coursework required by a board.

¹⁵ [Menopause Online Course | Mayo Clinic](#)

AMENDMENTS:

To address the aforementioned policy and implementation issues, the author has agreed to amend the bill as follows:

- 1) In Section 3 of the bill, strike out “~~Notwithstanding any law to the contrary, a licensee shall have the option of taking coursework on menopausal mental or physical health within the scope of their practice to satisfy continuing education requirements.~~” and replace with “*In determining its continuing professional development requirements, the board shall consider including a course in menopausal mental or physical health.*”
- 2) Strike the remainder of the bill.
- 3) Add “*In determining its continuing education requirements, the board shall consider including a course in menopausal mental or physical health.*” to the following existing BPC Sections, respectively:
 - a. BPC § 2191 related to physicians and surgeons
 - b. BPC § 2811.5 related to registered nurses
 - c. BPC § 3524.5 related to physician assistants
 - d. BPC § 4980.54 related to marriage and family therapists
 - e. BPC § 4989.34 related to educational psychologists
 - f. BPC § 4996.22 related to social workers
 - g. BPC § 4999.76 related to clinical counselors

REGISTERED SUPPORT:

California Retired Teachers Association

REGISTERED OPPOSITION:

None on file

Analysis Prepared by: Kaitlin Curry / B. & P. / (916) 319-3301

MEMORANDUM

DATE	May 10, 2024
TO	Psychology Board Members
FROM	Troy Polk, Legislative and Regulatory Analyst
SUBJECT	Agenda Item 13(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 2282 was referred to the Assembly Committees on Judiciary and Human Services.

On April 9, 2024, AB 2282 passed the Committee on Judiciary.

On April 12, 2024, AB 2282 was presented to the Legislative and Regulatory Affairs Committee for possible position recommendation.

Board Staff will continue to monitor AB 2282.

Action Requested

Legislative and Regulatory Affairs Committee recommendation: Continue to watch AB 2282.

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, 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. 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: April 9, 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 of the child has on more than one occasion been adjudicated a dependent as a result of physical or sexual abuse and removed from the custody of the parent or guardian because of such 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 (c).)

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 of the child has on more than one occasion been adjudicated a dependent as a result of physical or sexual abuse and removed from the custody of the parent or guardian because of such 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	May 10, 2024
TO	Psychology Board Members
FROM	Troy Polk, Legislative and Regulatory Analyst
SUBJECT	Agenda Item 13(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.

On April 10, AB 2581 was amended to require the Board to consider including a course in maternal mental health for continuing professional development.

On April 11, 2024, AB 2581 passed the Committee on Business and Professions and was referred to Committee on Appropriations.

On April 12, 2024, AB 2581 was presented to the Legislative and Regulatory Affairs Committee for a possible position recommendation.

Board Staff will continue to monitor AB 2581.

Action Requested

Legislative and Regulatory Affairs Committee recommendation: The Board take a **Support** position on AB 2581.

Attachment #1: AB 2581 Amended Bill Text

Attachment #2: AB 2581 Fact Sheet

Attachment #3: Assembly Business and Profession Analysis

AMENDED IN ASSEMBLY APRIL 10, 2024

CALIFORNIA LEGISLATURE—2023–24 REGULAR SESSION

ASSEMBLY BILL

No. 2581

Introduced by Assembly Member Maienschein
(Coauthor: Assembly Member Bains)

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 amend Sections 2811.5, 3524.5, 4980.54, 4989.34, 4996.22, and 4999.76 of, and to add Section 2914.4 to,~~ the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

AB 2581, as amended, 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: the above-specified boards, in determining their continuing education requirements, to consider including a course in maternal mental health.~~

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 2811.5 of the Business and Professions
2 Code is amended to read:
3 2811.5. (a) Each person renewing their license under Section
4 2811 shall submit proof satisfactory to the board that, during the
5 preceding two-year period, they have been informed of the
6 developments in the registered nurse field or in any special area
7 of practice engaged in by the licensee, occurring since the last
8 renewal thereof, either by pursuing a course or courses of
9 continuing education in the registered nurse field or relevant to
10 the practice of the licensee, and approved by the board, or by other
11 means deemed equivalent by the board.
12 (b) Notwithstanding Section 10231.5 of the Government Code,
13 the board, in compliance with Section 9795 of the Government
14 Code, shall do the following:
15 (1) By January 1, 2019, deliver a report to the appropriate
16 legislative policy committees detailing a comprehensive plan for
17 approving and disapproving continuing education opportunities.
18 (2) By January 1, 2020, report to the appropriate legislative
19 committees on its progress implementing this plan.
20 (c) For purposes of this section, the board shall, by regulation,
21 establish standards for continuing education. The standards shall
22 be established in a manner to ensure that a variety of alternative
23 forms of continuing education are available to licensees, including,
24 but not limited to, online, academic studies, in-service education,
25 institutes, seminars, lectures, conferences, workshops, extension

1 studies, and home study programs. The standards shall take
2 cognizance of specialized areas of practice, and content shall be
3 relevant to the practice of nursing and shall be related to the
4 scientific knowledge or technical skills required for the practice
5 of nursing or be related to direct or indirect patient or client care.
6 The continuing education standards established by the board shall
7 not exceed 30 hours of direct participation in a course or courses
8 approved by the board, or its equivalent in the units of measure
9 adopted by the board.

10 (d) The board shall audit continuing education providers at least
11 once every five years to ensure adherence to regulatory
12 requirements, and shall withhold or rescind approval from any
13 provider that is in violation of the regulatory requirements.

14 (e) The board shall encourage continuing education in spousal
15 or partner abuse detection and treatment. In the event the board
16 establishes a requirement for continuing education coursework in
17 spousal or partner abuse detection or treatment, that requirement
18 shall be met by each licensee within no more than four years from
19 the date the requirement is imposed.

20 (f) In establishing standards for continuing education, the board
21 shall consider including a course in the special care needs of
22 individuals and their families, including, but not limited to, all of
23 the following:

- 24 (1) Pain and symptom management, including palliative care.
- 25 (2) The psychosocial dynamics of death.
- 26 (3) Dying and bereavement.
- 27 (4) Hospice care.

28 (g) *In establishing standards for continuing education, the board*
29 *shall consider including a course in maternal mental health.*

30 ~~(g)~~

31 (h) This section shall not apply to licensees during the first two
32 years immediately following their initial licensure in California
33 or any other governmental jurisdiction, except that, beginning
34 January 1, 2023, those licensees shall complete one hour of direct
35 participation in an implicit bias course offered by a continuing
36 education provider approved by the board that meets all the same
37 requirements outlined in paragraph (1) of subdivision (f) of Section
38 2786, including, but not limited to, the identification of the
39 licensees previous or current unconscious biases and
40 misinformation and corrective measures to decrease implicit bias

1 at the interpersonal and institutional levels, including ongoing
2 policies and practices for that purpose.

3 ~~(h)~~

4 (i) The board may, in accordance with the intent of this section,
5 make exceptions from continuing education requirements for
6 licensees residing in another state or country, or for reasons of
7 health, military service, or other good cause.

8 *SEC. 2. Section 2914.4 is added to the Business and Professions*
9 *Code, to read:*

10 2914.4. *In determining its continuing professional development,*
11 *the board shall consider including a course in maternal mental*
12 *health.*

13 *SEC. 3. Section 3524.5 of the Business and Professions Code*
14 *is amended to read:*

15 3524.5. (a) The board may require a licensee to complete
16 continuing education as a condition of license renewal under
17 Section 3523 or 3524. The board shall not require more than 50
18 hours of continuing education every two years. The board shall,
19 as it deems appropriate, accept certification by the National
20 Commission on Certification of Physician Assistants (NCCPA),
21 or another qualified certifying body, as determined by the board,
22 as evidence of compliance with continuing education requirements.

23 (b) (1) The board shall adopt regulations to require that, on and
24 after January 1, 2022, all continuing education courses for licensees
25 under this chapter contain curriculum that includes the
26 understanding of implicit bias.

27 (2) Beginning January 1, 2023, continuing education providers
28 shall ensure compliance with paragraph (1).

29 (3) Beginning January 1, 2023, the board shall audit continuing
30 education providers at least once every five years to ensure
31 adherence to regulatory requirements, and shall withhold or rescind
32 approval from any provider that is in violation of the regulatory
33 requirements.

34 (c) Notwithstanding the provisions of subdivision (b), a
35 continuing education course dedicated solely to research or other
36 issues that does not include a direct patient care component is not
37 required to contain curriculum that includes implicit bias in the
38 practice of physician assistants.

1 (d) In order to satisfy the requirements of subdivision (a),
2 continuing education courses shall address at least one or a
3 combination of the following:

4 (1) Examples of how implicit bias affects perceptions and
5 treatment decisions of physician assistants, leading to disparities
6 in health outcomes.

7 (2) Strategies to address how unintended biases in
8 decisionmaking may contribute to health care disparities by shaping
9 behavior and producing differences in medical treatment along
10 lines of race, ethnicity, gender identity, sexual orientation, age,
11 socioeconomic status, or other characteristics.

12 (e) *In determining its continuing education requirements, the*
13 *board shall consider including a course in maternal mental health.*

14 *SEC. 4. Section 4980.54 of the Business and Professions Code*
15 *is amended to read:*

16 4980.54. (a) The Legislature recognizes that the education and
17 experience requirements in this chapter constitute only minimal
18 requirements to ensure that an applicant is prepared and qualified
19 to take the licensure examinations as specified in subdivision (d)
20 of Section 4980.40 and, if an applicant passes those examinations,
21 to begin practice.

22 (b) In order to continuously improve the competence of licensed
23 and registered marriage and family therapists and as a model for
24 all psychotherapeutic professions, the Legislature encourages all
25 licensees and registrants to regularly engage in continuing
26 education related to the profession or scope of practice as defined
27 in this chapter.

28 (c) (1) Except as provided in subdivision ~~(e)~~, (f), the board shall
29 not renew any license pursuant to this chapter unless the applicant
30 certifies to the board, on a form prescribed by the board, that the
31 applicant has completed not less than 36 hours of approved
32 continuing education in or relevant to the field of marriage and
33 family therapy in the preceding two years, as determined by the
34 board.

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

1 (d) The board shall have the right to audit the records of any
2 applicant to verify the completion of the continuing education
3 requirement. Applicants shall maintain records of completion of
4 required continuing education coursework for a minimum of two
5 years and shall make these records available to the board for
6 auditing purposes upon request.

7 (e) *In determining its continuing education requirements, the*
8 *board shall consider including a course in maternal mental health.*

9 ~~(e)~~

10 (f) The board may establish exceptions from the continuing
11 education requirements of this section for good cause, as defined
12 by the board.

13 ~~(f)~~

14 (g) The continuing education shall be obtained from one of the
15 following sources:

16 (1) An accredited school or state-approved school that meets
17 the requirements set forth in Section 4980.36 or 4980.37. Nothing
18 in this paragraph shall be construed as requiring coursework to be
19 offered as part of a regular degree program.

20 (2) Other continuing education providers, as specified by the
21 board by regulation.

22 ~~(g)~~

23 (h) The board shall establish, by regulation, a procedure for
24 identifying acceptable providers of continuing education courses,
25 and all providers of continuing education, as described in
26 paragraphs (1) and (2) of subdivision ~~(f)~~; (g), shall adhere to
27 procedures established by the board. The board may revoke or
28 deny the right of a provider to offer continuing education
29 coursework pursuant to this section for failure to comply with this
30 section or any regulation adopted pursuant to this section.

31 ~~(h)~~

32 (i) Training, education, and coursework by approved providers
33 shall incorporate one or more of the following:

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

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

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

40 ~~(i)~~

1 (j) A system of continuing education for licensed marriage and
2 family therapists shall include courses directly related to the
3 diagnosis, assessment, and treatment of the client population being
4 served.

5 ~~(j)~~

6 (k) The continuing education requirements of this section shall
7 comply fully with the guidelines for mandatory continuing
8 education established by the Department of Consumer Affairs
9 pursuant to Section 166.

10 *SEC. 5. Section 4989.34 of the Business and Professions Code*
11 *is amended to read:*

12 4989.34. (a) To renew a license, a licensee shall certify to the
13 board, on a form prescribed by the board, completion in the
14 preceding two years of not less than 36 hours of approved
15 continuing education in, or relevant to, educational psychology.

16 (b) (1) The continuing education shall be obtained from either
17 an accredited university or a continuing education provider as
18 specified by the board by regulation.

19 (2) The board shall establish, by regulation, a procedure
20 identifying acceptable providers of continuing education courses,
21 and all providers of continuing education shall comply with
22 procedures established by the board. The board may revoke or
23 deny the right of a provider to offer continuing education
24 coursework pursuant to this section for failure to comply with this
25 section or any regulation adopted pursuant to this section.

26 (c) *In determining its continuing education requirements, the*
27 *board shall consider including a course in maternal mental health.*

28 ~~(c)~~

29 (d) Training, education, and coursework by approved providers
30 shall incorporate one or more of the following:

31 (1) Aspects of the discipline that are fundamental to the
32 understanding or the practice of educational psychology.

33 (2) Aspects of the discipline of educational psychology in which
34 significant recent developments have occurred.

35 (3) Aspects of other disciplines that enhance the understanding
36 or the practice of educational psychology.

37 ~~(d)~~

38 (e) The board may audit the records of a licensee to verify
39 completion of the continuing education requirement. A licensee
40 shall maintain records of the completion of required continuing

1 education coursework for a minimum of two years and shall make
2 these records available to the board for auditing purposes upon its
3 request.

4 (e)

5 (f) The board may establish exceptions from the continuing
6 education requirements of this section for good cause, as
7 determined by the board.

8 (f)

9 (g) The continuing education requirements of this section shall
10 comply fully with the guidelines for mandatory continuing
11 education established by the Department of Consumer Affairs
12 pursuant to Section 166.

13 *SEC. 6. Section 4996.22 of the Business and Professions Code*
14 *is amended to read:*

15 4996.22. (a) (1) Except as provided in subdivision ~~(e)~~, (d),
16 the board shall not renew any license pursuant to this chapter unless
17 the applicant certifies to the board, on a form prescribed by the
18 board, that the applicant has completed not less than 36 hours of
19 approved continuing education in or relevant to the field of social
20 work in the preceding two years, as determined by the board.

21 (2) The board shall not renew any license of an applicant who
22 began graduate study before January 1, 2004, pursuant to this
23 chapter unless the applicant certifies to the board that during the
24 applicant's first renewal period after the operative date of this
25 section, the applicant completed a continuing education course in
26 spousal or partner abuse assessment, detection, and intervention
27 strategies, including community resources, cultural factors, and
28 same gender abuse dynamics. On and after January 1, 2005, the
29 course shall consist of not less than seven hours of training.
30 Equivalent courses in spousal or partner abuse assessment,
31 detection, and intervention strategies taken before the operative
32 date of this section or proof of equivalent teaching or practice
33 experience may be submitted to the board and at its discretion,
34 may be accepted in satisfaction of this requirement. Continuing
35 education courses taken pursuant to this paragraph shall be applied
36 to the 36 hours of approved continuing education required under
37 paragraph (1).

38 (3) The board shall not renew any registration pursuant to this
39 chapter unless the registrant certifies under penalty of perjury to
40 the board, and on a form prescribed by the board, that they have

1 completed not less than three hours of continuing education in the
2 subject of California law and ethics during the preceding year.

3 *(b) in determining its continuing education requirements, the*
4 *board shall consider including a course in maternal mental health.*

5 ~~(b)~~

6 *(c)* The board shall have the right to audit the records of any
7 applicant to verify the completion of the continuing education
8 requirement. Applicants shall maintain records of completion of
9 required continuing education coursework for a minimum of two
10 years and shall make these records available to the board for
11 auditing purposes upon request.

12 ~~(c)~~

13 *(d)* The board may establish exceptions from the continuing
14 education requirement of this section for good cause as defined
15 by the board.

16 ~~(d)~~

17 *(e)* The continuing education shall be obtained from one of the
18 following sources:

19 (1) An accredited school of social work, as defined in Section
20 4991.2, or a school or department of social work that is a candidate
21 for accreditation by the Commission on Accreditation of the
22 Council on Social Work Education. Nothing in this paragraph shall
23 be construed as requiring coursework to be offered as part of a
24 regular degree program.

25 (2) A school, college, or university accredited by a regional or
26 national institutional accrediting agency that is recognized by the
27 United States Department of Education or a school, college, or
28 university that is approved by the Bureau for Private Postsecondary
29 Education.

30 (3) Another continuing education provider, as specified by the
31 board by regulation.

32 ~~(e)~~

33 *(f)* The board shall establish, by regulation, a procedure for
34 identifying acceptable providers of continuing education courses,
35 and all providers of continuing education, as described in
36 paragraphs (1) and (2) of subdivision ~~(d)~~, *(e)*, shall adhere to the
37 procedures established by the board. The board may revoke or
38 deny the right of a provider to offer continuing education
39 coursework pursuant to this section for failure to comply with this
40 section or any regulation adopted pursuant to this section.

1 ~~(f)~~
2 (g) Training, education, and coursework by approved providers
3 shall incorporate one or more of the following:

4 (1) Aspects of the discipline that are fundamental to the
5 understanding, or the practice, of social work.

6 (2) Aspects of the social work discipline in which significant
7 recent developments have occurred.

8 (3) Aspects of other related disciplines that enhance the
9 understanding, or the practice, of social work.

10 ~~(g)~~
11 (h) A system of continuing education for licensed clinical social
12 workers shall include courses directly related to the diagnosis,
13 assessment, and treatment of the client population being served.

14 ~~(h)~~
15 (i) The continuing education requirements of this section shall
16 comply fully with the guidelines for mandatory continuing
17 education established by the Department of Consumer Affairs
18 pursuant to Section 166.

19 ~~(i)~~
20 (j) The board may adopt regulations as necessary to implement
21 this section.

22 *SEC. 7. Section 4999.76 of the Business and Professions Code*
23 *is amended to read:*

24 4999.76. (a) (1) Except as provided in subdivision~~(e)~~, (d),
25 the board shall not renew any license pursuant to this chapter unless
26 the applicant certifies to the board, on a form prescribed by the
27 board, that the applicant has completed not less than 36 hours of
28 approved continuing education in or relevant to the field of
29 professional clinical counseling in the preceding two years, as
30 determined by the board.

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

36 (b) *In determining its continuing education requirements, the*
37 *board shall consider including a course in maternal mental health.*

38 ~~(b)~~
39 (c) The board shall have the right to audit the records of any
40 applicant to verify the completion of the continuing education

1 requirement. Applicants shall maintain records of completed
2 continuing education coursework for a minimum of two years and
3 shall make these records available to the board for auditing
4 purposes upon request.

5 ~~(e)~~

6 (d) The board may establish exceptions from the continuing
7 education requirement of this section for good cause, as defined
8 by the board.

9 ~~(d)~~

10 (e) The continuing education shall be obtained from one of the
11 following sources:

12 (1) A school, college, or university that is accredited or
13 approved, as defined in Section 4999.12. Nothing in this paragraph
14 shall be construed as requiring coursework to be offered as part
15 of a regular degree program.

16 (2) Other continuing education providers as specified by the
17 board by regulation.

18 ~~(e)~~

19 (f) The board shall establish, by regulation, a procedure for
20 identifying acceptable providers of continuing education courses,
21 and all providers of continuing education, as described in
22 paragraphs (1) and (2) of subdivision ~~(d)~~; (e), shall adhere to
23 procedures established by the board. The board may revoke or
24 deny the right of a provider to offer continuing education
25 coursework pursuant to this section for failure to comply with this
26 section or any regulation adopted pursuant to this section.

27 ~~(f)~~

28 (g) Training, education, and coursework by approved providers
29 shall incorporate one or more of the following:

30 (1) Aspects of the discipline that are fundamental to the
31 understanding or the practice of professional clinical counseling.

32 (2) Significant recent developments in the discipline of
33 professional clinical counseling.

34 (3) Aspects of other disciplines that enhance the understanding
35 or the practice of professional clinical counseling.

36 ~~(g)~~

37 (h) A system of continuing education for licensed professional
38 clinical counselors shall include courses directly related to the
39 diagnosis, assessment, and treatment of the client population being
40 served.

1 ~~(h)~~

2 (i) The continuing education requirements of this section shall
3 fully comply with the guidelines for mandatory continuing
4 education established by the Department of Consumer Affairs
5 pursuant to Section 166.

6 ~~SECTION 1. Section 2191.3 is added to the Business and~~
7 ~~Professions Code, to read:~~

8 ~~2191.3. 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. 2. Section 2811.7 is added to the Business and Professions~~
12 ~~Code, to read:~~

13 ~~2811.7. 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. 3. Section 2914.4 is added to the Business and Professions~~
17 ~~Code, to read:~~

18 ~~2914.4. Notwithstanding any law to the contrary, a licensee~~
19 ~~shall have the option of taking coursework on maternal~~
20 ~~mentalhealth to satisfy continuing education requirements.~~

21 ~~SEC. 4. Section 3524.6 is added to the Business and Professions~~
22 ~~Code, to read:~~

23 ~~3524.6. 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. 5. Section 4980.56 is added to the Business and~~
27 ~~Professions Code, to read:~~

28 ~~4980.56. 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.~~

31 ~~SEC. 6. Section 4989.35 is added to the Business and~~
32 ~~Professions Code, to read:~~

33 ~~4989.35. Notwithstanding any law to the contrary, a licensee~~
34 ~~shall have the option of taking coursework on maternal mental~~
35 ~~health to satisfy continuing education requirements.~~

36 ~~SEC. 7. Section 4996.29 is added to the Business and~~
37 ~~Professions Code, to read:~~

38 ~~4996.29. Notwithstanding any law to the contrary, a licensee~~
39 ~~shall have the option of taking coursework on maternal mental~~
40 ~~health to satisfy continuing education requirements.~~

1 ~~SEC. 8. Section 4999.77 is added to the Business and~~
2 ~~Professions Code, to read:~~
3 ~~4999.77. 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.~~

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

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916-319-2076

Date of Hearing: April 9, 2024

ASSEMBLY COMMITTEE ON BUSINESS AND PROFESSIONS

Marc Berman, Chair

AB 2581 (Maienschein) – As Introduced February 14, 2024

SUBJECT: Healing arts: continuing education: maternal mental health.

SUMMARY: Requires licensees of the Medical Board of California (MBC), Osteopathic Medical Board of California (OMBC), Board of Registered Nursing (BRN), Physician Assistants Board (PAB), Board of Psychology (BOP), and the Board of Behavioral Sciences (BBS) to have the option to take coursework on maternal mental health to satisfy continuing education (CE) requirements.

EXISTING LAW:

- 1) Establishes the Medical Practice Act, which provides for the state's licensure and regulation of physicians and surgeons, and the Osteopathic Act, which provides for the state's licensure and regulation of osteopathic physicians and surgeons. (Business and Professions Code (BPC) § 2000 et seq.)
- 2) Establishes the MBC within the Department of Consumer Affairs for purposes of implementing and enforcing the Medical Practice Act. (BPC § 2001)
- 3) Establishes the OMBC for purposes of implementing and enforcing the Osteopathic Act and the Medical Practice Act, when applicable. (BPC § 2701)
- 4) Specifies that references to the MBC in the Medical Practice Act also refer to the OMBC, as specified. (BPC § 2451)
- 5) Requires the MBC to adopt and administer standards for the CE of its licensees; authorizes the MBC to set content standards for any education regarding the prevention and treatment of a chronic disease; and mandates that the MBC require each licensed physician and surgeon to demonstrate satisfaction of CE requirements at intervals of not less than four nor more than six years. (BPC § 2190)
- 6) Authorizes the MBC's Division of Licensing to establish continuing medical education standards for courses that serve to maintain, develop, or increase the knowledge, skills, and professional performance that a physician and surgeon uses to provide care, or to improve the quality of care provided to patients. (BPC § 2190.1)
- 7) Requires a physician and surgeon to complete not less than 50 hours of approved CE during every two years as a condition of license renewal. (California Code of Regulations, Title 16, § 1336)
- 8) In determining its CE requirements, requires the MBC to consider including courses related to numerous specified subjects. (BPC §§ 2191, 2191.4, 2191.5, 2196.9)
- 9) Requires most physicians and surgeons to complete a one-time CE course in pain management and the treatment of terminally ill and dying patients, which must include the subject of the risks associated with the use of Schedule II drugs. (BPC § 2190.5)

- 10) Authorizes a physician and surgeon to complete a one-time CE course on the treatment and management of opiate-dependent patients as an alternative to the required course in pain management. (BPC § 2190.6)
- 11) Requires the OMBC to adopt and administer standards for CE of osteopathic physician and surgeons. (BPC § 2454.5)
- 12) Mandates that the OMBC require each licensed osteopathic physician and surgeon to complete a minimum of 50 hours of American Osteopathic Association CE hours, as specified, and demonstrate satisfaction of CE requirements every two years as a condition of license renewal. (BPC § 2454.5)
- 13) Requires osteopathic physician and surgeons to complete a course on the risks of addiction associated with the use of Schedule II drugs. (BPC § 2454.5)
- 14) Establishes the Nursing Practice Act, which provides for the state's licensure and regulation of registered nurses. (BPC §§ 2700-2838.4)
- 15) Establishes the BRN, within DCA, for purposes of implementing and enforcing the Nursing Practice Act. (BPC § 2701)
- 16) Requires the BRN to, by regulation, establish standards for CE, as specified. (BPC § 2811.5(c))
- 17) Requires registered nurses to complete 30 hours of CE approved by the BRN every two years as a condition of license renewal. (California Code of Regulations, Title 16, § 1451)
- 18) In establishing standards for CE, requires the BRN to consider including a course in the special needs care of individuals and their families, including, but not limited to: pain and symptom management; the psychosocial dynamics of death; dying and bereavement; and hospice care. (BPD § 2811.5(f))
- 19) Requires the BRN to adopt regulations requiring all CE courses to contain curriculum related to implicit bias. (BPC § 2736.5)
- 20) Requires the BRN to encourage CE in spousal or partner abuse detection and treatment. (BPC § 2811.5(e))
- 21) Establishes the Psychology Licensing Law, which provides for the state's licensure and regulation of psychologists. (BPC § 2901)
- 22) Establishes the BOP within DCA for purposes of implementing and enforcing the Psychology Licensing Law. (BPC § 2920)
- 23) Requires licensed psychologists to complete 36 hours of approved continuing professional development (CPD), as specified, every two years as a condition of license renewal. (BPC § 2915(a))
- 24) Requires the BOP to encourage every licensed psychologist to take CPD in geriatric pharmacology. (BPC § 2914.1)

- 25) Requires the BOP to encourage licensed psychologists to take CPD in psychopharmacology and biological basis of behavior. (BPC § 2914.2)
- 26) Establishes the Physician Assistant Practice Act, which provides for the state's licensure and regulation of PAs. (BPC §§ 3500.5-3545)
- 27) Authorizes the PAB to require a licensee to complete CE as a condition of license renewal, but not more than 50 hours every two years. (BPC § 3524.5(a))
- 28) Requires the PAB to adopt regulations that require all CE courses to contain curriculum related to implicit bias. (BPC § 3524.5(b))
- 29) Requires specified PAs to complete, as part of their CE requirements, a course that covers Schedule II controlled substances and the risks of addiction associated with their use. (BPC § 3502.1(e)(3))
- 30) Establishes the Licensed Marriage and Family Therapist Act, which provides for the state's licensure and regulation of licensed marriage and family therapists (LMFT), the Educational Psychologist Practice Act, which provides for the state's licensure and regulation of licensed educational psychologists (LEP), the Licensed Professional Clinical Counselor Act, which provides for the licensure and regulation of licensed professional clinical counselors (LPCC), and the Clinical Social Worker Practice Act, which provides for the state's licensure and regulation of licensed clinical social workers (LCSW). (BPC §§ 4980-4989; 4989.10-4989.18; 4991-4998.5, 4999.10-4999.129)
- 31) Establishes the BBS for purposes of implementing and enforcing the Licensed Marriage and Family Therapist Act, the Educational Psychologist Practice Act, the Licensed Professional Clinical Counselor Act, and the Clinical Social Worker Practice Act. (BPC § 4989.12)
- 32) Requires licensees, as a condition of license renewal, to certify to the BBS that they have completed 36 hours of approved CE in or relevant to their field of practice in the past two years. (BPC § 4980.54(c), 4989.34(a), 4996.22(a), 4996.6(b)(3), 4999.76(a)(1))
- 33) Requires that 6 hours of the required 36 hours of CE taken in a renewal period be in the subject of law and ethics. (California Code of Regulations, Title 16, § 1887.3(c))
- 34) Requires continuing training, education, and coursework to be from approved providers and must incorporate one or more of the following: aspects of the discipline that are fundamental to the understanding or the practice of the profession for which the individual is licensed; aspects of the discipline in which significant recent developments have occurred; or aspects of other disciplines that enhance the understanding or the practice of the profession for which the individual is licensed. (BPC § 4980.54(h), 4989.34(c), 4996.22(f), and 4999.76(f))
- 35) Requires the BBS to establish, by regulation, a procedure for identifying acceptable providers of CE courses for LMFTs, LPCCs, and LCSWs, and requires all CE providers to adhere to procedures established by the BBS. (BPC §§ 4980.54(g), 4996.22(e), 4999.76(e))

THIS BILL:

- 1) Requires a licensee of the MBC, BRN, BOP, PAB, or the BBS to have the option of taking coursework on maternal mental health to satisfy continuing education requirements, notwithstanding any law to the contrary.

FISCAL EFFECT: Unknown. This bill is keyed fiscal by Legislative Counsel.

COMMENTS:

Purpose. This bill is author-sponsored. According to the author:

In 2019, maternal mental health conditions became the primary cause of pregnancy-related deaths. Training perinatal nurses and providers in maternal mental health is crucial for effective patient support. Understanding women's health factors and addressing pregnancy risks is essential across healthcare disciplines. This bill expands education to include maternal mental health courses for various medical professionals, enhancing their ability to treat patients effectively.

Background.

Continuing Medical Education for Physicians. Physicians and surgeons licensed by the MBC and the OMBC are required to complete 50 hours of approved CE every two years as a condition of license renewal. Though existing law also requires the MBC to consider requiring CE related to various topics (e.g. nutrition), there are only two subject-specific CE requirements in statute. Most physicians and surgeons are required to complete a one-time, 12-hour training in either the pain management and treatment of terminally ill and dying patients or the treatment and management of opiate-dependent patients.¹ Additionally, general internists and family physicians who have a patient population of which over 25 percent are 65 years of age or older must complete at least 20 percent of their mandatory CE in the field of geriatric medicine. Physicians are otherwise afforded great latitude in choosing which CE courses to take to satisfy their 50 hours. Both the MBC and the OMBC require CE courses to be accredited or approved by specified organizations such as the American Medical Association and the Accreditation Council for Continuing Medical Education. Osteopathic physician and surgeons specifically are required to complete a minimum of 20 CE hours certified by the American Osteopathic Association.²

Continuing Education for Registered Nurses. All nurses under the BRN are required by statute to complete 30 hours of CE during each two-year renewal cycle to ensure continued competence. Courses must be related to either the scientific knowledge or technical skills required for the practice of nursing, or to direct or indirect patient care.³ Courses approved by appropriate state, regional and national health professional associations as well as other professional health and licensing boards in and out of California can be acceptable, so long as the content meets the BRN's requirements.

¹ Pathologists and radiologists are exempt from this requirement.

² [Osteopathic Medical Board of California Continuing Medical Education](#)

³ [Board of Registered Nursing Continuing Education for License Renewal](#)

Continuing Professional Development for Psychologists. Psychologists under the BOP are required to complete at least 36 hours of approved CDP every two years as a condition of license renewal. Acceptable CDP activities include professional activities (e.g. peer consultation, exam development, and attendance at a BOP meeting), academic activities (e.g. graduate level coursework and authoring publications), board certification by the American Board of Professional Psychology, and sponsored CE.⁴ The BOP accepts up to 27 hours of sponsored CE each renewal period and requires courses to be approved by the American Psychological Association, California Psychological Association, Association of Black Psychologists, California Medical Association, or the Accreditation Council for Continuing Medical Education.

Continuing Medical Education for Physician Assistants. Physician assistants are required to complete 50 hours of CME every two years as a condition of license renewal.⁵ Continuing education requirements may be deemed satisfied if the physician assistant is certified by the National Commission on Certification of Physician Assistants at the time of renewal. CME courses must be Category I (Preapproved) by the American Academy of Physician Assistants, the American Medical Association, the American Osteopathic Association Council on Continuing Medical Education, the American Academy of Family Physicians, the Accreditation Council for Continuing Medical Education (ACCME), or a state medical society recognized by the ACCME.⁶

Continuing Education for Social Workers, Marriage and Family Therapists, Educational Psychologists, and Professional Clinical Counselors. The BBS requires licensees to complete 36 hours of CE, including 6 hours of Law and Ethics⁷, every two-year license renewal period. LMFTs, LCSWs, LPCCs, and LEPs are also required to take one-time courses on suicide risk assessment and intervention, and telehealth as a condition of license renewal. Newly licensed LMFTs, LCSWs, and LPCCs are required to complete CE on HIV/AIDs prior to their first license renewal.⁸ Similarly, newly licensed LEPs are required to take CE related to child abuse assessment and reporting⁹ and alcoholism and other chemical substance dependency¹⁰ if not completed prior to initial licensure. CE must be taken from a BBS-accepted provider, such as an accredited university or an organization or association that is recognized by the BSS as a CE provider.¹¹

Maternal Mental Health. According to the Maternal Mental Health Leadership Alliance, 20 percent of pregnant people are affected by mental health conditions, ranging from the “baby blues” to more serious conditions such as depression, substance use disorder, post-traumatic stress disorders, bipolar disorder, and psychosis.¹² Of those experiencing maternal mental health (MMH) conditions, 75 percent go untreated, increasing the likelihood of pregnant people having poor prenatal care, abusing substances, and experiencing sexual physical, emotional, or sexual abuse. Postpartum, birthing people are more likely to question their competency as a parent, experience breastfeeding challenges, be less responsive to their baby, and have fewer positive

⁴ [Board of Psychology Continuing Professional Development Information](#)

⁵ 16 CCR § 1399.615

⁶ [Physician Assistant Board Continuing Medical Education Information](#)

⁷ 16 CCR § 1887.3(d)

⁸ 16 CCR § 1887.3(c)

⁹ 16 CCR § 1807.2

¹⁰ 16 CCR § 1810

¹¹ [Board of Behavioral Sciences Licensee Continuing Education Information Brochure](#)

¹² [Maternal Mental Health Overview Fact Sheet - MMHLA - Nov 2023](#)

outcome with their baby. Notably, suicide and overdose are the leading cause of maternal deaths. Babies born to parents with untreated MMH conditions have a higher risk of preterm birth, low birth weight, excessive crying, developmental delays, and adverse childhood experiences. The risk of stillbirth is also greater. Untreated MMH conditions are estimated to cost \$14 billion in the U.S. annually.

In 2019, AB 845 (Maienschein), Chapter 220, Statutes of 2019 was chaptered, requiring the MBC to consider including maternal mental health in its CME requirements for physician and surgeons. This bill would require physicians and surgeons, osteopathic physicians and surgeons, registered nurses, physician assistants, psychologists, LCSWs, LMFTs, LEPs, and LPCCs to have the option of taking CE coursework related to maternal mental health. In doing so, the author's office provides that this bill would help eliminate inequities experienced by marginalized communities who are more likely to experience MMH conditions.

Current Related Legislation.

AB 2270 (Maienschein) of 2024 would require licensees of the MBC, OMBC, BRN, PAB, BOP, or the BBS to have the option to take coursework on menopausal mental or physical health within the scope of their practice to satisfy CE requirements. *AB 2270 is pending in this committee.*

AB 3119 (Low) of 2024 would require the MBC, in determining its CE requirements, to consider including a course in Long COVID. *AB 3119 is pending in this committee.*

Prior Related Legislation.

AB 845 (Maienschein), Chapter 220, Statutes of 2019, requires the MBC, in determining its CE requirements for physicians and surgeons to consider including a course in maternal mental health, as specified.

AB 2193 (Maienschein), Chapter 755, Statutes of 2018, requires a licensed health care practitioner who provides prenatal or postpartum care for a patient to ensure the mother is offered screening or is appropriately screened for MMH conditions.

AB 1340 (Maienschein), Chapter 759, Statutes of 2017, requires the MBC to, in determining its CE requirements, consider including a course on integrating mental and physical health care in primary care settings.

ARGUMENTS IN SUPPORT:

The **American College of Obstetricians and Gynecologists District IX** writes in support of this bill:

Perinatal depression, which includes major and minor depressive episodes that occur during pregnancy or in the first 12 months after delivery, is one of the most common medical complications during pregnancy and the postpartum period, affecting one in seven women. It is important to identify pregnant and postpartum women with depression because untreated perinatal depression and other mood disorders can have devastating effects.

There is evidence that screening alone can have clinical benefits, although initiation of treatment or referral to mental health care providers offers maximum benefit. Therefore, it is beneficial for all providers who may be providing care during the perinatal period to be trained in the knowledge and skills necessary to support their patients effectively.

ARGUMENTS IN OPPOSITION:

None on file.

POLICY ISSUES.

Need for the bill. Historically, similar bills have either required a board to encourage its licensees to take CE related to a particular topic, mandated licensees to complete CE related to a specific topic, or required a board to consider requiring licensees to complete specified CE. This bill only requires that licensees have the *option* to take CE related to a specific subject—maternal mental health. This committee is currently aware of at least one CE course on the topic.¹³ As such it is unclear why a licensee would not currently have the option to take CE related to maternal mental health unless such coursework is not relevant to the licensee’s practice or does not meet a board’s parameters for acceptable CE. Provided the availability of CE related to maternal mental health, the benefit of the bill is uncertain.

Relevance. Existing law requires licensees under the BBS (LCSWs, LMFTs, LEPs, and LPCCs) to take CE courses that are related to their field of practice. While the topic of menopause may be relevant to the practice of a LCSW, LMFT, or LPCC, it is much less likely to be applicable to LEPs whose clients are children. However, as currently written, this bill could be interpreted to require the BBS to accept menopause-related CE from any licensee regardless of germaneness.

IMPLEMENTATION ISSUES:

Impact on existing CE requirements. Existing law requires licensees to complete 30-50 hours of CE (depending on license type) every license renewal period. In fulfillment of a portion of those hours, some boards require licensees to complete coursework related to California law and ethics. As the bill is currently drafted, it is unclear whether the completion of a single CE course related to maternal mental health would satisfy the entirety of a licensee’s CE obligation, including any specific coursework required by a board.

AMENDMENTS:

To address the aforementioned policy and implementation issues, the author has agreed to amend the bill as follows:

- 1) In Section 3 of the bill, strike out “~~Notwithstanding any law to the contrary, a licensee shall have the option of taking coursework on maternal mental health within the scope of their practice to satisfy continuing education requirements.~~” and replace with “*In determining its continuing professional development requirements, the board shall consider including a course in maternal mental health.*”
- 2) Strike the remainder of the bill.

¹³ [Addressing Perinatal Mental Health Conditions in Obstetric Settings | ACOG](#)

3) Add “*In determining its continuing education requirements, the board shall consider including a course in maternal mental health.*” to the following existing BPC Sections, respectively:

- a. BPC § 2811.5 related to registered nurses
- b. BPC § 3524.5 related to physician assistants
- c. BPC § 4980.54 related to marriage and family therapists
- d. BPC § 4989.34 related to educational psychologists
- e. BPC § 4996.22 related to social workers
- f. BPC § 4999.76 related to clinical counselors

REGISTERED SUPPORT:

American College of Obstetricians and Gynecologists District IX

REGISTERED OPPOSITION:

None on file.

Analysis Prepared by: Kaitlin Curry / B. & P. / (916) 319-3301

MEMORANDUM

DATE	May 10, 2024
TO	Psychology Board Members
FROM	Troy Polk, Legislative and Regulatory Analyst
SUBJECT	Agenda Item 13(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.

On April 3, 2024, AB 2703 pass the committee on Health, and was referred to the committee on Appropriations.

On April 12, 2024, AB 2703 was presented the Legislative and Regulatory Affairs Committee for possible position recommendation.

Board Staff will continue to monitor AB 2703.

Action Requested

Legislative and Regulatory Affairs Committee recommendation: The Board take a **Support** position on AB 2703

Attachment #1: AB 2703 Bill Text

Attachment #2: AB 2703 Fact Sheet

Attachment #3: Assembly Appropriations Analysis

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.

O

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.

Date of Hearing: April 17, 2024

ASSEMBLY COMMITTEE ON APPROPRIATIONS
Buffy Wicks, Chair
AB 2703 (Aguiar-Curry) – As Introduced February 14, 2024

Policy Committee: Health

Vote: 15 - 0

Urgency: No

State Mandated Local Program: No

Reimbursable: No

SUMMARY:

This bill allows federally qualified health centers (FQHCs) and rural health clinics (RHCs) (collectively, health centers) to bill Medi-Cal for a visit provided by a psychological associate.

FISCAL EFFECT:

Cost pressure to DHCS of an unknown amount, possibly in the hundreds of thousands to millions of dollars to reimburse health centers for services provided by psychological associates (General Fund, federal funds). DHCS would also incur minor additional costs to pursue a state plan amendment.

According to the Legislative Analyst's Office, the General Fund faces a structural deficit in the tens of billions of dollars over the next several fiscal years.

COMMENTS:

- 1) **Purpose.** This bill is sponsored by California Psychological Association and CPCA Advocates, Subsidiary of the California Primary Care Association. According to the author:

Today, California faces a mental health crisis that is compounded by a shortage of mental health professionals. FQHCs and RHCs in particular need more behavioral health professionals because they provide critical care for 7.7 million Californians, with one-third of their patients being served by Medi-Cal. AB 2703, which will expand access to desperately needed mental and behavioral health services for safety net patients at FQHCs and RHCs, will allow Medi-Cal to reimburse community health centers for services provided by Psychological Associates. This bill will also help bring more culturally-competent psychologists into the workforce by increasing their training opportunities and give them important exposure to community-based healthcare, making them much more likely to continue that work once they are licensed.

- 2) **Background.**

FQHCs and RHCs. FQHCs and RHCs are federally designated health centers that receive federal grant funding under Section 330 of the federal Public Health Service Act. These

health centers are also core providers in the Medi-Cal program and serve as a health care safety net within communities. Health centers are required to provide primary care services regardless of ability to pay; patients without health care coverage may receive care and pay on a sliding scale. There are over 1,000 FQHCs and nearly 300 RHCs in California. The number of health centers in California has grown significantly in recent years, largely attributable to the investment in health centers and the expansion of Medicaid eligibility included in the federal Patient Protection and Affordable Care Act.

Behavioral Health Trainees in FQHCs and RHCs. During the COVID-19 Public Health Emergency (PHE), the state pursued numerous flexibilities to enhance the accessibility of health care, including the addition of services of associate clinical social workers (ACSWs) and associate marriage and family therapists (AMFTs) at health centers as billable visits. After the expiration of the PHE, SB 966 (Limón), Chapter 607, Statutes of 2022, codified the addition of these providers. Pursuant to that legislation and as implemented by State Plan Amendment 22-014, health centers may continue to bill for an encounter with an ACSW or AMFT. ACSWs and AMFTs have completed a master's degree and are registered with the Board of Behavioral Sciences but have yet to complete their years of clinical training.

A psychological associate is a behavioral health professional trainee who has a master's or doctorate degree, or is admitted into a specified doctoral program. Psychological associates and licensed psychologists are regulated by the Board of Psychology (Board). There are 1,645 psychological associates registered with the Board, and about 24,000 licensed psychologists. Licensed behavioral health practitioners must supervise and assume professional liability for services furnished by the unlicensed practitioners; for psychological associates, the supervising practitioner is a licensed psychologist.

- 3) **Budget Request.** The author submitted a request for funding in the state budget, but did not specify an amount.
- 4) **Prior Legislation.**
 - a) SB 966 (Limón), Chapter 607, Statutes of 2022, added services of ACSWs and AMFTs at health centers as Medi-Cal billable visits, and required DHCS to seek any necessary federal approvals.
 - b) AB 1863 (Wood), Chapter 610, Statutes of 2016, added licensed MFTs as Medi-Cal providers who are permitted to bill for visits at an FQHC or RHC if DHCS approves a change in scope of services.
 - c) AB 858 (Wood) and AB 690 (Wood), of the 2015-16 Legislative Session, would have added MFTs to the list of health care professionals that could bill Medi-Cal for purposes of a health center visit. AB 858 was vetoed by Governor Brown, who said it would require new spending at a time when there was considerable uncertainty in the funding of the program. AB 690 was held in this committee.

MEMORANDUM

DATE	May 10, 2024
TO	Psychology Board Members
FROM	Troy Polk, Legislative and Regulatory Analyst
SUBJECT	Agenda Item 13(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.

On April 12, 2024, AB 2862 was presented to the Legislative and Regulatory Affairs Committee for possible position recommendation.

On April 17, 2024, AB 2862 was amended to include that the provision will remain in effect until January 1, 2029.

Board Staff will continue to monitor AB 2862.

Action Requested

Legislative and Regulatory Affairs Committee recommendation: Continue to watch AB 2862.

Attachment #1: AB 2862 Amended Bill Text

Attachment #2: Assembly Business and Professions Analysis

AMENDED IN ASSEMBLY APRIL 17, 2024

CALIFORNIA LEGISLATURE—2023–24 REGULAR SESSION

ASSEMBLY BILL

No. 2862

Introduced by Assembly Member Gipson
(Coauthors: Assembly Members Juan Carrillo and Lowenthal)

February 15, 2024

An act to add ~~Division 1.1 (commencing with Section 473) to and repeal Section 115.7 of the Business and Professions Code, relating to professions and vocations.~~

LEGISLATIVE COUNSEL'S DIGEST

AB 2862, as amended, Gipson. ~~Licensing—Department of Consumer Affairs:~~ 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.~~ *establishes the Department of Consumer Affairs, which is composed of specified boards that license and regulate various professions.*

This bill would require *those* 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.~~ *repeal those provisions on January 1, 2029.*

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 115.7 is added to the Business and
2 Professions Code, to read:

3 115.7. (a) Notwithstanding any other law, a board shall
4 prioritize African American applicants seeking licenses, especially
5 applicants who are descended from a person enslaved in the United
6 States.

7 (b) This section shall remain in effect only until January 1, 2029,
8 and as of that date is repealed.

9 SECTION 1. ~~Division 1.1 (commencing with Section 473) is~~
10 ~~added to the Business and Professions Code, to read:~~

11
12 DIVISION 1.1. PRIORITIZATION OF LICENSES

13
14 473. (a) For purposes of this division:

15 (1) ~~“Board” includes “bureau,” “commission,” “committee,”~~
16 ~~“department,” “division,” “examining committee,” “program,”~~
17 ~~and “agency.”~~

18 (2) ~~“License” includes certificate, registration, or other means~~
19 ~~to engage in a business or profession regulated by this code.~~

20 (b) ~~Notwithstanding any other law, a board shall prioritize~~
21 ~~African American applicants seeking licenses, especially applicants~~
22 ~~who are descended from a person enslaved in the United States.~~

Date of Hearing: April 16, 2024

ASSEMBLY COMMITTEE ON BUSINESS AND PROFESSIONS

Marc Berman, Chair

AB 2862 (Gipson) – As Introduced February 15, 2024

NOTE: This bill is double referred and if passed by this Committee will be re-referred to the Assembly Committee on Judiciary.

SUBJECT: Licenses: African American applicants.

SUMMARY: Requires state licensing boards to prioritize African American applicants seeking licenses, especially applicants who are descended from a person enslaved in the United States.

EXISTING LAW:

- 1) Provides that the term “board” includes “bureau,” “commission,” “committee,” “department,” “division,” “examining committee,” “program,” and “agency.” (Business and Professions Code (BCP) § 22)
- 2) States that unless otherwise expressly provided, the term “license” means license, certificate, registration, or other means to engage in a business or profession regulated by the Business and Professions Code. (BPC § 23.7)
- 3) Establishes the Department of Consumer Affairs (DCA) within the Business, Consumer Services, and Housing Agency. (BPC § 100)
- 4) Enumerates various regulatory boards, bureaus, committees, and commissions under the DCA’s jurisdiction. (BPC § 101)
- 5) States that boards, bureaus, and commissions within the DCA must establish minimum qualifications and levels of competency and license persons desiring to engage in the occupations they regulate, upon determining that such persons possess the requisite skills and qualifications necessary to provide safe and effective services to the public. (BPC § 101.6)
- 6) Requires boards within the DCA to expedite, and authorizes boards to assist, the initial licensure process for an applicant who has served as an active duty member of the Armed Forces of the United States and was honorably discharged or who, beginning July 1, 2024, is enrolled in the United States Department of Defense SkillBridge program. (BPC § 115.4)
- 7) Requires boards within the DCA to expedite the licensure process and waive any associated fees for applicants who hold a current license in another state and who are married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States who is assigned to a duty station in this state under official active duty military orders. (BPC § 115.5)
- 8) Requires boards within the DCA to expedite, and authorizes boards to assist, the initial licensure process for applicants who have been admitted to the United States as a refugee, have been granted asylum by the Secretary of Homeland Security or the Attorney General of the United States, or have a special immigrant visa. (BPC § 135.4)

- 9) Requires the Medical Board of California (MBC), the Osteopathic Medical Board of California (OMBC), the Board of Registered Nursing (BRN), and the Physician Assistant Board (PAB) to expedite the licensure process for applicants who demonstrate that they intend to provide abortions within the scope of practice of their license. (BPC § 870)
- 10) Requires the MBC to give priority review status to the application of an applicant for a physician's and surgeon's certificate who can demonstrate that they intend to practice in a medically underserved area or serve a medically underserved population. (BPC § 2092)\
- 11) Requests that the Regents of the University of California assemble a colloquium of scholars to draft a research proposal to analyze the economic benefits of slavery that accrued to owners and the businesses, including insurance companies and their subsidiaries, that received those benefits. (Education Code § 92615)
- 12) Requires the Insurance Commissioner to obtain the names of any slaveholders or slaves described in specified insurance records, and to make the information available to the public and the Legislature. (Insurance Code § 13811)
- 13) Declares that descendants of slaves, whose ancestors were defined as private property, dehumanized, divided from their families, forced to perform labor without appropriate compensation or benefits, and whose ancestors' owners were compensated for damages by insurers, are entitled to full disclosure. (Insurance Code § 13813)
- 14) Requires the State Controller's Office and the Department of Human Resources, when collecting demographic data as to the ancestry or ethnic origin of persons hired into state employment, to include collection categories and tabulations for Black or African American groups, including, but not limited to, African Americans who are descendants of persons who were enslaved in the United States. (Government Code § 8310.6)

THIS BILL:

- 1) Requires boards to prioritize African American applicants seeking licenses, especially applicants who are descended from a person enslaved in the United States.
- 2) Clarifies that "board" includes "bureau," "commission," "committee," "department," "division," "examining committee," "program," and "agency"; and "license" includes certificate, registration, or other means to engage in a regulated business or profession.

FISCAL EFFECT: Unknown; this bill is keyed fiscal by the Legislative Counsel.

COMMENTS:

Purpose. This bill is sponsored by the author as part of a package of bills introduced by members of the California Legislative Black Caucus. According to the author:

"AB 2465 would provide an imperative initiative of the prioritization of African Americans when seeking occupational licenses, especially those who are descendants of slaves. There has been historical long-standing deficiencies and internal barriers to African Americans seeking professional work, and by prioritizing their applications, we are bridging the gap of professional inequities of under representation and under compensation."

Background.

Expedited Licensure. The DCA consists of 36 boards, bureaus, and other entities responsible for licensing, certifying, or otherwise regulating professionals in California. As of March 2023, there are over 3.4 million licensees overseen by programs under the DCA, including health professionals regulated by healing arts boards under Division 2 of the Business and Professions Code. Each licensing program has its own unique requirements, with the governing acts for each profession providing for various prerequisites including prelicensure education, training, and examination. Most boards additionally require the payment of a fee and some form of background check for each applicant.

The average length of time between the submission of an initial license application and approval by an entity under the DCA can vary based on a number of circumstances, including increased workload, delays in obtaining an applicant's criminal history, and deficiencies in an application. Boards typically set internal targets for application processing timelines and seek adequate staffing in an effort to meet those targets consistently. License processing timelines are then regularly evaluated through the Legislature's sunset review oversight process.

The first expedited licensure laws specifically related to the unique needs of military families. The Syracuse University Institute for Veterans and Military Families found that up to 35 percent of military spouses are employed in fields requiring licensure. Because each state possesses its own licensing regime for professional occupations, military family members are required to obtain a new license each time they move states, with one-third of military spouses reportedly moving four or more times while their partner is on active duty. Because of the barriers encountered by military family members who seek to relocate their licensed work to a new state, it is understood that continuing to work in their field is often challenging if not impossible.

In an effort to address these concerns, Assembly Bill 1904 (Block) was enacted in 2012 to require boards and bureaus under the DCA to expedite the licensure process for military spouses and domestic partners of a military member who is on active duty in California. Two years later, Senate Bill 1226 (Correa) was enacted to similarly require boards and bureaus under the DCA to expedite applications from honorably discharged veterans, with the goal of enabling these individuals to quickly transition into civilian employment upon retiring from service.

Statute requires entities under the DCA to annually report the number of applications for expedited licensure that were submitted by veterans and active-duty spouses and partners. For example, in Fiscal Year 2022-23, the MBC received 14 applications from military spouses or partners and 101 applications from honorably discharged veterans subject to expedited processing. In 2023, the federal Servicemembers Civil Relief Act (SCRA) imposed new requirements on states to recognize qualifying out-of-state licenses for service members and their spouses. This new form of enhanced license portability potentially displaces the need for expedited licensure for these applicants.

A decade after the first expedited licensure laws were enacted for military families, the Legislature enacted Assembly Bill 2113 (Low) in 2020 to require licensing entities under the DCA to expedite licensure applications for refugees, asylees, and Special Immigrant Visa holders. The intent of this bill was to address the urgency of allowing those forced to flee their homes to restart their lives upon acceptance into California with refugee status. It is understood that the population of license applicants who have utilized this new expedited licensure program across all DCA entities is, to date, relatively small.

Subsequently in 2022, the Legislature enacted Assembly Bill 657 (Cooper) to add another category of applicants eligible for expedited licensure. This bill required the MBC, OMBC, the BRN, and the PAB to expedite the license application for an applicant who demonstrates that they intend to provide abortions. This bill was passed in the wake of the Supreme Court's decision to overturn *Roe v. Wade*, which led to concerns that with approximately half of all states likely to seek to ban abortion, patients in those states would come to California to receive abortion services, creating a swell in demand for abortion providers. Assembly Bill 657 was passed to ensure that there is an adequate health care provider workforce to provide urgent reproductive care services.

State Efforts to Provide Reparations to Descendants of Slavery. In 2020, the Legislature enacted Assembly Bill 3121 (Weber), which established the Task Force to Study and Develop Reparation Proposals for African Americans, with a Special Consideration for African Americans Who are Descendants of Persons Enslaved in the United States. The bill's findings and declarations acknowledged that "more than 4,000,000 Africans and their descendants were enslaved in the United States and the colonies that became the United States from 1619 to 1865." The bill further found that as "a result of the historic and continued discrimination, African Americans continue to suffer debilitating economic, educational, and health hardships," including, among other hardships, "an unemployment rate more than twice the current white unemployment rate."

The Task Force created by AB 3121 was given responsibility for studying and developing reparation proposals for African Americans as a result of slavery and numerous subsequent forms of discrimination based on race. The Task Force was then required to recommend appropriate remedies in consideration of its findings, which were submitted as a report to the Legislature on June 29, 2023. The *California Reparations Report*, drafted with staff assistance from the California Department of Justice, totals over a thousand pages and provides a comprehensive history of the numerous past injustices and persistent inequalities and discriminatory practices. The report also includes a number of recommendations for how the state should formally apologize for slavery, provide compensation and restitution, and address the pervasive effects of enslavement and other historical atrocities.

Chapter 10 of the Task Force's report, titled "Stolen Labor and Hindered Opportunity," addresses how African Americans have historically been excluded from occupational licenses. As discussed in the report, "state licensure systems worked in parallel to exclusion by unions and professional societies in a way that has been described by scholars as "particularly effective" in excluding Black workers from skilled, higher paid jobs. White craft unions implemented unfair tests, conducted exclusively by white examiners to exclude qualified Black workers."

The report additionally describes how as the use of licensure to regulate jobs increased beginning in the 1950s, African American workers continued to be excluded from economic opportunity, in large part due to laws disqualifying licenses for applicants with criminal records, which disproportionately impacted African Americans. This specific issue was previously addressed in California through the Legislature's enactment of Assembly Bill 2138 (Chiu/Low) in 2018, which reduced barriers to licensure for individuals with prior criminal histories by limiting the discretion of most regulatory boards to deny a new license application to cases where the applicant was formally convicted of a substantially related crime or subjected to formal discipline by a licensing board, with nonviolent offenses older than seven years no longer eligible for license denial.

In its discussion of issues relating to professional licensure, the Task Force concludes by stating that “while AB 2138 represents progress, other schemes remain in California which continue to have a racially discriminatory impact.” The Task Force then provides several recommendations on how the Legislature could “expand on AB 2138.” This includes a recommendation in favor of “prioritizing African American applicants seeking occupational licenses, especially those who are descendants [of slavery].”

On January 31, 2024, the California Legislative Black Caucus announced the introduction of the 2024 Reparations Priority Bill Package, consisting of a series of bills introduced by members of the caucus to implement the recommendations in the Task Force’s report. As part of that package, this bill seeks to implement the Task Force’s recommendation by requiring boards to prioritize African American applicants seeking licenses, especially applicants who are descended from a person enslaved in the United States. This requirement would be similar to existing expedited licensure processes for military families, refugee applicants, and abortion providers. While this bill would only represent a single step in what could be considered a long journey toward addressing the malignant consequences of slavery and systemic discrimination, the author believes it would meaningfully address the specific impact those transgressions have had on African Americans seeking licensure in California.

Current Related Legislation.

ACR 135 (Weber) would formally acknowledge the harms and atrocities committed by representatives of the State of California who promoted, facilitated, enforced, and permitted the institution of chattel slavery and the legacy of ongoing badges and incidents of slavery that form the systemic structures of discrimination. *This bill is pending in the Senate Committee on Judiciary.*

AB 3089 (Jones-Sawyer) would provide that the State of California apologizes for perpetuating the harms African Americans faced by having imbued racial prejudice through segregation, public and private discrimination, and unequal disbursement of state and federal funding and declares that such actions shall not be repeated. *This bill is pending in the Assembly Committee on Judiciary.*

AB 2166 (Weber) would update existing prelicensure education and examination requirements for license applicants under the State Board of Barbering and Cosmetology to include instruction and testing on the provision of services to individuals with all hair types and textures. *This bill is pending in this committee.*

AB 2442 (Zbur) requires specified healing arts boards under the DCA to expedite the licensure process for applicants who demonstrate that they intend to provide gender-affirming health care or gender-affirming mental health care services. *This bill is pending in this committee.*

SB 1067 (Smallwood-Cuevas) would require healing arts boards to expedite the licensure process for applicants who intend to practice in a medically underserved area. *This bill is pending in the Senate Committee on Business, Professions, and Economic Development.*

Prior Related Legislation.

AB 657 (Cooper, Chapter 560, Statutes of 2022) requires specified boards under the DCA to expedite applications from applicants who demonstrate that they intend to provide abortions.

AB 3121 (Weber, Chapter 319, Statutes of 2020) established the Task Force to Study and Develop Reparation Proposals for African Americans, with a Special Consideration for African Americans Who are Descendants of Persons Enslaved in the United States.

AB 2113 (Low, Chapter 186, Statutes of 2020) requires entities under the DCA to expedite applications from refugees, asylees, and special immigrant visa holders.

AB 2138 (Chiu, Chapter 995, Statutes of 2018) reduced barriers to licensure for individuals with prior criminal convictions.

SB 1226 (Correa, Chapter 657, Statutes of 2014) requires entities under the DCA to expedite applications from honorable discharged veterans.

AB 1904 (Block, Chapter 399, Statutes of 2012) requires entities under the DCA to expedite applications from military spouses and partners.

ARGUMENTS IN SUPPORT:

The **California African American Chamber of Commerce** supports this bill, writing: “By prioritizing African American applicants, especially those with ancestral ties to slavery, AB 2862 seeks to promote equity and provide opportunities for economic advancement within our community. This legislation is crucial in fostering diversity and inclusivity in various industries, paving the way for greater representation and participation of African Americans in the workforce. Furthermore, AB 2862 aligns with the California African American Chamber of Commerce's mission to drive economic opportunity and wealth creation for African American businesses. By ensuring fair access to licensure, this bill contributes to our overarching goal of promoting economic empowerment and prosperity for African American entrepreneurs and professionals across the state.”

ARGUMENTS IN OPPOSITION:

The **Pacific Legal Foundation** (PLF) writes in opposition to this bill: “Fewer barriers to entering the workforce, not more, will meaningfully advance opportunity in California. Barriers based on race are especially odious and detrimental. Licensing laws already hinder opportunity, and the government does not need to make things worse by injecting racial discrimination into the system.” The PLF further argues that this bill violates the Equal Protection Clause of the Fourteenth Amendment to the United States Constitution.

POLICY ISSUE(S) FOR CONSIDERATION:

Creation of Additional Expedited Licensure Processes. When expedited licensure was first established as a process in California, it was intended to address unique issues relating to military families who move frequently and can often not afford to wait to qualify for a new license each time they relocate to a new state. The addition of refugee and asylee applicants was intended to respond to a growing international refugee crisis by providing similar benefits to a small number of applicants whose relocation to California was presumably abrupt and who would need to rebuild their professions. In that same spirit, the extension of expedited licensure to abortion care providers was aimed at preparing for a potential influx of demand for those services in the wake of the Supreme Court’s decision to overturn longstanding protections for reproductive rights.

Several pieces of legislation have been introduced this year that would establish new expedited licensure requirements for additional populations of applicants. Each of these proposals is certainly meritorious, as were each of the measures previously signed into law. However, there is potentially a cause for concern that as the state contemplates adding more categories of license applicants to the growing list of applications that must be expedited by entities within the DCA, the value of expediting each applicant type becomes diluted and non-expedited applications could become unduly delayed.

If the Legislature intends to extend expedited licensure requirements to new demographics of applicants—which the author of this bill has argued cogently in favor of doing—attention should be paid to the impact that all these proposals ultimately have in their totality. The Legislature should also subsequently revisit the need for expedited licensure requirements that were established in particular contexts and determine if they are still needed, which could be achieved by the addition of sunset clauses. It may ultimately prove to be appropriate to continue expediting the licenses applications for those proposed in this bill in the future.

Constitutionality. In June of 2023, the Supreme Court of the United States issued its ruling in *Students for Fair Admissions v. Harvard*, in which it decided that the Equal Protection Clause of the Fourteenth Amendment prohibits universities from positively considering race as a factor in admissions. This decision strongly suggests an antagonistic position within the current composition of the Supreme Court when reviewing policies that necessarily consider race as a means of improving equitable access to opportunity or providing redress to representatives of racial groups that have been subjected to discrimination and marginalization. The likelihood of this bill’s provisions surviving a strict scrutiny examination by the Supreme Court will be more thoroughly discussed when this bill is re-referred to the Assembly Committee on Judiciary.

IMPLEMENTATION ISSUES:

As currently drafted, this bill would create a new division within the Business and Professions Code for purposes of establishing a single statute with two subdivisions—one of which contains provisions identical to those codified elsewhere that apply to the entire code. In addition to considerations of statutory organization and aesthetics, this placement potentially generates uncertainty relating to the bill’s applicability. The author may wish to relocate the provisions of the bill to a section in the chapter that currently includes other expedited licensure requirements.

AMENDMENTS:

- 1) To allow the Legislature to revisit the expedited licensure requirements of this bill in the future to determine if those requirements are still needed, add a new subdivision providing that the bill’s provisions will sunset in four years unless extended by the Legislature.
- 2) To relocate the bill’s contents to an existing chapter of code, strike Section 1 of the bill and instead add the language contained in subdivision (b) to a newly created Section 115.7 in Chapter 1 of the Business and Professions Code.

REGISTERED SUPPORT:

California African American Chamber of Commerce
Greater Sacramento Urban League
One individual

REGISTERED OPPOSITION:

Pacific Legal Foundation

Analysis Prepared by: Robert Sumner / B. & P. / (916) 319-3301

MEMORANDUM

DATE	May 10, 2024
TO	Psychology Board Members
FROM	Troy Polk, Legislative and Regulatory Analyst
SUBJECT	Agenda Item 13(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.

On April 12, 2024, SB 1012 was presented to the Legislative and Regulatory Affairs Committee for possible position recommendation. The Committee expressed concerns regarding the language, and how the Board, licensees and the profession would apply to the new registration category and the practice of psychedelic-assisted therapy.

On April 16, 2024, SB 1012 passed the Committee on Business, Professions and Economic Development.

Board Staff will continue to monitor SB 1012

Action Requested

Legislative and Regulatory Affairs Committee recommendation: The Board take a **Oppose** position on SB 1012.

Attachment #1: SB 1012 Amended Bill Text

Attachment #2: SB 1012 Fact Sheet

Attachment #3: Senate Business, Professions and Economic Development Analysis.

AMENDED IN SENATE MARCH 20, 2024

SENATE BILL

No. 1012

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~~ *Sections 101 and 729* 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~~: *controlled substances*.

LEGISLATIVE COUNSEL'S DIGEST

SB 1012, as amended, Wiener. The ~~Regulated Psychedelic-assisted Therapy Act and the Regulated Psychedelic Substances Control Psychedelic Facilitators Act and the Regulated Psychedelic-Assisted Therapy 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~~: *Affairs in the Business, Consumer Services, and Housing Agency*. 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~~ *Psychedelic Facilitators Act*, which would establish the Board of Regulated Psychedelic Facilitators in the Department of Consumer Affairs to license and regulate ~~psychedelic-assisted therapy~~ *psychedelic* 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~~, *educational*, training, and other qualifications and requirements for obtaining a license as a regulated ~~psychedelic-assisted therapy~~ *psychedelic* 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~~ *Psychedelic Facilitators 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~~ *consistent with recommendations made by* 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~~, *psychedelic facilitation*, including regulations governing the scope of practice for regulated ~~psychedelic-assisted therapy~~ *psychedelic* 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~~. *psychedelic facilitation training*. 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~~. *suspension or revocation*. The bill would make a violation of specified acts subject to discipline *or denial of a license* 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~~ *regulated psychedelic* facilitator. The bill would ~~prohibit a local government from enacting or enforcing an ordinance that conflicts with the act.~~ *authorize a local government to reasonably regulate the time, place, and manner of regulated psychedelic facilitation within its boundaries.*

(3) This bill would enact the ~~Regulated Psychedelic Substances Control~~ *Psychedelic-Assisted Therapy Act* to establish a comprehensive system to control and regulate the ~~cultivation, production,~~ distribution, transportation, storage, processing, manufacturing, testing, quality control, and sale of regulated psychedelic substances for use in conjunction with ~~regulated psychedelic-assisted therapy.~~ *psychedelic facilitation, as defined, the provision of psychedelic facilitation, the approval of locations where regulated psychedelic facilitation may take place, and the collection and publication of data on the implementation and outcomes of the act.* The bill would define “regulated psychedelic substances” to include dimethyltryptamine; mescaline; 3,4-methylenedioxymethamphetamine (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~~ *Psychedelic-Assisted Therapy, to be under the supervision and control of a director appointed by the Governor;* 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~~ *take specified actions* to carry out its duties under the act, including conducting investigations and employing peace officers. *The bill would grant to specified personnel the authority of peace officers while engaged in investigating the laws administered by the division or commencing criminal prosecution arising from investigations, as specified.* The bill would require the division, no later than April 1, 2025, to convene a ~~Regulated Psychedelic Substances Advisory~~ *Expert Oversight Committee, to be appointed by the Governor;* 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 oversight~~ *committee,* commencing on January 1, 2026, to publish an annual public report that includes, among

other things, the ~~advisory oversight~~ committee's recommendations to the division *and the board* and whether those recommendations were implemented. The bill would require the division to adopt ~~regulations~~ *regulations, consistent with the recommendations of the oversight committee*, for the administration and enforcement of laws regulating regulated psychedelic substances and services, including regulations ~~that, among other things, that~~ 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. *registration*. The bill would require the division, no later than April 1, 2026, to begin to accept and process applications for licensure. *The bill would authorize the division to collect fees in connection with activities it regulates.* The bill would create the ~~Regulated Psychedelic Substances Control~~ *Psychedelic-Assisted Therapy* 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~~ *Public 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. *misdemeanor*. 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) Existing law provides that a physician and surgeon, psychotherapist, or alcohol and drug abuse counselor who engages in specified sexual conduct with a patient or client or certain former patients or clients is guilty of sexual exploitation and prescribes specified criminal penalties for acts of sexual exploitation.

This bill would make those provisions applicable to registered psychedelic facilitators. By expanding the scope of a crime, the bill would impose a state-mandated local program.

~~(4)~~

~~(5) 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 Facilitators Act* and the *Regulated Psychedelic-assisted Psychedelic-Assisted Therapy Act* and the *Regulated Psychedelic Substances Control Act* shall be enforceable.~~

~~(5)~~

~~(6) This bill would make conforming changes to the California Uniform Controlled Substances Act.~~

~~(7) This bill would state that its provisions are severable.~~

~~(6) This~~

~~(8) 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.~~

~~(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.~~

~~(8)~~

~~(10) 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

1 tools to address mental health issues, including approaches such
2 as regulated psychedelic-assisted therapy, that are grounded in
3 treatment, recovery, health, and wellness rather than
4 criminalization, stigma, suffering, and punishment.

5 (2) Californians are experiencing problematic mental health
6 issues, ~~including~~ *including*, but not limited to, suicidality, addiction,
7 depression, and anxiety.

8 (3) An extensive and growing body of research is advancing to
9 support the efficacy of regulated psychedelic substances combined
10 with therapy as treatment for depression, anxiety, substance use
11 disorders, end-of-life distress, other conditions, and overall human
12 wellness.

13 (4) Psychedelic substances are powerful agents that have known
14 contraindications for certain populations ~~and, or~~; when used with
15 certain other substances, ~~and~~ can trigger a variety of adverse
16 effects. Thus, the use of psychedelic substances must be
17 accompanied by a strong public education campaign, guardrails
18 for safe access and use in a supervised environment by trained
19 facilitators, harm reduction initiatives, and training for first
20 responders and multiresponders.

21 (5) If accompanied by strong public education, guardrails, and
22 safety standards, Californians can promote health and healing by
23 providing regulated access to psychedelic-assisted therapy through
24 a ~~humane, cost-effective~~, *cost-effective* and responsible approach.

25 (6) Oregon voters enacted Measure 109 in November 2020 and
26 Colorado voters enacted Proposition 122 in November 2022 to
27 establish regulated systems of delivering one or more regulated
28 psychedelic substances in conjunction with therapeutic services.

29 (b) The intent of the Legislature in enacting this act is as follows:

30 ~~(1) Establish a regulated program to allow safe access to~~
31 ~~regulated psychedelic-assisted therapy for adults 21 years of age~~
32 ~~and older under the supervision of a licensed psychedelic-assisted~~
33 ~~therapy facilitator.~~

34 ~~(2) To house the regulatory program within the California~~
35 ~~Business, Consumer Services, and Housing Agency and to~~
36 ~~authorize that agency to oversee and regulate manufacture, testing,~~
37 ~~quality control, transport, and safety of regulated psychedelic~~
38 ~~substances.~~

39 ~~(3) To create and establish a professional licensing board for~~
40 ~~psychedelic-assisted therapy facilitators to govern the qualifications~~

1 for education, training, experience, licensure, professional practice,
2 standards of care, appropriate locations for the provision of
3 psychedelic-assisted therapy, ethics, and discipline for
4 psychedelic-assisted therapy facilitators.

5 ~~(4) To create an advisory committee housed within the~~
6 ~~California Business, Consumer Services, and Housing Agency to~~
7 ~~advise and make recommendations to the agency, the professional~~
8 ~~licensing board, and other involved agencies and departments on~~
9 ~~the adoption of rules and the implementation of this act.~~

10 *(1) To create a Psychedelic Substances Public Education and*
11 *Harm Reduction Fund within the Office of Community Partnerships*
12 *and Strategic Communications that may receive public and private*
13 *dollars to provide grants to public and private entities to develop*
14 *and advance education and harm reduction curricula, public*
15 *education campaigns, trainings, and information for the public*
16 *related to the use of psychedelic substances, including an internet*
17 *website, screening tool, and information about contraindications*
18 *and adverse effects and education and training for first responders*
19 *and multiresponders including law enforcement, emergency*
20 *medical services, social services, and fire services.*

21 *(2) To establish a Division of Regulated Psychedelic-Assisted*
22 *Therapy within the Business, Consumer Services, and Housing*
23 *Agency.*

24 *(3) To establish an expert oversight committee comprised of*
25 *subject matter experts appointed by the Governor to advise all*
26 *aspects of the regulatory program, including advising the division,*
27 *the professional licensing board, and all other involved agencies*
28 *and departments on the adoption of rules and the implementation*
29 *of this act.*

30 *(4) To authorize the division, under the guidance of the expert*
31 *oversight committee, (A) to establish a program to allow for*
32 *regulated access to psychedelic facilitation for adults 21 years of*
33 *age and older under the supervision of a licensed psychedelic*
34 *facilitator, (B) to oversee and regulate manufacture, testing, quality*
35 *control, transport, and safety of regulated psychedelic substances*
36 *for this purpose, and (C) to approve appropriate locations for the*
37 *provision of psychedelic facilitation.*

38 *(5) Within the Department of Consumer Affairs, and under the*
39 *guidance of the expert oversight committee, to establish a*
40 *professional licensing board for psychedelic facilitators to govern*

1 *the qualifications for education, training, experience, licensure,*
2 *professional practice, standards of care, ethics, and discipline for*
3 *psychedelic facilitators.*

4 (6) *To authorize the division, under the guidance of the expert*
5 *oversight committee, to collect data and to publish deidentified*
6 *and aggregate data, while strictly protecting the confidentiality*
7 *of program participants.*

8 ~~(5)~~

9 (7) ~~To ensure that the psychedelic-assisted therapy~~ *psychedelic*
10 *facilitation* available under the regulated program be accessible,
11 equitable, affordable, and safe for adults 21 years of age and older
12 for whom ~~psychedelic-assisted therapy~~ *psychedelic facilitation* is
13 potentially beneficial.

14 ~~(6) Respect~~

15 (8) *To respect* and support indigenous cultures, traditions, and
16 uses of psychedelic substances and not affect rights or undermine
17 any protected status, or practice under other laws related to
18 indigenous uses of psychedelic substances, or affect churches
19 operating pursuant to the Religious Freedom Restoration Act of
20 1993.

21 ~~(7) To create a fund that may receive both public and private~~
22 ~~dollars to provide grants to public and private entities to develop~~
23 ~~and advance education and harm reduction curricula, public~~
24 ~~education campaigns, trainings, and information for the public~~
25 ~~related to the use of psychedelic substances, including an internet~~
26 ~~website, screening tool, and information about contraindications~~
27 ~~and adverse effects and education and training for first responders~~
28 ~~and multiresponders including law enforcement, emergency~~
29 ~~medical services, social services, and fire services.~~

30 ~~(8)~~

31 (9) Not affect or limit any rights or activities protected under
32 any other ~~local, state,~~ *state* or federal law to expand upon any rights
33 or activities protected by this act.

34 SEC. 2. Section 101 of the Business and Professions Code is
35 amended to read:

36 101. The department is comprised of the following:

- 37 (a) The Dental Board of California.
- 38 (b) The Medical Board of California.
- 39 (c) The California State Board of Optometry.
- 40 (d) The California State Board of Pharmacy.

- 1 (e) The Veterinary Medical Board.
- 2 (f) The California Board of Accountancy.
- 3 (g) The California Architects Board.
- 4 (h) The State Board of Barbering and Cosmetology.
- 5 (i) The Board for Professional Engineers, Land Surveyors, and
- 6 Geologists.
- 7 (j) The Contractors State License Board.
- 8 (k) The Bureau for Private Postsecondary Education.
- 9 (l) The Bureau of Household Goods and Services.
- 10 (m) The Board of Registered Nursing.
- 11 (n) The Board of Behavioral Sciences.
- 12 (o) The State Athletic Commission.
- 13 (p) The Cemetery and Funeral Bureau.
- 14 (q) The Bureau of Security and Investigative Services.
- 15 (r) The Court Reporters Board of California.
- 16 (s) The Board of Vocational Nursing and Psychiatric
- 17 Technicians.
- 18 (t) The Landscape Architects Technical Committee.
- 19 (u) The Division of Investigation.
- 20 (v) The Bureau of Automotive Repair.
- 21 (w) The Respiratory Care Board of California.
- 22 (x) The Acupuncture Board.
- 23 (y) The Board of Psychology.
- 24 (z) The Podiatric Medical Board of California.
- 25 (aa) The Physical Therapy Board of California.
- 26 (ab) The Arbitration Review Program.
- 27 (ac) The Physician Assistant Board.
- 28 (ad) The Speech-Language Pathology and Audiology and
- 29 Hearing Aid Dispensers Board.
- 30 (ae) The California Board of Occupational Therapy.
- 31 (af) The Osteopathic Medical Board of California.
- 32 (ag) The California Board of Naturopathic Medicine.
- 33 (ah) The Dental Hygiene Board of California.
- 34 (ai) The Professional Fiduciaries Bureau.
- 35 (aj) The State Board of Chiropractic Examiners.
- 36 (ak) The Bureau of Real Estate Appraisers.
- 37 (al) The Structural Pest Control Board.
- 38 (am) The Board of Regulated Psychedelic Facilitators.
- 39 (an) Any other boards, offices, or officers subject to its
- 40 jurisdiction by law.

1 SEC. 3. Section 729 of the Business and Professions Code is
2 amended to read:

3 729. (a) Any physician and surgeon, psychotherapist, alcohol
4 and drug abuse ~~counselor~~ *counselor*, *psychedelic facilitator*, or
5 any person holding ~~himself or herself~~ *themselves* out to be a
6 physician and surgeon, psychotherapist, ~~or~~ alcohol and drug abuse
7 counselor, *or psychedelic facilitator*, who engages in an act of
8 sexual intercourse, sodomy, oral copulation, or sexual contact with
9 a patient or client, or with a former patient or client when the
10 relationship was terminated primarily for the purpose of engaging
11 in those acts, unless the physician and surgeon, psychotherapist,
12 ~~or~~ alcohol and drug abuse ~~counselor~~ *counselor*, *or regulated*
13 *psychedelic facilitator* has referred the patient or client to an
14 independent and objective physician and surgeon, psychotherapist,
15 ~~or~~ alcohol and drug abuse ~~counselor~~ *counselor*, *or regulated*
16 *psychedelic facilitator* recommended by a third-party physician
17 and surgeon, psychotherapist, ~~or~~ alcohol and drug abuse ~~counselor~~
18 *counselor*, *or regulated psychedelic facilitator* for treatment, is
19 guilty of sexual exploitation by a physician and surgeon,
20 psychotherapist, ~~or~~ alcohol and drug abuse ~~counselor~~ *counselor*,
21 *or regulated psychedelic facilitator*.

22 (b) Sexual exploitation by a physician and surgeon,
23 psychotherapist, ~~or~~ alcohol and drug abuse ~~counselor~~ *counselor*,
24 *or regulated psychedelic facilitator* is a public offense:

25 (1) An act in violation of subdivision (a) shall be punishable by
26 imprisonment in a county jail for a period of not more than six
27 months, or a fine not exceeding one thousand dollars (\$1,000), or
28 by both that imprisonment and fine.

29 (2) Multiple acts in violation of subdivision (a) with a single
30 victim, when the offender has no prior conviction for sexual
31 exploitation, shall be punishable by imprisonment in a county jail
32 for a period of not more than six months, or a fine not exceeding
33 one thousand dollars (\$1,000), or by both that imprisonment and
34 fine.

35 (3) An act or acts in violation of subdivision (a) with two or
36 more victims shall be punishable by imprisonment pursuant to
37 subdivision (h) of Section 1170 of the Penal Code for a period of
38 16 months, two years, or three years, and a fine not exceeding ten
39 thousand dollars (\$10,000); or the act or acts shall be punishable
40 by imprisonment in a county jail for a period of not more than one

1 year, or a fine not exceeding one thousand dollars (\$1,000), or by
2 both that imprisonment and fine.

3 (4) Two or more acts in violation of subdivision (a) with a single
4 victim, when the offender has at least one prior conviction for
5 sexual exploitation, shall be punishable by imprisonment pursuant
6 to subdivision (h) of Section 1170 of the Penal Code for a period
7 of 16 months, two years, or three years, and a fine not exceeding
8 ten thousand dollars (\$10,000); or the act or acts shall be punishable
9 by imprisonment in a county jail for a period of not more than one
10 year, or a fine not exceeding one thousand dollars (\$1,000), or by
11 both that imprisonment and fine.

12 (5) An act or acts in violation of subdivision (a) with two or
13 more victims, and the offender has at least one prior conviction
14 for sexual exploitation, shall be punishable by imprisonment
15 pursuant to subdivision (h) of Section 1170 of the Penal Code for
16 a period of 16 months, two years, or three years, and a fine not
17 exceeding ten thousand dollars (\$10,000).

18 For purposes of subdivision (a), in no instance shall consent of
19 the patient or client be a defense. However, physicians and
20 surgeons shall not be guilty of sexual exploitation for touching
21 any intimate part of a patient or client unless the touching is outside
22 the scope of medical examination and treatment, or the touching
23 is done for sexual gratification.

24 (c) For purposes of this section:

25 (1) “Psychotherapist” has the same meaning as defined in
26 Section 728.

27 (2) “Alcohol and drug abuse counselor” means an individual
28 who holds ~~himself or herself~~ *themselves* out to be an alcohol or
29 drug abuse professional or paraprofessional.

30 (3) “Sexual contact” means sexual intercourse or the touching
31 of an intimate part of a patient for the purpose of sexual arousal,
32 gratification, or abuse.

33 (4) “Intimate part” and “touching” have the same meanings as
34 defined in Section 243.4 of the Penal Code.

35 (5) “*Regulated psychedelic facilitator*” has the same meaning
36 as defined in Section 27002.

37 (d) In the investigation and prosecution of a violation of this
38 section, no person shall seek to obtain disclosure of any
39 confidential files of other patients, clients, or former patients or

1 clients of the physician and surgeon, psychotherapist, or alcohol
2 and drug abuse counselor.

3 (e) This section does not apply to sexual contact between a
4 physician and surgeon and ~~his or her~~ *their* spouse or person in an
5 equivalent domestic relationship when that physician and surgeon
6 provides medical treatment, other than psychotherapeutic treatment,
7 to ~~his or her~~ *their* spouse or person in an equivalent domestic
8 relationship.

9 (f) If a physician and surgeon, psychotherapist, ~~or~~ alcohol and
10 drug abuse ~~counselor~~ *counselor*, *or psychedelic facilitator* in a
11 professional partnership or similar group has sexual contact with
12 a patient in violation of this section, another physician and surgeon,
13 psychotherapist, ~~or~~ alcohol and drug abuse ~~counselor~~ *counselor*,
14 *or psychedelic facilitator* in the partnership or group shall not be
15 subject to action under this section solely because of the occurrence
16 of that sexual contact.

17 ~~SEC. 3.~~

18 *SEC. 4.* Chapter 7.1 (commencing with Section 3200) is added
19 to Division 2 of the Business and Professions Code, to read:

20
21 CHAPTER 7.1. REGULATED PSYCHEDELIC
22 THERAPY FACILITATORS

23
24
25 Article 1. General Provisions

26
27 3200. ~~(a) This act shall be known as the Regulated~~
28 ~~Psychedelic-assisted Therapy Act.~~

29 ~~(b) The intent of the Legislature in acting this act is as follows:~~

30 ~~(1) Establish a regulated program to allow safe access to~~
31 ~~psychedelic-assisted therapy for adults 21 years of age and older~~
32 ~~under the supervision of a licensed facilitator.~~

33 ~~(2) To create and establish a professional licensing board for~~
34 ~~psychedelic-assisted therapy facilitators to govern the qualifications~~
35 ~~for education, training, experience, licensure, professional practice,~~
36 ~~standards of care, ethics, and discipline for psychedelic-assisted~~
37 ~~therapy facilitators.~~

38 ~~(3) Ensure that regulated psychedelic-assisted therapy is~~
39 ~~available, equitable, and affordable for all adults 21 years of age~~

1 and older for whom regulated psychedelic-assisted therapy is
2 appropriate and potentially beneficial.

3 (4) Respect indigenous cultures, traditions, and uses of
4 psychedelic substances and not affect rights or undermine any
5 protected status, or practice under other laws related to indigenous
6 uses of psychedelic substances, or affect churches operating
7 pursuant to the Religious Freedom Restoration Act of 1993.

8 (5) Provide education and harm reduction information for the
9 public related to the use of regulated psychedelic substances,
10 including information about contraindications and adverse effects
11 and training for first responders and multiresponders, including
12 law enforcement, emergency medical services, social services, and
13 fire services.

14 (6) Not affect or limit any rights or activities protected under
15 any other local, state, or federal law to expand upon any rights or
16 activities protected by this act.

17 3201.—The Board of Regulated Psychedelic Facilitators is
18 hereby created within the Department of Consumer Affairs to carry
19 out the responsibilities and duties set forth in this chapter.

20 3202.—Unless otherwise specified, the following definitions
21 apply for purposes of this chapter:

22 (a) “Administration session” means a session conducted at a
23 regulated psychedelic-assisted therapy establishment or other
24 approved location during which a participant consumes and
25 experiences the effects of a regulated psychedelic substance under
26 the supervision of a regulated psychedelic-assisted therapy
27 facilitator.

28 (b) “Adverse event” or “adverse reaction” means any adverse
29 reaction during or after the psychedelic experience requiring
30 psychiatric, medical, or psychological care.

31 (c) “Approved location” means a location approved by the board
32 for the provision of regulated psychedelic-assisted therapy or a
33 clinic, center, or other premises approved by the State Department
34 of Public Health for the provision of regulated psychedelic-assisted
35 therapy.

36 (d) “Approved school” means a school or educational program
37 approved by the board that meets minimum standards for training
38 and curriculum in regulated psychedelic-assisted therapy
39 facilitation and related subjects established by the board and that
40 has not been otherwise unapproved by the board.

- 1 (e) ~~“Board” means the Board of Regulated Psychedelic~~
2 ~~Facilitators.~~
- 3 (f) ~~“Compensation” means a payment, loan, advance, donation,~~
4 ~~contribution, deposit, gift of money, or anything of value.~~
- 5 (g) ~~“Followup session” means a meeting between a participant~~
6 ~~and a regulated psychedelic-assisted therapy facilitator that occurs~~
7 ~~within 12 to 36 hours after the completion of an administration~~
8 ~~session or sooner, if warranted, to assess well-being, screen for~~
9 ~~adverse reactions and, if needed, make referrals to needed care,~~
10 ~~additional psychosocial support, or other interventions.~~
- 11 (h) ~~“Integration session” means counseling provided by the~~
12 ~~regulated psychedelic-assisted facilitator or other personnel trained~~
13 ~~in postpsychedelic support that is intended to help the participant~~
14 ~~ground themselves and feel oriented, better understand their~~
15 ~~psychedelic experience, and apply insights from their experience~~
16 ~~to healthy behavioral change in their daily life.~~
- 17 (i) ~~“License” means a valid license issued by the board pursuant~~
18 ~~to this chapter.~~
- 19 (j) ~~“Participant” means an individual who is 21 years of age or~~
20 ~~older and who received regulated psychedelic-assisted therapy~~
21 ~~performed by and under the supervision of a regulated~~
22 ~~psychedelic-assisted therapy facilitator.~~
- 23 (k) ~~“Preparation session” means a session conducted between~~
24 ~~the participant and the facilitator before the administration of the~~
25 ~~regulated psychedelic substance. More than one preparation session~~
26 ~~may be indicated to provide participants adequate education and~~
27 ~~instruction, to develop sufficient rapport between participant and~~
28 ~~facilitator before psychedelic substance administration, and to~~
29 ~~revisit informed consent and safety planning. The initial preparation~~
30 ~~session shall include review of the safety screen and considerations~~
31 ~~for exclusion; presentation and discussion of detailed information~~
32 ~~about the psychedelic substance, including its potential risks and~~
33 ~~benefits; presentation and discussion of the therapeutic process,~~
34 ~~including administration session parameters; obtaining informed~~
35 ~~consent; safety planning; and other information as the board may~~
36 ~~determine. If three months or more have passed since the last~~
37 ~~psychedelic administration session conducted by a given participant~~
38 ~~with a given facilitator, this will be considered a new course of~~
39 ~~care, and another initial preparation session must be conducted.~~

1 ~~(l) “Regulated psychedelic substances” has the same meaning~~
2 ~~as in subdivision (i) of Section 27002.~~

3 ~~(m) “Regulated psychedelic-assisted therapy” means services~~
4 ~~provided pursuant to this chapter by a regulated~~
5 ~~psychedelic-assisted therapy facilitator or other authorized person~~
6 ~~to a participant before, during, and after the participant’s~~
7 ~~consumption of a regulated psychedelic substance, that includes~~
8 ~~all of the following:~~

9 ~~(1) A safety screen.~~

10 ~~(2) One or more preparation sessions.~~

11 ~~(3) An administration session.~~

12 ~~(4) One or more followup sessions.~~

13 ~~(n) “Regulated psychedelic-assisted therapy establishment” or~~
14 ~~“establishment” means an approved location where regulated~~
15 ~~psychedelic-assisted therapy is performed for compensation.~~

16 ~~(o) “Regulated psychedelic-assisted therapy facilitator” means~~
17 ~~a person licensed by the board who satisfies the requirements set~~
18 ~~forth in Section 3220.~~

19 ~~(p) “Safety screen” means a screening for medical conditions,~~
20 ~~mental health conditions, family history, contraindications, and~~
21 ~~pharmacological interactions that must be provided to every~~
22 ~~participant before an administration session.~~

23 ~~(q) “Set” means the mindset of an individual, including the~~
24 ~~individual’s history, personality, and intentions going into~~
25 ~~psychedelic-assisted therapy.~~

26 ~~(r) “Setting” means the physical and social environment in which~~
27 ~~the psychedelic-assisted therapy experience occurs.~~

28 ~~(s) “Sole provider” means a regulated psychedelic-assisted~~
29 ~~therapy business where the owner owns 100 percent of the business~~
30 ~~and is the only person who provides regulated psychedelic-assisted~~
31 ~~therapy for compensation for that business pursuant to a valid and~~
32 ~~active license issued in accordance with this chapter.~~

33
34 ~~Article 2. Administration~~
35

36 ~~3210. Protection of the public shall be the highest priority for~~
37 ~~the board in exercising its licensing, regulatory, and disciplinary~~
38 ~~functions. Whenever the protection of the public is inconsistent~~
39 ~~with other interests sought to be promoted, the protection of the~~
40 ~~public shall be paramount.~~

1 ~~3211. (a) The board shall consist of nine members. Seven~~
2 ~~members shall be appointed by the Governor, one public member~~
3 ~~shall be appointed by the Senate Committee on Rules, and one~~
4 ~~public member shall be appointed by the Speaker of the Assembly.~~
5 ~~Members of the board shall include five members who have~~
6 ~~experience facilitating psychedelic-assisted therapy and four public~~
7 ~~members. At least one member shall have experience as a facilitator~~
8 ~~as part of a United States Food and Drug Administration-approved~~
9 ~~clinical trial; at least one member shall have experience in training~~
10 ~~and supervising facilitators; at least one member shall be a licensed~~
11 ~~physician or licensed nurse practitioner; at least one member shall~~
12 ~~have experience providing care health care to veterans; and at least~~
13 ~~one member shall be a licensed marriage and family therapist or~~
14 ~~a licensed clinical social worker.~~

15 ~~(b) A member of the board shall be appointed for a four-year~~
16 ~~term. A person shall not serve as a member of the board for more~~
17 ~~than two consecutive terms. A member shall hold office until the~~
18 ~~appointment and qualification of the member's successor, or until~~
19 ~~one year from the expiration of the term for which the member~~
20 ~~was appointed, whichever first occurs. Any vacancy shall be filled~~
21 ~~by appointment by the appointing authority which originally~~
22 ~~appointed the member whose position has become vacant.~~

23 ~~(c) A public member of the board shall be a resident of this state~~
24 ~~for at least one year preceding the public member's appointment.~~

25 ~~(d) A person shall not be appointed as a public member if the~~
26 ~~person or the person's immediate family owns an economic interest~~
27 ~~in a college, school, or institution engaged in regulated~~
28 ~~psychedelic-assisted therapy education. "Immediate family" means~~
29 ~~the public member's spouse, domestic partner, parent, child, or~~
30 ~~child's spouse or domestic partner.~~

31 ~~(e) Each member of the board shall receive a per diem and~~
32 ~~expenses as provided in Section 103.~~

33 ~~(f) The board may appoint a person exempt from civil service~~
34 ~~who shall be designated as an executive officer and who shall~~
35 ~~exercise the powers and perform the duties delegated by the board~~
36 ~~and vested in the executive officer by this chapter.~~

37 ~~(g) Each appointing authority has power to remove from office~~
38 ~~at any time any member of the board appointed by that authority~~
39 ~~pursuant to Section 106.~~

- 1 ~~3213. (a) The board may take any reasonable actions necessary~~
2 ~~to carry out the responsibilities and duties set forth in this chapter,~~
3 ~~including, but not limited to, hiring staff, entering into contracts,~~
4 ~~and developing policies, procedures, rules, and bylaws to~~
5 ~~implement this chapter.~~
6 ~~(b) The board may require background checks for employees,~~
7 ~~contractors, volunteers, and board members as a condition of their~~
8 ~~employment, formation of a contractual relationship, or~~
9 ~~participation in board activities.~~
10 ~~(c) The board shall establish educational, training, examination,~~
11 ~~practicum, and supervision requirements, different tiers of~~
12 ~~licensing, scope of practice, and qualifications for regulated~~
13 ~~psychedelic-assisted therapy facilitators that protect participant~~
14 ~~safety, eliminate abuse, and reduce harm, and establish procedures~~
15 ~~to collect and report data to better inform use and increase equitable~~
16 ~~access to services.~~
17 ~~(d) The board shall issue requirements for psychedelic-assisted~~
18 ~~therapy for both individuals and groups, including those that~~
19 ~~include veterans.~~
20 ~~(e) The board shall issue a license to an individual applicant~~
21 ~~who satisfies the requirements of this chapter for that license.~~
22 ~~(f) The board shall determine whether the information provided~~
23 ~~to the board in relation to the licensure of an applicant is true and~~
24 ~~accurate and meets the requirements of this chapter. If the board~~
25 ~~has any reason to question whether the information provided is~~
26 ~~true or accurate, or meets the requirements of this chapter, the~~
27 ~~board may make any investigation it deems necessary to establish~~
28 ~~that the information received is accurate and satisfies the criteria~~
29 ~~established by this chapter. The applicant has the burden to prove~~
30 ~~that they are entitled to licensure.~~
31 ~~(g) The board shall establish fees for the reasonable regulatory~~
32 ~~costs to the board in administering this chapter. Initial license and~~
33 ~~renewal fees shall be in an amount sufficient, but shall not exceed~~
34 ~~the amount necessary, to support the functions of the board in the~~
35 ~~administration of this chapter. The renewal fee shall be reassessed~~
36 ~~biennially by the board.~~
37 ~~(h) The meetings of the board shall be subject to the rules of~~
38 ~~the Bagley-Keene Open Meeting Act (Article 9 (commencing with~~
39 ~~Section 11120) of Chapter 1 of Part 1 of Division 3 of Title 2 of~~
40 ~~the Government Code). The board may adopt additional policies~~

1 and procedures that provide greater transparency to licenseholders
2 and the public than required by the Bagley-Keene Open Meeting
3 Act.

4 (i) ~~The board shall have the authority to, and shall collect~~
5 ~~available and relevant information and data necessary to, perform~~
6 ~~its functions and duties under this act, but must not disclose the~~
7 ~~identity of any participant or publicly disclose any information~~
8 ~~that could disclose the identity of a participant.~~

9 3214. (a) ~~The board shall be appointed by April 1, 2025. The~~
10 ~~board shall adopt the regulations set forth in subdivision (b) on or~~
11 ~~before January 1, 2026, and begin accepting license applications~~
12 ~~by April 1, 2026.~~

13 (b) ~~The board, in consultation with the Regulated Psychedelic~~
14 ~~Substances Advisory Committee established pursuant to Section~~
15 ~~27018 and in compliance with the Regulated Psychedelic~~
16 ~~Substances Control Act (Division 11 (commencing with Section~~
17 ~~27000)) and any regulations adopted pursuant to that act, shall~~
18 ~~adopt regulations governing the safe provision of regulated~~
19 ~~psychedelic-assisted therapy by regulated psychedelic-assisted~~
20 ~~therapy facilitators that include, at a minimum, the following:~~

21 (1) ~~Requirements for holding and verifying completion of~~
22 ~~medical and mental health screenings, including a safety screening,~~
23 ~~at least one preparation session, an administration session, and at~~
24 ~~least one followup session and one integration session.~~

25 (2) ~~Health and safety warnings required to be provided to~~
26 ~~participants before regulated psychedelic-assisted therapy begins.~~

27 (3) ~~Educational materials required to be provided to participants~~
28 ~~before regulated psychedelic-assisted therapy begins.~~

29 (4) ~~A medical, mental health, and contraindications safety screen~~
30 ~~that a participant must complete prior to an administration session.~~

31 (5) ~~The informed consent form that each regulated~~
32 ~~psychedelic-assisted therapy facilitator and participant must sign~~
33 ~~before providing or receiving regulated psychedelic-assisted~~
34 ~~therapy verifying that the participant was provided accurate and~~
35 ~~complete health information in accordance with board rules, was~~
36 ~~informed of identified risk factors and contraindications, and~~
37 ~~provided informed consent to receive regulated~~
38 ~~psychedelic-assisted therapy. The form shall also include~~
39 ~~agreements that the participant and facilitator make about how the~~
40 ~~session will be conducted and safety measures that will be followed~~

- 1 to ensure the participant remains safe for the duration of the
2 session.
- 3 (6) Proper supervision during the administration session and
4 safe transportation for the participant when the session is complete.
- 5 (7) Rules to prevent exploitation or abuse during the
6 administration session.
- 7 (8) Requirements for group administration sessions where one
8 or more regulated psychedelic-assisted therapy facilitators provide
9 regulated psychedelic-assisted therapy to more than one participant
10 as part of the same administration session.
- 11 (9) Conditions under which the session must take place,
12 including what should not be present, such as weapons of any sort,
13 mirrors, intense physical stimuli, or triggering or polarizing objects,
14 art, or signs.
- 15 (10) Requirements for postsession integration.
- 16 (11) The restrictions on advertising and marketing regulated
17 psychedelic-assisted therapy and substances, including prohibition
18 on any claims of beneficial health or medical use.
- 19 (12) Insurance requirements to the extent the policies are
20 commercially available and not cost prohibitive.
- 21 (13) Age verification procedures to ensure that a participant is
22 21 years of age or older.
- 23 (14) The scope of practice for regulated psychedelic-assisted
24 therapy facilitators.
- 25 (15) The qualifications, education, and training requirements
26 that regulated psychedelic-assisted therapy facilitators must meet
27 before providing regulated psychedelic-assisted therapy, that shall
28 satisfy all of the following:
- 29 (A) Be tiered depending on the prior education, experience, or
30 training of the facilitator or the complexity of the conditions or
31 the background of the participant.
- 32 (B) Include education and training on participant safety,
33 contraindications, mental health, mental state, physical health,
34 physical state, social and cultural considerations, physical
35 environment, screening, preparation, administration, integration,
36 ethics, facilitation skills, and compliance with new regulations and
37 laws.
- 38 (C) Allow for limited waivers of education and training
39 requirements based on an applicant's prior experience, training,
40 or skill, including, but not limited to, with regulated psychedelic

1 substances, including credit for prior training and experience when
2 that training or experience otherwise meets the standards set by
3 the board.

4 (D) Include practicum requirements with a practicum supervisor.

5 (E) Do not require a professional license or professional degree
6 other than a regulated psychedelic-assisted therapy facilitator
7 license granted pursuant to this chapter for the first tier of licensing
8 established pursuant to paragraph (1).

9 (16) Procedures and policies that allow for compensation for
10 regulated psychedelic-assisted therapy.

11 (17) Procedures and policies that allow for the provision of
12 regulated psychedelic-assisted therapy to more than one participant
13 at a time in group administration sessions.

14 (18) Oversight and supervision requirements for regulated
15 psychedelic-assisted therapy facilitators, including professional
16 responsibility standards and continuing education requirements,
17 including limited hours within a regulated psychedelic-assisted
18 therapy facilitator support network with peer support.

19 (19) A complaint, review, and disciplinary process for regulated
20 psychedelic-assisted therapy facilitators who engage in misconduct.

21 (20) Recordkeeping, privacy, and confidentiality requirements
22 for regulated psychedelic-assisted therapy facilitators, provided
23 the recordkeeping does not result in the disclosure to the public or
24 any governmental agency of personally identifiable information
25 of participants.

26 (21) Deidentified data collection and reporting requirements
27 for psychedelic-assisted therapy facilitators and participants
28 pertaining to the implementation and outcomes of this act, to
29 comprehensively measure its success, safety, quality, impact on
30 individuals' well-being and public health, including adverse events
31 experienced during, immediately after, or after the passage of time
32 with information about substance, dosage, and other contextual
33 information.

34 (22) Requirements for the safe and secure handling and
35 assurance of quality control of regulated psychedelic substances
36 by regulated psychedelic-assisted therapy facilitators.

37 3214.5. The Regulated Psychedelic-assisted Therapy Advisory
38 Committee established pursuant to Section 27018 shall advise the
39 board on the development of standards and regulations pursuant
40 to this chapter, including best practices and guidelines that protect

1 the public health and safety while ensuring a regulated environment
2 to provide safe access to regulated psychedelic-assisted therapy.

3 ~~3215. (a) The board shall determine which schools and~~
4 ~~programs meet the requirements of this chapter.~~

5 ~~(b) The board shall adopt regulations governing the requirements~~
6 ~~and process for approving schools and programs for the provision~~
7 ~~of regulated psychedelic-assisted therapy training. The regulations~~
8 ~~shall include, among other things, acceptable curriculums, facility~~
9 ~~requirements, student-teacher ratios, practicum requirements,~~
10 ~~substance-specific training, and provisions for the acceptance of~~
11 ~~accreditation from a recognized accreditation body or other form~~
12 ~~of acceptance.~~

13 ~~(c) The board may consider expedited approval or partial~~
14 ~~approval for programs that are already in existence in the state to~~
15 ~~train licensed mental health professionals in the provision of~~
16 ~~psychedelic-assisted therapy.~~

17 ~~(d) The board shall exercise its authority to approve, deny~~
18 ~~approval of, and unapprove schools or programs and specify~~
19 ~~corrective action in keeping with the purposes set forth in~~
20 ~~subdivision (b) of Section 3200.~~

21 ~~(e) The board may charge a reasonable fee for the inspection~~
22 ~~or approval of schools or programs, provided the fees do not exceed~~
23 ~~the reasonable cost of the inspection or approval process.~~

24 ~~(f) The board shall post on its internet website the date that a~~
25 ~~letter proposing to deny a school or program's application for~~
26 ~~approval or reapproval or requesting corrective action has been~~
27 ~~sent to the school and the final outcome and date of that proposed~~
28 ~~action.~~

29 ~~3216. The board may hold hearings, take testimony, administer~~
30 ~~oaths, subpoena witnesses, and issue subpoenas for the production~~
31 ~~of books, records, or documents of any kind.~~

32

33

Article 3. Licensure

34

35 ~~3220. (a) To obtain licensure as a regulated~~
36 ~~psychedelic-assisted therapy facilitator, an applicant shall submit~~
37 ~~a written application and provide the board with satisfactory~~
38 ~~evidence that the applicant meets all of the following requirements~~
39 ~~for the tier of facilitator license they are applying for:~~

40 ~~(1) The applicant is 21 years of age or older.~~

1 ~~(2) The applicant has successfully completed the curriculum in~~
2 ~~regulated psychedelic-assisted therapy facilitation and related~~
3 ~~subjects and the number of hours established by the board, that~~
4 ~~incorporates appropriate school assessment of student knowledge~~
5 ~~and skills, prior experience accepted by the board as an equivalent~~
6 ~~to, or equivalent to a portion of, the required curricula or practicum~~
7 ~~requirement, including existing licensure in a health or mental~~
8 ~~health profession, and any practicum experience that is required~~
9 ~~by the board. All of the hours shall be from schools or programs~~
10 ~~approved by the board. For purposes of this section, “unapproved”~~
11 ~~means that the board determined that it will not accept hours from~~
12 ~~a school toward licensure.~~

13 ~~(3) The applicant has passed a regulated psychedelic-assisted~~
14 ~~therapy facilitator competency assessment examination that meets~~
15 ~~generally recognized principles and standards and that is created~~
16 ~~and administered by the board or an entity designated by the board.~~

17 ~~(4) The applicant has successfully passed a background~~
18 ~~investigation pursuant to Section 3222, and has not violated any~~
19 ~~of the provisions of this chapter.~~

20 ~~(5) All fees required by the board have been paid.~~

21 ~~(b) The board may issue a license to an applicant who meets~~
22 ~~the qualifications of this chapter if the applicant holds a current~~
23 ~~and valid registration, licensure, or license from any other state~~
24 ~~whose licensure requirements meet or exceed those defined within~~
25 ~~this chapter. If an applicant has received education at a school or~~
26 ~~program that is not approved by the board, the board shall have~~
27 ~~the discretion to give credit for comparable academic or~~
28 ~~experiential work completed by an applicant in a program outside~~
29 ~~of California, or for work completed by an applicant in a program~~
30 ~~in California before the enactment of this act.~~

31 ~~(c) If an applicant has received education at a school or program~~
32 ~~located outside of California or a school located in a country~~
33 ~~outside of the United States that does not meet the requirements~~
34 ~~of Section 3215 to be an approved school or program, the board~~
35 ~~shall have the discretion to give credit for comparable academic~~
36 ~~or experiential work completed by an applicant toward licensure.~~

37 ~~(d) A license issued pursuant to this chapter and any~~
38 ~~identification card issued by the board shall be surrendered to the~~
39 ~~board by any licenseholder whose license is suspended or revoked.~~

1 3221. Except as otherwise provided, a license issued pursuant
2 to this chapter shall be subject to renewal every two years in the
3 manner prescribed by the board. A license issued by the board
4 shall expire after two years unless renewed as prescribed.

5 3222. (a) Before issuing a license to an applicant, the board
6 shall require the applicant to submit fingerprint images as directed
7 by the board in a form consistent with the requirements of this
8 section.

9 (b) The board shall submit the fingerprint images and related
10 information to the Department of Justice to obtaining information
11 as to the existence and nature of a record of state and federal level
12 convictions and of state and federal level arrests for which the
13 Department of Justice establishes that the applicant or candidate
14 was released on bail or on their own recognizance pending trial.

15 (c) Requests for federal-level criminal offender record
16 information received by the Department of Justice pursuant to this
17 section shall be forwarded to the Federal Bureau of Investigation
18 by the Department of Justice. The Department of Justice shall
19 review the information returned from the Federal Bureau of
20 Investigation, and shall compile and disseminate a fitness
21 determination regarding the applicant or candidate to the board.
22 The Department of Justice shall provide information to the board
23 pursuant to subdivision (p) of Section 11105 of the Penal Code.

24 (d) The Department of Justice and the board shall charge a fee
25 sufficient to cover the cost of processing the request for state and
26 federal level criminal offender record information.

27 (e) The board shall request subsequent arrest notification service
28 from the Department of Justice, as provided under Section 11105.2
29 of the Penal Code, for all applicants for licensure for whom
30 fingerprint images and related information are submitted to conduct
31 a search for state and federal level criminal offender record
32 information.

33 (f) The board may receive arrest notifications and other
34 background materials about applicants and licenseholders from a
35 city, county, or city and county.

36 3223. In addition to the other requirements of this chapter, a
37 licenseholder shall do all of the following:

38 (a) Make available for display the licenseholder's original
39 license at any location where the licenseholder provides regulated
40 psychedelic-assisted therapy for compensation. A licenseholder

1 shall have their identification card in their possession while
2 providing regulated psychedelic-assisted therapy for compensation.

3 (b) Provide their full name and license number upon the request
4 of a member of the public, the board, or a member of law
5 enforcement, or a local governmental agency charged with
6 regulating establishments, at the location where they are providing
7 regulated psychedelic-assisted therapy for compensation.

8 (e) Include the name under which the individual is licensed and
9 their license number in any advertising of regulated
10 psychedelic-assisted therapy for compensation.

11 (d) Notify the board within 30 days of any changes in the
12 licenseholder's home address or the address of any establishment
13 or other location where the licenseholder provides regulated
14 psychedelic-assisted therapy for compensation. A licenseholder
15 also shall notify the board of the licenseholder's primary email
16 address, if any, and notify the board within 30 days of a change
17 of the primary email address.

18

19

Article 4. Enforcement

20

21 3230. Unless otherwise specified, a violation of this chapter is
22 a misdemeanor and shall result in suspension of the licenseholder's
23 license for three years and a fine not to exceed one thousand dollars
24 (\$1,000).

25 3231. (a) It is a violation of this chapter for an applicant or a
26 licenseholder to commit any of the following acts, the commission
27 of which is grounds for the board to deny an application for a
28 license or to impose discipline on a licenseholder:

29 (1) Unprofessional conduct, including, but not limited to, any
30 of the following:

31 (A) Engaging in sexual relations with a client or a former client
32 within two years following termination of therapy, soliciting sexual
33 relations with a client, or committing an act of sexual abuse, or
34 sexual misconduct with a client, or committing an act punishable
35 as a sexually related crime, if that act or solicitation is substantially
36 related to the qualifications, functions, or duties of a licensed
37 psychedelic-assisted therapy facilitator or occurs before, during,
38 or after a preparation, administration, or followup session.

- 1 ~~(B) Practicing facilitation on a suspended license, practicing~~
2 ~~without a license, or practicing outside of the conditions of a~~
3 ~~license.~~
- 4 ~~(C) Engaging in financial misconduct, manipulation, or a conflict~~
5 ~~of interest with a client.~~
- 6 ~~(D) Engaging in fraud, coercion, or verbal abuse with a client.~~
- 7 ~~(E) Violating the terms of consent or agreements entered into~~
8 ~~with the client during the preparation session.~~
- 9 ~~(F) Discriminating against a client on the basis of race, color,~~
10 ~~ancestry, national origin, religion, creed, gender, sex, sexual~~
11 ~~orientation, age, disability, marital status, and any other basis~~
12 ~~enumerated under California law.~~
- 13 ~~(2) Procuring or attempting to procure a license by fraud,~~
14 ~~misrepresentation, or mistake.~~
- 15 ~~(3) Failing to fully disclose all information requested on the~~
16 ~~application.~~
- 17 ~~(4) Impersonating an applicant or acting as a proxy for an~~
18 ~~applicant in any examination referred to in this chapter for the~~
19 ~~issuance of a license.~~
- 20 ~~(5) Impersonating a licenseholder or permitting or allowing a~~
21 ~~nonlicensed person to use a license.~~
- 22 ~~(6) Violating or attempting to violate, directly or indirectly, or~~
23 ~~assisting in or abetting the violation of, or conspiring to violate,~~
24 ~~any provision of this chapter or any rule or regulation adopted by~~
25 ~~the board.~~
- 26 ~~(7) Committing any fraudulent, dishonest, or corrupt act that is~~
27 ~~substantially related to the qualifications, functions, or duties of a~~
28 ~~licenseholder.~~
- 29 ~~(8) Offering or giving commissions, rebates, or other forms of~~
30 ~~remuneration for the referral of clients.~~
- 31 ~~(9) Denial of licensure, revocation, suspension, restriction,~~
32 ~~citation, or any other disciplinary action against an applicant or~~
33 ~~licenseholder by another state or territory of the United States, by~~
34 ~~any other governmental agency, or by another California healing~~
35 ~~arts professional licensing board. A certified copy of the decision,~~
36 ~~order, judgment, or citation shall be conclusive evidence of these~~
37 ~~actions.~~
- 38 ~~(10) Being convicted of any felony or misdemeanor, or being~~
39 ~~held liable in an administrative or civil action for an act, that is~~
40 ~~substantially related to the qualifications, functions, or duties of a~~

1 licenseholder. A record of the conviction or other judgment or
2 liability shall be conclusive evidence of the crime or liability.

3 (11) Failing to act within the limitations created by a physical
4 illness, physical condition, or behavioral, mental health, or
5 substance use disorder that renders the licensee unable to perform
6 psychedelic-assisted therapy services with reasonable skill and
7 safety to the participant.

8 (b) The board may deny an application for a license for the
9 commission of any of the acts described in subdivision (a). The
10 board may also discipline a licenseholder, in any manner permitted
11 by this chapter, for the commission of any of those acts by a
12 licenseholder.

13 (c) The board shall deny an application for a license, or revoke
14 the license of a licenseholder, if the applicant or licenseholder is
15 required to register pursuant to the Sex Offender Registration Act
16 (Chapter 5.5 (commencing with Section 290) of Title 9 of Part 1
17 of the Penal Code), or is required to register as a sex offender in
18 another state.

19 3232. (a) An applicant for a license shall not be denied a
20 license and a licenseholder shall not be disciplined pursuant to this
21 chapter except according to procedures that satisfy the requirements
22 of this section.

23 (b) The board may discipline a licenseholder by any of the
24 following methods:

25 (1) Placing the licenseholder on probation, which may include
26 limitations or conditions on practice.

27 (2) Suspending the license and the rights conferred by this
28 chapter on a licenseholder for a period not to exceed one year.

29 (3) Suspending or staying the disciplinary order, or portions of
30 it, with or without conditions.

31 (4) Revoking the license.

32 (5) Taking other action the board deems proper, as authorized
33 by this chapter.

34 (c) The board may issue an initial license on probation, with
35 specific terms and conditions, to any applicant.

36 (d) Any denial or discipline shall be decided upon and imposed
37 in good faith and in a fair and reasonable manner.

38 (e) Any notice required under this section may be given by any
39 method reasonably calculated to provide actual notice. Notice
40 given by mail shall be given by first-class or certified mail sent to

1 the last address of the applicant or licensee shown on the board's
2 records:

3 ~~(f) An applicant or licensee may challenge a denial or~~
4 ~~discipline decision issued pursuant to this section in a court of~~
5 ~~competent jurisdiction. Any action challenging a denial or~~
6 ~~discipline, including any claim alleging defective notice, shall be~~
7 ~~commenced within 90 days after the effective date of the denial~~
8 ~~or discipline. A license issued pursuant to this chapter is not a~~
9 ~~fundamental vested right and judicial review of denial and~~
10 ~~disciplinary decisions made by the board shall be conducted using~~
11 ~~the substantial evidence standard of review. If the action is~~
12 ~~successful, the court may order any relief, including reinstatement,~~
13 ~~that it finds equitable under the circumstances.~~

14 ~~(g) This section governs only the procedures for denial or~~
15 ~~discipline decision and not the substantive grounds for the denial~~
16 ~~or discipline. Denial or discipline based upon substantive grounds~~
17 ~~that violates contractual or other rights of the applicant or licensee,~~
18 ~~or is otherwise unlawful, is not made valid by compliance with~~
19 ~~this section.~~

20 3233. ~~(a) It is an unfair business practice for a person to do~~
21 ~~any of the following:~~

22 ~~(1) To hold themselves out or to use the title of "licensed~~
23 ~~psychedelic-assisted therapy facilitator," "regulated~~
24 ~~psychedelic-assisted therapy facilitator," or any other term, such~~
25 ~~as "licensed," or "certified," in any manner that implies that the~~
26 ~~person is licensed as a psychedelic-assisted therapy facilitator,~~
27 ~~unless that person currently holds an active and valid license issued~~
28 ~~by the board pursuant to this chapter.~~

29 ~~(2) To falsely state or advertise or put out any sign or card or~~
30 ~~other device, or to falsely represent to the public through any print~~
31 ~~or electronic media, that they or any other individual are licensed,~~
32 ~~certified, or registered by a governmental agency as a regulated~~
33 ~~psychedelic-assisted therapy facilitator.~~

34 ~~(b) In addition to any other available remedies, engaging in any~~
35 ~~of the prohibited behaviors described in subdivision (a) constitutes~~
36 ~~unfair competition under Section 17200.~~

37 ~~(c) Nothing in this chapter shall be construed to limit the~~
38 ~~provisions of the Medical Practice Act (Chapter 5 (commencing~~
39 ~~with Section 2000)), the Clinical Social Worker Practice Act~~
40 ~~(Chapter 14 (commencing with Section 4991)), the Nursing~~

1 Practice Act (Chapter 6 (commencing with Section 2700)), the
2 Psychology Licensing Law (Chapter 6.6 (commencing with Section
3 2901)), the Licensed Marriage and Family Therapist Act (Chapter
4 13 (commencing with Section 4980.04)), the Naturopathic Doctors
5 Act (Chapter 8.2 (commencing with Section 3610)), or any other
6 licensed profession.

7 3234. ~~(a) Notwithstanding any other law, a city, county, or
8 city and county shall not enact or enforce an ordinance that
9 conflicts with this chapter.~~

10 ~~(b) A local government shall impose and enforce only reasonable
11 and necessary fees and regulations on establishments, in keeping
12 with the requirements of existing law and being mindful of the
13 need to protect legitimate business owners and regulated
14 psychedelic-assisted therapy facilitators.~~

15 3235. ~~The superior court of a county of competent jurisdiction
16 may, upon a petition by any person, issue an injunction or any
17 other relief the court deems appropriate for a violation of this
18 chapter by any person or establishment operating in that county
19 subject to the provisions of this chapter. An injunction proceeding
20 under this section shall be governed by Chapter 3 (commencing
21 with Section 525) of Title 7 of Part 2 of the Code of Civil
22 Procedure.~~

23 3236. ~~(a) This chapter shall be liberally construed to effectuate
24 its purposes.~~

25 ~~(b) The provisions of this chapter are severable. If any provision
26 of this chapter or its application is held invalid, that invalidity shall
27 not affect other provisions or applications that can be given effect
28 without the invalid provision or application.~~

29 ~~(c) If any provision of this chapter or the application of these
30 provisions to any person or circumstance is held to be invalid, the
31 invalidity shall not affect other provisions or applications of the
32 chapter that can be given effect without the invalid provision or
33 application, and to this end the provisions of this chapter are
34 severable.~~

35 3237. ~~The board may discipline an owner of an establishment
36 for the conduct of any individual providing regulated
37 psychedelic-assisted therapy on the establishment's premises or
38 under the supervision of the establishment.~~

39 3238. ~~A person engaged in a profession or occupation subject
40 to licensure pursuant to this division shall not be subject to~~

1 ~~discipline by another professional licensing board solely for~~
2 ~~providing professional services related to activity permitted under~~
3 ~~this chapter or for engaging in any activity that is lawful under this~~
4 ~~chapter that is not subject to criminal penalty under state law. This~~
5 ~~act does not authorize a person to engage in malpractice or to~~
6 ~~violate the standards of professional practice for which a person~~
7 ~~is licensed.~~

8 ~~3239. It is the public policy of the people of the State of~~
9 ~~California that contracts related to the operation of licenses under~~
10 ~~this chapter should be enforceable and no contract entered into by~~
11 ~~a licensee, its employees, or its agents, as permitted pursuant to a~~
12 ~~valid license issued by the board, or by those who allow property~~
13 ~~to be used by a licensee, its employees, or its agents, as permitted~~
14 ~~pursuant to a valid license issued by the board, shall be deemed~~
15 ~~unenforceable on the basis that the actions or conduct permitted~~
16 ~~pursuant to the license are prohibited by federal law.~~

17
18 *Article 1. General Provisions*

19
20 *3200. This act shall be known as the Regulated Psychedelic*
21 *Facilitators Act.*

22 *3201. The Board of Regulated Psychedelic Facilitators is*
23 *hereby created within the Department of Consumer Affairs to carry*
24 *out the responsibilities and duties set forth in this chapter.*

25 *3202. For purposes of this chapter, the following definitions*
26 *apply:*

27 *(a) "Administration session" means a session conducted at an*
28 *approved location during which a participant consumes and*
29 *experiences the effects of a regulated psychedelic substance under*
30 *the supervision of a regulated psychedelic facilitator.*

31 *(b) "Adverse event" or "adverse reaction" means any adverse*
32 *reaction during or after the psychedelic experience, including, but*
33 *not limited to, headache, nausea, and dizziness.*

34 *(c) "Approved location" means a location approved by the*
35 *division for the provision of regulated psychedelic facilitation or*
36 *a clinic, center, or other facility licensed by the State Department*
37 *of Public Health.*

38 *(d) "Approved school" means a school or educational program*
39 *approved by the board that meets minimum standards for training*

1 *and curriculum in regulated psychedelic facilitation and related*
2 *subjects and that has not been otherwise approved by the board.*

3 (e) *“Board” means the Board of Regulated Psychedelic*
4 *Facilitators.*

5 (f) *“Clinic” shall have the same meaning as set forth in Section*
6 *1200 of the Health and Safety Code.*

7 (g) *“Compensation” means a payment, loan, advance, donation,*
8 *contribution, deposit, gift of money, or anything of value.*

9 (h) *“Division” means the Division of Regulated*
10 *Psychedelic-Assisted Therapy established pursuant to Division 11*
11 *(commencing with Section 27000).*

12 (i) *“Expert oversight committee” means the Regulated*
13 *Psychedelic Substances Expert Oversight Committee.*

14 (j) *“Followup evaluation” means contact between a participant*
15 *and a regulated psychedelic facilitator that occurs within 12 to*
16 *72 hours after the completion of an administration session or*
17 *sooner, if warranted, to assess well-being, screen for adverse*
18 *reactions, and, if needed, make referrals to needed care, additional*
19 *psychosocial support, or other interventions.*

20 (k) *“Fund” means the Regulated Psychedelic Facilitators Fund.*

21 (l) *“Integration session” means counseling provided by a*
22 *regulated psychedelic facilitator or other personnel trained in*
23 *postpsychedelic support that is intended to help the participant*
24 *better understand their psychedelic experience and apply insights*
25 *from their experience to their daily life.*

26 (m) *“License” means a valid license issued pursuant to this*
27 *chapter.*

28 (n) *“Participant” means a person 21 years of age or older who*
29 *purchases or receives a regulated psychedelic substance from a*
30 *regulated psychedelic licensee for use in conjunction with regulated*
31 *psychedelic facilitation at an approved location and under the*
32 *supervision of a licensed psychedelic facilitator.*

33 (o) *“Preparation session” means a session conducted between*
34 *a participant and a psychedelic facilitator before the administration*
35 *of the regulated psychedelic substance. More than one preparation*
36 *session may be indicated to provide participants adequate*
37 *education and instruction, to develop sufficient rapport between*
38 *the participant and psychedelic facilitator before the psychedelic*
39 *substance administration, and to revisit informed consent and*
40 *safety planning. The initial preparation session shall include review*

1 of the safety screen and considerations for exclusion; presentation
2 and discussion of detailed information about the psychedelic
3 substance, including its potential risks and benefits; presentation
4 and discussion of the therapeutic process, including administration
5 session parameters; obtaining informed consent; safety planning;
6 and other information as the board may determine. If three months
7 or more have passed since the last psychedelic administration
8 session conducted by a given participant with a given facilitator,
9 this will be considered a new course of care, and another initial
10 preparation session must be conducted.

11 (p) “Produce” means the growing, cultivating, processing, and
12 manufacturing of regulated psychedelic substances.

13 (q) (1) “Regulated psychedelic substances” means the following
14 substances as defined in Section 11054 of the Health and Safety
15 Code:

16 (A) Dimethyltryptamine.

17 (B) Mescaline.

18 (C) 3,4-methylenedioxymethamphetamine (MDMA).

19 (D) Psilocybin.

20 (E) Psilocyn.

21 (F) Spores or mycelium capable of producing mushrooms that
22 contain psilocybin or psilocyn.

23 (2) “Regulated psychedelic substances” does not include peyote,
24 including all parts of the plant classified botanically as
25 *Lophophora williamsii*, whether growing or not, its seeds, any
26 extract from any part of the plant, and every compound, salt,
27 derivative, mixture, or preparation of the plant, or its seeds or
28 extracts.

29 (r) “Regulated psychedelic substance licensee” means an entity
30 that holds a license in any of the categories for licensure or
31 registration established by this division. A regulated psychedelic
32 substance licensee may receive compensation for regulated
33 psychedelic substances only in connection with use in regulated
34 psychedelic facilitation provided at an approved location.

35 (s) “Regulated psychedelic facilitation” means services provided
36 pursuant to this division by a regulated psychedelic facilitator to
37 a participant before, during, and after the participant’s
38 consumption of a regulated psychedelic substance, including all
39 of the following:

40 (1) A safety screen.

1 (2) *One or more preparation sessions.*

2 (3) *An administration session.*

3 (4) *One or more followup evaluations.*

4 (5) *One or more integration sessions.*

5 (t) *“Regulated psychedelic facilitation location” or “approved*
6 *location” means an approved location where psychedelic*
7 *facilitation is performed.*

8 (u) *“Regulated psychedelic facilitator” means a person licensed*
9 *by the Board of Regulated Psychedelic Facilitators pursuant to*
10 *this division.*

11 (v) *“Safety screen” means a screening for medical conditions,*
12 *mental health conditions, family history, contraindications, and*
13 *pharmacological interactions that must be provided to every*
14 *participant before an administration session.*

15 (w) *“Serious adverse event” or “serious adverse reaction”*
16 *means an adverse reaction during or after the psychedelic*
17 *experience requiring psychiatric, medical, or psychological care.*

18 (x) *“Set” means the mindset of an individual, including the*
19 *individual’s history, personality, and intentions going into*
20 *psychedelic facilitation.*

21 (y) *“Setting” means the physical and social environment in*
22 *which the psychedelic facilitation occurs.*

23 (z) *“Sole provider” means a regulated psychedelic facilitator*
24 *business where the owner owns 100 percent of the business and*
25 *is the only person who provides regulated psychedelic facilitation*
26 *for compensation for that business pursuant to a valid and active*
27 *license issued in accordance with this division.*

28

29 *Article 2. Administration*

30

31 3210. *The protection of the public shall be the highest priority*
32 *for the board in exercising its licensing, regulatory, and*
33 *disciplinary functions under this chapter. Whenever the protection*
34 *of the public is inconsistent with other interests sought to be*
35 *promoted, the protection of the public shall be paramount.*

36 3211. (a) *The board shall consist of nine members. Seven*
37 *members shall be appointed by the Governor, one public member*
38 *shall be appointed by the Senate Committee on Rules, and one*
39 *public member shall be appointed by the Speaker of the Assembly.*
40 *Members of the board shall include five members who have*

1 expertise in psychedelic facilitation and four public members. At
2 least one member shall have experience as a facilitator as part of
3 a United States Food and Drug Administration-approved clinical
4 trial; at least one member shall have experience in training and
5 supervising facilitators; at least one member shall be a licensed
6 physician or licensed advanced practice clinician; at least one
7 member shall have experience providing mental health care to
8 veterans; and at least one member shall be a licensed marriage
9 and family therapist, a licensed clinical social worker or
10 board-certified chaplain.

11 (b) A member of the board shall be appointed for a four-year
12 term. A person shall not serve as a member of the board for more
13 than two consecutive terms. A member shall hold office until the
14 appointment and qualification of the member's successor, or until
15 one year from the expiration of the term for which the member
16 was appointed, whichever first occurs. Any vacancy shall be filled
17 by appointment by the appointing authority which originally
18 appointed the member whose position has become vacant.

19 (c) Members of the board shall be a resident of this state for at
20 least one year preceding the member's appointment.

21 (d) A person shall not be appointed as a public member if the
22 person or the person's immediate family owns an economic interest
23 in a college, school, or institution engaged in regulated psychedelic
24 facilitation education. For purposes of this section, "immediate
25 family" means the public member's spouse, domestic partner,
26 parent, child, or child's spouse or domestic partner.

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

29 (f) The board may appoint a person exempt from civil service
30 who shall be designated as an executive officer and who shall
31 exercise the powers and perform the duties delegated by the board
32 and vested in the executive officer by this chapter.

33 (g) Each appointing authority has power to remove from office
34 at any time any member of the board appointed by that authority
35 pursuant to Section 106.

36 3212. (a) The board may take any reasonable actions
37 necessary to carry out the responsibilities and duties set forth in
38 this chapter, including, but not limited to, hiring staff, employing
39 consultants, entering into contracts, and developing policies,
40 procedures, rules, and bylaws to implement this chapter.

1 (b) The board may require background checks for employees,
2 contractors, volunteers, and board members as a condition of their
3 employment, formation of a contractual relationship, or
4 participation in board activities.

5 (c) The board shall establish educational, training, examination,
6 practicum, and supervision requirements, different tiers of
7 licensing, scope of practice, and qualifications for regulated
8 psychedelic facilitators that protect participant safety, eliminate
9 abuse, and reduce harm, and establish procedures to collect and
10 report data to better inform use and increase equitable access to
11 services.

12 (d) The board shall establish the professional standards for
13 regulated psychedelic facilitators to provide psychedelic facilitation
14 for both individuals and groups, including those that include
15 veterans, and including the number of participants served.

16 (e) The board shall take into account considerations related to
17 and engage in consultation with indigenous communities.

18 (f) The board shall develop a system to allow for the purchase
19 and administration of regulated psychedelic substances in the
20 presence of a facilitator but without the facilitator directly handling
21 the regulated psychedelic substances so that the facilitator may
22 avoid trafficking in Schedule I or Schedule II substances.

23 (g) The board shall issue a license to an individual applicant
24 who satisfies the requirements of this chapter for that license.

25 (h) The board shall determine whether the information provided
26 to the board in relation to the licensure of an applicant is true and
27 accurate and meets the requirements of this chapter. If the board
28 has any reason to question whether the information provided is
29 true or accurate, or meets the requirements of this chapter, the
30 board may make any investigation it deems necessary to establish
31 that the information received is accurate and satisfies the criteria
32 established by this chapter. The applicant has the burden to prove
33 that they are entitled to licensure.

34 (i) The board shall establish fees for the reasonable regulatory
35 costs to the board in administering this chapter. Initial license and
36 renewal fees shall be in an amount sufficient, but shall not exceed
37 the amount necessary, to support the functions of the board in the
38 administration of this chapter. The renewal fee shall be reassessed
39 biennially by the board.

1 (j) *The meetings of the board shall be subject to the rules of the*
2 *Bagley-Keene Open Meeting Act (Article 9 (commencing with*
3 *Section 11120) of Chapter 1 of Part 1 of Division 3 of Title 2 of*
4 *the Government Code). The board may adopt additional policies*
5 *and procedures that provide greater transparency to licenseholders*
6 *and the public than required by the Bagley-Keene Open Meeting*
7 *Act. To protect sensitive information it receives, and the safety*
8 *and security of participants, facilitators, staff, and approved*
9 *locations, the board may hold closed sessions for the purpose of*
10 *reviewing and discussing confidential and proprietary materials,*
11 *intellectual property, and private information, including, but not*
12 *limited to, personal information contained in licenses, medical*
13 *records, research studies, and complaints.*

14 (k) *The board shall have the authority to require regulated*
15 *psychedelic facilitators to collect and report relevant information*
16 *and data.*

17 3213. (a) *The board shall be appointed by April 1, 2025. The*
18 *board shall adopt the regulations set forth in subdivision (b) on*
19 *or before January 1, 2026, and begin accepting license*
20 *applications by April 1, 2026.*

21 (b) *The board, consistent with recommendations made by the*
22 *Regulated Psychedelic Substances Expert Oversight Committee*
23 *established pursuant to Section 27018 and in compliance with this*
24 *act and any regulations adopted pursuant to this act, shall adopt*
25 *regulations governing the safe provision of regulated psychedelic*
26 *facilitation by regulated psychedelic facilitators that include, at*
27 *a minimum, all of the following:*

28 (1) *Requirements for holding and verifying completion of*
29 *medical and mental health screenings, including a safety screen,*
30 *at least one preparation session, an administration session, at*
31 *least one followup evaluation, and at least one integration session.*

32 (2) *Health and safety warnings required to be provided to*
33 *participants before regulated psychedelic facilitation begins.*

34 (3) *Educational materials required to be provided to participants*
35 *before regulated psychedelic facilitation begins.*

36 (4) *A medical, mental health, family history and*
37 *contraindications safety screen that a participant must complete*
38 *prior to an administration session.*

- 1 (5) *The informed consent form that each regulated psychedelic*
2 *facilitator and participant must sign before providing or receiving*
3 *regulated psychedelic facilitation verifying all of the following:*
4 (A) *The participant was provided accurate and complete health*
5 *information in accordance with board rules.*
6 (B) *The participant was informed the regulated psychedelic*
7 *substances have not received FDA approval.*
8 (C) *The participant was informed of potential and identified*
9 *risks, benefits, contraindications, and negative outcomes of the*
10 *psychedelic substance, and the method of administration and*
11 *facilitation process. The form shall also include agreements that*
12 *the participant and the psychedelic facilitator make about how the*
13 *session will be conducted and the safety measures that will be*
14 *followed to ensure the participant remains safe for the duration*
15 *of the session.*
16 (6) *Proper supervision during the administration session and*
17 *safe transportation for the participant when the session is complete.*
18 (7) *Rules to prevent exploitation or abuse.*
19 (8) *Requirements for group administration sessions where one*
20 *or more regulated psychedelic facilitators provide regulated*
21 *psychedelic facilitation to more than one participant as part of*
22 *the same administration session.*
23 (9) *Conditions of the set and setting in which the administration*
24 *session must take place, including what should not be present,*
25 *such as weapons, mirrors, intense physical stimuli, or triggering*
26 *or polarizing objects, art, or signs.*
27 (10) *Proper locations for where regulated psychedelic*
28 *facilitation may take place.*
29 (11) *Requirements for postsession followup and integration.*
30 (12) *The restrictions for psychedelic facilitators on advertising*
31 *and marketing regulated psychedelic facilitation and substances,*
32 *including prohibition on claims of beneficial health or medical*
33 *use unless in compliance with the requirements of the Federal*
34 *Food, Drug, and Cosmetic Act.*
35 (13) *Insurance requirements to the extent the policies are*
36 *commercially available and not cost prohibitive.*
37 (14) *Age verification procedures to ensure that a participant is*
38 *21 years of age or older.*
39 (15) *The scope of practice for regulated psychedelic facilitators.*

1 (16) *The qualifications, education, and training requirements*
2 *that regulated psychedelic facilitators must meet before providing*
3 *regulated psychedelic facilitation that shall satisfy all of the*
4 *following:*

5 (A) *Be tiered depending on the prior education, experience, or*
6 *training of the psychedelic facilitator or the complexity of the*
7 *conditions or the background of the participant.*

8 (B) *Include education and training on participant safety,*
9 *contraindications, mental health, mental state, physical health,*
10 *physical state, social and cultural considerations, physical*
11 *environment, screening, preparation, administration, integration,*
12 *ethics, facilitation skills, and compliance with California*
13 *regulations and laws.*

14 (C) *Allow for limited waivers of education and training*
15 *requirements based on an applicant's prior experience, training,*
16 *or skill with regulated psychedelic substances, including, but not*
17 *limited to, credit for prior training and experience when that*
18 *training or experience otherwise meets the standards set by the*
19 *board.*

20 (D) *Include practicum requirements with a practicum*
21 *supervisor.*

22 (E) *Do not require a professional license or professional degree*
23 *other than a regulated psychedelic facilitator license granted*
24 *pursuant to this chapter for at least one of the tiers of licensing*
25 *established pursuant to subparagraph (A).*

26 (17) *Procedures and policies that allow for compensation for*
27 *regulated psychedelic facilitation.*

28 (18) *Oversight and supervision requirements for regulated*
29 *psychedelic facilitators, including professional responsibility*
30 *standards and continuing education requirements, including limited*
31 *hours within a regulated psychedelic facilitator support network*
32 *with peer support.*

33 (19) *A complaint, review, and disciplinary process for regulated*
34 *psychedelic facilitators who engage in misconduct.*

35 (20) *Recordkeeping, privacy, and confidentiality requirements*
36 *for regulated psychedelic facilitators, provided the recordkeeping*
37 *does not result in the unauthorized disclosure to the public or any*
38 *unauthorized governmental agency of personally identifiable*
39 *information of participants.*

1 (21) *Deidentified data collection and reporting requirements*
2 *for psychedelic facilitators pertaining to the implementation and*
3 *outcomes of this act, to comprehensively measure its success,*
4 *safety, quality, impact on individuals' well-being and public health,*
5 *including adverse events experienced during, immediately after,*
6 *or after the passage of time with information about substance,*
7 *dosage, and other contextual information.*

8 (22) *Requirements for the safe and secure handling and*
9 *assurance of quality control of regulated psychedelic substances*
10 *by regulated psychedelic facilitators.*

11 3214. (a) *The board shall determine which schools and*
12 *programs meet the requirements of this chapter.*

13 (b) *The board shall adopt regulations governing the*
14 *requirements and process for approving schools and programs*
15 *for the provision of regulated psychedelic facilitation training.*
16 *The regulations shall include, among other things, acceptable*
17 *curriculum, facility requirements, student-teacher ratios,*
18 *practicum requirements, substance-specific training, and*
19 *provisions for the acceptance of accreditation from a recognized*
20 *accreditation body or other form of acceptance.*

21 (c) *The board may consider expedited approval or partial*
22 *approval for programs that are already in existence in the state*
23 *to train licensed mental health professionals in the provision of*
24 *psychedelic facilitation.*

25 (d) *The board shall exercise its authority to approve, deny*
26 *approval of, and unapprove schools or programs and specify*
27 *corrective action.*

28 (e) *The board may charge a reasonable fee for the inspection*
29 *or approval of schools or programs, provided the fees do not*
30 *exceed the reasonable cost of the inspection or approval process.*

31 (f) *The board shall post on its internet website the date that a*
32 *letter proposing to deny a school or program's application for*
33 *approval or reapproval or requesting corrective action has been*
34 *sent to the school and the final outcome and date of that proposed*
35 *action.*

36 3215. *The board may hold hearings, take testimony, administer*
37 *oaths, subpoena witnesses, and issue subpoenas for the production*
38 *of books, records, or documents of any kind.*

1
2 *Article 3. Licensure*
3

4 3220. (a) *To obtain licensure as a regulated psychedelic*
5 *facilitator, an applicant shall submit a written application and*
6 *provide the board with satisfactory evidence that the applicant*
7 *meets all of the following requirements for the tier of facilitator*
8 *license they are applying for:*

9 (1) *The applicant is 21 years of age or older.*

10 (2) *The applicant has successfully completed the curriculum in*
11 *regulated psychedelic facilitation and related subjects and the*
12 *number of hours established by the board that incorporates*
13 *appropriate school assessment of student knowledge and skills,*
14 *prior experience accepted by the board as an equivalent to, or*
15 *equivalent to a portion of, the required curricula or practicum*
16 *requirement, including existing licensure in a health or mental*
17 *health profession, and any practicum experience that is required*
18 *by the board. All of the hours shall be from schools or programs*
19 *approved by the board. For purposes of this section, “unapproved”*
20 *means that the board determined that it will not accept hours from*
21 *a school toward licensure.*

22 (3) *The applicant has passed a regulated psychedelic facilitator*
23 *competency assessment examination that meets generally*
24 *recognized principles and standards and that is created and*
25 *administered by the board or an entity designated by the board.*

26 (4) *The applicant has successfully passed a background*
27 *investigation pursuant to Section 27032, and has not violated any*
28 *of the provisions of this chapter.*

29 (5) *All fees required by the board have been paid.*

30 (b) *The board may issue a license to an applicant who meets*
31 *the qualifications of this chapter if the applicant holds a current*
32 *and valid registration, licensure, or license from any other state*
33 *whose licensure requirements meet or exceed those defined within*
34 *this chapter. If an applicant has received education at a school or*
35 *program that is not approved by the board, the board shall have*
36 *the discretion to give credit for comparable academic or*
37 *experiential work completed by an applicant in a program outside*
38 *of California, or for work completed by an applicant in a program*
39 *in California before the enactment of this act.*

1 (c) If an applicant has received education at a school or
2 program located outside of California or a school located in a
3 country outside of the United States that does not meet the
4 requirements of Section 27024 to be an approved school or
5 program, the board shall have the discretion to give credit for
6 comparable academic or experiential work completed by an
7 applicant toward licensure.

8 (d) A license issued pursuant to this chapter and any
9 identification card issued by the board shall be surrendered to the
10 board by any licenseholder whose license is suspended or revoked.

11 3221. Except as otherwise provided, a license issued pursuant
12 to this chapter shall be subject to renewal every two years in the
13 manner prescribed by the board. A license issued by the board
14 shall expire after two years unless renewed as prescribed.

15 3222. (a) Before issuing a license to an applicant, the board
16 shall require the applicant to submit fingerprint images as directed
17 by the board in a form consistent with the requirements of this
18 section.

19 (b) The board shall submit the fingerprint images and related
20 information to the Department of Justice to obtain information as
21 to the existence and nature of a record of state- and federal-level
22 convictions and of state- and federal-level arrests for which the
23 Department of Justice establishes that the applicant or candidate
24 was released on bail or on their own recognizance pending trial.

25 (c) Requests for federal-level criminal offender record
26 information received by the Department of Justice pursuant to this
27 section shall be forwarded to the Federal Bureau of Investigation
28 by the Department of Justice. The Department of Justice shall
29 review the information returned from the Federal Bureau of
30 Investigation, and shall compile and disseminate a fitness
31 determination regarding the applicant or candidate to the board.
32 The Department of Justice shall provide information to the board
33 pursuant to subdivision (p) of Section 11105 of the Penal Code.

34 (d) The Department of Justice and the board shall charge a fee
35 sufficient to cover the cost of processing the request for state- and
36 federal-level criminal offender record information.

37 (e) The board shall request subsequent arrest notification service
38 from the Department of Justice, as provided under Section 11105.2
39 of the Penal Code, for all applicants for licensure for whom
40 fingerprint images and related information are submitted to

1 *conduct a search for state- and federal-level criminal offender*
2 *record information.*

3 *(f) The board may receive arrest notifications and other*
4 *background materials about applicants and licenseholders from*
5 *a city, county, or city and county.*

6 *3223. In addition to the other requirements of this chapter, a*
7 *licenseholder shall do all of the following:*

8 *(a) Make available for display the licenseholder's original*
9 *license at any location where the licenseholder provides regulated*
10 *psychedelic facilitation. A licenseholder shall have their*
11 *identification card in their possession while providing regulated*
12 *psychedelic facilitation.*

13 *(b) Provide their full name and license number upon the request*
14 *of a member of the public, the board, or a member of law*
15 *enforcement, or a local governmental agency charged with*
16 *regulating establishments, at the location where they are providing*
17 *regulated psychedelic facilitation.*

18 *(c) Include the name under which the individual is licensed and*
19 *their license number in any advertising of regulated psychedelic*
20 *facilitation.*

21 *(d) Notify the board within 30 days of any changes in the*
22 *licenseholder's home address or the address of any establishment*
23 *or other location where the licenseholder provides regulated*
24 *psychedelic facilitation. A licenseholder also shall notify the board*
25 *of the licenseholder's primary email address, if any, and notify*
26 *the board within 30 days of a change of the primary email address.*

27

28

Article 4. Enforcement

29

30 *3230. Unless otherwise specified, any person who violates any*
31 *of the provisions of this chapter is guilty of a misdemeanor*
32 *punishable by imprisonment in county jail not exceeding six*
33 *months, by a fine not to exceed two thousand five hundred dollars*
34 *(\$2500), or by both, and which may result in the suspension or*
35 *revocation of the licenseholder's license.*

36 *3231. (a) It is a violation of this chapter for an applicant or*
37 *a licenseholder to commit any of the following acts, the commission*
38 *of which is grounds for the board to deny an application for a*
39 *license or to impose discipline on a licenseholder:*

- 1 (1) *Unprofessional conduct, including, but not limited to, any*
2 *of the acts listed in the following paragraphs in this subdivision.*
- 3 (2) *Engaging in sexual relations with a participant or a former*
4 *participant within two years following termination of services,*
5 *soliciting sexual relations with a participant, or committing an*
6 *act of sexual abuse, or sexual misconduct with a participant, or*
7 *committing an act punishable as a sexually related crime, if that*
8 *act or solicitation is substantially related to the qualifications,*
9 *functions, or duties of a licensed psychedelic facilitator or occurs*
10 *before, during, or after a preparation, administration, followup*
11 *evaluation, or integration session.*
- 12 (3) *Practicing facilitation on a suspended license, practicing*
13 *without a license, or practicing outside of the conditions of a*
14 *license.*
- 15 (4) *Engaging in financial misconduct, manipulation, or a conflict*
16 *of interest with a participant.*
- 17 (5) *Engaging in fraud, coercion, or verbal abuse with a*
18 *participant.*
- 19 (6) *Violating the terms of consent or agreements entered into*
20 *with the participant during the preparation session.*
- 21 (7) *Discriminating against a participant on the basis of race,*
22 *color, ancestry, national origin, religion, creed, gender, sex, sexual*
23 *orientation, age, disability, marital status, and any other basis*
24 *enumerated under California law.*
- 25 (8) *Procuring or attempting to procure a license by fraud,*
26 *misrepresentation, or mistake.*
- 27 (9) *Failing to fully disclose all information requested on the*
28 *application.*
- 29 (10) *Impersonating an applicant or acting as a proxy for an*
30 *applicant in any examination referred to in this chapter for the*
31 *issuance of a license.*
- 32 (11) *Impersonating a licenseholder or permitting or allowing*
33 *a nonlicensed person to use a license.*
- 34 (12) *Violating or attempting to violate, directly or indirectly,*
35 *or assisting in or abetting the violation of, or conspiring to violate,*
36 *any provision of this chapter or any rule or regulation adopted by*
37 *the board.*
- 38 (13) *Committing any fraudulent, dishonest, or corrupt act that*
39 *is substantially related to the qualifications, functions, or duties*
40 *of a licenseholder.*

1 (14) *Offering or giving commissions, rebates, or other forms of*
2 *remuneration for the referral of participants.*

3 (15) *Denial of licensure, revocation, suspension, restriction,*
4 *citation, or any other disciplinary action against an applicant or*
5 *licenseholder by another state or territory of the United States, by*
6 *any other governmental agency, or by another California healing*
7 *arts professional licensing board. A certified copy of the decision,*
8 *order, judgment, or citation shall be conclusive evidence of these*
9 *actions.*

10 (16) *Being convicted of any felony or misdemeanor, or being*
11 *held liable in an administrative or civil action for an act, that is*
12 *substantially related to the qualifications, functions, or duties of*
13 *a licenseholder. A record of the conviction or other judgment or*
14 *liability shall be conclusive evidence of the crime or liability.*

15 (17) *Failing to act within the limitations created by a physical*
16 *illness, physical condition, or behavioral, mental health, or*
17 *substance use disorder that renders the licenseholder unable to*
18 *perform psychedelic facilitation services with reasonable skill and*
19 *safety to the participant.*

20 (b) *The board may deny an application for a license for the*
21 *commission of any of the acts described in subdivision (a). The*
22 *board may also discipline a licenseholder, in any manner permitted*
23 *by this chapter, for the commission of any of those acts by a*
24 *licenseholder.*

25 (c) *The board shall deny an application for a license, or revoke*
26 *the license of a licenseholder, if the applicant or licenseholder is*
27 *required to register pursuant to the Sex Offender Registration Act*
28 *(Chapter 5.5 (commencing with Section 290) of Title 9 of Part 1*
29 *of the Penal Code), or is required to register as a sex offender in*
30 *another state.*

31 3232. (a) *An applicant for a license shall not be denied a*
32 *license and a licenseholder shall not be disciplined pursuant to*
33 *this chapter except according to procedures that satisfy the*
34 *requirements of this section.*

35 (b) *The board may discipline a licenseholder by any of the*
36 *following methods:*

37 (1) *Placing the licenseholder on probation, which may include*
38 *limitations or conditions on practice.*

39 (2) *Suspending the license and the rights conferred by this*
40 *chapter on a licenseholder for a period not to exceed one year.*

1 (3) *Suspending or staying the disciplinary order, or portions of*
2 *it, with or without conditions.*

3 (4) *Revoking the license.*

4 (5) *Taking other action the board deems proper, as authorized*
5 *by this chapter.*

6 (6) *The board may issue an initial license on probation, with*
7 *specific terms and conditions, to any applicant.*

8 (c) *Any denial or discipline shall be decided upon and imposed*
9 *in good faith and in a fair and reasonable manner.*

10 (d) *Any notice required under this section may be given by any*
11 *method reasonably calculated to provide actual notice. Notice*
12 *given by mail shall be given by first-class or certified mail sent to*
13 *the last address of the applicant or licenseholder shown on the*
14 *board's records.*

15 (e) *An applicant or licenseholder may challenge a denial or*
16 *discipline decision issued pursuant to this section in a court of*
17 *competent jurisdiction. Any action challenging a denial or*
18 *discipline, including any claim alleging defective notice, shall be*
19 *commenced within 90 days after the effective date of the denial or*
20 *discipline. A license issued pursuant to this chapter is not a*
21 *fundamental vested right and judicial review of denial and*
22 *disciplinary decisions made by the board shall be conducted using*
23 *the substantial evidence standard of review. If the action is*
24 *successful, the court may order any relief, including reinstatement,*
25 *that it finds equitable under the circumstances.*

26 (f) *This section governs only the procedures for denial or*
27 *discipline decision and not the substantive grounds for the denial*
28 *or discipline. Denial or discipline based upon substantive grounds*
29 *that violates contractual or other rights of the applicant or*
30 *licenseholder, or is otherwise unlawful, is not made valid by*
31 *compliance with this section.*

32 3233. (a) *It is an unfair business practice for a person to do*
33 *any of the following:*

34 (1) *To hold themselves out or to use the title of "licensed*
35 *psychedelic facilitator," "regulated psychedelic facilitator," or*
36 *any other term, such as "licensed," or "certified," in any manner*
37 *that implies that the person is licensed as a psychedelic facilitator,*
38 *unless that person currently holds an active and valid license*
39 *issued by the board pursuant to this chapter.*

1 (2) *To falsely state or advertise or put out any sign or card or*
2 *other device, or to falsely represent to the public through any print*
3 *or electronic media, that they or any other individual are licensed,*
4 *certified, or registered by a governmental agency as a regulated*
5 *psychedelic facilitator.*

6 (3) *To advertise, market, or brand services that make any health*
7 *or medical claims or state that the regulated psychedelic*
8 *substances have been found to be safe and effective for any*
9 *particular purpose.*

10 (b) *In addition to any other available remedies, engaging in*
11 *any of the prohibited behaviors described in subdivision (a)*
12 *constitutes unfair competition under Section 17200.*

13 (c) *Nothing in this chapter shall be construed to limit the*
14 *provisions of the Medical Practice Act (Chapter 5 (commencing*
15 *with Section 2000) of Division 2), the Clinical Social Worker*
16 *Practice Act (Chapter 14 (commencing with Section 4991) of*
17 *Division 2), the Nursing Practice Act (Chapter 6 (commencing*
18 *with Section 2700) of Division 2), the Psychology Licensing Law*
19 *(Chapter 6.6 (commencing with Section 2901) of Division 2), the*
20 *Licensed Marriage and Family Therapist Act (Chapter 13*
21 *(commencing with Section 4980) of Division 2), the Naturopathic*
22 *Doctors Act (Chapter 8.2 (commencing with Section 3610) of*
23 *Division 2), or any other licensed profession.*

24 3234. (a) *The board shall establish a procedure for those*
25 *persons and parties affected by decisions of the board to protest*
26 *and appeal those decisions.*

27 (b) *An interested person may seek judicial review of any final*
28 *decision of the board.*

29 (c) *Any individual or entity may commence a legal action for a*
30 *writ of mandate to compel the board to perform the acts mandated*
31 *by this board.*

32 3235. *This chapter shall not be construed to permit the sale of*
33 *psychedelic substances to an individual for personal use or to*
34 *permit the sale of psychedelic substances for any purpose outside*
35 *of use for psychedelic facilitation with a licensed psychedelic*
36 *facilitator at an approved location.*

37 3236. *This chapter shall not be construed to permit the knowing*
38 *transfer of any psychedelic substances, with or without*
39 *remuneration, to a person under 21 years of age or to allow a*
40 *person under 21 years of age to possess, use, purchase, obtain,*

1 cultivate, process, prepare, deliver, or sell or otherwise transfer
2 any psychedelic substance.

3 3237. (a) A city, county, or a city and county may reasonably
4 regulate the time, place, and manner of regulated psychedelic
5 facilitation within its boundaries.

6 (b) A city, county, or a city and county shall not ban or
7 completely prohibit regulated psychedelic facilitators operating
8 in accordance with this chapter and board rules within its
9 boundaries.

10 (c) A city, county, or a city and county shall not ban or
11 completely prohibit the provision of regulated psychedelic
12 facilitation offered in accordance with this chapter and board
13 rules.

14 (d) A city, county, or a city and county shall not enact a greater
15 fine or penalty for conduct related to regulated psychedelic
16 facilitation or substances than is allowed under state law.

17 (e) A city, county, or a city and county shall not require an
18 additional license or the payment of a fee in addition to the state
19 license and fee for conduct related to regulated psychedelic
20 facilitation or regulated psychedelic substance licensees, other
21 than generally applicable licenses and fees that apply to all
22 businesses operating with the jurisdiction.

23 (f) A city, county, or a city and county shall not prohibit the
24 transportation of regulated psychedelic substances through its
25 jurisdiction on public roads by a licensee or as otherwise allowed
26 by this chapter.

27 3238. (a) Notwithstanding any other law, except as otherwise
28 provided in this chapter, a person shall not be arrested, prosecuted,
29 penalized, sanctioned, or otherwise denied any benefit and shall
30 not be subject to seizure or forfeiture of assets for allowing
31 property the person owns, occupies, or manages to be used for
32 any of the activities conducted lawfully under this chapter at an
33 approved location or for enrolling or employing a person who
34 engages in regulated psychedelic substance-related activities
35 lawfully under this act.

36 (b) The use of regulated psychedelic substances in connection
37 with regulated psychedelic facilitation shall not disqualify a person
38 from any needed medical procedure or medical treatment or any
39 other lawful health-related service.

1 (c) *The use of regulated psychedelic substances lawfully under*
2 *this act shall not, by itself, be the basis for punishing a person*
3 *currently under parole, probation, or other state-supervised*
4 *release, including pretrial release.*

5 (d) *Nothing in this chapter shall restrict the sale, possession,*
6 *display, or cultivation of living fungi, plants, or seeds that were*
7 *lawful before the enactment of this section.*

8 (e) *Engaging in regulated psychedelic substance-related*
9 *activities authorized under this chapter shall not, by itself, be the*
10 *basis to deny eligibility for any public assistance program, unless*
11 *required by federal law.*

12 3239. *Nothing in this chapter shall be construed to affect any*
13 *of the following:*

14 (a) *Laws prohibiting the sale, administering, furnishing, or*
15 *giving away of psychedelic substances, or the offering to sell,*
16 *administer, furnish, or give away psychedelic substances, to a*
17 *person younger than 21 years of age.*

18 (b) *The ability of public and private employers to maintain,*
19 *enact, and enforce workplace policies prohibiting or restricting*
20 *actions or conduct otherwise permitted under this chapter in the*
21 *workplace or by their employees.*

22 (c) *Laws prohibiting persons from engaging in actions or*
23 *conduct that endanger others.*

24 (d) *Laws pertaining to driving or operating a motor vehicle,*
25 *boat, vessel, aircraft, or other vehicle or device used for*
26 *transportation under the influence of regulated psychedelic*
27 *substances.*

28 (e) *The ability of a state or local governmental agency to*
29 *prohibit or restrict actions or conduct otherwise permitted under*
30 *this chapter within a building owned, leased, or occupied by the*
31 *state or local governmental agency.*

32 (f) *The ability of an individual or private entity to prohibit or*
33 *restrict actions or conduct otherwise permitted under this chapter*
34 *on the individual's or entity's privately owned property.*

35 (g) *Laws pertaining to actions or conduct otherwise permitted*
36 *under this chapter on the grounds of, or within, any facility or*
37 *institution under the jurisdiction of the Department of Corrections*
38 *and Rehabilitation or the Division of Juvenile Justice, or on the*
39 *grounds of any other facility or institution referenced in Section*
40 *4573 of the Penal Code.*

1 (h) *Laws pertaining to actions or conduct otherwise permitted*
 2 *under this chapter on the grounds of a school providing instruction*
 3 *in kindergarten or any grades 1 to 12, inclusive.*

4 (i) *Laws protecting indigenous cultures, traditions, and uses of*
 5 *psychedelic substances and, any protected status, or practice under*
 6 *other laws related to indigenous uses of psychedelic substances,*
 7 *or churches operating pursuant to the federal Religious Freedom*
 8 *Restoration Act of 1993 (42 U.S.C. Sec. 2000bb-4 et seq.).*

9 3240. *A person engaged in a profession or occupation subject*
 10 *to licensure shall not be subject to disciplinary action by a*
 11 *professional licensing board solely for providing professional*
 12 *services related to activity permitted under this chapter or for*
 13 *engaging in any activity that is lawful under this chapter that is*
 14 *not subject to criminal penalty under state law. This chapter does*
 15 *not permit a person to engage in malpractice or to violate the*
 16 *standards of professional practice for which a person is licensed.*

17

18

Article 5. Revenue

19

20 3250. (a) ~~The Regulated—Psychedelic-assisted—Therapy~~
 21 ~~Psychedelic Facilitators~~ Fund is hereby created in the State
 22 Treasury.

23 (b) Except as otherwise specified, all funds received pursuant
 24 to this chapter shall be ~~credited to~~ *deposited into* the fund.

25 (c) Notwithstanding Section 16305.7 of the Government Code,
 26 the fund shall include any interest and dividends earned on the
 27 moneys in the fund.

28 ~~Notwithstanding Section 13340 of the Government Code,~~
 29 ~~all~~ *All* moneys in the fund shall be allocated to the board, upon
 30 appropriation by the Legislature, to carry out the purposes of this
 31 chapter.

32 (e) All moneys collected as a result of fees imposed under this
 33 chapter shall be deposited directly into the fund.

34 (f) All moneys collected as a result of penalties imposed under
 35 this division shall be deposited directly into the General Fund, to
 36 be available upon appropriation by the Legislature.

37 ~~SEC. 4.~~

38 *SEC. 5.* Division 11 (commencing with Section 27000) is added
 39 to the Business and Professions Code, to read:

1 DIVISION 11. REGULATED PSYCHEDELIC SUBSTANCES
2 CONTROL ~~PSYCHEDELIC-ASSISTED THERAPY ACT~~

3
4 CHAPTER 1. GENERAL
5

6 27000. (a) This division shall be known and may be cited as
7 the Regulated Psychedelic Substances Control *Psychedelic-Assisted*
8 *Therapy Act*.

9 (b) The purpose and intent of this division is to establish a
10 comprehensive system to control and regulate the ~~cultivation,~~
11 *following*:

12 (1) *The provision of psychedelic facilitation.*

13 (2) *The production, distribution, transportation, storage,*
14 *processing, manufacturing, testing, quality control, and sale of*
15 *regulated psychedelic substances for use only in conjunction with*
16 *regulated psychedelic-assisted therapy pursuant to the Regulated*
17 *Psychedelic-assisted Therapy Act (Chapter 7.1 (commencing with*
18 *Section 3200) of Division 2); psychedelic facilitation at approved*
19 *locations.*

20 (3) *The approval of locations where regulated psychedelic*
21 *facilitation may take place.*

22 (4) *The collection and publication of deidentified and aggregate*
23 *data and information on the implementation and outcomes of this*
24 *act.*

25 27001. The Division of Regulated ~~Psychedelic Substances~~
26 ~~Control~~ *Psychedelic-Assisted Therapy* is hereby established in the
27 Business, Consumer Services, and Housing Agency to administer
28 this division. The division shall be under the supervision and
29 control of a director.

30 27002. As used in this division, the following definitions apply:

31 (a) ~~“Advisory committee” means the Regulated Psychedelic~~
32 ~~Substances Advisory Committee.~~

33 (b) ~~“Board” means the Board of Regulated Psychedelic~~
34 ~~Facilitators established pursuant to Chapter 7.1 (commencing with~~
35 ~~Section 3200) of Division 2.~~

36 (c) ~~“Clinic” shall have the same meaning as set forth in Section~~
37 ~~1200 of the Health and Safety Code.~~

38 (d) ~~“Cultivate” means the growing and cultivating of regulated~~
39 ~~psychedelic substances.~~

1 ~~(e) “Division” means the Division of Regulated Psychedelic~~
2 ~~Substances Control.~~

3 ~~(f) “Participant” means a person 21 years of age or older who~~
4 ~~purchases or receives a regulated psychedelic substance from a~~
5 ~~regulated psychedelic licensee for use in conjunction with regulated~~
6 ~~psychedelic-assisted therapy at a licensed location and under the~~
7 ~~supervision of a licensed psychedelic-assisted therapy facilitator.~~

8 ~~(g) “Regulated psychedelic substance licensee” means an entity~~
9 ~~that holds a license in any of the categories for licensure or~~
10 ~~registration established by the division pursuant to paragraph (1)~~
11 ~~of subdivision (a) of Section 27030. A regulated psychedelic~~
12 ~~substance licensee may receive compensation for regulated~~
13 ~~psychedelic substances in connection with use in regulated~~
14 ~~psychedelic-assisted therapy provided at a licensed establishment.~~

15 ~~(a) “Administration session” means a session conducted at an~~
16 ~~approved location during which a participant consumes and~~
17 ~~experiences the effects of a regulated psychedelic substance under~~
18 ~~the supervision of a regulated psychedelic facilitator.~~

19 ~~(b) “Adverse event” or “adverse reaction” means any adverse~~
20 ~~reaction during or after the psychedelic experience, including, but~~
21 ~~not limited to, headache, nausea, and dizziness.~~

22 ~~(c) “Approved location” means a location approved by the~~
23 ~~division for the provision of regulated psychedelic facilitation or~~
24 ~~a clinic, center, or other facility licensed by the State Department~~
25 ~~of Public Health.~~

26 ~~(d) “Approved school” means a school or educational program~~
27 ~~approved by the board that meets minimum standards for training~~
28 ~~and curriculum in regulated psychedelic facilitation and related~~
29 ~~subjects and that has not been otherwise approved by the board.~~

30 ~~(e) “Board” means the Board of Regulated Psychedelic~~
31 ~~Facilitators established pursuant to Chapter 7.1 (commencing~~
32 ~~with Section 3200) of Division 2.~~

33 ~~(f) “Clinic” shall have the same meaning as set forth in Section~~
34 ~~1200 of the Health and Safety Code.~~

35 ~~(g) “Compensation” means a payment, loan, advance, donation,~~
36 ~~contribution, deposit, gift of money, or anything of value.~~

37 ~~(h) “Division” means the Division of Regulated~~
38 ~~Psychedelic-Assisted Therapy.~~

39 ~~(i) “Expert oversight committee” means the Regulated~~
40 ~~Psychedelic Substances Expert Oversight Committee.~~

1 (j) “Followup evaluation” means contact between a participant
2 and a regulated psychedelic facilitator that occurs within 12 to
3 72 hours after the completion of an administration session or
4 sooner, if warranted, to assess well-being, screen for adverse
5 reactions, and, if needed, make referrals to needed care, additional
6 psychosocial support, or other interventions.

7 (k) “Fund” means the Regulated Psychedelic-Assisted Therapy
8 Fund.

9 (l) “Integration session” means counseling provided by a
10 regulated psychedelic facilitator or other personnel trained in
11 postpsychedelic support that is intended to help the participant
12 better understand their psychedelic experience and apply insights
13 from their experience to their daily life.

14 (m) “License” means a valid license issued pursuant to this
15 division.

16 (n) “Participant” means a person 21 years of age or older who
17 purchases or receives a regulated psychedelic substance from a
18 regulated psychedelic licensee for use in conjunction with regulated
19 psychedelic facilitation at an approved location and under the
20 supervision of a licensed psychedelic facilitator.

21 (o) “Preparation session” means a session conducted between
22 a participant and a psychedelic facilitator before the administration
23 of the regulated psychedelic substance. More than one preparation
24 session may be indicated to provide participants adequate
25 education and instruction, to develop sufficient rapport between
26 the participant and psychedelic facilitator before the psychedelic
27 substance administration, and to revisit informed consent and
28 safety planning. The initial preparation session shall include review
29 of the safety screen and considerations for exclusion; presentation
30 and discussion of detailed information about the psychedelic
31 substance, including its potential risks and benefits; presentation
32 and discussion of the therapeutic process, including administration
33 session parameters; obtaining informed consent; safety planning;
34 and other information as the board may determine. If three months
35 or more have passed since the last psychedelic administration
36 session conducted by a given participant with a given facilitator,
37 this will be considered a new course of care, and another initial
38 preparation session must be conducted.

39 (p) “Produce” means the growing, cultivating, processing, and
40 manufacturing of regulated psychedelic substances.

- 1 ~~(h)~~
2 (q) (1) “Regulated psychedelic substances” means the following
3 substances as defined in Section 11054 of the Health and Safety
4 Code:
5 (A) Dimethyltryptamine.
6 (B) Mescaline.
7 (C) 3,4-methylenedioxymethamphetamine (MDMA).
8 (D) Psilocybin.
9 (E) Psilocyn.
10 (F) Spores or mycelium capable of producing mushrooms that
11 contain psilocybin or psilocyn.
12 (2) “Regulated psychedelic substances” does not include peyote,
13 including all parts of the plant classified botanically as *Lophophora*
14 *williamsii*, whether growing or not, its seeds, any extract from any
15 part of the plant, and every compound, salt, derivative, mixture,
16 or preparation of the plant, or its seeds or extracts.
17 ~~(i) “Regulated psychedelic-assisted therapy” means services~~
18 ~~provided by a regulated psychedelic-assisted therapy facilitator in~~
19 ~~accordance with the Regulated Psychedelic-assisted Therapy Act~~
20 ~~(Chapter 7.1 (commencing with Section 3200) of Division 2).~~
21 ~~(j) “Regulated psychedelic-assisted therapy facilitator” means~~
22 ~~a person licensed by the Board of Regulated Psychedelic~~
23 ~~Facilitators pursuant to Chapter 7.1 (commencing with Section~~
24 ~~3200) of Division 2.~~
25 (r) “Regulated psychedelic substance licensee” means an entity
26 that holds a license in any of the categories for licensure or
27 registration established by this division. A regulated psychedelic
28 substance licensee may receive compensation for regulated
29 psychedelic substances only in connection with use in regulated
30 psychedelic facilitation provided at an approved location.
31 (s) “Regulated psychedelic facilitation” means services provided
32 pursuant to this division by a regulated psychedelic facilitator to
33 a participant before, during, and after the participant’s
34 consumption of a regulated psychedelic substance, including all
35 of the following:
36 (1) A safety screen.
37 (2) One or more preparation sessions.
38 (3) An administration session.
39 (4) One or more followup evaluations.
40 (5) One or more integration sessions.

1 (t) “Regulated psychedelic facilitation location” or “approved
2 location” means an approved location where psychedelic
3 facilitation is performed.

4 (u) “Regulated psychedelic facilitator” means a person licensed
5 by the Board of Regulated Psychedelic Facilitators pursuant to
6 Chapter 7.1 (commencing with Section 3200) of Division 2.

7 (v) “Safety screen” means a screening for medical conditions,
8 mental health conditions, family history, contraindications, and
9 pharmacological interactions that must be provided to every
10 participant before an administration session.

11 (w) “Serious adverse event” or “serious adverse reaction”
12 means an adverse reaction during or after the psychedelic
13 experience requiring psychiatric, medical, or psychological care.

14 (x) “Set” means the mindset of an individual, including the
15 individual’s history, personality, and intentions going into
16 psychedelic facilitation.

17 (y) “Setting” means the physical and social environment in
18 which the psychedelic facilitation occurs.

19 (z) “Sole provider” means a regulated psychedelic facilitator
20 business where the owner owns 100 percent of the business and
21 is the only person who provides regulated psychedelic facilitation
22 for compensation for that business pursuant to a valid and active
23 license issued in accordance with this division.

24

25 CHAPTER 2. ADMINISTRATION

26

27 27010. (a) The Governor shall appoint the director of the
28 division, subject to confirmation by the Senate. The director shall
29 serve under the direction and supervision of the Secretary of
30 Business, Consumer Services, and Housing and at the pleasure of
31 the Governor.

32 (b) Every power granted to or duty imposed upon the director
33 under this division may be exercised or performed in the name of
34 the director by a deputy or assistant director or by a chief, subject
35 to conditions and limitations that the director may prescribe.

36 (c) The director may employ and appoint all employees
37 necessary to properly administer the work of the division, in
38 accordance with civil service laws and regulations.

39 (d) The division has the power, duty, purpose, responsibility,
40 and jurisdiction to regulate regulated psychedelic substances *and*

1 *the provision of psychedelic facilitation, and to approve locations*
2 *where psychedelic facilitation may take place, as provided in this*
3 *division.*

4 27011. The protection of the public shall be the highest priority
5 for the division in exercising its licensing, regulatory, and
6 disciplinary functions under this division. Whenever the protection
7 of the public is inconsistent with other interests sought to be
8 promoted, the protection of the public shall be paramount.

9 27012. (a) It being a matter of statewide concern, except as
10 otherwise authorized in this division, the division shall have the
11 sole authority to create, issue, deny, renew, discipline, condition,
12 suspend, or revoke ~~regulated psychedelic substance licenses.~~
13 *licenses issued pursuant to this division.*

14 (b) The division may collect fees in connection with activities
15 it regulates. The division may create ~~licenses~~ *licenses, permits,*
16 *and registrations* in addition to those identified in this division
17 that the division deems necessary to effectuate its duties under this
18 division.

19 (c) For the performance of its duties, the division has the power
20 conferred by Article 2 (commencing with Section 11180) of
21 Chapter 2 of Part 1 of Division 3 of Title 2 of the Government
22 Code.

23 27013. (a) The division shall provide on its internet website
24 information regarding the status of every license issued by the
25 division in accordance with the California Public Records Act
26 (Division 10 (commencing with Section 7920.000) of Title 1 of
27 the Government Code) and the Information Practices Act of 1977
28 (Chapter 1 (commencing with Section 1798) of Title 1.8 of Part
29 4 of Division 3 of the Civil Code).

30 (b) The information provided on the division's internet website
31 pursuant to subdivision (a) shall include information on suspensions
32 and revocations of licenses and final decisions adopted by the
33 division pursuant to the Administrative Procedure Act (Chapter
34 3.5 (commencing with Section 11340) of Part 1 of Division 3 of
35 Title 2 of the Government Code) relating to persons or businesses
36 licensed or regulated by the division.

37 (c) *The information provided on the division's internet website*
38 *shall include deidentified and aggregate data on the*
39 *implementation and outcomes of this act that is required to be*
40 *collected and published pursuant to this division.*

1 27014. (a) The division shall adopt regulations *as*
2 *recommended by the expert oversight committee and* as may be
3 necessary to implement, administer, and enforce its duties under
4 this division in accordance with Chapter 3.5 (commencing with
5 Section 11340) of Part 1 of Division 3 of Title 2 of the Government
6 Code. ~~Those rules and regulations shall be consistent with the~~
7 ~~purposes and intent of the Regulated Psychedelic-assisted Therapy~~
8 ~~Act (Chapter 7.1 (commencing with Section 3200) of Division 2),~~
9 ~~as specified in Section 3200.~~

10 (b) (1) The division may adopt emergency regulations to
11 consolidate, clarify, or make consistent regulations.

12 (2) The division may readopt any emergency regulation
13 authorized by this section that is the same as, or substantially
14 equivalent to, an emergency regulation previously adopted as
15 authorized by this section. Any readoption shall be limited to one
16 time for each regulation.

17 (3) Notwithstanding any other law, the adoption of emergency
18 regulations and the readoption of emergency regulations authorized
19 by this section shall be deemed an emergency and necessary for
20 the immediate preservation of the public peace, health, safety, or
21 general welfare. The emergency regulations and the readopted
22 emergency regulations authorized by this section shall be each
23 submitted to the Office of Administrative Law for filing with the
24 Secretary of State and shall remain in effect for no more than 180
25 days, by which time final regulations may be adopted.

26 (c) Regulations issued under this division shall be necessary to
27 achieve the purposes of this division, based on best available
28 evidence, and shall mandate only commercially feasible procedures,
29 technology, or other requirements, and shall not unreasonably
30 restrain or inhibit the development of alternative procedures or
31 technology to achieve the same substantive requirements, nor shall
32 the regulations make compliance so onerous that the operation
33 under a license is not worthy of being carried out in practice by a
34 reasonably prudent businessperson.

35 (d) The division shall adopt regulations concerning psilocybin,
36 psilocyn, *the spores or mycelium capable of producing mushrooms*
37 *that contain psilocybin and psilocyn,* and
38 3,4-methylenedioxymethamphetamine (MDMA) not later than
39 January 1, 2026. At least every two years thereafter, the division
40 shall adopt regulations concerning additional substances identified

1 as regulated psychedelic substances in subdivision (h) of Section
2 27002, if recommended by the ~~advisory~~ *expert oversight*
3 committee.

4 27015. (a) Notice of any action of the division required by
5 this division to be given may be signed and given by the director
6 or an authorized employee of the division and may be made
7 personally or in the manner prescribed by Section 1013 of the
8 Code of Civil Procedure, or in the manner prescribed by Section
9 124 of this code.

10 (b) Notwithstanding subdivision (c) of Section 11505 of the
11 Government Code, whenever written notice, including a notice,
12 order, or document served pursuant to Chapter 3.5 (commencing
13 with Section 11340), Chapter 4 (commencing with Section 11370),
14 or Chapter 5 (commencing with Section 11500), of Part 1 of
15 Division 3 of Title 2 of the Government Code, is required to be
16 given by the division, the notice may be given by regular mail
17 addressed to the last known address of the licensee or by personal
18 service, at the option of the division.

19 27016. (a) The division may make or cause to be made any
20 investigation it deems necessary to carry out its duties under this
21 division.

22 (b) The chief of enforcement and all investigators, inspectors,
23 and deputies of the division identified by the director have the
24 authority of peace officers while engaged in exercising the powers
25 granted or performing the duties imposed upon them in
26 investigating the laws administered by the division or commencing
27 directly or indirectly any criminal prosecution arising from any
28 investigation conducted under these laws. All persons herein
29 referred to shall be deemed to be acting within the scope of
30 employment with respect to all acts and matters set forth in this
31 section.

32 (c) The division may employ individuals, who are not peace
33 officers, to provide investigative services.

34 (d) Notwithstanding any other law, the division may employ
35 peace officers and shall be exempt from the requirements of Section
36 13540 of the Penal Code.

37 27017. For any hearing held pursuant to this division, the
38 division may delegate the power to hear and decide to an
39 administrative law judge. Any hearing before an administrative
40 law judge shall be pursuant to the procedures, rules, and limitations

1 prescribed in Chapter 5 (commencing with Section 11500) of Part
2 1 of Division 3 of Title 2 of the Government Code.

3 27018. (a) No later than April 1, 2025, the division shall
4 convene an ~~advisory expert oversight~~ committee, to be known as
5 the Regulated Psychedelic Substances ~~Advisory Expert Oversight~~
6 Committee, to advise the division and the board on the
7 development of standards and regulations pursuant to this ~~division~~
8 ~~and the Regulated Psychedelic-assisted Therapy Act (Chapter 7.1~~
9 ~~(commencing with Section 3200) of Division 2)~~; *division*, including
10 best practices and guidelines that protect public health and safety
11 while ensuring a regulated environment to provide safe access to
12 regulated ~~psychedelic-assisted therapy~~. *psychedelic facilitation*.

13 (b) *There shall be 14 members of the expert oversight committee*
14 *appointed by the Governor.*

15 ~~(b)~~

16 (c) The ~~advisory expert oversight~~ committee members shall
17 include, but not be limited to, at least one person with expertise in
18 ~~all~~ *each* of the following:

19 (1) Mental or behavioral health.

20 (2) ~~Regulated psychedelic-assisted therapy.~~ *Psychedelic*
21 *facilitation.*

22 (3) Issues confronting veterans.

23 (4) Developing and implementing evaluation methodologies to
24 assess the outcomes of a program, including its achievements,
25 safety, quality, and impact on individuals.

26 (5) Health care insurance or barriers in access to health care.

27 (6) Emergency medical services or first responders.

28 (7) Mycology and regulated psychedelic substance cultivation.

29 (8) Training ~~regulated psychedelic-assisted therapy~~ *psychedelic*
30 *facilitators.*

31 ~~(9) Harm reduction.~~

32 ~~(10) Municipal psychedelic policy.~~

33 (9) *The provision of harm reduction.*

34 (10) *Harm reduction systems.*

35 (11) Regulated psychedelic substance research.

36 (12) Indigenous uses of ~~regulated~~ psychedelic substances.

37 (13) Public health data collection.

38 (14) *Expertise in naturopathic medicine.*

39 (d) *The members of the expert oversight committee shall reside*
40 *in the State of California.*

1 (e) Each member of the expert oversight committee shall be
2 appointed for a term of four years with staggered terms. A vacancy
3 on the committee shall be filled by appointment for the unexpired
4 term.

5 (f) Not later than the first of June of each calendar year, the
6 committee shall elect a chairperson and a vice chairperson from
7 its membership.

8 (e)

9 (g) The ~~advisory~~ expert oversight committee shall:

10 (1) Consider all matters submitted to it by the division or the
11 board.

12 (2) Create subcommittees for particular aspects of the work.

13 ~~(2)~~

14 (3) Advise the division and the board on guidelines, rules, and
15 regulations that include:

16 (A) Accurate and culturally appropriate public health approaches
17 regarding use, effect, and risk reduction for regulated
18 ~~psychedelic-assisted therapy~~ *psychedelic facilitation* and regulated
19 psychedelic substances and the content and scope of related
20 educational campaigns.

21 (B) Research related to the efficacy and regulation of regulated
22 psychedelic substances, including recommendations related to
23 product safety, harm reduction, and cultural responsibility.

24 (C) Affordable, equitable, ethical, inclusive, and culturally
25 responsible access to regulated psychedelic-assisted therapy and
26 requirements to ensure access to regulated ~~psychedelic-assisted~~
27 ~~therapy~~ *psychedelic facilitation* is affordable, equitable, ethical,
28 inclusive, and culturally responsible.

29 (D) Identifying existing state funds and programs for improving
30 public health outcomes and advising as to how these funds and
31 programs may include *psychedelic facilitation and services* as
32 options and be used to make access to *psychedelic facilitation and*
33 services more affordable to low-income individuals.

34 (E) Education, training curricula, and training for first
35 responders and multiresponders, including law enforcement,
36 emergency medical services, social services, and fire services.

37 ~~(E)~~

38 (F) Requirements, methods, *data collection*, reporting, and
39 publication of information pertaining to the implementation and
40 outcomes of this act, in order to comprehensively measure its

1 success, safety, quality, impact on individuals’ well-being and
2 public health.

3 ~~(F)~~

4 (G) Sustainability issues related to regulated psychedelic
5 substances and impact on Indigenous cultures and ~~document~~
6 existing reciprocity efforts and continuing support measures that
7 are needed.

8 ~~(G) Whether other substances should be added pursuant to~~
9 ~~subdivision (d) of Section 27014.~~

10 (H) Potential future ~~regulation~~ *regulation, policy reform*, and
11 use of additional psychedelic substances with therapeutic potential,
12 beyond those included in ~~this division and the Regulated~~
13 ~~Psychedelic-assisted Therapy Act (Chapter 7.1 (commencing with~~
14 ~~Section 3200) of Division 2):~~ *subdivision (d) of Section 27014.*

15 ~~(d)~~

16 (h) Commencing on January 1, 2026, the ~~advisory expert~~
17 ~~oversight~~ committee shall publish on ~~its~~ *the division’s* internet
18 website an annual report describing its activities including, but not
19 limited to, the recommendations the ~~advisory expert oversight~~
20 committee made to the division and the board during the
21 immediately preceding calendar year and whether those
22 recommendations were implemented by the division.

23 ~~(e)~~

24 (i) Each member of the ~~advisory expert oversight~~ committee
25 shall be reimbursed for traveling and other expenses necessarily
26 incurred in the performance of official duties. The payments in
27 each instance shall be made only from the fund *from which the*
28 *expenses of the division are paid* and shall be subject to the
29 availability of moneys.

30

31 CHAPTER 3. GENERAL LICENSING

32

33 27030. (a) Except as specified in Section 27014, the division
34 shall, ~~in consultation with the advisory consistent with the~~
35 ~~recommendations of the expert oversight~~ committee and in
36 accordance with the Administrative Procedure Act (Chapter 3.5
37 (commencing with Section 11340) of Part 1 of Division 3 of Title
38 2 of the Government Code), adopt regulations consistent with this
39 division for the administration and enforcement of laws regulating

1 regulated psychedelic substances and services. The regulations
2 shall do all of the following:

3 (1) License qualified persons or entities for activities related to
4 regulated psychedelic substances that include:

5 (A) Establishing categories of licensure and registration
6 including, but not limited to, the following:

7 (i) A cultivation, processing, ~~manufacture, delivery, or sales-only~~
8 ~~license that would allow for the provision and sale of regulated~~
9 ~~psychedelic substances at the premises of a separately licensed~~
10 ~~psychedelic-assisted therapy center or approved location for use~~
11 ~~during an administration session at that psychedelic-assisted~~
12 ~~therapy center or~~ *or manufacture license that would allow solely*
13 *for the provision and sale of regulated psychedelic substances at*
14 *the premises of an approved location for use during the*
15 *administration session of a regulated psychedelic facilitation at*
16 *that approved location.*

17 (ii) A testing license for the testing of regulated psychedelic
18 substances for quality, concentration, and contaminants.

19 (B) *Approving locations where psychedelic substances may be*
20 *provided to participants in conjunction with psychedelic facilitation*
21 *by a regulated psychedelic facilitator.*

22 ~~(B)~~

23 (C) Establishing license application, issuance, denial, renewal,
24 suspension, and revocation procedures.

25 ~~(C)~~

26 (D) Establishing application, licensing, and renewal fees that
27 shall be sufficient, but not exceed the amount necessary, to cover
28 the cost of administering this division, and, for licensing and
29 renewal fees, scaled based on either the volume of business of the
30 licensee or the gross annual revenue of the licensee.

31 (2) In collaboration with the Board of Regulated Psychedelic
32 Facilitators, establish requirements governing the safe provision
33 of regulated psychedelic substances to participants *at approved*
34 *locations* that include:

35 (A) Contraindications due to medical condition, mental health
36 history, *family history*, and pharmacological interactions and
37 contraindications for the particular substances being used.

38 (B) Health and safety warnings to be provided to participants
39 before regulated psychedelic substances are provided.

40 (C) Recommended dosages of regulated psychedelic substances.

1 (D) Documentation that the regulated ~~psychedelic-assisted~~
2 ~~therapy~~ *psychedelic* facilitator is properly licensed pursuant to
3 Chapter 7.1 (commencing with Section 3200) of Division 2. *this*
4 *division*.

5 (E) *Documentation that the location of the regulated psychedelic*
6 *facilitation is properly licensed or approved pursuant to*
7 *regulations promulgated pursuant to this division.*

8 ~~(E)~~

9 (F) Safe transportation for the participant when the session is
10 complete.

11 ~~(F)~~

12 (G) Provisions to allow a ~~psychedelic-assisted therapy center~~
13 ~~or facilitator to refuse to provide regulated psychedelic substances~~
14 ~~or therapy psychedelic facilitation center or psychedelic facilitator~~
15 *to refuse to provide regulated psychedelic substances or facilitation*
16 *to a participant.*

17 ~~(G)~~

18 (H) Procedures for handling and reporting *adverse reactions*
19 *and serious adverse reactions.*

20 (I) *Limitations on the number of licenses for cultivation,*
21 *processing, or manufacture of regulated psychedelic substances*
22 *and the volume of regulated psychedelic substances produced by*
23 *licensees to ensure the amount of regulated psychedelic substances*
24 *does not exceed the amount necessary to meet the demand for*
25 *regulated psychedelic facilitation.*

26 ~~(H)~~

27 (J) The requirements and standards for testing ~~of~~ regulated
28 psychedelic substances for quality, concentration, and
29 contaminants.

30 (K) *The requirements for labeling regulated psychedelic*
31 *substances.*

32 ~~(K)~~

33 (L) Prohibitions on advertising, branding, and marketing
34 regulated psychedelic ~~substances or making substances, including~~
35 *prohibitions on claiming the regulated psychedelic substance is*
36 *safe and effective or making health or medical claims about*
37 *regulated psychedelic substances. substances unless in compliance*
38 *with the Federal Food, Drug, and Cosmetic Act (21 U.S.C. Sec.*
39 *301 et seq.).*

40 ~~(L)~~

- 1 (M) Insurance requirements to the extent that the policies are
- 2 commercially available and not cost prohibitive.
- 3 ~~(K)~~
- 4 (N) Age verification procedures to ensure that a participant is
- 5 21 years of age or older.
- 6 (3) Establish the requirements governing the licensing and
- 7 operation of ~~psychedelic-assisted therapy~~ *licensees, including*
- 8 *psychedelic facilitation* centers and approved locations that include:
- 9 (A) Oversight requirements for regulated psychedelic licensees.
- 10 (B) Recordkeeping, privacy, and confidentiality requirements
- 11 for regulated psychedelic licensees, provided the recordkeeping
- 12 does not result in the disclosure to the public or any *unauthorized*
- 13 governmental agency of personally identifiable information of
- 14 participants.
- 15 (C) Deidentified data collection and reporting requirements for
- 16 pertaining to the implementation and outcomes of this act.
- 17 (D) Security requirements for regulated psychedelic licensees,
- 18 including requirements for protection of each licensed
- 19 ~~psychedelic-assisted therapy~~ *psychedelic facilitation* center
- 20 location.
- 21 (E) Procedures and policies that allow for regulated psychedelic
- 22 licensees to receive compensation for ~~services~~ and regulated
- 23 psychedelic substances provided in conjunction with ~~therapeutic~~
- 24 ~~services.~~ *facilitation services at approved locations.*
- 25 (F) Procedures and policies to ensure statewide access to
- 26 regulated ~~psychedelic-assisted therapy.~~ *psychedelic facilitation.*
- 27 ~~(G) Rules that prohibit an individual from having a financial~~
- 28 ~~interest in more than five psychedelic-assisted therapy locations.~~
- 29 ~~(H)~~
- 30 (G) Rules that allow for regulated psychedelic licensees to share
- 31 the same premises with other regulated psychedelic licensees or
- 32 to share the same premises with health care ~~facilities so that a~~
- 33 ~~participant may receive regulated psychedelic substances from~~
- 34 ~~one regulated psychedelic licensee and complete the administration~~
- 35 ~~session at a separately owned and approved location.~~ *facilities.*
- 36 ~~(I)~~
- 37 (H) Rules that allow a regulated ~~psychedelic-assisted therapy~~
- 38 *psychedelic facilitator* to provide regulated ~~psychedelic-assisted~~
- 39 ~~therapy~~ *psychedelic facilitation* to a participant at an approved
- 40 location.

1 (J)

2 (I) Rules that allow for approval of locations where regulated
3 ~~psychedelic-assisted therapy~~ *psychedelic facilitation* may be
4 provided by licensed ~~psychedelic-assisted therapy~~ *psychedelic*
5 facilitators, including, but not limited to, health care facilities,
6 clinics, and private residences.

7 (4) Establish procedures, policies, and programs to ensure that
8 the licensing of regulated psychedelic substances and the provision
9 of regulated ~~psychedelic-assisted therapy~~ *psychedelic facilitation*
10 is equitable and inclusive and to promote the licensing of and the
11 provision of regulated ~~psychedelic-assisted therapy~~ *psychedelic*
12 *facilitation* to persons from low-income communities; to persons
13 who face barriers to access to health care; to persons who have a
14 history of traditional or indigenous use of regulated psychedelic
15 substances; to persons who are or were first responders; and to
16 persons who are veterans. The procedures, policies, and programs
17 shall include, but are not limited to:

18 (A) Reduced fees for licensure and other support services for
19 applicants, which may include loans and grants.

20 (B) Incentivizing the provision of regulated ~~psychedelic-assisted~~
21 ~~therapy~~ *psychedelic facilitation* at a reduced cost to low-income
22 individuals.

23 (C) Incentivizing geographic and cultural diversity in licensing
24 and the provision and availability of ~~regulated psychedelic-assisted~~
25 ~~therapy~~ *psychedelic facilitation*.

26 (D) A process for annually reviewing the effectiveness of the
27 policies and programs promulgated under this paragraph.

28 ~~(5) Gather and publish, on an annual basis, adequate information~~
29 ~~to evaluate the implementation, safety, equity, quality, and~~
30 ~~outcomes of this division and Chapter 7.1 (commencing with~~
31 ~~Section 3200) of Division 2, following sound data and privacy~~
32 ~~protocols, without revealing any identifiable details pertaining to~~
33 ~~individual participants.~~

34 (6)

35 (5) Adopt, amend, and repeal rules as necessary to implement
36 this division and to protect the public health and safety.

37 (b) Upon receiving a complete application for a license under
38 this division, the division shall have 120 days to issue its decision
39 on the application.

1 (c) The division may suspend or revoke a regulated psychedelic
2 substances license under regulations made pursuant to this division
3 upon written notice of a violation and, if applicable, an opportunity
4 to cure any violation within 30 days of the notice.

5 (d) The division shall enforce the laws and regulations relating
6 to the cultivation, *producing, manufacturing, processing*, preparing,
7 delivery, storage, sale, and testing of regulated psychedelic
8 substances. The division shall conduct investigations of compliance
9 with this division and shall perform regular inspections of licensees
10 and the books and records of licensees as necessary to enforce this
11 division. The division shall cooperate with appropriate state and
12 local organizations to provide training to law enforcement officers
13 of the state and its political subdivisions.

14 (e) The division shall annually publish a report of its actions
15 during each year containing a comprehensive description of its
16 activities and a statement of revenue and expenses of the division.

17 (f) The division shall have the authority to collect available and
18 relevant information and data necessary to performs its functions
19 and duties under this act, but must not disclose the identity of any
20 participant or publicly disclose any information that could disclose
21 the identity of a participant.

22 (g) The division shall deposit all license fees, registration fees,
23 and monetary penalties collected pursuant to this division in the
24 ~~Regulated Psychedelic Substances Control~~ *Psychedelic-Assisted*
25 *Therapy Fund* established in Section ~~27060~~. 27080.

26 (h) In carrying out its duties under this division, the division
27 shall ~~consult with~~ *be guided by* the Regulated Psychedelic
28 ~~Substances Advisory~~ *Expert Oversight* Committee and may also
29 consult with other state agencies or any other individual or entity
30 the division finds necessary.

31 27031. (a) ~~Actions~~ *Notwithstanding any other law, actions*
32 and conduct by a licensee that are authorized pursuant to a valid
33 license issued by the division, and by those who allow property to
34 be used by a licensee, as permitted pursuant to a valid license
35 issued by the division, are lawful under state and local law, and
36 shall not be a violation of state or local law.

37 (b) No state or local governmental agency shall impose any
38 criminal, civil, or administrative penalty on any licensee or on
39 those who allow property to be used by a licensee solely for actions

1 or conduct permitted pursuant to a valid license issued by the
2 division.

3 (c) Actions and conduct by a licensee that are permitted pursuant
4 to a valid license issued by the division, and by those who allow
5 property to be used by a licensee, as permitted pursuant to a valid
6 license issued by the division, shall not be a basis for seizure or
7 forfeiture of any products, materials, equipment, property, or assets
8 under state or local law.

9 (d) Nothing in this section shall be construed or interpreted to:

10 (1) Prevent the division from enforcing its rules and regulations
11 against a licensee.

12 (2) Prevent a state or local governmental agency from enforcing
13 a law, rule, or regulation that is not in conflict with the provisions
14 of this division or the rules and regulations of the ~~division, and is~~
15 ~~consistent with the intents and purposes of the Regulated~~
16 ~~Psychedelic-assisted Therapy Act (Chapter 7.1 (commencing with~~
17 ~~Section 27000) of Division 2), as specified in Section 27000: division.~~

18 (3) Prevent a city, county, or a city and county from enforcing
19 a local zoning ordinance, local ordinance of general application,
20 or local ordinance enacted pursuant to ~~Section 27046: 27055.~~

21 27032. (a) Not later than April 1, 2026, the division shall begin
22 to accept and process applications for licensure.

23 (b) Upon receipt of an application for licensure and any
24 applicable fee, the division shall make a thorough investigation to
25 determine whether the applicant and the premises qualify for the
26 license and have complied with the provisions of this division.

27 (c) The division shall deny an application under either of the
28 following circumstances:

29 (1) The applicant or the premises for which the license is applied
30 do not qualify for licensure under rules and regulations enacted
31 by the division pursuant to this division.

32 (2) Issuance would conflict with any local zoning ordinance,
33 local ordinance of general application, or local ordinance enacted
34 pursuant to ~~Section 27046: 27055.~~

35 (d) The division may refuse to issue any license for premises
36 located within 1,000 feet of a school providing instruction in
37 kindergarten or any of grades 1 to 12, inclusive.

CHAPTER 4. ENFORCEMENT

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27040. A violation of this division is a misdemeanor and shall result in *be punishable by imprisonment in county jail for six months*, a fine of not less than one thousand dollars ~~(\$1,000)~~ *(\$1,000), or both*, and forfeiture of any license granted under this ~~division for three years.~~ *division.*

27041. (a) The division shall work with state and local law enforcement agencies for the purposes of implementing, administering, and enforcing the division’s rules and regulations and taking appropriate action against licensees and others who fail to comply with these rules and regulations or with state law.

(b) The division may bring a legal action to enjoin a violation or potential violation of, or to compel compliance with, any provision of this division or rules and regulations promulgated by the division. The legal action shall be brought in the county in which the violation occurred or may occur. Any proceedings brought pursuant to this section shall conform to the requirements of Chapter 3 (commencing with Section 525) of Title 7 of Part 2 of the Code of Civil Procedure.

(c) State and local law enforcement agencies shall immediately notify the division of any arrests made that involve a licensee or a licensed premises and actions or conduct under the division’s jurisdiction. The division shall promptly investigate whether the arrests warrant suspension or revocation of a license.

(d) Nothing in this division shall be construed or interpreted to limit a state or local law enforcement agency’s ability to investigate unlawful activity in relation to a licensee or licensed premises.

27042. (a) The division shall establish a procedure for those persons and parties affected by decisions of the division to protest and appeal those decisions.

(b) An interested person may seek judicial review of any final decision of the division.

(c) Any individual or entity may commence a legal action for a writ of mandate to compel the division to perform the acts mandated by this division.

27043. This division shall not be construed to permit the sale of psychedelic substances to an individual for personal ~~use.~~ *use or to permit the sale of psychedelic substances for any purpose*

1 *outside of use for psychedelic facilitation with a licensed*
2 *psychedelic facilitator at an approved location.*

3 27044. This division shall not be construed to permit the
4 knowing transfer of any psychedelic substances, with or without
5 remuneration, to a person under 21 years of age or to allow a person
6 under 21 years of age to possess, use, purchase, obtain, cultivate,
7 process, prepare, deliver or sell or otherwise transfer any
8 psychedelic substance.

9 27046. (a) A city, county, or a city and county may reasonably
10 regulate the time, place, and manner of the operation of regulated
11 psychedelic substance licensees pursuant to this division within
12 its boundaries.

13 (b) A city, county, or a city and county shall not ban or
14 completely prohibit the establishment or operation of regulated
15 psychedelic *substance* licensees operating in accordance with this
16 division and division rules within its boundaries.

17 (c) A city, county, or a city and county shall not ban or
18 completely prohibit the provision of regulated ~~psychedelic-assisted~~
19 ~~therapy~~ *psychedelic facilitation* offered in accordance with this
20 division and division rules.

21 (d) A city, county, or a city and county shall not enact a greater
22 fine or penalty for conduct related to regulated ~~psychedelic-assisted~~
23 ~~therapy~~ *psychedelic facilitation* or substances than is allowed under
24 state law.

25 (e) A city, county, or a city and county shall not require an
26 additional license or the payment of a fee in addition to the state
27 license and fee for conduct related to regulated ~~psychedelic-assisted~~
28 ~~therapy~~ *psychedelic facilitation* or regulated ~~psychedelic-assisted~~
29 *psychedelic* substance licensees, other than generally applicable
30 licenses and fees that apply to all businesses operating with the
31 jurisdiction.

32 (f) A city, county, or a city and county shall not prohibit the
33 transportation of regulated psychedelic substances through its
34 jurisdiction on public roads by a licensee or as otherwise allowed
35 by this division.

36 27047. (a) Notwithstanding any other law, except as otherwise
37 provided in this division, a person shall not be arrested, prosecuted,
38 penalized, sanctioned, or otherwise denied any benefit and shall
39 not be subject to seizure or forfeiture of assets for allowing property
40 the person owns, occupies, or manages to be used for any of the

1 activities conducted lawfully under this division *at an approved*
2 *location* or for enrolling or employing a person who engages in
3 regulated psychedelic substance-related activities lawfully under
4 this act.

5 (b) The use of regulated psychedelic substances *in connection*
6 *with regulated psychedelic facilitation* shall not disqualify a person
7 from any needed medical procedure or medical treatment or any
8 other lawful health-related service.

9 (c) The use of regulated psychedelic substances lawfully under
10 this act shall not, by itself, be the basis for punishing a person
11 currently under parole, probation, or other state-supervised release,
12 including pretrial release.

13 (d) Nothing in this division shall restrict the sale, possession,
14 display, or cultivation of living fungi, plants, or seeds that were
15 lawful before the enactment of this section.

16 (e) Engaging in regulated psychedelic substance-related
17 activities authorized under this division shall not, by itself, be the
18 basis to deny eligibility for any public assistance program, unless
19 required by federal law.

20 27048. Nothing in this division shall be construed to affect any
21 of the following:

22 (a) Laws prohibiting the sale, administering, furnishing, or
23 giving away of psychedelic substances, or the offering to sell,
24 administer, furnish, or give away psychedelic substances, to a
25 person younger than 21 years of age.

26 (b) The ability of public and private employers to maintain,
27 enact, and enforce workplace policies prohibiting or restricting
28 actions or conduct otherwise permitted under this division in the
29 workplace or by their employees.

30 (c) Laws prohibiting persons from engaging in actions or
31 conduct that endanger others.

32 (d) Laws pertaining to driving or operating a motor vehicle,
33 boat, vessel, aircraft, or other vehicle or device used for
34 transportation under the influence of regulated psychedelic
35 substances.

36 (e) The ability of a state or local governmental agency to prohibit
37 or restrict actions or conduct otherwise permitted under this
38 division within a building owned, leased, or occupied by the state
39 or local governmental agency.

1 (f) The ability of an individual or private entity to prohibit or
2 restrict actions or conduct otherwise permitted under this division
3 on the individual's or entity's privately owned property.

4 (g) Laws pertaining to actions or conduct otherwise permitted
5 under this division on the grounds of, or within, any facility or
6 institution under the jurisdiction of the ~~division~~ Department of
7 Corrections and Rehabilitation or the Division of Juvenile Justice,
8 or on the grounds of any other facility or institution referenced in
9 Section 4573 of the Penal Code.

10 (h) Laws pertaining to actions or conduct otherwise permitted
11 under this division on the grounds of a school providing instruction
12 in kindergarten or any grades 1 to 12, inclusive.

13 (i) Laws protecting indigenous cultures, traditions, and uses of
14 psychedelic substances and, any protected status, or practice under
15 other laws related to indigenous uses of psychedelic substances,
16 or churches operating pursuant to the federal Religious Freedom
17 Restoration Act of 1993 (42 U.S.C. Sec. 2000bb-4 ~~et seq~~: *seq.*).

18 27049. A person engaged in a profession or occupation subject
19 to licensure shall not be subject to disciplinary action by a
20 professional licensing board solely for providing professional
21 services related to activity permitted under this division or for
22 engaging in any activity that is lawful under this division that is
23 not subject to criminal penalty under state law. This division does
24 not permit a person to engage in malpractice or to violate the
25 standards of professional practice for which a person is licensed.

26 27050. Notwithstanding any other law, unless required by
27 federal law, mental health, substance use disorder, or behavioral
28 health services otherwise covered under the California Medical
29 Assistance Program set forth in Chapter 7 (commencing with
30 Section 14000) of Part 3 of Division 9 of the Welfare and
31 Institutions Code shall not be denied on the basis that they are
32 covered in conjunction with regulated ~~psychedelic-assisted therapy~~
33 *psychedelic facilitation* or that regulated psychedelic substances
34 are prohibited by federal law. No insurance or insurance provider
35 is required to cover the cost of a regulated psychedelic substance
36 itself.

37 27051. *It is the public policy of the people of the State of*
38 *California that contracts related to the operation of licenses under*
39 *this chapter and the Regulated Psychedelic Facilitators Act*
40 *(Chapter 7.1 (commencing with Section 3200) of Division 2) should*

1 *be enforceable and no contract entered into by a licensee, its*
2 *employees, or its agents, as permitted pursuant to a valid license*
3 *issued by the board or division, or by those who allow property*
4 *to be used by a licensee, its employees, or its agents, as permitted*
5 *pursuant to a valid license issued by the board or division, shall*
6 *be deemed unenforceable on the basis that the actions or conduct*
7 *permitted pursuant to the license are prohibited by federal law.*

8 ~~27051.~~

9 27052. The provisions of this division are severable. If any
10 provision of this division or its application is held invalid, that
11 invalidity shall not affect other provisions or applications that can
12 be given effect without the invalid provision or application.

13

14 CHAPTER 5. COLLECTION AND REVIEW OF INFORMATION

15

16 27060. *The division shall collect and annually publish*
17 *information on the division's website pertaining to the*
18 *implementation and outcomes of this act to comprehensively*
19 *measure its success, safety, quality, and impact on individuals'*
20 *well-being and public health.*

21 27061. *The division shall consult with the State Department*
22 *of Public Health on the best data collection, processing, and*
23 *reporting methodologies.*

24 27062. *The division may contract or collaborate with one or*
25 *more California public universities to research and evaluate the*
26 *implementation and outcomes of this act pertaining to its success,*
27 *safety, quality, and impact on individuals' well-being and public*
28 *health, and the potential benefits and risks of regulated psychedelic*
29 *substances and psychedelic facilitation.*

30 27063. *The division shall ensure that any information shared*
31 *publicly is deidentified or aggregated such that no individual*
32 *participant is identified.*

33 27064. *Information and data collected pursuant to the*
34 *requirements of this division shall not be sold.*

CHAPTER 5-6. REVENUE

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~~27060.~~
27070. (a) The ~~Regulated Psychedelic Substances Control~~ *Psychedelic-Assisted Therapy* Fund is hereby created within the State Treasury.
(b) All fees collected pursuant to this division shall be deposited into 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~~ All moneys in the fund shall be allocated, upon appropriation by the Legislature, to the division solely for the purposes of implementing, administering, and enforcing this division, including, but not limited to, the costs incurred by the division for its administrative expenses.
(e) 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.
~~27061.~~
27071. The ~~Regulated Psychedelic Substances~~ *Public Education and Harm Reduction* Fund is hereby established in the State Treasury. Moneys in the fund shall be available to the Office of Community Partnerships and Strategic Communications upon appropriation by the Legislature. The division may accept moneys from private sources to supplement state funds, which may be appropriated by the Legislature to the fund. Moneys in the fund may be used by the Office of Community Partnerships and Strategic Communications to award grants for the following purposes:
(a) Public education relating to ~~psychedelic substances.~~ *substances, including their limitations and potential risks, and mitigation measures, in addition to potential benefits.*
(b) Harm reduction relating to psychedelic substances.
(c) *The office shall solicit input from the expert oversight committee and other subject matter experts and service providers with relevant expertise as to the administration of the grant program. In addition, the office shall periodically evaluate each program it is funding to determine the effectiveness of the program.*

1 ~~SEC. 5.~~

2 *SEC. 6.* Section 1550.6 is added to the Civil Code, to read:

3 1550.6. Notwithstanding any law, it is the public policy of the
4 people of the State of California that contracts related to the
5 operation of licenses under the Regulated ~~Psychedelic-assisted~~
6 ~~Therapy~~ *Psychedelic Facilitators Act* (Chapter 7.1 (commencing
7 with Section 3200) of Division 2 of the Business and Professions
8 Code) or the Regulated ~~Psychedelic Substances Control~~
9 *Psychedelic-Assisted Therapy Act* (Division 11 (commencing with
10 Section 27000) of the Business and Professions Code) shall be
11 enforceable. No contract entered into by a licensee, as permitted
12 pursuant to a valid license issued by the Division of Regulated
13 ~~Psychedelic Substances Control~~ *Psychedelic-Assisted Therapy* or
14 the Board of Regulated Psychedelic Facilitators, or by those who
15 allow property to be used by a licensee, as permitted pursuant to
16 a valid license issued by the Division of Regulated ~~Psychedelic~~
17 ~~Substances Control~~ *Psychedelic-Assisted Therapy* or the Board of
18 Regulated Psychedelic Facilitators, shall be deemed unenforceable
19 on the basis that the actions or conduct permitted pursuant to the
20 license are prohibited by federal law.

21 ~~SEC. 6.~~

22 *SEC. 7.* Section 11350 of the Health and Safety Code is
23 amended to read:

24 11350. (a) Except as otherwise provided in this ~~division and~~
25 ~~in division, Chapter 7.1 (commencing with Section 3200) of~~
26 *Division 2 of the Business and Professions Code, or Division 11*
27 (commencing with Section 27000) of the Business and Professions
28 Code, every person who possesses (1) any controlled substance
29 specified in subdivision (b), (c), (e), or paragraph (1) of subdivision
30 (f) of Section 11054, specified in paragraph (14), (15), or (20) of
31 subdivision (d) of Section 11054, or specified in subdivision (b)
32 or (c) of Section 11055, or specified in subdivision (h) of Section
33 11056, or (2) any controlled substance classified in Schedule III,
34 IV, or V that is a narcotic drug, unless upon the written prescription
35 of a physician, dentist, podiatrist, or veterinarian licensed to
36 practice in this state, shall be punished by imprisonment in a county
37 jail for not more than one year, except that such person shall instead
38 be punished pursuant to subdivision (h) of Section 1170 of the
39 Penal Code if that person has one or more prior convictions for an
40 offense specified in clause (iv) of subparagraph (C) of paragraph

1 (2) of subdivision (e) of Section 667 of the Penal Code or for an
2 offense requiring registration pursuant to subdivision (c) of Section
3 290 of the Penal Code.

4 (b) Except as otherwise provided in this division, *Chapter 7.1*
5 *(commencing with Section 3200) of Division 2 of the Business and*
6 *Professions Code, or Division 11 (commencing with Section 27000)*
7 *of the Business and Professions Code*, whenever a person who
8 possesses any of the controlled substances specified in subdivision
9 (a), the judge may, in addition to any punishment provided for
10 pursuant to subdivision (a), assess against that person a fine not
11 to exceed seventy dollars (\$70) with proceeds of this fine to be
12 used in accordance with Section 1463.23 of the Penal Code. The
13 court shall, however, take into consideration the defendant's ability
14 to pay, and no defendant shall be denied probation because of their
15 inability to pay the fine permitted under this subdivision.

16 (c) Except in unusual cases in which it would not serve the
17 interest of justice to do so, whenever a court grants probation
18 pursuant to a felony conviction under this section, in addition to
19 any other conditions of probation that may be imposed, the
20 following conditions of probation shall be ordered:

21 (1) For a first offense under this section, a fine of at least one
22 thousand dollars (\$1,000) or community service.

23 (2) For a second or subsequent offense under this section, a
24 fine of at least two thousand dollars (\$2,000) or community service.

25 (3) If a defendant does not have the ability to pay the minimum
26 fines specified in paragraphs (1) and (2), community service shall
27 be ordered in lieu of the fine.

28 (d) It is not unlawful for a person other than the prescription
29 holder to possess a controlled substance described in subdivision
30 (a) if both of the following apply:

31 (1) The possession of the controlled substance is at the direction
32 or with the express authorization of the prescription holder.

33 (2) The sole intent of the possessor is to deliver the prescription
34 to the prescription holder for its prescribed use or to discard the
35 substance in a lawful manner.

36 (e) This section does not permit the use of a controlled substance
37 by a person other than the prescription holder or permit the
38 distribution or sale of a controlled substance that is otherwise
39 inconsistent with the prescription.

1 ~~SEC. 7.~~

2 SEC. 8. Section 11351 of the Health and Safety Code is
3 amended to read:

4 11351. Except as otherwise provided in this ~~division and in~~
5 *division, Chapter 7.1 (commencing with Section 3200) of Division*
6 *2 of the Business and Professions Code, or Division 11*
7 *(commencing with Section 27000) of the Business and Professions*
8 *Code, every person who possesses for sale or purchases for*
9 *purposes of sale (1) any controlled substance specified in*
10 *subdivision (b), (c), or (e) of Section 11054, specified in paragraph*
11 *(14), (15), or (20) of subdivision (d) of Section 11054, or specified*
12 *in subdivision (b) or (c) of Section 11055, or specified in*
13 *subdivision (h) of Section 11056, or (2) any controlled substance*
14 *classified in Schedule III, IV, or V which is a narcotic drug, shall*
15 *be punished by imprisonment pursuant to subdivision (h) of Section*
16 *1170 of the Penal Code for two, three, or four years.*

17 ~~SEC. 8.~~

18 SEC. 9. Section 11352 of the Health and Safety Code is
19 amended to read:

20 11352. (a) Except as otherwise provided in this ~~division and~~
21 ~~in~~ *division, Chapter 7.1 (commencing with Section 3200) of*
22 *Division 2 of the Business and Professions Code, or Division 11*
23 *(commencing with Section 27000) of the Business and Professions*
24 *Code, every person who transports, imports into this state, sells,*
25 *furnishes, administers, or gives away, or offers to transport, import*
26 *into this state, sell, furnish, administer, or give away, or attempts*
27 *to import into this state or transport (1) any controlled substance*
28 *specified in subdivision (b), (c), or (e), or paragraph (1) of*
29 *subdivision (f) of Section 11054, specified in paragraph (14), (15),*
30 *or (20) of subdivision (d) of Section 11054, or specified in*
31 *subdivision (b) or (c) of Section 11055, or specified in subdivision*
32 *(h) of Section 11056, or (2) any controlled substance classified in*
33 *Schedule III, IV, or V which is a narcotic drug, unless upon the*
34 *written prescription of a physician, dentist, podiatrist, or*
35 *veterinarian licensed to practice in this state, shall be punished by*
36 *imprisonment pursuant to subdivision (h) of Section 1170 of the*
37 *Penal Code for three, four, or five years.*

38 (b) Notwithstanding the penalty provisions of subdivision (a),
39 any person who transports any controlled substances specified in
40 subdivision (a) within this state from one county to another

1 noncontiguous county shall be punished by imprisonment pursuant
2 to subdivision (h) of Section 1170 of the Penal Code for three, six,
3 or nine years.

4 (c) For purposes of this section, “transports” means to transport
5 for sale.

6 (d) This section does not preclude or limit the prosecution of
7 an individual for aiding and abetting the commission of, or
8 conspiring to commit, or acting as an accessory to, any act
9 prohibited by this section.

10 ~~SEC. 9. Section 11364 of the Health and Safety Code is~~
11 ~~amended to read:~~

12 ~~11364. (a) Except as provided in Division 11 (commencing~~
13 ~~with Section 27000) of the Business and Professions Code, it is~~
14 ~~unlawful to possess an opium pipe or any device, contrivance,~~
15 ~~instrument, or paraphernalia used for unlawfully injecting or~~
16 ~~smoking (1) a controlled substance specified in subdivision (b),~~
17 ~~(c), or (e) or paragraph (1) of subdivision (f) of Section 11054,~~
18 ~~specified in paragraph (14), (15), or (20) of subdivision (d) of~~
19 ~~Section 11054, specified in subdivision (b) or (c) of Section 11055,~~
20 ~~or specified in paragraph (2) of subdivision (d) of Section 11055;~~
21 ~~or (2) a controlled substance that is a narcotic drug classified in~~
22 ~~Schedule III, IV, or V.~~

23 ~~(b) This section shall not apply to hypodermic needles or~~
24 ~~syringes that have been containerized for safe disposal in a~~
25 ~~container that meets state and federal standards for disposal of~~
26 ~~sharps waste.~~

27 ~~(c) Until January 1, 2026, as a public health measure intended~~
28 ~~to prevent the transmission of HIV, viral hepatitis, and other~~
29 ~~bloodborne diseases among persons who use syringes and~~
30 ~~hypodermic needles, and to prevent subsequent infection of sexual~~
31 ~~partners, newborn children, or other persons, this section shall not~~
32 ~~apply to the possession solely for personal use of hypodermic~~
33 ~~needles or syringes.~~

34 ~~SEC. 10. Section 11364.7 of the Health and Safety Code is~~
35 ~~amended to read:~~

36 ~~11364.7. (a) (1) Except as provided in Chapter 7.1~~
37 ~~(commencing with Section 3200) of Division 2 of the Business and~~
38 ~~Professions Code or Division 11 (commencing with Section 27000)~~
39 ~~of the Business and Professions Code and as otherwise authorized~~
40 ~~by law, any person who delivers, furnishes, or transfers, possesses~~

1 with intent to deliver, furnish, or transfer, or manufactures with
2 the intent to deliver, furnish, or transfer, drug paraphernalia,
3 knowing, or under circumstances where one reasonably should
4 know, that it will be used to plant, propagate, cultivate, grow,
5 harvest, compound, convert, produce, process, prepare, test,
6 analyze, pack, repack, store, contain, conceal, inject, ingest, inhale,
7 or otherwise introduce into the human body a controlled substance,
8 except as provided in subdivision (b), in violation of this division,
9 is guilty of a misdemeanor.

10 (2) A public entity, its agents, or employees shall not be subject
11 to criminal prosecution for distribution of hypodermic needles or
12 syringes or any materials deemed by a local or state health
13 department to be necessary to prevent the spread of communicable
14 diseases, or to prevent drug overdose, injury, or disability to
15 participants in clean needle and syringe exchange projects
16 authorized by the public entity pursuant to Chapter 18
17 (commencing with Section 121349) of Part 4 of Division 105.

18 (b) Except as authorized by law, any person who manufactures
19 with intent to deliver, furnish, or transfer drug paraphernalia
20 knowing, or under circumstances where one reasonably should
21 know, that it will be used to plant, propagate, cultivate, grow,
22 harvest, manufacture, compound, convert, produce, process,
23 prepare, test, analyze, pack, repack, store, contain, conceal, inject,
24 ingest, inhale, or otherwise introduce into the human body cocaine,
25 cocaine base, heroin, phencyclidine, or methamphetamine in
26 violation of this division shall be punished by imprisonment in a
27 county jail for not more than one year, or in the state prison.

28 (c) Except as authorized by law, any person, 18 years of age or
29 over, who violates subdivision (a) by delivering, furnishing, or
30 transferring drug paraphernalia to a person under 18 years of age
31 who is at least three years younger, or who, upon the grounds of
32 a public or private elementary, vocational, junior high, or high
33 school, possesses a hypodermic needle, as defined in paragraph
34 (7) of subdivision (a) of Section 11014.5, with the intent to deliver,
35 furnish, or transfer the hypodermic needle, knowing, or under
36 circumstances where one reasonably should know, that it will be
37 used by a person under 18 years of age to inject into the human
38 body a controlled substance, is guilty of a misdemeanor and shall
39 be punished by imprisonment in a county jail for not more than

1 one year, by a fine of not more than one thousand dollars (\$1,000),
2 or by both that imprisonment and fine.

3 (d) The violation, or the causing or the permitting of a violation,
4 of subdivision (a), (b), or (c) by a holder of a business or liquor
5 license issued by a city, county, or city and county, or by the State
6 of California, and in the course of the licensee's business shall be
7 grounds for the revocation of that license.

8 (e) All drug paraphernalia defined in Section 11014.5 is subject
9 to forfeiture and may be seized by any peace officer pursuant to
10 Section 11471 unless its distribution has been authorized pursuant
11 to subdivision (a).

12 (f) If any provision of this section or the application thereof to
13 any person or circumstance is held invalid, it is the intent of the
14 Legislature that the invalidity shall not affect other provisions or
15 applications of this section that can be given effect without the
16 invalid provision or application and to this end the provisions of
17 this section are severable.

18 SEC. 11. Section 11377 of the Health and Safety Code is
19 amended to read:

20 11377. (a) Except as authorized by law and as otherwise
21 provided in subdivision (b) or Section 11375, or in Article 7
22 (commencing with Section 4211) of Chapter 9 of Division 2 ~~or in~~
23 *2, Chapter 7.1 (commencing with Section 3200) of Division 2 of*
24 *the Business and Professions Code, or* Division 11 (commencing
25 with Section 27000) of the Business and Professions Code, every
26 person who possesses any controlled substance that is (1) classified
27 in Schedule III, IV, or V, and that is not a narcotic drug, (2)
28 specified in subdivision (d) of Section 11054, except paragraphs
29 (13), (14), (15), and (20) of subdivision (d), (3) specified in
30 paragraph (11) of subdivision (c) of Section 11056, (4) specified
31 in paragraph (2) or (3) of subdivision (f) of Section 11054, or (5)
32 specified in subdivision (d), (e), or (f) of Section 11055, unless
33 upon the prescription of a physician, dentist, podiatrist, or
34 veterinarian, licensed to practice in this state, shall be punished by
35 imprisonment in a county jail for a period of not more than one
36 year, except that such person may instead be punished pursuant
37 to subdivision (h) of Section 1170 of the Penal Code if that person
38 has one or more prior convictions for an offense specified in clause
39 (iv) of subparagraph (C) of paragraph (2) of subdivision (e) of
40 Section 667 of the Penal Code or for an offense requiring

1 registration pursuant to subdivision (c) of Section 290 of the Penal
2 Code.

3 (b) The judge may assess a fine not to exceed seventy dollars
4 (\$70) against any person who violates subdivision (a), with the
5 proceeds of this fine to be used in accordance with Section 1463.23
6 of the Penal Code. The court shall, however, take into consideration
7 the defendant’s ability to pay, and no defendant shall be denied
8 probation because of their inability to pay the fine permitted under
9 this subdivision.

10 (c) It is not unlawful for a person other than the prescription
11 holder to possess a controlled substance described in subdivision
12 (a) if both of the following apply:

13 (1) The possession of the controlled substance is at the direction
14 or with the express authorization of the prescription holder.

15 (2) The sole intent of the possessor is to deliver the prescription
16 to the prescription holder for its prescribed use or to discard the
17 substance in a lawful manner.

18 (d) This section does not permit the use of a controlled substance
19 by a person other than the prescription holder or permit the
20 distribution or sale of a controlled substance that is otherwise
21 inconsistent with the prescription.

22 SEC. 12. Section 11378 of the Health and Safety Code is
23 amended to read:

24 11378. Except as otherwise provided in Article 7 (commencing
25 with Section 4110) of Chapter 9 of Division 2 or in 2, *Chapter 7.1*
26 *(commencing with Section 3200) of Division 2 of the Business and*
27 *Professions Code, or* Division 11 (commencing with Section
28 27000) of the Business and Professions Code, a person who
29 possesses for sale a controlled substance that meets any of the
30 following criteria shall be punished by imprisonment pursuant to
31 subdivision (h) of Section 1170 of the Penal Code:

32 (a) The substance is classified in Schedule III, IV, or V and is
33 not a narcotic drug, except the substance specified in subdivision
34 (g) of Section 11056.

35 (b) The substance is specified in subdivision (d) of Section
36 11054, except paragraphs (13), (14), (15), (20), (21), (22), and
37 (23) of subdivision (d).

38 (c) The substance is specified in paragraph (11) of subdivision
39 (c) of Section 11056.

1 (d) The substance is specified in paragraph (2) or (3) of
2 subdivision (f) of Section 11054.

3 (e) The substance is specified in subdivision (d), (e), or (f),
4 except paragraph (3) of subdivision (e) and subparagraphs (A) and
5 (B) of paragraph (2) of subdivision (f), of Section 11055.

6 SEC. 13. Section 11379 of the Health and Safety Code is
7 amended to read:

8 11379. (a) Except as otherwise provided in subdivision (b)
9 and in Article 7 (commencing with Section 4211) of Chapter 9 of
10 ~~Division 2 or in 2, Chapter 7.1 (commencing with Section 3200)~~
11 ~~of Division 2 of the Business and Professions Code, or Division~~
12 11 (commencing with Section 27000) of the Business and
13 Professions Code, every person who transports, imports into this
14 state, sells, furnishes, administers, or gives away, or offers to
15 transport, import into this state, sell, furnish, administer, or give
16 away, or attempts to import into this state or transport any
17 controlled substance that is (1) classified in Schedule III, IV, or V
18 and that is not a narcotic drug, except subdivision (g) of Section
19 11056, (2) specified in subdivision (d) of Section 11054, except
20 paragraphs (13), (14), (15), (20), (21), (22), and (23) of subdivision
21 (d), (3) specified in paragraph (11) of subdivision (c) of Section
22 11056, (4) specified in paragraph (2) or (3) of subdivision (f) of
23 Section 11054, or (5) specified in subdivision (d) or (e), except
24 paragraph (3) of subdivision (e), or specified in subparagraph (A)
25 of paragraph (1) of subdivision (f), of Section 11055, unless upon
26 the prescription of a physician, dentist, podiatrist, or veterinarian,
27 licensed to practice in this state, shall be punished by imprisonment
28 pursuant to subdivision (h) of Section 1170 of the Penal Code for
29 a period of two, three, or four years.

30 (b) Notwithstanding the penalty provisions of subdivision (a),
31 *and* except as provided in *Chapter 7.1 (commencing with Section*
32 *3200) of Division 2 of the Business and Professions Code or*
33 *Division 11 (commencing with Section 27000) of the Business*
34 *and Professions Code*, any person who transports any controlled
35 substances specified in subdivision (a) within this state from one
36 county to another noncontiguous county shall be punished by
37 imprisonment pursuant to subdivision (h) of Section 1170 of the
38 Penal Code for three, six, or nine years.

39 (c) For purposes of this section, “transports” means to transport
40 for sale.

1 (d) This section does not preclude or limit prosecution under
2 an aiding and abetting theory, accessory theory, or a conspiracy
3 theory.

4 SEC. 14. Section 11390 of the Health and Safety Code is
5 amended to read:

6 11390. Except as provided in *Chapter 7.1 (commencing with*
7 *Section 3200) of Division 2 of the Business and Professions Code*
8 *or Division 11 (commencing with Section 27000) of the Business*
9 *and Professions Code and as otherwise authorized by law, every*
10 *person who, with intent to produce a controlled substance specified*
11 *in paragraph (18) or (19) of subdivision (d) of Section 11054,*
12 *cultivates any spores or mycelium capable of producing mushrooms*
13 *or other material that contains such a controlled substance shall*
14 *be punished by imprisonment in the county jail for a period of not*
15 *more than one year or in the state prison.*

16 SEC. 15. Section 11391 of the Health and Safety Code is
17 amended to read:

18 11391. (a) Except as provided in *Chapter 7.1 (commencing*
19 *with Section 3200) of Division 2 of the Business and Professions*
20 *Code or Division 11 (commencing with Section 27000) of the*
21 *Business and Professions Code and as otherwise authorized by*
22 *law, every person who transports, imports into this state, sells,*
23 *furnishes, gives away, or offers to transport, import into this state,*
24 *sell, furnish, or give away any spores or mycelium capable of*
25 *producing mushrooms or other material that contain a controlled*
26 *substance specified in paragraph (18) or (19) of subdivision (d) of*
27 *Section 11054 for the purpose of facilitating a violation of Section*
28 *11390 shall be punished by imprisonment in the county jail for a*
29 *period of not more than one year or in the state prison.*

30 (b) For purposes of this section, “transport” means to transport
31 for sale.

32 (c) This section does not preclude or limit prosecution for any
33 aiding and abetting or conspiracy offenses.

34 SEC. 16. This act shall not be construed to require a person to
35 violate a federal law, exempt a person from a federal law, or
36 obstruct the enforcement of a federal law.

37 *SEC. 17. The provisions of this act are severable. If any*
38 *provision of this act or its application is held invalid, that invalidity*
39 *shall not affect other provisions or applications that can be given*
40 *effect without the invalid provision or application.*

1 ~~SEC. 17.~~

2 *SEC. 18.* The Legislature finds and declares that, in order to
3 protect the health, safety, and welfare of persons in the entire state,
4 establishing a uniform standard of licensure for regulated
5 ~~psychedelic-assisted therapy regulated psychedelic-assisted therapy~~
6 *psychedelic* facilitators upon which consumers may rely to identify
7 individuals who have achieved specified levels of education,
8 training, and skill is a matter of statewide concern and is not a
9 municipal affair as that term is used in Section 5 of Article XI of
10 the California Constitution. Therefore, ~~Sections 3 and 4 of this act~~
11 ~~adding Chapter 7.1 (commencing with Section 3200) to Division~~
12 ~~2 of, and Section 5 of this act adding Division 11 (commencing~~
13 ~~with Section 27000) to, to the Business and Professions Code apply~~
14 *applies* to all cities, including charter cities.

15 ~~SEC. 18.~~ The provisions of this act are severable. If any
16 provision of this act or its application is held invalid, that invalidity
17 shall not affect other provisions or applications that can be given
18 effect without the invalid provision or application.

19 ~~SEC. 19.~~ No reimbursement is required by this act pursuant to
20 Section 6 of Article XIII B of the California Constitution because
21 the only costs that may be incurred by a local agency or school
22 district will be incurred because this act creates a new crime or
23 infraction, eliminates a crime or infraction, or changes the penalty
24 for a crime or infraction, within the meaning of Section 17556 of
25 the Government Code, or changes the definition of a crime within
26 the meaning of Section 6 of Article XIII B of the California
27 Constitution.

28 ~~SEC. 20.~~

29 *SEC. 19.* The Legislature finds and declares that ~~Sections 3~~
30 ~~and 4 Section 5 of this act, which add Sections 3214 and 27030,~~
31 ~~respectively, adds Sections 27023, 27040, and 27073 to the~~
32 Business and Professions Code, ~~impose~~ *imposes* a limitation on
33 the public's right of access to the meetings of public bodies or the
34 writings of public officials and agencies within the meaning of
35 Section 3 of Article I of the California Constitution. Pursuant to
36 that constitutional provision, the Legislature makes the following
37 findings to demonstrate the interest protected by this limitation
38 and the need for protecting that interest:

39 In order to establish appropriate recordkeeping by licensees
40 engaging in activities authorized by this act while also protecting

1 the privacy of members of the public seeking or engaging in
2 regulated ~~psychedelic-assisted therapy~~, *psychedelic facilitation*, it
3 is necessary that personally identifiable information of members
4 of the public remain confidential.

5 *SEC. 20. No reimbursement is required by this act pursuant*
6 *to Section 6 of Article XIII B of the California Constitution because*
7 *the only costs that may be incurred by a local agency or school*
8 *district will be incurred because this act creates a new crime or*
9 *infraction, eliminates a crime or infraction, or changes the penalty*
10 *for a crime or infraction, within the meaning of Section 17556 of*
11 *the Government Code, or changes the definition of a crime within*
12 *the meaning of Section 6 of Article XIII B of the California*
13 *Constitution.*



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

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rendered consistent with their practice; occurs under physician and surgeon supervision; and is in accordance with standardized procedures or protocols as specified), nurse practitioner (if it is consistent with their educational preparation or for which clinical competency has been established and maintained; occurs under physician and surgeon supervision; and is in accordance with standardized procedures or protocols as specified); a pharmacist or registered nurse or physician assistant acting within the scope of an experimental health workforce project (HSC §§ 128125 *et seq.*); an optometrist licensed under the Optometry Practice Act, or an out-of-state prescriber acting in an emergency situation from writing or issuing a prescription for a controlled substance. (HSC § 11150)

- 5) States that a prescription for a controlled substance shall only be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of their professional practice, and that the responsibility for the proper prescribing and dispensing of controlled substances is upon the prescribing practitioner, but a corresponding responsibility rests with the pharmacist who fills the prescription. (HSC § 11153)
- 6) Establishes, pursuant to the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA), certain requirements relating to the provision of health insurance, including provisions relating to the confidentiality of health records. (Public Law 104–191, 104th Congress) Prohibits, pursuant to the state Confidentiality of Medical Information Act (CMIA), a provider of health care and others from intentionally sharing, selling, using for marketing, or otherwise using any medical information, as defined, for any purpose not necessary to provide health care services to a patient, except as expressly authorized by the patient, enrollee, or subscriber, as specified, or as otherwise required or authorized by law. (Civil Code §§ 56, *et seq.*)
- 7) Makes it unlawful for any person to knowingly or intentionally possess a controlled substance unless such substance was obtained directly, or pursuant to a valid prescription or order, from a practitioner, while acting in the course of their professional practice, or as otherwise specified. (21 United States Code (U.S.C.) § 844)
- 8) Makes it unlawful to knowingly open, lease, rent, use, or maintain any place, whether permanently or temporarily, for the purpose of manufacturing, distributing, or using any controlled substance. (21 U.S.C. § 856 (a))
- 9) Makes it unlawful to manage or control any place, whether permanently or temporarily, either as an owner, lessee, agent, employee, occupant, or mortgagee, and knowingly and intentionally renting, leasing, profiting from, or making available for use, with or without compensation, the place for the purpose of unlawfully manufacturing, storing, distributing, or using a controlled substance. (21 U.S.C. § 856, (b))
- 10) Provides that, upon change in federal law permitting the prescription, furnishing, or dispensing of a cannabidiol product, a physician, pharmacist, or other authorized healing arts licensee acting within their scope of practice who prescribes, furnishes,

or dispenses a cannabidiol product in accordance with federal law, is deemed to be in compliance with state law. (HSC §11150.2(a))

- 11) Prohibits the possession of several specified controlled substances. (HSC §111350(a))
- 12) Makes it unlawful for any person to deliver, furnish, or transfer, possess with intent to deliver, furnish, or transfer, or manufacture with the intent to deliver, furnish, or transfer, drug paraphernalia, knowing that it will be used to plant, propagate, cultivate, grow, harvest, compound, convert, produce, process, prepare, test, analyze, pack, repack, store, contain, conceal, inject, ingest, inhale, or otherwise introduce into the human body a controlled substance. (HSC §111364.7)
- 13) Makes it unlawful to visit or to be in any room or place where specified controlled substances are being unlawfully smoked or used with knowledge that such activity is occurring. (HSC §111365(a))
- 14) Makes it unlawful for a person to transport, import into this state, sell, furnish, administer, or give away, or offer to transport, import into this state, sell, furnish, administer, or give away, or attempt to import into this state or transport specified controlled substances. (HSC § 11379)
- 15) Provides that it is unlawful to be under the influence of specified controlled substances. (HSC §111550(a))
- 16) Makes it unlawful for a person who, with the intent to produce psilocybin or psilocyn, cultivates any spores or mycelium capable of producing mushrooms or other material which contains such a controlled substance. (HSC §111390)
- 17) Makes it unlawful to transport, import into this state, sell, furnish, give away, or offer to transport, import into this state, sell, furnish, or give away any spores or mycelium capable of producing mushrooms or other material which contain psilocybin or psilocyn. (HSC §111391)
- 18) Enacts the Medicinal and Adult-Use Cannabis Regulation and Safety Act (MAUCRSA) to provide for a comprehensive regulatory framework for the cultivation, distribution, transport, storage, manufacturing, processing, and sale of medicinal and adult-use cannabis. (Business and Professions Code (BPC) §§ 26000 *et seq.*)
- 19) Establishes the Department of Cannabis Control (DCC) to regulate cannabis with the sole authority to create, issue, deny, renew, discipline, suspend, or revoke licenses for microbusinesses, transportation, storage unrelated to manufacturing activities, distribution, testing, and sale of cannabis and cannabis products within the state. Requires the DCC to administer the portions of MAUCRSA related to and associated with the cultivation of cannabis and with the manufacturing of cannabis products. Delegates to the DCC authority to create, issue, deny, and suspend or revoke cultivation or manufacturing licenses for violations of MAUCRSA. (BPC §§ 26010, 26012)

- 20) Provides for twenty total types of cannabis licenses including subtypes for cultivation, manufacturing, testing, retail, distribution, and microbusiness; requires each licensee except for testing laboratories to clearly designate whether their license is for adult-use or medicinal cannabis. (BPC § 26050)
- 21) Establishes grounds for disciplinary action against cannabis licensees, including failures to comply with state licensing requirements as well as local laws and ordinances. (BPC § 26030)

This bill:

- 1) Makes various statements about the state's current approach to mental health; that Californians deserve more tools to address mental health issues, including approaches such as regulated psychedelic-assisted therapy, that are grounded in treatment, recovery, health, and wellness rather than criminalization, stigma, suffering, and punishment; that an extensive and growing body of research is advancing to support the efficacy of regulated psychedelic substances combined with therapy as treatment for depression, anxiety, substance use disorders, end-of-life distress, other conditions, and overall human wellness; the need for a public education campaign about the use of psychedelic substances; and the passage of Measure 109 by Oregon voters in 2020 and Proposition 122 by Colorado voters in 2022 to establish regulated systems of delivering one or more regulated psychedelic substances in conjunction with therapeutic services.
- 2) Establishes legislative intent to do many of the actions the bill undertakes in terms of establishing new government entities; to ensure that the psychedelic facilitation available under the new regulated program established by the bill be accessible, equitable, affordable, and safe for adults 21 years of age and older for whom psychedelic facilitation is potentially beneficial; and to respect and support 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.
- 3) Establishes various definitions for purposes of regulation by the Board and the Division, including but not limited to:
 - a) "Administration session" means a session conducted at an approved location during which a participant consumes and experiences the effects of a regulated psychedelic substance under the supervision of a facilitator.
 - b) "Approved location" means a location approved by the Division or a clinic, center, or other facility licensed by the State Department of Public Health (DPH).
 - c) "Approved school" means a school or educational program approved by the Board that meets minimum standards for training and curriculum in regulated psychedelic facilitation and related subjects.
 - d) "Integration session" means counseling provided by a facilitator or other personnel trained in postpsychedelic support that is intended to help the

participant better understand their psychedelic experience and apply insights from their experience to their daily life.

- e) “Regulated psychedelic substances” means the following substances as defined in Section 11054 of the HSC: DMT, mescaline, MDMA, psilocybin, psilocyn and spores or mycelium capable of producing mushrooms that contain psilocybin or psilocyn. Specifies that substances does not include peyote.
- f) “Safety screen” means a screening for medical conditions, mental health conditions, family history, contraindications, and pharmacological interactions that must be provided to every participant before an administration session.

Provisions Related to the Board and Licensed Facilitators

- 4) Specifies various aspects of the Board, including:
 - a) Membership of nine shall be appointed by the Governor, one public member shall be appointed by the Senate Committee on Rules, and one public member shall be appointed by the Speaker of the Assembly. Members of the board shall include five members who have expertise in psychedelic facilitation and four public members. At least one member shall have experience as a facilitator as part of a United States Food and Drug Administration-approved clinical trial; at least one member shall have experience in training and supervising facilitators; at least one member shall be a licensed physician or licensed advanced practice clinician; at least one member shall have experience providing mental health care to veterans; and at least one member shall be a licensed marriage and family therapist, a licensed clinical social worker or board-certified chaplain.
 - b) Prohibitions on family members of individuals with economic interests in psychedelic facilitation education programs and institutions from being Board members.
 - c) Administrative operations such as the authority to hire staff, being subject to open meetings laws, authority to require licensees to collect and report relevant information and data, and the requirement that the Board establish, through regulations, a complaint, review, and disciplinary process for facilitators who engage in misconduct.
 - d) Requirements for the Board to establish all of the professional standards for facilitators and for the Board to develop a system to allow for the purchase and administration of regulated psychedelic substances in the presence of a facilitator but without the facilitator directly handling the regulated psychedelic substances so that the facilitator may avoid trafficking in Schedule I or Schedule II substances.
 - e) Authority for the Board to establish all fees related to the regulation of facilitators.
- 5) Requires the Board to adopt regulations by January 1, 2026 and begin accepting applications for licensure as a facilitator by April 1, 2026 that outline how regulated facilitation happens, including but not limited to regulations establishing:

- a) The scope of practice for facilitators and the qualifications, education, and training requirements that facilitators must meet.
 - b) Requirements for holding and verifying completion of medical and mental health screenings, including a safety screen, at least one preparation session, an administration session, at least one followup evaluation, and at least one integration session.
 - c) A medical, mental health, family history and contraindications safety screen that a participant must complete prior to an administration session.
 - d) The informed consent form that each regulated psychedelic facilitator and participant must sign before providing or receiving regulated psychedelic facilitation verifying the participant was provided accurate and complete health information, the participant was informed the regulated psychedelic substances have not received FDA approval, and the participant was informed of potential and identified risks, benefits, contraindications, and negative outcomes of the psychedelic substance, and the method of administration and facilitation process.
 - e) Conditions of the set and setting in which the administration session must take place and proper locations for where regulated psychedelic facilitation may take place.
 - f) Age verification procedures to ensure that a participant is 21 years of age or older.
- 6) Specifies that education standards the Board adopts through regulation include education and training on participant safety, contraindications, mental health, mental state, physical health, physical state, social and cultural considerations, physical environment, screening, preparation, administration, integration, ethics, facilitation skills, and compliance with California regulations and laws. Allows for limited waivers of education and training requirements based on an applicant's prior experience, training, or skill with regulated psychedelic substances. Requires education and training standards adopted by the Board to include practicum requirements with a practicum supervisor but specifies that a facilitator is not required to have a professional license or professional degree other than a facilitator license. Authorizes the Board to consider expedited approval or partial approval for education programs that are already in existence in the state to train licensed mental health professionals in the provision of psychedelic facilitation.
 - 7) Requires Board regulations to also include deidentified data collection and reporting requirements for facilitators in order to comprehensively measure the Facilitators' Acts' success, safety, quality, impact on individuals' well-being and public health, including adverse events experienced during, immediately after, or after the passage of time with information about substance, dosage, and other contextual information.
 - 8) Authorizes the Board to license facilitators 21 years of age or older who: complete the education and curriculum requirements the Board will establish by regulation at

a Board approved school; who passes a facilitator competency assessment the Board creates and administers or that is offered by an entity designated by the Board; who successfully passes a background investigation; who pays all fees the Board will establish through regulation or; who holds a current and valid registration, licensure, or license from any other state whose licensure requirements meet or exceed these.

- 9) Establishes various prohibited activities for applicants and licensees.
- 10) Provides title protection for facilitators.

Provisions Related to the Division And Marketplace Regulation For Psychedelic Facilitation

- 11) Specifies various aspects of the Division, including:
 - a) The purpose and intent of the Division is to establish a comprehensive system to control and regulate the provision of psychedelic facilitation; the production, distribution, transportation, storage, processing, manufacturing, testing, quality control, and sale of regulated psychedelic substances for use only in conjunction with regulated psychedelic facilitation at approved locations; the approval of locations where regulated psychedelic facilitation may take place and; the collection and publication of deidentified and aggregate data and information on the implementation and outcomes of the Act.
 - b) The Director is appointed by the Governor and subject to confirmation by the Senate Committee on Rules.
 - c) The Division has as the power, duty, purpose, responsibility, and jurisdiction to regulate regulated psychedelic substances and the provision of psychedelic facilitation, and to approve locations where psychedelic facilitation may take place.
 - d) The Division must adopt regulations by January 1, 2026 concerning psilocybin, psilocyn, the spores or mycelium capable of producing mushrooms that contain psilocybin and psilocyn, and MDMA and must, at least every two years thereafter, adopt regulations concerning additional substances identified as regulated psychedelic substances, if recommended by the Oversight Committee.
 - e) Authority to employ individuals who are not peace officers to provide investigative services.
- 12) Requires the Division to convene the Oversight Committee to advise the Division and the Board, composed of 14 individuals who reside in California appointed by the Governor with at least one person in expertise in the following areas: mental or behavioral health; psychedelic facilitation; issues confronting veterans; developing and implementing evaluation methodologies to assess the outcomes of a program, including its achievements, safety, quality, and impact on individuals; health care insurance or barriers in access to health care; emergency medical services or first responders; mycology and regulated psychedelic substance cultivation; training

psychedelic facilitators; the provision of harm reduction; harm reduction systems; regulated psychedelic substance research; indigenous uses of psychedelic substances; public health data collection and; expertise in naturopathic medicine.

- 13) Requires the Division to adopt regulations to establish categories of licensure and registration including, but not limited to:
 - a) A cultivation, processing, or manufacture license that would allow solely for the provision and sale of regulated psychedelic substances at the premises of an approved location for use during the administration session of a regulated psychedelic facilitation at that approved location.
 - b) A testing license for the testing of regulated psychedelic substances for quality, concentration, and contaminants.
- 14) Among other regulations the Division is required establish that mirror Board regulations, requires the Division to adopt regulations for:
 - a) Limitations on the number of licenses for cultivation, processing, or manufacture of regulated psychedelic substances and the volume of regulated psychedelic substances produced by licensees to ensure the amount of regulated psychedelic substances does not exceed the amount necessary to meet the demand for regulated psychedelic facilitation.
 - b) Requirements and standards for testing regulated psychedelic substances for quality, concentration, and contaminants.
 - c) Requirements for labeling regulated psychedelic substances.
 - d) Prohibitions on advertising, branding, and marketing regulated psychedelic substances, including prohibitions on claiming the regulated psychedelic substance is safe and effective or making health or medical claims about regulated psychedelic substances unless in compliance with federal law.
 - e) Requirements governing the licensing and operation of licensees, including psychedelic facilitation centers and approved locations
 - f) Procedures, policies, and programs to ensure that the licensing of regulated psychedelic substances and the provision of regulated psychedelic facilitation is equitable and inclusive and to promote the licensing of and the provision of regulated psychedelic facilitation to persons from low-income communities; to persons who face barriers to access to health care; to persons who have a history of traditional or indigenous use of regulated psychedelic substances; to persons who are or were first responders; and to persons who are veterans.
- 15) Requires the Division to enforce laws related to the cultivation, producing, manufacturing, processing, preparing, delivery, storage, sale, and testing of regulated psychedelic substances.

- 16) Requires the Division to collect and annually publish information on the its website pertaining to the implementation and outcomes of the Assisted Therapy Act to comprehensively measure its success, safety, quality, and impact on individuals' well-being and public health. Requires the Division to consult with DPH on the best data collection, processing, and reporting methodologies and authorizes it to contract or collaborate with one or more California public universities to research and evaluate the Assisted Therapy Act. Specifies that information is deidentified or aggregated so no individual participant is identified and that information and data shall not be sold.

Other Provisions

- 17) Establishes a Psychedelic Substances Public Education and Harm Reduction Fund available to the Office of Community Partnerships and Strategic Communications within the Governor's Office of Planning and Research upon appropriation by the Legislature to award grants for public education relating to psychedelic substances, including their limitations and potential risks, and mitigation measures, in addition to potential benefits as well as harm reduction.
- 18) Authorizes a city, county, or a city and county to reasonably regulate the time, place, and manner of regulated psychedelic facilitation within its boundaries but prohibits a city, county, or a city and county from banning or completely prohibiting facilitator operations and regulated psychedelic facilitation. Prohibits a city, county, or a city and county from enacting a greater fine or penalty for conduct related to regulated psychedelic facilitation or substances than is allowed under state law and from requiring an additional license or the payment of a fee in addition to the state license and fee for conduct related to regulated psychedelic facilitation or regulated psychedelic substance licensees, other than generally applicable licenses and fees that apply to all businesses operating with the jurisdiction. Prohibits a city, county, or a city and county from prohibiting the transportation of regulated psychedelic substances through its jurisdiction on public roads by a licensee or as otherwise allowed by the Acts.
- 19) Specifies that an individual shall not be arrested, prosecuted, penalized, sanctioned, or otherwise denied any benefit and shall not be subject to seizure or forfeiture of assets for allowing property the person owns, occupies, or manages to be used for any of the activities conducted lawfully under the Acts at an approved location or for enrolling or employing a person who engages in regulated psychedelic substance-related activities lawfully. Specifies that the use of regulated psychedelic substances in connection with regulated psychedelic facilitation shall not disqualify a person from any needed medical procedure or medical treatment or any other lawful health-related service, shall not, by itself, be the basis for punishing a person currently under parole, probation, or other state-supervised release, including pretrial release. Specifies that the Acts shall not restrict the sale, possession, display, or cultivation of living fungi, plants, or seeds that were lawful before the enactment of the Acts and that engaging in regulated psychedelic substance-related activities shall not, by itself, be the basis to deny eligibility for any public assistance program, unless required by federal law.

FISCAL EFFECT: Unknown. This bill is keyed fiscal by Legislative Counsel.

COMMENTS:

1. **Purpose.** This bill is sponsored by Heroic Hearts Project. According to the Author:

“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-assisted therapy or educate the public about safe practices and the potential risks and benefits. This bill will fill this gap in California.

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 trials 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) 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.

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. 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.

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-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.”

2. **Licensed Health Care Professionals.** Numerous categories of licensed health professionals in California, including those who diagnose and treat various mental and behavioral health conditions, are subject to specific statutory requirements for the necessary education, training, clinical experience, and competency assessments in order to become licensed, as well as statutory frameworks for the practice authority that a license confers and requirements for continuing education.

Board of Behavioral Sciences. The BBS is responsible for the licensing and regulation of LMFTs, LCSWs, LPCCs, and LEPs. Each profession has its own scope of practice, entry-level requirements, and professional settings with some overlap in areas. All four of the BBS’s licensee and registrant categories provide some form of mental health services to a variety of clients in different settings. Licensed Marriage Family Therapists (LMFTs) are employed in mental health agencies, counseling centers, and private practice. LMFT’s utilize counseling or therapeutic techniques to assist individuals, couples, families, and groups with a focus on marriage, family, and relationship issues. Licensed Clinical Social Workers (LCSWs) are employed in health facilities, private practice, and state

and county mental health agencies. LCSWs utilize counseling and psychotherapeutic techniques to assist individuals, couples, families, and groups. Licensed Professional Clinical Counselors (LPCCs) apply counseling interventions and psychotherapeutic techniques to identify and remediate cognitive, mental, and emotional issues, including personal growth, adjustment to disability, crisis intervention, and psychosocial and environmental problems. LPCCs work in a variety of settings including hospitals, private practice, and community-based mental health organizations. These license types also have assistant categories that allows individuals who have completed the required educational program and are in the process of obtaining the hours of supervisory experience required for licensure to have certain privileges.

Board of Psychology. BOP licenses psychologists and registers psychologists and psychological assistants. Applicants for a psychologist license must have a qualifying doctorate degree, complete a minimum of 3,000 hours of supervised professional experience, and pass a national examination and a California law and ethics examination. Psychological assistants must earn a qualifying master's degree, must be registered to a licensed psychologist or a Board-certified psychiatrist as employees, and may provide limited psychological services under the direct supervision of the psychologist or psychiatrist with whom they are registered. Registered psychologists must earn a qualifying doctoral degree, must complete a specified number of hours of professional experience under supervision, and can only engage in psychological activities at qualifying nonprofit community agencies.

Medical Board of California. Physician and surgeon applicants for licensure must complete medical education at a medical school accredited by a national accrediting agency approved by MBC and recognized by the United States Department of Education or a foreign medical school listed on the World Directory of Medical Schools. They must pass nationally recognized examinations, the steps of the United States Medical Licensing Examination, and must complete postgraduate training.

Osteopathic Medical Board of California. In order to become licensed as a D.O., the law requires individuals to graduate from an accredited college of osteopathic medicine, complete postgraduate training, which includes a minimum of four months of medicine, and successfully complete all levels of the National Board of Osteopathic Medical Examiners Comprehensive Osteopathic Medical Licensing Examination which consists of three levels.

Naturopathic Medicine Committee. A licensed ND attends a four-year, graduate-level naturopathic medical school and is educated in all of the same basic sciences as an MD/DO, but also studies holistic and nontoxic approaches to therapy with a strong emphasis on disease prevention and optimizing wellness. In addition to a standard medical curriculum, the naturopathic doctor also studies clinical nutrition, homeopathic medicine, botanical medicine, psychology, and counseling. All applicants for ND licensure must pass the Naturopathic Physician Licensing Examination (NPLEX), a two-part examination that ensures a candidate is competent in their medical knowledge to safely practice naturopathic medicine. NDs are authorized to order physical and laboratory examinations, as

well as diagnostic imaging studies under certain conditions. An ND may dispense, administer, order, prescribe, and furnish various foods, medicines, vitamins, therapies, and devices. An ND can engage in health education and counseling, and may treat superficial lacerations and abrasions, remove foreign bodies in superficial tissue. An ND is also authorized to furnish or order drugs in accordance with standardized procedures or protocols developed with a supervising physician and surgeon.

3. **Controlled Substances.** Through the Controlled Substances Act of 1970, the federal government regulates the manufacture, distribution, and dispensing of controlled substances. The Act ranks into five schedules those drugs known to have potential for physical or psychological harm, based on three considerations: (a) their potential for abuse; (b) their accepted medical use; and, (c) their accepted safety under medical supervision. California's drug schedule is largely similar to the federal schedule. Schedule I includes the most serious and heavily controlled substances, while Schedule V includes the least serious and most lightly controlled substances.

Schedule I controlled substances have a high potential for abuse and no generally accepted medical use and include psychedelics.

Schedule II controlled substances have a currently accepted medical use in treatment, or a currently accepted medical use with severe restrictions, and have a high potential for abuse and psychological or physical dependence. Schedule II drugs can be narcotics or non-narcotic.

Schedule III and IV controlled substances have a currently accepted medical use in treatment, less potential for abuse but are known to be mixed in specific ways to achieve a narcotic-like end product.

Schedule V drugs have a low potential for abuse relative to substances listed in Schedule IV and consist primarily of preparations containing limited quantities of certain narcotics.

4. **Psychedelics.** According to National Institute on Drug Abuse (NIDA) hallucinogens are a class of drugs that cause hallucinations, profound distortions in a person's perceptions of reality. Hallucinogens can be found in some plants and mushrooms (or their extracts) or can be man-made, and they are commonly divided into two broad categories: classic hallucinogens (such as LSD) and dissociative drugs (such as PCP).

While researchers debate how to describe and classify psychedelic and dissociative drugs and other drugs with similar properties, they generally group these drugs according to how they work in the brain. Some people use the term "hallucinogens" to refer to all or some psychedelic and dissociative drugs. When under the influence of either type of drug, people often report experiencing rapid, intense emotional swings and seeing images, hearing sounds, and feeling sensations that seem real but are not. While the exact mechanisms by which hallucinogens and dissociative drugs cause their effects are not yet clearly understood, research suggests that they work at least partially by temporarily disrupting communication between

neurotransmitter systems throughout the brain and spinal cord that regulate mood, sensory perception, sleep, hunger, body temperature, sexual behavior, and muscle control.

Hallucinogenic and dissociative drugs have been used for a variety of reasons. Historically, hallucinogenic plants have been used for religious rituals to induce states of detachment from reality and precipitate “visions” thought to provide mystical insight or enable contact with a spirit world or “higher power.” More recently, people report using hallucinogenic drugs for more social or recreational purposes, including to have fun, help them deal with stress, or enable them to enter into what they perceive as a more enlightened sense of thinking or being. Hallucinogens have also been investigated as therapeutic agents to treat diseases associated with perceptual distortions, such as schizophrenia, obsessivecompulsive disorder, bipolar disorder, and dementia.

The U.S. Food and Drug Administration (FDA) has approved the ketamine derivative esketamine (under the brand name Spravato®) as a treatment for severe depression in patients who do not respond to other treatments. The FDA has also granted “Breakthrough Therapy” designation, a process designed to expedite the development and review of drugs that are intended to treat a serious condition and preliminary clinical evidence indicates that the drug may demonstrate substantial improvement over available therapy on a clinically significant endpoint, for two formulations of psilocybin being studied as potential medical treatments for depression.

According to a 2022 *JAMA Psychiatry* article, *Psychedelic Drug Legislative Reform and Legalization in the US*, the legal status of psychedelic drugs is evolving. Though most of these substances remain federally controlled, some states and the District of Columbia have decriminalized possession of psilocybin and some similar drugs, or deprioritized enforcement of laws against the substances. Twenty-five states have considered 74 bills (69 legislative initiatives, 5 ballot measures). Nearly all bills specified psilocybin (67, or 90 percent), and many also included MDMA (27, or 36 percent). While bills varied in their framework, most (43, or 58 percent) proposed decriminalization, of which few delineated medical oversight (10 of 43) or training and/or licensure requirements (15 of 43).

In 2019, voters in Denver approved a measure to make the personal use and possession of psilocybin by adults 21 years of age and older the lowest law enforcement priority and to prohibit the city from spending resources to impose criminal penalties related to such conduct. That same year, the Oakland, California, City Council passed a resolution prohibiting the use of city funding “to assist in the enforcement of laws imposing criminal penalties for the use and possession of entheogenic plants by adults” and specifies that investigating people for growing, buying, distributing or possessing those substances “shall be amongst the lowest law enforcement priority for the City of Oakland.” Similarly, a resolution passed by the Santa Cruz, California, City Council in 2020 made the personal possession and use of entheogenic plants and fungi a low priority for law enforcement. The Ann Arbor, Michigan, City Council passed a similar measure that same year. Initiative 81, the Entheogenic Plant and Fungus Policy Act of 2020, makes “the investigation and arrest of persons 18 years of age or older, for non-commercial planting,

cultivating, purchasing, transporting, distributing, engaging in practices with, and/or possessing entheogenic plants and fungi” among the lowest enforcement priorities for Washington D.C.’s local police department. Additional jurisdictions have passed similar measures since 2020.

In 2020, Oregon voters approved Measure 109, the Psilocybin Services Act, which directed the Oregon Health Authority to create a state-licensed, psilocybin-assisted therapy program over a two-year period. In implementing Measure 109, Oregon had to determine how to license and regulate the manufacturing, transportation, delivery, sale and purchase of psilocybin products as well as the provision of psilocybin services. Following the two-year development period for psilocybin services, the state began taking license applications on January 2, 2023. Psilocybin services refers to preparation, administration, and integration sessions provided by a licensed facilitator. Psilocybin services are available to individuals aged 21 and older and do not require a prescription or medical referral. The psilocybin products consumed must be cultivated or produced by a licensed psilocybin manufacturer and can only be provided to a client at a licensed psilocybin service center during an administration session.

Colorado voters approved Proposition 122 in November 2022 which, among other provisions, decriminalized the personal possession and use of psilocybin, psilocyn, DMT, Ibogaine and mescaline for adults aged 21 and older. The measure additionally established a program for licensed “healing centers” to administer psilocybin and psilocyn to adults by licensed professionals, and created a regulatory framework for the manufacture, cultivation, testing, storage, transport, transfer, delivery, sale, and purchase of the covered substances between healing centers and other permitted entities.

In 2021, Texas adopted House Bill 1802, which directed their Department of State Health Services to, in collaboration with the Texas Medical Board, conduct a study to evaluate the therapeutic efficacy of alternative therapies, including the use of MDMA, psilocybin, and ketamine in the treatment of mental health and other medical conditions including, depression, anxiety, PTSD, bipolar disorder, chronic pain, and migraines. The evaluation should include a determination of whether alternative therapies are effective in treating the mental health and other medical conditions described in the bill and to compare the efficacy of the alternative therapies with the efficacy of treatments currently used for those conditions.

5. **Sunrise Questionnaire Response.** Rules of the Senate Committee on Business, Professions, and Economic Development (Rule No. 6, Setting and Hearing of Bills) specify that “Prior to hearing any bill or other measure that proposes to create a new state licensing agency or a new category of licensed or regulated professional, the Author or sponsor of the legislation shall develop a plan for the establishment and operation of the agency or creation of the new licensed category in accordance with the requirements of Government Code Section 9148 et seq. The plan shall include the completion of an occupational regulation proposal review worksheet titled the ‘Sunrise Questionnaire’ by the Author or sponsor of the legislation.”

The Author and “Alliance for Safer Use of Psychedelics”, which states that it is an unincorporated association seeking regulation on behalf of the occupation of

psychedelic facilitators, provided this information to the Committee (Psychedelic Acts Sunrise Response) on March 13, 2024.

In response to the questions related to public demand for a regulatory standard and the nature and severity of the harm a lack of licensure may result in, the responses in the Psychedelic Acts Sunrise Response state that "...in a recent poll conducted by the UC Berkeley Center for the Science of Psychedelics, 61% of American voters supported legalizing regulated therapeutic access to psychedelics, including 35% who reported "strong" support. In addition, 75% of people support making it easier for researchers to study psychedelic substances. According to a pilot study that examined the attitudes and knowledge of National Health Services psychiatrists of all levels towards psychedelic-assisted psychotherapy and explored potential barriers and facilitators to its implementation, 77% of psychiatrists felt there should be a role for the controlled or therapeutic use of psychedelics...Despite the renewed interest in psychedelic therapy and the findings of these studies, the general understanding of psychiatrists' perspectives on medicinal psychedelics remains limited due to the current lack of a regulated framework.

To address this gap, an anonymous survey was conducted among 106 psychiatrists attending psychedelic educational sessions at two national conferences, using a 26-item questionnaire. Overall, respondents expressed confidence in the therapeutic potential of psychedelics. Key concerns among psychiatrists included the scarcity of trained providers, logistical hurdles in therapy administration, safety considerations for clients with contraindications, and risks of diversion."

The Psychedelic Acts Sunrise Response states the following as examples of consumer harm necessitating licensure:

- Requiring a psychedelic practitioner to practice in an unregulated environment, without mandated training or ethical duties imposed by similar professions, may bring about the following harms: lack of adequate screening for contraindications and pharmacological interactions, facilitator misconduct, increased risk of adverse psychological reactions, potential physical health complications, fear of seeking professional medical care, and the absence of proper guidance and therapeutic support, which could exacerbate mental health issues and lead to unsafe or traumatic experiences.
- A recent Stanford study found that California hospitalizations and emergency department visits related to the unregulated use of hallucinogens increased by more than 50% between 2016 and 2022. A regulated environment will reduce the risk of harm and allow practitioners to better understand the complexities of potential risks and adopt practices to mitigate them. Without a regulated alternative, many people interested in psychedelics who do not know how to find a facilitator or would like to avoid using an underground facilitator, may be more likely to use psychedelics alone or in a more dangerous context.
- While psychedelics generally have positive safety profiles, as with the use of any psychoactive substance, a participant or patient should go through a

careful assessment of potential physiological and psychological risks before use. For many clients with complex conditions that can benefit from regulated psychedelics, their medications and underlying conditions may increase the risk for severe psychiatric, neurologic, or cardiovascular injury.

- In addition to physical harm, there have been several high-profile cases of sexual abuse during psychedelic sessions. As in any therapeutic relationship that involves therapist/patient power dynamics, there is a clear need for licensure and regulation to limit potential therapist abuse or exploitation.
 - There is potential harm associated with improper facilitation and integration. A study that collected data from 608 participants identified anxiety, existential struggle, and social disconnection as potential long-term adverse effects of post-psychedelic use. Some of these difficulties persisted in some surveyed participants for weeks or longer. Some factors predicted a shorter duration or extent of difficulties, including knowledge of dosage and drug type, and having experiences in guided settings. This study suggests these risks can be addressed through proper facilitator training and oversight.
 - While psychedelics have shown promise in treating various mental health conditions and facilitating profound personal insights, there are concerns about their potential to induce cognitive distortions or exacerbate pre-existing mental health issues when a participant is not screened properly. Prolonged or frequent use of psychedelics, especially in uncontrolled settings, may lead to disturbances in thought processes, memory impairment, or even acute psychosis in vulnerable individuals. The subjective nature of psychedelic experiences makes it difficult to predict their effects accurately, and without regulation, this lack of consistency could heighten the risk of unexpected intellectual and psychological consequences.
 - As with many regulated professions, there is a risk of financial harm that can be largely mitigated by regulation and duties of care. There are several cases of unscrupulous people seeking money from people while they are on or in the days after taking psychedelics. There are also allegations of people using psychedelics to control vulnerable people and take control of their finances. Whether or not these allegations are true, a regulated profession will mandate facilitators to follow a code of ethics and regulatory oversight that will likely prohibit facilitators from engaging in financial transactions with their clients other than charging a reasonable fee for their services.
6. **Licensure, Recognition and Regulation.** According to a 2002 article featured in the *Yale Journal of Regulation*, to protect the public from potentially harmful health services rendered by unqualified people, each state has enacted licensing laws, or practice acts. The article noted that typically, these laws do three things: (1) They define the practice of the profession in question; (2) they limit that practice to people who satisfactorily complete a specified training regime and pass an examination; and (3) they restrict to license holders both the use of the professional title or credentials and the performance of the defined practice functions.

According to “*A Theory of Regulation: A Platform for State Regulatory Reform*”, 5:2 CAL. REG. L. REP. 3 (Spring 1985), “Government should regulate a particular trade or profession only after an honest assessment of the marketplace and any flaws which present a threat of irreparable harm, or prevent normal marketplace functioning from driving out incompetent, dishonest, or impaired practitioners. The article outlines that “licensing is one form of regulation but should be reserved for trades and professions in which incompetence is likely to cause irreparable harm — that is, harm for which money cannot compensate. If there is likely irreparable harm, then a prior restraint- type barrier to entry (licensing) which addresses and prevents that precise harm should be imposed; additionally, the licensing agency should set industrywide standards of conduct and ethics, and police violations of those standards through a vigorous enforcement program”. According to the article, in the absence of probable irreparable harm, numerous regulatory alternatives to licensing exist, including the posting of a bond to ensure a fund to compensate injured consumers, a certification program which has the effect of disclosing information to consumers about the qualifications of a practitioner and protects the use of a title or a permit program, as some examples.

A practice act along with licensure typically confers the exclusive right to practice a given profession on practitioners who meet specified criteria related to education, experience, and examination, and often is embodied in a statutory licensing act (i.e., those who are not licensed cannot lawfully practice the profession). A practice act is the highest and most restrictive form of professional regulation, and is intended to avert severe harm to the public health, safety or welfare that could be caused by unlicensed practitioners.

A title act and a certification or registration program, on the other hand, often reserves the use of a particular professional (named) designation to practitioners who have demonstrated specified education, experience or other criteria such as certification by another organization. A title act typically does not restrict the practice of a profession or occupation and allows others to practice within that profession; it merely differentiates between practitioners who meet the specified criteria, and are authorized by law to represent themselves accordingly, (usually by a specified title) and those who do not. Some title acts also include a state certification or registration program, or reliance on a national certification or registration program, so that those who use the specified title, and hold themselves out to the public, have been certified or registered by a state created or national entity as having met the specified requirements. This entity may also regulate to some extent the activities of the particular profession by setting standards for the profession to follow, and to also provide oversight of the practice of the profession by reporting unfair business practices or violations of the law and either denying or revoking a certification or registration if necessary.

This bill proposes **licensure** for facilitators and title protection for facilitators but does not delineate the specific standards for licensure and instead authorizes an entirely new regulatory program that the measure also creates to determine necessary education, training, experience, and knowledge to engage in the practice. The bill also proposes **licensure** for cultivation, processing, manufacture, and transportation of psychedelic substances and requires state approval of psychedelic facilitation locations.

7. **Related Legislation.** AB 941 (Waldron, 2024) requires the California Health and Human Services Agency to convene a workgroup to study and make recommendations on the establishment of a framework governing psychedelic-assisted therapy. Requires the workgroup to send a report to the Legislature containing those recommendations on or before January 1, 2026. Makes, contingent upon the Legislature enacting a framework governing psychedelic-assisted therapy, the use of hallucinogenic/psychedelic substances for psychedelic-assisted therapy lawful. (Status: *The bill is pending in the Senate Committee on Rules.*)

SB 58 (Weiner, 2023) would have decriminalized the use of certain psychedelics for personal use by individuals 21 years of age or older, would have also created a workgroup to study and recommend a framework for governing the therapeutic use of psychedelics, and would have defined “facilitated or supported use” as supervised or assisted personal use of a psychedelic by an individual or group of persons 21 years of age or older, or the assisting or supervising of such persons in such use, within the context of spiritual guidance, community-based healing, or related service. (Status: *The bill was vetoed by the Governor who indicated in a veto message “California should immediately begin work to set up regulated treatment guidelines - replete with dosing information, therapeutic guidelines, rules to prevent against exploitation during guided treatments, and medical clearance of no underlying psychoses...I urge the legislature to send me legislation next year that includes therapeutic guidelines. I am, additionally, committed to working with the legislature and sponsors of this bill to craft legislation that would authorize permissible uses and consider a framework for potential broader decriminalization in the future, once the impacts, dosing, best practice, and safety guardrails are thoroughly contemplated and put in place.”*)

SB 519 (Wiener, 2022) was substantially similar to SB 58 and was eventually amended to just establish a workgroup similar to AB 941. (Status: *The bill failed passage in the Assembly.*)

8. **Arguments in Support.** Supporters echo the Author’s statement in 1. above and note that “There is a growing body of credible evidence to show that psychedelics can help reduce symptoms of depression, anxiety, and PTSD when used in proper settings with safeguards like those proposed in this bill, which includes screening, preparation, integration and therapeutic support. Supporters also write that this bill “takes an evidence-based approach to providing access and mitigates risks by requiring that patients and practitioners collaborate to help ensure a safe experience...The bill also creates a first-in-the-nation public-private fund to support a public education program to promote safer use and increase understanding of psychedelic substances.” According to supporters, “This legislation provides Californians in need of alternative treatments the opportunity for psychedelic therapy and personal healing, with no threat to public safety.”
9. **Stakeholder Comments.** The California State Association of Psychiatrists is concerned about “the care of a vulnerable patient population with behavioral health illnesses and who best is able to provide the specialized care to help these patients. While new and innovative treatments to treat depression, anxiety, and other

psychiatric disorders are needed, the evidence to support the therapeutic use of psychedelics is not yet robust enough to justify widespread access, especially for unsupervised use or use in the presence of non-medical individuals. CSAP believes the Legislature should exercise extreme caution in this area until there is more scientifically validated information on psychedelics with respect to the risks, benefits, and alternatives, not just at the individual level, but also at the level of public health and behavioral health.

- 10. Arguments in Opposition.** Opponents write that “There is no conclusive evidence from scientific medical research substantiating the efficacy and innocuousness of the psychedelics. All drugs should go through proper FDA approval process for the protection of citizens.” Opponents write that “According to Dr. Roneet Lev, former Chief Medical Officer of the White House Office of National Drug Control Policy, psychedelics can cause serious negative consequences such as cardiac issues, seizures, depression, amnesia, acute anxiety, and hallucination, and are dangerous to users and bystanders alike. People can react to the drugs differently regardless. Recently, an off-duty pilot almost killed 83 passengers due to his using magic mushrooms. Even though he was handcuffed, the drug still empowered him to try turn off the engine. There are many medications for pain and depression without the serious negative consequences. Our veterans deserve better than being guinea pigs.”

The California State Sherriffs’ Association writes “...we are concerned about government condoning and facilitating the use of mind-altering drugs, especially those included as Schedule I controlled substances. We believe SB 1012 sends the wrong message about using drugs especially since the bill requires government licensure and a regulatory scheme to facilitate such use. Additionally, there are provisions of the bill’s regulatory plan to which we object. Specifically, the bill provides that a local government shall not ban or completely prohibit regulated psychedelic facilitators operating in accordance with the bill and rules created pursuant to the bill within its boundaries. At the very least, local governments should have some say as to whether they will be complicit in this risky venture.”

- 11. Policy Comments and Concerns.**

Sunrise Review. The creation of a comprehensive new regulatory system, including multiple new state agencies and entities, requires significant input from stakeholders, existing licensees, experts in the particular field, advocates, industry, existing state agencies and state government players, and more. The effort contained in this bill would benefit from public meetings like informational hearings and other opportunities to fully evaluate the need for the state to regulate new categories of individuals, businesses, and industry players in the area of psychedelics through multiple new regulatory frameworks. Among other aspects, the bill contains significant duplication by establishing multiple programs that, with broad engagement and collective efforts, may be better structured and consolidated in an appropriate state entity.

Effective implementation of MAUCRSA has been ongoing since Prop 64 was passed by voters in 2016 and the Legislature is still asked annually to consider dozens of bills aimed at ensuring that the law works. This bill leaves the

administration of the Acts entirely to the rulemaking process by requiring the Board and Division to promulgate myriad regulations. This process can take years, given requirements for notification, public comment and additional delays that arise whenever amendments to proposed regulations are made. It is unlikely that the Board and Division would be able to meet the deadlines for regulations set forth in this bill, and the regulatory process in general has been criticized for lacking transparency and robust stakeholder input that the Legislative process allows for. SB 1012 was introduced on February 5, 2024, in the second year of the current two-year legislative session. Rushing the establishment of a massive new framework to allow Californians to access psychedelics, funded by a fee structure that does not exist, will lead to confusion and implementation challenges.

Is there a simpler approach? California has a history of providing access to Schedule I controlled substances to certain patients under specified conditions. In 1996, California first legalized medicinal cannabis via Proposition 215, also known as the Compassionate Use Act. Proposition 215 protected qualified patients and their primary caregivers, who obtained and used marijuana for medical purposes upon the recommendation of a physician, from prosecution related to the possession and cultivation of cannabis. If the goal is to ensure that individuals, particularly those with certain conditions and under the care of existing providers (like veterans with PTSD who are oft cited as a patient population who may benefit from additional access to psychedelics) are able to safely access these substances as part of treatment and therapy, it is unclear why the bill does not start simply with a framework that empowers patients and their providers together to make this determination.

Absence of clinical judgment. In order for a licensed facilitator to facilitate an individual's psychedelics session, the bill requires the individual to undergo a "Safety screen", defined as a "screening for medical conditions, mental health conditions, family history, contraindications, and pharmacological interactions." The screening would be conducted by the new category of facilitator established by the bill, rather than by any of the many existing, well-trained licensed healthcare providers with significant education, clinical experience, and statutory authority to determine these various necessary pieces of information.

Removing the judgment of clinicians to evaluate whether existing medical conditions and mental health conditions are present, and whether psychedelic facilitation will result in contraindications and pharmacological interactions with an individual's existing medication therapies, is premature. Every study the Author and Sponsors cite highlighting the effectiveness of psychedelics to treat specified conditions includes information from controlled clinical experiences. For example, the Author notes "A promising 2020 study showed MDMA could be used in combination with psychotherapy to reduce anxiety in patients facing life-threatening illnesses." This bill does not include the clinician providing psychotherapy or the licensed professional who diagnosed anxiety and other illnesses in making the determination that their patient would benefit from psychedelics. The Author also notes that "Recent clinical trials studying MDMA as a treatment for depression, anxiety, and [PTSD] led the FDA to distinguish MDMA-assisted psychotherapy treatment as a 'Breakthrough Therapy.'" However, this bill does not require facilitators to have a professional degree, which is a requirement to engage in psychotherapy, and

instead does not delineate any specific education, clinical training, or other experience that facilitators must meet in order to be licensed, unlike licensed healthcare professionals who provide psychotherapy according to statutory requirements.

According to the Author, “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.” Yet this bill does not specify any role for the California licensees with expertise in medical and behavioral health conditions, and significant knowledge of treatment and therapies for those conditions, including medicinal therapies. The only individuals authorized to facilitate psychedelics through this bill are facilitators. Notably, while the bill authorizes facilitators licensed in another state to become licensed in California, its structure requires a California licensee (like a LCSW or MFT or psychologist or ND or physician and surgeon) to become a licensed facilitator in order to facilitate psychedelic sessions with and for their patients. The bill specifies that “regulated psychedelic facilitation means services provided...by a regulated psychedelic facilitator...” and “regulated psychedelic facilitator means a person licensed by the Board...” Board of Behavioral Sciences licensees and Board of Psychology licensees do not currently have prescribing authority for legal drugs but facilitators who provide a screening could facilitate specified psychedelics for their patients. While it is possible that Board regulations outlining every aspect of what it takes to become a facilitator could allow for equivalency, based on possession of an existing California healthcare professional license, the existing licensee would still have to obtain a separate license in order to, for example, engage in the practice of psychology or psychotherapy and offer psychedelic facilitation to their patients whose medical history and conditions they acutely know.

Barriers to access and employment. A regulated marketplace at the state level for Schedule I controlled substances, including cannabis and, as other states’ experiences demonstrate, psychedelics, imposes a number of barriers. Media reports from Oregon highlight the high cost of regulated psychedelic facilitation, with sessions starting at \$3,000 and up. While this bill mandates the Oversight Committee to advise the Board and Division on “Affordable, equitable, ethical, inclusive, and culturally responsible access to regulated psychedelic-assisted therapy and requirements to ensure access to regulated psychedelic facilitation is affordable, equitable, ethical, inclusive, and culturally responsible” and on “Identifying existing state funds and programs for improving public health outcomes and advising as to how these funds and programs may include psychedelic facilitation and services as options and be used to make access to psychedelic facilitation and services more affordable to low-income individuals”, the creation of any new regulatory structure comes with significant costs to participants, the public, and the state.

As the experience of DCC has proven, the costs of every aspect of regulation of a product can be extremely high, often prohibitive. California’s illicit cannabis marketplace is still thriving and remains rampant. The potential costs for individuals in California to participate in any aspect of a regulated psychedelic facilitation system will likely be significant. Californians will have to pay for education and training to be eligible for licensure as a facilitator; will have to pay to obtain approval

for locations eligible for facilitation; will have to pay for a license to cultivate or manufacture psychedelics; will have to pay for a license to transport psychedelics; will have to pay to test psychedelics; will have to pay to become facilitators and; notably will have to pay for regulated psychedelic facilitation sessions.

The payment required for sessions will no doubt take into account all of the various aspects of regulation. Patients and consumers in every community, who face rising prices for services when the basic costs of doing business are high, may be limited in their ability to access regulated psychedelic facilitation.

Impact of local control prohibitions. This bill explicitly prohibits local governments from banning psychedelic facilitation in their jurisdiction. As the DCC notes, “Cannabis use is legal in California. But cities and counties can prohibit cannabis businesses, like retail. As a result, the state is a patchwork of areas where it is and is not legal to establish a cannabis business.” The practical impact of the language in this bill is that in the 324 of 539 cities and counties in California that do not authorize retail cannabis activity (60 percent of cities and counties), an individual would remain prohibited from accessing a substance that is legal in this state but could undergo regulated psychedelic facilitation and access illegal controlled substances in that same jurisdiction.

SUPPORT AND OPPOSITION:

Support:

A New Path
 An Empathic Society
 Board of Psychedelic Medicine and Therapies
 California Association of Social Rehabilitation Agencies
 California Coalition for Psychedelic Safety and Education
 City of West Hollywood
 Dr. Bronner's
 End Well Foundation
 Heroic Hearts Project, INC.
 Law Enforcement Action Partnership
 Nest Harm Reduction & Consulting
 New Approach Advocacy Fund
 Sacramento Institute for Psychotherapy
 Shamynds Healing Center
 Sonoma County Democratic Party
 Steinberg Institute
 The Institute for Rural Psychedelic Care
 Veterans Exploring Treatment Solutions

Opposition:

California Baptist for Biblical Values
California Coalition Against Drugs
California Family Council
California State Sherriffs' Association
Chinese American Institute for Empowerment
Citizens Commission on Human Rights
Interfaithstatewide Coalition
Traditional Values for Next Generations
A number of individuals

-- END --

MEMORANDUM

DATE	May 10, 2024
TO	Psychology Board Members
FROM	Troy Polk, Legislative and Regulatory Analyst
SUBJECT	Agenda Item 13(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.

On April 16, 2024, AB 2051 was heard in the Assembly Committee on Business and Professions, and board staff provided in-person testimony in opposition.

On April 17, 2024, AB 2051 was amended to include that the compact would be operative only if the Board has voted in favor of joining the compact.

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: Amended 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"/> Affects Enforcement Processes	
<input type="checkbox"/> Urgency Clause <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"/> Oppose <input type="checkbox"/> Oppose Unless Amended <input type="checkbox"/> Neutral <input type="checkbox"/> Watch	<input type="checkbox"/> Support <input type="checkbox"/> Support if Amended <input type="checkbox"/> Oppose <input type="checkbox"/> Oppose Unless Amended <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

AMENDED IN ASSEMBLY APRIL 17, 2024

CALIFORNIA LEGISLATURE—2023–24 REGULAR SESSION

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 amended, 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~~ *provide that* the Psychology Interjurisdictional ~~Compact~~, *Compact is approved and ratified, and would provide that the compact is* an interstate compact that is ~~operational under its terms, to facilitate~~ *intended to regulate* 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. *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.*

This bill would ~~require~~ *provide that the board is required 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. The bill would specify that those requirements on the board and the compact shall not become operative until the Director of Consumer Affairs certifies that a majority of the board has voted in favor of joining the compact, and would require the director to notify the Secretary of State and the Legislative Counsel Bureau of the date of that certification.*

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 themselves to be a psychologist, without a license
- 5 granted under this chapter, except as otherwise provided in this
- 6 chapter, including, but not limited to, holding a privilege to practice
- 7 under the Psychology Interjurisdictional Compact (PSYPACT)
- 8 adopted pursuant to Article 11 (commencing with Section
- 9 2999.110).

1 (b) The practice of psychology is defined as rendering or
2 offering to render to individuals, groups, organizations, or the
3 public any psychological service involving the application of
4 psychological principles, methods, and procedures of
5 understanding, predicting, and influencing behavior, such as the
6 principles pertaining to learning, perception, motivation, emotions,
7 and interpersonal relationships; and the methods and procedures
8 of interviewing, counseling, psychotherapy, behavior modification,
9 and hypnosis; and of constructing, administering, and interpreting
10 tests of mental abilities, aptitudes, interests, attitudes, personality
11 characteristics, emotions, and motivations.

12 (c) The application of these principles and methods includes,
13 but is not restricted to, assessment, diagnosis, prevention, treatment,
14 and intervention to increase effective functioning of individuals,
15 groups, and organizations.

16 (d) “Psychotherapy,” within the meaning of this chapter, means
17 the use of psychological methods in a professional relationship to
18 assist a person or persons to acquire greater human effectiveness
19 or to modify feelings, conditions, attitudes, and behaviors that are
20 emotionally, intellectually, or socially ineffectual or maladaptive.

21 SEC. 2. Section 2948.5 is added to the Business and Professions
22 Code, to read:

23 2948.5. (a) The board shall comply with the requirements of
24 the Psychology Interjurisdictional Compact (PSYPACT) adopted
25 pursuant to Article 11 (commencing with Section 2999.110) and
26 shall adopt regulations necessary to implement the requirements
27 of the compact.

28 (b) *Neither this section nor Article 11 (commencing with Section*
29 *2999.110) shall become operative until the Director of Consumer*
30 *Affairs certifies that a majority of the board has voted in favor of*
31 *joining the compact during a regular meeting. The director shall*
32 *notify the Secretary of State and the Legislative Counsel Bureau*
33 *of the date of that certification.*

34 SEC. 3. Article 11 (commencing with Section 2999.110) is
35 added to Chapter 6.6 of Division 2 of the Business and Professions
36 Code, to read:

1 Article 11. Psychology Interjurisdictional Compact (PSYPACT)

2

3 2999.110. Psychology Interjurisdictional Compact (PSYPACT)
4 as set forth in Section 2999.111 is hereby ratified and approved.

5 2999.111. The provisions of the Psychology Interjurisdictional
6 Compact (PSYPACT) between the State of California and other
7 states that are parties to the compact are as follows:

8 ARTICLE I. PURPOSE

9 Whereas, states license psychologists, in order to protect the
10 public through verification of education, training and experience
11 and ensure accountability for professional practice; and

12 Whereas, this Compact is intended to regulate the day to day
13 practice of telepsychology (i.e. the provision of psychological
14 services using telecommunication technologies) by psychologists
15 across state boundaries in the performance of their psychological
16 practice as assigned by an appropriate authority; and

17 Whereas, this Compact is intended to regulate the temporary
18 in-person, face-to-face practice of psychology by psychologists
19 across state boundaries for 30 days within a calendar year in the
20 performance of their psychological practice as assigned by an
21 appropriate authority;

22 Whereas, this Compact is intended to authorize State Psychology
23 Regulatory Authorities to afford legal recognition, in a manner
24 consistent with the terms of the Compact, to psychologists licensed
25 in another state;

26 Whereas, this Compact recognizes that states have a vested
27 interest in protecting the public's health and safety through their
28 licensing and regulation of psychologists and that such state
29 regulation will best protect public health and safety;

30 Whereas, this Compact does not apply when a psychologist is
31 licensed in both the Home and Receiving States; and

32 Whereas, this Compact does not apply to permanent in-person,
33 face-to-face practice, it does allow for authorization of temporary
34 psychological practice.

35 Consistent with these principles, this Compact is designed to
36 achieve the following purposes and objectives:

37 1. Increase public access to professional psychological services
38 by allowing for telepsychological practice across state lines as well
39 as temporary in-person, face-to-face services into a state which
40 the psychologist is not licensed to practice psychology;

1 2. Enhance the states' ability to protect the public's health and
2 safety, especially client/patient safety;

3 3. Encourage the cooperation of Compact States in the areas of
4 psychology licensure and regulation;

5 4. Facilitate the exchange of information between Compact States
6 regarding psychologist licensure, adverse actions and disciplinary
7 history;

8 5. Promote compliance with the laws governing psychological
9 practice in each Compact State; and

10 6. Invest all Compact States with the authority to hold licensed
11 psychologists accountable through the mutual recognition of
12 Compact State licenses.

13 ARTICLE II. DEFINITIONS

14 A. "Adverse Action" means: Any action taken by a State
15 Psychology Regulatory Authority which finds a violation of a
16 statute or regulation that is identified by the State Psychology
17 Regulatory Authority as discipline and is a matter of public record.

18 B. "Association of State and Provincial Psychology Boards
19 (ASPPB)" means: the recognized membership organization
20 composed of State and Provincial Psychology Regulatory
21 Authorities responsible for the licensure and registration of
22 psychologists throughout the United States and Canada.

23 C. "Authority to Practice Interjurisdictional Telepsychology"
24 means: a licensed psychologist's authority to practice
25 telepsychology, within the limits authorized under this Compact,
26 in another Compact State.

27 D. "Bylaws" means: those Bylaws established by the Psychology
28 Interjurisdictional Compact Commission pursuant to Article X for
29 its governance, or for directing and controlling its actions and
30 conduct.

31 E. "Client/Patient" means: the recipient of psychological services,
32 whether psychological services are delivered in the context of
33 healthcare, corporate, supervision, and/or consulting services.

34 F. "Commissioner" means: the voting representative appointed
35 by each State Psychology Regulatory Authority pursuant to Article
36 X.

37 G. "Compact State" means: a state, the District of Columbia, or
38 United States territory that has enacted this Compact legislation
39 and which has not withdrawn pursuant to Article XIII, Section C
40 or been terminated pursuant to Article XII, Section B.

1 H. “Coordinated Licensure Information System” also referred
2 to as “Coordinated Database” means: an integrated process for
3 collecting, storing, and sharing information on psychologists’
4 licensure and enforcement activities related to psychology licensure
5 laws, which is administered by the recognized membership
6 organization composed of State and Provincial Psychology
7 Regulatory Authorities.

8 I. “Confidentiality” means: the principle that data or information
9 is not made available or disclosed to unauthorized persons and/or
10 processes.

11 J. “Day” means: any part of a day in which psychological work
12 is performed.

13 K. “Distant State” means: the Compact State where a
14 psychologist is physically present (not through the use of
15 telecommunications technologies), to provide temporary in-person,
16 face-to-face psychological services.

17 L. “E.Passport” means: a certificate issued by the Association
18 of State and Provincial Psychology Boards (ASPPB) that promotes
19 the standardization in the criteria of interjurisdictional
20 telepsychology practice and facilitates the process for licensed
21 psychologists to provide telepsychological services across state
22 lines.

23 M. “Executive Board” means: a group of directors elected or
24 appointed to act on behalf of, and within the powers granted to
25 them by, the Commission.

26 N. “Home State” means: a Compact State where a psychologist
27 is licensed to practice psychology. If the psychologist is licensed
28 in more than one Compact State and is practicing under the
29 Authorization to Practice Interjurisdictional Telepsychology, the
30 Home State is the Compact State where the psychologist is
31 physically present when the telepsychological services are
32 delivered. If the psychologist is licensed in more than one Compact
33 State and is practicing under the Temporary Authorization to
34 Practice, the Home State is any Compact State where the
35 psychologist is licensed.

36 O. “Identity History Summary” means: a summary of information
37 retained by the FBI, or other designee with similar authority, in
38 connection with arrests and, in some instances, federal
39 employment, naturalization, or military service.

1 P. “In-Person, Face-to-Face” means: interactions in which the
2 psychologist and the client/patient are in the same physical space
3 and which does not include interactions that may occur through
4 the use of telecommunication technologies.

5 Q. “Interjurisdictional Practice Certificate (IPC)” means: a
6 certificate issued by the Association of State and Provincial
7 Psychology Boards (ASPPB) that grants temporary authority to
8 practice based on notification to the State Psychology Regulatory
9 Authority of intention to practice temporarily, and verification of
10 one’s qualifications for such practice.

11 R. “License” means: authorization by a State Psychology
12 Regulatory Authority to engage in the independent practice of
13 psychology, which would be unlawful without the authorization.

14 S. “Non-Compact State” means: any State which is not at the
15 time a Compact State.

16 T. “Psychologist” means: an individual licensed for the
17 independent practice of psychology.

18 U. “Psychology Interjurisdictional Compact Commission” also
19 referred to as “Commission” means: the national administration
20 of which all Compact States are members.

21 V. “Receiving State” means: a Compact State where the
22 client/patient is physically located when the telepsychological
23 services are delivered.

24 W. “Rule” means: a written statement by the Psychology
25 Interjurisdictional Compact Commission promulgated pursuant to
26 Article XI of the Compact that is of general applicability,
27 implements, interprets, or prescribes a policy or provision of the
28 Compact, or an organizational, procedural, or practice requirement
29 of the Commission and has the force and effect of statutory law
30 in a Compact State, and includes the amendment, repeal or
31 suspension of an existing rule.

32 X. “Significant Investigatory Information” means:

33 1. investigative information that a State Psychology Regulatory
34 Authority, after a preliminary inquiry that includes notification
35 and an opportunity to respond if required by state law, has reason
36 to believe, if proven true, would indicate more than a violation of
37 state statute or ethics code that would be considered more
38 substantial than minor infraction; or

39 2. investigative information that indicates that the psychologist
40 represents an immediate threat to public health and safety

1 regardless of whether the psychologist has been notified and/or
2 had an opportunity to respond.

3 Y. “State” means: a state, commonwealth, territory, or possession
4 of the United States, the District of Columbia.

5 Z. “State Psychology Regulatory Authority” means: the Board,
6 office or other agency with the legislative mandate to license and
7 regulate the practice of psychology.

8 AA. “Telepsychology” means: the provision of psychological
9 services using telecommunication technologies.

10 BB. “Temporary Authorization to Practice” means: a licensed
11 psychologist’s authority to conduct temporary in-person,
12 face-to-face practice, within the limits authorized under this
13 Compact, in another Compact State.

14 CC. “Temporary In-Person, Face-to-Face Practice” means: where
15 a psychologist is physically present (not through the use of
16 telecommunications technologies), in the Distant State to provide
17 for the practice of psychology for 30 days within a calendar year
18 and based on notification to the Distant State.

19 ARTICLE III. HOME STATE LICENSURE

20 A. The Home State shall be a Compact State where a
21 psychologist is licensed to practice psychology.

22 B. A psychologist may hold one or more Compact State licenses
23 at a time. If the psychologist is licensed in more than one Compact
24 State, the Home State is the Compact State where the psychologist
25 is physically present when the services are delivered as authorized
26 by the Authority to Practice Interjurisdictional Telepsychology
27 under the terms of this Compact.

28 C. Any Compact State may require a psychologist not previously
29 licensed in a Compact State to obtain and retain a license to be
30 authorized to practice in the Compact State under circumstances
31 not authorized by the Authority to Practice Interjurisdictional
32 Telepsychology under the terms of this Compact.

33 D. Any Compact State may require a psychologist to obtain and
34 retain a license to be authorized to practice in a Compact State
35 under circumstances not authorized by Temporary Authorization
36 to Practice under the terms of this Compact.

37 E. A Home State’s license authorizes a psychologist to practice
38 in a Receiving State under the Authority to Practice
39 Interjurisdictional Telepsychology only if the Compact State:

- 1 1. Currently requires the psychologist to hold an active
- 2 E.Passport;
- 3 2. Has a mechanism in place for receiving and investigating
- 4 complaints about licensed individuals;
- 5 3. Notifies the Commission, in compliance with the terms herein,
- 6 of any adverse action or significant investigatory information
- 7 regarding a licensed individual;
- 8 4. Requires an Identity History Summary of all applicants at
- 9 initial licensure, including the use of the results of fingerprints or
- 10 other biometric data checks compliant with the requirements of
- 11 the Federal Bureau of Investigation FBI, or other designee with
- 12 similar authority, no later than ten years after activation of the
- 13 Compact; and
- 14 5. Complies with the Bylaws and Rules of the Commission.
- 15 F. A Home State’s license grants Temporary Authorization to
- 16 Practice to a psychologist in a Distant State only if the Compact
- 17 State:
 - 18 1. Currently requires the psychologist to hold an active IPC;
 - 19 2. Has a mechanism in place for receiving and investigating
 - 20 complaints about licensed individuals;
 - 21 3. Notifies the Commission, in compliance with the terms herein,
 - 22 of any adverse action or significant investigatory information
 - 23 regarding a licensed individual;
 - 24 4. Requires an Identity History Summary of all applicants at
 - 25 initial licensure, including the use of the results of fingerprints or
 - 26 other biometric data checks compliant with the requirements of
 - 27 the Federal Bureau of Investigation FBI, or other designee with
 - 28 similar authority, no later than ten years after activation of the
 - 29 Compact; and
 - 30 5. Complies with the Bylaws and Rules of the Commission.
- 31 **ARTICLE IV. COMPACT PRIVILEGE TO PRACTICE**
- 32 **TELEPSYCHOLOGY**
- 33 A. Compact States shall recognize the right of a psychologist,
- 34 licensed in a Compact State in conformance with Article III, to
- 35 practice telepsychology in other Compact States (Receiving States)
- 36 in which the psychologist is not licensed, under the Authority to
- 37 Practice Interjurisdictional Telepsychology as provided in the
- 38 Compact.

- 1 B. To exercise the Authority to Practice Interjurisdictional
2 Telepsychology under the terms and provisions of this Compact,
3 a psychologist licensed to practice in a Compact State must:
- 4 1. Hold a graduate degree in psychology from an institute of
5 higher education that was, at the time the degree was awarded:
 - 6 a. Regionally accredited by an accrediting body recognized by
7 the U.S. Department of Education to grant graduate degrees, OR
8 authorized by Provincial Statute or Royal Charter to grant doctoral
9 degrees; OR
 - 10 b. A foreign college or university deemed to be equivalent to 1
11 (a) above by a foreign credential evaluation service that is a
12 member of the National Association of Credential Evaluation
13 Services (NACES) or by a recognized foreign credential evaluation
14 service; AND
 - 15 2. Hold a graduate degree in psychology that meets the following
16 criteria:
 - 17 a. The program, wherever it may be administratively housed,
18 must be clearly identified and labeled as a psychology program.
19 Such a program must specify in pertinent institutional catalogues
20 and brochures its intent to educate and train professional
21 psychologists;
 - 22 b. The psychology program must stand as a recognizable,
23 coherent, organizational entity within the institution;
 - 24 c. There must be a clear authority and primary responsibility for
25 the core and specialty areas whether or not the program cuts across
26 administrative lines;
 - 27 d. The program must consist of an integrated, organized sequence
28 of study;
 - 29 e. There must be an identifiable psychology faculty sufficient
30 in size and breadth to carry out its responsibilities;
 - 31 f. The designated director of the program must be a psychologist
32 and a member of the core faculty;
 - 33 g. The program must have an identifiable body of students who
34 are matriculated in that program for a degree;
 - 35 h. The program must include supervised practicum, internship,
36 or field training appropriate to the practice of psychology;
 - 37 i. The curriculum shall encompass a minimum of three academic
38 years of full- time graduate study for doctoral degree and a
39 minimum of one academic year of full-time graduate study for
40 master's degree;

1 j. The program includes an acceptable residency as defined by
2 the Rules of the Commission.

3 3. Possess a current, full and unrestricted license to practice
4 psychology in a Home State which is a Compact State;

5 4. Have no history of adverse action that violate the Rules of the
6 Commission;

7 5. Have no criminal record history reported on an Identity History
8 Summary that violates the Rules of the Commission;

9 6. Possess a current, active E.Passport;

10 7. Provide attestations in regard to areas of intended practice,
11 conformity with standards of practice, competence in
12 telepsychology technology; criminal background; and knowledge
13 and adherence to legal requirements in the home and receiving
14 states, and provide a release of information to allow for primary
15 source verification in a manner specified by the Commission; and

16 8. Meet other criteria as defined by the Rules of the Commission.

17 C. The Home State maintains authority over the license of any
18 psychologist practicing into a Receiving State under the Authority
19 to Practice Interjurisdictional Telepsychology.

20 D. A psychologist practicing into a Receiving State under the
21 Authority to Practice Interjurisdictional Telepsychology will be
22 subject to the Receiving State's scope of practice.

23 A Receiving State may, in accordance with that state's due
24 process law, limit or revoke a psychologist's Authority to Practice
25 Interjurisdictional Telepsychology in the Receiving State and may
26 take any other necessary actions under the Receiving State's
27 applicable law to protect the health and safety of the Receiving
28 State's citizens. If a Receiving State takes action, the state shall
29 promptly notify the Home State and the Commission.

30 E. If a psychologist's license in any Home State, another
31 Compact State, or any Authority to Practice Interjurisdictional
32 Telepsychology in any Receiving State, is restricted, suspended
33 or otherwise limited, the E.Passport shall be revoked and therefore
34 the psychologist shall not be eligible to practice telepsychology
35 in a Compact State under the Authority to Practice
36 Interjurisdictional Telepsychology.

37 **ARTICLE V. COMPACT TEMPORARY AUTHORIZATION**
38 **TO PRACTICE**

39 A. Compact States shall also recognize the right of a
40 psychologist, licensed in a Compact State in conformance with

1 Article III, to practice temporarily in other Compact States (Distant
2 States) in which the psychologist is not licensed, as provided in
3 the Compact.

4 B. To exercise the Temporary Authorization to Practice under
5 the terms and provisions of this Compact, a psychologist licensed
6 to practice in a Compact State must:

7 1. Hold a graduate degree in psychology from an institute of
8 higher education that was, at the time the degree was awarded:

9 a. Regionally accredited by an accrediting body recognized by
10 the U.S. Department of Education to grant graduate degrees, OR
11 authorized by Provincial Statute or Royal Charter to grant doctoral
12 degrees; OR

13 b. A foreign college or university deemed to be equivalent to 1
14 (a) above by a foreign credential evaluation service that is a
15 member of the National Association of Credential Evaluation
16 Services (NACES) or by a recognized foreign credential evaluation
17 service; AND

18 2. Hold a graduate degree in psychology that meets the following
19 criteria:

20 a. The program, wherever it may be administratively housed,
21 must be clearly identified and labeled as a psychology program.
22 Such a program must specify in pertinent institutional catalogues
23 and brochures its intent to educate and train professional
24 psychologists;

25 b. The psychology program must stand as a recognizable,
26 coherent, organizational entity within the institution;

27 c. There must be a clear authority and primary responsibility for
28 the core and specialty areas whether or not the program cuts across
29 administrative lines;

30 d. The program must consist of an integrated, organized sequence
31 of study;

32 e. There must be an identifiable psychology faculty sufficient
33 in size and breadth to carry out its responsibilities;

34 f. The designated director of the program must be a psychologist
35 and a member of the core faculty;

36 g. The program must have an identifiable body of students who
37 are matriculated in that program for a degree;

38 h. The program must include supervised practicum, internship,
39 or field training appropriate to the practice of psychology;

1 i. The curriculum shall encompass a minimum of three academic
2 years of full- time graduate study for doctoral degrees and a
3 minimum of one academic year of full-time graduate study for
4 master’s degree;

5 j. The program includes an acceptable residency as defined by
6 the Rules of the Commission.

7 3. Possess a current, full and unrestricted license to practice
8 psychology in a Home State which is a Compact State;

9 4. No history of adverse action that violate the Rules of the
10 Commission;

11 5. No criminal record history that violates the Rules of the
12 Commission;

13 6. Possess a current, active IPC;

14 7. Provide attestations in regard to areas of intended practice
15 and work experience and provide a release of information to allow
16 for primary source verification in a manner specified by the
17 Commission; and

18 8. Meet other criteria as defined by the Rules of the Commission.

19 C. A psychologist practicing into a Distant State under the
20 Temporary Authorization to Practice shall practice within the scope
21 of practice authorized by the Distant State.

22 D. A psychologist practicing into a Distant State under the
23 Temporary Authorization to Practice will be subject to the Distant
24 State’s authority and law. A Distant State may, in accordance with
25 that state’s due process law, limit or revoke a psychologist’s
26 Temporary Authorization to Practice in the Distant State and may
27 take any other necessary actions under the Distant State’s
28 applicable law to protect the health and safety of the Distant State’s
29 citizens. If a Distant State takes action, the state shall promptly
30 notify the Home State and the Commission.

31 E. If a psychologist’s license in any Home State, another
32 Compact State, or any Temporary Authorization to Practice in any
33 Distant State, is restricted, suspended or otherwise limited, the IPC
34 shall be revoked and therefore the psychologist shall not be eligible
35 to practice in a Compact State under the Temporary Authorization
36 to Practice.

37 ARTICLE VI. CONDITIONS OF TELEPSYCHOLOGY
38 PRACTICE IN A RECEIVING STATE

39 A. A psychologist may practice in a Receiving State under the
40 Authority to Practice Interjurisdictional Telepsychology only in

1 the performance of the scope of practice for psychology as assigned
2 by an appropriate State Psychology Regulatory Authority, as
3 defined in the Rules of the Commission, and under the following
4 circumstances:

5 1. The psychologist initiates a client/patient contact in a Home
6 State via telecommunications technologies with a client/patient in
7 a Receiving State;

8 2. Other conditions regarding telepsychology as determined by
9 Rules promulgated by the Commission.

10 ARTICLE VII. ADVERSE ACTIONS

11 A. A Home State shall have the power to impose adverse action
12 against a psychologist's license issued by the Home State. A
13 Distant State shall have the power to take adverse action on a
14 psychologist's Temporary Authorization to Practice within that
15 Distant State.

16 B. A Receiving State may take adverse action on a psychologist's
17 Authority to Practice Interjurisdictional Telepsychology within
18 that Receiving State. A Home State may take adverse action against
19 a psychologist based on an adverse action taken by a Distant State
20 regarding temporary in-person, face-to-face practice.

21 C. If a Home State takes adverse action against a psychologist's
22 license, that psychologist's Authority to Practice Interjurisdictional
23 Telepsychology is terminated and the E.Passport is revoked.
24 Furthermore, that psychologist's Temporary Authorization to
25 Practice is terminated and the IPC is revoked.

26 1. All Home State disciplinary orders which impose adverse
27 action shall be reported to the Commission in accordance with the
28 Rules promulgated by the Commission. A Compact State shall
29 report adverse actions in accordance with the Rules of the
30 Commission.

31 2. In the event discipline is reported on a psychologist, the
32 psychologist will not be eligible for telepsychology or temporary
33 in-person, face-to-face practice in accordance with the Rules of
34 the Commission.

35 3. Other actions may be imposed as determined by the Rules
36 promulgated by the Commission.

37 D. A Home State's Psychology Regulatory Authority shall
38 investigate and take appropriate action with respect to reported
39 inappropriate conduct engaged in by a licensee which occurred in
40 a Receiving State as it would if such conduct had occurred by a

1 licensee within the Home State. In such cases, the Home State's
2 law shall control in determining any adverse action against a
3 psychologist's license.

4 E. A Distant State's Psychology Regulatory Authority shall
5 investigate and take appropriate action with respect to reported
6 inappropriate conduct engaged in by a psychologist practicing
7 under Temporary Authorization Practice which occurred in that
8 Distant State as it would if such conduct had occurred by a licensee
9 within the Home State. In such cases, Distant State's law shall
10 control in determining any adverse action against a psychologist's
11 Temporary Authorization to Practice.

12 F. Nothing in this Compact shall override a Compact State's
13 decision that a psychologist's participation in an alternative
14 program may be used in lieu of adverse action and that such
15 participation shall remain non-public if required by the Compact
16 State's law. Compact States must require psychologists who enter
17 any alternative programs to not provide telepsychology services
18 under the Authority to Practice Interjurisdictional Telepsychology
19 or provide temporary psychological services under the Temporary
20 Authorization to Practice in any other Compact State during the
21 term of the alternative program.

22 G. No other judicial or administrative remedies shall be available
23 to a psychologist in the event a Compact State imposes an adverse
24 action pursuant to subsection C, above.

25 **ARTICLE VIII. ADDITIONAL AUTHORITIES INVESTED**
26 **IN A COMPACT STATE'S PSYCHOLOGY REGULATORY**
27 **AUTHORITY**

28 A. In addition to any other powers granted under state law, a
29 Compact State's Psychology Regulatory Authority shall have the
30 authority under this Compact to:

31 1. Issue subpoenas, for both hearings and investigations, which
32 require the attendance and testimony of witnesses and the
33 production of evidence. Subpoenas issued by a Compact State's
34 Psychology Regulatory Authority for the attendance and testimony
35 of witnesses, and/or the production of evidence from another
36 Compact State shall be enforced in the latter state by any court of
37 competent jurisdiction, according to that court's practice and
38 procedure in considering subpoenas issued in its own proceedings.
39 The issuing State Psychology Regulatory Authority shall pay any
40 witness fees, travel expenses, mileage and other fees required by

1 the service statutes of the state where the witnesses and/or evidence
2 are located; and

3 2. Issue cease and desist and/or injunctive relief orders to revoke
4 a psychologist’s Authority to Practice Interjurisdictional
5 Telepsychology and/or Temporary Authorization to Practice.

6 3. During the course of any investigation, a psychologist may
7 not change his/her Home State licensure. A Home State Psychology
8 Regulatory Authority is authorized to complete any pending
9 investigations of a psychologist and to take any actions appropriate
10 under its law. The Home State Psychology Regulatory Authority
11 shall promptly report the conclusions of such investigations to the
12 Commission. Once an investigation has been completed, and
13 pending the outcome of said investigation, the psychologist may
14 change his/her Home State licensure. The Commission shall
15 promptly notify the new Home State of any such decisions as
16 provided in the Rules of the Commission. All information provided
17 to the Commission or distributed by Compact States pursuant to
18 the psychologist shall be confidential, filed under seal and used
19 for investigatory or disciplinary matters. The Commission may
20 create additional rules for mandated or discretionary sharing of
21 information by Compact States.

22 ARTICLE IX. COORDINATED LICENSURE INFORMATION
23 SYSTEM

24 A. The Commission shall provide for the development and
25 maintenance of a Coordinated Licensure Information System
26 (Coordinated Database) and reporting system containing licensure
27 and disciplinary action information on all psychologists individuals
28 to whom this Compact is applicable in all Compact States as
29 defined by the Rules of the Commission.

30 B. Notwithstanding any other provision of state law to the
31 contrary, a Compact State shall submit a uniform data set to the
32 Coordinated Database on all licensees as required by the Rules of
33 the Commission, including:

- 34 1. Identifying information;
- 35 2. Licensure data;
- 36 3. Significant investigatory information;
- 37 4. Adverse actions against a psychologist’s license;
- 38 5. An indicator that a psychologist’s Authority to Practice
- 39 Interjurisdictional

1 Telepsychology and/or Temporary Authorization to Practice is
2 revoked;

3 6. Non-confidential information related to alternative program
4 participation information;

5 7. Any denial of application for licensure, and the reasons for
6 such denial; and

7 8. Other information which may facilitate the administration of
8 this Compact, as determined by the Rules of the Commission.

9 C. The Coordinated Database administrator shall promptly notify
10 all Compact States of any adverse action taken against, or
11 significant investigative information on, any licensee in a Compact
12 State.

13 D. Compact States reporting information to the Coordinated
14 Database may designate information that may not be shared with
15 the public without the express permission of the Compact State
16 reporting the information.

17 E. Any information submitted to the Coordinated Database that
18 is subsequently required to be expunged by the law of the Compact
19 State reporting the information shall be removed from the
20 Coordinated Database.

21 **ARTICLE X. ESTABLISHMENT OF THE PSYCHOLOGY**
22 **INTERJURISDICTIONAL COMPACT COMMISSION**

23 A. The Compact States hereby create and establish a joint public
24 agency known as the Psychology Interjurisdictional Compact
25 Commission.

26 1. The Commission is a body politic and an instrumentality of
27 the Compact States.

28 2. Venue is proper and judicial proceedings by or against the
29 Commission shall be brought solely and exclusively in a court of
30 competent jurisdiction where the principal office of the
31 Commission is located. The Commission may waive venue and
32 jurisdictional defenses to the extent it adopts or consents to
33 participate in alternative dispute resolution proceedings.

34 3. Nothing in this Compact shall be construed to be a waiver of
35 sovereign immunity.

36 **B. Membership, Voting, and Meetings**

37 1. The Commission shall consist of one voting representative
38 appointed by each Compact State who shall serve as that state's
39 Commissioner. The State Psychology Regulatory Authority shall

- 1 appoint its delegate. This delegate shall be empowered to act on
- 2 behalf of the Compact State. This delegate shall be limited to:
 - 3 a. Executive Director, Executive Secretary or similar executive;
 - 4 b. Current member of the State Psychology Regulatory Authority
 - 5 of a Compact State;
 - 6 OR
 - 7 c. Designee empowered with the appropriate delegate authority
 - 8 to act on behalf of the Compact State.
- 9 2. Any Commissioner may be removed or suspended from office
- 10 as provided by the law of the state from which the Commissioner
- 11 is appointed. Any vacancy occurring in the Commission shall be
- 12 filled in accordance with the laws of the Compact State in which
- 13 the vacancy exists.
- 14 3. Each Commissioner shall be entitled to one (1) vote with
- 15 regard to the promulgation of Rules and creation of Bylaws and
- 16 shall otherwise have an opportunity to participate in the business
- 17 and affairs of the Commission. A Commissioner shall vote in
- 18 person or by such other means as provided in the Bylaws. The
- 19 Bylaws may provide for Commissioners' participation in meetings
- 20 by telephone or other means of communication.
- 21 4. The Commission shall meet at least once during each calendar
- 22 year. Additional meetings shall be held as set forth in the Bylaws.
- 23 5. All meetings shall be open to the public, and public notice of
- 24 meetings shall be given in the same manner as required under the
- 25 rulemaking provisions in Article XI.
- 26 6. The Commission may convene in a closed, non-public meeting
- 27 if the Commission must discuss:
 - 28 a. Non-compliance of a Compact State with its obligations under
 - 29 the Compact;
 - 30 b. The employment, compensation, discipline or other personnel
 - 31 matters, practices or procedures related to specific employees or
 - 32 other matters related to the
 - 33 Commission's internal personnel practices and procedures;
 - 34 c. Current, threatened, or reasonably anticipated litigation against
 - 35 the Commission;
 - 36 d. Negotiation of contracts for the purchase or sale of goods,
 - 37 services or real estate;
 - 38 e. Accusation against any person of a crime or formally censuring
 - 39 any person;

- 1 f. Disclosure of trade secrets or commercial or financial
- 2 information which is privileged or confidential;
- 3 g. Disclosure of information of a personal nature where
- 4 disclosure would constitute a clearly unwarranted invasion of
- 5 personal privacy;
- 6 h. Disclosure of investigatory records compiled for law
- 7 enforcement purposes;
- 8 i. Disclosure of information related to any investigatory reports
- 9 prepared by or on behalf of or for use of the Commission or other
- 10 committee charged with responsibility for investigation or
- 11 determination of compliance issues pursuant to the Compact; or
- 12 j. Matters specifically exempted from disclosure by federal and
- 13 state statute.

14 7. If a meeting, or portion of a meeting, is closed pursuant to
15 this provision, the Commission's legal counsel or designee shall
16 certify that the meeting may be closed and shall reference each
17 relevant exempting provision. The Commission shall keep minutes
18 which fully and clearly describe all matters discussed in a meeting
19 and shall provide a full and accurate summary of actions taken, of
20 any person participating in the meeting, and the reasons therefore,
21 including a description of the views expressed. All documents
22 considered in connection with an action shall be identified in such
23 minutes. All minutes and documents of a closed meeting shall
24 remain under seal, subject to release only by a majority vote of
25 the Commission or order of a court of competent jurisdiction.

26 C. The Commission shall, by a majority vote of the
27 Commissioners, prescribe Bylaws and/or Rules to govern its
28 conduct as may be necessary or appropriate to carry out the
29 purposes and exercise the powers of the Compact, including but
30 not limited to:

- 31 1. Establishing the fiscal year of the Commission;
- 32 2. Providing reasonable standards and procedures:
 - 33 a. for the establishment and meetings of other committees; and
 - 34 b. governing any general or specific delegation of any authority
 - 35 or function of the Commission;
- 36 3. Providing reasonable procedures for calling and conducting
- 37 meetings of the Commission, ensuring reasonable advance notice
- 38 of all meetings and providing an opportunity for attendance of
- 39 such meetings by interested parties, with enumerated exceptions
- 40 designed to protect the public's interest, the privacy of individuals

1 of such proceedings, and proprietary information, including trade
2 secrets. The Commission may meet in closed session only after a
3 majority of the Commissioners vote to close a meeting to the public
4 in whole or in part. As soon as practicable, the Commission must
5 make public a copy of the vote to close the meeting revealing the
6 vote of each Commissioner with no proxy votes allowed;

7 4. Establishing the titles, duties and authority and reasonable
8 procedures for the election of the officers of the Commission;

9 5. Providing reasonable standards and procedures for the
10 establishment of the personnel policies and programs of the
11 Commission. Notwithstanding any civil service or other similar
12 law of any Compact State, the Bylaws shall exclusively govern
13 the personnel policies and programs of the Commission;

14 6. Promulgating a Code of Ethics to address permissible and
15 prohibited activities of Commission members and employees;

16 7. Providing a mechanism for concluding the operations of the
17 Commission and the equitable disposition of any surplus funds
18 that may exist after the termination of the Compact after the
19 payment and/or reserving of all of its debts and obligations;

20 8. The Commission shall publish its Bylaws in a convenient
21 form and file a copy thereof and a copy of any amendment thereto,
22 with the appropriate agency or officer in each of the Compact
23 States;

24 9. The Commission shall maintain its financial records in
25 accordance with the Bylaws; and

26 10. The Commission shall meet and take such actions as are
27 consistent with the provisions of this Compact and the Bylaws.

28 D. The Commission shall have the following powers:

29 1. The authority to promulgate uniform rules to facilitate and
30 coordinate implementation and administration of this Compact.
31 The rule shall have the force and effect of law and shall be binding
32 in all Compact States;

33 2. To bring and prosecute legal proceedings or actions in the
34 name of the Commission, provided that the standing of any State
35 Psychology Regulatory Authority or other regulatory body
36 responsible for psychology licensure to sue or be sued under
37 applicable law shall not be affected;

38 3. To purchase and maintain insurance and bonds;

39 4. To borrow, accept or contract for services of personnel,
40 including, but not limited to, employees of a Compact State;

1 5. To hire employees, elect or appoint officers, fix compensation,
2 define duties, grant such individuals appropriate authority to carry
3 out the purposes of the Compact, and to establish the Commission's
4 personnel policies and programs relating to conflicts of interest,
5 qualifications of personnel, and other related personnel matters;

6 6. To accept any and all appropriate donations and grants of
7 money, equipment, supplies, materials and services, and to receive,
8 utilize and dispose of the same; provided that at all times the
9 Commission shall strive to avoid any appearance of impropriety
10 and/or conflict of interest;

11 7. To lease, purchase, accept appropriate gifts or donations of,
12 or otherwise to own, hold, improve or use, any property, real,
13 personal or mixed; provided that at all times the Commission shall
14 strive to avoid any appearance of impropriety;

15 8. To sell, convey, mortgage, pledge, lease, exchange, abandon
16 or otherwise dispose of any property real, personal or mixed;

17 9. To establish a budget and make expenditures;

18 10. To borrow money;

19 11. To appoint committees, including advisory committees
20 comprised of Members, State regulators, State legislators or their
21 representatives, and consumer representatives, and such other
22 interested persons as may be designated in this Compact and the
23 Bylaws;

24 12. To provide and receive information from, and to cooperate
25 with, law enforcement agencies;

26 13. To adopt and use an official seal; and

27 14. To perform such other functions as may be necessary or
28 appropriate to achieve the purposes of this Compact consistent
29 with the state regulation of psychology licensure, temporary
30 in-person, face-to-face practice and telepsychology practice.

31 E. The Executive Board

32 The elected officers shall serve as the Executive Board, which
33 shall have the power to act on behalf of the Commission according
34 to the terms of this Compact.

35 1. The Executive Board shall be comprised of six members:

36 a. Five voting members who are elected from the current
37 membership of the Commission by the Commission;

38 b. One ex-officio, nonvoting member from the recognized
39 membership organization composed of State and Provincial
40 Psychology Regulatory Authorities.

1 2. The ex-officio member must have served as staff or member
2 on a State Psychology Regulatory Authority and will be selected
3 by its respective organization.

4 3. The Commission may remove any member of the Executive
5 Board as provided in Bylaws.

6 4. The Executive Board shall meet at least annually.

7 5. The Executive Board shall have the following duties and
8 responsibilities:

9 a. Recommend to the entire Commission changes to the Rules
10 or Bylaws, changes to this Compact legislation, fees paid by
11 Compact States such as annual dues, and any other applicable fees;

12 b. Ensure Compact administration services are appropriately
13 provided, contractual or otherwise;

14 c. Prepare and recommend the budget;

15 d. Maintain financial records on behalf of the Commission;

16 e. Monitor Compact compliance of member states and provide
17 compliance reports to the Commission;

18 f. Establish additional committees as necessary; and

19 g. Other duties as provided in Rules or Bylaws.

20 F. Financing of the Commission

21 1. The Commission shall pay, or provide for the payment of the
22 reasonable expenses of its establishment, organization and ongoing
23 activities.

24 2. The Commission may accept any and all appropriate revenue
25 sources, donations and grants of money, equipment, supplies,
26 materials and services.

27 3. The Commission may levy on and collect an annual
28 assessment from each Compact State or impose fees on other
29 parties to cover the cost of the operations and activities of the
30 Commission and its staff which must be in a total amount sufficient
31 to cover its annual budget as approved each year for which revenue
32 is not provided by other sources. The aggregate annual assessment
33 amount shall be allocated based upon a formula to be determined
34 by the Commission which shall promulgate a rule binding upon
35 all Compact States.

36 4. The Commission shall not incur obligations of any kind prior
37 to securing the funds adequate to meet the same; nor shall the
38 Commission pledge the credit of any of the Compact States, except
39 by and with the authority of the Compact State.

1 5. The Commission shall keep accurate accounts of all receipts
2 and disbursements. The receipts and disbursements of the
3 Commission shall be subject to the audit and accounting procedures
4 established under its Bylaws. However, all receipts and
5 disbursements of funds handled by the Commission shall be audited
6 yearly by a certified or licensed public accountant and the report
7 of the audit shall be included in and become part of the annual
8 report of the Commission.

9 G. Qualified Immunity, Defense, and Indemnification

10 1. The members, officers, Executive Director, employees and
11 representatives of the Commission shall be immune from suit and
12 liability, either personally or in their official capacity, for any claim
13 for damage to or loss of property or personal injury or other civil
14 liability caused by or arising out of any actual or alleged act, error
15 or omission that occurred, or that the person against whom the
16 claim is made had a reasonable basis for believing occurred within
17 the scope of Commission employment, duties or responsibilities;
18 provided that nothing in this paragraph shall be construed to protect
19 any such person from suit and/or liability for any damage, loss,
20 injury or liability caused by the intentional or willful or wanton
21 misconduct of that person.

22 2. The Commission shall defend any member, officer, Executive
23 Director, employee or representative of the Commission in any
24 civil action seeking to impose liability arising out of any actual or
25 alleged act, error or omission that occurred within the scope of
26 Commission employment, duties or responsibilities, or that the
27 person against whom the claim is made had a reasonable basis for
28 believing occurred within the scope of Commission employment,
29 duties or responsibilities; provided that nothing herein shall be
30 construed to prohibit that person from retaining his or her own
31 counsel; and provided further, that the actual or alleged act, error
32 or omission did not result from that person's intentional or willful
33 or wanton misconduct.

34 3. The Commission shall indemnify and hold harmless any
35 member, officer, Executive Director, employee or representative
36 of the Commission for the amount of any settlement or judgment
37 obtained against that person arising out of any actual or alleged
38 act, error or omission that occurred within the scope of Commission
39 employment, duties or responsibilities, or that such person had a
40 reasonable basis for believing occurred within the scope of

1 Commission employment, duties or responsibilities, provided that
2 the actual or alleged act, error or omission did not result from the
3 intentional or willful or wanton misconduct of that person.

4 ARTICLE XI. RULEMAKING

5 A. The Commission shall exercise its rulemaking powers
6 pursuant to the criteria set forth in this Article and the Rules
7 adopted thereunder. Rules and amendments shall become binding
8 as of the date specified in each rule or amendment.

9 B. If a majority of the legislatures of the Compact States rejects
10 a rule, by enactment of a statute or resolution in the same manner
11 used to adopt the Compact, then such rule shall have no further
12 force and effect in any Compact State.

13 C. Rules or amendments to the rules shall be adopted at a regular
14 or special meeting of the Commission.

15 D. Prior to promulgation and adoption of a final rule or Rules
16 by the Commission, and at least sixty (60) days in advance of the
17 meeting at which the rule will be considered and voted upon, the
18 Commission shall file a Notice of Proposed Rulemaking:

19 1. On the website of the Commission; and

20 2. On the website of each Compact States' Psychology
21 Regulatory Authority or the publication in which each state would
22 otherwise publish proposed rules.

23 E. The Notice of Proposed Rulemaking shall include:

24 1. The proposed time, date, and location of the meeting in which
25 the rule will be considered and voted upon;

26 2. The text of the proposed rule or amendment and the reason
27 for the proposed rule;

28 3. A request for comments on the proposed rule from any
29 interested person; and

30 4. The manner in which interested persons may submit notice
31 to the Commission of their intention to attend the public hearing
32 and any written comments.

33 F. Prior to adoption of a proposed rule, the Commission shall
34 allow persons to submit written data, facts, opinions and arguments,
35 which shall be made available to the public.

36 G. The Commission shall grant an opportunity for a public
37 hearing before it adopts a rule or amendment if a hearing is
38 requested by:

39 1. At least twenty-five (25) persons who submit comments
40 independently of each other;

1 2. A governmental subdivision or agency; or
2 3. A duly appointed person in an association that has having at
3 least twenty-five (25) members.

4 H. If a hearing is held on the proposed rule or amendment, the
5 Commission shall publish the place, time, and date of the scheduled
6 public hearing.

7 1. All persons wishing to be heard at the hearing shall notify the
8 Executive Director of the Commission or other designated member
9 in writing of their desire to appear and testify at the hearing not
10 less than five (5) business days before the scheduled date of the
11 hearing.

12 2. Hearings shall be conducted in a manner providing each person
13 who wishes to comment a fair and reasonable opportunity to
14 comment orally or in writing.

15 3. No transcript of the hearing is required, unless a written
16 request for a transcript is made, in which case the person requesting
17 the transcript shall bear the cost of producing the transcript. A
18 recording may be made in lieu of a transcript under the same terms
19 and conditions as a transcript. This subsection shall not preclude
20 the Commission from making a transcript or recording of the
21 hearing if it so chooses.

22 4. Nothing in this section shall be construed as requiring a
23 separate hearing on each rule. Rules may be grouped for the
24 convenience of the Commission at hearings required by this
25 section.

26 I. Following the scheduled hearing date, or by the close of
27 business on the scheduled hearing date if the hearing was not held,
28 the Commission shall consider all written and oral comments
29 received.

30 J. The Commission shall, by majority vote of all members, take
31 final action on the proposed rule and shall determine the effective
32 date of the rule, if any, based on the rulemaking record and the
33 full text of the rule.

34 K. If no written notice of intent to attend the public hearing by
35 interested parties is received, the Commission may proceed with
36 promulgation of the proposed rule without a public hearing.

37 L. Upon determination that an emergency exists, the Commission
38 may consider and adopt an emergency rule without prior notice,
39 opportunity for comment, or hearing, provided that the usual
40 rulemaking procedures provided in the Compact and in this section

1 shall be retroactively applied to the rule as soon as reasonably
 2 possible, in no event later than ninety (90) days after the effective
 3 date of the rule. For the purposes of this provision, an emergency
 4 rule is one that must be adopted immediately in order to:

- 5 1. Meet an imminent threat to public health, safety, or welfare;
- 6 2. Prevent a loss of Commission or Compact State funds;
- 7 3. Meet a deadline for the promulgation of an administrative
- 8 rule that is established by federal law or rule; or
- 9 4. Protect public health and safety.

10 M. The Commission or an authorized committee of the
 11 Commission may direct revisions to a previously adopted rule or
 12 amendment for purposes of correcting typographical errors, errors
 13 in format, errors in consistency, or grammatical errors. Public
 14 notice of any revisions shall be posted on the website of the
 15 Commission. The revision shall be subject to challenge by any
 16 person for a period of thirty (30) days after posting. The revision
 17 may be challenged only on grounds that the revision results in a
 18 material change to a rule.

19 A challenge shall be made in writing, and delivered to the Chair
 20 of the Commission prior to the end of the notice period. If no
 21 challenge is made, the revision will take effect without further
 22 action. If the revision is challenged, the revision may not take
 23 effect without the approval of the Commission.

24 **ARTICLE XII. OVERSIGHT, DISPUTE RESOLUTION AND**
 25 **ENFORCEMENT**

26 **A. Oversight**

27 1. The Executive, Legislative and Judicial branches of state
 28 government in each Compact State shall enforce this Compact and
 29 take all actions necessary and appropriate to effectuate the
 30 Compact’s purposes and intent. The provisions of this Compact
 31 and the rules promulgated hereunder shall have standing as
 32 statutory law.

33 2. All courts shall take judicial notice of the Compact and the
 34 rules in any judicial or administrative proceeding in a Compact
 35 State pertaining to the subject matter of this Compact which may
 36 affect the powers, responsibilities or actions of the Commission.

37 3. The Commission shall be entitled to receive service of process
 38 in any such proceeding, and shall have standing to intervene in
 39 such a proceeding for all purposes. Failure to provide service of

1 process to the Commission shall render a judgment or order void
2 as to the Commission, this Compact or promulgated rules.

3 B. Default, Technical Assistance, and Termination

4 1. If the Commission determines that a Compact State has
5 defaulted in the performance of its obligations or responsibilities
6 under this Compact or the promulgated rules, the Commission
7 shall:

8 a. Provide written notice to the defaulting state and other
9 Compact States of the nature of the default, the proposed means
10 of remedying the default and/or any other action to be taken by
11 the Commission; and

12 b. Provide remedial training and specific technical assistance
13 regarding the default.

14 2. If a state in default fails to remedy the default, the defaulting
15 state may be terminated from the Compact upon an affirmative
16 vote of a majority of the Compact States, and all rights, privileges
17 and benefits conferred by this Compact shall be terminated on the
18 effective date of termination. A remedy of the default does not
19 relieve the offending state of obligations or liabilities incurred
20 during the period of default.

21 3. Termination of membership in the Compact shall be imposed
22 only after all other means of securing compliance have been
23 exhausted. Notice of intent to suspend or terminate shall be
24 submitted by the Commission to the Governor, the majority and
25 minority leaders of the defaulting state's legislature, and each of
26 the Compact States.

27 4. A Compact State which has been terminated is responsible
28 for all assessments, obligations and liabilities incurred through the
29 effective date of termination, including obligations which extend
30 beyond the effective date of termination.

31 5. The Commission shall not bear any costs incurred by the state
32 which is found to be in default or which has been terminated from
33 the Compact, unless agreed upon in writing between the
34 Commission and the defaulting state.

35 6. The defaulting state may appeal the action of the Commission
36 by petitioning the U.S. District Court for the state of Georgia or
37 the federal district where the Compact has its principal offices.
38 The prevailing member shall be awarded all costs of such litigation,
39 including reasonable attorney's fees.

40 C. Dispute Resolution

1 1. Upon request by a Compact State, the Commission shall
2 attempt to resolve disputes related to the Compact which arise
3 among Compact States and between Compact and Non-Compact
4 States.

5 2. The Commission shall promulgate a rule providing for both
6 mediation and binding dispute resolution for disputes that arise
7 before the commission.

8 D. Enforcement

9 1. The Commission, in the reasonable exercise of its discretion,
10 shall enforce the provisions and Rules of this Compact.

11 2. By majority vote, the Commission may initiate legal action
12 in the United States District Court for the State of Georgia or the
13 federal district where the Compact has its principal offices against
14 a Compact State in default to enforce compliance with the
15 provisions of the Compact and its promulgated Rules and Bylaws.
16 The relief sought may include both injunctive relief and damages.
17 In the event judicial enforcement is necessary, the prevailing
18 member shall be awarded all costs of such litigation, including
19 reasonable attorney’s fees.

20 3. The remedies herein shall not be the exclusive remedies of
21 the Commission. The Commission may pursue any other remedies
22 available under federal or state law.

23 ARTICLE XIII. DATE OF IMPLEMENTATION OF THE
24 PSYCHOLOGY INTERJURISDICTIONAL COMPACT
25 COMMISSION AND ASSOCIATED RULES, WITHDRAWAL,
26 AND AMENDMENTS

27 A. The Compact shall come into effect on the date on which the
28 Compact is enacted into law in the seventh Compact State. The
29 provisions which become effective at that time shall be limited to
30 the powers granted to the Commission relating to assembly and
31 the promulgation of rules. Thereafter, the Commission shall meet
32 and exercise rulemaking powers necessary to the implementation
33 and administration of the Compact.

34 B. Any state which joins the Compact subsequent to the
35 Commission’s initial adoption of the rules shall be subject to the
36 rules as they exist on the date on which the Compact becomes law
37 in that state. Any rule which has been previously adopted by the
38 Commission shall have the full force and effect of law on the day
39 the Compact becomes law in that state.

1 C. Any Compact State may withdraw from this Compact by
2 enacting a statute repealing the same.

3 1. A Compact State's withdrawal shall not take effect until six
4 (6) months after enactment of the repealing statute.

5 2. Withdrawal shall not affect the continuing requirement of the
6 withdrawing State's Psychology Regulatory Authority to comply
7 with the investigative and adverse action reporting requirements
8 of this act prior to the effective date of withdrawal.

9 D. Nothing contained in this Compact shall be construed to
10 invalidate or prevent any psychology licensure agreement or other
11 cooperative arrangement between a Compact State and a
12 Non-Compact State which does not conflict with the provisions
13 of this Compact.

14 E. This Compact may be amended by the Compact States. No
15 amendment to this Compact shall become effective and binding
16 upon any Compact State until it is enacted into the law of all
17 Compact States.

18 **ARTICLE XIV. CONSTRUCTION AND SEVERABILITY**

19 This Compact shall be liberally construed so as to effectuate the
20 purposes thereof. If this Compact shall be held contrary to the
21 constitution of any state member thereto, the Compact shall remain
22 in full force and effect as to the remaining Compact States

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	May 10, 2024
TO	Psychology Board Members
FROM	Troy Polk, Legislative and Regulatory Analyst
SUBJECT	Agenda Item 14(a) – Review Bills for Possible Action – AB 1991 (Bonta) Licensees and Registrants Records

Background

On January 30, 2024, Assembly Bill (AB) 1991 was introduced by Assemblymember Bonta.

This bill would require certain boards that regulate healing arts licensees or registrants to collect workforce data from their respective licensees or registrants and would require that data to be required at the time of electronic license or registration renewal.

On March 11, 2024, AB 1991 was referred to the Assembly Committee on Business and Professions.

On April 12, 2024, AB 1991 was presented to the Legislative and Regulatory Affairs Committee and was advised that further information will be presented to the full Board at the May 10th meeting.

On April 16, 2024, AB 1991 was amended to prohibit certain boards from denying renewal if the workforce data was not provided, however, licensees and registrants could still be disciplined for failing to provide the data.

On April 18, 2024, AB 1991 was referred to the Committee on Appropriations.

Board Staff will continue to monitor AB 1991

Action Requested

Staff Recommendation: The Board **Oppose** AB 1991

Attachment #1: AB 1991 Bill Analysis

Attachment #2: Amended Bill Text

2024 Bill Analysis

Author: Assembly Member Bonta	Bill Number: AB 1991	Related Bills: AB 133
Sponsor:	Version: Amended	AB 1236 AB 2704 AB 2102
Subject: Licensee and registrant records		

SUMMARY

This bill would require certain boards that regulate healing arts licensees or registrants to collect workforce data from their respective licensees or registrants and would require that data to be required at the time of electronic license or registration renewal.

RECOMMENDATION

FOR DISCUSSION – Staff recommends the Board take an Oppose position on AB 1991.

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"/> Affects Enforcement Processes	
<input type="checkbox"/> Urgency Clause	<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

According to the author: "California faces major shortages of health workers, isn't producing enough new workers to meet future needs, and the current health workforce does not match the diversity of the state. These workforce supply and diversity problems have a major impact on health access, quality, and equity. There are sixteen health care professional oversight boards that "request" workforce data but do not require workforce data to be reported as condition as licensure. Without accurate information about the makeup of California's health workforce, it is difficult to assess whether or not programs designed to improve diversity and increase access to care in underserved areas are working as intended. This information will provide Department of Health Care Access and Information (HCAI) with data necessary to assess whether or not loan repayment programs intended to increase the diversity of the health workforce, and to encourage providers to serve in underserved areas, are working as intended."

ANALYSIS

Current law establishes uniform requirements for the reporting and collection of workforce data from health care-related licensing boards. The current law also requires certain boards that regulate healing arts licensees or registrants to request specified workforce data from their respective licensees and registrants and requires the data to be requested at the time of electronic license or registration renewal. Lastly, a licensee or registrant is not required to provide the specified workforce data as a condition for license or registration renewal, and that those individuals who do not provide that data are not subject to discipline.

This bill would require a licensee or registrant to provide the specified workforce data as a condition for license or registration renewal and would prohibit certain boards, from denying an application for license or registration renewal solely because the licensee or registrant failed to provide any of the workforce data. The bill would also delete the provision that specifies that a licensee or registrant shall not be subject to discipline for not providing that information and requires the workforce data information to be provided to HCAI.

Board staff has the following concerns about AB 1991:

- (a) The clarity of the amended bill language, as the language makes the workforce data information a requirement of renewal, however, the licensee and registrant can still obtain renewal without providing the data.
- (b) Licensee and registrants will still be disciplined if the workforce data is not provided.

- (c) Cost of enforcement to discipline licensees or registrants who fail to provide the workforce data.

LEGISLATIVE HISTORY

AB 133 (Committee on Budget, Chapter 143, Statutes of 2021) consolidated workforce data collection requirements and requires all healing arts boards to request, if not require, that data.

AB 1236 (Ting) of 2021 would have consolidated workforce data collection requirements and required all healing arts boards to collect that data. This bill died on the inactive file of the Assembly Floor.

AB 2704 (Ting) of 2020 would have consolidated workforce data collection requirements and required all healing arts boards to collect that data. This bill was not set for a hearing in this committee.

AB 2102 (Ting, Chapter 420, Statutes of 2014) required four specified healing arts boards to collect and report specific demographic data related to its licensees.

OTHER STATES' INFORMATION

Not applicable

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

Approximately 91% of licensees and registrants renew online using the BreEZe system. AB 1991 would be cost prohibitive as a large portion of the Boards revenue comes from renewal fees with an approximant total of \$5.9 million per year. AB 1991 would still allow licensees and registrants to renew online and would prohibit the Board from denying their renewal if the workforce data is not provided, however, the licensee and registrants would be disciplined for failing to provide the data at the time of renewal. The bill would potentially increase the Board's Enforcement Unit workload as the unit issues an average of 29 citations per year, and with the requirement of AB 1991, the average number of citations issued would have the potential of increasing by a large margin

since majority of the Board's licensees and registrants renew online. AB 1991 would also increase enforcement costs in issuing citations and additional staff time to review and discipline the now effected licensees or registrant who fail to provide the workforce data at the time of their renewal.

ECONOMIC IMPACT

Not Applicable

LEGAL IMPACT

Not Applicable

APPOINTMENTS

Not Applicable

SUPPORT/OPPOSITION**Support:**

The California Pan-Ethnic Health Network
The Latino Coalition for a Health California

Opposition: None on File

ARGUMENTS**Proponents:****The California Pan-Ethnic Health Network:**

"HCAI administers several Loan Repayment Programs that offer financial support to health professionals who agree to provide direct patient care in medically underserved areas. However, California has recently faced major shortages of health workers, not producing enough new workers to meet future needs, and the current health workforce does not match the state's diversity. Reports have also found that Hispanic and Black workers are very underrepresented in the existing health workforce in California. AB 1991 would help support workforce supply and diversity problems to help improve the impacts on health access, quality, and equity in our most underserved communities."

The Latino Coalition for a Healthy California:

"We urge you to support AB 1991, as California faces major shortages of health workers, isn't producing enough new workers to meet future needs, and the current health workforce does not match the diversity of the state. These workforce supply and diversity problems have a major impact on health access, quality, and equity. Specifically, there are sixteen health care professional oversight boards that 'request' workforce data but do not require workforce data to be reported as condition as licensure. Without accurate information about the makeup of California's health workforce, it is difficult to assess whether or not programs designed to improve diversity and increase access to care in underserved areas are working as intended."

Opponents: None on File

AMENDMENTS

(f) (1) A licensee or registrant shall be required to provide the information listed in subdivision (b) as a condition for license or registration renewal.

(2) Notwithstanding paragraph (1), a board described in paragraph (2) of subdivision (a) shall not deny an application for license or registration renewal solely because the licensee or registrant failed to provide any of the information listed in subdivision (b).

AMENDED IN ASSEMBLY APRIL 17, 2024

AMENDED IN ASSEMBLY MARCH 11, 2024

CALIFORNIA LEGISLATURE—2023–24 REGULAR SESSION

ASSEMBLY BILL

No. 1991

Introduced by Assembly Member Bonta

January 30, 2024

An act to amend Section 502 of the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

AB 1991, as amended, Bonta. Licensee and registrant records.

Existing law establishes uniform requirements for the reporting and collection of workforce data from health care-related licensing boards. Existing law requires certain boards that regulate healing arts licensees or registrants to request specified workforce data from their respective licensees and registrants and requires the data to be requested at the time of electronic license or registration renewal, as specified. Existing law provides that a licensee or registrant is not required to provide the specified workforce data as a condition for license or registration renewal, and that those individuals who do not provide that data are not subject to discipline.

This bill would, instead, require certain boards that regulate healing arts licensees or registrants to collect workforce data from their respective licensees or registrants, and would require that data to be required at the time of electronic license or registration renewal, as specified. The bill would, instead, require a licensee or registrant to provide the specified workforce data as a condition for license or registration renewal and *would prohibit certain boards, notwithstanding*

that condition, from denying an application for license or registration renewal solely because the licensee or registrant failed to provide any of the workforce data. The bill would delete the provision that specifies that a licensee or registrant shall not be subject to discipline for not providing that information.

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 502 of the Business and Professions Code
- 2 is amended to read:
- 3 502. (a) Notwithstanding any other law, both of the following
- 4 apply:
- 5 (1) The Board of Registered Nursing, the Board of Vocational
- 6 Nursing and Psychiatric Technicians of the State of California, the
- 7 Physician Assistant Board, and the Respiratory Care Board of
- 8 California shall collect workforce data from their respective
- 9 licensees and registrants as specified in subdivision (b) for future
- 10 workforce planning at least biennially. The data shall be collected
- 11 at the time of electronic license or registration renewal for those
- 12 boards that utilize electronic renewals for licensees or registrants.
- 13 (2) All other boards that are not listed in paragraph (1) that
- 14 regulate healing arts licensees or registrants under this division
- 15 shall collect workforce data from their respective licensees and
- 16 registrants as specified in subdivision (b) for future workforce
- 17 planning at least biennially. The data shall be required at the time
- 18 of electronic license or registration renewal for those boards that
- 19 utilize electronic renewals for licensees or registrants.
- 20 (b) In conformance with specifications under subdivision (d),
- 21 the workforce data collected or required by each board about its
- 22 licensees and registrants shall include, at a minimum, all of the
- 23 following information:
- 24 (1) Anticipated year of retirement.
- 25 (2) Area of practice or specialty.
- 26 (3) City, county, and ZIP Code of practice.
- 27 (4) Date of birth.
- 28 (5) Educational background and the highest level attained at
- 29 time of licensure or registration.
- 30 (6) Gender or gender identity.

- 1 (7) Hours spent in direct patient care, including telehealth hours
- 2 as a subcategory, training, research, and administration.
- 3 (8) Languages spoken.
- 4 (9) National Provider Identifier.
- 5 (10) Race or ethnicity.
- 6 (11) Type of employer or classification of primary practice site
- 7 among the types of practice sites specified by the board, including,
- 8 but not limited to, clinic, hospital, managed care organization, or
- 9 private practice.
- 10 (12) Work hours.
- 11 (13) Sexual orientation.
- 12 (14) Disability status.
- 13 (c) Each board shall maintain the confidentiality of the
- 14 information it receives from licensees and registrants under this
- 15 section and shall only release information in an aggregate form
- 16 that cannot be used to identify an individual other than as specified
- 17 in subdivision (e).
- 18 (d) The Department of Consumer Affairs, in consultation with
- 19 the Department of Health Care Access and Information, shall
- 20 specify for each board subject to this section the specific
- 21 information and data that will be collected or requested pursuant
- 22 to subdivision (b). The Department of Consumer Affairs’
- 23 identification and specification of this information and data shall
- 24 be exempt until June 30, 2023, from the requirements of the
- 25 Administrative Procedure Act (Chapter 3.5 (commencing with
- 26 Section 11340) of Part 1 of Division 3 of Title 2 of the Government
- 27 Code).
- 28 (e) Each board, or the Department of Consumer Affairs on its
- 29 behalf, shall, beginning on July 1, 2022, and quarterly thereafter,
- 30 provide the individual licensee and registrant data it collects
- 31 pursuant to this section to the Department of Health Care Access
- 32 and Information in a manner directed by the Department of Health
- 33 Care Access and Information, including license or registration
- 34 number and associated license or registration information. The
- 35 Department of Health Care Access and Information shall maintain
- 36 the confidentiality of the licensee and registrant information it
- 37 receives and shall only release information in an aggregate form
- 38 that cannot be used to identify an individual.

- 1 (f) (1) A licensee or registrant shall be required to provide the
2 information listed in subdivision (b) as a condition for license or
3 registration renewal.
- 4 (2) *Notwithstanding paragraph (1), a board described in*
5 *paragraph (2) of subdivision (a) shall not deny an application for*
6 *license or registration renewal solely because the licensee or*
7 *registrant failed to provide any of the information listed in*
8 *subdivision (b).*
- 9 (g) This section does not alter or affect mandatory reporting
10 requirements for licensees or registrants established pursuant to
11 this division, including, but not limited to, Sections 1715.5, 1902.2,
12 2425.3, and 2455.2.

MEMORANDUM

DATE	May 10, 2024
TO	Psychology Board Members
FROM	Troy Polk, Legislative and Regulatory Analyst
SUBJECT	Agenda Item 15(a),(b),(c),(d),(e) – 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
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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 regulatory package was approved by Agency and sent to OAL for approval of publishing. The regulatory package was approved for publishing by OAL. The 45-public comment period started on April 5th and will be completed on May 21, 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
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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, 1381.1, 1381.2, 1381.4, 1381.5, 1382, 1382.3, 1382.4, 1382.5, 1386, 1387.1, 1387.2, 1387.3, 1387.4, 1387.5, 1387.6, 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
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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
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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
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Drafting Phase. This phase includes preparation of the regulatory package and collaborative reviews by Board staff and legal counsel.

Action Requested:

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

MEMORANDUM

DATE	May 10, 2024
TO	Psychology Board Members
FROM	Troy Polk, Legislative and Regulatory Analyst
SUBJECT	Agenda Item 15(f) – 16 CCR sections 1381, 1387, 1387.10, 1388, 1388.6, 1389, and 1389.1 – EPPP-2. Discussion and Possible Approval of licensure application forms related to AB 282.

On May 19, 2023, the Board approved the statutory and regulatory changes to implement the EPPP part 2 Skills Exam, effective January 1, 2026.

In discussions with the Board's Licensing Manager, an additional change to CCR 1388 was proposed to clarify the requirement for Supervised Professional Experience (SPE) hours related to the EPPP part-2 Skills Exam and licensure.

On April 17, 2024, new licensure forms were drafted in relation to the new EPPP Part-2 and Assembly Bill (AB) 282 requirements.

Action Requested:

Staff Recommendation. Board discuss and review updated language and draft licensure forms for possible approval.

Attachment #1: Amended Language proposal

Attachment #2: Draft EPPP Part-1 Application Form

Attachment #3: Draft CPLEE Application Form

Attachment #4: Draft EPPP Part-2 Application Form

Attachment #5: Draft Request for Initial Licensure Form

1
2 **Board of Psychology Exam Regulations**
3
4

5 **§ 1381. Applications.**

6 All applications shall be accompanied by such evidence, statements, or documents as
7 ~~therein~~ required to establish that the applicant meets all of the requirements for
8 ~~licensing~~ licensure or registration as set forth in Sections 2914, 2915.4, and 2915.5 of
9 the Code.
10

11 (a) An application to take the Examination for Professional Practice in Psychology
12 (EPPP) Part 1 shall include the following:

13
14 (1) Application to take the EPPP Part 1 (Rev. XX/XX), hereby incorporated by
15 reference;

16 (2) Written certification from the registrar or department chair stating that the
17 applicant has completed all required academic coursework (exclusive of internship
18 and dissertation) for the qualifying doctoral degree, or official transcript from the
19 institution that confers the applicant's qualifying doctoral degree;

20 (3) Any application fee pursuant to section 1392.
21

22 (b) Candidates submitting applications for the EPPP Part 1 received by the Board by
23 September 30, 2025 must take and pass the EPPP Part 1 before January 1, 2026 to
24 meet the national examination requirements for licensure. Effective January 1, 2026,
25 the EPPP will be a two-part examination made up of the EPPP Part 1 (which covers
26 knowledge) and the EPPP Part 2 (which covers skills) and an applicant must pass
27 both the EPPP Part 1 and Part 2. The national examination as used in this section is
28 defined as meeting the requirements set forth by the Association of State and
29 Provincial Psychology Boards (ASPPB).
30

31
32 (c) Effective January 1, 2026, a candidate who has obtained a passing score on the
33 EPPP Part 1 is qualified to submit an application to take the EPPP Part 2 which shall
34 include the following:

35 (1) Application to take the EPPP Part 2 (Rev. XX/XX), hereby incorporated by
36 reference;

37 (2) Official transcript from the institution that confers the applicant's qualifying
38 doctoral degree, unless previously submitted for the application to take the EPPP
39 Part 1;

40 (3) Verification of Experience (Rev. XX/XX), hereby incorporated by reference;

41 (4) Any application fee pursuant to section 1392.
42

43 (d) An application to take the California Psychology Law and Ethics Exam (CPLEE) can
44 be submitted by an applicant at any time after completing all required academic
45 coursework (exclusive of internship and dissertation) for the qualifying doctoral
46 degree, and shall include the following:

- 47 (1) Application to take the CPLEE (Rev. XX/XX), hereby incorporated by reference;
48 (2) Additional Verification of Experience (Rev. XX/XX), incorporated by reference in
49 subsection (c), if applicable;
50 (3) Any application and examination fees pursuant to section 1392.
51

- 52 (e) An application for licensure shall include the following:
53 (1) Application for Licensure as a Psychologist (Rev. XX/XX), hereby incorporated
54 by reference;
55 (2) Any application fee as listed in section 1392;
56 (3) Evidence of completion of prelicensure coursework pursuant to Sections 2915.4
57 and 2915.5 of the Code or sections 1382, 1382.3, 1382.4, and 1382.5.
58 (4) Evidence of fingerprint submission pursuant to Section 144 of the Code.
59
60

- 61 (f) Out of state applicants shall submit an Application to take the CPLEE (Rev. XX/XX),
62 hereby incorporated by reference and as described in subdivision (c), if they have
63 obtained EPPP eligibility by:
64 (1) Having taken and passed the EPPP (Part 1 or, after January 1, 2026, both
65 Part 1 and Part 2) but are not licensed; or
66 (2) Having taken and passed the EPPP (Part 1 or, after January 1, 2026, both
67 Part 1 and Part 2), but are licensed in another state, Canadian province, or U.S.
68 territory.
69

70 Note: Authority cited: Section 2930, Business and Professions Code. Reference:
71 Sections 2940 and 2941, Business and Professions Code.
72

73 **§ 1387. Supervised Professional Experience (SPE).**
74

75 This section applies to all trainees, ~~pre- or post-doctoral, who intend for hours of~~
76 ~~accruing supervised professional experience (SPE) to count toward meeting the~~
77 ~~licensing/licensure requirements stated in Section 2914(c) of the Business and~~
78 ~~Professions Code. This section also applies to all~~ These trainees accruing hours of
79 ~~supervised experience~~ SPE in areas of general applied psychology that do not include
80 ~~direct mental health services should refer to section 1387.3 for information on~~
81 ~~establishing an alternate plan for SPE.~~
82

- 83 (a) SPE is defined as an organized program that consists of a planned, structured, and
84 administered sequence of professionally supervised, comprehensive, clinical training
85 experiences. SPE shall have a logical training sequence that builds upon the skills and
86 competencies of trainees to prepare them for the independent practice of psychology
87 once they become licensed. SPE shall include:
88

89 ~~SPE shall include~~ (1) socialization into the profession of psychology and shall be
90 augmented by integrated modalities including mentoring, didactic exposure, role-
91 modeling, enactment, observational/vicarious learning, and consultative guidance.
92

93 ~~SPE shall include (2) activities which that~~ address the integration of psychological
94 concepts and current and evolving competencies, scientific knowledge, principles, and
95 theories to the professional delivery of psychological services to the consumer-public.
96

97 ~~SPE shall include (3) only the time spent by the trainee engaged in psychological~~
98 activities that directly serve to prepare the trainee for the independent practice of
99 psychology once licensed. SPE shall not include custodial tasks such as filing,
100 transcribing, or other clerical duties.
101

102 ~~The term "trainee" as used in these regulations means a psychology trainee working~~
103 ~~under one of the conditions listed in subsections (a)(1) and (a)(2) of this section.~~

104 ~~(ab) Pursuant to Section 2914(c) of the Code, two years of qualifying SPE shall be~~
105 ~~completed and documented prior to licensure. One year of SPE shall be defined as~~
106 ~~1500 hours. At least one year of SPE shall be completed post-doctorally. Each year of~~
107 ~~SPE shall be completed within a thirty (30) consecutive months period. If both years of~~
108 ~~SPE (3000 hours) are completed post-doctorally, they shall be completed within a sixty~~
109 ~~(60) consecutive months period. Upon showing of good cause as determined by the~~
110 ~~Board, these specified time limitations may be reasonably modified.~~

111
112 (1) Pre-doctoral SPE: Up to 1500 hours of SPE may be accrued pre-doctorally but
113 only after completion of 48 semester/trimester or 72 quarter units of graduate
114 coursework in psychology, not including thesis, internship or dissertation. Pre-
115 doctoral SPE shall may be accrued only as follows:
116

117 (A) ~~In a formal an internship placement pursuant to section 2911 of the Code,~~
118 ~~which is accredited by the American Psychological Association (APA), or which is~~
119 ~~a member of the Association of Psychology Postdoctoral and Internship Centers~~
120 ~~(APPIC) or the California Psychology Internship Council (CAPIC) and Registration~~
121 ~~with the Board is not required. A formal internship placement that actually began~~
122 ~~prior to January 1, 2007 that meets the membership requirements of, but is not a~~
123 ~~member of, APPIC or CAPIC will satisfy the requirements of this section; however,~~
124 verification of the internship (e.g., proof of internship enrollment on transcript, or a
125 copy of the official internship placement with the start and end dates) shall be
126 provided to the Board; or
127

128 (B) As an employee of an exempt setting pursuant to Section 2910 of the Code
129 and Registration with the Board is not required; or
130

131 (C) As a registered psychological associate pursuant to Section 2913 of the Code
132 and Registration with the Board prior to commencing work is required; or
133

134 (D) Pursuant to a Department of Mental Health Waiver granted under Section
135 (5751.2(d) of the Welfare and Institutions Code) for which registration with the
136 Board is not required; however, evidence of an approved waiver shall be
137 provided to the Board.
138

139 (2) Post-doctoral SPE: At least 1500 hours of SPE shall be accrued post-
140 doctorally. "Post-doctorally" means after the date certified as "meeting all the
141 requirements for the doctoral degree" by the Registrar or Dean of the educational
142 institution, ~~or by the Director of Training of the doctoral program.~~ Post-doctoral
143 SPE shall ~~may~~ be accrued ~~only~~ as follows:

144
145 ~~(A) For postdoctoral SPE accrued on or after January 1, 2006, in~~ In a formal post-
146 doctoral training placement program pursuant to Section 2911 of the Code, which
147 is accredited by the American Psychological Association (APA), or which is a
148 member of the Association of Psychology Postdoctoral and Internship Centers
149 (APPIC) or the California Psychology Internship Council (CAPIC) and ~~R~~ Registration
150 with the Board is not required; however, verification of formal post-doctoral
151 training placement (e.g., a copy of the placement contract with the start and end
152 dates) shall be provided to the Board; or

153
154 ~~(B) As a registered psychologist pursuant to section 2909(d) of the Code~~
155 ~~and registration with the board prior to commencing work is required; or~~

156
157 ~~(C)~~ (B) As an employee of an exempt setting pursuant to Section 2910 of the Code,
158 and ~~R~~ Registration with the Board is not required; or

159
160 ~~(D)~~ (C) As a registered psychological associate pursuant to Section 2913 of the
161 Code, and ~~R~~ Registration with the Board prior to commencing work is required; or,

162
163 ~~(E)~~ (D) An individual employed or under contract to practice P ~~pursuant to a~~
164 Department of Mental Health Waiver granted under Section 5751.2(d) of the
165 Welfare and Institutions Code) for which registration with the Board is not
166 required; however, documentary proof of an approved waiver shall be provided to
167 the Board.

168
169 (b)(c) Supervision Requirements:

170
171 (1) All SPE must be overseen by a primary supervisor, as defined in section
172 1387.1.

173
174 (A) All primary supervisors must be licensed psychologists who meet the
175 requirements of section 1387.1(a), except for SPE accrued in areas of general
176 applied psychology, including but not limited to applied psychological research,
177 industrial/organizational psychology, applied developmental psychology, or
178 consulting psychology, in which case the primary supervisor may be unlicensed.

179
180 If the primary supervisor is unlicensed, the trainee must obtain a co-supervisor who
181 is a licensed psychologist that meets the requirements of section 1387.1(c).

182
183 (B) The primary supervisor may delegate supervision to other licensed mental
184 health professionals who meet the requirements of section 1387.1(b).

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~~Primary supervisors shall meet the requirements set forth in section 1387.1.
(2) Delegated supervisors shall meet the requirements set forth in section 1387.2.~~

~~(23) Trainees shall have no proprietary interest in the business of the primary or delegated supervisor(s) and shall not serve in any capacity which that would hold influence over the primary or delegated supervisor(s)' judgment in providing supervision.~~

~~(34) Trainees shall be provided with supervision for 10% of the total time. A maximum of 40 hours per week can be credited toward SPE. Time spent in supervision can be counted toward the trainee's SPE. worked each week. At least one (1) hour per week shall be face-to-face, must be in real-time, direct, individual supervision with the primary supervisor. Additional supervision can be provided by the primary, delegated, or co-supervisor(s). See table below for supervision requirements.~~

Hours Worked	Within the Hours Worked, Time Spent in Supervision
0-10	1
11-20	2
21-30	3
31-40	4
Total Countable SPE	40

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~~(5) A maximum of forty-four (44) hours per week will be credited toward meeting the SPE requirement. This shall include the required 10% supervision.~~

~~(6) The primary supervisor shall be employed by the same work setting as the trainee and be available to the trainee 100% of the time the trainee is accruing SPE. This availability may be in-person, by telephone, by pager or by other appropriate technology.~~

~~(7) Primary supervisors shall ensure that a plan is in place to protect the patient/client in the event a patient/client crisis or emergency occurs during any time the supervisor is not physically present at the established site at which the trainee is working. The primary supervisor shall ensure that the trainee thoroughly understands the plan in the event of a crisis/emergency.~~

~~(48) SPE shall not be obtained from supervisors who have received payment, monetary or otherwise, from the trainee for the purpose of providing such supervision. No supervisor shall request, receive, or facilitate the receipt of payment, monetary or otherwise, from the trainee as a condition for the accrual of SPE.~~

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~~(59) SPE Experience gained while the trainee is functioning under another mental health license shall not be credited toward meeting the SPE requirements for licensure. the psychologist's license.~~

~~(10) Prior to the start of the experience, the primary supervisor and the supervisee shall together prepare an agreement that outlines the structure and sequence of the planned program of supervision to accomplish the goals and objectives of the experience. Hours accrued prior to preparing such an agreement results in those hours not counting toward the licensure requirements. The original agreement shall accompany the application for registration, if any, and identify at least the following:~~

- ~~• Name, license number and signature of primary supervisor;~~
- ~~• Name and signature of supervisee;~~
- ~~• Statutory authority under which the supervisee will function;~~
- ~~• Start date of the experience and the anticipated completion date;~~
- ~~• Duties to be performed in a sequential structured plan as defined in this section;~~
- ~~• Address of the locations at which the duties will be performed;~~
- ~~• Goals and objectives of the plan for SPE, including how socialization into the profession will be achieved; and~~
- ~~• How and when the supervisor will provide periodic assessments and feedback to the traineesupervisee as to whether or not he or she is performing as expected.~~

~~Additionally, the agreement shall reflect that both supervisor and supervisee have discussed and understand each term of SPE as required by the California Code of Regulations.~~

~~(614) Once the SPE outlined in the agreement has been completed, the primary supervisor shall sign and date submit to the traineesupervisee both the agreement, unless previously submitted to the Board pursuant to Section 1387(b)(10), and a verification of experience form VOE (Rev. XX/XX), which is hereby incorporated by reference, signed by the primary supervisor under penalty of perjury, in a sealed envelope, signed across the seal by the primary supervisor, for submission to the Board by the traineesupervisee along with his or herthe trainee's application for licensure. The verification shall certify to completion of the hours consistent with the terms of the agreement.~~

The supervisor must indicate, in his or herthe supervisor's best professional judgment, whether the traineesupervisee demonstrated an overall performance at or above the level of competence expected for the trainee'ssupervisee's level of education, training and experience. When SPE is accrued in a formal pre-doctoral internship or post-doctoral training program, the program's training director shall be authorized to perform the verification and rating duties of the primary supervisor provided that the internship training director is a licensed psychologist who possesses a valid, active license free of any disciplinary action.

268 If the ~~SPE is not consistent with the terms of the agreement, or if the~~
269 ~~traineesupervisee~~ did not demonstrate an overall performance at or above the
270 level of competence expected for the ~~trainee'ssupervisee's~~ level of education,
271 training and experience, then the ~~SPE hours accrued shall~~ will not count towards the
272 licensure requirements.

273
274 (7) The trainee shall maintain a written weekly log of all hours of SPE earned
275 toward licensure, in accordance with section 1387.5.

276
277 (8) Failure to comply with the requirements of this section shall be considered
278 unprofessional conduct and may subject the supervisor to disciplinary action.

279
280 (c) ~~Delegated Supervision Requirements:~~

281
282 ~~(1) Except as provided in section 1391.5, which regulates the supervision of~~
283 ~~registered psychological associates, primary supervisors may delegate supervision~~
284 ~~to other qualified psychologists or to other qualified mental health professionals~~
285 ~~including licensed marriage and family therapists, licensed educational~~
286 ~~psychologists, licensed clinical social workers and board certified psychiatrists.~~

287
288 ~~(2) The primary supervisor remains responsible for providing the minimum one~~
289 ~~hour per week of direct, individual face-to-face supervision.~~

290
291 ~~(3) The primary supervisor remains responsible for ensuring compliance with this~~
292 ~~section.~~

293
294 Note: Authority cited: Section 2930, Business and Professions Code. Reference:
295 Sections 2911 and 2914, Business and Professions Code.

296
297 **§ 1387.10 Supervision Requirements for Trainees who have Accrued Hours**

298
299 Notwithstanding completion of all required hours of supervised professional experience,
300 all trainees must comply with the requirements of 1387(c).

301
302 **§ 1388. Examinations.**

303
304 (a) The Board recognizes the expertise of the Department of Consumer Affairs' (DCA)
305 Office of Professional Examination Services (OPES). The Board shall utilize the
306 services of the OPES in licensing examination development and validation through an
307 interagency agreement.

308
309 (b) An applicant ~~for examination shall successfully take and pass the licensing~~
310 ~~examinations prior to being licensed shall submit to the Board for its approval the~~
311 required applications specified in section 1381 and applicable fees as specified in
312 section 1392. The licensing examinations shall consist of the Association of State and
313 Provincial Psychology Boards' (ASPPB) Examination for Professional Practice in

314 Psychology (EPPP), and the California Psychology Laws and Ethics Examination
315 (CPLEE). An applicant who has met, ~~except that the EPPP shall be waived for those~~
316 ~~applicants who meet the criteria in section 1388.6 of this chapter. Such applicants shall~~
317 only be required to take and pass the CPLEE.

318
319 (c) Effective January 1, 2026, an applicant shall take and pass the EPPP two-part
320 examination to satisfy the requirements of this section. An applicant is eligible to take
321 the EPPP upon completion of a qualifying doctorate degree and 1500 hours of
322 qualifying professional experience. An applicant shall pass the EPPP and complete all
323 3000 hours of supervised professional experience prior to being eligible for the CPLEE,
324 whichever is applicable, pursuant to section 1388.6.

325
326 (d) An applicant is eligible to take the EPPP Part 1 upon completion of all academic
327 coursework for their qualifying doctoral degree, pursuant to Section 2914 of the Code.
328 To satisfy this requirement, the applicant shall submit to the Board a written certification
329 from the registrar or department chair stating that the applicant has completed all
330 required academic coursework (exclusive of internship and dissertation) for their
331 qualifying doctoral degree. Such certification shall be provided to the Board in an
332 application (Rev. XX/XX) as specified in section 1381, along with the fee as prescribed
333 in Section 2987 of the Code. Upon application, the Board will notify applicants of their
334 eligibility to take the EPPP. Applicants are responsible for completing any administrative
335 requirements for taking the EPPP established by ASPPB or its agent, including paying
336 any fees. This subsection applies to those re-taking the EPPP as well as to those taking
337 it for the first time.

338
339 (e) Effective January 1, 2026, An applicant is eligible to take the EPPP Part 2 EPPP
340 upon completion of a qualifying doctorate degree and 1500 **3000** hours of qualifying
341 supervised professional experience, as specified in sections 1387 or 1387.4. To satisfy
342 this requirement, the applicant shall submit to the Board all documentation specified in
343 section 1381. For forms of the EPPP taken prior to September 1, 2001, the passing
344 score is the score that was recognized by the Board at that time. For computer
345 administered forms of the EPPP, the Board shall apply a scaled score as recommended
346 by ASPPB.

347
348 (f) Applicants are responsible for completing any administrative requirements for taking
349 Part 1 or Part 2 of the EPPP as established by ASPPB or its agents, including paying
350 any fees. This subsection applies to those retaking Part 1 or Part 2 of the EPPP as well
351 as to those taking it for the first time. Qualified applicants desiring to take the CPLEE
352 shall submit to the Board the fee set forth in section 1392 of this chapter. Applicants
353 shall comply with all instructions established by the DCA examination vendor for taking
354 the CPLEE.

355

356 (eg) For forms of the EPPP taken prior to September 1, 2001, the passing score is the
357 score that was recognized by the Board at that time. For computer administered forms
358 of the EPPP, the Board shall accept the passing score recommended by apply a scaled
359 score as recommended by ASPPB.

360
361 (fh) Qualified applicants desiring to take the CPLEE shall submit to the Board the fee
362 set forth in section 1392 ~~of this chapter~~. Applicants shall comply with all instructions
363 established by the DCA examination vendor for taking the CPLEE.

364

365 (gj) The passing score on the CPLEE shall be determined for each form of the
366 examination by a criterion referenced procedure performed by OPES.

367

368 (hj) An applicant for whom English is ~~their~~the applicant's second language may be
369 eligible for additional time when taking the EPPP Part 1, and/or EPPP Part 2, of the
370 EPPP or the CPLEE. The applicant must complete and submit a request for additional
371 time that states under penalty of perjury that English is ~~their~~the applicant's second
372 language. The Test of English as a Foreign Language (TOEFL iBT) certification score of
373 85 or below shall be sent by Educational Testing Service directly to the Board. The
374 TOEFL iBT shall have been taken within the previous two years prior to application. The
375 Board will only consider the highest score of any TOEFL iBT taken within the previous
376 two years. If approved, the applicant will be allotted time-and-a-half (1.5x) when taking
377 the examination.

378

379 Note: Authority cited: Sections 2930 and 2942, Business and Professions Code.
380 Reference: Sections 123, 496, 2941, 2942, 2943 and 2960, Business and Professions
381 Code.

382

383 **§ 1388.6. License Requirements and Waiver of Examination Satisfaction of**
384 **Licensure Requirements.**

385

386 ~~(a) When a California licensed psychologist has been licensed for at least five years~~
387 ~~and has allowed his/her license to cancel by not renewing the license for at least three~~
388 ~~years, the psychologist shall not be required to take the EPPP.~~
389 If an applicant for licensure as a psychologist has taken and passed the EPPP Part 1 or
390 EPPP Part 2 for licensure at the doctoral level in another state, Canadian province, or
391 US territory, the applicant is not required to retake the EPPP and shall submit
392 documentation of a passing score on the EPPP Part 1. Effective January 1, 2026, an
393 applicant shall submit documentation of passing scores on both EPPP Part 1 and EPPP
394 Part 2, except for those applicants who were licensed by another state, Canadian
395 Province or U.S. territory, prior to January 1, 2026.

396

397 ~~(b) If an applicant for licensure as a psychologist has been licensed in another state,~~
398 ~~Canadian province, or U.S. territory, for at least two years the applicant shall not be~~
399 ~~required to take the EPPP.~~

400

401 (be) An applicant for licensure as a psychologist who holds a Certificate of Professional
402 Qualification (CPQ) issued by the Association of State and Provincial Psychology
403 Boards (ASPPB), shall not be required to take the EPPP submit documentation of a
404 passing score on the EPPP Part 1. Effective January 1, 2026, an applicant shall submit
405 documentation of passing scores on both EPPP Part 1 and EPPP Part 2, except for
406 those applicants who were licensed by another state, Canadian Province or U.S.
407 territory, prior to the January 1, 2026, effective date.

408
409 Such an applicant shall be deemed to have met the educational and experience
410 requirements of subdivisions (b), (c) and (ed) of ~~Code s~~Section 2914 of the Code.

411
412 (cd) An applicant for licensure as a psychologist who is credentialed as a Health Service
413 Provider in Psychology by the National Register of Health Service Providers in
414 Psychology (NRHSPP) and has been who is currently licensed based on a doctoral
415 degree at the doctoral level in another state, Canadian province, or U.S. territory for a
416 minimum of two years shall not be required to take the EPPP submit documentation of a
417 passing score on the EPPP Part 1. Effective January 1, 2026, an applicant shall submit
418 documentation of passing scores on both EPPP Part 1 and EPPP Part 2, except for
419 those applicants who were licensed by another state, Canadian Province or U.S.
420 territory, prior to January 1, 2026. Such an applicant shall be deemed to have met the
421 educational and experience requirements of subdivisions (b), (c) and (ed) of ~~Code~~
422 sSection 2914 of the Code.

423
424 (de) An applicant for licensure as a psychologist who is certified by the American Board
425 of Professional Psychology (ABPP) and has been who is currently licensed based on a
426 doctoral degree at the doctoral level in another state, Canadian province, or U.S.
427 territory for a minimum of two years shall not be required to take the EPPP submit
428 documentation of a passing score on the EPPP Part 1. Effective January 1, 2026, an
429 applicant shall submit documentation of passing scores on both EPPP Part 1 and EPPP
430 Part 2, except for those applicants who were licensed by another state, Canadian
431 Province or US territory, prior to January 1, 2026. Such an applicant shall be deemed to
432 have met the educational and experience requirements of subdivisions (b), (c) and (ed)
433 of ~~Code s~~Section 2914 of the Code.

434
435 (ef) Although the EPPP is some waived under this section, an applicant must file a
436 complete application and meet all current licensing requirements not addressed above,
437 including payment of any fees, take and pass the California Psychology Law and Ethics
438 Examination (CPLÉE), and not been subject to discipline. Nothing in this section waives
439 the requirement, as specified in section 1388, for an applicant to take and pass the
440 California Psychology Law and Ethics Examination (CPLÉE).

441
442 (f) An applicant who was licensed by another state, Canadian province, or U.S. territory
443 and has taken and passed the EPPP Part 1 prior to January 1, 2026, is not required to
444 take and pass the EPPP Part 2 but will be required to submit documentation of a
445 passing score for the EPPP Part 1.

446

447 Note: Authority cited: Sections 2930 and 2946, Business and Professions Code.
448 Reference: Section 2946, Business and Professions Code.

449 ~~§ 1389. Reconsideration of Examinations.~~

451
452 ~~(a) There shall be no reconsideration of the grade received on the EPPP or on the~~
453 ~~CPLEE.~~

454
455 ~~(b) Nothing in this section shall be construed to deprive an applicant of his or her rights~~
456 ~~of appeal as afforded by other provisions of law.~~

457
458 ~~Note: Authority cited: Section 2930, Business and Professions Code. Reference:~~
459 ~~Sections 2942 and 2944, Business and Professions Code.~~

460
461
462 ~~§ 1389.1. Inspection of Examinations.~~

463
464 ~~(a) All examination materials, except those owned by an examination service, shall be~~
465 ~~retained by the board at the board's office in Sacramento for a period of two (2) years~~
466 ~~after the date of the examination.~~

467
468 ~~(b) No inspection is allowed of the written examination administered by the board~~

469
470 ~~Note: Authority cited: Section 2930, Business and Professions Code. Reference:~~
471 ~~Sections 2942 and 2944, Business and Professions Code; and Section 12944,~~
472 ~~Government Code.~~

473

SECTION II: PROFESSIONAL DATA

YES NO

Are you now registered, or have you ever applied to become registered as a psychological associate in California?
If yes, when?

Have you ever applied to become a registered psychologist in California?
If yes, when?

Prior to this application, have you ever submitted an application for licensure as a psychologist in California?
If yes, when?

SECTION III: EDUCATIONAL DATA

Educational Institution

Dates Attended

Date Coursework was Completed

Major Field of Degree

Degree Awarded (if applicable)

Date Awarded/Met Requirements (if applicable)

COURSE WORK COMPLETED (Written certification from the registrar of the educational institution or program must also be submitted directly to the Board pursuant to section 2914 of the Business and Professions Code.)

Degree Awarded (Doctoral transcript must be submitted directly to the Board by the Educational Institute pursuant to section 2914 of the Business and Professions Code.)

SECTION IV: MILITARY AND MILITARY SPOUSES

YES NO

Are you currently serving in or have you previously served in the military?

You will be eligible for the expedited review of your application pursuant to Business and Professions Code section 115.5 if you answer "yes" to the following questions:

Are you married to or in a domestic partnership or other legal union with an active-duty member of the armed forces of the United States who is assigned to a duty station in California under active-duty military orders? If yes, please attach a copy of the marriage certificate or certified declaration/registration of domestic partnership AND copies of current leave and earnings statements or military order establishing duty station in California.

Do you hold a current license in another state, district, or territory of the United States in the profession or vocation for which you seek licensure from the Board? If yes, please attach a copy of the current license from the other state, district, or territory of the United States.

You will be eligible for the expedited review of your application pursuant to Business and Professions Code section 115.4 if you answer "yes" to the following question:

Have you served as an active-duty member of the United States armed forces and were honorably discharged? If yes, please provide satisfactory evidence (e.g., DD 214 "Certificate of Release of Discharge from Active Duty") along with your application.

SECTION V: REFUGEE, ASYLEE, OR SPECIAL IMMIGRANT VISA HOLDER

Business and Professions Code Section 135.4 provides that the Board of Psychology must expedite, and may assist, the initial licensure process for certain applicants described below.

Do any of the following statements apply to you:

YES NO

- You were admitted to the United States as a refugee pursuant to section 1157 of title 8 of the United States Code.
- You were granted asylum by the Secretary of Homeland Security or the United States Attorney General pursuant to section 1158 of title 8 of the United States Code.
- You have a special immigrant visa and were granted a status pursuant to section 1244 of Public Law 110-181, Public Law 109-163, or section 602(b) of title VI of division F of Public Law 111-8, relating to Iraqi and Afghan translators/ interpreters or those who worked for or on behalf of the United States government.

If you selected YES to any of the questions above, you must attach evidence of your status as a refugee, asylee, or special immigrant visa holder. Failure to do so may result in application review delays.

SECTION VI: EXAMINATION DATA

YES NO

- Have you taken and passed the California Psychology Law and Ethics Examination?
- Abandoned a previous application for licensure as a psychologist pursuant to section 1381.5 of the California Code of Regulations.
- Pursuant to section 1798.61 of the Civil Code, an applicant's name and address are available to anyone for the purpose of providing those persons with informational materials relating to available professional educational materials and courses. Pursuant to the Information Practices Act of 1977, you can choose to have your name and address withheld from the list.

Do you wish to have your name and address withheld?

SECTION VII: LICENSE DISCIPLINARY ACTION

YES NO

- Have you ever been denied a license, registration, certificate, or credential to practice psychology or any other profession or occupation in any state or country? *If yes, complete the License Disciplinary Action form.*
- Have you had a license, registration, certificate, or credential to practice psychology or any other profession or occupation subjected to discipline by any state or country? *If yes, complete the License Disciplinary Action form.*
- Have you ever voluntarily surrendered a license, registration, or credential to practice psychology or any other profession or occupation in any state or country? *If yes, complete the License Disciplinary Action form.*
- Have you ever been subject to review and/or action by the ethics committee of any professional organization in any state or country? *If yes, complete the License Disciplinary Action form.*
- Are you required to register as a sex offender pursuant to section 290 of the Penal Code? *If yes, complete the License Disciplinary Action form.*

SECTION VIII: STATEMENT OF APPLICANT

I, the undersigned, am the person making the foregoing application. I have read the foregoing application in its entirety and know the contents thereof. I hereby certify under penalty of perjury under the laws of the state of California that any statements made herein or attached hereto are true in every respect. I understand that any misstatements or omissions of material fact may be cause for denial, suspension, or revocation of a license.

Signature of Applicant

Date

Collection and Use of Personal Information

The Department of Consumer Affairs and the California Board of Psychology collect the information requested on this form as authorized by Business and Professions Code sections 325 and 326 and the Information Practices Act.

Access to Your Information

You may review the records maintained by the California Board of Psychology pertaining to you that contain your personal information, as permitted by the Information Practices Act. See contact information below.

Possible Disclosure of Personal Information

We make every effort to protect the personal information you provide us. However, we may need to share the information you give us with other government agencies. This may include sharing any personal information you gave us.

The information you provide may also be disclosed in the following circumstances:

- In response to a Public Records Act request, as allowed by the Information Practices Act.
- To another government agency as required by state or federal law.
- In response to a court or administrative order, a subpoena, or a search warrant.

Contact Information

For questions about this notice or access to your records, you may contact the California Board of Psychology at 1625 North Market Blvd., Suite N-215, Sacramento, CA 95834; by phone at (866) 503-3221; or by email at boplicensing@dca.ca.gov. For questions about the Department's Privacy Policy, you may contact the Department of Consumer Affairs at 1625 North Market Blvd., Sacramento, CA 95834; by phone at (800) 952-5210; or by email at dca@dca.ca.gov.

SECTION II: PROFESSIONAL DATA

YES NO

Are you now registered, or have you ever applied to become registered as a psychological associate in California?
If yes, when?

Have you ever applied to become a registered psychologist in California?
If yes, when?

Prior to this application, have you ever submitted an application for licensure as a psychologist in California?
If yes, when?

SECTION III: EDUCATIONAL DATA

Educational Institution

Dates Attended

Date Coursework was Completed

Major Field of Degree

Degree Awarded (if applicable)

Date Awarded/Met Requirements (if applicable)

COURSE WORK COMPLETED (Written certification from the registrar of the educational institution or program must also be submitted directly to the Board pursuant to section 2914 of the Business and Professions Code.)

Degree Awarded (Doctoral transcript must be submitted directly to the Board by the Educational Institute pursuant to section 2914 of the Business and Professions Code.)

SECTION IV: MILITARY AND MILITARY SPOUSES

YES NO

Are you currently serving in or have you previously served in the military?

You will be eligible for the expedited review of your application pursuant to Business and Professions Code section 115.5 if you answer "yes" to the following questions:

Are you married to or in a domestic partnership or other legal union with an active-duty member of the armed forces of the United States who is assigned to a duty station in California under active-duty military orders? If yes, please attach a copy of the marriage certificate or certified declaration/registration of domestic partnership AND copies of current leave and earnings statements or military order establishing duty station in California.

Do you hold a current license in another state, district, or territory of the United States in the profession or vocation for which you seek licensure from the Board? If yes, please attach a copy of the current license from the other state, district, or territory of the United States.

You will be eligible for the expedited review of your application pursuant to Business and Professions Code section 115.4 if you answer "yes" to the following question:

Have you served as an active-duty member of the United States armed forces and were honorably discharged? If yes, please provide satisfactory evidence (e.g., DD 214 "Certificate of Release of Discharge from Active Duty") along with your application.

SECTION V: REFUGEE, ASYLEE, OR SPECIAL IMMIGRANT VISA HOLDER

Business and Professions Code Section 135.4 provides that the Board of Psychology must expedite, and may assist, the initial licensure process for certain applicants described below.

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- You were admitted to the United States as a refugee pursuant to section 1157 of title 8 of the United States Code.
- You were granted asylum by the Secretary of Homeland Security or the United States Attorney General pursuant to section 1158 of title 8 of the United States Code.
- You have a special immigrant visa and were granted a status pursuant to section 1244 of Public Law 110-181, Public Law 109-163, or section 602(b) of title VI of division F of Public Law 111-8, relating to Iraqi and Afghan translators/ interpreters or those who worked for or on behalf of the United States government.

If you selected YES to any of the questions above, you must attach evidence of your status as a refugee, asylee, or special immigrant visa holder. Failure to do so may result in application review delays.

SECTION VI: EXAMINATION DATA

YES NO

- Have you taken and passed the Association of State and Provincial Psychology Boards (ASPPB) Examination for Professional Practice in Psychology (EPPP)-Part 1?
- If yes, did you take the EPPP outside of California?
PLEASE NOTE: If you have taken and passed the EPPP-Part 1 outside of California, you must arrange to have your score reported to the Board by ASPPB at www.asppb.net/page/ScoreTransfer. If your score is documented and the score you received meets or exceeds the California pass point for that particular administration of the EPPP, you will not be required to retake the EPPP.
- Abandoned a previous application for licensure as a psychologist pursuant to section 1381.5 of the California Code of Regulations.
- Pursuant to section 1798.61 of the Civil Code, an applicant's name and address are available to anyone for the purpose of providing those persons with informational materials relating to available professional educational materials and courses. Pursuant to the Information Practices Act of 1977, you can choose to have your name and address withheld from the list.
Do you wish to have your name and address withheld?

SECTION VII: LICENSE DISCIPLINARY ACTION

YES NO

- Have you ever been denied a license, registration, certificate, or credential to practice psychology or any other profession or occupation in any state or country? *If yes, complete the License Disciplinary Action form.*
- Have you had a license, registration, certificate, or credential to practice psychology or any other profession or occupation subjected to discipline by any state or country? *If yes, complete the License Disciplinary Action form.*
- Have you ever voluntarily surrendered a license, registration, or credential to practice psychology or any other profession or occupation in any state or country? *If yes, complete the License Disciplinary Action form.*
- Have you ever been subject to review and/or action by the ethics committee of any professional organization in any state or country? *If yes, complete the License Disciplinary Action form.*
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I, the undersigned, am the person making the foregoing application. I have read the foregoing application in its entirety and know the contents thereof. I hereby certify under penalty of perjury under the laws of the state of California that any statements made herein or attached hereto are true in every respect. I understand that any misstatements or omissions of material fact may be cause for denial, suspension, or revocation of a license.

Signature of Applicant

Date

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We make every effort to protect the personal information you provide us. However, we may need to share the information you give us with other government agencies. This may include sharing any personal information you gave us.

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- To another government agency as required by state or federal law.
- In response to a court or administrative order, a subpoena, or a search warrant.

Contact Information

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SECTION II: PROFESSIONAL DATA

Please Note: If you have an active application with the Board in the licensure process (EPPP-Part 1 or the CPLEE), you may skip this section.

YES NO

Are you now registered, or have you ever applied to become registered as a psychological associate in California?
If yes, when?

Have you ever applied to become a registered psychologist in California?
If yes, when?

Prior to this application, have you ever submitted an application for licensure as a psychologist in California?
If yes, when?

SECTION III: EDUCATIONAL DATA

DOCTORAL DEGREE

Granting Institution

Dates Attended

Major Field of Study

Major Field of Degree

Degree Awarded

Date Awarded/Met Requirements

Degree Awarded (Doctoral transcript must be submitted directly to the Board by the Educational Institute pursuant to section 2914 of the Business and Professions Code.)

SECTION IV: MILITARY AND MILITARY SPOUSES

Please Note: If you have an active application with the Board in the licensure process (EPPP-Part 1 or the CPLEE), you may skip this section.

YES NO

Are you currently serving in or have you previously served in the military?

You will be eligible for the expedited review of your application pursuant to Business and Professions Code section 115.5 if you answer "yes" to the following questions:

Are you married to or in a domestic partnership or other legal union with an active-duty member of the armed forces of the United States who is assigned to a duty station in California under active-duty military orders? If yes, please attach a copy of the marriage certificate or certified declaration/registration of domestic partnership AND copies of current leave and earnings statements or military order establishing duty station in California.

Do you hold a current license in another state, district, or territory of the United States in the profession or vocation for which you seek licensure from the Board? If yes, please attach a copy of the current license from the other state, district, or territory of the United States.

You will be eligible for the expedited review of your application pursuant to Business and Professions Code section 115.4 if you answer "yes" to the following question:

Have you served as an active-duty member of the United States armed forces and were honorably discharged? If yes, please provide satisfactory evidence (e.g., DD 214 "Certificate of Release of Discharge from Active Duty") along with your application.

SECTION V: REFUGEE, ASYLEE, OR SPECIAL IMMIGRANT VISA HOLDER

Please Note: If you have an active application with the Board in the licensure process (EPPP-Part 1 or the CPLEE), you may skip this section.

Business and Professions Code Section 135.4 provides that the Board of Psychology must expedite, and may assist, the initial licensure process for certain applicants described below.

Do any of the following statements apply to you:

YES NO

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | You were admitted to the United States as a refugee pursuant to section 1157 of title 8 of the United States Code. |
| <input type="checkbox"/> | <input type="checkbox"/> | You were granted asylum by the Secretary of Homeland Security or the United States Attorney General pursuant to section 1158 of title 8 of the United States Code. |
| <input type="checkbox"/> | <input type="checkbox"/> | You have a special immigrant visa and were granted a status pursuant to section 1244 of Public Law 110-181, Public Law 109-163, or section 602(b) of title VI of division F of Public Law 111-8, relating to Iraqi and Afghan translators/ interpreters or those who worked for or on behalf of the United States government. |

If you selected YES to any of the questions above, you must attach evidence of your status as a refugee, asylee, or special immigrant visa holder. Failure to do so may result in application review delays.

SECTION VI: EXAMINATION DATA

YES NO

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Have you taken and passed the Association of State and Provincial Psychology Boards (ASPPB) Examination for Professional Practice in Psychology (EPPP)-Part 1? |
| <input type="checkbox"/> | <input type="checkbox"/> | If yes, did you take the EPPP outside of California?
<i>PLEASE NOTE: If you have taken and passed the EPPP-Part 1 outside of California, you must arrange to have your score reported to the Board by ASPPB at www.asppb.net/page/ScoreTransfer. If your score is documented and the score you received meets or exceeds the California pass point for that particular administration of the EPPP, you will not be required to retake the EPPP.</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | Previously licensed in California. |
| <input type="checkbox"/> | <input type="checkbox"/> | Licensure in another state, Canadian province, or U.S. territory for at least two years. |
| <input type="checkbox"/> | <input type="checkbox"/> | Certificate of Professional Qualification (CPQ). |
| <input type="checkbox"/> | <input type="checkbox"/> | Credentialed as a Health Service Provider in Psychology by the National Register of Health Service Providers in Psychology (NRHSP) and licensed in another state, Canadian province, or U.S. territory for a minimum of two years. |
| <input type="checkbox"/> | <input type="checkbox"/> | Certified by the American Board of Professional Psychology (ABPP) and licensed in another state, Canadian province, or U.S. territory for a minimum of two years. |
| <input type="checkbox"/> | <input type="checkbox"/> | Abandoned a previous application for licensure as a psychologist pursuant to section 1381.5 of the California Code of Regulations. |
| <input type="checkbox"/> | <input type="checkbox"/> | Pursuant to section 1798.61 of the Civil Code, an applicant's name and address are available to anyone for the purpose of providing those persons with informational materials relating to available professional educational materials and courses. Pursuant to the Information Practices Act of 1977, you can choose to have your name and address withheld from the list.
<i>Do you wish to have your name and address withheld?</i> |

SECTION VII: SUPERVISED PROFESSIONAL EXPERIENCE

Link to the VOE form: [Verification of Experience Form](#)

More information can be found here: [Supervision Agreement/Verification of Experience](#)

List below the names of every primary supervisor who you are asking to verify a portion of the required 3,000 hours of supervised professional experience:

If the date you started your post-doctoral supervised professional experience is prior to the ceremonial awarding of your doctoral degree, indicate below how you will document that you met all requirements prior to the date the doctoral degree was actually awarded.

- The date is posted on my doctoral transcript.
- A separate document confirming the date will be sent by the registrar, director of training, or dean of the academic institution.

SECTION VIII: FITNESS FOR PRACTICE

YES NO

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Are you currently affected by any physical or mental condition that in any way impairs or limits your ability to practice psychology with safety to the public? <i>If yes, explain on a separate sheet of paper.</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you use any chemical substance(s) that in any way impairs your ability to practice psychology with safety to the public? <i>If yes, please explain on a separate sheet of paper.</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you currently engaged in the illegal use of controlled dangerous substances, or were you so engaged recently enough so that the use of drugs may have an ongoing impact on your ability to function as a psychologist? <i>If yes, please explain on a separate sheet of paper.</i> |

SECTION IX: LICENSE DISCIPLINARY ACTION

YES NO

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been denied a license, registration, certificate, or credential to practice psychology or any other profession or occupation in any state or country? <i>If yes, complete the License Disciplinary Action form.</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you had a license, registration, certificate, or credential to practice psychology or any other profession or occupation subjected to discipline by any state or country? <i>If yes, complete the License Disciplinary Action form.</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever voluntarily surrendered a license, registration, or credential to practice psychology or any other profession or occupation in any state or country? <i>If yes, complete the License Disciplinary Action form.</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been subject to review and/or action by the ethics committee of any professional organization in any state or country? <i>If yes, complete the License Disciplinary Action form.</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you required to register as a sex offender pursuant to section 290 of the Penal Code? <i>If yes, complete the License Disciplinary Action form.</i> |

SECTION X: STATEMENT OF APPLICANT

I, the undersigned, am the person making the foregoing application. I have read the foregoing application in its entirety and know the contents thereof. I hereby certify under penalty of perjury under the laws of the state of California that any statements made herein or attached hereto are true in every respect. I understand that any misstatements or omissions of material fact may be cause for denial, suspension, or revocation of a license.

Signature of Applicant

Date

Collection and Use of Personal Information

The Department of Consumer Affairs and the California Board of Psychology collect the information requested on this form as authorized by Business and Professions Code sections 325 and 326 and the Information Practices Act.

Access to Your Information

You may review the records maintained by the California Board of Psychology pertaining to you that contain your personal information, as permitted by the Information Practices Act. See contact information below.

Possible Disclosure of Personal Information

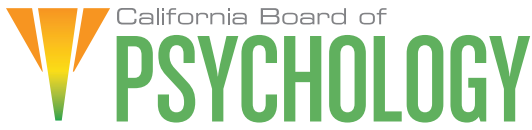
We make every effort to protect the personal information you provide us. However, we may need to share the information you give us with other government agencies. This may include sharing any personal information you gave us.

The information you provide may also be disclosed in the following circumstances:

- In response to a Public Records Act request, as allowed by the Information Practices Act.
- To another government agency as required by state or federal law.
- In response to a court or administrative order, a subpoena, or a search warrant.

Contact Information

For questions about this notice or access to your records, you may contact the California Board of Psychology at 1625 North Market Blvd., Suite N-215, Sacramento, CA 95834; by phone at (866) 503-3221; or by email at boplicensing@dca.ca.gov. For questions about the Department's Privacy Policy, you may contact the Department of Consumer Affairs at 1625 North Market Blvd., Sacramento, CA 95834; by phone at (800) 952-5210; or by email at dca@dca.ca.gov.



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

REQUEST FOR INITIAL LICENSURE

File # _____ (Board Use Only)

I REQUEST TO BE LICENSED AS A PSYCHOLOGIST IN CALIFORNIA. MY LICENSE FEE IN THE AMOUNT OF \$231 IS ENCLOSED.
(Please make your check payable to the Board of Psychology and send your check with this form to:
1625 North Market Blvd. Ste. N-215, Sacramento, CA 95834.)

Print your name. *You must use your legal name.

NAME* _____ **DEGREE** _____

DATE OF BIRTH _____ **PHONE NUMBER** _____

SSN _____ **EMAIL ADDRESS** _____

ADDRESS OF RECORD (AOR): This address will be available to the public and will be used to send your renewal notices and all other mailings from the Board.)

CONFIDENTIAL ADDRESS (CA): If AOR is a post office box or mail drop location, you must provide a confidential address. The confidential address can be your physical business or residential address.)

EXAM REQUIREMENT

YES NO Have taken and passed the EPPP-Part 1 Knowledge Based Exam.

YES NO Have taken and passed the CPLEE.

YES NO Have taken and passed the EPPP-Part 2 Skill Based Exam.

(The Board will verify your passing scores)

FINGERPRINT REQUIREMENT

The Board of Psychology requires both a Department of Justice (DOJ) and Federal Bureau of Investigation (FBI) criminal history background check on all licensees, registrants and applicants for licensure or registration, and licensees that have not completed this requirement.

In-State Applicants: Must complete Live Scan. Live Scan is a system for the electronic submission of fingerprints through the DOJ. The process requires applicants to go to a Live Scan site for fingerprint scanning services.

Request for Live Scan Service forms and further instructions can be found on the Board’s website.

Out-of-State Applicants: If you reside outside of the State of California, you must use the “hard card” fingerprint method. To request fingerprint hard cards, please contact the Board at bopmail@dca.ca.gov.

For more information and instructions: [Fingerprint Procedures](#)

FITNESS FOR PRACTICE

YES NO

Are you currently affected by any physical or mental condition that in any way impairs or limits your ability to practice psychology with safety to the public? If yes, explain on a separate sheet of paper.

Do you use any chemical substance(s) that in any way impairs your ability to practice psychology with safety to the public? If yes, please explain on a separate sheet of paper.

Are you currently engaged in the illegal use of controlled dangerous substances, or were you so engaged recently enough so that the use of drugs may have an ongoing impact on your ability to function as a psychologist? If yes, please explain on a separate sheet of paper.

PRE-LICENSURE COURSE REQUIREMENT:

SUICIDE RISK ASSESSMENT AND INTERVENTION REQUIREMENT

Note: The Board must receive documentation by a transcript, a written certification, or a written certificate that clearly indicates training met Board requirements pursuant to section 2915.4 of the Business and Professions Code.

YES NO Have you satisfied the requirement for coursework or applied experience under supervision in suicide risk assessment and intervention as described in section 2915.4 of the Business and Professions Code? (Effective January 1, 2020, applicants are required to complete and provide proof of compliance for a minimum of six hours of coursework or applied experience under supervision in suicide risk assessment and intervention as a one-time requirement.) *If yes, complete the information below. If no, this requirement must be satisfied and documented prior to licensure.*

How did you satisfy this requirement? (Check one) Coursework Applied Experience Continuing Education

Name of Institution/Applied Experience Setting/Provider _____

Date(s) of Coursework/Applied Experience/Continuing Education _____

Name of Course (put N/A if not applicable) _____

Number of Hours (Coursework/Applied Experience/Continuing Education) _____

HUMAN SEXUALITY REQUIREMENT

YES NO Have you satisfied the requirement for training in human sexuality as described in section 25 of the Business and Professions Code and section 1382 of title 16 of the Californian Code of Regulations? If yes, complete the information below. If no, this requirement must be satisfied and documented prior to licensure.

Note: The Board must receive documentation by a transcript or certificate that clearly indicates training met Board requirements.

Name of Institution/Provider _____

Date(s) of Coursework _____

Name of Course _____

Number of Course Hours _____

CHILD ABUSE ASSESSMENT AND REPORTING

YES NO Have you satisfied the requirement for training in child abuse assessment and reporting as described in section 28 of the Business and Professions Code and section 1382.4 of title 16 of the Californian Code of Regulations? If yes, complete the information below. If no, this requirement must be satisfied and documented prior to licensure.

Note: The Board must receive documentation by a transcript or certificate that clearly indicates training met Board requirements.

Name of Institution/Provider _____

Date(s) of Coursework _____

Name of Course _____

Number of Course Hours _____

DETECTION AND TREATMENT OF ALCOHOL AND OTHER CHEMICAL SUBSTANCE DEPENDENCY REQUIREMENT

YES NO Have you satisfied the requirement for coursework in detection and treatment of alcohol and other chemical substance dependency as described in section 2914(e) of the Business and Professions Code and section 1382.3 of title 16 of the Californian Code of Regulations? If yes, complete the information below. If no, this requirement must be satisfied and documented prior to licensure.

Note: The above must be documented by a transcript or certificate that clearly indicates training met Board requirements.

SPOUSAL OR PARTNER ABUSE ASSESSMENT, DETECTION, AND INTERVENTION TRAINING REQUIREMENTS

YES NO N/A Have you satisfied the requirement for the spousal or partner abuse assessment, detection, and intervention training required by section 2914(f) of the Business and Professions Code and section 1382.5 of title 16 of the California Code of Regulations? If yes, complete the information below. If no, this requirement must be satisfied and documented prior to licensure. (For applicants who began graduate training between January 1, 1995, and December 31, 2003, a minimum of two hours of coursework is required. For applicants who began graduate training on or after January 1, 2004, a minimum of 15 hours of coursework is required. For applicants who began graduate training prior to January 1, 1995, this coursework is not required.)

Note: The above must be documented by a transcript or certificate that clearly indicates training met Board requirements.

Name of Institution/Provider _____

Date(s) of Coursework _____

Name of Course _____

Number of Course Hours _____

AGING AND LONG-TERM CARE TRAINING REQUIREMENTS

YES NO Have you satisfied the requirement for the aging and long-term care training required by section 2915.5 of the Business and Professions Code? If yes, complete the information below. If no, this requirement must be satisfied and documented prior to licensure.

Note: The Board must receive documentation by a transcript, a written certification, or certificate that clearly indicates training met Board requirements pursuant to section 2915.5 of the Business and Professions Code.

How did you satisfy this requirement? (Check one) Coursework Applied Experience Continuing Education

Name of Institution/Applied Experience Setting/Provider _____

Date(s) of Coursework/Applied Experience/Continuing Education _____

Name of Course (put N/A if not applicable) _____

Number of Hours (Coursework/Applied Experience/Continuing Education) _____

SIGNATURE

I, the undersigned, declare under penalty of perjury of the laws of the state of California that the foregoing is true and correct.

SIGNATURE _____

DATE _____