

NOTICE OF IN-PERSON BOARD MEETING**Friday, August 22, 2025****9:00 a.m. – 5:30 p.m. or until Completion of Business**

DoubleTree by Hilton San Diego Bayside
4875 N. Harbor Drive
San Diego, CA 92106
(619) 224-3621

To receive Continuing Professional Development (CPD) credit licensees attending the In-Person Board Meeting are required to sign in using the provided attendance sheet on the day of the meeting, including their first and last name, license number, time of arrival, and time of departure from the meeting. The WebEx is for streaming purposes only and will not be interactive. CPD credit will not be credited for viewing the meeting through the WebEx, as the option to interact during the public comment periods will not be available.

For Board meetings lasting a full day, six (6) hours will be credited to the individuals who attended the full duration of the meeting in-person. 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 one (1) hour credited towards CPD. Board Meeting hours and order of agenda items may differ as items may be addressed out of order as deemed necessary, and there is no specific timeframe designated to each agenda item. The total of CPD hours credited for attending the full duration of the meeting will be provided prior to the end of open session or adjournment.

Please consider submitting written comments by August 15, 2025, to bopmail@dca.ca.gov for consideration.

FOR OBSERVATION ONLY

As a courtesy, members of the Public may view this in-person event through WebEx. Comments will not be taken through the WebEx platform. WebEx availability cannot be guaranteed due to technical difficulties or resource limitations. The meeting will not be cancelled if livestream becomes unavailable.

Participants may, but are not obligated, to provide their names or personal information as a condition of observing or participating in the meeting. When signing into the WebEx platform, participants may be asked for their name and email address. Participants who choose not to provide their names will be required to provide a unique identifier such as

their initials or another alternative to login. You may utilize a fictitious email address in the following sample format: XXXXX@mailinator.com.

<https://dca-meetings.webex.com/dca-meetings/j.php?MTID=m16203eae1774aa359da0cb75a5b64b3>

If joining using the link above

Webinar number: 2492 213 7603

Webinar password: BOP822

If joining by phone

+1-415-655-0001 US Toll

Access code: 2492 213 7603

Passcode: 267822

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

Ana Rescate

Board Staff

Jonathan Burke, Executive Officer

Stephanie Cheung, Licensing Manager

Cynthia Whitney, Central Services Manager

Troy Polk, CPD/Renewals Coordinator

Jacklyn Mancilla, Legislative and Regulatory
Affairs Analyst

Shelley Ganaway, Board Counsel

Friday, August 22, 2025

9:00 a.m. – 5:30 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. Update, Presentation and Discussion on California Psychology Internship Council (CAPIC)
5. Discussion and Possible Approval of the Board Meeting Minutes: May 9, 2025 (C. Whitney)
6. President's Report (L. Tate)
 - a) Meeting Calendar
7. Executive Officer's Report (J. Burke)
 - a) Personnel Update
 - b) Outreach Activities
 - c) Communications with ASPPB and other jurisdictions regarding EPPP
8. DCA Update
9. Enforcement Report (S. Monterrubio)
10. Budget Report (J. Mancilla)
11. Licensure Committee Report and Discussion and Possible Action on Committee Recommendations (Harb Sheets – Chairperson, Nystrom, Tate)
 - a) Licensing Report (S. Cheung)
 - b) Examination Report (S. Cheung)
 - c) Continuing Professional Development and Renewals Report (T. Polk)
 - d) EPPP Update (S. Cheung)
 - e) Barriers to Telehealth Survey Follow-up: Telehealth Best Practice – Reference Document (S. Cheung)
 - f) Stakeholder Meeting Preparation
12. Legislative and Regulatory Affairs Committee Update (Casuga – Chairperson, Cervantes, Rodgers)
 - a) Review of Bills, Discussion and Possible Action on Recommendations to the Board for Positions on Bills
 - 1) AB 82 (Ward) Health care: legally protected health care activity.
 - 2) SB 402 (Valladares) Health care coverage: autism.
 - b) Bills with Active Positions Taken by the Board
 - 1) SB 775 (Ashby) Board of Psychology and Board of Behavioral Sciences.
 - 2) AB 489 (Bonta) Health care professions: deceptive terms or letters: artificial intelligence.
 - 3) SB 470 (Laird) Bagley-Keene Open Meeting Act: teleconferencing.

- 4) SB 641 (Ashby) Department of Consumer Affairs and Department of Real Estate: states of emergency: waivers and exemptions.
- 5) SB 579 (Padilla) Mental health and artificial intelligence working group.
- c) Watch Bills
 - 1) AB 81 (Ta) Veterans: mental health.
 - 2) AB 257 (Flora) Specialty care networks: telehealth and other virtual services.
 - 3) AB 277 (Alanis) Behavioral health centers, facilities, and programs: background checks.
 - 4) AB 346 (Nguyen) In-home support services: licensed healthcare professional certification.
 - 5) SB 518 (Weber Pierson) Descendants of enslaved persons: reparations.
 - 6) AB 742 (Elhawary) Department of Consumer Affairs; licensing: applicants who are descendants of slaves.
 - 7) AB 479 (Tangipa) Criminal procedure: vacatur relief.
 - 8) AB 985 (Ahrens) Anesthesiologist assistants
 - 9) AB 667 (Solache) Professions and vocations: license examinations: interpreters
13. Discussion Regarding Legislative Items for Future Meetings. The Board 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
14. Regulatory Update, Review, Discussion and Possible Action Regarding Additional Changes to Proposed Regulations (S. Casuga)
 - a) 16 CCR section 1395.2 – Disciplinary Guidelines and Uniform Standards Related to Substance-Abusing Licensees
 - b) 16 CCR sections 1380.3, 1381, 1381.1, 1381.2, 1381.4, 1381.5, 1382, 1382.3, 1382.4, 1382.5, 1386, 1387, 1387.1, 1387.2, 1387.3, 1387.4, 1387.5, 1387.6, 1387.10, 1388, 1388.6, 1389, 1389.1, 1391, 1391.1, 1391.3, 1391.4, 1391.5, 1391.6, 1391.8, 1391.11, and 1391.12 – Pathways to Licensure
 - c) 16 CCR sections 1380.6, 1393, 1396, 1396.1, 1396.2, 1396.3, 1396.4, 1396.5, 1397, 1397.1, 1397.2, 1397.35, 1397.37, 1397.39, 1397.50, 1397.51, 1397.52, 1397.53, 1397.54, and 1397.55 - Enforcement Provisions
 - d) 16 CCR sections 1397.35, 1397.37, 1397.39, and 1397.40 - Corporations
 - e) 16 CCR sections 1381, 1387, 1387.10, 1388, 1388.6, 1389, and 1389.1 – Implementation of AB 282
 - f) 16 CCR sections 1390 – 390.4 of Division 13.1 of Title 16 of the California Code of Regulations – Research Psychoanalyst Regulation
 - g) 16 CCR section 1396.8 – Standards of Practice for Telehealth Services
15. Discussion and Possible Action of Proposed Changes to Language to the Disciplinary Guidelines and Uniform Standards Related to Substance-Abusing Licensees

16. Discussion and Possible Action on Amendments to SB 775
17. Discussion and Possible Action on Proposed Changes to ASPPB Bylaws
18. Discussion and Possible Action on the Development of the Integrated Examination for Professional Practice in Psychology
19. Discussion and Recommendations for Agenda Items for Future Board Meetings. Note: The Board May Not Discuss or Take Action on Any Matter Raised During This Public Comment Section, Except to Decide Whether to Place the Matter on the Agenda of a Future Meeting [Government Code Sections 11125 and 11125.7(a)].

CLOSED SESSION

20. 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.

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: Jonathan Burke
1625 N. Market Boulevard, Suite N-215
Sacramento, CA 95834
(916) 574-7720
bopmail@dca.ca.gov

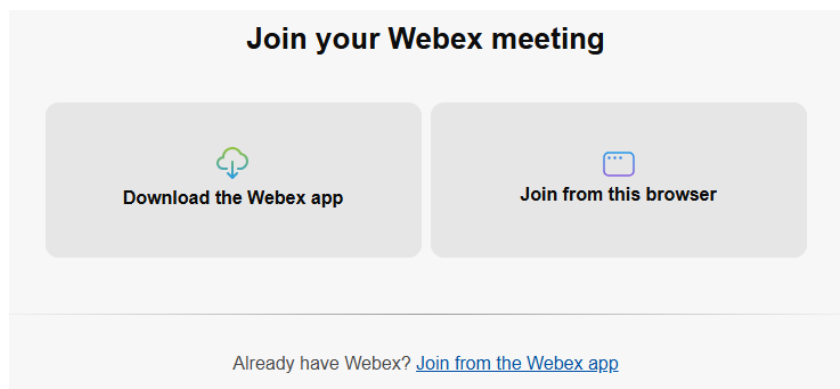
The Board of Psychology protects consumers of psychological services by licensing psychologists and associated professionals, regulating the practice of psychology, and supporting the ethical evolution of the profession.

Recommended: Join using the meeting link.

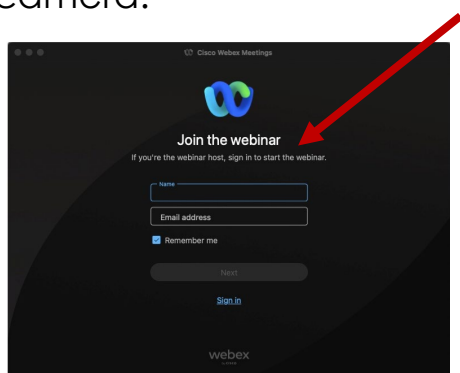
- 1 Click on the meeting link. This can be found in the meeting notice you received and is on the meeting agenda.
- 2 If you already have Webex on your device, click the bottom instruction, "Join from the Webex app."

If you have **not** previously used Webex on your device, your web browser will offer "Download the Webex app." Follow the download link and follow the instructions to install Webex.

DO NOT click "Join from this browser," as you will not be able to fully participate during the meeting.



- 3 Enter your name and email address*. Click "Next."
Accept any request for permission to use your microphone and/or camera.



*Members of the public are not obligated to provide their name or personal information and may provide a unique identifier such as their initials or another alternative as well as a fictitious email address like in the following sample format: XXXXX@mailinator.com.

Alternative 1. Join from Webex.com

- 1 Click on “Join a Meeting” at the top of the Webex window.



- 2 Enter the meeting/event number and click “Continue.” Enter the event password and click “OK.” This can be found in the meeting notice you received or on the meeting agenda.

A screenshot of the 'Enter the meeting number' form. It features the Webex logo at the top, followed by the text 'Enter the meeting number' with a help icon. Below is a text input field labeled 'Meeting number' and a 'Continue' button. A red arrow points to the input field.

To view more information about the event, enter the event password.

A screenshot of the 'Enter the event password' form. It shows the 'Event number: 2482 000 5913' and a text input field labeled 'Enter the event password'. Below the field is an 'OK' button. A red arrow points to the input field.

- 3 The meeting information will be displayed. Click “Join Event.”

< Back to List

Meeting Name

Jones, Shelly@DCA | 9:45 AM - 9:55 AM | Thursday, Oct 14 2021 |
(UTC-07:00) Pacific Time (US & Canada)



Join Event



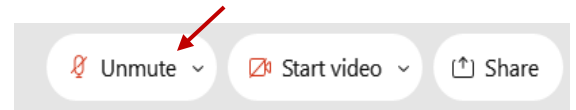
OR

Alternative 2. Connect via Telephone



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

Microphone control (mute/unmute button) is located at the bottom of your Webex window.



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



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

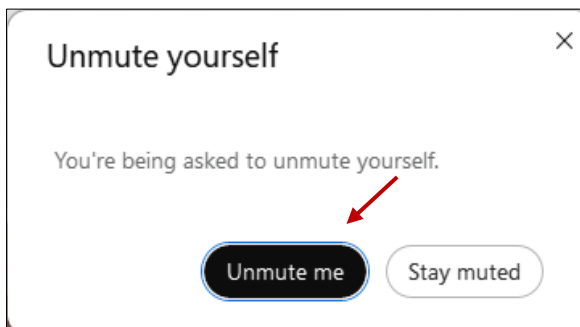
Note: Only panelists can mute/unmute their own microphones. Attendees will remain muted unless the moderator invites them to unmute their microphone.

Attendees/Members of the Public

Joined via Meeting Link

The moderator will call you by name and indicate a request has been sent to unmute your microphone. Upon hearing this prompt:

Click the Unmute me button on the pop-up box that appears.



Joined via Telephone (Call-in User)



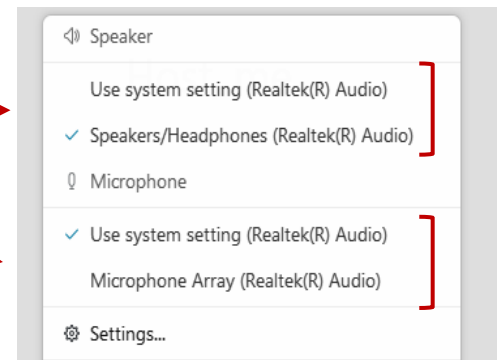
1. When you are asked to unmute yourself, press *6.
2. When you are finished speaking, press *6 to mute yourself again.

If you cannot hear or be heard

- 1 Click on the bottom facing arrow located on the Mute/Unmute button at the bottom of the Webex window.



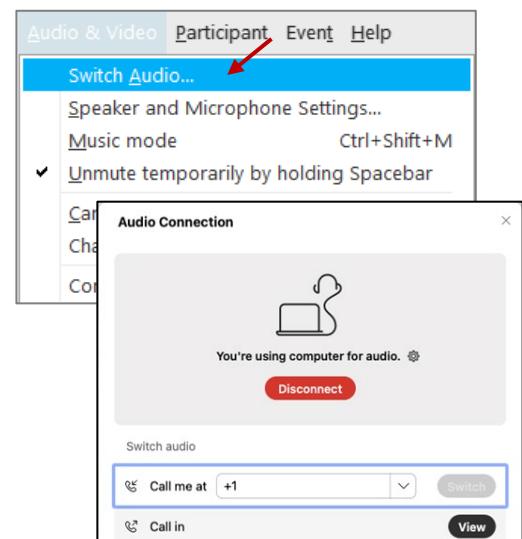
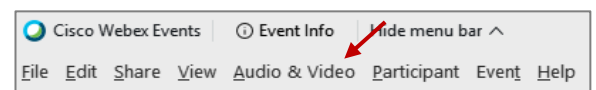
- 2 From the drop-down menu, select different:
 - Speaker options if you can't hear participants.
 - Microphone options if participants can't hear you.



Continue to Experience Issues?

If you are connected by computer or tablet and you have audio issues, you can link your phone to your Webex session. Your phone will then become your microphone and speaker source.

- 1 Click on "Audio & Video" from the menu bar.
- 2 Select "Switch Audio" from the drop-down menu.
- 3 Hover your mouse over the "Call In" option and click "View" to show the phone number to call and the meeting login information. You can still un-mute from your computer window.



Hand Raise Feature

Joined via Meeting Link

- Locate the hand icon at the bottom of the Webex window.
- Click the hand icon to raise your hand.
- Repeat this process to lower your hand.



Joined via Telephone (Call-in User)



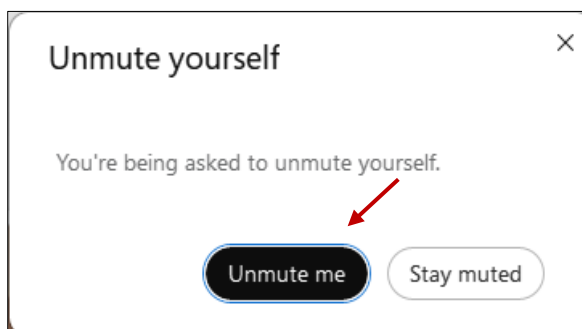
Press *3 to raise or lower your hand.

Unmuting

Joined via Meeting Link

The moderator will call you by name and indicate a request has been sent to unmute your microphone. Upon hearing this prompt:

Click the Unmute me button on the pop-up box that appears.

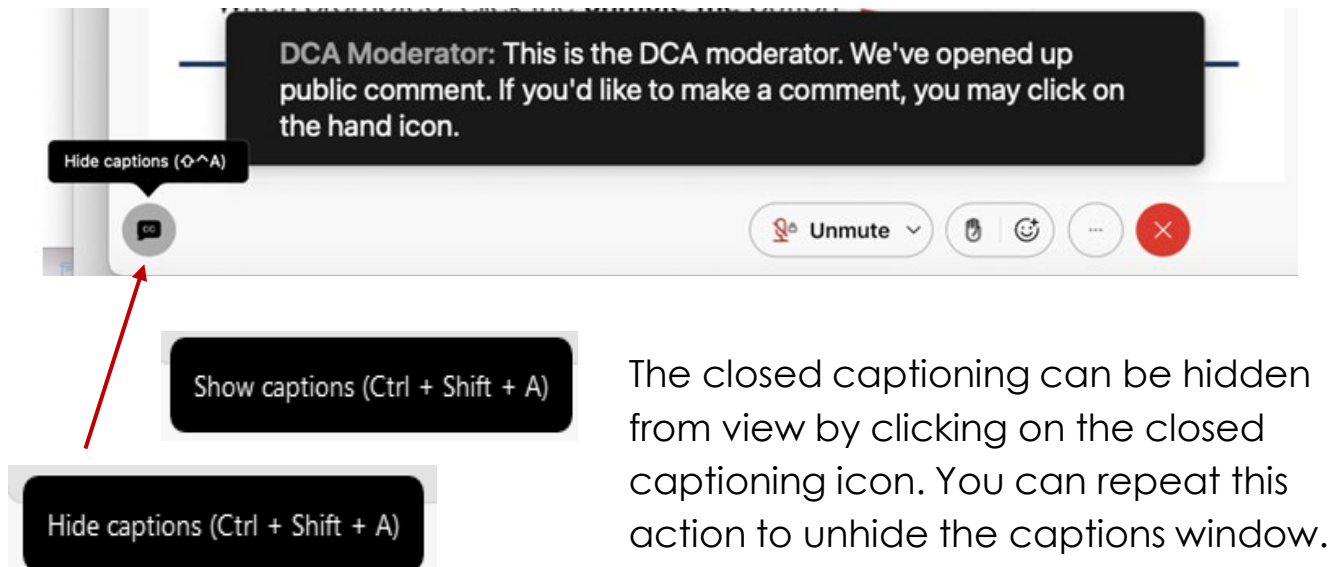


Joined via Telephone (Call-in User/Audio Only)

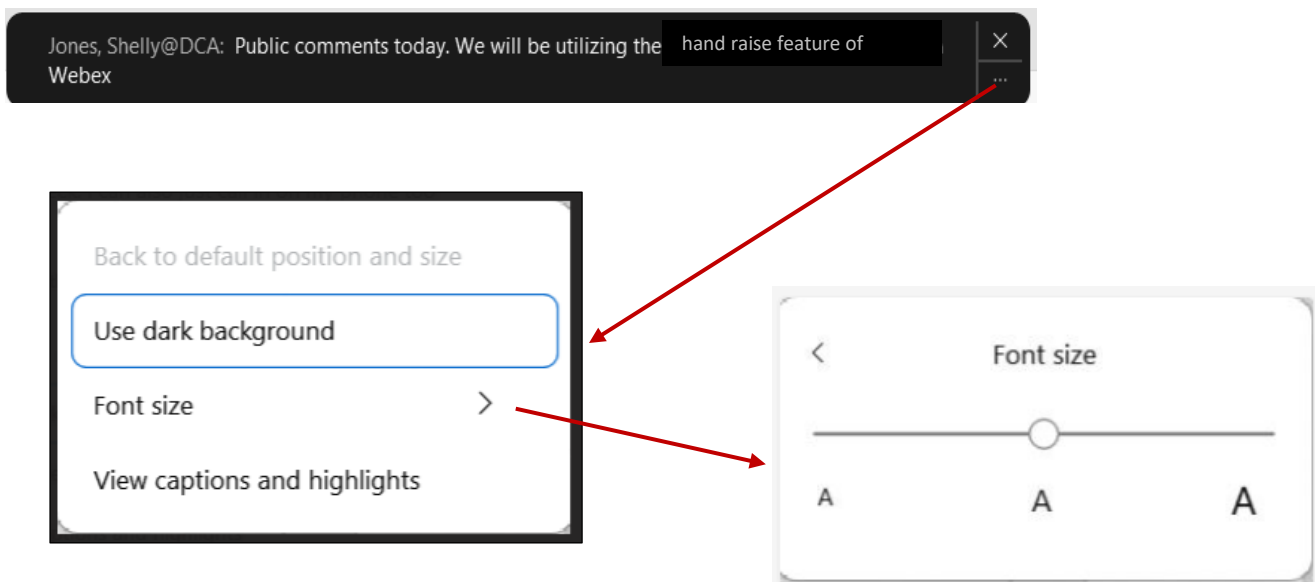


1. When you are asked to unmute yourself, press *6.
2. When you are finished speaking, press *6 to mute yourself again.

Webex provides real-time closed captioning displayed in a dialog box in your Webex window. The captioning box can be moved by clicking on the box and dragging it to another location on your screen.



You can view the closed captioning dialog box with a light or dark background or change the font size by clicking the 3 dots on the right side of the dialog box.



From: no_reply@dca.ca.gov
To: bopmail@DCA
Subject: Board of Psychology - Contact Form - General Information
Date: Friday, August 8, 2025 8:28:57 AM

Logo



Hello,

A contact form was submitted with the following details:

Reason for Inquiry

- General Information

Name

- Marti Peck, Ph.D.

Email Address

- [REDACTED]

Message

- To whom it may concern; At the suggestion of Elizabeth Winkelman, Director of Professional Affairs of CPA, I would like to submit/attach two "Handouts", which

would accompany two Public Comments anticipated to be presented at the 8/22/25 Board Meeting in San Diego. I kindly request that they be included in the meeting materials for the Regulatory Update item on the Disciplinary Guidelines and Uniform Standards Related to Substance Abusing Licensees. Can you please advise how I can upload the attachments to be considered for the "Handcarry" documents for Board Members? Thank you for your assistance. Marti Peck, Ph.D.

Board of Psychology
1625 North Market Blvd., Suite N-215
Sacramento, CA 95834

Handout #1 for 8/22/25 BoP Board Meeting/San Diego, CA

(to accompany Public Comment RE: Revision of BoP Disciplinary Guidelines):

Recommendation to introduce “Moderate” Category to current Maximum and Minimum Categories

PROPOSED REVISIONS OF BOARD OF PSYCHOLOGY DISCIPLINARY

GUIDELINES - 8/22/2025 (note current language to be revised is indicated by “~~strikethrough~~” lines, and new/added language by underlines).

B. PENALTY GUIDELINES FOR DISCIPLINARY ACTIONS

The general bases for discipline are listed by statute number in the Business & Professions Code. An accusation, statement of issues, or other charging document may also allege violations of other related statutes or regulations. The bases are followed by the Board-determined penalty, including the names and numbers for the optional terms and conditions. The standard terms of probation as stated shall be included in all decisions and orders. **Except where there is a finding that respondent is a substance-abusing licensee**, the Board recognizes that the penalties and conditions of probation listed are merely guidelines and that individual cases will necessitate variations that take into account unique circumstances. If there are deviations or omissions from the guidelines in formulating a Proposed Decision, the Board requires that the Administrative Law Judge hearing the case include an explanation of the deviations or omissions in the Proposed Decision so that the circumstances can be better understood by the Board during its review and consideration of the Proposed Decision for final action.

Business and Professions Code § 2960

2960 GENERAL UNPROFESSIONAL CONDUCT

MAXIMUM: Revocation; denial of license or registration.

~~MINIMUM:~~ MODERATE Revocation stayed, depending upon the circumstances, up to 5-year probation, psychological evaluation and/or therapy if appropriate (2) and (6), California Psychology Law and Ethics Examination (CPLEE) (7), and standard terms and conditions (14-31)

MINIMUM: Letter of Education

2960(a) CONVICTION OF A CRIME SUBSTANTIALLY RELATED TO THE PRACTICE OF PSYCHOLOGY

MAXIMUM: Revocation; denial of license or registration.

~~MINIMUM:~~ MODERATE Revocation stayed, 5-year probation, billing monitor (if financial crime)(4), therapy (6), CPLEE (7), restitution (if appropriate) (8), and standard terms and conditions (14-31).

MINIMUM: Letter of Education

2960(b) USE OF CONTROLLED SUBSTANCE OR ALCOHOL IN A DANGEROUS MANNER

MAXIMUM: Revocation; denial of license or registration.

MINIMUM: Revocation stayed, 5-year probation, physical examination (if appropriate) (3), practice monitor (4), psychological evaluation and ongoing therapy (if appropriate) (2) and (6), clinical diagnostic evaluation (9), participation in an alcohol/drug abuse treatment program (10) and ongoing support group (11), abstain from all non-prescribed, controlled drugs and alcohol/biological fluid and specimen testing [required for substance-abusing licensees] (12), and standard terms and conditions (14-31).

2960(c) FRAUDULENTLY OR NEGLECTFULLY MISREPRESENTING THE TYPE OR STATUS OF LICENSE OR REGISTRATION ACTUALLY HELD

MAXIMUM: Revocation; denial of license or registration.

~~MINIMUM:~~ MODERATE: Revocation stayed, 5-year probation, and standard terms and conditions(14-31).

MINIMUM: Letter of Education

2960(d) IMPERSONATING ANOTHER PERSON HOLDING A PSYCHOLOGY LICENSE OR ALLOWING ANOTHER PERSON TO USE HIS OR HER LICENSE OR REGISTRATION

MAXIMUM: Revocation; denial of license or registration.

MINIMUM: Revocation stayed, 5-year probation, psychological evaluation (2), CPLEE (7), and standard terms and conditions (14-31).

2960(e) PROCURING A LICENSE BY FRAUD OR DECEPTION

Penalty: Revocation is the only suitable penalty inasmuch as the license would not have been issued but for the fraud or deception. If the fraud is substantiated prior to issuance of the license or registration, then denial of the application is the only suitable penalty.

2960(f) ACCEPTING REMUNERATION OR PAYING FOR REFERRALS TO OTHER PROFESSIONALS

MAXIMUM: Revocation; denial of license or registration.

~~MINIMUM:~~ MODERATE: Revocation stayed, 1-5-year probation, billing monitor (4), CPLEE (7), and standard terms and conditions (14-31).

MINIMUM: Letter of Education

2960(g) VIOLATING SECTION 17500 OF THE BUSINESS AND PROFESSIONS CODE REGARDING ADVERTISING

Penalty: MAXIMUM:Revocation stayed, 5-year probation, and standard terms and conditions (14-31).

MODERATE: 1-3 years probation, standard terms and conditions

MINIMUM: Letter of Education

2960(h) VIOLATION OF CONFIDENTIALITY

MAXIMUM: Revocation; denial of license or registration.

~~MINIMUM:~~ MODERATE: Revocation stayed, 1-5-year probation, practice monitor (4), CPLEE (7), and standard terms and conditions (14-31).

MINIMUM: Letter of Education

2960(i) VIOLATION OF RULES OF PROFESSIONAL CONDUCT

MAXIMUM: Revocation; denial of license or registration. **2960(j) 2960(k) 2960(l) 2960(m)**

2960(n) 2960(o); 726

~~MINIMUM:~~ MODERATE: Revocation stayed, depending upon the circumstances, up to 5 year probation, psychological evaluation and/or therapy if appropriate (2) and (6), CPLEE (7), and standard terms and conditions (14-31).

MINIMUM: Letter of Education

GROSS NEGLIGENCE IN THE PRACTICE OF PSYCHOLOGY

MAXIMUM: Revocation; denial of license or registration.

~~MINIMUM:~~ MODERATE: Revocation stayed, 1-5-year probation, psychological evaluation prior to resumption of practice (condition precedent) (2), practice monitor/billing monitor (4), patient population restriction (if appropriate) (5), therapy (6), CPLEE (7), and standard terms and conditions (14-31).

**VIOLATING ANY PROVISION OF THIS CHAPTER OR REGULATIONS
DULY ADOPTED THEREUNDER**

Refer to underlying statute or regulation.

AIDING OR ABETTING UNLICENSED PRACTICE

MAXIMUM: Revocation; denial of license or registration.

~~MINIMUM:~~ MODERATE: Revocation stayed, 1-5-year probation, CPLEE (7), and standard terms and conditions (14-31).

**DISCIPLINARY ACTION BY ANOTHER STATE AGAINST A LICENSE
OR REGISTRATION**

In evaluating the appropriate penalty, identify the comparable California statute(s) and corresponding penalty(s).

DISHONEST, CORRUPT OR FRAUDULENT ACT

MAXIMUM: Revocation; denial of license or registration.

~~MINIMUM:~~ MODERATE: Revocation stayed, 5-year probation, psychological evaluation and ongoing therapy if appropriate (2), billing monitor (4), CPLEE (7), full restitution (8), and standard terms and conditions (14-31).

**ANY ACT OF SEXUAL ABUSE, OR SEXUAL RELATIONS WITH A
PATIENT OR FORMER PATIENT WITHIN TWO YEARS FOLLOWING
TERMINATION OF THERAPY, OR SEXUAL MISCONDUCT THAT IS
SUBSTANTIALLY RELATED TO THE QUALIFICATIONS,**

**FUNCTIONS OR DUTIES OF A PSYCHOLOGIST OR
PSYCHOLOGICAL ASSISTANT OR REGISTERED PSYCHOLOGIST.**

Penalty: When a finding of sexual misconduct occurs, revocation or surrender of license/registration and/or denial of license or registration MUST be the penalty ordered by the Administrative Law Judge.

NO MINIMUM PENALTY.

NOTE: Business and Professions Code Section 2960.1 states: "Notwithstanding Section 2960, any proposed decision or decision issued under this chapter in accordance with the procedures set forth in Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code, that contains any finding of fact that the licensee or registrant engaged in any acts of sexual contact, as defined in Section 728, when that act is with a patient, or with a former patient within two years following termination of therapy, shall contain an order of revocation. The revocation shall not be stayed by the Administrative Law Judge."

2960(p) FUNCTIONING OUTSIDE FIELD(S) OF COMPETENCE

MAXIMUM: Revocation; denial of license or registration.

~~MINIMUM:~~ MODERATE: Revocation stayed, 5-year probation, practice monitor (4), patient population restriction (5), CPLEE (7), and standard terms and conditions (14-31).

MINIMUM: Letter of Education

**2960(q) WILLFUL FAILURE TO VERIFY AN APPLICANT'S SUPERVISED
EXPERIENCE**

Penalty: Revocation stayed, 5-year probation and standard terms and conditions (14-31).

2960(r) REPEATED NEGLIGENT ACTS

MAXIMUM: Revocation; denial of license or registration.

~~MINIMUM:~~ MODERATE: Revocation stayed, depending on the circumstances, up to 5-year probation, psychological evaluation prior to resumption of practice (condition precedent) (2), practice monitor (4), CPLEE (7), and standard terms and conditions (14-31).

MINIMUM: Letter of Education

Handout #2 for 8/22/25 BoP Board Meeting/San Diego, CA

**(to accompany Public Comment RE: Revision of BoP Disciplinary Guidelines):
Recommendation to Publish Definitions of Minor, Moderate and Major Deviations
from the Standard of Care, with Examples for Each Category**

Definitions of Minor, Moderate and Major Deviations from the Standard of Care and Examples of Each Category.

The current Disciplinary Guidelines and Uniform Standards Related To Substance Abusing Licensees take under consideration eleven factors in determining whether revocation, suspension, or probation is to be invoked in a given case (e.g., nature and severity of the act(s), offense(s), or crime (s), and prior record of discipline or citations). And here, for any given licensee, the Board can and does use its discretion in making its final determination of disciplinary action. Nevertheless, there exists a need to improve the current guidelines to more precisely differentiate among levels of deviation from the standard of care.

In theory, the current spectrum of disciplinary actions appears to take explicit gradations of severity into account—with non-public actions, such as a Letter of Education, being reserved for relatively minor violations, and public actions, such as Probation, reserved for more serious infractions. Despite this extant structure, the problem continues to exist of overly harsh discipline administered for minor and major violations alike. In an effort to provide for a more precise decision-making process, we suggest following the graphic below:

Minor Deviations* _____ ---> *Moderate Deviations* _____ ---> *Major Deviations

Minor Deviations

The goal of protecting the consumer should include correcting and guiding licensees when they have made mistakes, particularly in anticipating certain patients' reactions to interventions that, despite being well-meaning, may turn out to have been misguided or short-sighted—or at least not *knowingly* exploitative. Regardless of errors that virtually all therapists are at times, prone to make, independent of their overall competence and conscientiousness, we would assume that the BOP would not willingly want to reduce to the public the number of basically qualified and dedicated practitioners available to them—especially in the present era where qualified or specialized mental health professionals are needed and are in relatively short supply.

Concern exists that some of the ways the BOP has operated has culminated in this undesirable outcome. Many of the conditions that currently accompany probation are so complex and demanding that we know of quite a few therapists (particularly older and more experienced ones) that have felt forced to leave the profession because it wasn't tenable for them to comply with all the constrictions their probationary stay imposed on them.

The public's having more availability to such therapists increases their options, protecting them by not needlessly restricting their choices as they search for a professional best suited to their unique needs. Both urban and rural areas of California are significantly underserved, which mars the profession and hardly accords with the Board's concerns for the consumer, or its

mission in general. Minor deviations from the standard of care would include violations of the Business and Professions Code in which, upon investigation, what was decided was that no harm, or evidence of only slight harm, to the complainant had occurred.

Moderate Deviations

It is recommended that this new category of differentiation for two reasons. The first is to highlight the fact that departures from the standard of care exist along a continuum; they are not dichotomous or binary. Secondly, this category allows focus on the psychologist whose action(s) might indeed have led the patient to feel extremely offended or caused substantial harm to them, but such damage hadn't at all transpired because of practitioner incompetence or any narcissistically-driven self-interest.

That is, their clinical work up to this point could be shown to be reputable, and their decision-making in this particular instance was based on judgment similar to what had served them well with patients in the past and not caused any of them harm.

Thus, these practitioners could be understood as having acted honorably, not having any reason to suspect that their action could have been anywhere as detrimental as it turned out. As the renowned physicist Neils Bohr famously, though half-comically, opined: "Prediction is very difficult, especially if it's about the future!"

There are also times that an intervention can remind a patient (however unconsciously) of a trauma never resolved and so still be psychoactive—such that the psychologist's unpredictable "violations" actually compromised their daily ability to function.

The Board's determining that because the psychologist's action eventuated in a significant setback for the patient they should be deemed blameworthy—as negligent or insufficient cautious—would be unduly harsh. For that therapist could not realistically have foreseen the adverse consequences of their behavior.

Empathy for the patient—and protection of patients in general—should, of course, be paramount in the Board's considerations and mission. Concern for the psychologist's welfare should also be considered. After all, the great majority of psychologists are conscientious and dedicated to their profession; and, moreover, their practice may be crucial to their livelihood and sense of personal identity.

Admittedly, there are a few practitioners whose conduct is such that they need to be removed from the profession. But in a case similar to that just described, where the therapist whose thinking was in no way outrageous, exploitative, or deceptive, such a mistake hardly warrants onerous penalties. BOP would do well to consider whether its reformist efforts will really make the psychologist a better therapist (vs. a much less confident and fearful one).

Major deviations

By contrast, in defining what constitutes a major deviation from the standard of care, the following examples can reasonably be viewed as major departures from any acceptable norm:

Malicious intent toward patients, other professionals, or the general public;
Conviction of a felony or attempted felony toward patients or others;
Intentional injury of patients, colleagues or the public;
Gross negligence—including sex with a patient, profit-motivated dual relationships, buying/selling/using drugs or alcohol with patients, attempting to induce patients to break the law, and a history of convictions for driving while intoxicated.

While all mistakes might be viewed as including negligence, minor infractions need to be responded to with relatively mild, non-public disciplinary actions, which is not currently the case. For a licensee may have violated a regulation due to a misunderstanding or oversight, possibly because, for example, needing to prioritize health issues and therefore forgetting to check their post office box within the 60-day notice of a continuing education audit.

The BOP is urged to limit its most punitive disciplinary measures to exceptional cases involving deviations such as those above.

To employ a vehicular analogy, a person who drives 30 mph in a 25 mph school zone at 7 pm when school is no longer in session and no people are present has technically committed a speeding violation, yet without causing any harm. So we'd assess their act as comprising a relatively minor infraction. In a second scenario, another person, driving 20 miles over the speed limit on a freeway, is responsible for a minor fender-bender and has also committed a speeding violation.

In a third, infinitely more dangerous speeding scenario, someone driving drunk at 100 mph on a freeway in a high-speed police chase who crashes into another car, killing its driver, ought to be dealt with in a vastly different way. For in this instance common sense would dictate that these three situations—representing mild, moderate, and severe/major examples of speeding—be considered as depicting markedly disparate points on our continuum, with only the third demanding that the driver's license be revoked.

Yet since the early 2000s, this indiscriminate “sledgehammer” approach to minor and moderate deviations from the standard of care has seemed to many psychologists to be an all-too-common BOP response to licensee infractions.

In sum, it is recommended that a more nuanced stance be taken toward licensees who, upon more extensive investigation, are best understood as committing minor or moderate—vs. major—violations of the standard of care.

Facsimile Cover Sheet

To:	9165748672@rcfax.com
Company:	
Phone:	
Fax:	+19165748672
From:	Deborah Cutter
Company:	Creative Behavioral Consultants, Inc.
Phone:	
Fax:	
Date:	08/09/2025
Pages including this cover sheet:	5

Comments:

Idea to create Middle Tier Licensure - to solve EPPP problem



 BOARD OF PSYCHOLOGY		RENEWAL DATE MAY 31, 2026 EXPIRATION DATE APRIL 30, 2026 EXPIRATION DATE (TIME) 11:59 PM
LICENSING DETAILS FOR: 20335		
NAME (LAST, FIRST, MIDDLE) DEBORAH CUTTER LICENSE TYPE PSYCHOLOGIST PRIMARY BOARD PSYCHOLOGICAL SERVICES & CONSULTING BOARD NAME PSYCHOLOGICAL SERVICES & CONSULTING EXPIRATION YEAR 2026 RENEWAL DATE MAY 31, 2026	ADDRESS OF RECORD 1000 CALIFORNIA BLVD SUITE 200 CALIFORNIA 94612-1000 LOS ANGELES COUNTY CA	
IMPORTANT LINKS		

Deborah Cutter, Psy.D.
Executive Director
Clinical Psychologist, PSY 20335
dcutter@cbc-autism.com



4500 Park Granada Blvd., Ste 202
Calabasas, CA 91302
www.cbc-autism.com

8/9/25

To Whom It May Concern:

I attended your board meeting via Webex on 8/8/25. I was very disturbed to hear that people who cannot pass the Examination for Professional Practice in Psychology (EPPP), have been feeling suicidal and can and have lost their jobs if not able to pass the EPPP. It was heart wrenching to hear about the person who had taken it 6 or 7 times and could not pass. We choose this field, or it chooses us because of the trauma in our childhoods. We get into this business to help suicidal people, but the Board is home growing them?

I passed the EPPP on the first try on July 21, 2005, but that is only because I learned "how to take the test." I understand what it feels like to fail a licensure test; I failed the MFT oral test my first time. After that, I did not pick up a book to study for over a year.

I do not want to get into the bureaucracy of why you have not changed the EPPP which does not measure or test for education, skill or experience. The questions are verbose, confusing, they add unnecessary information to deliberately trip you up. The correct answer does not pop out at you easily and two or more answers can look correct on first glance.

I am not writing to you complain, I am writing to you to provide a solution.

I work in the field of Applied Behavior Analysis (ABA). We work with children with autism. In this genre, we are in-network providers with insurance companies. We have Board Certified Behavioral Analysts (BCBAs) who are credentialed by the Behavior Analyst Certification Board (BACB) who are accredited by the insurance companies. We can bill a BCBAs time to the insurance company. We also are a "Group Practice" and we can bill other people's time who are supervised by BCBAs. There is a middle tier called Board Certified Assistant Behavioral Analysts (BCaBA) and there are Master's Level (MA) people enrolled in ABA Master's programs who are supervised by BCBAs who can provide services to our insureds. The BCaBA's time can be billed to the insurance company as well. The MA Level's time is billed through a BCBA.

My suggestion is you create a middle tier License with a required smaller test, maybe 100 questions with understandable questions and answers that test for education, skill and experience. I do not want to get into the "why" of the Association of State and Provincial Psychology Boards (ASPPB) and/or Pearson VUE, I can only assume they are a private profit industry that benefits financially from people having to take the test multiple times.

I am not interested in analyzing the politics or bureaucracy of this. There is enough disfunction in our world right now.



Instead of running the risk of pushing people to suicide, why don't we come together to find a solution? I believe the middle tier model for licensure I have described above is the perfect one for this problem. Insurance companies already have mechanisms in place to pay for group practices. A middle tier licensed position would help the person keep their job if they are unable to pass the EPPP and stop the downward spiral leading to thoughts of suicide or worse, completion of it.

I would be happy to be a part of a work group to make this idea become a reality. If you would like to discuss this further, I can be reached at [REDACTED] My personal email is [REDACTED]

Sincerely,

[REDACTED]

Deborah Cutter, Psy.D.
Executive Director
Clinical Psychologist PSY20335

CA		DCA SEARCH	
		BOARD OF PSYCHOLOGY	
LICENSING DETAILS FOR: 20335		ISSUANCE DATE JULY 21, 2015	
NAME CUTTER, DEBORAH		EXPIRATION DATE APRIL 30, 2027	
LICENSE TYPE PSYCHOLOGIST		CURRENT RATE / TIME \$1,000 / 1.00	
PRIMARY STATUS LICENSE RENEWED & CURRENT			
SCHOOL NAME UNIVERSITY OF CALIFORNIA			
GRADUATION YEAR 1990			
PROFESSIONAL URL WWW.CBC/MYRCS.COM			
ADDRESS OF RECORD			
4100 MARK OSTRAND BLVD			
STE 210			
CALAUNING CA 91301-1653			
LOS ANGELES COUNTY			
MSP			
IMPORTANT LINKS			

MEMORANDUM

DATE	July 29, 2025
TO	Psychology Board Members
FROM	Cynthia Whitney Central Services Manager
SUBJECT	Agenda Item # 5 – Discussion and Possible Approval of the Board Meeting Minutes: May 9, 2025

Background:

Attached are the draft minutes of the May 9, 2025, Board Meeting.

Action Requested:

Review and approve the minutes of the May 9, 2025, Board Meeting.

MINUTES OF BOARD MEETING
May 9, 2025

Wright Institute
2729 Durant Avenue, Room 109/110
Berkeley, CA 94704

Board Members Present

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

Board Members Absent

Shacunda Rodgers, PhD, Vice President

Board Staff

Jonathan Burke, Executive Officer
Stephanie Cheung, Licensing Manager
Jacklyn Mancilla, Legislative and Regulatory Affairs Analyst
Troy Polk, Continuing Professional Development (CPD) Coordinator
Shelley Ganaway, Legal Counsel

Friday, May 9, 2025

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

Dr. Tate called the meeting to order at 9:10 a.m. A quorum was present and due notice had been sent to all interested parties.

Agenda Item #2: President's Welcome

a) Mindfulness Exercise

This item was not taken up.

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

Dr. Tate called for public comment.

No public comment was offered.

**Agenda Item #4: Discussion and Possible Approval of the Board Meeting
Minutes: February 27-28, 2025**

It was (M)Foo(S)Phillips(C) to approve the February 27-28, 2025, Board Meeting minutes with any technical, non-substantive amendments.

Dr. Tate called for public comment.

No public comment was offered.

Votes

7 ayes (Casuga, Cervantes, Foo, Nystrom, Phillips, Rescate, Tate) 0 noes

**Agenda Item #5: Discussion and Possible Approval of the Board Meeting
Minutes: April 17, 2025**

It was (M)Phillips(S)Foo(C) to approve the April 17, 2025, Board Meeting minutes with any editorial changes made prior to the vote.

Dr. Tate called for public comment.

No public comment was offered.

Votes

7 ayes (Casuga, Cervantes, Foo, Nystrom, Phillips, Rescate, Tate) 0 noes

Agenda Item #6: President's Report

a) Meeting Calendar

Dr. Tate provided the update on this item, found on page 17 of the meeting materials.

Dr. Tate called for Board comment.

No Board comment was offered.

Dr. Tate called for public comment.

No public comment was offered.

Agenda Item #7: Executive Officer's Report

89 a) Personnel Update

90
91 Mr. Burke provided the update on this item, starting on page 37 of the hand-carry
92 meeting materials.

93
94 Dr. Tate called for Board comment.

95
96 No Board comment was offered.

97
98 Dr. Tate called for public comment.

99
100 No public comment was offered.

101
102 **Agenda Item #8: DCA Update**

103
104 Dr. Harb Sheets arrived and joined the meeting at 9:21 a.m.

105
106 Mr. Burke provided the update on this item, starting on page 38 of the hand-carry
107 materials.

108
109 He commented that DCA sent a note of recognition and thanks to the Board Members
110 during Public Service Recognition Week. He commented on the proposed
111 reorganization of the Business Consumer Services and Housing Agency.

112
113 Dr. Tate called for public comment.

114
115 No public comment was offered.

116
117 **Agenda Item #9: Enforcement Report**

118
119 Mr. Burke provided the update on this item, starting on page 18 of the meeting
120 materials.

121
122 Dr. Tate called for Board comment.

123
124 No Board comment was offered.

125
126 Dr. Tate called for public comment.

127
128 No public comment was offered.

129
130 **Agenda Item #10: Budget Report**

131

132 Mr. Polk provided the update on this item, starting on page 41 of the hand-carry
133 materials.

134

135 Dr. Tate called for Board comment.

136

137 No Board comment was offered.

138

139 Dr. Tate called for public comment.

140

141 No public comment was offered.

142

143 **Agenda Item #11: Licensing Report**

144

145 Ms. Cheung provided the update on this item, starting on page 26 of the meeting
146 materials.

147

148 Dr. Tate called for Board comment.

149

150 Dr. Casuga asked how staff would address the anticipated seasonal increase in
151 applications.

152

153 Ms. Cheung commented that staff were being offered overtime if the volume of
154 applications coming in was too high to effectively redistribute the work among staff.

155

156 Mr. Foo asked Ms. Cheung to describe the common deficiencies on the applications in
157 terms of supporting documents that might cause the processing time to increase.

158

159 Ms. Cheung commented that a checklist is provided online to illustrate all the materials
160 which must be completed before the application packet is sent to the board. She noted
161 that materials submitted without fees attached are not assigned to the queue.

162

163 Mr. Foo asked Ms. Cheung to comment on the expected increase in processing times.

164

165 Ms. Cheung provided a current estimate of two to three weeks in waiting time for
166 applications. She added that this estimate was contingent upon receiving complete
167 application materials, submitted in a timely manner.

168

169 Dr. Tate called for further Board comment.

170

171 No further Board comment was offered.

172

173 Dr. Tate called for public comment.

174

175 No public comment was offered.

176
177 **Agenda Item #12: Examination Report**
178

179 Ms. Cheung provided the update on this item, starting on page 36 of the meeting
180 materials.

181
182 Dr. Tate called for Board comment.

183
184 Dr. Harb Sheets commented that some states only allow an examinee a limited number
185 of attempts to pass the examination, which might be having an impact on the
186 comparative number of repeat test-takers between California and other jurisdictions.

187
188 Dr. Phillips asked for an explanation as to why California test-takers did worse on
189 average taking the Examination for the Professional Practice of Psychology (EPPP)
190 than in other jurisdictions.

191
192 Ms. Cheung commented that the previous broad authority regarding educational
193 requirements could be a contributing factor.

194
195 Dr. Casuga commented that there was great variability in testing content between
196 jurisdictions, partly as a result of the text examiners in different areas giving emphasis to
197 more localized factors. She added that these and other factors pointed to an issue that
198 was more nuanced than California simply having test takers of poor quality.

199
200 Dr. Harb Sheets commented that information shared last year by OPES in its
201 presentation reflected a diminishing success rate the more times an examinee retook
202 the EPPP. She added that this statistic could be pulling the pass rate down.

203
204 Dr. Phillips asked whether the percentage of test takers that were coming from non-
205 American Psychological Association (APA)-accredited programs was greater in
206 California than in other states.

207
208 Ms. Cheung replied that this was the case according to OPES.

209
210 Dr. Phillips commented that graduate programs may not be as selective about the
211 students they admit to their programs as they used to be, and so the quality of test taker
212 may be contributing to the falling pass rate.

213
214 Mr. Foo commented that the Association of State and Provincial Psychology Boards
215 (ASPPB) posts a list of passage rates of various doctoral programs relative to each
216 other.

217
218 No further Board comment was offered.
219

220 Dr. Tate called for public comment.

222 No public comment was offered.

224 **Agenda Item #13: Continuing Professional Development (CPD) and Renewals**

226 Mr. Polk provided the update on this item, starting on page 44 of the meeting materials.

228 Dr. Tate called for Board comment.

230 Dr. Casuga commented that she was pleased to see attendance at a Board meeting as
231 a qualifying activity for CPD credit.

233 No further Board comment offered.

235 Dr. Tate called for public comment.

237 Ward Ashman asked for clarification on who was considered a 'peer' when using Peer
238 Consultation to satisfy CPD requirements.

240 Mr. Polk replied that a licensed mental health professional would count as a peer for this
241 purpose.

243 No further public comment was offered.

245 **Agenda Item #19: Update and Discussion on the Development of the Integrated**
246 **Examination for Professional Practice in Psychology**

248 Dr. Tate introduced Hao Song, PhD, Associate Executive Director of Examination
249 Service at ASPPB, to provide the update on this item, starting on page 168 of the hand-
250 carry materials. The slideshow she presented was also available as a separate hand-
251 carry item.

253 Dr. Tate called for Board comment.

255 Dr. Casuga asked for an explanation of the process used to appoint the members of the
256 Job Task Analysis Task Force (JTA).

258 Dr. Song replied that when calling for volunteers to participate in the JTA, a survey went
259 out to prospective members to identify the various jurisdictions, practice settings, and
260 specialties to provide a pool of candidates across a wide range of backgrounds.
261

Dr. Phillips commented that the validity of a licensing examination is measured differently than a psychometric assessment instrument and he asked Dr. Song to address that.

Dr. Song provided an example of licensing someone to drive demonstrates that the person has the basic skills to drive, but licensure is not a predictor of whether that person will be a good driver. She commented that it is similar with professional licensure, where licensure is granted once a certain threshold has been met to enter practice, but this does not predict whether that licensee might later have disciplinary action taken against them. She added that the JTA utilized a combination of the published educational and psychological testing standards of the American Psychological Association (APA), the American Educational Research Association (AER), and the National Council on Assessment in Education.

Dr. Harb Sheets commented that the Board has given a lot of attention to eliminating barriers to licensure, and that many states struggle to license enough mental health professionals. She asked Dr. Song whether states would be able to make their own decisions as to when a candidate would be eligible to take the EPPP, since the position of ASPPB supports having the examination applied when the candidate is ready for licensure.

Dr. Song replied that the JTA would consider whether a candidate should be eligible to take the examination upon completion of their doctoral program and internship, or as soon as possible upon completion of coursework. She added that ASPPB factors in whether examination performance is better if it is taken shortly after the completion of coursework. She commented that to complete the knowledge-based exam before starting on the internship would not be recommended, since the integrated exam calls on both areas of experience.

Dr. Harb Sheets commented that the development costs of the new examination would work their way through the system and put up a new barrier to licensure for some candidates, especially to those who take it more than once.

Dr. Song responded that JTA would work closely with various stakeholders, including the Board, especially if the length, and therefore the cost to the test-taker, were to increase as expected.

Dr. Harb Sheets commented that, when reviewing the sample questions, she was unable to determine the ethnicity of the test taker, which left her unable to assess the validity of the examination with different ethnic groups.

Dr. Phillips commented that, in his own training, one needed to know the client's clinical information to be able to interpret the test results when doing an assessment. He added that, given the differences in results on a particular scale between different ethnic

groups, there should have been at least a little background on the client to account for spikes in comparison to other scales.

Mr. Foo asked Dr. Song whether there would be a transitional period in the implementation timeline to allow the various jurisdictions to update their regulatory language. He also asked whether there would be overlap between the EPPP Part One and the new IEPPP, where both would be offered simultaneously.

Dr. Song replied that there would probably be some overlap, since many candidates would already have signed up and paid their fees to take the EPPP Part One. She added that the purpose of discussing the roadmap was to allow jurisdictions some time to start their legislative work in anticipation of the examination going live.

Dr. Phillips commented that the Board had previously gone through all the preparatory legislative and regulatory work to prepare for implementation, and he emphasized the importance of allowing sufficient lead time.

Dr. Song replied that she did not anticipate too many legislative changes being necessary.

Dr. Harb Sheets commented that the Board was already aware of the fee increase associated with the new examination, but there were still many details that needed to be worked out with ASPBB, such as when a candidate would be eligible to take the examination.

Dr. Phillips commented that, given all of the work and time necessary to run through all the layers of government to approve the Board's statutory and regulatory business, he wanted assurance the Board would be given enough lead time to move forward in a thoughtful way.

Mr. Foo commented that the Board moves very quickly on policy when called for but emphasized that the Board was not the reason it takes years to get policy changes in place. He wanted guarantees that there would not be a lot of changes at the legislative level that would come down, especially while the Board was currently in its Sunset Review.

Mr. Burke commented that the timeline for 2027 was very short, and that there would need to be regulatory changes, which at this time could not be considered without knowing about fees for the new examination. He added that there would need to be contract discussions with the testing centers. He said that even if some of these considerations were less difficult to overcome, there was the potential appearance of raising additional barriers to licensure.

Dr. Harb Sheets asked why the competency-based examination was needed in the first place.

Dr. Song replied that ASPPB's decision to implement the new examination arose out of a consensus that developed over the years since the early 2000's. She added that ASPPB could publish more articles to keep the discussion in front of the profession but said that Boards often have vacancies that are filled by new Members who do not have the background that other Members brought to the discussion.

Mr. Foo commented that existing statute dictates the timing by which a candidate may take an examination, and that it was not clear what impact this might have on implementation. He added that the regulation package the Board previously put together was developed with a two-part examination in mind, not a single integrated one. He asked Mr. Burke to clarify whether the exact dollar amount to take the examination was set out in regulation, because a fee increase for the new examination would appear to conflict with the regulations.

Mr. Burke commented that the fees associated with taking the examination are not specifically stated, and that this would not cause a conflict with regulations. He added that the bigger consideration was that the Legislature would question how the Board could justify a fee increase. He said that it would be difficult to request legislation that appeared to raise additional barriers to licensure.

Mr. Foo asked for a grace period to be built into the implementation timeline, during which time both examinations would be offered simultaneously. He said this would allow the Board the time it required to make changes through legislation and regulations.

Mr. Foo commented on recent controversy with a different state licensing body which used AI to generate the questions for its examination. He asked whether AI was used to generate any of the questions on this new examination.

Dr. Song replied that the examination currently under development relied on human experts, nor did she anticipate that AI would be used in the short term. She added that, while AI would certainly be able to generate a large volume of material very quickly, the quality would possibly be lacking.

Mr. Foo commented that he would want the Board to be kept updated when and if ASPPB decided to start using AI to generate test questions. He asked the Board whether they should draft a letter to ASPPB describing their concerns regarding the implementation timeline, especially if it would be a helpful instrument to capture the spirit of the discussion that took place at this meeting.

It was (M)Foo(S)Phillips to communicate with ASPPB about the needs of the Board's jurisdiction with regard to an implementation timeline of 2027.

Dr. Cervantes requested that the motion be amended to include a request for justification from ASPPB as to the use of AI.

Dr. Tate called for Board comment.

Dr. Casuga commented that the letter to ASPPB needed to be clear on the point about the eligibility requirements to take the examination, and to justify the need for a competency-based exam.

The motion did not carry, and therefore was not implemented.

Dr. Phillips commented that competency was essential to consumer protection. He added that the discussion needed to await a clarifying response from ASPPB. He said that the issues of competency in health care and consumer law have been moving towards demonstration of competency. He cautioned about the Board being seen as downplaying the importance of competency, because it is critically important for consumer protection.

Dr. Casuga commented that this current discussion was about trying to find better ways to assess competency.

It was (M)Foo(S)Harb Sheets(C) to communicate to ASPPB about the implementation needs associated with an integrated EPPP and the role of artificial intelligence in test creation and quality assurance/control and to delegate to the Executive Officer and the Board President any changes necessary involved in drafting this letter.

Dr. Tate called for public comment.

Dr. Winkelman of CPA commented on CPA's opposition to integration of the two EPPP examinations into one, stating that it created a substantial and unnecessary burden to applicants. She added her appreciation that the Board hoped to send a representative to the ASPPB meeting.

Janet Ferrell from San Diego Psychological Association commented that she would like to see a proposal to have the Licensure Committee communicate with their counterparts in other jurisdictions about developing their own alternative examinations to the integrated examination.

The next public commenter, a licensed clinician, expressed concerns about the use of AI in generating future test questions. He added that there have been significant issues created by implementing AI into the examination process, pointing for reference at difficulties experienced by applicants to the State Bar. He echoed other comments

about raising barriers to licensure, especially to historically-underrepresented populations.

Votes

8 ayes (Casuga, Cervantes, Foo, Harb Sheets, Nystrom, Phillips, Rescate, Tate) 0 noes

Agenda Item #18: Discussion and Possible Action of Proposed Changes to Language and Licensure Application Forms Related to AB 282

Ms. Mancilla provided the update on this item, starting on page 166 of the hand-carry materials.

Dr. Tate called for Board comment.

No Board comment was offered.

Dr. Tate called for public comment.

No public comment was offered.

Agenda Item #14: Legislative and Regulatory Affairs Committee Update

Dr. Casuga, Chair of this committee, introduced this item, and Mr. Burke provide the update, starting on page 46 of the hand-carry materials.

a) Legislative Proposals

1) Sunset Review Report

No Board or public comment offered.

b) Review of Bills for Review and Consideration for Action Position Recommendation to the Board

Ms. Mancilla provided the update on this item, starting on page 149 of the hand-carry materials.

1) SB 775 (Ashby) Board of Behavioral Sciences

It was (M)Phillips(S)Tate(C) to support SB 775 if amended to incorporate the Board's remaining requests that were submitted in the Sunset Report.

Dr. Casuga called for Board comment.

480 No Board comment was offered.

481

482 Dr. Casuga called for public comment.

483

484 Dr. Winkelman of CPA voiced strong opposition to the Board's proposed language
485 regarding psychotherapist patient privilege for this legislation, adding that including this
486 language would erode psychotherapist and patient privilege. Regarding proposed
487 cleanup language for Business and Professions Code (BPC) 2913, she questioned the
488 current reference to preliminary doctoral exams, which the Board had decided it would
489 remove.

490

491 Mr. Burke commented that the Board did agree to those changes at the April 17, 2025,
492 Board Meeting, though the changes were not reflected in the meeting materials.

493

494 No further public comment was offered.

495

496 Votes

497 7 ayes (Casuga, Cervantes, Foo, Harb Sheets, Phillips, Rescate, Tate), 1 Recusal
498 (Nystrom), 0 noes

499

500 2) SB 470 (Laird) Bagley-Keene Open Meeting Act: teleconferencing

501

502 Ms. Mancilla provided the update on this item, starting on page 51 of the meeting
503 materials.

504

505 It was (M)Tate(S)Cervantes(C) to adopt a support position on SB 470.

506

507 Dr. Casuga called for Board discussion.

508

509 No Board discussion was offered.

510

511 Dr. Casuga called for public comment.

512

513 No public comment was offered.

514

515 Votes

516 7 ayes (Casuga, Cervantes, Foo, Harb Sheets, Phillips, Rescate, Tate), 1 Recusal
517 (Nystrom), 0 noes

518

519 3) SB 641 (Ashby) Department of Consumer Affairs and Department of Real Estate:
520 states of emergency: waivers and exemptions

521

522 Ms. Mancilla provided the update on this item, starting on page 90 of the meeting
523 materials.

524
525 Dr. Casuga asked how many licensees had been affected by the state of emergency
526 declared under Executive Order N-15-25 resulting from the Los Angeles wildfires.
527
528 Mr. Burke commented that to date there had been 13 licensees who had come forward
529 to avail themselves under the terms of the Order, but others have come forward
530 requesting to pay on-cycle rather than to defer their renewal.
531
532 It was (M)Tate(S)Harb Sheets(C) to adopt a position of support for SB 641.
533
534 Dr. Casuga called for Board comment.
535
536 No Board comment was offered.
537
538 Dr. Casuga called for public comment.
539
540 No public comment was offered.
541
542 Votes
543 7 ayes (Casuga, Cervantes, Foo, Harb Sheets, Phillips, Rescate, Tate), 1 Recusal
544 (Nystrom), 0 noes
545
546 4) SB 579: (Padilla) Mental health and artificial intelligence working group
547
548 Ms. Mancilla provided the update on this item, starting on page 114 of the meeting
549 materials.
550
551 It was (M)Harb Sheets(S)Phillips(C) to adopt a position of support for SB 579.
552
553 Dr. Casuga called for Board comment.
554
555 No Board comment was offered.
556
557 Dr. Casuga called for public comment.
558
559 Tyler Rinde of CPA commented that, as one of SB 579's co-sponsors, CPA appreciated
560 the Board's support of the bill. He added that CPA would be glad to include a
561 psychologist in the discussion with the bill's author.
562
563 No further public comment was offered.
564
565 Votes
566 7 ayes (Casuga, Cervantes, Foo, Harb Sheets, Phillips, Rescate, Tate), 1 Recusal
567 (Nystrom), 0 noes

c) Bills with Active Positions Taken by the Board

1) AB 489 (Bonta) Health care professions: deceptive terms or letters: artificial intelligence

Ms. Mancilla provided the update on this item, starting on page 137 of the meeting materials.

Dr. Casuga called for public comment.

No public comment was offered.

d) Watch Bills

1) AB 81 (Ta): Veterans: mental health

2) AB 257 (Flora) Specialty care networks: telehealth and other virtual services

3) AB 277 (Alanis) Behavioral health centers, facilities, and programs: background checks

4) AB 346 (Nguyen) In-home support services: licensed healthcare professional certification

5) SB 518 (Weber Pierson) Descendants of enslaved persons: reparations

6) AB 742 (Elhawary) Licensing: applicants who are descendants of slaves

7) AB 479 (Tangipa) Criminal procedure: vacatur relief.

8) AB 985 (Ahrens) Anesthesiologists assistants

9) AB 677 (Solache) Professions and vocations: license examinations: interpreters

Dr. Casuga called for Board comment.

No Board comment was offered.

Dr. Casuga called for public comment.

No public comment was offered.

Agenda Item #15: Legislative Items for Future Meeting

Dr. Casuga introduced this item.

Dr. Casuga called for Board comment.

No Board comment was offered.

Dr. Casuga called for public comment.

No public comment was offered.

Agenda Item #16: Regulatory Update, Review, and Potential Consideration of Additional Changes

Dr. Casuga provided the update on this item, starting on page 268 of the meeting materials.

Dr. Casuga called for Board comment.

No Board comment was offered.

Dr. Casuga called for public comment.

No public comment was offered.

Agenda Item #17: Consideration and Possible Action on ASPPB Norma P. Simon Regulatory Service Award Nomination

Dr. Phillips introduced this item, starting on page 157 of the hand-carry materials.

It was (M)Phillips(S)Foo(C) to approve a letter by the Board President recognizing the state, national, and international contributions of Dr. Jacqueline Horn, and to nominate her for the Norma P. Simon Regulatory Service Award.

Dr. Phillips called for Board comment.

No Board comment was offered.

Dr. Phillips called for public comment.

No public comment was offered.

Votes

7 ayes (Cervantes, Foo, Harb Sheets, Nystrom, Phillips, Rescate, Tate), 1 Recusal (Casuga), 0 noes

Agenda Item #20: Recommendations for Agenda Items for Future Board Meetings

Dr. Tate called for Board comment.

Dr. Casuga recommended that Dr. Rodgers lead a mindfulness activity.

No further Board comment was offered.

656
657 Dr. Tate called for public comment.
658

659 Dr. Ferrell requested an update on the Board's communications with the
660 Texas Behavioral Health Executive Council
661 regarding that state's work on developing their own alternative test to the EPPP.
662

663 No further public comment was offered.
664

665 **Special Mention: A Departure**
666

667 In her closing remarks, Dr. Tate recognized the departure of Dr. Stephen Phillips from
668 the Board of Psychology.
669

670 It was resolved that the Board of Psychology and Department of Consumer Affairs
671 Director, on behalf of the State of California, acknowledged with deepest gratitude his
672 wisdom, leadership, excellence, dedication, valuable contributions, and exemplary
673 service during his long tenure with the Board.
674

675 The Board Members and Mr. Burke then each expressed their own well-wishes and
676 gratitude.
677

678 Dr. Tate called for public comment.
679

680 Drs. Song and Winkelman expressed how much they would miss him and thanked him
681 for his years of service.
682

683 Dr. Phillips expressed what a privilege it had been to serve the Board. He thanked all in
684 attendance for their thoughts and kind words.
685

686 **CPD Credit for Meeting Attendance**
687

688 Mr. Polk commented that attendance at the meeting today provided 6 hours of CPD
689 credit under Category 1.
690

691 **ADJOURNMENT**
692

693 The meeting adjourned at 1:32 p.m.
694

2025 Board Meeting/Event Calendar

Board Meetings

Event	Date	Location	Agenda/Materials	Minutes	Webcast
Board Meeting	February 27 – 28, 2025	IN PERSON Sacramento, CA	Agenda Materials Hand Carry Materials HCAI Presentation	Minutes	Webcast Day 1 Webcast Day 2
Board Meeting	April 17, 2025	Hybrid – WebEx	Agenda Materials Hand Carry	Minutes	Webcast
Board Meeting	May 9, 2025	IN PERSON Bay Area, CA	Agenda Materials Hand Carry Hand Carry – ASPPP Presentation		Webcast
Board Meeting	August 22, 2025	IN PERSON San Diego, CA			
Board Meeting	November 6–7, 2025	IN PERSON Riverside, CA			

Licensure Committee

Event	Date	Location	Agenda/Materials	Minutes	Webcast
Licensure Committee Meeting	January 31, 2025	Webex	Agenda Materials Hand Carry		Webcast
Licensure Committee Meeting	Rescheduled to August 8, 2025	Webex	Agenda Materials		Webcast

Legislative and Regulatory Affairs Committee

Event	Date	Location	Agenda/Materials	Minutes	Webcast
Legislative and Regulatory Affairs Committee	April 11, 2025	Webex	Agenda Materials Hand Carry	Minutes	Webcast
Legislative and Regulatory Affairs Committee	June 6, 2025	Webex	Agenda Materials		Webcast

Outreach and Communications Committee

Event	Date	Location	Agenda/Materials	Minutes	Webcast
Outreach and Communications Committee Meeting	September 19, 2025	Webex			

MEMORANDUM

DATE	August 5, 2025
TO	Psychology Board Members
FROM	Sandra Monterrubio, Assistant Executive Officer Board of Psychology
SUBJECT	Agenda Item 9, Enforcement Report

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

Complaint Program

Since July 1, 2025, the Board has received 113 complaints. All complaints received are opened and assigned to an enforcement analyst. The Enforcement Unit currently has two vacant positions. One position is the Enforcement Program Manager, and the other is an Enforcement Analyst position. Both positions have been advertised and will hopefully be filled by the end of September.

Citation Program

Since July 1, 2025, the Board has issued one (1) enforcement citations. Citation and fines are issued for minor violations.

Discipline Program

Since July 1, 2025, the Board has referred four (4) cases to the Office of the Attorney General for formal discipline.

Probation Program

Enforcement staff is currently monitoring 22 probationers. Of the 22 probationers, one (1) is out of compliance and 10 are tolled. Being out of compliance can result in a citation and fine or further disciplinary action through the Office of the Attorney General.

Attachments:

#1: Overview of Enforcement Activity Attachment

#2: Performance Measures

Action Requested

This item is for informational purposes only.

BOARD OF PSYCHOLOGY

Overview of Enforcement Activity

LICENSES	20/21	21/22	22/23	23/24	24/25
Psychologist	22,058	22,289	22,610	22,693	22,813
Psychological Associates	1,348	1,450	1,701	1,791	1,850
COMPLAINTS					
Complaints Received ¹	1.130	742	820	1,157	875
Arrest Reports Received	32	34	14	31	17
Investigations Opened ²	788	761	610	877	663
ENFORCEMENT OUTCOMES					
Total Citations Issued	37	31	30	29	24
Total Cases Referred to AG	60	52	29	29	11
Accusations	32	29	17	10	9
Statement of Issues	1	4	1	1	0
Petition to Revoke Probation	2	0	2	0	1
Petitions for Penalty Relief	8	4	3	4	3
Petition for Reinstatement	3	2	1	2	0
Total Filings	46	28	24	17	24
Accusations Withdrawn/Dismissed	3	3	1	3	3
Statement of Issues Withdrawn	2	0	0	1	0
Total Filings Withdrawn/Dismissed	5	3	1	4	3
Revocations	1	4	1	2	3
Probation	14	12	5	10	4
Surrender	12	7	9	7	10
Reprovals	6	7	3	2	1
Interim Orders	0	1	0	0	0
Statement of Issues-License Denied	1	1	0	1	1
Total Disciplinary Decisions	34	32	18	22	19
Petitions for Penalty Relief Denied	2	3	3	3	2
Petitions for Penalty Relief Granted	0	1	0	1	1
Petition for Reinstatement Granted	0	0	0	0	0
Petition for Reinstatement Denied	0	3	1	2	0
Total Other Decisions	2	7	4	6	3
VIOLATION TYPES					
Gross Negligence/Incompetence	29	24	18	19	29
Repeated Negligent Acts	25	17	17	25	28
Self-Abuse of Drugs or Alcohol	12	7	2	3	2
Dishonest/Corrupt/Fraudulent Act	6	7	9	17	9
Mental Illness	0	2	1	1	1
Aiding Unlicensed Practice	1	3	2	0	1
General Unprofessional Conduct	26	25	16	21	20
Probation Violation	7	5	0	5	3
Sexual Misconduct	7	8	4	6	8
Conviction of a Crime	10	8	1	8	4
Discipline by Another State Board	2	2	3	0	3
Misrepresentation of License Status	1	3	0	2	1

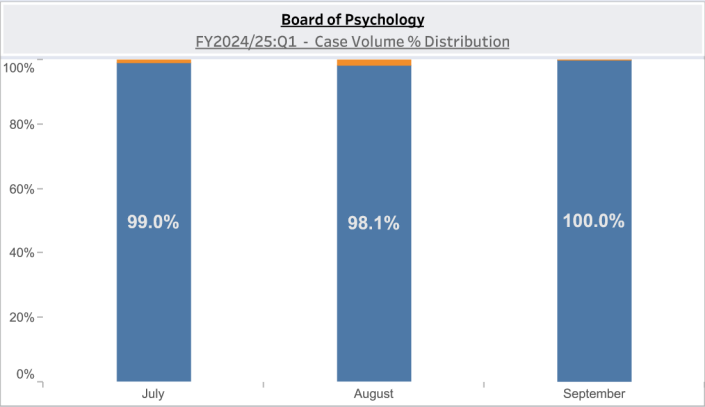
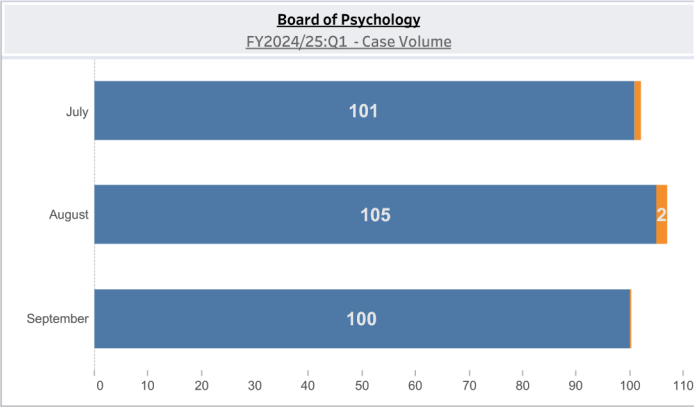
**Enforcement data pulled on April 18, 2025

¹ Complaints Received-refers to all complaints submitted to the Board even if the complaint does not fall within the Board's jurisdiction or if multiple complaints are filed regarding a single incident. ² Investigations Opened-refers to complaints where a desk investigation is initiated.

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 2/3/2025

Complaints Volume	Conviction/Arrest Volume	Total Volume
306	3	309



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
FY2024/25

Select a Quarter
Q1

Cycle Time
Actual Target

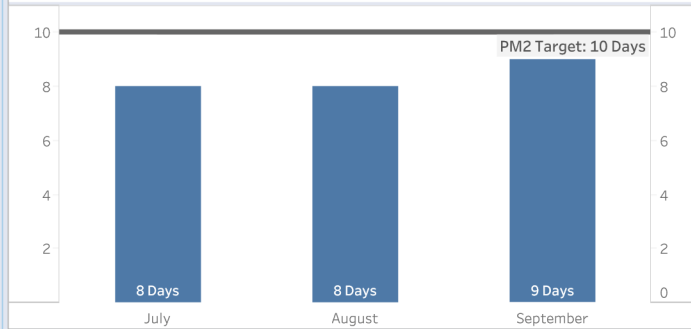
Performance Measure 2 represents the total number of complaint cases received and assigned for investigation and the average number of days (cycle time) from receipt of a complaint to the date the complaint was assigned for investigation or closed.

Board of Psychology PM2 Performance Summary

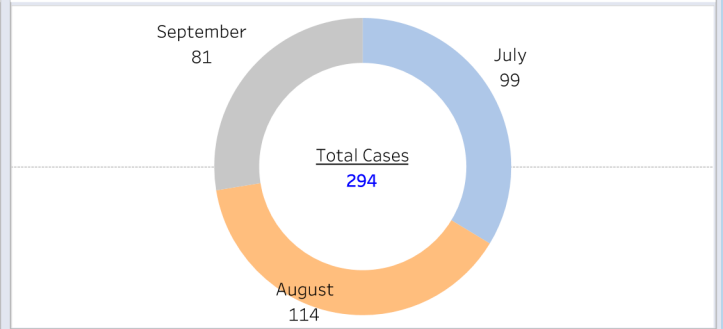
Data last refreshed on 2/3/2025

Case Volume	Target	Actual	Variance
294	10 Days	8 Day(s)	▼ -2 Day(s)

Board of Psychology FY2024/25: Q1 | PM2 - Intake Cycle Time



Board of Psychology FY2024/25: Q1 | 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
FY2024/25

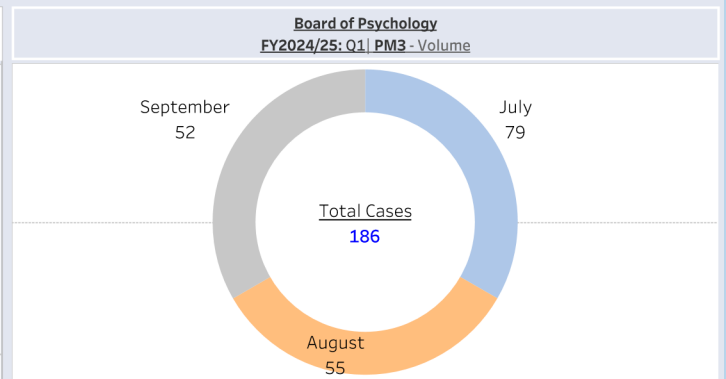
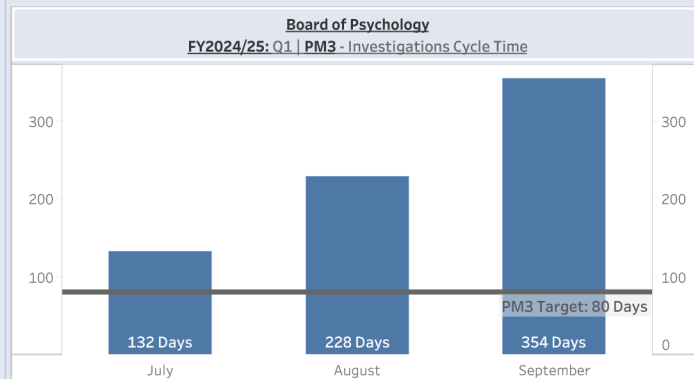
Select a Quarter
Q1

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 2/3/2025

Case Volume	Target	Actual	Variance
186	80 Days	222 Day(s)	▲ 142 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
FY2024/25

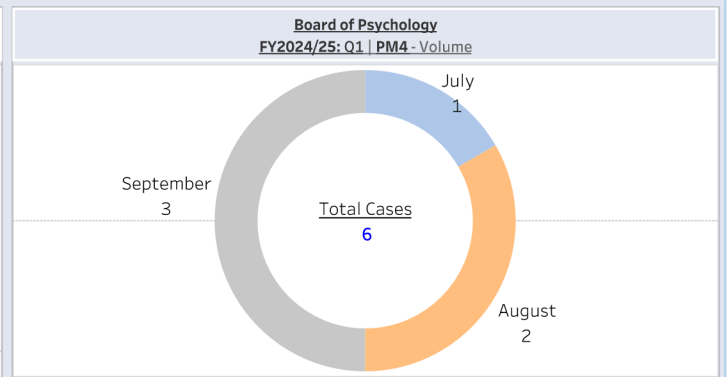
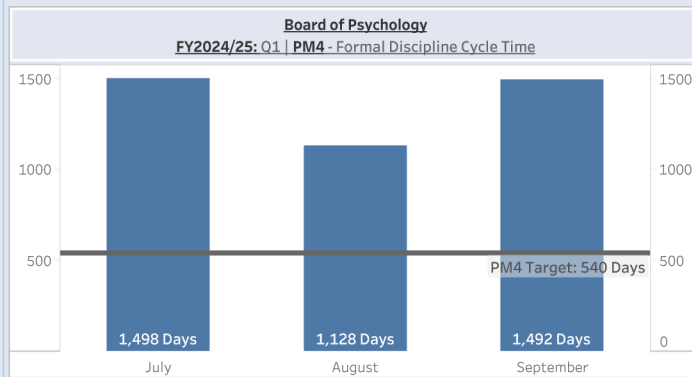
Select a Quarter
Q1

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 2/3/2025

Case Volume	Target	Actual	Variance
6	540 Days	1,372 Day(s)	▲ 832 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 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.

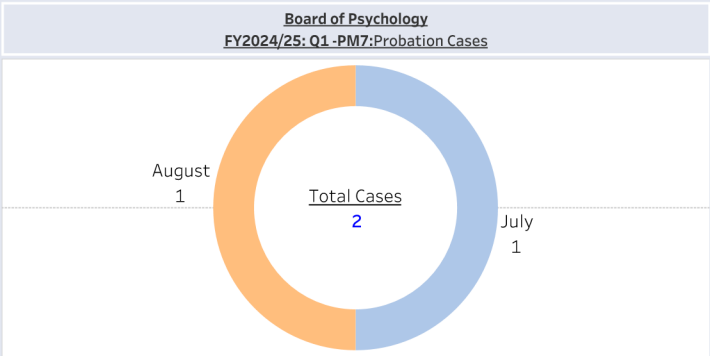
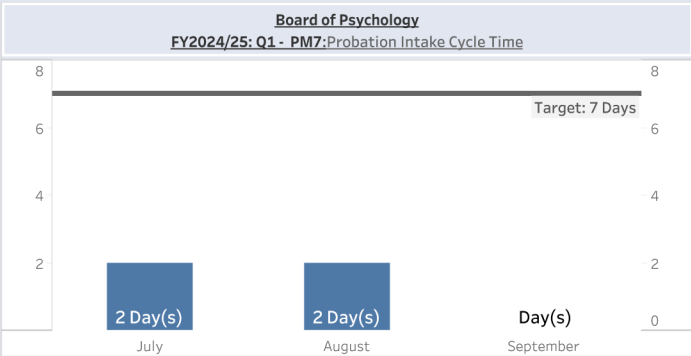
Performance Measure 7 (Probation Case Intake) – Total number of new probation cases and the average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.

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

Board of Psychology PM7 Performance Summary

Data last refreshed on 2/3/2025

Case Volume	Target	Actual	Variance
2	7 Days	2 Day(s)	▼ -5 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 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.

BOARD OF PSYCHOLOGY

Overview of Enforcement Activity

LICENSES	21/22	22/23	23/24	24/25	25/26
Psychologist	22,289	22,610	22,693	23,596	23,561
Psychological Associates	1,450	1,701	1,791	1,810	1,909
COMPLAINTS					
Complaints Received ¹	742	820	1,157	1,252	113
Arrest Reports Received	34	14	31	21	1
Investigations Opened ²	761	610	877	905	88
ENFORCEMENT OUTCOMES					
Total Citations Issued	31	30	29	32	1
Total Cases Referred to AG	52	29	29	54	4
Accusations	29	17	10	16	2
Statement of Issues	4	1	1	0	0
Petition to Revoke Probation	0	2	0	1	0
Petitions for Penalty Relief	4	3	4	3	0
Petition for Reinstatement	2	1	2	0	0
Total Filings	28	24	17	20	2
Accusations Withdrawn/Dismissed	3	1	3	7	0
Statement of Issues Withdrawn	0	0	1	0	0
Total Filings Withdrawn/Dismissed	3	1	4	7	0
Revocations	4	1	2	4	0
Probation	12	5	10	5	0
Surrender	7	9	7	12	0
Reprovals	7	3	2	2	0
Interim Orders	1	0	0	0	0
Statement of Issues-License Denied	1	0	1	1	0
Total Disciplinary Decisions	32	18	22	24	0
Petitions for Penalty Relief Denied	3	3	3	2	0
Petitions for Penalty Relief Granted	1	0	1	1	0
Petition for Reinstatement Granted	0	0	0	0	0
Petition for Reinstatement Denied	3	1	2	0	0
Total Other Decisions	7	4	6	3	0
VIOLATION TYPES					
Gross Negligence/Incompetence	24	18	19	33	0
Repeated Negligent Acts	17	17	25	32	1
Self-Abuse of Drugs or Alcohol	7	2	3	4	0
Dishonest/Corrupt/Fraudulent Act	7	9	17	12	0
Mental Illness	2	1	1	3	0
Aiding Unlicensed Practice	3	2	0	2	0
General Unprofessional Conduct	25	16	21	33	1
Probation Violation	5	0	5	3	0
Sexual Misconduct	8	4	6	7	0
Conviction of a Crime	8	1	8	9	0
Discipline by Another State Board	2	3	0	4	0
Misrepresentation of License Status	3	0	2	3	0

**Enforcement data pulled on August 5, 2025

¹ Complaints Received-refers to all complaints submitted to the Board even if the complaint does not fall within the Board's jurisdiction or if multiple complaints are filed regarding a single incident.

² Investigations Opened-refers to complaints where a desk investigation is initiated.

Select a DCA Entity

Board of Psychology

Select a Fiscal Year

FY2024/25

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 5/27/2025

Complaints Volume	Conviction/Arrest Volume	Total Volume
292	9	301

Board of Psychology

FY2024/25:Q2 - Case Volume

Month	Complaints Volume	Conviction/Arrest Volume
October	93	4
November	107	3
December	92	2

Board of Psychology

FY2024/25:Q2 - Case Volume % Distribution

Month	Complaints Volume %	Conviction/Arrest Volume %
October	95.9%	4.1%
November	97.3%	2.7%
December	97.9%	2.1%

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
FY2024/25

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.

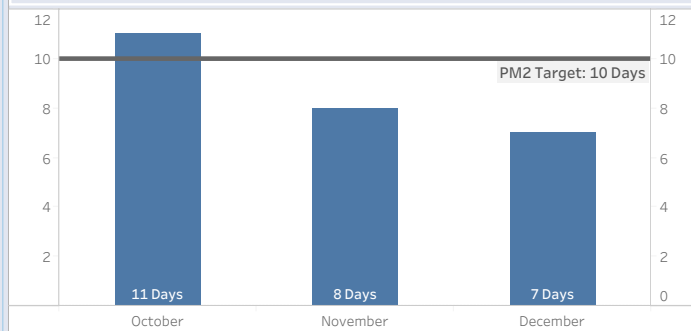
Board of Psychology PM2 Performance Summary

Data last refreshed on 5/27/2025

Case Volume	Target	Actual	Variance
311	10 Days	9 Day(s)	▼ -1 Day(s)

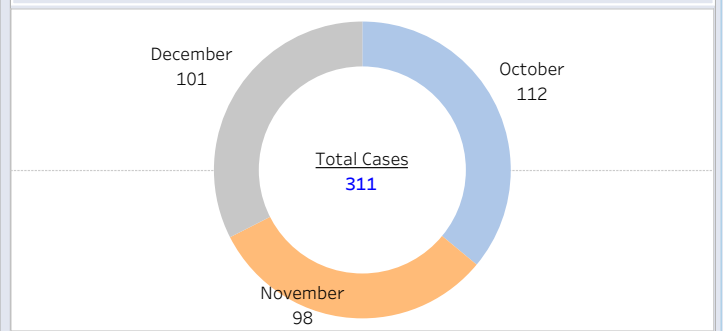
Board of Psychology

FY2024/25: Q2 | PM2 - Intake Cycle Time



Board of Psychology

FY2024/25: Q2 | PM2 - Volume

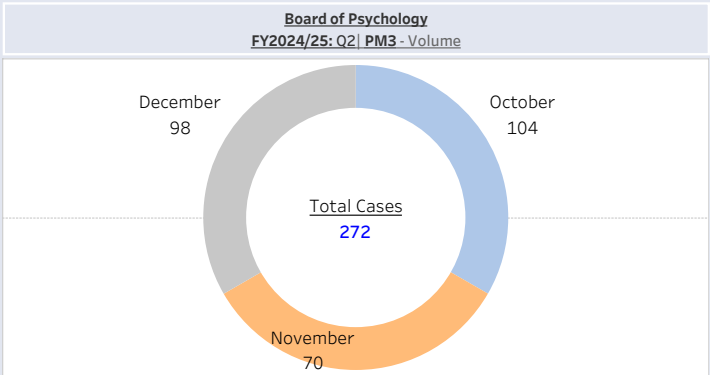
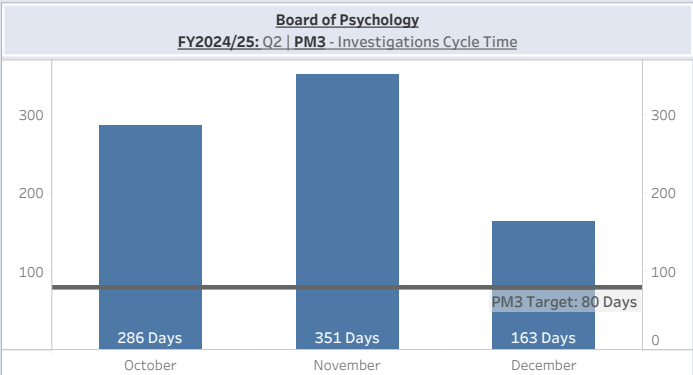


Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data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

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 5/27/2025

Case Volume	Target	Actual	Variance
272	80 Days	258 Day(s)	▲ 178 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
FY2024/25

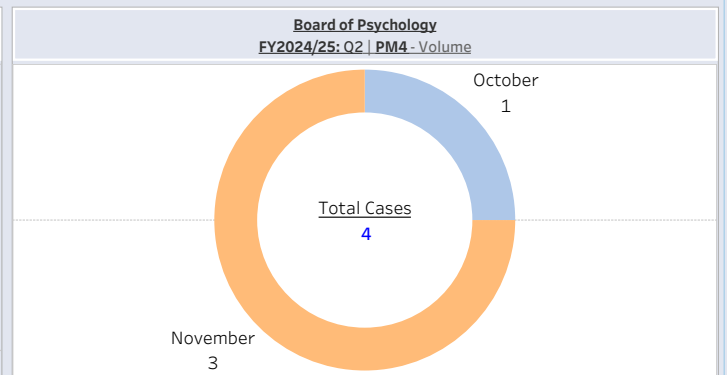
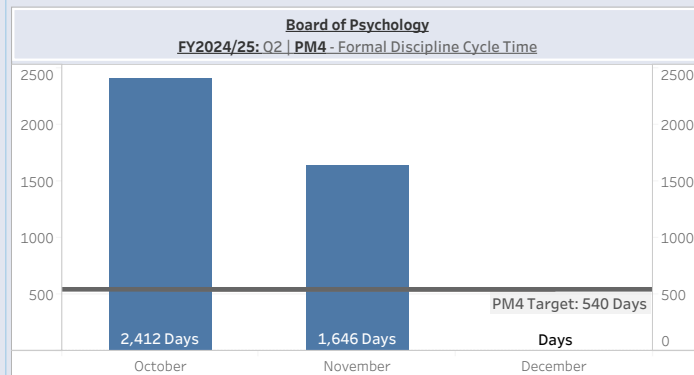
Select a Quarter
Q2

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 5/27/2025

Case Volume	Target	Actual	Variance
4	540 Days	1,838 Day(s)	▲ 1,298 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 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
FY2024/25

Performance Measure
PM7

Select a Quarter
Q2

Cycle Time

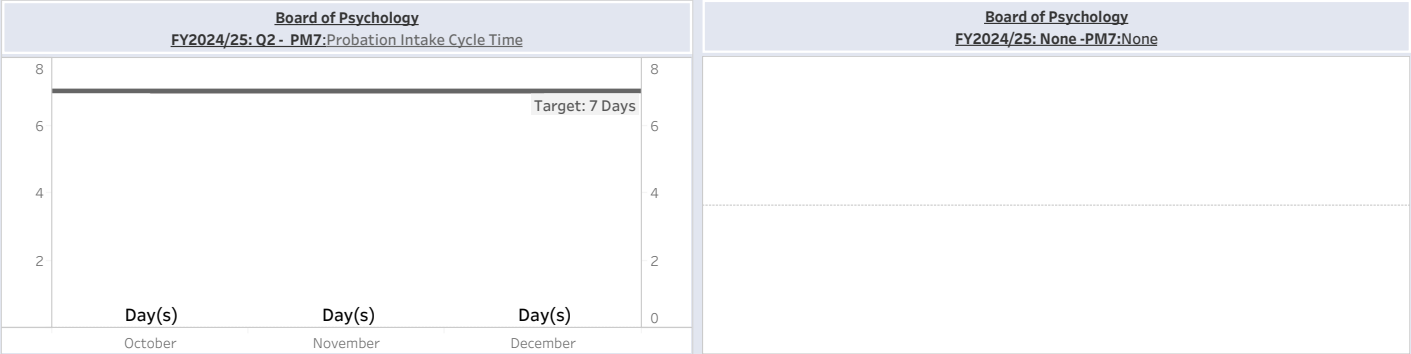
Actual

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.

MEMORANDUM

DATE	July 30, 2025
TO	Board Members
FROM	Mai Xiong Licensing/BreEZe Coordinator
SUBJECT	Agenda Item 11a Licensing Report

License/Registration Data by Fiscal Year:

License & Registrations	16/17	17/18	18/19	19/20	20/21	21/22	22/23	23/24	24/25	25/26**
Psychologist*	20,024	20,580	21,116	22,005	22,218	22,289	22,611	22,744	23,559	23,615
Psychological Associate***	1,446	1,446	1,361	1,344	1,348	1,450	1,744	1,827	1,810	1,805
Psychological Testing Technician****	N/A	N/A	N/A	N/A	N/A	N/A	N/A	24	107	108
Research Psychoanalyst*****	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	74	73
Student Research Psychoanalyst*****	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	22	22

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

**As of July 30, 2025

***Includes registrants who are in Current and Inactive status

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

*****The research psychoanalyst and student research psychoanalyst were transferred from the Medical Board of California (MBC) to the Board of Psychology (Board) as of 1/1/2025 pursuant to SB 815.

Licensing Population Report:

As of July 30, 2025, there are 23,615 licensed psychologists, 1,805 registered psychological associates, 108 registered psychological testing technicians, 73 research psychoanalysts, and 22 student research psychoanalysts that are overseen by the Board. The Licensing Population Report (Attachment A) provides a snapshot of the number of psychologists, psychological associates, psychological testing technicians, research psychoanalysts, and student research psychoanalysts in each status at the time it was generated.

Application Workload Reports:

The attached reports provide statistics from January 2025 through June 2025 on the application status by month for psychologist license and psychological associate registration (see Attachment B). On each report, the type of transaction is indicated on the x-axis of the graphs. The different types of transactions and the meaning of the transaction status are explained below for the Board's reference.

Psychologist Application Workload Report

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

“Exam Eligible for CPLEE” (California Psychology Law and Ethics Examination) 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. Since applicants/licensees are eligible to take the CPLEE only once each quarter, the trend includes a significant increase of approved CPLEE Retake transactions in the following months: January, April, July, and October.

“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/remove a primary supervisor. If the psychological associate requests to remove the only primary supervisor associate with their registration, the psychological associate registration will automatically be placed on inactive status upon the removal of their only primary supervisor.

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 2023-2024, there is an increase of 104 psychologist applications and 43 psychological associate applications, a decrease of 46 psychological associate notifications, and an increase of 39 psychological testing technician applications and 29 psychological testing technician 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.

Attachments:

- A. Licensing Population Report as of July 30, 2025
- B. Application Workload Reports January 2025 – June 2025 as of July 30, 2025
- C. Applications and Notifications Received July 2024 – June 2025 as of July 30, 2025
- D. Average Application Processing Timeframes – February 2025 to July 2025 as of July 30, 2025

Action:

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



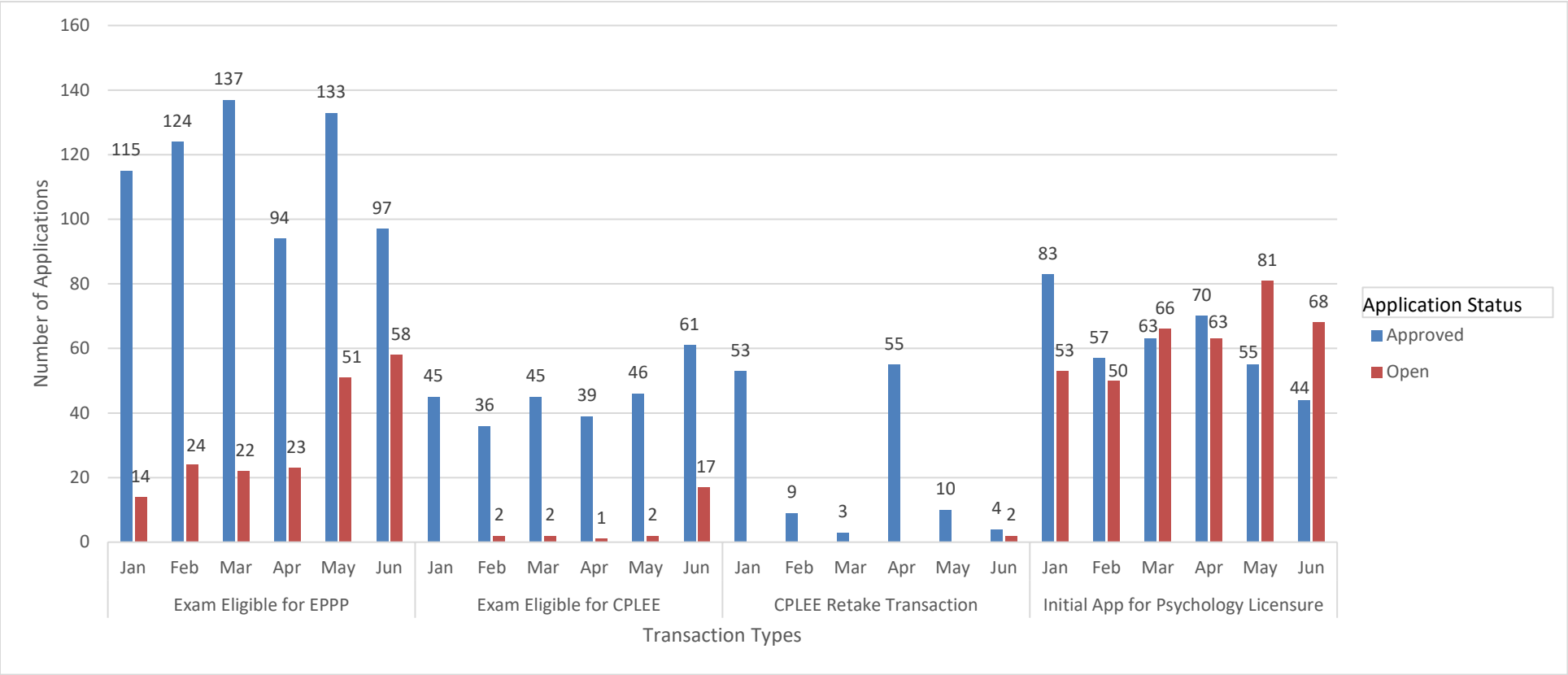
STATE DEPARTMENT OF CONSUMER AFFAIRS
BREEZE SYSTEM



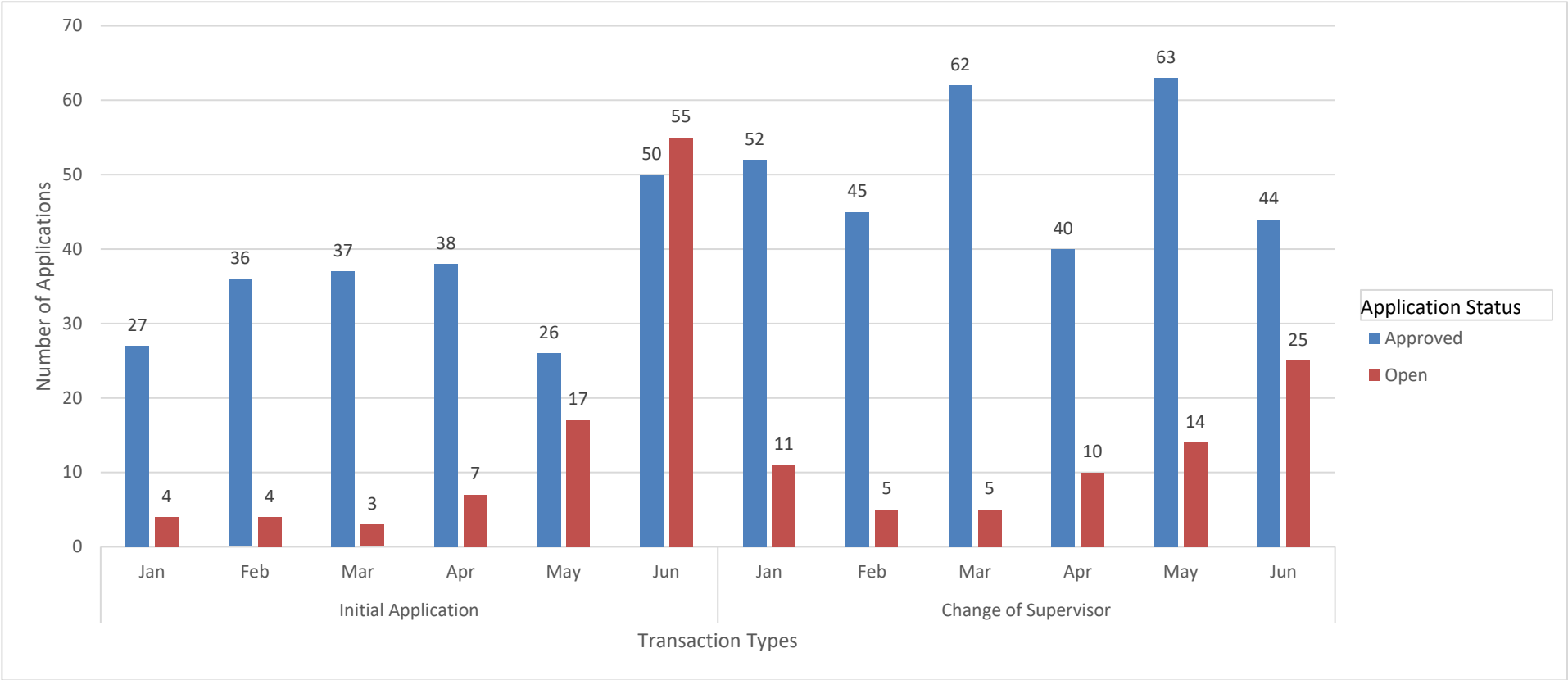
LICENSING POPULATION REPORT
BOARD OF PSYCHOLOGY
AS OF 7/30/2025

License Type	License Status											Total
	Licensing								Enforcement			
	Current	Inactive	Military Inactive	Military Active	Delinquent	Cancelled	Retired	Deceased	Surrendered	Revoked	Revoked, Stayed, Probation	
Psychologist	20,908	1,902	2	1	1,432	8,682	802	1,100	281	168	126	35,404
Psychological Associate	1,771	34	0	0	104	24,986	0	8	16	8	20	26,947
Psychological Testing Technician	108	0	0	0	11	19	0	0	0	0	0	138
Research Psychoanalyst	73	0	0	0	16	29	0	5	0	1	0	124
Student Research Psychoanalyst	22	0	0	0	7	39	0	0	0	0	0	68
Total	22,882	1,936	2	1	1,570	33,755	802	1,113	297	177	146	62,681

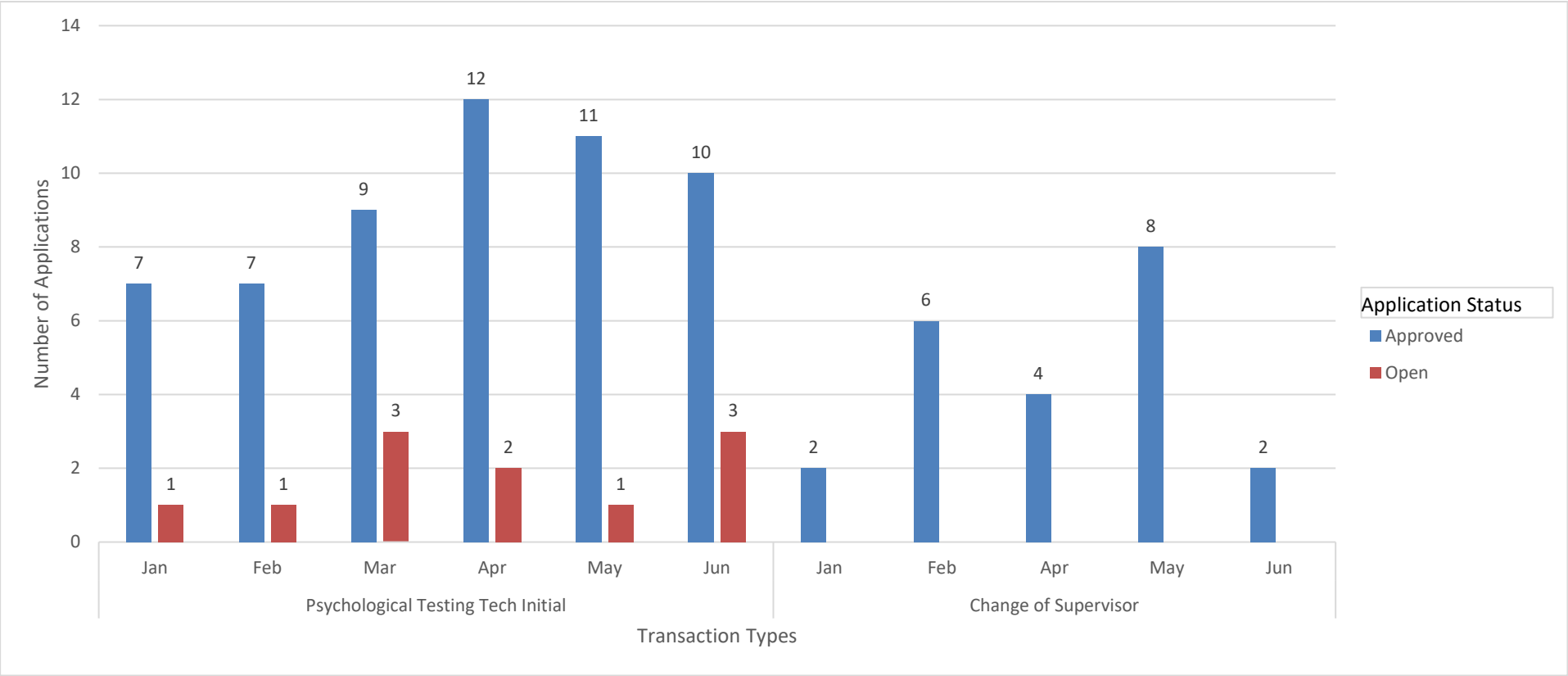
Psychologist Application Workload Report
January 1, 2025 to June 30, 2025
As of July 30, 2025



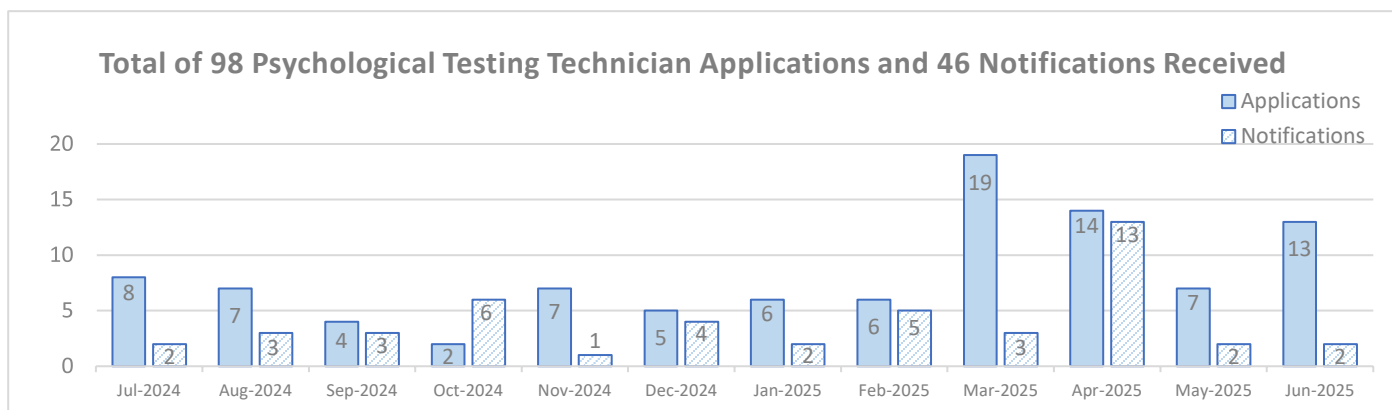
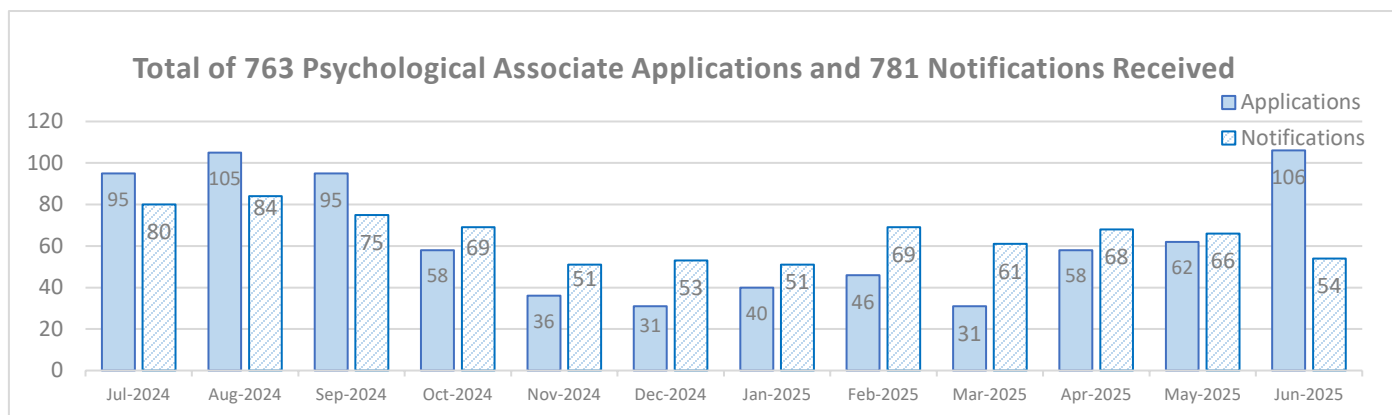
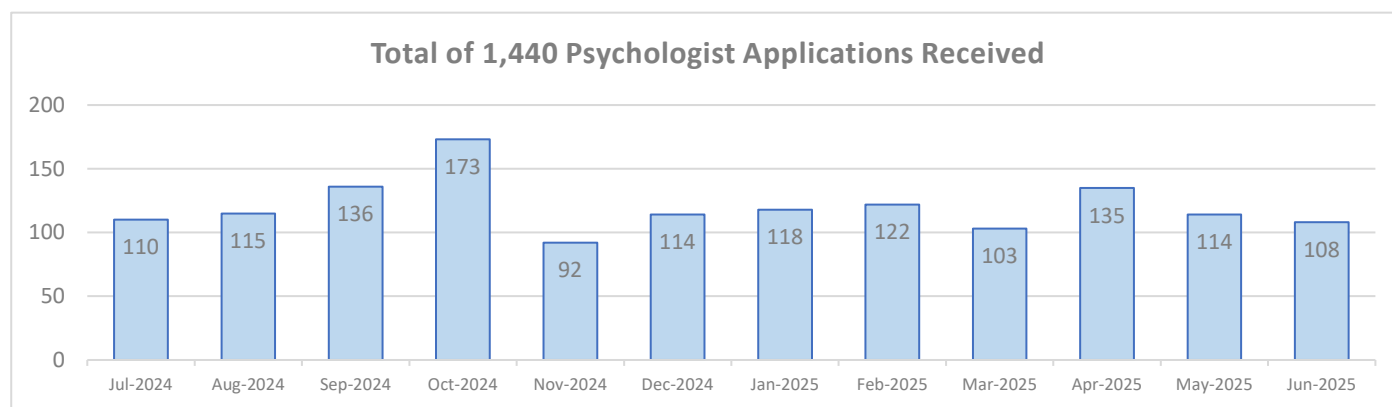
Psychological Associate Application Workload Report
January 1, 2025 to June 30, 2025
As of July 30, 2025



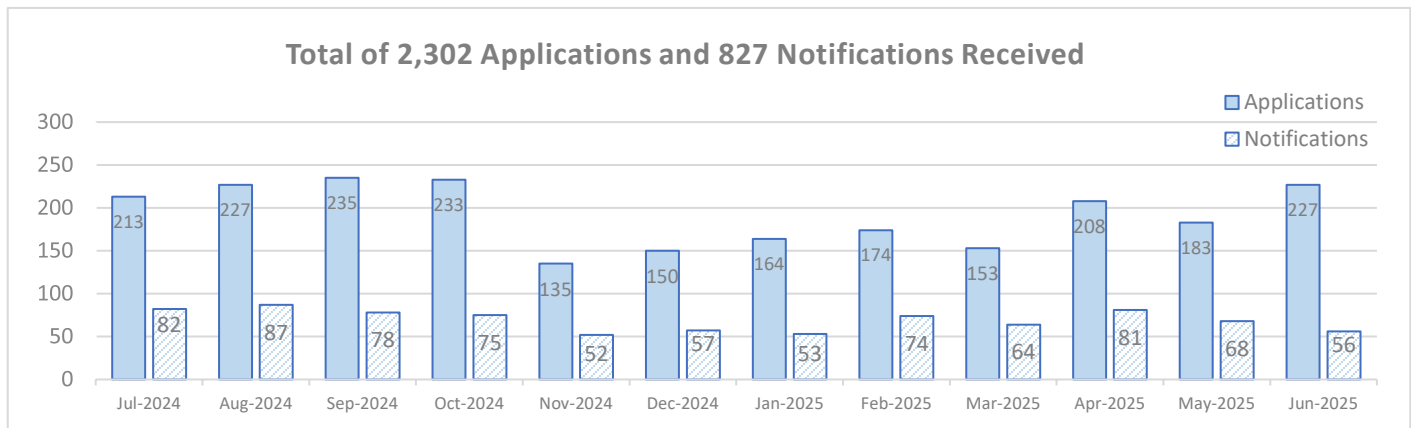
Psychological Testing Technician Application Workload Report
January 1, 2025 to June 30, 2025
As of July 30, 2025



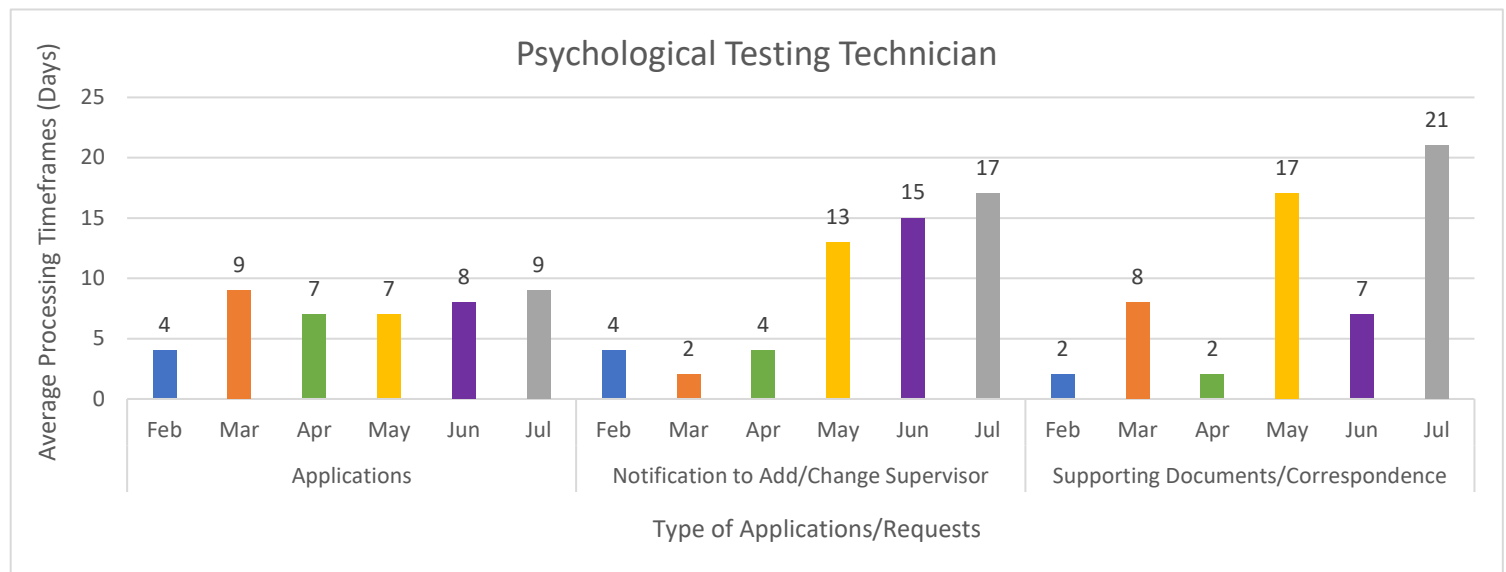
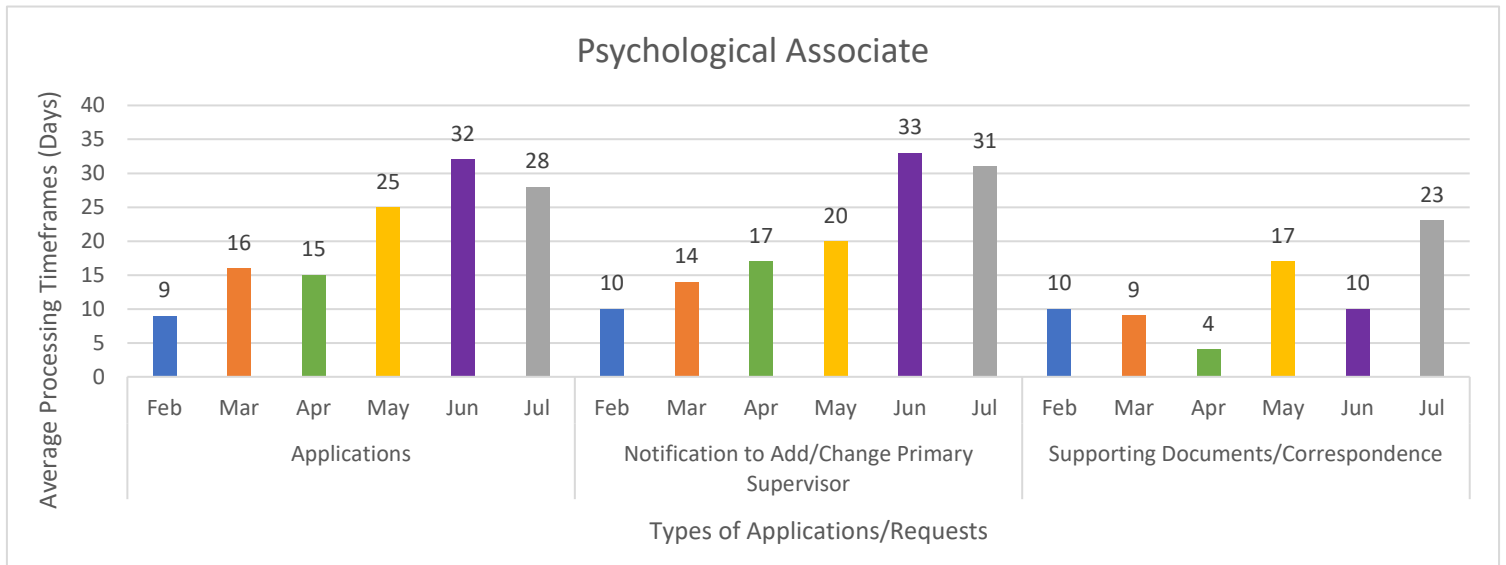
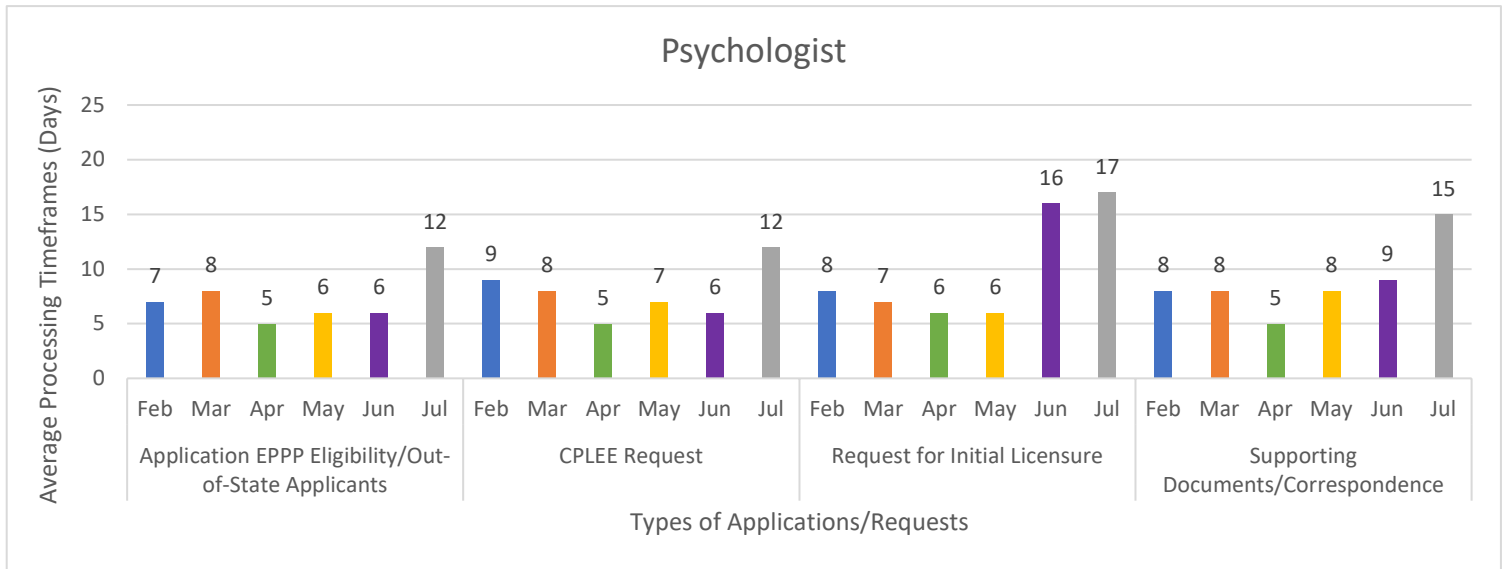
Applications and Notifications Received from July 2024 to June 2025
As of July 30, 2025



Applications and Notifications Received from July 2024 to June 2025
As of July 30, 2025



Average Application Processing Timeframes from February 2025 to July 2025
As of July 30, 2025



MEMORANDUM

DATE	July 29, 2025
TO	Board Members
FROM	Susan Hansen Examinations Coordinator
SUBJECT	Agenda Item 11b Examinations Report

Examination Statistics

EPPP Monthly Examination Statistics for January through June 2025

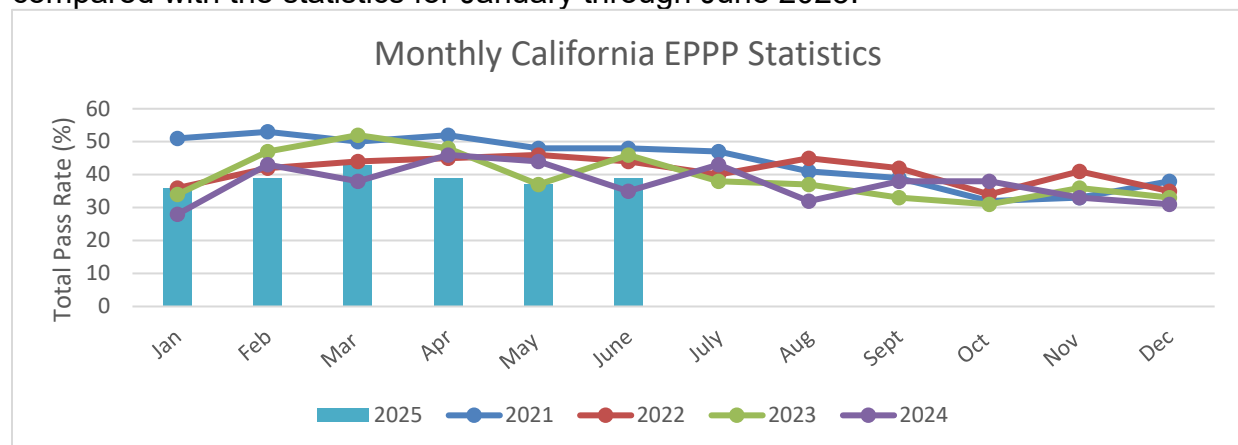
The Examination for Professional Practice in Psychology (EPPP) is the national exam developed by the Association for Provincial and Psychology Boards (ASPPB) and administered by Pearson Vue. The exam tests candidates' general knowledge in psychology. EPPP is one of the required exams for licensure in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

Pass rates averaged 38.76% in 2025 so far, with an overall first-time pass rate of 62.39%. First time pass rates tend to be higher than overall pass rates.

2025 Monthly California EPPP Statistics

Month	# of Candidates	# Passed	% Passed	Total First Timers	First Time Passed	% First Time Passed
January	127	47	37.01%	56	37	66.07%
February	140	55	39.29%	68	42	61.76%
March	150	65	43.33%	72	44	61.11%
April	207	81	39.13%	104	67	64.42%
May	167	62	37.13%	67	42	62.69%
June	161	59	36.65%	69	40	57.97%
Overall - Total	952	369	38.76%	436	272	62.39%

The chart below depicts California EPPP pass rate statistics for the past four years compared with the statistics for January through June 2025.



CPLEE Monthly Examination Statistics for January through June 2025

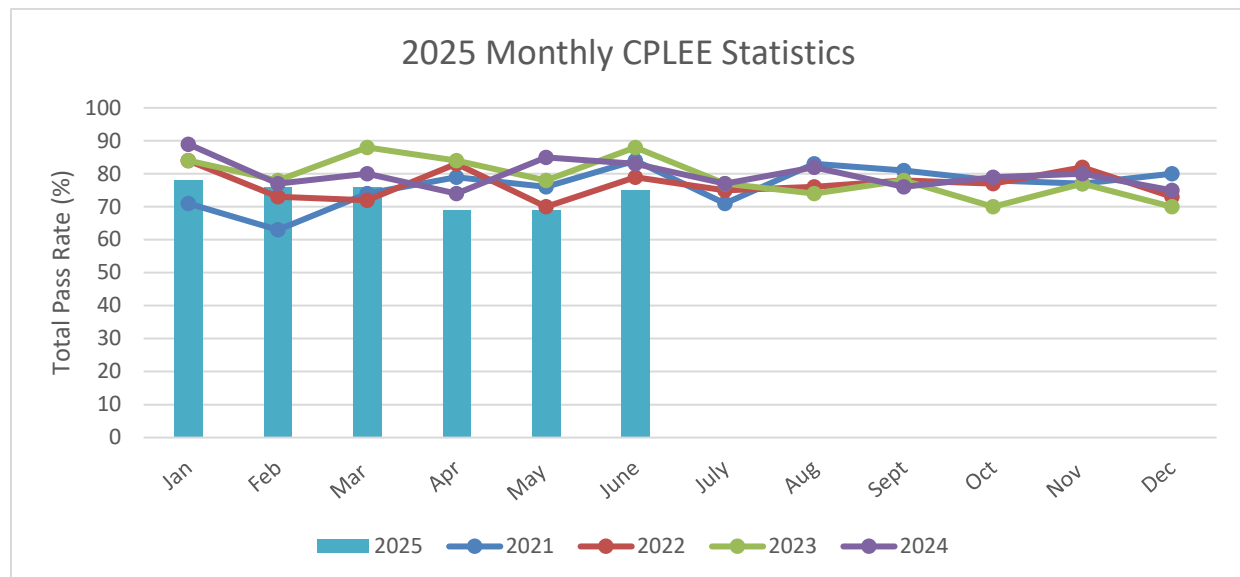
The California Psychology Laws and Ethics Exam (CPLEE) is a state-owned exam developed by the Department of Consumer Affairs, Office of Professional Examination Services (OPES) and administered by PSI, Inc. The exam tests candidates on their knowledge of APA Code of Conduct and the Board's laws and regulations.

Pass rates averaged 75.45% in 2025 so far, with the overall first-time pass rate of 77.24%.

2025 Monthly CPLEE Statistics

Month	# of Candidates	# Passed	% Passed	Total First Timers	First Time Passed	% First Time Passed
January	73	57	78.08%	52	42	80.77%
February	67	51	76.12%	48	37	77.08%
March	111	84	75.68%	88	66	75.00%
April	58	40	68.97%	33	23	69.70%
May	83	57	68.67%	54	38	70.37%
June	113	92	81.42%	94	79	84.04%
Overall - Total	505	381	75.45%	369	285	77.24%

The chart below depicts pass rate statistics of the CPLEE for the past four years compared with the statistics for January through June 2025. The CPLEE pass rate in 2025 varies but is trending slightly lower than previous years.



Action:

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

MEMORANDUM

DATE	August 22, 2025
TO	Psychology Board Members
FROM	Troy Polk, CPD/Renewals Coordinator
SUBJECT	Agenda Item 11(c) – Continuing Professional Development and Renewals Report

Between January 2025 through July 2025, approximately 77 percent of Psychologists renewed as Active. The retirements count for approximately 2 percent of the monthly applications processed. Registered Psychological Associates account for 10 percent of the monthly applications. Psychological Testing Technicians, Research Psychoanalyst and Student Research Psychoanalyst account for approximately 1% of renewals. Approximately 93 percent of Psychologists and Psychological Associates renewed online using BreZE per month.

CPD audits were sent out for January 2025 through June 2025. A total of 134 audits were sent out. The current pass rate is 63% with 25% of those audits still waiting on submission of CPD documentation, and 11% are pending review of CPD documentation.

In reviewing the completed and passed audits for January 2025 through June 2025, the most used activities to complete the CPD requirements are Peer Consultation and Sponsored Continued Education, followed by Self-Directed Learning, however, based on the CPD audits 10 of the 15 CPD activities are being used to complete the 36-hour CPD requirement.

Action Requested

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

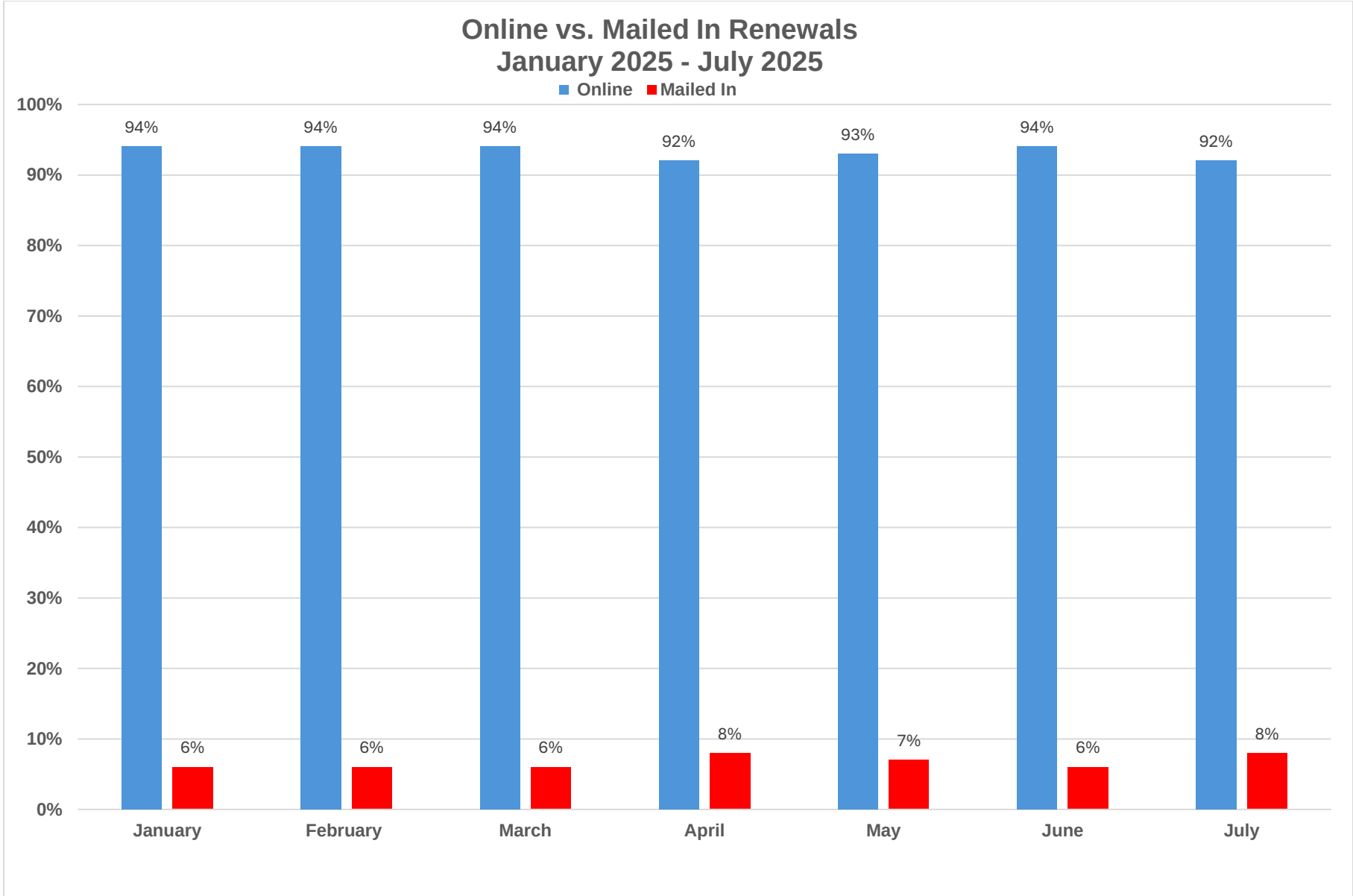
Attachment A: Online vs. Mailed in Renewals Processed (January 2025 – July 2025)

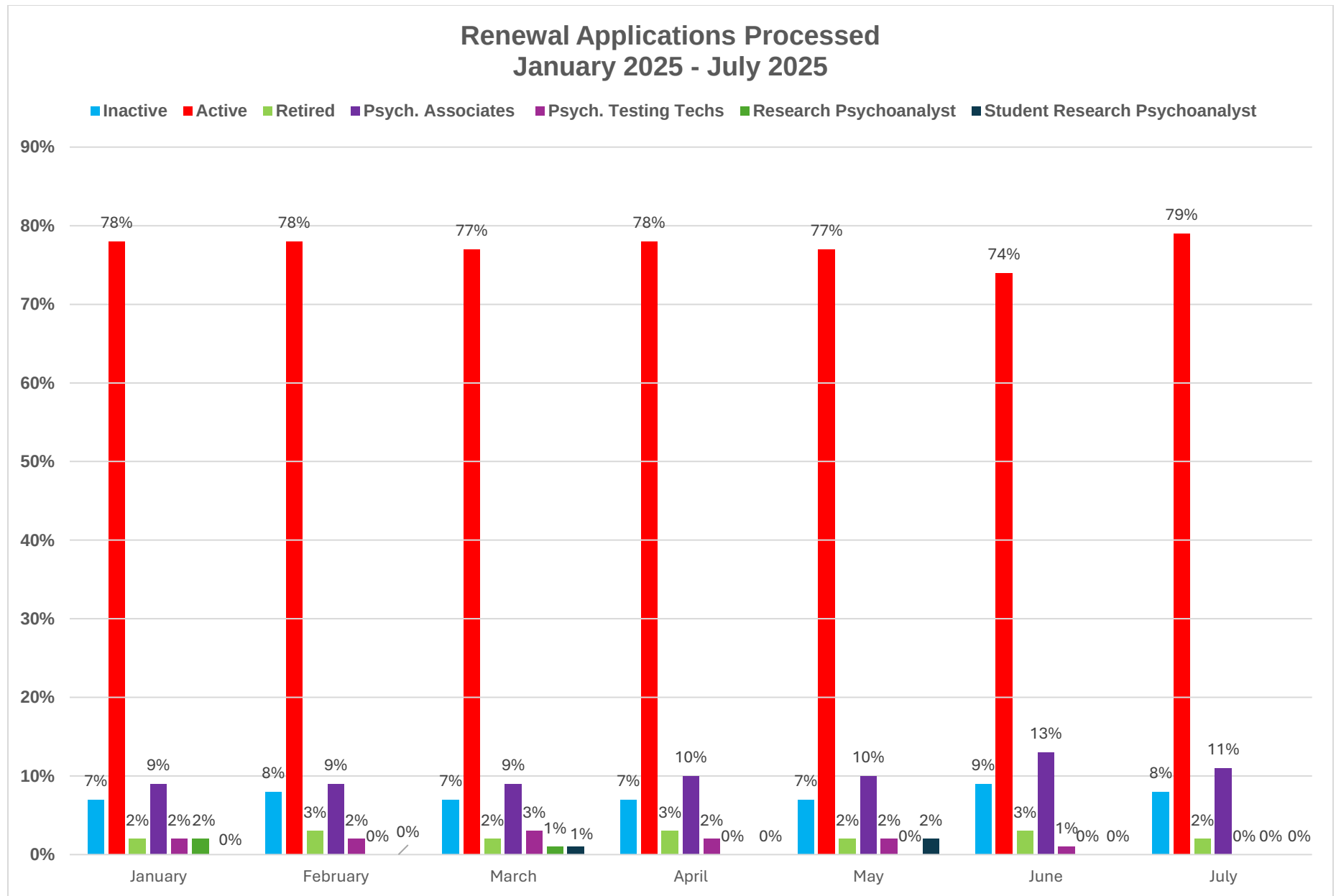
Attachment B: Renewal Applications Processed: January 2025– July 2025

Attachment C: CPD Audits: January 2025 – June 2025

Attachment D: Passed audits (January 2025 – June 2025) Categories

Attachment A





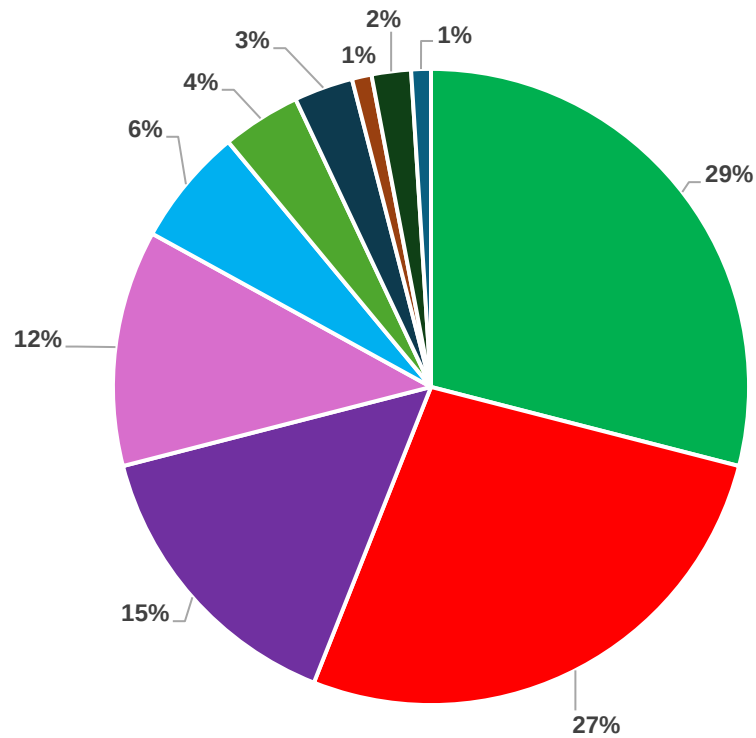
**Continuing Professional Development Audits
January 2025 – June 2025**

Month	Total # of Licensees Selected for Audit:	% Passed:	% Deficient	% Pending Review:	% Not Yet Received	% Failed:
January	19	100%	0%	0%	0%	0%
February	24	100%	0%	0%	0%	0%
March	22	91%	0%	0%	9%	0%
April	23	75%	4%	21%	0%	0%
May	27	15%	0%	26%	59%	0%
June	19	0%	0%	16%	84%	0%
Totals:	134	63%	1%	11%	25%	0%

Audits are sent out the following month for each renewal period.

Of the of 134 audits sent out; the current pass rate is 63%. 25% is still outstanding with Staff waiting to receive CPD documentation. 11% are pending review, with 1% being deficient after full audit review.

Passed CPD Audits Jan.- June 2025 - Categories



- Sponsored Continued Education
- Peer Consultation
- Self-Directed Learning
- Supervision
- Attendance -Professional Conference/Convention
- Professional Services
- Attendance -Ca. Board of Psychology Board/Committee Meeting
- Academic Instruction / Sponsored Continuing Education
- Practice Outcome Monitoring
- Exam Functions

MEMORANDUM

DATE	August 8, 2025
TO	Board Members
FROM	Stephanie Cheung Licensing Manager
SUBJECT	Agenda Item 11d EPPP Update

Updates

The Board drafted a letter of concern on May 20, 2025 relating to the integrated EPPP and sent it to the Association of State and Provincial Psychology Boards (ASPPB) on June 2, 2025 (see Attachment A).

ASPPB hosted the second virtual town hall meeting for the Education and Training Community on June 25, 2025. The Board attended this second virtual town hall.

ASPPB will host another virtual town hall meeting for students and license/certification candidates on September 18, 2025 from 1-3 p.m. EST. A copy of the announcement and registration information through QR code can be found in Attachment B.

Timelines of Events in 2025

Dr. Harb Sheets, Chairperson of the of the Licensure Committee, and Ms. Susan Hansen, Examinations Coordinator, attended a virtual town hall meeting organized by ASPPB on April 3, 2025. At that meeting, the Board heard that the proposed implementation date of the new integrated Examination for Professional Practice in Psychology (EPPP) will be in 2027. A survey will be sent out to member Boards later this year and we will be invited to comment on the proposals. The Board has expressed concerns regarding the likely increased cost of the examination to applicants and a desire by ASPPB to require the examination be taken as the final step of the application process. This would contradict the changes made to California law by AB 282 (Chapter 425, Statutes of 2023) which allows applicants to take the examination after they have completed their coursework. The Board supported this change as it will likely increase the passage rate of the EPPP.

Dr. Hao Song, PhD, ICE-CCP, Associate Executive Officer of Examination Services at ASPPB, attended the May 9, 2025 Board meeting to present on the timeline and development of the integrated EPPP. At the same meeting, the Board discussed the concerns regarding the integrated EPPP and implementation timeline and voted to send a letter to ASPPB to express these concerns as discussed.

Attachments:

- A. Letter to ASPPB
- B. ASPPB Virtual Town Hall Announcement Email and Registration Information

Action Requested:

This is an informational item.

History of Board Consideration of the EPPP2

In 2017, the Board determined that there was a need for stakeholder input regarding possible implementation of the Association of State and Provincial Psychology Boards (ASPPB) Examination for Professional Practice in Psychology Part 2 (EPPP2). A Task Force with representatives from various stakeholders was created to provide input to the Board regarding consideration and possible implementation of the EPPP Part 2.

The Task Force's role was to consider the pros and cons of the proposed examination to the Board's prospective licensees and consumers, eligibility criteria, the application process, and the impact on the Board's process for licensure. The Task Force met on April 5th and June 29th, 2018 at the Department of Consumer Affairs' (DCA's) Headquarters in Sacramento. This Task Force was chaired by Board Member Dr. Sheryll Casuga.

The Examination for Professional Practice in Psychology, currently known as the EPPP Part 1 (Knowledge), is a computer-based examination developed and administered by ASPPB. This exam is one of two examinations required for licensure in California. The cost of the exam to the applicant is \$600.00.

EPPP Part 2 (Skills exam), per ASPPB, will provide an independent, standardized, reliable, and valid assessment of the skills necessary for independent practice and enhance consumer protection. The cost of this exam was initially set at \$600.00. ASPPB, at the time of the initial Task Force meeting, announced the plan to make this exam mandatory for all jurisdictions.

After several discussions, the Task Force did not believe the EPPP Part 2 was in the best interests of California consumers for the following reasons:

- Lack of a proven necessity for the examination;
- Concerns related to the exam's ability to assess skills resulting in negligible consumer protections;
- Costs and burden on prospective licensees, and especially on historically underrepresented and socioeconomically disadvantaged students;
- New barriers to licensure and potentially detrimental impact on access to psychological services to California consumers; and
- Clarification on whether the optional Enhanced EPPP is an indefinite alternative or ASPPB is simply postponing the deadline for mandatory adoption. If the implementation date is merely being delayed, the Board would appreciate clarification on the anticipated date for mandatory implementation.

The Task Force also had significant concerns with the loss of license portability with other States if ASPPB decided to mandate the EPPP Part 2. Due to this concern, the Task Force recommended (should part 2 become mandatory) that the Board continue participation in the EPPP and not create its own version of a national examination.

In August 2018, ASPPB retracted its decision and made the EPPP Part 2 an optional exam for all state boards and proposed incentives for early adopters. Although ASPPB's announcement clarified that the EPPP Part 2 was now an optional component, it raised concerns regarding whether ASPPB would eventually make the examination mandatory.

These concerns were addressed in the letter dated December 2018 which stated as follows:

“The Board of Psychology supports a competency-based examination but feels that certainty is required as to its mandatory implementation, and that a date certain for all member jurisdictions is necessary. Uncertainty as to implementation results in a current inability to move forward with the required statutory and regulatory changes.

ASPPB would aid its member jurisdictions if it were to identify all statutory and regulatory changes needed to implement the new examination (drafting and supporting statutory and regulatory changes through advocacy, etc.) over a set period of time calibrated to the expected implementation date and the time necessary to effect needed changes.

ASPPB should continue to evaluate the total cost of both examinations and establish a uniform lower total cost as to all jurisdictions, as of the mandatory effective date of the Enhanced EPPP.

In addition, the Board also requests that ASPPB make available to the Board and the Department of Consumer Affairs' Office of Professional Examination Services the following information as it becomes available:

- *Data from Beta testing from participating jurisdictions to evaluate the validity of the Enhanced EPPP.*
- *Evidence of external validity that substantiates the need for the Enhanced EPPP. This information would help further clarify the need for and validity of the Enhanced EPPP and inform the Board's discussion regarding the prospect for adoption of the Enhanced EPPP.”*

ASPPB's response was noted in a letter dated January 29, 2019. Summarily, ASPPB Board of Directors (BOD) had determined that the jurisdictional use of the Enhanced EPPP would not be mandated during the initial implementation process. The BOD, however, would revisit the implementation process of the examination and determine whether or not to continue delivering the EPPP 1 as a stand-alone option or only to deliver the Enhanced EPPP. They would take into consideration the time it takes for California to develop and implement regulation changes and factor that into their decision.

ASPPB also reduced the exam fee for the EPPP2 from \$600.00 to \$450.00 and to allow the Board access to beta testing information from participating jurisdictions to enable the Department of Consumer Affairs, Office for Professional Examination Services (OPES) to conduct an audit of the EPPP.

This audit was completed in April 2021. Summary of the audit is as follows:

“Overall, the SMEs concluded that the content of the EPPP Part 1 assesses general knowledge required for entry level psychologist practice in California, with the exception of California law and ethics. This general knowledge should continue to be tested on the California Psychology Law and Ethics Examination.

The SMEs were impressed by the EPPP Part 2, both by the concept of measuring skills and by the design of the scenario-based items. Additionally, the SMEs favored the EPPP Part 2 over the EPPP Part 1 as a single-examination option. However, the SMEs concluded that while the EPPP Part 2 assesses a deeper measure of skills than those measured by the EPPP Part 1, that alone may not support adoption of the EPPP Part 2. The SMEs further concluded that the skills measured by the EPPP Part 2 may be adequately assessed during supervised clinical experience, and that the EPPP Part 2 could possibly be an unnecessary barrier to licensure. OPES recommends that the Board continue to monitor the beta testing results of the EPPP Part 2 as part of their decision-making process for adopting the EPPP Part 2 as a requirement for licensure in California in the future.”

This audit was presented at the EPPP AdHoc Committee meeting held on October 21, 2021. However further discussion could not be made until the ASPPB Board of Directors decided on their plan for the EPPP2.

In October 2022, the ASPPB Board of Directors announced the implementation of the Enhanced EPPP two-part exam to become effective January 1, 2026, to all member jurisdictions. ASPPB does not believe that the EPPP2 will create a barrier to practice and promises to smooth the road to licensure amidst a national mental health crisis. ASPPB's core value is to develop a fair, equitable and accessible exam and that the two-part exam ensures a thorough assessment of competence and promote consumer protection. They will be mindful of the cost and confirmed a 25% reduction in the EPPP2 fee with no current plans to increase the fee.

After the announcement, the Board received several letters of opposition and one in favor of implementing the EPPP2.

The EPPP Ad Hoc Committee met on April 28, 2023, to discuss the EPPP part 2 and make recommendations to the Board. Implementation of the EPPP part 2 meant that statutory and regulatory changes were necessary to continue to conduct business and license portability remains. If the Board decides not to implement the EPPP part 2, this will require the creation of California's own practice base exam which would add additional cost to the Board's examination development process, and it would also eliminate license portability for California licensees.

Committee Recommendations were as follows:

- 1) To adopt the two-part EPPP exam for licensure for the State of California effective January 1, 2026, to avoid any interruption of service.
- 2) To have staff conduct an analysis of developing a California practice exam to be reported at the Board's Q3 2024 meeting.
- 3) Direct the executive officer to continue to work with ASPPB and communicate any barriers to licensure concerns from the Board.

The Committee also reviewed the proposed statutory and regulatory language that would enable Board staff to implement the two-part EPPP exam.

In May 2023, the Board accepted the committee's recommendation and agreed to adopt the two-part EPPP exam on January 1, 2026.

In August 2024 the Board provided the process, workload, and cost to develop a California practice exam in lieu of adopting the EPPP 2.

The Texas Behavioral Health Executive Council expressed opposition to the mandated EPPP two-part exam and proposed amending the ASPPB's bylaws. As a response, ASPPB made announcement to the member jurisdictions that a vote would be taken at the annual meeting October 30-November 3, 2024, regarding ASPPB's bylaws amendments. (Attachment H)

In October 2024, the California Psychological Association (CPA) wrote a letter opposing the implementation of the EPPP two-part exam. CPA has requested that the Board do the following at its November 2024 meeting:

1. Reverse its adoption of the EPPP-2 starting January 1, 2026.
2. Cease development of laws and/or regulations relating to EPPP-2.

On October 22, 2024, ASPPB issued a letter to member jurisdictions that they are pausing the 1/1/2026 EPPP 2-part exam mandate. They will explore the feasibility of a single EPPP exam that test on both knowledge and skills.

Board staff have stopped drafting the regulatory package that was going to implement the EPPP2 examination by January 1, 2026. The same package was going to implement AB 282 and staff will present modified text for Board approval at the February 2025 meeting.

AB 282 allows applicants to take the EPPP or CPLEE, or both exams as soon as they have completed all academic coursework required for a qualifying doctoral degree.

The law also states, "If a national licensing examination entity approved by the board imposes additional eligibility requirements beyond the completion of academic coursework,

the board shall implement a process to verify that an applicant has satisfied those additional eligibility requirements.”

Additional reference can be found on the [Informational Page](#) for EPPP Part 2 on the Board’s website.

May 20, 2025

Dr. Mariann Burnetti-Atwell, PsyD
Chief Executive Officer
Association of State and Provincial Psychology Boards (ASPPB)
215 Market Road
Tyrone, GA 30290

Dear Dr. Burnetti-Atwell,

The California Board of Psychology (Board) met on May 9, 2025, to discuss updates regarding the implementation of the integrated Examination for Professional Practice in Psychology (EPPP), the anticipated 2027 launch of the skills assessment component, and concerns about the increasing use of artificial intelligence (AI) in exam development and administration. Hao Song, PhD, ICE-CCP, ASPPB's Associate Executive Officer of Examination Services, provided a presentation on the integrated EPPP and answered questions posed by the Board members.

The Board acknowledges ASPPB's efforts to improve the licensing examination and ensure it reflects the evolving competencies required for safe and effective psychological practice. As one of the largest licensing jurisdictions in the United States, California will require sufficient time and jurisdiction-specific planning to align its regulatory frameworks and operational procedures with these significant changes. Additionally, the implementation of Assembly Bill (AB) 282 (Chapter 425, Statutes of 2023), which requires regulatory amendments already underway, will intersect with ASPPB's current proposed timeline to launch the integrated EPPP in Q4 of 2027. This further underscores the need for extended preparation time and close coordination.

To ensure a smooth and equitable transition, the Board respectfully raises the following considerations:

1. Jurisdictional Coordination and Regulatory Impact

The transition to an integrated EPPP with a skills component represents a fundamental change that will require comprehensive planning and revisions to the Board's regulations. California's multi-stakeholder rulemaking process necessitates thorough evaluation and coordination, making sufficient preparation time essential. A well-structured and phased implementation plan with a minimum of 36 months of lead time will be critical to ensuring regulatory alignment and system updates.

2. Implementation Timeline and Resource Planning

Given the complexity of adopting a dual-component EPPP, the Board urges ASPPB to provide jurisdictions with a detailed rollout timeline, training resources, and technical specifications as early as possible. Additionally, a more definitive and realistic implementation timeline is essential, as the current proposal to launch the integrated EPPP in Q4 of 2027 is not feasible. Providing sufficient lead time will allow the Board to initiate the necessary regulatory changes, fiscal planning, and

stakeholder education campaigns to ensure a seamless transition for applicants and licensees.

3. Transparency in Content Validity and Test Design

Content validity remains a concern in the skills assessment component of the EPPP. The Board seeks clarity on how ASPPB establishes content validity in the integrated EPPP and requests ongoing updates on its development. Additionally, a sample exam question on assessment presented at the ASPPB Townhall on April 3, 2025, lacked sufficient context for a clear response. The Board encourages ASPPB to take the necessary steps to improve the quality of newly developed questions for the skills assessment component to ensure clarity, relevance, and fairness for all candidates.

4. Eligibility and Pass Rate Concerns

Business Professions Code (BPC) 2914 allows candidates to take the EPPP after completing all academic coursework required for a qualifying doctoral degree, excluding internship, with the goal of improving pass rates. However, the eligibility requirements in terms of supervised professional experience for the integrated EPPP remain unclear, and restrictions on early testing could inadvertently counteract this legislative intent. The Board requests that ASPPB clarify both the specific eligibility criteria and the process for determining eligibility under the new exam structure to support fair access and alignment with California's licensure framework.

5. Transition Period for the Integrated EPPP

The current proposal lacks details regarding a transition period for existing EPPP candidates. The Board requests that ASPPB provide clear guidance on the duration and structure of this transition to ensure exam candidates and training programs have sufficient time to prepare.

6. Artificial Intelligence (AI) Integration

The growing use of AI in exam development, scoring, and quality control introduces both innovation and risks. The Board requests detailed information on how AI is being integrated into the EPPP, including safeguards to prevent algorithmic bias, preserve data integrity, and ensure psychometric fairness across diverse candidate populations.

7. Accessibility and Accommodations

If AI-enabled testing platforms are introduced, they must comply with the Americans with Disabilities Act (ADA) and related provisions. Accessibility should remain a core design feature, ensuring equitable support for candidates with disabilities rather than a secondary consideration.

8. Cost Considerations and Transparency

A potential exam fee increase was announced at the Townhall on April 3, 2025, by ASPPB, yet details remain unclear. Any increase in exam costs could create

financial barriers for candidates. The Board urges ASPPB to provide transparent cost projections and a clear justification for any fee adjustments to ensure affordability and equitable access for all candidates.

9. Stakeholder Engagement and Communication

The Board strongly encourages ASPPB to engage in ongoing dialogue with its member jurisdictions by providing timely updates, facilitating two-way communication, and sharing implementation plans well in advance of any formal rollout. Clear guidance and transparency will be critical for state boards to adjust statutes, regulations, and infrastructure accordingly.

The Board appreciates ASPPB's commitment to upholding examination standards that reflect modern psychological practice and safeguard public welfare. We are eager to collaborate closely with ASPPB and our peer jurisdictions to ensure that the transition to the integrated EPPP is equitable, transparent, and logistically sound.

We thank you for your attention to these matters and remain available to participate in any implementation workgroups, jurisdictional briefings, or public comment opportunities that may support the success of this initiative.

If you have any questions or concerns, please feel free to contact the Board's Executive Officer, Jonathan Burke, at (916) 574-8072 or jonathan.burke@dca.ca.gov. Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read "Lea Tate PsyD". The signature is fluid and cursive, with the last name "Tate" being more prominent.

Lea Tate, PsyD
President, Board of Psychology

cc: Shacunda Rodgers, Vice President
Members of the Board

Hansen, Susan@DCA

From: Association of State and Provincial Psychology Boards <engaged@asppb.org>
Sent: Wednesday, August 6, 2025 1:47 PM
To: Hansen, Susan@DCA
Subject: A Virtual EPPP Town Hall Meeting for Students and License/Certification Candidates

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**A Virtual EPPP Town Hall Meeting for Students
and License/Certification Candidates**



REGISTRATION IS NOW OPEN

The Association of State and Provincial Psychology Boards (ASPPB) will hold its Examination for Professional Practice in Psychology (EPPP) Virtual Town Hall Meeting for Students and License/Certification Candidates on September 18th, 2025, from 1:00 to 2:00 PM EST.

ASPPB members are welcome to attend, though much of the information is similar to what was shared in with our members earlier this year (e.g., previous town halls; the Midyear meeting). This is an excellent opportunity for members who have not been able to join in earlier conversations and those who wish to participate in this discussion with Students and License/Certification Candidates.

Please help this message reach the students and candidates you connect with including any candidates for licensure. Please feel free to share broadly with student organizations, interns, and post-doc fellows.

Virtual EPPP Town Hall Meeting for Students and
License/Certification Candidates
September 18th, 2025
1:00 to 2:00 PM EST via Zoom

This Virtual Town Hall will include updates on recent developments in the Examination for Professional Practice in Psychology (EPPP) including what's new, what exam candidates can expect, and time for comments, questions, and answers.

If you are a student planning to practice as a psychologist or are thinking about or preparing to take the EPPP please join us!

Register using the Registration QR Code or the button below:



REGISTER HERE

This is the third of four virtual town halls ASPPB is holding in 2025 focused on recent developments related to the EPPP. April's focused on State, Provincial, and Territory psychology regulatory bodies and June's was with professionals in Education and Training. A fourth Town Hall with practicing psychologists will occur in December.



ASPPB
Association of State and
Provincial Psychology Boards

**Our Mission: To support member
jurisdictions in fulfilling their
responsibility of public protection.**

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MEMORANDUM

DATE	August 11, 2025
TO	Board Members
FROM	Stephanie Cheung Licensing Manager
SUBJECT	Agenda Item 11e Barriers to Telehealth Survey Follow-Up: Telehealth Best Practice – Reference Document

The reference document is finalized and ready to be posted on the Board's website. Please see attached final product. Board staff plans to post this reference document on the [Licensees' page](#) under Practice Guidelines, Articles, Notices and other Useful Information.

Board staff would like to thank Ms. Amy Greenlee, The Department of Consumer Affairs' Publications, Design, and Editing office for help in designing the document.

Background:

At the 2023 November Board meeting, the Board voted to assign to the Licensure Committee the task of reviewing competency requirements for doctoral programs, training settings, and supervised experience within the context of the Barriers to Telehealth Survey results.

Please find the survey results within the [meeting materials](#) for the 2023 November Board meeting from page 161 thru 611 for reference if needed.

The Licensure Committee met and discussed the item at their February and July meetings in 2024 and recommended to create a one-page reference document that would include the background of the Barriers to Telehealth Survey, follow-up actions taken, and a link to the APA telehealth guidelines. The recommendation was adopted by the full Board at their 2024 August meeting.

Attachment:

Telehealth Best Practice – Reference Document (Final)

Action Requested:

This is an informational item.

TELEHEALTH BEST PRACTICE

Reference Document

BACKGROUND

In 2020, the COVID-19 pandemic and nationwide protests over racial inequities highlighted a need for the Board of Psychology to consider how it conducts business and how it impacts the profession of psychology and access to psychological services. In response, then-Board President Seyron Foo and Outreach and Communications Committee Chair Dr. Lea Tate agreed on several areas of focus, including the “digital divide” and how it impacts access to telehealth.

FOLLOW-UP ACTIONS

On June 26, 2023, the Board conducted a survey to gather information about barriers to telehealth and how the digital divide impacts access to telehealth. The survey was sent to 30,000 consumers and providers of telehealth. The survey was closed on July 24, 2023, and the survey results can be found within the **meeting materials** for the 2023 November Board Meeting (pages 161-611). The Board’s initial goal was to share the survey results with an organization that would write a white paper including policy recommendations based on the survey results. The Board reached out to the University of California and the Little Hoover Commission; however, to date, no interest in a white paper has been expressed by either organization.

At the 2023 November Board Meeting, the Board voted to assign the Licensure Committee the task of reviewing competency requirements for doctoral programs, training settings, and supervised experience, within the context of the survey results.

The Licensure Committee met and discussed the task at their February and July meetings in 2024 and recommended creating a one-page reference document including the background of the survey, the follow-up actions taken, and a link to the American Psychological Association (APA) telehealth guidelines. The Board voted to adopt the Licensure Committee’s recommendation at the 2024 August Board Meeting.



LINKS



**American Psychological Association
Guidelines for the Practice of Telepsychology**

**Board of Psychology
Standards of Practice of Telehealth Regulation Advisory
Telehealth FAQ**

**National Register of Health Service Psychologists
Continuing Education: Presentation Slides for A Practical
Guide to Providing Telepsychology with Minimal Risks
at the 2019 National Practice Conference**

**U.S. National Institutes of Health’s National Library of Medicine
(NIH/NLM) Article: A Consolidated Model for Telepsychology
Practice**

**U.S. Department of Health and Human Services:
Introduction to Telehealth for Behavioral Health Care**

**U.S. Department of Health and Human Services:
How Do I Use Telehealth for Behavioral Health Care?**

DISCLAIMER

Some of the items listed on this reference document are not prepared by the Board. They instead link to information prepared and posted by others. We cannot guarantee the accuracy of information posted on these sites. The links are not intended to imply that we sponsor or are affiliated or associated with the entities who created those sites.

The Board assumes no responsibility or liability for any errors or omissions in the content of these sites. The information provided here is for general informational purposes only and does not constitute legal advice. It is not intended to be, nor should it be relied upon as, a substitute for advice from a qualified legal professional who can advise you on your specific circumstances.



CALIFORNIA DEPARTMENT OF
**CONSUMER
AFFAIRS**



PDR_25-093

MEMORANDUM

DATE	July 23, 2025
TO	Psychology Board Members
FROM	Jacklyn Mancilla, Legislative and Regulatory Affairs Analyst
SUBJECT	Agenda Item 12(a)(1) Review of Bills for Review and Consideration for Action Position Recommendation to the Board – AB 82 (Ward) Health care: legally protected health care activity

Background

On December 20, 2025, Assembly Bill 82 was introduced by Assembly member Christopher Ward.

The proposed bill expands California's legal and privacy protections to individuals involved in gender-affirming health care and mental health care. Specifically, it extends the Confidentiality of Medical Information Act (CMIA) to prohibit unauthorized disclosure of medical information related to gender-affirming care, particularly to out-of-state entities. It also includes providers and staff of gender-affirming health facilities in the Safe at Home address confidentiality program, offering protections for those facing threats or harassment.

The bill criminalizes the online posting, sharing, or sale of personal information or images of individuals involved in gender-affirming care when done with intent to incite violence or harassment. It exempts prescriptions for certain medications (e.g., testosterone, mifepristone) from being reported to the state's CURES database, preserving the privacy of individuals receiving legally protected care. AB 82 also prohibits California courts and law enforcement from cooperating with out-of-state investigations targeting legally protected gender-affirming care. It also mandates \$0 bail for individuals arrested in California for providing or receiving such care due to legal actions initiated in other states.

On March 28, 2025, AB 82 was amended and referred to the Assembly Committee on Public Safety and Assembly Committee on Privacy and Consumer Protection.

On April 10, 2025, AB 82 was amended and re-referred to the Assembly Committee on Public Safety.

On April 30, 2025, AB 82 was referred to the appropriations committee.

On May 14, 2025, AB 82 was referred to suspense filed by the appropriations committee.

On May 23, 2025, AB 82 was amended.

On June 2, 2025, AB 82 passed the Assembly and was ordered to the Senate.

On June 6, 2025, AB 82 was presented to the Legislative and Regulatory Affairs Committee for review of bills for review and consideration for action recommendation to the Board. The Committee determined to recommend to the Board to take a position of **Support** on AB 82.

On June 11, 2025, AB 82 was referred to the Senate Committee on Public Safety and the Senate Committee on Judiciary.

On June 19, 2025, AB 82 was amended and re-referred to the Senate Committee on Public Safety.

On July 2, 2025, AB 82 passed the Senate Committee on Public Safety and was re-referred to the Senate Committee on Judiciary.

On July 9, 2025, AB 82 passed the appropriations committee.

On July 10, 2025, AB 82 was read for a second time and amended and referred to the appropriations committee.

Action Requested

Board staff recommends the Board take a position of **Support** on AB 82.

Attachment #1: Bill Text - [Weblink](#)

Attachment #2: Bill Analysis

AMENDED IN SENATE JULY 10, 2025

AMENDED IN SENATE JUNE 19, 2025

AMENDED IN ASSEMBLY MAY 23, 2025

AMENDED IN ASSEMBLY APRIL 10, 2025

AMENDED IN ASSEMBLY MARCH 28, 2025

CALIFORNIA LEGISLATURE—2025–26 REGULAR SESSION

ASSEMBLY BILL

No. 82

Introduced by Assembly Member Ward

(Coauthors: Assembly Members Connolly, Garcia, Kalra, Mark González, Jackson, Krell, Rogers, Schultz, Stefani, and Zbur)

(Coauthors: Senators Arreguín, Cabaldon, Cervantes, Gonzalez, Laird, and Wiener)

December 20, 2024

An act to amend Sections 6215.1, 6215.2, 6218, 6218.01, and 6218.05 of the Government Code, to amend Sections 11165 and 11190 of the Health and Safety Code, and to amend Sections 629.51, 1269b, 13778.2, and 13778.3, of the Penal Code, relating to health care.

LEGISLATIVE COUNSEL'S DIGEST

AB 82, as amended, Ward. Health care: legally protected health care activity.

(1) Existing law authorizes reproductive health care service providers, employees, volunteers, and patients, and individuals who face threats of violence or violence or harassment from the public because of their affiliation with a reproductive health care services facility, to complete

an application to be approved by the Secretary of State for the purposes of enabling state and local agencies to respond to requests for public records without disclosing a program participant's residence address contained in any public record and otherwise provide for confidentiality of identity for that person, subject to specified conditions. Under existing law, any person who makes a false statement in an application is guilty of a misdemeanor.

This bill would expand the address confidentiality program to a gender-affirming health care provider, employee, or volunteer, as defined, who faces threats of violence or harassment from the public because of their affiliation with a gender-affirming health care services facility. By imposing new duties on local agencies and expanding the scope of a crime, this bill would create a state-mandated local program.

(2) Existing law prohibits a person, business, or association from knowingly publicly posting or publicly displaying, disclosing, or distributing on internet websites or on social media, the personal information or image of any reproductive health care services patient, provider, or assistant, or other individuals residing at the same home address, with the intent to incite a 3rd person to cause imminent great bodily harm to the person identified in the posting or display, or to a coresident of that person, as specified, or to threaten the person identified in the posting or display, or a coresident of that person, as specified. Existing law additionally prohibits a person, business, or association from soliciting, selling, or trading on the internet or social media the personal information or image of a reproductive health care services patient, provider, or assistant with the intent described above. Existing law establishes a cause of action for injunctive or declarative relief for a violation of these prohibitions.

Existing law prohibits a person from posting on the internet or social media, with the intent that another person imminently use that information to commit a crime involving violence or a threat of violence against a reproductive health care services patient, provider, or assistant, or other individuals residing at the same home address, the personal information or image of a reproductive health care services patient, provider, or assistant, or other individuals residing at the same home address. Existing law makes a violation of this prohibition punishable by a fine of up to \$10,000 per violation, imprisonment, as specified, or by both that fine and imprisonment.

This bill would additionally prohibit a person, business, or association from soliciting, selling, or trading on the internet or social media the

personal information or image of a gender-affirming health care services ~~patient, provider, or assistant~~ *provider, employee, volunteer, or patient* with the intent described above. The bill would also prohibit a person from posting on the internet or social media, as described above, the personal information or image of a gender-affirming health care services ~~patient, provider, or assistant~~ *provider, employee, volunteer, or patient*, or other individuals residing at the same home address. The bill would define various terms for these purposes. By expanding the scope of a crime, this bill would create a state-mandated local program.

(3) Existing law, the California Uniform Controlled Substances Act (the act), classifies controlled substances into 5 designated schedules, with the most restrictive limitations generally placed on controlled substances classified in Schedule I, and the least restrictive limitations generally placed on controlled substances classified in Schedule V. The act requires the Department of Justice to maintain the Controlled Substances Utilization Review and Evaluation System (CURES) for the electronic monitoring of the prescribing and dispensing of certain controlled substances by a health care practitioner authorized to prescribe, order, administer, furnish, or dispense those controlled substances. Existing law limits the entities to which data may be provided from CURES, as well as the type of data that may be released and the uses to which it may be put. Existing law makes a violation of the act a crime. Existing law defines the term “legally protected health care activity” to include the exercise of, or an act undertaken to aid a person to exercise, the provision of reproductive health care services, gender-affirming health care services, or gender-affirming mental health care services.

This bill would prohibit a prescription for or the dispensing of testosterone or mifepristone from being reported to the department, CURES, or a contractor, as specified. The bill would require the department, on or before January 1, 2027, to remove certain existing records that were created or maintained prior to January 1, 2026, and make other conforming changes. The bill would authorize the department, in consultation with the California Health and Human Services Agency, health care providers, and clinicians, to add medications for legally protected health care activity to the list of medications prohibited from being reported. By creating a new crime, the bill would establish a state-mandated local program.

(4) Existing law authorizes a court to issue various orders relating to criminal investigations, including the interception of wire or electronic

communications, the installation and use of a pen register or trap and trace device, or a search warrant upon specified grounds. Existing law prohibits the issuance of any orders or warrants for the purpose of investigating or recovering evidence of a prohibited violation. Existing law defines “prohibited violation” for this purpose as a violation of a law that creates liability for, or arising out of, either providing, facilitating, or obtaining an abortion or intending or attempting to provide, facilitate, or obtain an abortion that is lawful under the laws of this state.

This bill would instead define a prohibited violation as a violation of a law that creates liability for, or arising out of, either providing, facilitating, or obtaining a legally protected health care activity or intending or attempting to provide, facilitate, or obtain a legally protected health care activity, as defined.

(5) Existing law requires superior court judges in each county to prepare, adopt, and annually revise a uniform countywide schedule of bail for all bailable offenses, as specified. Existing law requires a uniform countywide schedule of bail to set \$0 bail for an individual who has been arrested in connection with a proceeding in another state regarding an individual performing, supporting, or aiding in the performance of an abortion in this state, or an individual obtaining an abortion in this state, if the abortion is lawful under California law.

This bill would instead require a uniform countywide schedule of bail to set \$0 bail for an individual who has been arrested in connection with a proceeding in another state regarding an individual performing, supporting, or aiding in the performance of a legally protected health care activity in this state, or an individual obtaining a legally protected health care activity in this state, as specified.

(6) Existing law prohibits a state or local law enforcement agency or officer from knowingly arresting or knowingly participating in the arrest of any person for performing, supporting, or aiding in the performance of an abortion or for obtaining an abortion, if the abortion is lawful in this state. Existing law prohibits a state or local public agency from cooperating with or providing information to an individual or agency from another state or a federal law enforcement agency, as specified, regarding a lawful abortion. Existing law prohibits specified persons, including a judicial officer, a court employee, or an authorized attorney, among others, from issuing a subpoena in connection with a proceeding in another state regarding an individual performing, supporting, or aiding in the performance of an abortion in this state, or

an individual obtaining an abortion in this state, if the abortion is lawful in this state. Existing law does not prohibit the investigation of criminal activity that may involve an abortion, provided that no information relating to any medical procedure performed on a specific individual is shared with an agency or individual from another state for the purpose of enforcing another state's abortion law.

This bill would instead expand those above-described provisions to apply to legally protected health care activity, as defined.

(7) Existing law prohibits a state or local government employee or a person acting on behalf of the local or state government, among others, from providing information or expending resources in furtherance of an investigation that seeks to impose civil or criminal liability or professional sanctions on an individual for a legally protected health care activity, as defined, that occurred in this state or that would be legal if it occurred in this state. Existing law requires any out-of-state subpoena, warrant, wiretap order, pen register trap and trace order, or other legal process to include an affidavit or declaration under penalty of perjury that the discovery request is not in connection with an out-of-state proceeding relating to a legally protected health care activity, except as specified.

This bill would authorize the Attorney General to bring a civil action against a person or entity that submitted a false affidavit under these provisions and would make submission of a false affidavit punishable by a civil penalty of \$15,000, in addition to any other penalties or remedies provided by law.

(8) 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.

(9) 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 with regard to certain mandates no reimbursement is required by this act for a specified reason.

With regard to any other mandates, this bill would provide that, if the Commission on State Mandates determines that the bill contains costs so mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.

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 6215.1 of the Government Code is
2 amended to read:
- 3 6215.1. Unless the context clearly requires otherwise, the
4 definitions in this section apply throughout this chapter.
- 5 (a) "Address" means a residential street address, school address,
6 or work address of an individual, as specified on the individual's
7 application to be a program participant under this chapter.
- 8 (b) "Covered health care services" means gender-affirming
9 health care services or reproductive health care services.
- 10 (c) "Covered health care services provider, employee, volunteer,
11 or patient" means a gender-affirming health care or a
12 gender-affirming mental health care provider, employee, volunteer,
13 or patient, or a reproductive health care services provider,
14 employee, volunteer, or patient.
- 15 (d) "Covered health care services facility" means a
16 gender-affirming health care services facility or a reproductive
17 health care services facility.
- 18 (e) "Domicile" means a place of habitation as defined in Section
19 349 of the Elections Code.
- 20 (f) "Gender-affirming health care" and "gender-affirming mental
21 health care" shall have the same meaning as provided in Section
22 16010.2 of the Welfare and Institutions Code.
- 23 (g) "Gender-affirming health care and gender-affirming mental
24 health care provider, employee, volunteer, or patient" means a
25 person who obtains, provides, or assists, at the request of another
26 person, in obtaining or providing gender-affirming health care
27 services, or a person who owns or operates a gender-affirming
28 health care services facility.
- 29 (h) "Gender-affirming health care services facility" includes a
30 hospital, an office operated by a *licensed* health care provider, a
31 licensed clinic, or other licensed health care facility that provides
32 gender-affirming health care services.
- 33 (i) "Reproductive health care services" means health care
34 services relating to the termination of a pregnancy in a reproductive
35 health care services facility.

1 (j) “Reproductive health care services provider, employee,
2 volunteer, or patient” means a person who obtains, provides, or
3 assists, at the request of another person, in obtaining or providing
4 reproductive health care services, or a person who owns or operates
5 a reproductive health care services facility.

6 (k) “Reproductive health care services facility” includes a
7 hospital, an office operated by a licensed physician and surgeon,
8 a licensed clinic, or other licensed health care facility that provides
9 reproductive health care services and includes only the building
10 or structure in which the reproductive health care services are
11 actually provided.

12 SEC. 2. Section 6215.2 of the Government Code is amended
13 to read:

14 6215.2. (a) An adult person, a parent or guardian acting on
15 behalf of a minor, or a guardian acting on behalf of an incapacitated
16 person, who is domiciled in California, may apply to the Secretary
17 of State to have an address designated by the Secretary of State to
18 serve as the person’s address or the address of the minor or
19 incapacitated person. An application shall be completed in person
20 at a community-based assistance program designated by the
21 Secretary of State. The application process shall include a
22 requirement that the applicant shall meet with a counselor and
23 receive orientation information about the program. The Secretary
24 of State shall approve an application if it is filed in the manner and
25 on the form prescribed by the Secretary of State and if it contains
26 all of the following:

27 (1) If the applicant alleges that the basis for the application is
28 that the applicant, or the minor or incapacitated person on whose
29 behalf the application is made, is a covered health care provider,
30 employee, or volunteer, who is fearful for their safety or the safety
31 of their family because of their affiliation with a covered health
32 care services facility, the application shall be accompanied by all
33 of the following:

34 (A) Documentation showing that the individual is to commence
35 employment or is currently employed as a provider or employee
36 at a covered health care services facility, or is volunteering at a
37 covered health care services facility.

38 (B) One of the following:

39 (i) A certified statement signed by a person authorized by the
40 covered health care services facility stating that the facility or any

1 of its providers, employees, volunteers, or patients is or was the
2 target of threats, harassment, or acts of violence or harassment
3 within one year of the date of the application. A person who
4 willfully certifies as true any material matter pursuant to this
5 section that the person knows to be false is guilty of a
6 misdemeanor.

7 (ii) A certified statement signed by the employee or patient of,
8 or volunteer for, the covered health care services facility stating
9 that they have been the target of threats, harassment, or acts of
10 violence within one year of the date of the application because of
11 their association with the covered health care services facility. A
12 person who willfully certifies as true any material matter pursuant
13 to this section that the person knows to be false is guilty of a
14 misdemeanor.

15 (iii) A workplace violence restraining order described in Section
16 527.8 of the Code of Civil Procedure, issued after a noticed hearing,
17 or a civil restraining order described in Section 527.6 of the Code
18 of Civil Procedure, issued after a noticed hearing, protecting the
19 applicant or the minor or incapacitated person on whose behalf
20 the application is made. The order must be based upon threats or
21 acts of violence to the applicant or the minor or incapacitated
22 person on whose behalf the application is made and connected
23 with the covered health care services facility.

24 (C) A sworn statement that the applicant fears for their safety
25 or the safety of their family, or the safety of the minor or
26 incapacitated person on whose behalf the application is made due
27 to their affiliation with the covered health care services facility
28 authorized to provide the declaration described in subparagraph
29 (B).

30 (2) If the applicant alleges that the basis for the application is
31 that the applicant is a covered health care services facility
32 volunteer, the application shall, in addition to the documents
33 specified in paragraph (1), be accompanied by documentation by
34 the covered health care services facility showing the length of time
35 the volunteer has committed to working at the facility.

36 (3) If the applicant alleges that the basis of the application is
37 that the applicant, or the minor or incapacitated person on whose
38 behalf the application is made, is a person who is or has been the
39 target of threats or acts of violence because the applicant is
40 obtaining or seeking to obtain services at a covered health care

1 services facility within one year of the date of the application, the
2 application shall be accompanied by the following:

3 (A) A sworn statement that the applicant has good reason to
4 fear for their safety or the safety of their family.

5 (B) Any police, court, or other governmental agency records or
6 files that show any complaints of the alleged threats or acts of
7 violence.

8 (4) A designation of the Secretary of State as agent for purposes
9 of service of process and for the purpose of receipt of mail.

10 (A) Service on the Secretary of State of any summons, writ,
11 notice, demand, or process shall be made by delivering to the
12 address confidentiality program personnel of the office of the
13 Secretary of State two copies of the summons, writ, notice, demand,
14 or process.

15 (B) If a summons, writ, notice, demand, or process is served on
16 the Secretary of State, the Secretary of State shall immediately
17 cause a copy to be forwarded to the program participant at the
18 address shown on the records of the address confidentiality
19 program so that the summons, writ, notice, demand, or process is
20 received by the program participant within three days of the
21 Secretary of State's having received it.

22 (C) The Secretary of State shall keep a record of all summonses,
23 writs, notices, demands, and processes served upon the Secretary
24 of State under this section and shall record the time of that service
25 and the Secretary of State's action.

26 (D) The office of the Secretary of State and any agent or person
27 employed by the Secretary of State shall be held harmless from
28 any liability in any action brought by any person injured or harmed
29 as a result of the handling of first-class mail on behalf of program
30 participants.

31 (5) The mailing address where the applicant can be contacted
32 by the Secretary of State, and the telephone number or numbers
33 where the applicant can be called by the Secretary of State.

34 (6) The address or addresses that the applicant requests not be
35 disclosed for the reason that disclosure will increase the risk of
36 threats or acts of violence or harassment toward the applicant.

37 (7) The signature of the applicant and of any individual or
38 representative of any office designated in writing who assisted in
39 the preparation of the application, and the date on which the
40 applicant signed the application.

(b) An application may be submitted on the basis that a person is employed by or performs work pursuant to a contract with a public entity and faces threats of violence or violence or harassment from the public because of their work for the public entity. An adult person, a parent or guardian acting on behalf of a minor, or a guardian acting on behalf of an incapacitated person, who is domiciled in California, may apply to the Secretary of State to have an address designated by the Secretary of State to serve as the person's address or the address of the minor or incapacitated person. An application shall be completed in person at a community-based assistance program designated by the Secretary of State. The application process shall include a requirement that the applicant shall meet with a counselor and receive orientation information about the program. The Secretary of State shall approve an application if it is filed in the manner and on the form prescribed by the Secretary of State and if it contains all of the following:

(1) If the applicant alleges that the basis for the application is that the applicant, or the minor or incapacitated person on whose behalf the application is made is employed by a public entity or performs work pursuant to a contract with a public entity and faces threats of violence or violence or harassment from the public because of their work for the public entity and is fearful for their safety or the safety of their family because of their work for the public entity, the application shall be accompanied by all of the following:

(A) Documentation showing that the individual is to commence employment or is currently employed by a public entity or performs work pursuant to a contract with a public entity in an occupation where workers have faced threats of violence or violence or harassment from the public because of their work for the public entity.

(B) One of the following:

(i) A certified statement signed by a person affiliated with the applicant's place of work or employment who has personal knowledge of the circumstances at the place of work or employment, stating that workers or employees have been the target of threats or acts of violence or harassment within one year of the date of the application. A person who willfully certifies as

1 true any material matter pursuant to this section that the person
2 knows to be false is guilty of a misdemeanor.

3 (ii) A certified statement signed by the worker or employee,
4 stating that they have been the target of threats or acts of violence
5 or harassment within one year of the date of the application because
6 of their work for a public entity. A person who willfully certifies
7 as true any material matter pursuant to this section that the person
8 knows to be false is guilty of a misdemeanor.

9 (iii) A workplace violence restraining order described in Section
10 527.8 of the Code of Civil Procedure, issued after a noticed hearing,
11 or a civil restraining order described in Section 527.6 of the Code
12 of Civil Procedure, issued after a noticed hearing, protecting the
13 applicant or the minor or incapacitated person on whose behalf
14 the application is made. The order must be based upon threats or
15 acts of violence connected with the applicant's work for a public
16 entity or the minor or incapacitated person on whose behalf the
17 application is made.

18 (C) A sworn statement that the applicant fears for their safety
19 or the safety of their family, or the safety of the minor or
20 incapacitated person on whose behalf the application is made, due
21 to their work for a public entity.

22 (2) A designation of the Secretary of State as agent for purposes
23 of service of process and for the purpose of receipt of mail.

24 (A) Service on the Secretary of State of any summons, writ,
25 notice, demand, or process shall be made by delivering to the
26 address confidentiality program personnel of the office of the
27 Secretary of State two copies of the summons, writ, notice, demand,
28 or process.

29 (B) If a summons, writ, notice, demand, or process is served on
30 the Secretary of State, the Secretary of State shall immediately
31 cause a copy to be forwarded to the program participant at the
32 address shown on the records of the address confidentiality
33 program so that the summons, writ, notice, demand, or process is
34 received by the program participant within three days of the
35 Secretary of State's having received it.

36 (C) The Secretary of State shall keep a record of all summonses,
37 writs, notices, demands, and processes served upon the Secretary
38 of State under this section and shall record the time of that service
39 and the Secretary of State's action.

1 (D) The office of the Secretary of State and any agent or person
2 employed by the Secretary of State shall be held harmless from
3 any liability in any action brought by any person injured or harmed
4 as a result of the handling of first-class mail on behalf of program
5 participants.

6 (3) The mailing address where the applicant can be contacted
7 by the Secretary of State, and the telephone number or numbers
8 where the applicant can be called by the Secretary of State.

9 (4) The address or addresses that the applicant requests not be
10 disclosed for the reason that disclosure will increase the risk of
11 acts of violence or harassment toward the applicant.

12 (5) The signature of the applicant and of any individual or
13 representative of any office designated in writing who assisted in
14 the preparation of the application, and the date on which the
15 applicant signed the application.

16 (c) Applications shall be filed with the office of the Secretary
17 of State.

18 (d) Submitted applications shall be accompanied by payment
19 of a fee to be determined by the Secretary of State. This fee shall
20 not exceed the actual costs of enrolling in the program. In addition,
21 annual fees may also be assessed by the Secretary of State to defray
22 the actual costs of maintaining this program. Annual fees assessed
23 by the Secretary of State shall also be used to reimburse the General
24 Fund for any amounts expended from that fund for the purposes
25 of this chapter. No applicant who is a patient of a covered health
26 care services facility shall be required to pay an application fee or
27 the annual fee under this program.

28 (e) The Address Confidentiality for Reproductive Health Care
29 Services Fund is hereby created in the General Fund. Upon
30 appropriation by the Legislature, moneys in the fund are available
31 for the administration of the program established pursuant to this
32 chapter.

33 (f) Upon filing a properly completed application, the Secretary
34 of State shall certify the applicant as a program participant.
35 Applicants, with the exception of covered health care services
36 facilities volunteers, shall be certified for four years following the
37 date of filing unless the certification is withdrawn, or invalidated
38 before that date. Covered health care services facility volunteers
39 shall be certified until six months from the last date of volunteering
40 with the facility. The Secretary of State shall by rule establish a

1 renewal procedure. A minor program participant, who reaches 18
2 years of age, may renew as an adult following the renewal
3 procedures established by the Secretary of State.

4 (g) A person who falsely attests in an application that disclosure
5 of the applicant's address would endanger the applicant's safety
6 or the safety of the applicant's family or the minor or incapacitated
7 person on whose behalf the application is made, or who knowingly
8 provides false or incorrect information upon making an application,
9 is guilty of a misdemeanor. A notice shall be printed in bold type
10 and in a conspicuous location on the face of the application
11 informing the applicant of the penalties under this subdivision.

12 (h) For purposes of this section:

13 (1) "Harassment" is repeated, unreasonable, and unwelcome
14 conduct directed at a targeted individual that would cause a
15 reasonable person to fear for their own safety or the safety of a
16 household member. Harassing conduct may include, but is not
17 limited to, following, stalking, phone calls, or written
18 correspondence.

19 (2) "Public entity" means a federal, state, or local governmental
20 agency.

21 (3) "Work for a public entity" means work performed by an
22 employee of a public entity, or work performed for a public entity
23 by a person pursuant to a contract with the public entity.

24 SEC. 3. Section 6218 of the Government Code is amended to
25 read:

26 6218. (a) (1) A person, business, or association shall not
27 knowingly publicly post or publicly display, disclose, or distribute
28 on internet websites or social media, the personal information or
29 image of any covered health care services ~~patient, provider, or~~
30 ~~assistant, provider, employee, volunteer, or patient~~, or other
31 individuals residing at the same home address, with the intent to
32 do either of the following:

33 (A) Incite a third person to cause imminent great bodily harm
34 to the covered health care services ~~patient, provider, or assistant~~
35 ~~provider, employee, volunteer, or patient~~ identified in the posting
36 or display, or to a coresident of that person, where the third person
37 is likely to commit this harm.

38 (B) Threaten the covered health care services ~~patient, provider,~~
39 ~~or assistant, provider, employee, volunteer, or patient~~, identified
40 in the posting or display, or a coresident of that person, in a manner

1 that places the person identified or the coresident in objectively
2 reasonable fear for their personal safety.

3 (2) A covered health care services ~~patient, provider, or assistant~~
4 *provider, employee, volunteer, or patient* whose personal
5 information or image is made public as a result of a violation of
6 paragraph (1), or any individual entity or organization authorized
7 to act on their behalf, may do either or both of the following:

8 (A) Bring an action seeking injunctive or declarative relief in
9 any court of competent jurisdiction. If a jury or court finds that a
10 violation has occurred, it may grant injunctive or declarative relief
11 and shall award the successful plaintiff court costs and reasonable
12 attorney's fees.

13 (B) Bring an action for money damages in any court of
14 competent jurisdiction. In addition to any other legal rights or
15 remedies, if a jury or court finds that a violation has occurred, it
16 shall award damages to that individual in an amount up to a
17 maximum of three times the actual damages, but in no case less
18 than four thousand dollars (\$4,000).

19 (b) (1) A person, business, or association shall not publicly post
20 or publicly display, disclose, or distribute, on internet websites or
21 social media, the personal information or image of a covered health
22 care services ~~patient, provider, or assistant~~ *provider, employee,*
23 *volunteer, or patient* if that individual, or any individual, entity,
24 or organization authorized to act on their behalf, has made a written
25 demand of that person, business, or association to not disclose the
26 personal information or image. A written demand made under this
27 paragraph shall include a statement declaring that the individual
28 is subject to the protection of this section and describing a
29 reasonable fear for the safety of that individual or of any person
30 residing at the individual's home address, based on a violation of
31 subdivision (a). A demand made under this paragraph shall be
32 effective for four years, regardless of whether or not the
33 individual's affiliation with a covered health care services facility
34 has expired prior to the end of the four-year period.

35 (2) A covered health care services ~~patient, provider, or assistant~~
36 *provider, employee, volunteer, or patient* whose personal
37 information or image is made public as a result of a failure to honor
38 a demand made pursuant to paragraph (1), or any individual, entity,
39 or organization authorized to act on their behalf, may bring an
40 action seeking injunctive or declarative relief in any court of

1 competent jurisdiction. If a jury or court finds that a violation has
2 occurred, it may grant injunctive or declarative relief and shall
3 award the successful plaintiff court costs and reasonable attorney's
4 fees.

5 (3) This subdivision does not apply to a person or entity defined
6 in Section 1070 of the Evidence Code.

7 (c) (1) A person, business, or association shall not solicit, sell,
8 or trade on the internet or social media the personal information
9 or image of a covered health care services ~~patient, provider, or~~
10 ~~assistant~~ *provider, employee, volunteer, or patient* with the intent
11 to do either of the following:

12 (A) Incite a third person to cause imminent great bodily harm
13 to the person identified in the posting or display, or to a coresident
14 of that person, where the third person is likely to commit this harm.

15 (B) Threaten the person identified in the posting or display, or
16 a coresident of that person, in a manner that places the person
17 identified or the coresident in objectively reasonable fear for their
18 personal safety.

19 (2) A covered health care services ~~patient, provider, or assistant~~
20 *provider, employee, volunteer, or patient* whose personal
21 information or image is solicited, sold, or traded in violation of
22 paragraph (1), or any individual, entity, or organization authorized
23 to act on their behalf, may bring an action in any court of competent
24 jurisdiction. In addition to any other legal rights and remedies, if
25 a jury or court finds that a violation has occurred, it shall award
26 damages to that individual in an amount up to a maximum of three
27 times the actual damages, but in no case less than four thousand
28 dollars (\$4,000).

29 (d) An interactive computer service or access software provider,
30 as defined in Section 230(f) of Title 47 of the United States Code,
31 shall not be liable under this section unless the service or provider
32 intends to abet or cause bodily harm that is likely to occur or
33 threatens to cause bodily harm to a covered health care services
34 patient, provider, or assistant, or any person residing at the same
35 home address.

36 (e) This section does not preclude punishment under any other
37 provision of law.

38 SEC. 4. Section 6218.01 of the Government Code is amended
39 to read:

6218.01. (a) (1) A person shall not post on the internet or social media, with the intent that another person imminently use that information to commit a crime involving violence or a threat of violence against a covered health care services ~~patient, provider, or assistant,~~ *provider, employee, volunteer, or patient*, or other individuals residing at the same home address, the personal information or image of a covered health care services patient, provider, or assistant, or other individuals residing at the same home address.

(2) A violation of this subdivision is punishable by a fine of up to ten thousand dollars (\$10,000) per violation, imprisonment of either up to one year in a county jail or pursuant to subdivision (h) of Section 1170 of the Penal Code, or by both that fine and imprisonment.

(3) A violation of this subdivision that leads to the bodily injury of a covered health care services ~~patient, provider, or assistant,~~ *provider, employee, volunteer, or patient*, or other individuals residing at the same home address, is a felony punishable by a fine of up to fifty thousand dollars (\$50,000), imprisonment pursuant to subdivision (h) of Section 1170 of the Penal Code, or by both that fine and imprisonment.

(b) Nothing in this section shall preclude prosecution under any other provision of law.

SEC. 5. Section 6218.05 of the Government Code is amended to read:

6218.05. For purposes of this chapter, the following definitions apply:

(a) “Covered health care services” means gender-affirming health care services or reproductive health care services.

(b) “Covered health care services provider, employee, volunteer, or patient” means a gender-affirming health care or a gender-affirming mental health care provider, employee, volunteer, or patient, or a reproductive health care services provider, employee, volunteer, or patient.

(c) “Covered health care services facility” means a gender-affirming health care services facility or a reproductive health care services facility.

(d) “Gender-affirming health care” and “gender-affirming mental health care” shall have the same meaning as provided in Section 16010.2 of the Welfare and Institutions Code.

1 (e) “Gender-affirming health care and gender-affirming mental
2 health care provider, employee, volunteer, or patient” means a
3 person who obtains, provides, or assists, at the request of another
4 person, in obtaining or providing gender-affirming health care
5 services, or a person who owns or operates a gender-affirming
6 health care services facility.

7 (f) “Gender-affirming health care services facility” includes a
8 hospital, an office operated by a licensed physician and surgeon,
9 a licensed clinic, or other licensed health care facility that provides
10 gender-affirming health care services and includes only the building
11 or structure in which the gender-affirming health care services are
12 actually provided.

13 (g) “Image” includes, but is not limited to, a photograph, video
14 footage, sketch, or computer-generated image that provides a means
15 to visually identify the person depicted.

16 (h) “Personal information” means information that identifies,
17 relates to, describes, or is capable of being associated with a
18 reproductive health care services patient, provider, or assistant,
19 including, but not limited to, their name, signature, social security
20 number, physical characteristics or description, address, telephone
21 number, passport number, driver’s license or state identification
22 card number, license plate number, employment, employment
23 history, and financial information.

24 (i) “Publicly post” or “publicly display” means to intentionally
25 communicate or otherwise make available to the general public.

26 (j) “Reproductive health care services” means health care
27 services relating to the termination of a pregnancy in a reproductive
28 health care services facility.

29 (k) “Reproductive health care services patient, provider, or
30 assistant” means a person or entity, including, but not limited to,
31 employees, staff, volunteers, and third-party vendors, that is or
32 was involved in obtaining, seeking to obtain, providing, seeking
33 to provide, or assisting or seeking to assist another person, at that
34 person’s request, to obtain or provide any services in a reproductive
35 health care services facility, or a person or entity that is or was
36 involved in owning or operating or seeking to own or operate a
37 reproductive health care services facility.

38 (l) “Reproductive health care services facility” includes a
39 hospital, clinic, physician’s office, or other facility that provides

1 or seeks to provide reproductive health care services and includes
2 the building or structure in which the facility is located.

3 (m) “Social media” means an electronic service or account, or
4 electronic content, including, but not limited to, videos or still
5 photographs, blogs, video blogs, podcasts, instant and text
6 messages, email, online services or accounts, or internet website
7 profiles or locations.

8 SEC. 6. Section 11165 of the Health and Safety Code is
9 amended to read:

10 11165. (a) To assist health care practitioners in their efforts
11 to ensure appropriate prescribing, ordering, administering,
12 furnishing, and dispensing of controlled substances, law
13 enforcement and regulatory agencies in their efforts to control the
14 diversion and resultant abuse of Schedule II, Schedule III, Schedule
15 IV, and Schedule V controlled substances, and for statistical
16 analysis, education, and research, the Department of Justice shall,
17 contingent upon the availability of adequate funds in the CURES
18 Fund, maintain the Controlled Substance Utilization Review and
19 Evaluation System (CURES) for the electronic monitoring of, and
20 internet access to information regarding, the prescribing and
21 dispensing of Schedule II, Schedule III, Schedule IV, and Schedule
22 V controlled substances by all practitioners authorized to prescribe,
23 order, administer, furnish, or dispense these controlled substances.

24 (b) The department may seek and use grant funds to pay the
25 costs incurred by the operation and maintenance of CURES. The
26 department shall annually report to the Legislature and make
27 available to the public the amount and source of funds it receives
28 for support of CURES.

29 (c) (1) The operation of CURES shall comply with all
30 applicable federal and state privacy and security laws and
31 regulations.

32 (2) (A) CURES shall operate under existing provisions of law
33 to safeguard the privacy and confidentiality of patients. Data
34 obtained from CURES shall only be provided to appropriate state,
35 local, and federal public agencies for disciplinary, civil, or criminal
36 purposes and to other agencies or entities, as determined by the
37 department, for the purpose of educating practitioners and others
38 in lieu of disciplinary, civil, or criminal actions. Data may be
39 provided to public or private entities, as approved by the
40 department, for educational, peer review, statistical, or research

1 purposes, if patient information, including information that may
2 identify the patient, is not compromised. The University of
3 California shall be provided access to identifiable data for research
4 purposes if the requirements of subdivision (t) of Section 1798.24
5 of the Civil Code are satisfied. Further, data disclosed to an
6 individual or agency as described in this subdivision shall not be
7 disclosed, sold, or transferred to a third party, unless authorized
8 by, or pursuant to, state and federal privacy and security laws and
9 regulations. The department shall establish policies, procedures,
10 and regulations regarding the use, access, evaluation, management,
11 implementation, operation, storage, disclosure, and security of the
12 information within CURES, consistent with this subdivision.

13 (B) Notwithstanding subparagraph (A), a regulatory board whose
14 licensees do not prescribe, order, administer, furnish, or dispense
15 controlled substances shall not be provided data obtained from
16 CURES.

17 (3) The department shall, no later than January 1, 2021, adopt
18 regulations regarding the access and use of the information within
19 CURES. The department shall consult with all stakeholders
20 identified by the department during the rulemaking process. The
21 regulations shall, at a minimum, address all of the following in a
22 manner consistent with this chapter:

23 (A) The process for approving, denying, and disapproving
24 individuals or entities seeking access to information in CURES.

25 (B) The purposes for which a health care practitioner may access
26 information in CURES.

27 (C) The conditions under which a warrant, subpoena, or court
28 order is required for a law enforcement agency to obtain
29 information from CURES as part of a criminal investigation.

30 (D) The process by which information in CURES may be
31 provided for educational, peer review, statistical, or research
32 purposes.

33 (4) In accordance with federal and state privacy laws and
34 regulations, a health care practitioner may provide a patient with
35 a copy of the patient's CURES patient activity report as long as
36 no additional CURES data are provided and the health care
37 practitioner keeps a copy of the report in the patient's medical
38 record in compliance with subdivision (d) of Section 11165.1.

39 (d) Except as provided in subdivision (k), for each prescription
40 for a Schedule II, Schedule III, Schedule IV, or Schedule V

1 controlled substance, as defined in the controlled substances
2 schedules in federal law and regulations, specifically Sections
3 1308.12, 1308.13, 1308.14, and 1308.15, respectively, of Title 21
4 of the Code of Federal Regulations, the dispensing pharmacy,
5 clinic, or other dispenser shall report the following information to
6 the department or contracted prescription data processing vendor
7 as soon as reasonably possible, but not more than one working day
8 after the date a controlled substance is released to the patient or
9 patient's representative, in a format specified by the department:

10 (1) Full name, address, and, if available, telephone number of
11 the ultimate user or research subject, or contact information as
12 determined by the Secretary of the United States Department of
13 Health and Human Services, and the gender and date of birth of
14 the ultimate user.

15 (2) The prescriber's category of licensure, license number,
16 national provider identifier (NPI) number, if applicable, the federal
17 controlled substance registration number, and the state medical
18 license number of a prescriber using the federal controlled
19 substance registration number of a government-exempt facility.

20 (3) Pharmacy prescription number, license number, NPI number,
21 and federal controlled substance registration number.

22 (4) National Drug Code (NDC) number of the controlled
23 substance dispensed.

24 (5) Quantity of the controlled substance dispensed.

25 (6) The International Statistical Classification of Diseases (ICD)
26 Code contained in the most current ICD revision, or any revision
27 deemed sufficient by the State Board of Pharmacy, if available.

28 (7) Number of refills ordered.

29 (8) Whether the drug was dispensed as a refill of a prescription
30 or as a first-time request.

31 (9) Prescribing date of the prescription.

32 (10) Date of dispensing of the prescription.

33 (11) The serial number for the corresponding prescription form,
34 if applicable.

35 (e) The department may invite stakeholders to assist, advise,
36 and make recommendations on the establishment of rules and
37 regulations necessary to ensure the proper administration and
38 enforcement of the CURES database. A prescriber or dispenser
39 invitee shall be licensed by one of the boards or committees
40 identified in subdivision (d) of Section 208 of the Business and

1 Professions Code, in active practice in California, and a regular
2 user of CURES.

3 (f) The department shall, prior to upgrading CURES, consult
4 with prescribers licensed by one of the boards or committees
5 identified in subdivision (d) of Section 208 of the Business and
6 Professions Code, one or more of the boards or committees
7 identified in subdivision (d) of Section 208 of the Business and
8 Professions Code, and any other stakeholder identified by the
9 department, for the purpose of identifying desirable capabilities
10 and upgrades to the CURES Prescription Drug Monitoring Program
11 (PDMP).

12 (g) The department may establish a process to educate
13 authorized subscribers of the CURES PDMP on how to access and
14 use the CURES PDMP.

15 (h) (1) The department may enter into an agreement with an
16 entity operating an interstate data sharing hub, or an agency
17 operating a prescription drug monitoring program in another state,
18 for purposes of interstate data sharing of prescription drug
19 monitoring program information.

20 (2) Data obtained from CURES may be provided to authorized
21 users of another state's prescription drug monitoring program, as
22 determined by the department pursuant to subdivision (c), if the
23 entity operating the interstate data sharing hub, and the prescription
24 drug monitoring program of that state, as applicable, have entered
25 into an agreement with the department for interstate data sharing
26 of prescription drug monitoring program information.

27 (3) An agreement entered into by the department for purposes
28 of interstate data sharing of prescription drug monitoring program
29 information shall ensure that all access to data obtained from
30 CURES and the handling of data contained within CURES comply
31 with California law, including regulations, and meet the same
32 patient privacy, audit, and data security standards employed and
33 required for direct access to CURES.

34 (4) For purposes of interstate data sharing of CURES
35 information pursuant to this subdivision, an authorized user of
36 another state's prescription drug monitoring program shall not be
37 required to register with CURES, if the authorized user is registered
38 and in good standing with that state's prescription drug monitoring
39 program.

1 (5) The department shall not enter into an agreement pursuant
2 to this subdivision until the department has issued final regulations
3 regarding the access and use of the information within CURES as
4 required by paragraph (3) of subdivision (c).

5 (i) Notwithstanding subdivision (d), a veterinarian shall report
6 the information required by that subdivision to the department as
7 soon as reasonably possible, but not more than seven days after
8 the date a controlled substance is dispensed.

9 (j) If the dispensing pharmacy, clinic, or other dispenser
10 experiences a temporary technological or electrical failure, it shall,
11 without undue delay, seek to correct any cause of the temporary
12 technological or electrical failure that is reasonably within its
13 control. The deadline for transmitting prescription information to
14 the department or contracted prescription data processing vendor
15 pursuant to subdivision (d) shall be extended until the failure is
16 corrected. If the dispensing pharmacy, clinic, or other dispenser
17 experiences technological limitations that are not reasonably within
18 its control, or is impacted by a natural or manmade disaster, the
19 deadline for transmitting prescription information to the department
20 or contracted prescription data processing vendor shall be extended
21 until normal operations have resumed.

22 (k) (1) Notwithstanding subdivision (d), a prescription for or
23 the dispensing of testosterone or mifepristone shall not be reported
24 to the department, CURES, or a contracted prescription data
25 processing vendor. The department, in consultation with the
26 California Health and Human Services Agency, health care
27 providers, and clinicians, may add medications for legally protected
28 health care activity, as defined in Section 1798.300 of the Civil
29 Code, to the list of medications prohibited from being reported to
30 the department, CURES, or a contracted prescription data
31 processing vendor.

32 (2) On or before January 1, 2027, the department shall remove
33 existing records of a prescription described in this subdivision
34 created or maintained prior to January 1, 2026.

35 SEC. 7. Section 11190 of the Health and Safety Code is
36 amended to read:

37 11190. (a) Every practitioner, other than a pharmacist, who
38 prescribes or administers a controlled substance classified in
39 Schedule II shall make a record that, as to the transaction, shows
40 all of the following:

1 (1) The name and address of the patient.

2 (2) The date.

3 (3) The character, including the name and strength, and quantity
4 of controlled substances involved.

5 (b) The prescriber's record shall show the pathology and purpose
6 for which the controlled substance was administered or prescribed.

7 (c) (1) For each prescription for a Schedule II, Schedule III,
8 or Schedule IV controlled substance that is dispensed by a
9 prescriber pursuant to Section 4170 of the Business and Professions
10 Code, the prescriber shall record and maintain the following
11 information:

12 (A) Full name, address, and the telephone number of the ultimate
13 user or research subject, or contact information as determined by
14 the Secretary of the United States Department of Health and Human
15 Services, and the gender, and date of birth of the patient.

16 (B) The prescriber's category of licensure and license number;
17 federal controlled substance registration number; and the state
18 medical license number of any prescriber using the federal
19 controlled substance registration number of a government-exempt
20 facility.

21 (C) NDC (National Drug Code) number of the controlled
22 substance dispensed.

23 (D) Quantity of the controlled substance dispensed.

24 (E) ICD-9 (diagnosis code), if available.

25 (F) Number of refills ordered.

26 (G) Whether the drug was dispensed as a refill of a prescription
27 or as a first-time request.

28 (H) Date of origin of the prescription.

29 (2) (A) Each prescriber that dispenses controlled substances
30 shall provide the Department of Justice the information required
31 by this subdivision on a weekly basis in a format set by the
32 Department of Justice pursuant to regulation.

33 (B) The reporting requirement in this section shall not apply to
34 the direct administration of a controlled substance to the body of
35 an ultimate user or a prescription described in subdivision (k) of
36 Section 11165.

37 (d) This section shall become operative on January 1, 2005.

38 (e) The reporting requirement in this section for Schedule IV
39 controlled substances shall not apply to any of the following:

1 (1) The dispensing of a controlled substance in a quantity limited
2 to an amount adequate to treat the ultimate user involved for 48
3 hours or less.

4 (2) The administration or dispensing of a controlled substance
5 in accordance with any other exclusion identified by the United
6 States Health and Human Service Secretary for the National All
7 Schedules Prescription Electronic Reporting Act of 2005.

8 (f) Notwithstanding paragraph (2) of subdivision (c), the
9 reporting requirement of the information required by this section
10 for a Schedule II or Schedule III controlled substance, in a format
11 set by the Department of Justice pursuant to regulation, shall be
12 on a monthly basis for all of the following:

13 (1) The dispensing of a controlled substance in a quantity limited
14 to an amount adequate to treat the ultimate user involved for 48
15 hours or less.

16 (2) The administration or dispensing of a controlled substance
17 in accordance with any other exclusion identified by the United
18 States Health and Human Service Secretary for the National All
19 Schedules Prescription Electronic Reporting Act of 2005.

20 SEC. 8. Section 629.51 of the Penal Code is amended to read:

21 629.51. (a) For the purposes of this chapter, the following
22 terms have the following meanings:

23 (1) "Wire communication" means any aural transfer made in
24 whole or in part through the use of facilities for the transmission
25 of communications by the aid of wire, cable, or other like
26 connection between the point of origin and the point of reception
27 (including the use of a like connection in a switching station),
28 furnished or operated by any person engaged in providing or
29 operating these facilities for the transmission of communications.

30 (2) "Electronic communication" means any transfer of signs,
31 signals, writings, images, sounds, data, or intelligence of any nature
32 in whole or in part by a wire, radio, electromagnetic, photoelectric,
33 or photo-optical system, but does not include any of the following:

34 (A) Any wire communication defined in paragraph (1).

35 (B) Any communication made through a tone-only paging
36 device.

37 (C) Any communication from a tracking device.

38 (D) Electronic funds transfer information stored by a financial
39 institution in a communications system used for the electronic
40 storage and transfer of funds.

1 (3) “Tracking device” means an electronic or mechanical device
2 that permits the tracking of the movement of a person or object.

3 (4) “Aural transfer” means a transfer containing the human
4 voice at any point between and including the point of origin and
5 the point of reception.

6 (5) (A) “Prohibited violation” means any violation of law that
7 creates liability for, or arising out of, either of the following:

8 (i) Providing, facilitating, or obtaining a legally protected health
9 care activity, as defined in Section 1549.15, that is lawful under
10 California law.

11 (ii) Intending or attempting to provide, facilitate, or obtain a
12 legally protected health care activity, as defined in Section 1549.15,
13 that is lawful under California law.

14 (B) As used in this paragraph, “facilitating” or “facilitate” means
15 assisting, directly or indirectly in any way, with the obtaining of
16 a legally protected health care activity, as defined in Section
17 1549.15, that is lawful under California law.

18 (b) This chapter applies to the interceptions of wire and
19 electronic communications. It does not apply to stored
20 communications or stored content.

21 (c) The act that added this subdivision is not intended to change
22 the law as to stored communications or stored content.

23 SEC. 9. Section 1269b of the Penal Code is amended to read:

24 1269b. (a) The officer in charge of a jail in which an arrested
25 person is held in custody, an officer of a sheriff’s department or
26 police department of a city who is in charge of a jail or is employed
27 at a fixed police or sheriff’s facility and is acting under an
28 agreement with the agency that keeps the jail in which an arrested
29 person is held in custody, an employee of a sheriff’s department
30 or police department of a city who is assigned by the department
31 to collect bail, the clerk of the superior court of the county in which
32 the offense was alleged to have been committed, and the clerk of
33 the superior court in which the case against the defendant is
34 pending may approve and accept bail in the amount fixed by the
35 warrant of arrest, schedule of bail, or order admitting to bail in
36 cash or surety bond executed by a certified, admitted surety insurer
37 as provided in the Insurance Code, to issue and sign an order for
38 the release of the arrested person, and to set a time and place for
39 the appearance of the arrested person before the appropriate court
40 and give notice thereof.

(b) If a defendant has appeared before a judge of the court on the charge contained in the complaint, indictment, or information, the bail shall be in the amount fixed by the judge at the time of the appearance. If that appearance has not been made, the bail shall be in the amount fixed in the warrant of arrest or, if no warrant of arrest has been issued, the amount of bail shall be pursuant to the uniform countywide schedule of bail for the county in which the defendant is required to appear, previously fixed and approved as provided in subdivisions (c) and (d).

(c) It is the duty of the superior court judges in each county to prepare, adopt, and annually revise a uniform countywide schedule of bail for all bailable felony offenses and for all misdemeanor and infraction offenses except Vehicle Code infractions. The penalty schedule for infraction violations of the Vehicle Code shall be established by the Judicial Council in accordance with Section 40310 of the Vehicle Code.

(d) A court may, by local rule, prescribe the procedure by which the uniform countywide schedule of bail is prepared, adopted, and annually revised by the judges. If a court does not adopt a local rule, the uniform countywide schedule of bail shall be prepared, adopted, and annually revised by a majority of the judges.

(e) In adopting a uniform countywide schedule of bail for all bailable felony offenses the judges shall consider the seriousness of the offense charged. In considering the seriousness of the offense charged the judges shall assign an additional amount of required bail for each aggravating or enhancing factor chargeable in the complaint, including, but not limited to, additional bail for charges alleging facts that would bring a person within any of the following sections: Section 667.5, 667.51, 667.6, 667.8, 667.85, 667.9, 667.10, 12022, 12022.1, 12022.2, 12022.3, 12022.4, 12022.5, 12022.53, 12022.6, 12022.7, 12022.8, or 12022.9 of this code, or Section 11356.5, 11370.2, or 11370.4 of the Health and Safety Code.

In considering offenses in which a violation of Chapter 6 (commencing with Section 11350) of Division 10 of the Health and Safety Code is alleged, the judge shall assign an additional amount of required bail for offenses involving large quantities of controlled substances.

(f) (1) The countywide bail schedule shall contain a list of the offenses and the amounts of bail applicable for each as the judges

1 determine to be appropriate. If the schedule does not list all
2 offenses specifically, it shall contain a general clause for designated
3 amounts of bail as the judges of the county determine to be
4 appropriate for all the offenses not specifically listed in the
5 schedule. A copy of the countywide bail schedule shall be sent to
6 the officer in charge of the county jail, to the officer in charge of
7 each city jail within the county, to each superior court judge and
8 commissioner in the county, and to the Judicial Council.

9 (2) The countywide bail schedule shall set zero dollars (\$0) bail
10 for an individual who has been arrested in connection with a
11 proceeding in another state regarding an individual performing,
12 supporting, or aiding in the performance of a legally protected
13 health care activity, as defined in Section 1549.15, in this state, or
14 an individual obtaining a legally protected health care activity, as
15 defined in Section 1549.15, in this state, if the legally protected
16 health care activity is lawful under the laws of this state.

17 (g) Upon posting bail, the defendant or arrested person shall be
18 discharged from custody as to the offense on which the bail is
19 posted.

20 All money and surety bonds so deposited with an officer
21 authorized to receive bail shall be transmitted immediately to the
22 judge or clerk of the court by which the order was made or warrant
23 issued or bail schedule fixed. If, in the case of felonies, an
24 indictment is filed, the judge or clerk of the court shall transmit
25 all of the money and surety bonds to the clerk of the court.

26 (h) If a defendant or arrested person so released fails to appear
27 at the time and in the court so ordered upon their release from
28 custody, Sections 1305 and 1306 apply.

29 SEC. 10. Section 13778.2 of the Penal Code is amended to
30 read:

31 13778.2. (a) A state or local law enforcement agency or officer
32 shall not knowingly arrest or knowingly participate in the arrest
33 of any person for performing, supporting, or aiding in the
34 performance of a legally protected health care activity, as defined
35 in Section 1549.15, in this state, or obtaining a legally protected
36 health care activity, as defined in Section 1549.15, in this state, if
37 the legally protected health care activity is lawful under the laws
38 of this state.

39 (b) A state or local public agency, or any employee thereof
40 acting in their official capacity, shall not cooperate with or provide

1 information to any individual or agency or department from another
2 state or, to the extent permitted by federal law, to a federal law
3 enforcement agency regarding a legally protected health care
4 activity, as defined in Section 1549.15, that is lawful under the
5 laws of this state and that is performed in this state.

6 (c) (1) A law of another state that authorizes the imposition of
7 civil or criminal penalties related to an individual performing,
8 supporting, or aiding in the performance of a legally protected
9 health care activity, as defined in Section 1549.15, in this state, or
10 an individual obtaining a legally protected health care activity, as
11 defined in Section 1549.15, in this state, if the legally protected
12 health care activity is lawful under the laws of this state, is against
13 the public policy of this state.

14 (2) No state court, judicial officer, or court employee or clerk,
15 or authorized attorney shall issue a subpoena pursuant to any state
16 law in connection with a proceeding in another state regarding an
17 individual performing, supporting, or aiding in the performance
18 of a legally protected health care activity, as defined in Section
19 1549.15, in this state, or an individual obtaining a legally protected
20 health care activity, as defined in Section 1549.15, in this state, if
21 the legally protected health care activity is lawful under the laws
22 of this state.

23 (d) This section does not prohibit the investigation of any
24 criminal activity in this state that may involve the performance of
25 a legally protected health care activity, as defined in Section
26 1549.15, provided that information relating to any medical
27 procedure performed on a specific individual is not shared with
28 an agency or individual from another state for the purpose of
29 enforcing another state's law involving a legally protected health
30 care activity.

31 SEC. 11. Section 13778.3 of the Penal Code is amended to
32 read:

33 13778.3. (a) For purposes of this section, the following terms
34 shall have the following meaning:

35 (1) "Gender-affirming health care" and "gender-affirming mental
36 health care" have the same meaning as in paragraph (3) of
37 subdivision (b) of Section 16010.2 of the Welfare and Institutions
38 Code.

39 (2) "Legally protected health care activity" shall have the same
40 meaning as in Section 1549.15.

1 (3) “Reproductive health care services” shall have the same
2 meaning as in Section 1549.15.

3 (4) “California corporation” refers to any corporation or other
4 entity that is subject to Section 102 of the Corporations Code, with
5 the exception of foreign corporations.

6 (b) A state or local government employee, person or entity
7 contracted by a state or local government, or person or entity acting
8 on behalf of a local or state government shall not cooperate with
9 or provide information to any individual, including a bondsman
10 or person authorized, pursuant to subdivision (a) of Section
11 1299.02, to apprehend, detain, or arrest a fugitive admitted to bail
12 in another state, or out-of-state agency or department regarding
13 any legally protected health care activity or otherwise expend or
14 use time, moneys, facilities, property, equipment, personnel, or
15 other resources in furtherance of any investigation or proceeding
16 that seeks to impose civil or criminal liability or professional
17 sanctions upon a person or entity for any legally protected health
18 care activity that occurred in this state or that would be legal if it
19 occurred in this state.

20 (c) This section does not prohibit compliance with a valid,
21 court-issued subpoena, warrant, wiretap order, pen register trap
22 and trace order, or other legal process which does not relate to a
23 law seeking to impose civil or criminal liability or professional
24 sanctions for a legally protected health care activity, or in response
25 to the written request of a person who is the subject of such an
26 investigation or proceeding, to the extent necessary, in each case,
27 to fulfill such request.

28 (d) Any out-of-state subpoena, warrant, wiretap order, pen
29 register trap and trace order, legal process, or request from any
30 law enforcement agent or entity shall include an affidavit or
31 declaration under penalty of perjury that the discovery is not in
32 connection with an out-of-state proceeding relating to any legally
33 protected health care activity unless the out-of-state proceeding
34 meets all of the following requirements:

35 (1) Is based in tort, contract, or on statute.

36 (2) Is actionable, in an equivalent or similar manner, under the
37 laws of this state.

38 (3) Was brought by the patient who received a legally protected
39 health care activity or the patient’s legal representative.

1 (e) A state court, judicial officer, court employee or clerk, or
2 authorized attorney shall not issue a subpoena pursuant to any
3 other state's law unless it includes the affidavit or declaration
4 defined in subdivision (d).

5 (f) A California corporation that provides electronic
6 communication services or remote computing services to the
7 general public shall not comply with an out of state subpoena,
8 warrant, wiretap order, pen register trap and trace order, other legal
9 process, or request by a law enforcement agent or entity seeking
10 records that would reveal the identity of the customers using those
11 services, data stored by, or on behalf of, the customer, the
12 customer's usage of those services, the recipient or destination of
13 communications sent to or from those customers, or the content
14 of those communications, unless the out of state subpoena, warrant,
15 wiretap order, pen register trap and trace order, other legal process,
16 or request from law enforcement includes the affidavit or
17 declaration defined in subdivision (d). A corporation subject to
18 this subdivision is entitled to rely on the representations made in
19 the affidavit or declaration.

20 (g) (1) The Attorney General may commence a civil action
21 against a person or entity that submits a false affidavit in violation
22 of subdivision (d). Any action brought by the Attorney General
23 pursuant to this section shall be commenced within six years of
24 the date on which the Attorney General received notice of the
25 subpoena, warrant, wiretap order, pen register trap and trace order,
26 legal process, or request from any law enforcement agent or entity
27 that the false affidavit accompanied.

28 (2) A person or entity that submits a false affidavit in violation
29 of subdivision (d) shall be punished by a civil penalty of fifteen
30 thousand dollars (\$15,000). This shall be in addition to any other
31 penalties or remedies provided by law.

32 SEC. 12. The provisions of this act are severable. If any
33 provision of this act or its application is held invalid, that invalidity
34 shall not affect other provisions or applications that can be given
35 effect without the invalid provision or application.

36 SEC. 13. The Legislature finds and declares that this act
37 imposes a limitation on the public's right of access to the meetings
38 of public bodies or the writings of public officials and agencies
39 within the meaning of Section 3 of Article I of the California
40 Constitution. Pursuant to that constitutional provision, the

1 Legislature makes the following findings to demonstrate the interest
2 protected by this limitation and the need for protecting that interest:

3 Individuals, including, but not limited to, health care providers,
4 employees, volunteers, patients, and their loved ones have become
5 increasingly subjected to violent threats, harassment, and
6 intimidation for simply accessing, providing, and assisting with
7 legally protected health care activities, as defined in Section
8 1798.300 of the Civil Code. In order to prevent acts of violence
9 from being committed against those individuals, it is necessary
10 for the Legislature to ensure that the home addresses of these
11 individuals are kept confidential.

12 SEC. 14. No reimbursement is required by this act pursuant to
13 Section 6 of Article XIII B of the California Constitution for certain
14 costs that may be incurred by a local agency or school district
15 because, in that regard, this act creates a new crime or infraction,
16 eliminates a crime or infraction, or changes the penalty for a crime
17 or infraction, within the meaning of Section 17556 of the
18 Government Code, or changes the definition of a crime within the
19 meaning of Section 6 of Article XIII B of the California
20 Constitution.

21 However, if the Commission on State Mandates determines that
22 this act contains other costs mandated by the state, reimbursement
23 to local agencies and school districts for those costs shall be made
24 pursuant to Part 7 (commencing with Section 17500) of Division
25 4 of Title 2 of the Government Code.

2025 Bill Analysis

Author: Assemblymember Christopher Ward	Bill Number: AB 82	Related Bills:
Sponsor:	Version: Amended	
Subject: Health care: legally protected health care activity		

SUMMARY

This bill extends existing legal and privacy protections for reproductive health care to include gender-affirming care. It prohibits the unauthorized disclosure of related medical information, protects providers and patients from doxing and harassment, and exempts certain prescriptions from the CURES database. The bill also bars California courts and law enforcement from cooperating with out-of-state investigations targeting legally protected gender-affirming care, mandates \$0 bail in related cases, and expands eligibility for the address confidentiality program. It establishes new crimes and includes provisions for limited state reimbursement to local agencies.

RECOMMENDATION

Board staff recommends the Board watch AB 82.

REASON FOR THE BILL

Following the U.S. Supreme Court's 2022 *Dobbs* decision, several states have moved to criminalize or restrict reproductive and gender-affirming health care. In response, California enacted legal shield laws to protect abortion providers and patients. AB 82 builds on that framework by extending similar protections to those involved in gender-affirming care, which includes licensed psychologists who assess, treat, and support

Other Boards/Departments that may be affected:			
☐ Change in Fee(s)	☐ Affects Licensing Processes	☐ Affects Enforcement Processes	
☐ Urgency Clause	☐ Regulations Required	☐ Legislative Reporting	☐ New Appointment Required
Legislative & Regulatory Affairs Committee Position:		Full Board Position:	
☐ Support	☐ Support if Amended	☐ Support	☐ Support if Amended
☐ Oppose	☐ Oppose Unless Amended	☐ Oppose	☐ Oppose Unless Amended
☐ Neutral	☐ Watch	☐ Neutral	☐ Watch
Date: _____		Date: _____	
Vote: _____		Vote: _____	

patients undergoing gender transition or experiencing gender dysphoria.

AB 82 reflects California's public health and equity goals by protecting individuals providing and receiving legally protected health care that may be criminalized or penalized in other states.

ANALYSIS

AB 82 introduces several key provisions that directly impact the practice of psychology in California, particularly for licensees involved in gender-affirming care. First, the bill expands confidentiality protections under the Confidentiality of Medical Information Act (CMIA) to include gender-affirming health care. This means psychologists providing therapy or assessments in this area must take added care to prevent improper disclosures of client health records, especially in response to out-of-state inquiries.

Second, the bill broadens eligibility for the Safe at Home address confidentiality program to include providers and volunteers at gender-affirming care facilities. Psychologists practicing in this field may now qualify for address protection, which helps safeguard their personal information and reduce risks of harassment or violence.

Third, AB 82 strengthens protections against online harassment by criminalizing the distribution of personal information or images of patients or providers when done with intent to incite harm. This offers an important layer of protection for psychologists and their clients, particularly those operating in politically sensitive or high-risk environments.

Fourth, the bill exempts certain medications commonly prescribed in gender-affirming care, such as testosterone, from being reported to the CURES database. Psychologists involved in interdisciplinary care teams must be aware of this reporting limitation and their continued obligation to maintain patient confidentiality.

Fifth, AB 82 restricts California courts and law enforcement from cooperating with out-of-state investigations related to gender-affirming health care. This provision reinforces that the Board of Psychology and its licensees are not required to comply with external legal demands that conflict with California law.

Lastly, the bill formally expands the definition of "legally protected health care activity" to include both gender-affirming care and gender-affirming mental health services. This ensures that psychologists delivering such services are covered under the same legal protections currently afforded to reproductive health providers, strengthening both professional safeguards and patient access to care.

LEGISLATIVE HISTORY

AB 82 builds upon recent legislative efforts in California to protect access to health care services that may be restricted or penalized in other states. Specifically, it follows the foundation laid by SB 107 (Wiener, 2022), which established California as a sanctuary state for transgender youth and their families seeking gender-affirming care, and AB 2091 (Bonta, 2022), which enhanced privacy protections for abortion providers. Together, these laws reflect a growing commitment to safeguarding patient

confidentiality, provider safety, and equitable access to care. AB 82 continues this momentum by extending similar legal protections to individuals involved in gender-affirming health care. It is part of a broader trend in California policy to promote health equity, ensure personal safety, and uphold access to medically necessary services, even in the face of hostile legislation or enforcement efforts from other jurisdictions.

OTHER STATES' INFORMATION

Not applicable at this time.

PROGRAM BACKGROUND

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.

The Board is responsible for reviewing applications, verifying education and experience, determining exam eligibility, as well as issuing licensure, registrations, and renewals.

FISCAL IMPACT

AB 82 does not fiscally impact the Board, as the bill does not impose new enforcement obligations or require significant operational changes.

ECONOMIC IMPACT

Not applicable at this time.

LEGAL IMPACT

AB 82 aligns with existing provisions of the Confidentiality of Medical Information Act (CMIA), the Penal Code, and the Business and Professions Code that are already applicable to psychologists licensed by the Board. By extending legal protections to providers of gender-affirming care, the bill reinforces the Board's statutory mission to protect both consumers and licensees, particularly by shielding them from out-of-state legal actions related to services that are lawful in California.

APPOINTMENTS

Not applicable at this time.

SUPPORT/OPPOSITION

Not applicable at this time.

Support:

Opposition:

ARGUMENTS

Not applicable at this time.

Proponents:

Opponents:

AMENDMENTS

MEMORANDUM

DATE	July 23, 2025
TO	Psychology Board Members
FROM	Jacklyn Mancilla, Legislative and Regulatory Affairs Analyst
SUBJECT	Agenda Item 12(a)(2) Review of Bills for Review and Consideration for Action Position Recommendation to the Board – SB 402 (Valladares) Health care coverage: autism

Background

On February 14, 2025, Senate Bill 402 was introduced by Senator Suzette Martinez Valladares.

SB 402 relocates the statutory definitions and qualifications criteria for “qualified autism service provider”, “qualified autism service professional”, and “qualified autism service paraprofessional” from the Health and Safety Code and Insurance Code into the Business and Professions Code (BPC). This move aligns autism service provider roles with other regulated healthcare professions and allows oversight by licensing boards such as the Board of Psychology and Board of Behavioral Sciences. By placing provider definitions in the BPC, SB 402 enables professional licensing boards to regulate standards of practice and discipline for autism service providers, while leaving insurance coverage requirements unchanged. This structural shift enhances regulatory clarity and brings autism-related behavioral health services under the same oversight structure used for other licensed health professions in California.

On February 26, 2025, SB 402 was referred to the Senate Committee on Business, Professions and Economic Development.

On June 3, 2025, SB 402 passed the Senate and was ordered to the Assembly.

On June 9, 2025, SB 402 was referred to the Assembly Committee on Business and Professions and the Assembly Committee on Health.

On July 16, 2025, SB 402 passed the Committee on Health.

On July 17, 2025, SB 402 was read for a second time and ordered to a third reading.

Action Requested

Board staff recommends the Board take a position of **Support** on SB 402.

Attachment #1: Bill Text - [Weblink](#)

Attachment #2: Bill Analysis

Introduced by Senator Valladares

February 14, 2025

An act to amend Section 2290.5 of, and to add Chapter 17 (commencing with Section 4999.200) to Division 2 of, the Business and Professions Code, to amend Sections 1367.27, 1374.72, and 1374.73 of the Health and Safety Code, to amend Sections 10133.15, 10144.5, and 10144.51 of the Insurance Code, and to amend Section 11165.7 of the Penal Code, relating to health care coverage.

LEGISLATIVE COUNSEL'S DIGEST

SB 402, as introduced, Valladares. Health care coverage: autism.

Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law also provides for the regulation of health insurers by the Department of Insurance. Existing law requires a health care service plan contract or a health insurance policy to provide coverage for behavioral health treatment for pervasive developmental disorder or autism and defines “behavioral health treatment” to mean specified services and treatment programs, including treatment provided pursuant to a treatment plan that is prescribed by a qualified autism service provider and administered either by a qualified autism service provider or by a qualified autism service professional or qualified autism service paraprofessional. Existing law defines “qualified autism service provider,” “qualified autism service professional,” and “qualified autism service paraprofessional” for those purposes. Those definitions are contained in the Health and Safety Code and the Insurance Code.

This bill would move those definitions to the Business and Professions Code. The bill would also make technical and conforming changes.

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

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

1 SECTION 1. Section 2290.5 of the Business and Professions
2 Code is amended to read:
3 2290.5. (a) For purposes of this division, the following
4 definitions apply:
5 (1) “Asynchronous store and forward” means the transmission
6 of a patient’s medical information from an originating site to the
7 health care provider at a distant site.
8 (2) “Distant site” means a site where a health care provider who
9 provides health care services is located while providing these
10 services via a telecommunications system.
11 (3) “Health care provider” means any of the following:
12 (A) A person who is licensed under this division.
13 (B) An associate marriage and family therapist or marriage and
14 family therapist trainee functioning pursuant to Section 4980.43.3.
15 (C) A qualified autism service provider ~~or qualified autism~~
16 ~~service professional~~ certified by a national entity ~~pursuant to~~
17 ~~Section 1374.73 of the Health and Safety Code and Section~~
18 ~~10144.51 of the Insurance Code; as defined in Section 4999.200~~
19 ~~or a qualified autism service professional as defined in Section~~
20 ~~4999.201.~~
21 (D) An associate clinical social worker functioning pursuant to
22 Section 4996.23.2.
23 (E) An associate professional clinical counselor or clinical
24 counselor trainee functioning pursuant to Section 4999.46.3.
25 (4) “Originating site” means a site where a patient is located at
26 the time health care services are provided via a telecommunications
27 system or where the asynchronous store and forward service
28 originates.
29 (5) “Synchronous interaction” means a real-time interaction
30 between a patient and a health care provider located at a distant
31 site.
32 (6) “Telehealth” means the mode of delivering health care
33 services and public health via information and communication
34 technologies to facilitate the diagnosis, consultation, treatment,
35 education, care management, and self-management of a patient’s

1 health care. Telehealth facilitates patient self-management and
2 caregiver support for patients and includes synchronous interactions
3 and asynchronous store and forward transfers.

4 (b) Before the delivery of health care via telehealth, the health
5 care provider initiating the use of telehealth shall inform the patient
6 about the use of telehealth and obtain verbal or written consent
7 from the patient for the use of telehealth as an acceptable mode of
8 delivering health care services and public health. The consent shall
9 be documented.

10 (c) This section does not preclude a patient from receiving
11 in-person health care delivery services during a specified course
12 of health care and treatment after agreeing to receive services via
13 telehealth.

14 (d) The failure of a health care provider to comply with this
15 section shall constitute unprofessional conduct. Section 2314 shall
16 not apply to this section.

17 (e) This section does not alter the scope of practice of a health
18 care provider or authorize the delivery of health care services in
19 a setting, or in a manner, not otherwise authorized by law.

20 (f) All laws regarding the confidentiality of health care
21 information and a patient's rights to the patient's medical
22 information shall apply to telehealth interactions.

23 (g) All laws and regulations governing professional
24 responsibility, unprofessional conduct, and standards of practice
25 that apply to a health care provider under the health care provider's
26 license shall apply to that health care provider while providing
27 telehealth services.

28 (h) This section shall not apply to a patient under the jurisdiction
29 of the Department of Corrections and Rehabilitation or any other
30 correctional facility.

31 (i) (1) Notwithstanding any other law and for purposes of this
32 section, the governing body of the hospital whose patients are
33 receiving the telehealth services may grant privileges to, and verify
34 and approve credentials for, providers of telehealth services based
35 on its medical staff recommendations that rely on information
36 provided by the distant-site hospital or telehealth entity, as
37 described in Sections 482.12, 482.22, and 485.616 of Title 42 of
38 the Code of Federal Regulations.

39 (2) By enacting this subdivision, it is the intent of the Legislature
40 to authorize a hospital to grant privileges to, and verify and approve

1 credentials for, providers of telehealth services as described in
2 paragraph (1).

3 (3) For the purposes of this subdivision, “telehealth” shall
4 include “telemedicine” as the term is referenced in Sections 482.12,
5 482.22, and 485.616 of Title 42 of the Code of Federal Regulations.

6 SEC. 2. Chapter 17 (commencing with Section 4999.200) is
7 added to Division 2 of the Business and Professions Code, to read:

8
9 CHAPTER 17. QUALIFIED AUTISM SERVICE PROVIDERS

10
11 4999.200. “Qualified autism service provider” means an
12 individual who meets either of the following criteria:

13 (a) Is certified by a national entity, such as the Behavior Analyst
14 Certification Board, with a certification that is accredited by the
15 National Commission for Certifying Agencies who designs,
16 supervises, or provides treatment for pervasive developmental
17 disorder or autism, provided the services are within the experience
18 and competence of the individual who is nationally certified.

19 (b) Is licensed as a physician and surgeon, physical therapist,
20 occupational therapist, psychologist, marriage and family therapist,
21 educational psychologist, clinical social worker, professional
22 clinical counselor, speech-language pathologist, or audiologist,
23 pursuant to Division 2 (commencing with Section 500), and who
24 designs, supervises, or provides treatment for pervasive
25 developmental disorder or autism, provided the services are within
26 the experience and competence of the licensee.

27 4999.201. “Qualified autism service professional” means an
28 individual who meets all of the following criteria:

29 (a) Provides behavioral health treatment, which may include
30 clinical case management and case supervision under the direction
31 and supervision of a qualified autism service provider.

32 (b) Is supervised by a qualified autism service provider.

33 (c) Provides treatment pursuant to a treatment plan developed
34 and approved by the qualified autism service provider.

35 (d) Is either of the following:

36 (1) A behavioral service provider who meets the education and
37 experience qualifications described in Section 54342 of Title 17
38 of the California Code of Regulations for an Associate Behavior
39 Analyst, Behavior Analyst, Behavior Management Assistant,

1 Behavior Management Consultant, or Behavior Management
2 Program.

3 (2) (A) A psychological associate, an associate marriage and
4 family therapist, an associate clinical social worker, or an associate
5 professional clinical counselor, as defined and regulated by the
6 Board of Behavioral Sciences or the Board of Psychology.

7 (B) If an individual meets the requirement described in
8 subparagraph (A), they shall also meet the criteria set forth in the
9 regulations adopted pursuant to Section 4686.4 of the Welfare and
10 Institutions Code for a Behavioral Health Professional.

11 (e) (1) Has training and experience in providing services for
12 pervasive developmental disorder or autism pursuant to Division
13 4.5 (commencing with Section 4500) of the Welfare and
14 Institutions Code or Title 14 (commencing with Section 95000)
15 of the Government Code.

16 (f) Is employed by the qualified autism service provider or an
17 entity or group that employs qualified autism service providers
18 responsible for the autism treatment plan.

19 4999.202. “Qualified autism service paraprofessional” means
20 an unlicensed and uncertified individual who meets all of the
21 following criteria:

22 (a) Is supervised by a qualified autism service provider or
23 qualified autism service professional at a level of clinical
24 supervision that meets professionally recognized standards of
25 practice.

26 (b) Provides treatment and implements services pursuant to a
27 treatment plan that was developed and approved by the qualified
28 autism service provider.

29 (c) Meets the education and training qualifications described in
30 Section 54342 of Title 17 of the California Code of Regulations.

31 (d) Has adequate education, training, and experience, as certified
32 by a qualified autism service provider or an entity or group that
33 employs qualified autism service providers.

34 (e) Is employed by the qualified autism service provider or an
35 entity or group that employs qualified autism service providers
36 responsible for the autism treatment plan.

37 SEC. 3. Section 1367.27 of the Health and Safety Code is
38 amended to read:

39 1367.27. (a) Commencing July 1, 2016, a health care service
40 plan shall publish and maintain a provider directory or directories

1 with information on contracting providers that deliver health care
2 services to the plan's enrollees, including those that accept new
3 patients. A provider directory shall not list or include information
4 on a provider that is not currently under contract with the plan.

5 (b) A health care service plan shall provide the directory or
6 directories for the specific network offered for each product using
7 a consistent method of network and product naming, numbering,
8 or other classification method that ensures the public, enrollees,
9 potential enrollees, the department, and other state or federal
10 agencies can easily identify the networks and plan products in
11 which a provider participates. By July 31, 2017, or 12 months after
12 the date provider directory standards are developed under
13 subdivision (k), whichever occurs later, a health care service plan
14 shall use the naming, numbering, or classification method
15 developed by the department pursuant to subdivision (k).

16 (c) (1) An online provider directory or directories shall be
17 available on the plan's ~~Internet Web site~~ *internet website* to the
18 public, potential enrollees, enrollees, and providers without any
19 restrictions or limitations. The directory or directories shall be
20 accessible without any requirement that an individual seeking the
21 directory information demonstrate coverage with the plan, indicate
22 interest in obtaining coverage with the plan, provide a member
23 identification or policy number, provide any other identifying
24 information, or create or access an account.

25 (2) The online provider directory or directories shall be
26 accessible on the plan's public ~~Internet Web site~~ *internet website*
27 through an identifiable link or tab and in a manner that is accessible
28 and searchable by enrollees, potential enrollees, the public, and
29 providers. By July 31, 2017, or 12 months after the date provider
30 directory standards are developed under subdivision (k), whichever
31 occurs later, the plan's public ~~Internet Web site~~ *internet website*
32 shall allow provider searches by, at a minimum, name, practice
33 address, city, ZIP Code, California license number, National
34 Provider Identifier number, admitting privileges to an identified
35 hospital, product, tier, provider language or languages, provider
36 group, hospital name, facility name, or clinic name, as appropriate.

37 (d) (1) A health care service plan shall allow enrollees, potential
38 enrollees, providers, and members of the public to request a printed
39 copy of the provider directory or directories by contacting the plan
40 through the plan's toll-free telephone number, electronically, or

1 in writing. A printed copy of the provider directory or directories
2 shall include the information required in subdivisions (h) and (i).
3 The printed copy of the provider directory or directories shall be
4 provided to the requester by mail postmarked no later than five
5 business days following the date of the request and may be limited
6 to the geographic region in which the requester resides or works
7 or intends to reside or work.

8 (2) A health care service plan shall update its printed provider
9 directory or directories at least quarterly, or more frequently, if
10 required by federal law.

11 (e) (1) The plan shall update the online provider directory or
12 directories, at least weekly, or more frequently, if required by
13 federal law, when informed of and upon confirmation by the plan
14 of any of the following:

15 (A) A contracting provider is no longer accepting new patients
16 for that product, or an individual provider within a provider group
17 is no longer accepting new patients.

18 (B) A provider is no longer under contract for a particular plan
19 product.

20 (C) A provider's practice location or other information required
21 under subdivision (h) or (i) has changed.

22 (D) Upon completion of the investigation described in
23 subdivision (o), a change is necessary based on an enrollee
24 complaint that a provider was not accepting new patients, was
25 otherwise not available, or whose contact information was listed
26 incorrectly.

27 (E) Any other information that affects the content or accuracy
28 of the provider directory or directories.

29 (2) Upon confirmation of any of the following, the plan shall
30 delete a provider from the directory or directories when:

31 (A) A provider has retired or otherwise has ceased to practice.

32 (B) A provider or provider group is no longer under contract
33 with the plan for any reason.

34 (C) The contracting provider group has informed the plan that
35 the provider is no longer associated with the provider group and
36 is no longer under contract with the plan.

37 (f) The provider directory or directories shall include both an
38 email address and a telephone number for members of the public
39 and providers to notify the plan if the provider directory
40 information appears to be inaccurate. This information shall be

1 disclosed prominently in the directory or directories and on the
2 plan's ~~Internet Web site.~~ *internet website.*

3 (g) The provider directory or directories shall include the
4 following disclosures informing enrollees that they are entitled to
5 both of the following:

6 (1) Language interpreter services, at no cost to the enrollee,
7 including how to obtain interpretation services in accordance with
8 Section 1367.04.

9 (2) Full and equal access to covered services, including enrollees
10 with disabilities as required under the federal Americans with
11 Disabilities Act of 1990 and Section 504 of the Rehabilitation Act
12 of 1973.

13 (h) A full service health care service plan and a specialized
14 mental health plan shall include all of the following information
15 in the provider directory or directories:

16 (1) The provider's name, practice location or locations, and
17 contact information.

18 (2) Type of practitioner.

19 (3) National Provider Identifier number.

20 (4) California license number and type of license.

21 (5) The area of specialty, including board certification, if any.

22 (6) The provider's office email address, if available.

23 (7) The name of each affiliated provider group currently under
24 contract with the plan through which the provider sees enrollees.

25 (8) A listing for each of the following providers that are under
26 contract with the plan:

27 (A) For physicians and surgeons, the provider group, and
28 admitting privileges, if any, at hospitals contracted with the plan.

29 (B) Nurse practitioners, physician assistants, psychologists,
30 acupuncturists, optometrists, podiatrists, chiropractors, licensed
31 clinical social workers, marriage and family therapists, professional
32 clinical counselors, qualified autism service providers, as defined
33 in ~~Section 1374.73,~~ *4999.200 of the Business and Professions*
34 *Code*, nurse midwives, and dentists.

35 (C) For federally qualified health centers or primary care clinics,
36 the name of the federally qualified health center or clinic.

37 (D) For ~~any~~ a provider described in subparagraph (A) or (B)
38 who is employed by a federally qualified health center or primary
39 care clinic, and to the extent their services may be accessed and
40 are covered through the contract with the plan, the name of the

1 provider, and the name of the federally qualified health center or
2 clinic.

3 (E) Facilities, including, but not limited to, general acute care
4 hospitals, skilled nursing facilities, urgent care clinics, ambulatory
5 surgery centers, inpatient hospice, residential care facilities, and
6 inpatient rehabilitation facilities.

7 (F) Pharmacies, clinical laboratories, imaging centers, and other
8 facilities providing contracted health care services.

9 (9) The provider directory or directories may note that
10 authorization or referral may be required to access some providers.

11 (10) Non-English language, if any, spoken by a health care
12 provider or other medical professional as well as non-English
13 language spoken by a qualified medical interpreter, in accordance
14 with Section 1367.04, if any, on the provider's staff.

15 (11) Identification of providers who no longer accept new
16 patients for some or all of the plan's products.

17 (12) The network tier to which the provider is assigned, if the
18 provider is not in the lowest tier, as applicable. Nothing in this
19 section shall be construed to require the use of network tiers other
20 than contract and noncontracting tiers.

21 (13) All other information necessary to conduct a search
22 pursuant to paragraph (2) of subdivision (c).

23 (i) A vision, dental, or other specialized health care service plan,
24 except for a specialized mental health plan, shall include all of the
25 following information for each provider directory or directories
26 used by the plan for its networks:

27 (1) The provider's name, practice location or locations, and
28 contact information.

29 (2) Type of practitioner.

30 (3) National Provider Identifier number.

31 (4) California license number and type of license, if applicable.

32 (5) The area of specialty, including board certification, or other
33 accreditation, if any.

34 (6) The provider's office email address, if available.

35 (7) The name of each affiliated provider group or specialty plan
36 practice group currently under contract with the plan through which
37 the provider sees enrollees.

38 (8) The names of each allied health care professional to the
39 extent there is a direct contract for those services covered through
40 a contract with the plan.

1 (9) The non-English language, if any, spoken by a health care
2 provider or other medical professional as well as non-English
3 language spoken by a qualified medical interpreter, in accordance
4 with Section 1367.04, if any, on the provider's staff.

5 (10) Identification of providers who no longer accept new
6 patients for some or all of the plan's products.

7 (11) All other applicable information necessary to conduct a
8 provider search pursuant to paragraph (2) of subdivision (c).

9 (j) (1) The contract between the plan and a provider shall
10 include a requirement that the provider inform the plan within five
11 business days when either of the following occurs:

12 (A) The provider is not accepting new patients.

13 (B) If the provider had previously not accepted new patients,
14 the provider is currently accepting new patients.

15 (2) If a provider who is not accepting new patients is contacted
16 by an enrollee or potential enrollee seeking to become a new
17 patient, the provider shall direct the enrollee or potential enrollee
18 to both the plan for additional assistance in finding a provider and
19 to the department to report any inaccuracy with the plan's directory
20 or directories.

21 (3) If an enrollee or potential enrollee informs a plan of a
22 possible inaccuracy in the provider directory or directories, the
23 plan shall promptly investigate, and, if necessary, undertake
24 corrective action within 30 business days to ensure the accuracy
25 of the directory or directories.

26 (k) (1) On or before December 31, 2016, the department shall
27 develop uniform provider directory standards to permit consistency
28 in accordance with subdivision (b) and paragraph (2) of subdivision
29 (c) and development of a multiplan directory by another entity.
30 Those standards shall not be subject to the Administrative
31 Procedure Act (Chapter 3.5 (commencing with Section 11340) of
32 Part 1 of Division 3 of Title 2 of the Government Code), until
33 January 1, 2021. No more than two revisions of those standards
34 shall be exempt from the Administrative Procedure Act (Chapter
35 3.5 (commencing with Section 11340) of Part 1 of Division 3 of
36 Title 2 of the Government Code) pursuant to this subdivision.

37 (2) In developing the standards under this subdivision, the
38 department shall seek input from interested parties throughout the
39 process of developing the standards and shall hold at least one
40 public meeting. The department shall take into consideration any

requirements for provider directories established by the federal Centers for Medicare and Medicaid Services and the State Department of Health Care Services.

(3) By July 31, 2017, or 12 months after the date provider directory standards are developed under this subdivision, whichever occurs later, a plan shall use the standards developed by the department for each product offered by the plan.

(l) (1) A plan shall take appropriate steps to ensure the accuracy of the information concerning each provider listed in the plan's provider directory or directories in accordance with this section, and shall, at least annually, review and update the entire provider directory or directories for each product offered. Each calendar year the plan shall notify all contracted providers described in subdivisions (h) and (i) as follows:

(A) For individual providers who are not affiliated with a provider group described in subparagraph (A) or (B) of paragraph (8) of subdivision (h) and providers described in subdivision (i), the plan shall notify each provider at least once every six months.

(B) For all other providers described in subdivision (h) who are not subject to the requirements of subparagraph (A), the plan shall notify its contracted providers to ensure that all of the providers are contacted by the plan at least once annually.

(2) The notification shall include all of the following:

(A) The information the plan has in its directory or directories regarding the provider or provider group, including a list of networks and plan products that include the contracted provider or provider group.

(B) A statement that the failure to respond to the notification may result in a delay of payment or reimbursement of a claim pursuant to subdivision (p).

(C) Instructions on how the provider or provider group can update the information in the provider directory or directories using the online interface developed pursuant to subdivision (m).

(3) The plan shall require an affirmative response from the provider or provider group acknowledging that the notification was received. The provider or provider group shall confirm that the information in the provider directory or directories is current and accurate or update the information required to be in the directory or directories pursuant to this section, including whether

1 or not the provider or provider group is accepting new patients for
2 each plan product.

3 (4) If the plan does not receive an affirmative response and
4 confirmation from the provider that the information is current and
5 accurate or, as an alternative, updates any information required to
6 be in the directory or directories pursuant to this section, within
7 30 business days, the plan shall take no more than 15 business
8 days to verify whether the provider's information is correct or
9 requires updates. The plan shall document the receipt and outcome
10 of each attempt to verify the information. If the plan is unable to
11 verify whether the provider's information is correct or requires
12 updates, the plan shall notify the provider 10 business days in
13 advance of removal that the provider will be removed from the
14 provider directory or directories. The provider shall be removed
15 from the provider directory or directories at the next required
16 update of the provider directory or directories after the
17 10-business-day notice period. A provider shall not be removed
18 from the provider directory or directories if ~~he or she responds~~
19 *they respond* before the end of the 10-business-day notice period.

20 (5) General acute care hospitals shall be exempt from the
21 requirements in paragraphs (3) and (4).

22 (m) A plan shall establish policies and procedures with regard
23 to the regular updating of its provider directory or directories,
24 including the weekly, quarterly, and annual updates required
25 pursuant to this section, or more frequently, if required by federal
26 law or guidance.

27 (1) The policies and procedures described under this subdivision
28 shall be submitted by a plan annually to the department for
29 approval and in a format described by the department pursuant to
30 Section 1367.035.

31 (2) Every health care service plan shall ensure processes are in
32 place to allow providers to promptly verify or submit changes to
33 the information required to be in the directory or directories
34 pursuant to this section. Those processes shall, at a minimum,
35 include an online interface for providers to submit verification or
36 changes electronically and shall generate an acknowledgment of
37 receipt from the health care service plan. Providers shall verify or
38 submit changes to information required to be in the directory or
39 directories pursuant to this section using the process required by
40 the health care service plan.

(3) The plan shall establish and maintain a process for enrollees, potential enrollees, other providers, and the public to identify and report possible inaccurate, incomplete, or misleading information currently listed in the plan's provider directory or directories. This process shall, at a minimum, include a telephone number and a dedicated email address at which the plan will accept these reports, as well as a hyperlink on the plan's provider directory-Internet Web site *internet website* linking to a form where the information can be reported directly to the plan through its-Internet Web site-*internet website*.

(n) (1) This section does not prohibit a plan from requiring its provider groups or contracting specialized health care service plans to provide information to the plan that is required by the plan to satisfy the requirements of this section for each of the providers that contract with the provider group or contracting specialized health care service plan. This responsibility shall be specifically documented in a written contract between the plan and the provider group or contracting specialized health care service plan.

(2) If a plan requires its contracting provider groups or contracting specialized health care service plans to provide the plan with information described in paragraph (1), the plan shall continue to retain responsibility for ensuring that the requirements of this section are satisfied.

(3) A provider group may terminate a contract with a provider for a pattern or repeated failure of the provider to update the information required to be in the directory or directories pursuant to this section.

(4) A provider group is not subject to the payment delay described in subdivision (p) if all of the following occurs:

(A) A provider does not respond to the provider group's attempt to verify the provider's information. As used in this paragraph, "verify" means to contact the provider in writing, electronically, and by telephone to confirm whether the provider's information is correct or requires updates.

(B) The provider group documents its efforts to verify the provider's information.

(C) The provider group reports to the plan that the provider should be deleted from the provider group in the plan directory or directories.

(5) Section 1375.7, known as the Health Care Providers' Bill of Rights, applies to any material change to a provider contract pursuant to this section.

(o) (1) Whenever a health care service plan receives a report indicating that information listed in its provider directory or directories is inaccurate, the plan shall promptly investigate the reported inaccuracy and, no later than 30 business days following receipt of the report, either verify the accuracy of the information or update the information in its provider directory or directories, as applicable.

(2) When investigating a report regarding its provider directory or directories, the plan shall, at a minimum, do the following:

(A) Contact the affected provider no later than five business days following receipt of the report.

(B) Document the receipt and outcome of each report. The documentation shall include the provider's name, location, and a description of the plan's investigation, the outcome of the investigation, and any changes or updates made to its provider directory or directories.

(C) If changes to a plan's provider directory or directories are required as a result of the plan's investigation, the changes to the online provider directory or directories shall be made no later than the next scheduled weekly update, or the update immediately following that update, or sooner if required by federal law or regulations. For printed provider directories, the change shall be made no later than the next required update, or sooner if required by federal law or regulations.

(p) (1) Notwithstanding Sections 1371 and 1371.35, a plan may delay payment or reimbursement owed to a provider or provider group as specified in subparagraph (A) or (B), if the provider or provider group fails to respond to the plan's attempts to verify the provider's or provider group's information as required under subdivision (l). The plan shall not delay payment unless it has attempted to verify the provider's or provider group's information. As used in this subdivision, "verify" means to contact the provider or provider group in writing, electronically, and by telephone to confirm whether the provider's or provider group's information is correct or requires updates. A plan may seek to delay payment or reimbursement owed to a provider or provider group only after

1 the 10-business day notice period described in paragraph (4) of
2 subdivision (l) has lapsed.

3 (A) For a provider or provider group that receives compensation
4 on a capitated or prepaid basis, the plan may delay no more than
5 50 percent of the next scheduled capitation payment for up to one
6 calendar month.

7 (B) For any claims payment made to a provider or provider
8 group, the plan may delay the claims payment for up to one
9 calendar month beginning on the first day of the following month.

10 (2) A plan shall notify the provider or provider group 10
11 business days before it seeks to delay payment or reimbursement
12 to a provider or provider group pursuant to this subdivision. If the
13 plan delays a payment or reimbursement pursuant to this
14 subdivision, the plan shall reimburse the full amount of any
15 payment or reimbursement subject to delay to the provider or
16 provider group according to either of the following timelines, as
17 applicable:

18 (A) No later than three business days following the date on
19 which the plan receives the information required to be submitted
20 by the provider or provider group pursuant to subdivision (l).

21 (B) At the end of the one-calendar month delay described in
22 subparagraph (A) or (B) of paragraph (1), as applicable, if the
23 provider or provider group fails to provide the information required
24 to be submitted to the plan pursuant to subdivision (l).

25 (3) A plan may terminate a contract for a pattern or repeated
26 failure of the provider or provider group to alert the plan to a
27 change in the information required to be in the directory or
28 directories pursuant to this section.

29 (4) A plan that delays payment or reimbursement under this
30 subdivision shall document each instance a payment or
31 reimbursement was delayed and report this information to the
32 department in a format described by the department pursuant to
33 Section 1367.035. This information shall be submitted along with
34 the policies and procedures required to be submitted annually to
35 the department pursuant to paragraph (1) of subdivision (m).

36 (5) With respect to plans with Medi-Cal managed care contracts
37 with the State Department of Health Care Services pursuant to
38 Chapter 7 (commencing with Section 14000), Chapter 8
39 (commencing with Section 14200), or Chapter 8.75 (commencing
40 with Section 14591) of *Part 3 of Division 9* of the Welfare and

1 Institutions Code, this subdivision shall be implemented only to
2 the extent consistent with federal law and guidance.

3 (q) In circumstances where the department finds that an enrollee
4 reasonably relied upon materially inaccurate, incomplete, or
5 misleading information contained in a health plan's provider
6 directory or directories, the department may require the health plan
7 to provide coverage for all covered health care services provided
8 to the enrollee and to reimburse the enrollee for any amount beyond
9 what the enrollee would have paid, had the services been delivered
10 by an in-network provider under the enrollee's plan contract. Prior
11 to requiring reimbursement in these circumstances, the department
12 shall conclude that the services received by the enrollee were
13 covered services under the enrollee's plan contract. In those
14 circumstances, the fact that the services were rendered or delivered
15 by a noncontracting or out-of-plan provider shall not be used as a
16 basis to deny reimbursement to the enrollee.

17 (r) Whenever a plan determines as a result of this section that
18 there has been a 10 percent change in the network for a product
19 in a region, the plan shall file an amendment to the plan application
20 with the department consistent with subdivision (f) of Section
21 1300.52 of Title 28 of the California Code of Regulations.

22 (s) This section applies to plans with Medi-Cal managed care
23 contracts with the State Department of Health Care Services
24 pursuant to Chapter 7 (commencing with Section 14000), Chapter
25 8 (commencing with Section 14200), or Chapter 8.75 (commencing
26 with Section 14591) of *Part 3 of Division 9* of the Welfare and
27 Institutions Code to the extent consistent with federal law and
28 guidance and state law guidance issued after January 1, 2016.
29 Notwithstanding any other provision to the contrary in a plan
30 contract with the State Department of Health Care Services, and
31 to the extent consistent with federal law and guidance and state
32 guidance issued after January 1, 2016, a Medi-Cal managed care
33 plan that complies with the requirements of this section shall not
34 be required to distribute a printed provider directory or directories,
35 except as required by paragraph (1) of subdivision (d).

36 (t) A health plan that contracts with multiple employer welfare
37 agreements regulated pursuant to Article 4.7 (commencing with
38 Section 742.20) of Chapter 1 of Part 2 of Division 1 of the
39 Insurance Code shall meet the requirements of this section.

1 (u) This section shall not be construed to alter a provider's
2 obligation to provide health care services to an enrollee pursuant
3 to the provider's contract with the plan.

4 (v) As part of the department's routine examination of the fiscal
5 and administrative affairs of a health care service plan pursuant to
6 Section 1382, the department shall include a review of the health
7 care service plan's compliance with subdivision (p).

8 (w) For purposes of this section, "provider group" means a
9 medical group, independent practice association, or other similar
10 group of providers.

11 SEC. 4. Section 1374.72 of the Health and Safety Code is
12 amended to read:

13 1374.72. (a) (1) Every health care service plan contract issued,
14 amended, or renewed on or after January 1, 2021, that provides
15 hospital, medical, or surgical coverage shall provide coverage for
16 medically necessary treatment of mental health and substance use
17 disorders, under the same terms and conditions applied to other
18 medical conditions as specified in subdivision (c).

19 (2) For purposes of this section, "mental health and substance
20 use disorders" means a mental health condition or substance use
21 disorder that falls under any of the diagnostic categories listed in
22 the mental and behavioral disorders chapter of the most recent
23 edition of the International Classification of Diseases or that is
24 listed in the most recent version of the Diagnostic and Statistical
25 Manual of Mental Disorders. Changes in terminology, organization,
26 or classification of mental health and substance use disorders in
27 future versions of the American Psychiatric Association's
28 Diagnostic and Statistical Manual of Mental Disorders or the World
29 Health Organization's International Statistical Classification of
30 Diseases and Related Health Problems shall not affect the
31 conditions covered by this section as long as a condition is
32 commonly understood to be a mental health or substance use
33 disorder by health care providers practicing in relevant clinical
34 specialties.

35 (3) (A) For purposes of this section, "medically necessary
36 treatment of a mental health or substance use disorder" means a
37 service or product addressing the specific needs of that patient, for
38 the purpose of preventing, diagnosing, or treating an illness, injury,
39 condition, or its symptoms, including minimizing the progression

1 of that illness, injury, condition, or its symptoms, in a manner that
2 is all of the following:

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

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

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

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

13 (4) For purposes of this section, “health care provider” means
14 any of the following:

15 (A) A person who is licensed under Division 2 (commencing
16 with Section 500) of the Business and Professions Code.

17 (B) An associate marriage and family therapist or marriage and
18 family therapist trainee functioning pursuant to Section 4980.43.3
19 of the Business and Professions Code.

20 (C) A qualified autism service provider ~~or qualified autism~~
21 ~~service professional~~ certified by a national entity ~~pursuant to~~
22 ~~Section 10144.51 of the Insurance Code and Section 1374.73, as~~
23 ~~defined in Section 4999.200 of the Business and Professions Code~~
24 ~~or a qualified autism service professional as defined in Section~~
25 ~~4999.201 of the Business and Professions Code.~~

26 (D) An associate clinical social worker functioning pursuant to
27 Section 4996.23.2 of the Business and Professions Code.

28 (E) An associate professional clinical counselor or professional
29 clinical counselor trainee functioning pursuant to Section 4999.46.3
30 of the Business and Professions Code.

31 (F) A registered psychologist, as described in Section 2909.5
32 of the Business and Professions Code.

33 (G) A registered psychological associate, as described in Section
34 2913 of the Business and Professions Code.

35 (H) A psychology trainee or person supervised as set forth in
36 Section 2910 or 2911 of, or subdivision (d) of Section 2914 of,
37 the Business and Professions Code.

38 (5) For purposes of this section, “generally accepted standards
39 of mental health and substance use disorder care” has the same

1 meaning as defined in paragraph (1) of subdivision (f) of Section
2 1374.721.

3 (6) A health care service plan shall not limit benefits or coverage
4 for mental health and substance use disorders to short-term or acute
5 treatment.

6 (7) All medical necessity determinations by the health care
7 service plan concerning service intensity, level of care placement,
8 continued stay, and transfer or discharge of enrollees diagnosed
9 with mental health and substance use disorders shall be conducted
10 in accordance with the requirements of Section 1374.721. This
11 paragraph does not deprive an enrollee of the other protections of
12 this chapter, including, but not limited to, grievances, appeals,
13 independent medical review, discharge, transfer, and continuity
14 of care.

15 (8) A health care service plan that authorizes a specific type of
16 treatment by a provider pursuant to this section shall not rescind
17 or modify the authorization after the provider renders the health
18 care service in good faith and pursuant to this authorization for
19 any reason, including, but not limited to, the plan's subsequent
20 rescission, cancellation, or modification of the enrollee's or
21 subscriber's contract, or the plan's subsequent determination that
22 it did not make an accurate determination of the enrollee's or
23 subscriber's eligibility. This section shall not be construed to
24 expand or alter the benefits available to the enrollee or subscriber
25 under a plan.

26 (b) The benefits that shall be covered pursuant to this section
27 shall include, but not be limited to, the following:

28 (1) Basic health care services, as defined in subdivision (b) of
29 Section 1345.

30 (2) Intermediate services, including the full range of levels of
31 care, including, but not limited to, residential treatment, partial
32 hospitalization, and intensive outpatient treatment.

33 (3) Prescription drugs, if the plan contract includes coverage
34 for prescription drugs.

35 (c) The terms and conditions applied to the benefits required
36 by this section, that shall be applied equally to all benefits under
37 the plan contract, shall include, but not be limited to, all of the
38 following patient financial responsibilities:

39 (1) Maximum annual and lifetime benefits, if not prohibited by
40 applicable law.

- 1 (2) Copayments and coinsurance.
- 2 (3) Individual and family deductibles.
- 3 (4) Out-of-pocket maximums.

4 (d) If services for the medically necessary treatment of a mental
5 health or substance use disorder are not available in network within
6 the geographic and timely access standards set by law or regulation,
7 the health care service plan shall arrange coverage to ensure the
8 delivery of medically necessary out-of-network services and any
9 medically necessary followup services that, to the maximum extent
10 possible, meet those geographic and timely access standards. As
11 used in this subdivision, to “arrange coverage to ensure the delivery
12 of medically necessary out-of-network services” includes, but is
13 not limited to, providing services to secure medically necessary
14 out-of-network options that are available to the enrollee within
15 geographic and timely access standards. The enrollee shall pay no
16 more than the same cost sharing that the enrollee would pay for
17 the same covered services received from an in-network provider.

18 (e) This section shall not apply to contracts entered into pursuant
19 to Chapter 7 (commencing with Section 14000) or Chapter 8
20 (commencing with Section 14200) of Part 3 of Division 9 of the
21 Welfare and Institutions Code, between the State Department of
22 Health Care Services and a health care service plan for enrolled
23 Medi-Cal beneficiaries.

24 (f) (1) For the purpose of compliance with this section, a health
25 care service plan may provide coverage for all or part of the mental
26 health and substance use disorder services required by this section
27 through a separate specialized health care service plan or mental
28 health plan, and shall not be required to obtain an additional or
29 specialized license for this purpose.

30 (2) A health care service plan shall provide the mental health
31 and substance use disorder coverage required by this section in its
32 entire service area and in emergency situations as may be required
33 by applicable laws and regulations. For purposes of this section,
34 health care service plan contracts that provide benefits to enrollees
35 through preferred provider contracting arrangements are not
36 precluded from requiring enrollees who reside or work in
37 geographic areas served by specialized health care service plans
38 or mental health plans to secure all or part of their mental health
39 services within those geographic areas served by specialized health
40 care service plans or mental health plans, provided that all

1 appropriate mental health or substance use disorder services are
2 actually available within those geographic service areas within
3 timeliness standards.

4 (3) Notwithstanding any other law, in the provision of benefits
5 required by this section, a health care service plan may utilize case
6 management, network providers, utilization review techniques,
7 prior authorization, copayments, or other cost sharing, provided
8 that these practices are consistent with Section 1374.76 of this
9 code, and Section 2052 of the Business and Professions Code.

10 (g) This section shall not be construed to deny or restrict in any
11 way the department's authority to ensure plan compliance with
12 this chapter.

13 (h) A health care service plan shall not limit benefits or coverage
14 for medically necessary services on the basis that those services
15 should be or could be covered by a public entitlement program,
16 including, but not limited to, special education or an individualized
17 education program, Medicaid, Medicare, Supplemental Security
18 Income, or Social Security Disability Insurance, and shall not
19 include or enforce a contract term that excludes otherwise covered
20 benefits on the basis that those services should be or could be
21 covered by a public entitlement program.

22 (i) A health care service plan shall not adopt, impose, or enforce
23 terms in its plan contracts or provider agreements, in writing or in
24 operation, that undermine, alter, or conflict with the requirements
25 of this section.

26 SEC. 5. Section 1374.73 of the Health and Safety Code is
27 amended to read:

28 1374.73. (a) (1) Every health care service plan contract that
29 provides hospital, medical, or surgical coverage shall also provide
30 coverage for behavioral health treatment for pervasive
31 developmental disorder or autism no later than July 1, 2012. The
32 coverage shall be provided in the same manner and ~~shall be~~ is
33 subject to the same requirements as provided in Section 1374.72.

34 (2) Notwithstanding paragraph (1), as of the date that proposed
35 final rulemaking for essential health benefits is issued, this section
36 does not require any benefits to be provided that exceed the
37 essential health benefits that all health plans will be required by
38 federal regulations to provide under Section 1302(b) of the federal
39 Patient Protection and Affordable Care Act (Public Law 111-148),

1 as amended by the federal Health Care and Education
2 Reconciliation Act of 2010 (Public Law 111-152).

3 (3) This section ~~shall~~ *does* not affect services for which an
4 individual is eligible pursuant to Division 4.5 (commencing with
5 Section 4500) of the Welfare and Institutions Code or Title 14
6 (commencing with Section 95000) of the Government Code.

7 (4) This section ~~shall~~ *does* not affect or reduce any obligation
8 to provide services under an individualized education program, as
9 defined in Section 56032 of the Education Code, or an individual
10 service plan, as described in Section 5600.4 of the Welfare and
11 Institutions Code, or under the federal Individuals with Disabilities
12 Education Act (20 U.S.C. Sec. 1400 et seq.) and its implementing
13 regulations.

14 (b) Every health care service plan subject to this section shall
15 maintain an adequate network that includes qualified autism service
16 providers who supervise or employ qualified autism service
17 professionals or paraprofessionals who provide and administer
18 behavioral health treatment. A health care service plan is not
19 prevented from selectively contracting with providers within these
20 requirements.

21 (c) For the purposes of this section, the following definitions
22 shall apply:

23 (1) “Behavioral health treatment” means professional services
24 and treatment programs, including applied behavior analysis and
25 evidence-based behavior intervention programs, that develop or
26 restore, to the maximum extent practicable, the functioning of an
27 individual with pervasive developmental disorder or autism and
28 that meet all of the following criteria:

29 (A) The treatment is prescribed by a physician and surgeon
30 licensed pursuant to Chapter 5 (commencing with Section 2000)
31 of, or is developed by a psychologist licensed pursuant to Chapter
32 6.6 (commencing with Section 2900) of, Division 2 of the Business
33 and Professions Code.

34 (B) The treatment is provided under a treatment plan prescribed
35 by a qualified autism service provider and is administered by one
36 of the following:

37 (i) A qualified autism service provider.

38 (ii) A qualified autism service professional supervised by the
39 qualified autism service provider.

1 (iii) A qualified autism service paraprofessional supervised by
2 a qualified autism service provider or qualified autism service
3 professional.

4 (C) The treatment plan has measurable goals over a specific
5 timeline that is developed and approved by the qualified autism
6 service provider for the specific patient being treated. The treatment
7 plan shall be reviewed no less than once every six months by the
8 qualified autism service provider and modified whenever
9 appropriate, and shall be consistent with Section 4686.2 of the
10 Welfare and Institutions Code pursuant to which the qualified
11 autism service provider does all of the following:

12 (i) Describes the patient's behavioral health impairments or
13 developmental challenges that are to be treated.

14 (ii) Designs an intervention plan that includes the service type,
15 number of hours, and parent participation needed to achieve the
16 plan's goal and objectives, and the frequency at which the patient's
17 progress is evaluated and reported.

18 (iii) Provides intervention plans that utilize evidence-based
19 practices, with demonstrated clinical efficacy in treating pervasive
20 developmental disorder or autism.

21 (iv) Discontinues intensive behavioral intervention services
22 when the treatment goals and objectives are achieved or no longer
23 appropriate.

24 (D) The treatment plan is not used for purposes of providing or
25 for the reimbursement of respite, day care, or educational services
26 and is not used to reimburse a parent for participating in the
27 treatment program. The treatment plan shall be made available to
28 the health care service plan upon request.

29 ~~(2) "Pervasive developmental disorder or autism" shall have~~
30 ~~the same meaning and interpretation as used in Section 1374.72.~~

31 ~~(3) "Qualified autism service provider" means either of the~~
32 ~~following:~~

33 ~~(A) A person who is certified by a national entity, such as the~~
34 ~~Behavior Analyst Certification Board, with a certification that is~~
35 ~~accredited by the National Commission for Certifying Agencies,~~
36 ~~and who designs, supervises, or provides treatment for pervasive~~
37 ~~developmental disorder or autism, provided the services are within~~
38 ~~the experience and competence of the person who is nationally~~
39 ~~certified.~~

~~(B) A person licensed as a physician and surgeon, physical therapist, occupational therapist, psychologist, marriage and family therapist, educational psychologist, clinical social worker, professional clinical counselor, speech-language pathologist, or audiologist pursuant to Division 2 (commencing with Section 500) of the Business and Professions Code, who designs, supervises, or provides treatment for pervasive developmental disorder or autism, provided the services are within the experience and competence of the licensee.~~

~~(4) “Qualified autism service professional” means an individual who meets all of the following criteria:~~

~~(A) Provides behavioral health treatment, which may include clinical case management and case supervision under the direction and supervision of a qualified autism service provider.~~

~~(B) Is supervised by a qualified autism service provider.~~

~~(C) Provides treatment pursuant to a treatment plan developed and approved by the qualified autism service provider.~~

~~(D) Is either of the following:~~

~~(i) A behavioral service provider who meets the education and experience qualifications described in Section 54342 of Title 17 of the California Code of Regulations for an Associate Behavior Analyst, Behavior Analyst, Behavior Management Assistant, Behavior Management Consultant, or Behavior Management Program.~~

~~(ii) A psychological associate, an associate marriage and family therapist, an associate clinical social worker, or an associate professional clinical counselor, as defined and regulated by the Board of Behavioral Sciences or the Board of Psychology.~~

~~(E) (i) Has training and experience in providing services for pervasive developmental disorder or autism pursuant to Division 4.5 (commencing with Section 4500) of the Welfare and Institutions Code or Title 14 (commencing with Section 95000) of the Government Code.~~

~~(ii) If an individual meets the requirement described in clause (ii) of subparagraph (D), the individual shall also meet the criteria set forth in the regulations adopted pursuant to Section 4686.4 of the Welfare and Institutions Code for a Behavioral Health Professional.~~

1 ~~(F) Is employed by the qualified autism service provider or an~~
2 ~~entity or group that employs qualified autism service providers~~
3 ~~responsible for the autism treatment plan.~~

4 ~~(5) “Qualified autism service paraprofessional” means an~~
5 ~~unlicensed and uncertified individual who meets all of the~~
6 ~~following criteria:~~

7 ~~(A) Is supervised by a qualified autism service provider or~~
8 ~~qualified autism service professional at a level of clinical~~
9 ~~supervision that meets professionally recognized standards of~~
10 ~~practice.~~

11 ~~(B) Provides treatment and implements services pursuant to a~~
12 ~~treatment plan developed and approved by the qualified autism~~
13 ~~service provider.~~

14 ~~(C) Meets the education and training qualifications described~~
15 ~~in Section 54342 of Title 17 of the California Code of Regulations.~~

16 ~~(D) Has adequate education, training, and experience, as~~
17 ~~certified by a qualified autism service provider or an entity or~~
18 ~~group that employs qualified autism service providers.~~

19 ~~(E) Is employed by the qualified autism service provider or an~~
20 ~~entity or group that employs qualified autism service providers~~
21 ~~responsible for the autism treatment plan.~~

22 ~~(2) “Qualified autism service provider” means an individual~~
23 ~~described in Section 4999.200 of the Business and Professions~~
24 ~~Code.~~

25 ~~(3) “Qualified autism service professional” means an individual~~
26 ~~who meets all of the criteria set forth in Section 4999.201 of the~~
27 ~~Business and Professions Code.~~

28 ~~(4) “Qualified autism service paraprofessional” means an~~
29 ~~unlicensed and uncertified individual who meets all of the criteria~~
30 ~~set forth in Section 4999.202 of the Business and Professions Code.~~

31 ~~(d) This section shall does not apply to any of the following:~~

32 ~~(1) A specialized health care service plan that does not deliver~~
33 ~~mental health or behavioral health services to enrollees.~~

34 ~~(2) A health care service plan contract in the Medi-Cal program~~
35 ~~(Chapter 7 (commencing with Section 14000) of Part 3 of Division~~
36 ~~9 of the Welfare and Institutions Code).~~

37 ~~(e) This section does not limit the obligation to provide services~~
38 ~~under Section 1374.72.~~

39 ~~(f) As provided in Section 1374.72 and in paragraph (1) of~~
40 ~~subdivision (a), in the provision of benefits required by this section,~~

1 a health care service plan may utilize case management, network
2 providers, utilization review techniques, prior authorization,
3 copayments, or other cost sharing.

4 SEC. 6. Section 10133.15 of the Insurance Code is amended
5 to read:

6 10133.15. (a) Commencing July 1, 2016, a health insurer that
7 contracts with providers for alternative rates of payment pursuant
8 to Section 10133 shall publish and maintain provider directory or
9 directories with information on contracting providers that deliver
10 health care services to the insurer's insureds, including those that
11 accept new patients. A provider directory shall not list or include
12 information on a provider that is not currently under contract with
13 the insurer.

14 (b) An insurer shall provide the online directory or directories
15 for the specific network offered for each product using a consistent
16 method of network and product naming, numbering, or other
17 classification method that ensures the public, insureds, potential
18 insureds, the department, and other state or federal agencies can
19 easily identify the networks and insurer products in which a
20 provider participates. By July 31, 2017, or 12 months after the date
21 provider directory standards are developed under subdivision (k),
22 whichever occurs later, an insurer shall use the naming, numbering,
23 or classification method developed by the department pursuant to
24 subdivision (k).

25 (c) (1) An online provider directory or directories shall be
26 available on the insurer's ~~Internet Web site~~ *internet website* to the
27 public, potential insureds, insureds, and providers without any
28 restrictions or limitations. The directory or directories shall be
29 accessible without any requirement that an individual seeking the
30 directory information demonstrate coverage with the insurer,
31 indicate interest in obtaining coverage with the insurer, provide a
32 member identification or policy number, provide any other
33 identifying information, or create or access an account.

34 (2) The online provider directory or directories shall be
35 accessible on the insurer's public ~~Internet Web site~~ *internet website*
36 through an identifiable link or tab and in a manner that is accessible
37 and searchable by insureds, potential insureds, the public, and
38 providers. By July 1, 2017, or 12 months after the date provider
39 directory standards are developed under subdivision (k), whichever
40 occurs later, the insurer's public ~~Internet Web site~~ *internet website*

1 shall allow provider searches by, at a minimum, name, practice
2 address, city, ZIP Code, California license number, National
3 Provider Identifier number, admitting privileges to an identified
4 hospital, product, tier, provider language or languages, provider
5 group, hospital name, facility name, or clinic name, as appropriate.

6 (d) (1) An insurer shall allow insureds, potential insureds,
7 providers, and members of the public to request a printed copy of
8 the provider directory or directories by contacting the insurer
9 through the insurer's toll-free telephone number, electronically,
10 or in writing. A printed copy of the provider directory or directories
11 shall include the information required in subdivisions (h) and (i).
12 The printed copy of the provider directory or directories shall be
13 provided to the requester by mail postmarked no later than five
14 business days following the date of the request and may be limited
15 to the geographic region in which the requester resides or works
16 or intends to reside or work.

17 (2) An insurer shall update its printed provider directory or
18 directories at least quarterly, or more frequently, if required by
19 federal law.

20 (e) (1) The insurer shall update the online provider directory
21 or directories, at least weekly, or more frequently, if required by
22 federal law, when informed of and upon confirmation by the insurer
23 of any of the following:

24 (A) A contracting provider is no longer accepting new patients
25 for that product, or an individual provider within a provider group
26 is no longer accepting new patients.

27 (B) A contracted provider is no longer under contract for a
28 particular product.

29 (C) A provider's practice location or other information required
30 under subdivision (h) or (i) has changed.

31 (D) Upon the completion of the investigation described in
32 subdivision (o), a change is necessary based on an insured
33 complaint that a provider was not accepting new patients, was
34 otherwise not available, or whose contact information was listed
35 incorrectly.

36 (E) Any other information that affects the content or accuracy
37 of the provider directory or directories.

38 (2) Upon confirmation of any of the following, the insurer shall
39 delete a provider from the directory or directories when:

40 (A) A provider has retired or otherwise has ceased to practice.

1 (B) A provider or provider group is no longer under contract
2 with the insurer for any reason.

3 (C) The contracting provider group has informed the insurer
4 that the provider is no longer associated with the provider group
5 and is no longer under contract with the insurer.

6 (f) The provider directory or directories shall include both an
7 email address and a telephone number for members of the public
8 and providers to notify the insurer if the provider directory
9 information appears to be inaccurate. This information shall be
10 disclosed prominently in the directory or directories and on the
11 insurer's ~~Internet Web site~~: *internet website*.

12 (g) The provider directory or directories shall include the
13 following disclosures informing insureds that they are entitled to
14 both of the following:

15 (1) Language interpreter services, at no cost to the insured,
16 including how to obtain interpretation services in accordance with
17 Section 10133.8.

18 (2) Full and equal access to covered services, including insureds
19 with disabilities as required under the federal Americans with
20 Disabilities Act of 1990 and Section 504 of the Rehabilitation Act
21 of 1973.

22 (h) The insurer and a specialized mental health insurer shall
23 include all of the following information in the provider directory
24 or directories:

25 (1) The provider's name, practice location or locations, and
26 contact information.

27 (2) Type of practitioner.

28 (3) National Provider Identifier number.

29 (4) California license number and type of license.

30 (5) The area of specialty, including board certification, if any.

31 (6) The provider's office email address, if available.

32 (7) The name of each affiliated provider group currently under
33 contract with the insurer through which the provider sees enrollees.

34 (8) A listing for each of the following providers that are under
35 contract with the insurer:

36 (A) For physicians and surgeons, the provider group, and
37 admitting privileges, if any, at hospitals contracted with the insurer.

38 (B) Nurse practitioners, physician assistants, psychologists,
39 acupuncturists, optometrists, podiatrists, chiropractors, licensed
40 clinical social workers, marriage and family therapists, professional

1 clinical counselors, qualified autism service providers, as defined
2 in Section ~~10144.51~~, 4999.200 of the *Business and Professions*
3 *Code*, nurse midwives, and dentists.

4 (C) For federally qualified health centers or primary care clinics,
5 the name of the federally qualified health center or clinic.

6 (D) For ~~any~~ a provider described in subparagraph (A) or (B)
7 who is employed by a federally qualified health center or primary
8 care clinic, and to the extent their services may be accessed and
9 are covered through the contract with the insurer, the name of the
10 provider, and the name of the federally qualified health center or
11 clinic.

12 (E) Facilities, including, but not limited to, general acute care
13 hospitals, skilled nursing facilities, urgent care clinics, ambulatory
14 surgery centers, inpatient hospice, residential care facilities, and
15 inpatient rehabilitation facilities.

16 (F) Pharmacies, clinical laboratories, imaging centers, and other
17 facilities providing contracted health care services.

18 (9) The provider directory or directories may note that
19 authorization or referral may be required to access some providers.

20 (10) Non-English language, if any, spoken by a health care
21 provider or other medical professional as well as non-English
22 language spoken by a qualified medical interpreter, in accordance
23 with Section 10133.8, if any, on the provider's staff.

24 (11) Identification of providers who no longer accept new
25 patients for some or all of the insurer's products.

26 (12) The network tier to which the provider is assigned, if the
27 provider is not in the lowest tier, as applicable. Nothing in this
28 section shall be construed to require the use of network tiers other
29 than contract and noncontracting tiers.

30 (13) All other information necessary to conduct a search
31 pursuant to paragraph (2) of subdivision (c).

32 (i) A vision, dental, or other specialized insurer, except for a
33 specialized mental health insurer, shall include all of the following
34 information for each provider directory or directories used by the
35 insurer for its networks:

36 (1) The provider's name, practice location or locations, and
37 contact information.

38 (2) Type of practitioner.

39 (3) National Provider Identifier number.

40 (4) California license number and type of license, if applicable.

1 (5) The area of specialty, including board certification, or other
2 accreditation, if any.

3 (6) The provider's office email address, if available.

4 (7) The name of each affiliated provider group or specialty
5 insurer practice group currently under contract with the insurer
6 through which the provider sees insureds.

7 (8) The names of each allied health care professional to the
8 extent there is a direct contract for those services covered through
9 a contract with the insurer.

10 (9) The non-English language, if any, spoken by a health care
11 provider or other medical professional as well as non-English
12 language spoken by a qualified medical interpreter, in accordance
13 with Section 10133.8, if any, on the provider's staff.

14 (10) Identification of providers who no longer accept new
15 patients for some or all of the insurer's products.

16 (11) All other applicable information necessary to conduct a
17 provider search pursuant to paragraph (2) of subdivision (c).

18 (j) (1) The contract between the insurer and a provider shall
19 include a requirement that the provider inform the insurer within
20 five business days when either of the following occurs:

21 (A) The provider is not accepting new patients.

22 (B) If the provider had previously not accepted new patients,
23 the provider is currently accepting new patients.

24 (2) If a provider who is not accepting new patients is contacted
25 by an insured or potential insured seeking to become a new patient,
26 the provider shall direct the insurer or potential insured to both the
27 insurer for additional assistance in finding a provider and to the
28 department to report any inaccuracy with the insurer's directory
29 or directories.

30 (3) If an insured or potential insured informs an insurer of a
31 possible inaccuracy in the provider directory or directories, the
32 insurer shall promptly investigate and, if necessary, undertake
33 corrective action within 30 business days to ensure the accuracy
34 of the directory or directories.

35 (k) (1) On or before December 31, 2016, the department shall
36 develop uniform provider directory standards to permit consistency
37 in accordance with subdivision (b) and paragraph (2) of subdivision
38 (c) and development of a multiplan directory by another entity.
39 Those standards shall not be subject to the Administrative
40 Procedure Act (Chapter 3.5 (commencing with Section 11340) of

1 Part 1 of Division 3 of Title 2 of the Government Code), until
2 January 1, 2021. No more than two revisions of those standards
3 shall be exempt from the Administrative Procedure Act (Chapter
4 3.5 (commencing with Section 11340) of Part 1 of Division 3 of
5 Title 2 of the Government Code) pursuant to this subdivision.

6 (2) In developing the standards under this subdivision, the
7 department shall seek input from interested parties throughout the
8 process of developing the standards and shall hold at least one
9 public meeting. The department shall take into consideration any
10 requirements for provider directories established by the federal
11 Centers for Medicare and Medicaid Services and the State
12 Department of Health Care Services.

13 (3) By July 31, 2017, or 12 months after the date provider
14 directory standards are developed under this subdivision, whichever
15 occurs later, an insurer shall use the standards developed by the
16 department for each product offered by the insurer.

17 (l) (1) An insurer shall take appropriate steps to ensure the
18 accuracy of the information concerning each provider listed in the
19 insurer's provider directory or directories in accordance with this
20 section, and shall, at least annually, review and update the entire
21 provider directory or directories for each product offered. Each
22 calendar year the insurer shall notify all contracted providers
23 described in subdivisions (h) and (i) as follows:

24 (A) For individual providers who are not affiliated with a
25 provider group described in subparagraph (A) or (B) of paragraph
26 (8) of subdivision (h) and providers described in subdivision (i),
27 the insurer shall notify each provider at least once every six months.

28 (B) For all other providers described in subdivision (h) who are
29 not subject to the requirements of subparagraph (A), the insurer
30 shall notify its contracted providers to ensure that all of the
31 providers are contacted by the insurer at least once annually.

32 (2) The notification shall include all of the following:

33 (A) The information the insurer has in its directory or directories
34 regarding the provider or provider group, including a list of
35 networks and products that include the contracted provider or
36 provider group.

37 (B) A statement that the failure to respond to the notification
38 may result in a delay of payment or reimbursement of a claim
39 pursuant to subdivision (p).

1 (C) Instructions on how the provider or provider group can
2 update the information in the provider directory or directories using
3 the online interface developed pursuant to subdivision (m).

4 (3) The insurer shall require an affirmative response from the
5 provider or provider group acknowledging that the notification
6 was received. The provider or provider group shall confirm that
7 the information in the provider directory or directories is current
8 and accurate or update the information required to be in the
9 directory or directories pursuant to this section, including whether
10 or not the provider group is accepting new patients for each
11 product.

12 (4) If the insurer does not receive an affirmative response and
13 confirmation from the provider that the information is current and
14 accurate or, as an alternative, updates any information required to
15 be in the directory or directories pursuant to this section, within
16 30 business days, the insurer shall take no more than 15 business
17 days to verify whether the provider's information is correct or
18 requires updates. The insurer shall document the receipt and
19 outcome of each attempt to verify the information. If the insurer
20 is unable to verify whether the provider's information is correct
21 or requires updates, the insurer shall notify the provider 10 business
22 days in advance of removal that the provider will be removed from
23 the directory or directories. The provider shall be removed from
24 the directory or directories at the next required update of the
25 provider directory or directories after the 10-business day notice
26 period. A provider shall not be removed from the provider directory
27 or directories if ~~he or she responds~~ *they respond* before the end of
28 the 10-business day notice period.

29 (5) General acute care hospitals shall be exempt from the
30 requirements in paragraphs (3) and (4).

31 (m) An insurer shall establish policies and procedures with
32 regard to the regular updating of its provider directory or
33 directories, including the weekly, quarterly, and annual updates
34 required pursuant to this section, or more frequently, if required
35 by federal law or guidance.

36 (1) The policies and procedures described under this subdivision
37 shall be submitted by an insurer annually to the department for
38 approval and in a format described by the department.

39 (2) Every insurer shall ensure processes are in place to allow
40 providers to promptly verify or submit changes to the information

required to be in the directory or directories pursuant to this section. Those processes shall, at a minimum, include an online interface for providers to submit verification or changes electronically and shall generate an acknowledgment of receipt from the insurer. Providers shall verify or submit changes to information required to be in the directory or directories pursuant to this section using the process required by the insurer.

(3) The insurer shall establish and maintain a process for insureds, potential insureds, other providers, and the public to identify and report possible inaccurate, incomplete, or misleading information currently listed in the insurer's provider directory or directories. This process shall, at a minimum, include a telephone number and a dedicated email address at which the insurer will accept these reports, as well as a hyperlink on the insurer's provider directory ~~Internet Web site~~ *internet website* linking to a form where the information can be reported directly to the insurer through its ~~Internet Web site~~ *internet website*.

(n) (1) This section does not prohibit an insurer from requiring its provider groups or contracting specialized health insurers to provide information to the insurer that is required by the insurer to satisfy the requirements of this section for each of the providers that contract with the provider group or contracting specialized health insurer. This responsibility shall be specifically documented in a written contract between the insurer and the provider group or contracting specialized health insurer.

(2) If an insurer requires its contracting provider groups or contracting specialized health insurers to provide the insurer with information described in paragraph (1), the insurer shall continue to retain responsibility for ensuring that the requirements of this section are satisfied.

(3) A provider group may terminate a contract with a provider for a pattern or repeated failure of the provider to update the information required to be in the directory or directories pursuant to this section.

(4) A provider group is not subject to the payment delay described in subdivision (p) if all of the following occurs:

(A) A provider does not respond to the provider group's attempt to verify the provider's information. As used in this paragraph, "verify" means to contact the provider in writing, electronically,

1 and by telephone to confirm whether the provider's information
2 is correct or requires updates.

3 (B) The provider group documents its efforts to verify the
4 provider's information.

5 (C) The provider group reports to the insurer that the provider
6 should be deleted from the provider group in the insurer's provider
7 directory or directories.

8 (5) Section 10133.65, known as the Health Care Providers' Bill
9 of Rights, applies to any material change to a provider contract
10 pursuant to this section.

11 (o) (1) Whenever an insurer receives a report indicating that
12 information listed in its provider directory or directories is
13 inaccurate, the insurer shall promptly investigate the reported
14 inaccuracy and, no later than 30 business days following receipt
15 of the report, either verify the accuracy of the information or update
16 the information in its provider directory or directories, as
17 applicable.

18 (2) When investigating a report regarding its provider directory
19 or directories, the insurer shall, at a minimum, do the following:

20 (A) Contact the affected provider no later than five business
21 days following receipt of the report.

22 (B) Document the receipt and outcome of each report. The
23 documentation shall include the provider's name, location, and a
24 description of the insurer's investigation, the outcome of the
25 investigation, and any changes or updates made to its provider
26 directory or directories.

27 (C) If changes to an insurer's provider directory or directories
28 are required as a result of the insurer's investigation, the changes
29 to the online provider directory or directories shall be made no
30 later than the next scheduled weekly update, or the update
31 immediately following that update, or sooner if required by federal
32 law or regulations. For printed provider directories, the change
33 shall be made no later than the next required update, or sooner if
34 required by federal law or regulations.

35 (p) (1) Notwithstanding Sections 10123.13 and 10123.147, an
36 insurer may delay payment or reimbursement owed to a provider
37 or provider group for any claims payment made to a provider or
38 provider group for up to one calendar month beginning on the first
39 day of the following month, if the provider or provider group fails
40 to respond to the insurer's attempts to verify the provider's

information as required under subdivision (l). The insurer shall not delay payment unless it has attempted to verify the provider's or provider group's information. As used in this subdivision, "verify" means to contact the provider or provider group in writing, electronically, and by telephone to confirm whether the provider's or provider group's information is correct or requires updates. An insurer may seek to delay payment or reimbursement owed to a provider or provider group only after the 10-business day notice period described in paragraph (4) of subdivision (l) has lapsed.

(2) An insurer shall notify the provider or provider group 10 days before it seeks to delay payment or reimbursement to a provider or provider group pursuant to this subdivision. If the insurer delays a payment or reimbursement pursuant to this subdivision, the insurer shall reimburse the full amount of any payment or reimbursement subject to delay to the provider or provider group according to either of the following timelines, as applicable:

(A) No later than three business days following the date on which the insurer receives the information required to be submitted by the provider or provider group pursuant to subdivision (l).

(B) At the end of the one-calendar-month delay described in paragraph (1), if the provider or provider group fails to provide the information required to be submitted to the insurer pursuant to subdivision (l).

(3) An insurer may terminate a contract for a pattern or repeated failure of the provider or provider group to alert the insurer to a change in the information required to be in the directory or directories pursuant to this section.

(4) An insurer that delays payment or reimbursement under this subdivision shall document each instance a payment or reimbursement was delayed and report this information to the department in a format described by the department. This information shall be submitted along with the policies and procedures required to be submitted annually to the department pursuant to paragraph (1) of subdivision (m).

(q) In circumstances where the department finds that an insured reasonably relied upon materially inaccurate, incomplete, or misleading information contained in an insurer's provider directory or directories, the department may require the insurer to provide coverage for all covered health care services provided to the insured

1 and to reimburse the insured for any amount beyond what the
2 insured would have paid, had the services been delivered by an
3 in-network provider under the insured's health insurance policy.
4 Prior to requiring reimbursement in these circumstances, the
5 department shall conclude that the services received by the insured
6 were covered services under the insured's health insurance policy.
7 In those circumstances, the fact that the services were rendered or
8 delivered by a noncontracting or out-of-network provider shall not
9 be used as a basis to deny reimbursement to the insured.

10 (r) Whenever an insurer determines as a result of this section
11 that there has been a 10-percent change in the network for a product
12 in a region, the insurer shall file a statement with the commissioner.

13 (s) An insurer that contracts with multiple employer welfare
14 agreements regulated pursuant to Article 4.7 (commencing with
15 Section 742.20) of Chapter 1 of Part 2 of Division 1 shall meet the
16 requirements of this section.

17 (t) This section shall not be construed to alter a provider's
18 obligation to provide health care services to an insured pursuant
19 to the provider's contract with the insurer.

20 (u) As part of the department's routine examination of a health
21 insurer pursuant to Section 730, the department shall include a
22 review of the health insurer's compliance with subdivision (p).

23 (v) For purposes of this section, "provider group" means a
24 medical group, independent practice association, or other similar
25 group of providers.

26 SEC. 7. Section 10144.5 of the Insurance Code is amended to
27 read:

28 10144.5. (a) (1) Every disability insurance policy issued,
29 amended, or renewed on or after January 1, 2021, that provides
30 hospital, medical, or surgical coverage shall provide coverage for
31 medically necessary treatment of mental health and substance use
32 disorders, under the same terms and conditions applied to other
33 medical conditions as specified in subdivision (c).

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

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

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

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

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

(iii) Not primarily for the economic benefit of the disability insurer and insureds or for the convenience of the patient, treating physician, or other health care provider.

(B) This paragraph does not limit in any way the independent medical review rights of an insured or policyholder under this chapter.

(4) “Health care provider” means any of the following:

(A) A person who is licensed under Division 2 (commencing with Section 500) of the Business and Professions Code.

(B) An associate marriage and family therapist or marriage and family therapist trainee functioning pursuant to Section 4980.43.3 of the Business and Professions Code.

(C) A qualified autism service provider ~~or qualified autism service professional~~ certified by a national entity ~~pursuant to Section 1374.73 of the Health and Safety Code and Section 10144.51~~, as defined in Section 4999.200 of the Business and Professions Code or a qualified autism service professional as defined in Section 4999.201 of the Business and Professions Code.

1 (D) An associate clinical social worker functioning pursuant to
2 Section 4996.23.2 of the Business and Professions Code.

3 (E) An associate professional clinical counselor or professional
4 clinical counselor trainee functioning pursuant to Section 4999.46.3
5 of the Business and Professions Code.

6 (F) A registered psychologist, as described in Section 2909.5
7 of the Business and Professions Code.

8 (G) A registered psychological assistant, as described in Section
9 2913 of the Business and Professions Code.

10 (H) A psychology trainee or person supervised as set forth in
11 Section 2910 or 2911 of, or subdivision (d) of Section 2914 of,
12 the Business and Professions Code.

13 (5) For purposes of this section, “generally accepted standards
14 of mental health and substance use disorder care” has the same
15 meaning as defined in paragraph (1) of subdivision (f) of Section
16 10144.52.

17 (6) A disability insurer shall not limit benefits or coverage for
18 mental health and substance use disorders to short-term or acute
19 treatment.

20 (7) All medical necessity determinations made by the disability
21 insurer concerning service intensity, level of care placement,
22 continued stay, and transfer or discharge of insureds diagnosed
23 with mental health and substance use disorders shall be conducted
24 in accordance with the requirements of Section 10144.52.

25 (8) A disability insurer that authorizes a specific type of
26 treatment by a provider pursuant to this section shall not rescind
27 or modify the authorization after the provider renders the health
28 care service in good faith and pursuant to this authorization for
29 any reason, including, but not limited to, the insurer’s subsequent
30 rescission, cancellation, or modification of the insured’s or
31 policyholder’s contract, or the insurer’s subsequent determination
32 that it did not make an accurate determination of the insured’s or
33 policyholder’s eligibility. This section shall not be construed to
34 expand or alter the benefits available to the insured or policyholder
35 under an insurance policy.

36 (b) The benefits that shall be covered pursuant to this section
37 shall include, but not be limited to, the following:

38 (1) Basic health care services, as defined in subdivision (b) of
39 Section 1345 of the Health and Safety Code.

1 (2) Intermediate services, including the full range of levels of
2 care, including, but not limited to, residential treatment, partial
3 hospitalization, and intensive outpatient treatment.

4 (3) Prescription drugs, if the policy includes coverage for
5 prescription drugs.

6 (c) The terms and conditions applied to the benefits required
7 by this section, that shall be applied equally to all benefits under
8 the disability insurance policy shall include, but not be limited to,
9 all of the following patient financial responsibilities:

10 (1) Maximum and annual lifetime benefits, if not prohibited by
11 applicable law.

12 (2) Copayments and coinsurance.

13 (3) Individual and family deductibles.

14 (4) Out-of-pocket maximums.

15 (d) If services for the medically necessary treatment of a mental
16 health or substance use disorder are not available in network within
17 the geographic and timely access standards set by law or regulation,
18 the disability insurer shall arrange coverage to ensure the delivery
19 of medically necessary out-of-network services and any medically
20 necessary followup services that, to the maximum extent possible,
21 meet those geographic and timely access standards. As used in
22 this subdivision, to “arrange coverage to ensure the delivery of
23 medically necessary out-of-network services” includes, but is not
24 limited to, providing services to secure medically necessary
25 out-of-network options that are available to the insured within
26 geographic and timely access standards. The insured shall pay no
27 more than the same cost sharing that the insured would pay for the
28 same covered services received from an in-network provider.

29 (e) This section shall not apply to accident-only, specified
30 disease, hospital indemnity, Medicare supplement, dental-only, or
31 vision-only insurance policies.

32 (f) (1) For the purpose of compliance with this section, a
33 disability insurer may provide coverage for all or part of the mental
34 health and substance use disorder services required by this section
35 through a separate specialized health insurance policy or mental
36 health policy. This paragraph shall not apply to policies that are
37 subject to Section 10112.27.

38 (2) A disability insurer shall provide the mental health and
39 substance use disorder coverage required by this section in its
40 entire service area and in emergency situations as may be required

1 by applicable laws and regulations. For purposes of this section,
2 disability insurance policies that provide benefits to insureds
3 through preferred provider contracting arrangements are not
4 precluded from requiring insureds who reside or work in
5 geographic areas served by specialized health insurance policies
6 or mental health insurance policies to secure all or part of their
7 mental health services within those geographic areas served by
8 specialized health insurance policies or mental health insurance
9 policies, provided that all appropriate mental health or substance
10 use disorder services are actually available within those geographic
11 service areas within timeliness standards.

12 (3) Notwithstanding any other law, in the provision of benefits
13 required by this section, a disability insurer may utilize case
14 management, network providers, utilization review techniques,
15 prior authorization, copayments, or other cost sharing, provided
16 that these practices are consistent with Section 10144.4 of this
17 code, and Section 2052 of the Business and Professions Code.

18 (g) This section shall not be construed to deny or restrict in any
19 way the department's authority to ensure a disability insurer's
20 compliance with this code.

21 (h) A disability insurer shall not limit benefits or coverage for
22 medically necessary services on the basis that those services should
23 be or could be covered by a public entitlement program, including,
24 but not limited to, special education or an individualized education
25 program, Medicaid, Medicare, Supplemental Security Income, or
26 Social Security Disability Insurance, and shall not include or
27 enforce a contract term that excludes otherwise covered benefits
28 on the basis that those services should be or could be covered by
29 a public entitlement program.

30 (i) A disability insurer shall not adopt, impose, or enforce terms
31 in its policies or provider agreements, in writing or in operation,
32 that undermine, alter, or conflict with the requirements of this
33 section.

34 (j) If the commissioner determines that a disability insurer has
35 violated this section, the commissioner may, after appropriate
36 notice and opportunity for hearing in accordance with the
37 Administrative Procedure Act (Chapter 5 (commencing with
38 Section 11500) of Part 1 of Division 3 of Title 2 of the Government
39 Code), by order, assess a civil penalty not to exceed five thousand
40 dollars (\$5,000) for each violation, or, if a violation was willful,

1 a civil penalty not to exceed ten thousand dollars (\$10,000) for
2 each violation.

3 SEC. 8. Section 10144.51 of the Insurance Code is amended
4 to read:

5 10144.51. (a) (1) Every health insurance policy shall also
6 provide coverage for behavioral health treatment for pervasive
7 developmental disorder or autism no later than July 1, 2012. The
8 coverage shall be provided in the same manner and ~~shall be~~ is
9 subject to the same requirements as provided in Section 10144.5.

10 (2) Notwithstanding paragraph (1), as of the date that proposed
11 final rulemaking for essential health benefits is issued, this section
12 does not require any benefits to be provided that exceed the
13 essential health benefits that all health insurers will be required by
14 federal regulations to provide under Section 1302(b) of the federal
15 Patient Protection and Affordable Care Act (Public Law 111-148),
16 as amended by the federal Health Care and Education
17 Reconciliation Act of 2010 (Public Law 111-152).

18 (3) This section ~~shall~~ does not affect services for which an
19 individual is eligible pursuant to Division 4.5 (commencing with
20 Section 4500) of the Welfare and Institutions Code or Title 14
21 (commencing with Section 95000) of the Government Code.

22 (4) This section ~~shall~~ does not affect or reduce any obligation
23 to provide services under an individualized education program, as
24 defined in Section 56032 of the Education Code, or an individual
25 service plan, as described in Section 5600.4 of the Welfare and
26 Institutions Code, or under the federal Individuals with Disabilities
27 Education Act (20 U.S.C. Sec. 1400 et seq.) and its implementing
28 regulations.

29 (b) Pursuant to Article 6 (commencing with Section 2240) of
30 Subchapter 2 of Chapter 5 of Title 10 of the California Code of
31 Regulations, every health insurer subject to this section shall
32 maintain an adequate network that includes qualified autism service
33 providers who supervise or employ qualified autism service
34 professionals or paraprofessionals who provide and administer
35 behavioral health treatment. A health insurer is not prevented from
36 selectively contracting with providers within these requirements.

37 (c) For the purposes of this section, the following definitions
38 shall apply:

39 (1) "Behavioral health treatment" means professional services
40 and treatment programs, including applied behavior analysis and

1 evidence-based behavior intervention programs, that develop or
2 restore, to the maximum extent practicable, the functioning of an
3 individual with pervasive developmental disorder or autism, and
4 that meet all of the following criteria:

5 (A) The treatment is prescribed by a physician and surgeon
6 licensed pursuant to Chapter 5 (commencing with Section 2000)
7 of, or is developed by a psychologist licensed pursuant to Chapter
8 6.6 (commencing with Section 2900) of, Division 2 of the Business
9 and Professions Code.

10 (B) The treatment is provided under a treatment plan prescribed
11 by a qualified autism service provider and is administered by one
12 of the following:

13 (i) A qualified autism service provider.

14 (ii) A qualified autism service professional supervised by the
15 qualified autism service provider.

16 (iii) A qualified autism service paraprofessional supervised by
17 a qualified autism service provider or qualified autism service
18 professional.

19 (C) The treatment plan has measurable goals over a specific
20 timeline that is developed and approved by the qualified autism
21 service provider for the specific patient being treated. The treatment
22 plan shall be reviewed no less than once every six months by the
23 qualified autism service provider and modified whenever
24 appropriate, and shall be consistent with Section 4686.2 of the
25 Welfare and Institutions Code pursuant to which the qualified
26 autism service provider does all of the following:

27 (i) Describes the patient's behavioral health impairments or
28 developmental challenges that are to be treated.

29 (ii) Designs an intervention plan that includes the service type,
30 number of hours, and parent participation needed to achieve the
31 plan's goal and objectives, and the frequency at which the patient's
32 progress is evaluated and reported.

33 (iii) Provides intervention plans that utilize evidence-based
34 practices, with demonstrated clinical efficacy in treating pervasive
35 developmental disorder or autism.

36 (iv) Discontinues intensive behavioral intervention services
37 when the treatment goals and objectives are achieved or no longer
38 appropriate.

39 (D) The treatment plan is not used for purposes of providing or
40 for the reimbursement of respite, day care, or educational services

1 and is not used to reimburse a parent for participating in the
2 treatment program. The treatment plan shall be made available to
3 the insurer upon request.

4 ~~(2) “Pervasive developmental disorder or autism” shall have~~
5 ~~the same meaning and interpretation as used in Section 10144.5.~~

6 ~~(3) “Qualified autism service provider” means either of the~~
7 ~~following:~~

8 ~~(A) A person who is certified by a national entity, such as the~~
9 ~~Behavior Analyst Certification Board, with a certification that is~~
10 ~~accredited by the National Commission for Certifying Agencies,~~
11 ~~and who designs, supervises, or provides treatment for pervasive~~
12 ~~developmental disorder or autism, provided the services are within~~
13 ~~the experience and competence of the person who is nationally~~
14 ~~certified.~~

15 ~~(B) A person licensed as a physician and surgeon, physical~~
16 ~~therapist, occupational therapist, psychologist, marriage and family~~
17 ~~therapist, educational psychologist, clinical social worker,~~
18 ~~professional clinical counselor, speech-language pathologist, or~~
19 ~~audiologist pursuant to Division 2 (commencing with Section 500)~~
20 ~~of the Business and Professions Code, who designs, supervises,~~
21 ~~or provides treatment for pervasive developmental disorder or~~
22 ~~autism, provided the services are within the experience and~~
23 ~~competence of the licensee.~~

24 ~~(4) “Qualified autism service professional” means an individual~~
25 ~~who meets all of the following criteria:~~

26 ~~(A) Provides behavioral health treatment, which may include~~
27 ~~clinical case management and case supervision under the direction~~
28 ~~and supervision of a qualified autism service provider.~~

29 ~~(B) Is supervised by a qualified autism service provider.~~

30 ~~(C) Provides treatment pursuant to a treatment plan developed~~
31 ~~and approved by the qualified autism service provider.~~

32 ~~(D) Is either of the following:~~

33 ~~(i) A behavioral service provider who meets the education and~~
34 ~~experience qualifications described in Section 54342 of Title 17~~
35 ~~of the California Code of Regulations for an Associate Behavior~~
36 ~~Analyst, Behavior Analyst, Behavior Management Assistant,~~
37 ~~Behavior Management Consultant, or Behavior Management~~
38 ~~Program.~~

39 ~~(ii) A psychological associate, an associate marriage and family~~
40 ~~therapist, an associate clinical social worker, or an associate~~

1 professional clinical counselor, as defined and regulated by the
2 Board of Behavioral Sciences or the Board of Psychology.

3 (E) (i) ~~Has training and experience in providing services for~~
4 ~~pervasive developmental disorder or autism pursuant to Division~~
5 ~~4.5 (commencing with Section 4500) of the Welfare and~~
6 ~~Institutions Code or Title 14 (commencing with Section 95000)~~
7 ~~of the Government Code.~~

8 (ii) ~~If an individual meets the requirement described in clause~~
9 ~~(ii) of subparagraph (D), the individual shall also meet the criteria~~
10 ~~set forth in the regulations adopted pursuant to Section 4686.4 of~~
11 ~~the Welfare and Institutions Code for a Behavioral Health~~
12 ~~Professional.~~

13 (F) ~~Is employed by the qualified autism service provider or an~~
14 ~~entity or group that employs qualified autism service providers~~
15 ~~responsible for the autism treatment plan.~~

16 (5) ~~“Qualified autism service paraprofessional” means an~~
17 ~~unlicensed and uncertified individual who meets all of the~~
18 ~~following criteria:~~

19 (A) ~~Is supervised by a qualified autism service provider or~~
20 ~~qualified autism service professional at a level of clinical~~
21 ~~supervision that meets professionally recognized standards of~~
22 ~~practice.~~

23 (B) ~~Provides treatment and implements services pursuant to a~~
24 ~~treatment plan developed and approved by the qualified autism~~
25 ~~service provider.~~

26 (C) ~~Meets the education and training qualifications described~~
27 ~~in Section 54342 of Title 17 of the California Code of Regulations.~~

28 (D) ~~Has adequate education, training, and experience, as~~
29 ~~certified by a qualified autism service provider or an entity or~~
30 ~~group that employs qualified autism service providers.~~

31 (E) ~~Is employed by the qualified autism service provider or an~~
32 ~~entity or group that employs qualified autism service providers~~
33 ~~responsible for the autism treatment plan.~~

34 (2) *“Qualified autism service provider” means an individual*
35 *described in Section 4999.200 of the Business and Professions*
36 *Code.*

37 (3) *“Qualified autism service professional” means an individual*
38 *who meets all of the criteria set forth in Section 4999.201 of the*
39 *Business and Professions Code.*

1 (4) “*Qualified autism service paraprofessional*” means an
2 *unlicensed and uncertified individual who meets all of the criteria*
3 *set forth in Section 4999.202 of the Business and Professions Code.*

4 (d) This section ~~shall~~ does not apply to any the following:

5 (1) A specialized health insurance policy that does not cover
6 mental health or behavioral health services or an accident only,
7 specified disease, hospital indemnity, or Medicare supplement
8 policy.

9 (2) A health insurance policy in the Medi-Cal program (Chapter
10 7 (commencing with Section 14000) of Part 3 of Division 9 of the
11 Welfare and Institutions Code).

12 (e) This section does not limit the obligation to provide services
13 under Section 10144.5.

14 (f) As provided in Section 10144.5 and in paragraph (1) of
15 subdivision (a), in the provision of benefits required by this section,
16 a health insurer may utilize case management, network providers,
17 utilization review techniques, prior authorization, copayments, or
18 other cost sharing.

19 SEC. 9. Section 11165.7 of the Penal Code is amended to read:
20 11165.7. (a) As used in this article, “mandated reporter” is
21 defined as any of the following:

22 (1) A teacher.

23 (2) An instructional aide.

24 (3) A teacher’s aide or teacher’s assistant employed by a public
25 or private school.

26 (4) A classified employee of a public school.

27 (5) An administrative officer or supervisor of child welfare and
28 attendance, or a certificated pupil personnel employee of a public
29 or private school.

30 (6) An administrator of a public or private day camp.

31 (7) An administrator or employee of a public or private youth
32 center, youth recreation program, or youth organization.

33 (8) An administrator, board member, or employee of a public
34 or private organization whose duties require direct contact and
35 supervision of children, including a foster family agency.

36 (9) An employee of a county office of education or the State
37 Department of Education whose duties bring the employee into
38 contact with children on a regular basis.

39 (10) A licensee, an administrator, or an employee of a licensed
40 community care or child daycare facility.

- 1 (11) A Head Start program teacher.
- 2 (12) A licensing worker or licensing evaluator employed by a
- 3 licensing agency, as defined in Section 11165.11.
- 4 (13) A public assistance worker.
- 5 (14) An employee of a childcare institution, including, but not
- 6 limited to, foster parents, group home personnel, and personnel of
- 7 residential care facilities.
- 8 (15) A social worker, probation officer, or parole officer.
- 9 (16) An employee of a school district police or security
- 10 department.
- 11 (17) A person who is an administrator or presenter of, or a
- 12 counselor in, a child abuse prevention program in a public or
- 13 private school.
- 14 (18) A district attorney investigator, inspector, or local child
- 15 support agency caseworker, unless the investigator, inspector, or
- 16 caseworker is working with an attorney appointed pursuant to
- 17 Section 317 of the Welfare and Institutions Code to represent a
- 18 minor.
- 19 (19) A peace officer, as defined in Chapter 4.5 (commencing
- 20 with Section 830) of Title 3 of Part 2, who is not otherwise
- 21 described in this section.
- 22 (20) A firefighter, except for volunteer firefighters.
- 23 (21) A physician and surgeon, psychiatrist, psychologist, dentist,
- 24 resident, intern, podiatrist, chiropractor, licensed nurse, dental
- 25 hygienist, optometrist, marriage and family therapist, clinical social
- 26 worker, professional clinical counselor, or any other person who
- 27 is currently licensed under Division 2 (commencing with Section
- 28 500) of the Business and Professions Code.
- 29 (22) An emergency medical technician I or II, paramedic, or
- 30 other person certified pursuant to Division 2.5 (commencing with
- 31 Section 1797) of the Health and Safety Code.
- 32 (23) A psychological assistant registered pursuant to Section
- 33 2913 of the Business and Professions Code.
- 34 (24) A marriage and family therapist trainee, as defined in
- 35 subdivision (c) of Section 4980.03 of the Business and Professions
- 36 Code.
- 37 (25) An unlicensed associate marriage and family therapist
- 38 registered under Section 4980.44 of the Business and Professions
- 39 Code.

1 (26) A state or county public health employee who treats a minor
2 for venereal disease or any other condition.

3 (27) A coroner.

4 (28) A medical examiner or other person who performs
5 autopsies.

6 (29) A commercial film and photographic print or image
7 processor as specified in subdivision (e) of Section 11166. As used
8 in this article, “commercial film and photographic print or image
9 processor” means a person who develops exposed photographic
10 film into negatives, slides, or prints, or who makes prints from
11 negatives or slides, or who prepares, publishes, produces, develops,
12 duplicates, or prints any representation of information, data, or an
13 image, including, but not limited to, any film, filmstrip, photograph,
14 negative, slide, photocopy, videotape, video laser disc, computer
15 hardware, computer software, computer floppy disk, data storage
16 medium, CD-ROM, computer-generated equipment, or
17 computer-generated image, for compensation. The term includes
18 any employee of that person; it does not include a person who
19 develops film or makes prints or images for a public agency.

20 (30) A child visitation monitor. As used in this article, “child
21 visitation monitor” means a person who, for financial
22 compensation, acts as a monitor of a visit between a child and
23 another person when the monitoring of that visit has been ordered
24 by a court of law.

25 (31) An animal control officer or humane society officer. For
26 the purposes of this article, the following terms have the following
27 meanings:

28 (A) “Animal control officer” means a person employed by a
29 city, county, or city and county for the purpose of enforcing animal
30 control laws or regulations.

31 (B) “Humane society officer” means a person appointed or
32 employed by a public or private entity as a humane officer who is
33 qualified pursuant to Section 14502 or 14503 of the Corporations
34 Code.

35 (32) A clergy member, as specified in subdivision (d) of Section
36 11166. As used in this article, “clergy member” means a priest,
37 minister, rabbi, religious practitioner, or similar functionary of a
38 church, temple, or recognized denomination or organization.

39 (33) Any custodian of records of a clergy member, as specified
40 in this section and subdivision (d) of Section 11166.

1 (34) An employee of any police department, county sheriff's
2 department, county probation department, or county welfare
3 department.

4 (35) An employee or volunteer of a Court Appointed Special
5 Advocate program, as defined in Rule 5.655 of the California Rules
6 of Court.

7 (36) A custodial officer, as defined in Section 831.5.

8 (37) A person providing services to a minor child under Section
9 12300 or 12300.1 of the Welfare and Institutions Code.

10 (38) An alcohol and drug counselor. As used in this article, an
11 "alcohol and drug counselor" is a person providing counseling,
12 therapy, or other clinical services for a state licensed or certified
13 drug, alcohol, or drug and alcohol treatment program. However,
14 alcohol or drug abuse, or both alcohol and drug abuse, is not, in
15 and of itself, a sufficient basis for reporting child abuse or neglect.

16 (39) A clinical counselor trainee, as defined in subdivision (g)
17 of Section 4999.12 of the Business and Professions Code.

18 (40) An associate professional clinical counselor registered
19 under Section 4999.42 of the Business and Professions Code.

20 (41) An employee or administrator of a public or private
21 postsecondary educational institution, whose duties bring the
22 administrator or employee into contact with children on a regular
23 basis, or who supervises those whose duties bring the administrator
24 or employee into contact with children on a regular basis, as to
25 child abuse or neglect occurring on that institution's premises or
26 at an official activity of, or program conducted by, the institution.
27 Nothing in this paragraph shall be construed as altering the
28 lawyer-client privilege as set forth in Article 3 (commencing with
29 Section 950) of Chapter 4 of Division 8 of the Evidence Code.

30 (42) An athletic coach, athletic administrator, or athletic director
31 employed by any public or private school that provides any
32 combination of instruction for kindergarten, or grades 1 to 12,
33 inclusive.

34 (43) (A) A commercial computer technician as specified in
35 subdivision (e) of Section 11166. As used in this article,
36 "commercial computer technician" means a person who works for
37 a company that is in the business of repairing, installing, or
38 otherwise servicing a computer or computer component, including,
39 but not limited to, a computer part, device, memory storage or
40 recording mechanism, auxiliary storage recording or memory

capacity, or any other material relating to the operation and maintenance of a computer or computer network system, for a fee. An employer who provides an electronic communications service or a remote computing service to the public shall be deemed to comply with this article if that employer complies with Section 2258A of Title 18 of the United States Code.

(B) An employer of a commercial computer technician may implement internal procedures for facilitating reporting consistent with this article. These procedures may direct employees who are mandated reporters under this paragraph to report materials described in subdivision (e) of Section 11166 to an employee who is designated by the employer to receive the reports. An employee who is designated to receive reports under this subparagraph shall be a commercial computer technician for purposes of this article. A commercial computer technician who makes a report to the designated employee pursuant to this subparagraph shall be deemed to have complied with the requirements of this article and shall be subject to the protections afforded to mandated reporters, including, but not limited to, those protections afforded by Section 11172.

(44) Any athletic coach, including, but not limited to, an assistant coach or a graduate assistant involved in coaching, at public or private postsecondary educational institutions.

(45) An individual certified by a licensed foster family agency as a certified family home, as defined in Section 1506 of the Health and Safety Code.

(46) An individual approved as a resource family, as defined in Section 1517 of the Health and Safety Code and Section 16519.5 of the Welfare and Institutions Code.

(47) A qualified autism service provider, a qualified autism service professional, or a qualified autism service ~~paraprofessional~~, as defined in ~~Section 1374.73 of the Health and Safety Code and Section 10144.51 of the Insurance Code~~. *paraprofessional as defined in Chapter 17 (commencing with Section 4999.200) of Division 2 of the Business and Professions Code.*

(48) A human resource employee of a business subject to Part 2.8 (commencing with Section 12900) of Division 3 of Title 2 of the Government Code that employs minors. For purposes of this section, a “human resource employee” is the employee or employees designated by the employer to accept any complaints of misconduct as required by Chapter 6 (commencing with Section

1 12940) of Part 2.8 of Division 3 of Title 2 of the Government
2 Code.

3 (49) An adult person whose duties require direct contact with
4 and supervision of minors in the performance of the minors' duties
5 in the workplace of a business subject to Part 2.8 (commencing
6 with Section 12900) of Division 3 of Title 2 of the Government
7 Code is a mandated reporter of sexual abuse, as defined in Section
8 11165.1. Nothing in this paragraph shall be construed to modify
9 or limit the person's duty to report known or suspected child abuse
10 or neglect when the person is acting in some other capacity that
11 would otherwise make the person a mandated reporter.

12 (b) Except as provided in paragraph (35) of subdivision (a),
13 volunteers of public or private organizations whose duties require
14 direct contact with and supervision of children are not mandated
15 reporters but are encouraged to obtain training in the identification
16 and reporting of child abuse and neglect and are further encouraged
17 to report known or suspected instances of child abuse or neglect
18 to an agency specified in Section 11165.9.

19 (c) (1) Except as provided in subdivision (d) and paragraph (2),
20 employers are strongly encouraged to provide their employees
21 who are mandated reporters with training in the duties imposed
22 by this article. This training shall include training in child abuse
23 and neglect identification and training in child abuse and neglect
24 reporting. Whether or not employers provide their employees with
25 training in child abuse and neglect identification and reporting,
26 the employers shall provide their employees who are mandated
27 reporters with the statement required pursuant to subdivision (a)
28 of Section 11166.5.

29 (2) Employers subject to paragraphs (48) and (49) of subdivision
30 (a) shall provide their employees who are mandated reporters with
31 training in the duties imposed by this article. This training shall
32 include training in child abuse and neglect identification and
33 training in child abuse and neglect reporting. The training
34 requirement may be met by completing the general online training
35 for mandated reporters offered by the Office of Child Abuse
36 Prevention in the State Department of Social Services.

37 (d) Pursuant to Section 44691 of the Education Code, school
38 districts, county offices of education, state special schools and
39 diagnostic centers operated by the State Department of Education,
40 and charter schools shall annually train their employees and persons

1 working on their behalf specified in subdivision (a) in the duties
2 of mandated reporters under the child abuse reporting laws. The
3 training shall include, but not necessarily be limited to, training in
4 child abuse and neglect identification and child abuse and neglect
5 reporting.

6 (e) (1) On and after January 1, 2018, pursuant to Section
7 1596.8662 of the Health and Safety Code, a childcare licensee
8 applicant shall take training in the duties of mandated reporters
9 under the child abuse reporting laws as a condition of licensure,
10 and a childcare administrator or an employee of a licensed child
11 daycare facility shall take training in the duties of mandated
12 reporters during the first 90 days when that administrator or
13 employee is employed by the facility.

14 (2) A person specified in paragraph (1) who becomes a licensee,
15 administrator, or employee of a licensed child daycare facility shall
16 take renewal mandated reporter training every two years following
17 the date on which that person completed the initial mandated
18 reporter training. The training shall include, but not necessarily be
19 limited to, training in child abuse and neglect identification and
20 child abuse and neglect reporting.

21 (f) Unless otherwise specifically provided, the absence of
22 training shall not excuse a mandated reporter from the duties
23 imposed by this article.

24 (g) Public and private organizations are encouraged to provide
25 their volunteers whose duties require direct contact with and
26 supervision of children with training in the identification and
27 reporting of child abuse and neglect.

2025 Bill Analysis

Author: Senator Suzette Martinez Valladares	Bill Number: SB 402	Related Bills:
Sponsor:	Version: Introduced	
Subject: Health care coverage: autism		

SUMMARY

SB 402 relocates definitions of “qualified autism service provider,” “qualified autism service professional,” and “qualified autism service paraprofessional” from the Health & Safety Code and Insurance Code to the Business and Professions Code (BPC). This move aligns the oversight of these provider categories with the Department of Consumer Affairs (DCA) and relevant licensing boards, such as the California Board of Psychology and the Board of Behavioral Sciences.

RECOMMENDATION

SUPPORT. Board staff recommends the Board Support SB 402. The bill enhances regulatory clarity, strengthens enforcement pathways, and appropriately centralizes oversight of autism service providers under professional licensing boards.

REASON FOR THE BILL

The current statutory definitions of autism service providers reside in various parts of the Health & Safety and Insurance Codes. These definitions are operationally significant for insurance coverage but lack alignment with the state’s professional licensing infrastructure. SB 402 transfers these definitions into the BPC to ensure consistent regulatory authority under the DCA, enable licensing boards to enforce ethical and professional standards, and improve consumer protection and accountability. This bill

Other Boards/Departments that may be affected:			
☐ Change in Fee(s)	☐ Affects Licensing Processes	☐ Affects Enforcement Processes	
☐ Urgency Clause	☐ Regulations Required	☐ Legislative Reporting	☐ New Appointment Required
Legislative & Regulatory Affairs Committee Position:		Full Board Position:	
☐ Support	☐ Support if Amended	☐ Support	☐ Support if Amended
☐ Oppose	☐ Oppose Unless Amended	☐ Oppose	☐ Oppose Unless Amended
☐ Neutral	☐ Watch	☐ Neutral	☐ Watch
Date: _____		Date: _____	
Vote: _____		Vote: _____	

does not change the qualifications for providers; it only changes the location of statutory definitions.

ANALYSIS

Under existing law, all health insurance policies and health plan contracts that provide hospital, medical, or surgical coverage are required to cover Behavioral Health Treatment (BHT) for individuals with autism. This coverage must be provided in the same manner and under the same requirements as California's mental health law. BHT is defined to include professional services such as applied behavior analysis (ABA) and evidence-based intervention programs. These services must be either prescribed by a licensed physician or developed by a licensed psychologist.

Current law also defines the roles of qualified autism service (QAS) providers, QAS professionals (QASPs), and QAS paraprofessionals (QASPPs). QAS providers include licensed healthcare professionals and individuals certified by nationally accredited organizations, such as the Behavior Analyst Certification Board (BACB), provided they are acting within their scope of practice. QASPs are individuals who provide or supervise BHT under the direction of a QAS provider and deliver treatment plans approved by the provider. QASPPs are unlicensed and uncertified individuals who implement services under the clinical supervision of a QAS provider or QASP in accordance with a treatment plan.

SB 402 updates existing law by relocating the statutory definitions and qualification requirements for QAS providers, QASPs, and QASPPs from the Health and Safety Code and Insurance Code to the Business and Professions Code (BPC). This shift brings autism service provider roles into alignment with how other healthcare professions are regulated in California under professional licensing boards.

Autism Spectrum Disorder (ASD) is a developmental disability that varies in severity and can significantly affect cognitive, communicative, and behavioral functioning. According to the Centers for Disease Control and Prevention (CDC), early diagnosis and access to behavioral interventions are critical to improving long-term outcomes for individuals with ASD.

In 2011, the legislature enacted SB 946 (Steinberg), requiring health plans and insurers to cover BHT for individuals with autism and defined qualified providers. Because behavior analysts were not licensed at that time, the qualifications for unlicensed and uncertified providers were included in the Health and Safety Code and Insurance Code, alongside the coverage mandates. SB 946 also directed the Department of Managed Health Care to convene an Autism Advisory Task Force to recommend education and training standards for unlicensed individuals providing autism services.

Since the passage of SB 946, several legislative efforts have aimed to create a formal licensure pathway for behavior analysts. SB 402 aims to move the definitions for autism service providers into the Business and Professions Code, consistent with how other licensed professionals are regulated. When SB 946 was enacted, there was no licensure structure for behavior analysts, so the law codified both the coverage

requirement and provider definitions together in insurance and health statutes. However, those statutes do not regulate provider conduct or licensure. By relocating the provider framework to the BPC, SB 402 enables regulatory boards—such as the Board of Psychology—to oversee professional standards, scope of practice, and discipline for autism service providers, while maintaining the original coverage mandates separately in insurance law.

LEGISLATIVE HISTORY

SB 402 was introduced by Senator Suzette Valladares on February 14, 2025. On February 26, 2025, SB 402 was referred to the Senate Committee on Business, Professions, and Economic Development. On March 18, 2025, SB 402 was set for hearing for April 21, 2025. On April 21, 2025, SB 402 passed the committee and on April 22, 2025, the proposed bill was read for a second time and ordered for a third reading. On June 3, 2025, SB 402 was read for a third time, passed the committee, and ordered to the Assembly. On June 4, 2025, SB 402 was read for the first time by the Assembly. SB 402 was referred to the Assembly Committee on Business and Professions and Assembly Committee on Health on June 9, 2025.

OTHER STATES' INFORMATION

Several states (e.g., New York, Massachusetts, Illinois) integrate autism service provider qualifications directly into professional licensing statutes. California is currently unique in placing these definitions solely in insurance and health codes. SB 402 aligns California with more centralized regulatory structures adopted elsewhere.

PROGRAM BACKGROUND

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.

The Board is responsible for reviewing applications, verifying education and experience, determining exam eligibility, as well as issuing licensure, registrations, and renewals.

FISCAL IMPACT

SB 402 does not fiscally impact the Board as minor costs are absorbable for regulatory updates, outreach, and materials revision. No additional state funding or new programs are created.

ECONOMIC IMPACT

The bill does not change provider qualifications, billing structures, or service scope. SB 402 has no impact on service delivery costs, access, or reimbursement.

LEGAL IMPACT

SB 402 clarifies the Board's jurisdiction over licensed psychologists and psychological associates who provide autism services. By relocating statutory definitions to the Business and Professions Code, the bill strengthens the Board's authority to enforce standards of practice, continuing education requirements, and disciplinary actions for

licensees operating in these roles. Implementation may require the Board to update licensee materials, revise complaint and enforcement regulations specific to autism-related services, and coordinate with the Board of Behavioral Sciences and insurance regulators to ensure consistent oversight.

APPOINTMENTS

Not applicable at this time.

SUPPORT/OPPOSITION

Below is the list of names of organizations that have submitted a letter of support or opposition to the Board, the author, or a legislative committee.

Support:

- Coachella Valley Lighthouse
- Council of Autism Service Providers

Opposition:

- Autism Behavior Services, Inc.
- Autism Business Association
- Autism Society of America-Inland Empire Chapter
- Behavioral Intervention Association
- Behavioral Support Partnership
- Bloom Behavioral Support Partnership
- Butterfly Effects, LLC
- Greenhouse Therapy Center
- Hearts of ABA
- Morning Star ABA Therapy
- Qualified Applied Behavior Analysis Credentialing Board

ARGUMENTS

Below are brief thoughtful arguments that proponents and opponents have made regarding the bill.

Proponents:

The Council of Autism Service Providers expresses support for SB 402, stating: “Qualified autism service providers deliver behavioral health treatment to individuals with pervasive developmental disorders or autism. While some providers—such as marriage and family therapists or clinical social workers—are licensed under Division 2 of the Business and Professions Code, behavior analysts, who are responsible for designing and implementing the majority of treatment plans, are not currently licensed by the State of California. Instead, they are certified by a nationally recognized body accredited by the National Commission for Certifying Agencies. Supporters note that because behavior analysts were not licensed at the time of the original autism coverage mandate (SB 946, 2011), their qualifications were codified alongside insurance provisions. SB 402 would appropriately recognize these providers within the

professional licensing framework, allowing for more targeted consideration of which services should be covered and which professionals are qualified to provide them.”

Opponents:

The Qualified Applied Behavior Analysis Credentialing Board (QABA) opposes SB 402 unless amended, requesting explicit recognition of its credentials alongside those of the Behavior Analyst Certification Board (BACB). QABA notes it is the second-largest national credentialing body for behavior analysts, holds American National Standards Institute (ANSI) accreditation, and certifies thousands of autism service providers in California. Without inclusion, the bill fails to reflect the diversity of qualified professionals in the field.

Other opposing organizations argue that SB 402 offers no clear benefit to providers or improvements in care quality. They contend the current framework already functions effectively and warn that reclassification may reduce the number of certified practitioners, further limiting access to essential autism services.

AMENDMENTS

MEMORANDUM

DATE	July 23, 2025
TO	Psychology Board Members
FROM	Jacklyn Mancilla, Legislative and Regulatory Affairs Analyst
SUBJECT	Agenda Item 12(b)(1) Bills with Active Position Taken by the Board – SB 775 (Ashby) Board of Psychology and Board of Behavioral Sciences

Background

On February 21, 2025, Senate Bill 775 was introduced by Senator Angelique Ashby as a sunset bill for the Board of Behavioral Sciences.

On April 30, 2025, SB 775 was amended to include the Board of Psychology (Board).

SB 775 introduces amendments to California's mental health licensing laws. It extends the statutory authorization of the Board of Psychology and the Board of Behavioral Sciences through January 1, 2030, preserving regulatory continuity. The bill expands qualifying academic disciplines for psychological testing technicians to include neuroscience, cognitive science, and behavioral science, while granting the Board discretion to assess program eligibility. It also revises license suspension procedures for felony convictions, allowing the Board to maintain suspensions if it serves the interest of justice, even when convictions are overturned. Additionally, SB 775 clarifies reinstatement protocols, codifies key definitions under the Psychology Licensing Law, and imposes a \$25 fee for supervisor changes to streamline technician oversight and cost recovery.

On March 12, 2025, SB 775 was referred to the Senate Committee on Business, Professions and Economic Development.

On April 30, 2025, SB 775 was amended and referred to the appropriations committee.

On May 9, 2025, SB 775 was presented to the Board for possible position recommendation. The Board determined to **Support if Amended**. The Board

requested that the issues raised in the 2025 Sunset Report currently not included in the bill, be included as amendments.

On May 12, 2025, SB 775 was placed in suspense file by the appropriations committee.

On May 21, 2025, the Board submitted a **Support if Amended** position letter for SB 775, to the Senate Business, Professions, and Economic Development Committee.

On June 4, 2025, SB 775 passed the Senate and was ordered to the Assembly.

On June 16, 2025, SB 775 was referred to the Assembly Committee on Business and Professions.

On July 2, 2025, SB 775 was amended and re-referred to the Assembly Committee on Business and Professions. The amendments expand the Board's regulatory authority over research psychoanalysts and student research psychoanalysts, including an updated list of unprofessional conduct that may result in suspension or revocation of registration. They also revise registration requirements by mandating coursework or training in substance abuse detection and treatment, suicide risk assessment and intervention, and aging and long-term care. The amendments establish continuing professional development requirements and direct the Board to implement a consumer and professional education program focused on ethical psychoanalytic practice. Additional changes include establishing fingerprinting fees for applicants and aligning research psychoanalyst training requirements with those of other behavioral health professionals, including training in human sexuality, child abuse assessment and reporting, and encouraging training in elder and dependent adult abuse. The amendments also make various technical updates to the Psychology Licensing Law.

On July 8, 2025, SB 775 passed the Business and Professions Committee and was referred to the appropriations committee.

Action Requested

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

Attachment #1: Bill Text- [Weblink](#)

Attachment #2: Bill Analysis

Attachment #3: Position Letter of Support if Amended Senate Business, Professions, and Economic Development Committee

AMENDED IN ASSEMBLY JULY 2, 2025

AMENDED IN SENATE MAY 23, 2025

AMENDED IN SENATE MAY 1, 2025

SENATE BILL

No. 775

Introduced by Senator Ashby

February 21, 2025

An act to amend Sections 25, 28, 729, 2902, 2903, 2908, 2915.5, 2920, 2934.1, 2936, 2950, 2952, 2960.2, 2960.6, 2961, 2962, 2963, 2964, 2964.3, 2971, 2987, 2995, 2999.101, ~~4980~~, 4980.01, 4980.03, 4980.11, 4980.38, 4980.397, 4980.40, 4980.41, ~~4980.43.2~~, 4980.43.3, 4980.50, 4980.54, 4980.72, 4980.74, 4982, 4984.41, 4984.7, 4989.20, 4989.45, 4989.49, 4989.54, 4990, 4990.04, 4992.2, 4992.3, 4996.16.1, ~~4996.23.1~~, 4996.23.2, 4997.1, 4999.12, 4999.23, ~~4999.46.2~~, 4999.46.3, 4999.90, and 4999.113 of, *to amend and repeal Sections 4980.43.2, 4996.23.1, and 4999.46.2 of*, to add Sections ~~2920.2~~ 2920.2, 2954.1, 2954.2, 2954.4, 2954.5, 2954.6, and 4990.01 to, to repeal ~~Section Sections 2953 and 4982.05 of, and~~ to repeal and add Sections 2964.5, 2964.6, 2966, 2985, and 2986 of, *and to repeal, add, and repeal Section 2912 of*, the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

SB 775, as amended, Ashby. Board of Psychology and Board of Behavioral Sciences.

(1) Existing law, the Psychology Licensing Law, establishes the Board of Psychology to license and regulate psychologists and the practice of psychology. Existing law repeals the provision establishing the board on January 1, 2026.

This bill would extend operation of the board to January 1, 2030.

Existing law establishes qualifications for registration as a psychological testing technician, including proof of completion of a bachelor's degree or graduate degree, or proof of current enrollment in a graduate degree program in psychology or in education with a field of specialization in educational psychology, counseling psychology, or school psychology. Existing law also establishes various fees relating to the licensure and regulation of the practice of psychology.

This bill would expand the list of authorized areas of study for registration as a psychological testing technician to include neuroscience, cognitive science, or behavioral science, and would specify that the board shall make the final determination as to whether a degree or degree program meets the educational requirements. The bill would establish a fee of \$25 to add or change a supervisor for a psychological testing technician.

Existing law provides that a psychologist's license shall be suspended automatically during any time the holder of the license is incarcerated after conviction of a felony, and provides for the continued suspension of the license if, after a hearing, it is determined in the hearing that the felony for which the licensee was convicted is substantially related to the qualifications, functions, or duties of a licensee. Existing law requires any discipline ordered to cease if the conviction is overturned on appeal.

This bill would revise and recast those provisions, including authorizing the board to decline to set aside the suspension when it appears to be in the interest of justice to do so. The bill would revise and recast provisions relating to suspended, revoked, and surrendered licenses and obtaining a new license after a license is void after not being renewed within 3 years. The bill would make various technical and other changes to the Psychology Licensing Law, including defining the terms "license," "licensee," and "client."

(2) Existing law provides for the registration and regulation of research psychoanalysts and student research psychoanalysts by the Board of Psychology, and establishes acts for which the board may revoke or suspend registration and that are deemed unprofessional conduct. Existing law establishes fees for registration, which are deposited into the Psychology Fund.

This bill, among other changes to the provisions regulating research psychoanalysts and student research psychoanalysts, would expand the list of acts constituting unprofessional conduct that would authorize the board to suspend or revoke a registration. The bill would revise education and training requirements for registration as a research

psychoanalyst, including requiring an applicant to complete certain coursework or training in detection and treatment of alcohol and other chemical substance dependency, suicide risk assessment and intervention, and aging and long-term care. The bill would establish continuing professional development requirements for research psychoanalysts. The bill would require the board to adopt a program of consumer and professional education in matters relevant to the ethical practice of psychoanalysis. The bill would establish fingerprint fees for applicants, as specified.

Existing law requires certain behavioral health professionals to complete training in human sexuality and to complete coursework or training in child abuse assessment and reporting, as specified. Existing law provides that the Board of Psychology and the Board of Behavioral Sciences are encouraged to include coursework regarding the assessment and reporting of elder and dependent adult abuse in the required training on aging and long-term care issues before licensure or license renewal. Existing law makes findings and declarations related to the training of certain licensed behavioral health professionals in the areas of child, elder, and dependent adult abuse assessment report.

This bill would include research psychoanalysts in the behavioral health professionals subject to the above-described training requirements and provisions. The bill would make various technical and other changes to the Psychology Licensing Law.

(2)

(3) Existing law establishes the Board of Behavioral Sciences in the Department of Consumer Affairs to regulate licensees under the Licensed Marriage and Family Therapist Act, the Educational Psychologist Practice Act, the Clinical Social Worker Practice Act, and the Licensed Professional Clinical Counselor Act, and authorizes the board to appoint an executive officer to exercise certain powers and perform specified duties. Existing law repeals the provision establishing the board and authorizing the board to appoint an executive officer on January 1, 2026. Existing law, until January 1, 2026, authorizes a person who holds a license in another jurisdiction of the United States as a marriage and family therapist, a clinical social worker, or a professional clinical counselor to provide those services in this state for a period not to exceed 30 days. Existing law specifies that a person who provides services pursuant to those provisions is deemed to have agreed to practicing under the jurisdiction of the board and to be bound by the laws of this state.

This bill would extend the date of the operation of the board and of authorizing the board to appoint an executive officer to January 1, 2030, and would extend the date on which the provision authorizing a person who is licensed out-of-state as a marriage and family therapist, a clinical social worker, or professional clinical counselor to practice in this state to January 1, 2030. The bill would deem a person who is licensed in another jurisdiction who provides services to have attested under penalty of perjury to practicing under the jurisdiction of the board and to be bound by the laws of this state. By expanding the scope of the crime of perjury, the bill would impose a state-mandated local program. ~~The bill would entitle the provisions providing for the licensure and regulation of marriage and family therapists as the Licensed Marriage and Family Therapist Practice Act.~~

Existing law requires a registrant or applicant for licensure as a marriage and family therapist to pass a clinical examination, and establishes a fee of \$250, which the board is authorized to increase by regulation to up to \$500, for the clinical examination.

This bill would specify that the clinical examination may be administered either by the board or by a public or private organization, and would revise the fee requirement so that if the examination is administered by a public or private organization, the fee would be paid directly to the organization.

Existing law requires certain applicants for registration or licensure as a marriage and family therapist who completed graduate study on or before December 31, 2018, to submit to the board a certification by the applicant's educational institution that the institution's required curriculum for graduation and associated coursework includes certain instruction in alcoholism and other chemical substance dependency and in spousal or partner abuse assessment, detection, and intervention.

This bill would delete that requirement.

Existing law requires an applicant for licensure or registration as a professional clinical counselor to obtain a degree in a program that includes a minimum of 280 hours of face-to-face supervised clinical experience counseling individuals, families, or groups. Existing law requires a professional clinical counselor trainee to receive an average of at least one hour of direct supervisor contact for every 5 hours of direct clinical counseling performed each week and specifies that not more than 6 hours of supervision shall be credited during any single week.

This bill would delete the provision limiting the number of hours of supervision credited in a single week to 6 hours.

Existing law, effective August 29, 2022, until January 1, 2026, revised provisions related to supervision via videoconferencing. In this regard, existing law defines “face-to-face contact” for purposes of the definition of “one hour of direct supervisor contact” to mean in-person contact, contact via 2-way, real-time videoconferencing, or some combination of these. Existing law requires a supervisor within 60 days of the commencement of supervision to conduct a meeting with the supervisee during which the supervisor is required to assess the appropriateness of allowing the supervisee to receive supervision via 2-way, real-time videoconferencing, as specified, and to document the results of that assessment. Existing law prohibits the supervisor from utilizing supervision via 2-way, real-time videoconferencing if their assessment finds it is inappropriate. Existing law repeals these provisions on January 1, 2026.

This bill would extend the operation of those provisions indefinitely. By extending the operation of requirements, the violation of which would be a crime, this bill would impose a state-mandated local program.

Existing law requires an applicant for licensure as a marriage and family therapist, clinical social worker, or licensed professional clinical counselor to provide copies of tax returns for each year of experience claimed for purposes of satisfying the experience requirement for licensure.

This bill would require an applicant to provide the board with a copy of the applicant’s most recent pay stub for experience gained during a tax year that has not ended by the date the application for licensure is received.

Existing law requires direct supervisor contact for certain experience required for licensure as a marriage and family therapist, clinical social worker, or licensed professional clinical counselor. Existing law, until January 1, 2026, authorizes contact to be via in-person contact, 2-way, real-time videoconferencing, or some combination of these, as specified. Existing law, effective January 1, 2026, authorizes only a supervisee working in an exempt setting, as specified, to obtain direct supervisor contact via 2-way, real-time videoconferencing.

This bill would make the above-described authorization related to videoconferencing permanent and would consequently delete the latter

provision authorizing direct supervisor contact via videoconferencing in exempt settings.

Existing law requires the board to issue a retired license to a marriage and family therapist, licensed educational psychologist, licensed professional clinical counselor, or clinical social worker upon satisfaction of specified requirements. *Existing law also authorizes a person who holds a license in another jurisdiction of the United States as a marriage and family therapist, professional clinical counselor, or clinical social worker to practice in this state for a period not to exceed 30 consecutive days if they satisfy certain conditions, and deems a person who provides services pursuant to those provisions to have agreed to practicing under the jurisdiction of the board and to be bound by the laws of this state.*

The bill would revise the requirements for the issuance of a retired license, including submitting a statement under penalty of perjury that, among other things, the information provided on the application is true and correct. *The bill would require out-of-state marriage and family therapists, professional clinical counselors, and clinical social workers, as a condition of practicing in this state, to submit a signed statement under penalty of perjury acknowledging that they are subject to the jurisdiction of the board and agreeing to be bound by the laws of this state.* By expanding the crime of perjury, the bill would impose a state-mandated local program. The bill would revise the education, experience, and other qualifications required for licensure as an educational psychologist.

The bill would make various technical and other changes to the Licensed Marriage and Family Therapist Act, the Educational Psychologist Practice Act, the Clinical Social Worker Practice Act, and the Licensed Professional Clinical Counselor Act.

(3)

(4) 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 25 of the Business and Professions Code*
2 *is amended to read:*

3 25. (a) Any person applying for a license, registration, or the
4 first renewal of a license, after the effective date of this section,
5 as a licensed marriage and family therapist, a licensed clinical
6 social worker, a licensed psychologist, *a research psychoanalyst*,
7 or a licensed professional clinical counselor shall, in addition to
8 any other requirements, show by evidence satisfactory to the
9 agency regulating the business or profession, that they have
10 completed training in human sexuality as a condition of licensure.
11 The training shall be creditable toward continuing education
12 requirements as deemed appropriate by the agency regulating the
13 business or profession, and the course shall not exceed more than
14 50 contact hours.

15 ~~The~~

16 (b) *The* Board of Psychology shall exempt from the requirements
17 of this section any persons whose field of practice is such that they
18 are not likely to have use for this training.

19 ~~“Human~~

20 (c) *“Human* sexuality” as used in this section means the study
21 of a human being as a sexual being and how a human being
22 functions with respect thereto.

23 ~~The~~

24 (d) *The* content and length of the training shall be determined
25 by the administrative agency regulating the business or profession
26 and the agency shall proceed immediately upon the effective date
27 of this section to determine what training, and the quality of staff
28 to provide the training, is available and shall report its
29 determination to the Legislature on or before July 1, 1977.

30 ~~If~~

31 (e) *If* a licensing board or agency proposes to establish a training
32 program in human sexuality, the board or agency shall first consult
33 with other licensing boards or agencies that have established or
34 propose to establish a training program in human sexuality to
35 ensure that the programs are compatible in scope and content.

36 *SEC. 2. Section 28 of the Business and Professions Code is*
37 *amended to read:*

28. (a) The Legislature finds that there is a need to ensure that professionals of the healing arts who have demonstrable contact with victims and potential victims of child, elder, and dependent adult abuse, and abusers and potential abusers of children, elders, and dependent adults are provided with adequate and appropriate training regarding the assessment and reporting of child, elder, and dependent adult abuse that will ameliorate, reduce, and eliminate the trauma of abuse and neglect and ensure the reporting of abuse in a timely manner to prevent additional occurrences.

(b) The Board of Psychology and the Board of Behavioral Sciences shall establish required training in the area of child abuse assessment and reporting for all persons applying for initial licensure and renewal of a license as a psychologist, clinical social worker, professional clinical counselor, or marriage and family therapist. ~~therapist.~~ *therapist or registration as a research psychoanalyst.* This training shall be required one time only for all persons applying for initial licensure *or registration* or for licensure *or registration* renewal.

(c) All persons applying for initial licensure or renewal of a license as a psychologist, clinical social worker, professional clinical counselor, or marriage and family therapist *or registration as a research psychoanalyst* shall, in addition to all other requirements for licensure or renewal, have completed coursework or training in child abuse assessment and reporting that meets the requirements of this section, including detailed knowledge of the Child Abuse and Neglect Reporting Act (Article 2.5 (commencing with Section 11164) of Chapter 2 of Title 1 of Part 4 of the Penal Code). The training shall meet all of the following requirements:

(1) Be obtained from one of the following sources:

(A) An accredited or approved educational institution, as defined in Sections 2902, 4980.36, 4980.37, 4996.18, and 4999.12, including extension courses offered by those institutions.

(B) A continuing education provider as specified by the responsible board by regulation.

(C) A course sponsored or offered by a professional association or a local, county, or state department of health or mental health for continuing education and approved or accepted by the responsible board.

(2) Have a minimum of seven contact hours.

(3) Include the study of the assessment and method of reporting of sexual assault, neglect, severe neglect, general neglect, willful cruelty or unjustifiable punishment, corporal punishment or injury, and abuse in out-of-home care. The training shall also include physical and behavioral indicators of abuse, crisis counseling techniques, community resources, rights and responsibilities of reporting, consequences of failure to report, caring for a child's needs after a report is made, sensitivity to previously abused children and adults, and implications and methods of treatment for children and adults.

(4) An applicant shall provide the appropriate board with documentation of completion of the required child abuse training.

(d) The Board of Psychology and the Board of Behavioral Sciences shall exempt an applicant who applies for an exemption from this section and who shows to the satisfaction of the board that there would be no need for the training in the applicant's practice because of the nature of that practice.

(e) It is the intent of the Legislature that a person licensed as a psychologist, clinical social worker, professional clinical counselor, or marriage and family therapist *or registered as a research psychoanalyst* have minimal but appropriate training in the areas of child, elder, and dependent adult abuse assessment and reporting. It is not intended that, by solely complying with this section, a practitioner is fully trained in the subject of treatment of child, elder, and dependent adult abuse victims and abusers.

(f) The Board of Psychology and the Board of Behavioral Sciences are encouraged to include coursework regarding the assessment and reporting of elder and dependent adult abuse in the required training on aging and long-term care issues prior to licensure *or registration* or license *or registration* renewal.

SEC. 3. Section 729 of the Business and Professions Code is amended to read:

729. (a) Any physician and surgeon, psychotherapist, *research psychoanalyst*, alcohol and drug abuse counselor or any person holding ~~himself or herself~~ *themselves* out to be a physician and surgeon, psychotherapist, *research psychoanalyst*, *student research psychoanalyst*, or alcohol and drug abuse counselor, who engages in an act of sexual intercourse, sodomy, oral copulation, or sexual contact with a patient or client, or with a former patient or client when the relationship was terminated primarily for the purpose of

1 engaging in those acts, unless the physician and surgeon,
2 psychotherapist, or alcohol and drug abuse counselor has referred
3 the patient or client to an independent and objective physician and
4 surgeon, psychotherapist, *research psychoanalyst*, *student research*
5 *psychoanalyst*, or alcohol and drug abuse counselor recommended
6 by a third-party physician and surgeon, psychotherapist, *research*
7 *psychoanalyst*, *student research psychoanalyst*, or alcohol and
8 drug abuse counselor for treatment, is guilty of sexual exploitation
9 by a physician and surgeon, psychotherapist, *research*
10 *psychoanalyst*, *student research psychoanalyst*, or alcohol and
11 drug abuse counselor.

12 (b) Sexual exploitation by a physician and surgeon,
13 psychotherapist, or alcohol and drug abuse counselor is a public
14 offense:

15 (1) An act in violation of subdivision (a) shall be punishable by
16 imprisonment in a county jail for a period of not more than six
17 months, or a fine not exceeding one thousand dollars (\$1,000), or
18 by both that imprisonment and fine.

19 (2) Multiple acts in violation of subdivision (a) with a single
20 victim, when the offender has no prior conviction for sexual
21 exploitation, shall be punishable by imprisonment in a county jail
22 for a period of not more than six months, or a fine not exceeding
23 one thousand dollars (\$1,000), or by both that imprisonment and
24 fine.

25 (3) An act or acts in violation of subdivision (a) with two or
26 more victims shall be punishable by imprisonment pursuant to
27 subdivision (h) of Section 1170 of the Penal Code for a period of
28 16 months, two years, or three years, and a fine not exceeding ten
29 thousand dollars (\$10,000); or the act or acts shall be punishable
30 by imprisonment in a county jail for a period of not more than one
31 year, or a fine not exceeding one thousand dollars (\$1,000), or by
32 both that imprisonment and fine.

33 (4) Two or more acts in violation of subdivision (a) with a single
34 victim, when the offender has at least one prior conviction for
35 sexual exploitation, shall be punishable by imprisonment pursuant
36 to subdivision (h) of Section 1170 of the Penal Code for a period
37 of 16 months, two years, or three years, and a fine not exceeding
38 ten thousand dollars (\$10,000); or the act or acts shall be punishable
39 by imprisonment in a county jail for a period of not more than one

year, or a fine not exceeding one thousand dollars (\$1,000), or by both that imprisonment and fine.

(5) An act or acts in violation of subdivision (a) with two or more victims, and the offender has at least one prior conviction for sexual exploitation, shall be punishable by imprisonment pursuant to subdivision (h) of Section 1170 of the Penal Code for a period of 16 months, two years, or three years, and a fine not exceeding ten thousand dollars (\$10,000).

For purposes of subdivision (a), in no instance shall consent of the patient or client be a defense. However, physicians and surgeons shall not be guilty of sexual exploitation for touching any intimate part of a patient or client unless the touching is outside the scope of medical examination and treatment, or the touching is done for sexual gratification.

(c) For purposes of this section:

(1) "Psychotherapist" has the same meaning as defined in Section 728.

(2) "Alcohol and drug abuse counselor" means an individual who holds ~~himself or herself~~ *themselves* out to be an alcohol or drug abuse professional or paraprofessional.

(3) "Sexual contact" means sexual intercourse or the touching of an intimate part of a patient for the purpose of sexual arousal, gratification, or abuse.

(4) "Intimate part" and "touching" have the same meanings as defined in Section 243.4 of the Penal Code.

(d) In the investigation and prosecution of a violation of this section, no person shall seek to obtain disclosure of any confidential files of other patients, clients, or former patients or clients of the physician and surgeon, psychotherapist, *research psychoanalyst, student research psychoanalyst*, or alcohol and drug abuse counselor.

(e) This section does not apply to sexual contact between a physician and surgeon and ~~his or her~~ *their* spouse or person in an equivalent domestic relationship when that physician and surgeon provides medical treatment, other than psychotherapeutic treatment, to ~~his or her~~ *their* spouse or person in an equivalent domestic relationship.

(f) If a physician and surgeon, psychotherapist, or alcohol and drug abuse counselor in a professional partnership or similar group has sexual contact with a patient in violation of this section, another

1 physician and surgeon, psychotherapist, *research psychoanalyst*,
2 *student research psychoanalyst*, or alcohol and drug abuse
3 counselor in the partnership or group shall not be subject to action
4 under this section solely because of the occurrence of that sexual
5 contact.

6 ~~SECTION 1.~~

7 *SEC. 4.* Section 2902 of the Business and Professions Code is
8 amended to read:

9 2902. For purposes of this chapter, the following definitions
10 apply:

11 (a) “Licensed psychologist” means an individual to whom a
12 license has been issued pursuant to the provisions of this chapter,
13 which license is in force and has not been suspended or revoked.

14 (b) “License” means a psychologist license or a registration
15 issued by the board.

16 (c) “Licensee” means a licensed psychologist or a registered
17 psychological associate regulated by the board.

18 (d) “Client” means a patient or recipient of psychological
19 services.

20 (e) “Board” means the Board of Psychology.

21 (f) A person represents themselves to be a psychologist when
22 the person holds themselves out to the public by any title or
23 description of services incorporating the words “psychology,”
24 “psychological,” “psychologist,” “psychology consultation,”
25 “psychology consultant,” “psychometry,” “psychometrics”
26 “psychometrist,” “psychotherapy,” or “psychotherapist,” or when
27 the person holds themselves out to be trained, experienced, or an
28 expert in the field of psychology.

29 (g) “Accredited,” as used with reference to academic institutions,
30 means the University of California, the California State University,
31 or an institution that is accredited by a national or an applicable
32 regional accrediting agency recognized by the United States
33 Department of Education.

34 (h) “Approved,” as used with reference to academic institutions,
35 means an institution having “approval to operate”, as defined in
36 Section 94718 of the Education Code.

37 ~~SEC. 2.~~

38 *SEC. 5.* Section 2903 of the Business and Professions Code is
39 amended to read:

2903. (a) No person may engage in the practice of psychology, or represent themselves to be a psychologist, without a license granted under this chapter, except as otherwise provided in this chapter. The practice of psychology is defined as rendering or offering to render to individuals, groups, organizations, or the public any psychological service involving the application of psychological principles, methods, and procedures of understanding, predicting, and influencing behavior, such as the principles pertaining to learning, perception, motivation, emotions, and interpersonal relationships; and the methods and procedures of interviewing, counseling, psychotherapy, behavior modification, and hypnosis; and of constructing, administering, and interpreting tests of mental abilities, aptitudes, interests, attitudes, personality characteristics, emotions, and motivations.

(b) The application of these principles and methods includes, but is not restricted to, assessment, diagnosis, prevention, treatment, and intervention to increase effective functioning of individuals, groups, and organizations.

(c) Psychotherapy within the meaning of this chapter means the use of psychological methods in a professional relationship to assist a person or persons to acquire greater human effectiveness or to modify feelings, conditions, attitudes, and behaviors that are emotionally, intellectually, or socially ineffectual or maladaptive.

~~SEC. 3.~~

SEC. 6. Section 2908 of the Business and Professions Code is amended to read:

2908. Nothing in this chapter shall be construed to prevent qualified members of other recognized professional groups licensed to practice in the State of California, such as, but not limited to, physicians, clinical social workers, educational psychologists, marriage and family therapists, licensed professional clinical counselors, optometrists, psychiatric technicians, or registered nurses, or attorneys admitted to the State Bar of California, or persons utilizing hypnotic techniques by referral from persons licensed to practice medicine, dentistry, or psychology, or persons utilizing hypnotic techniques which offer avocational or vocational self-improvement and do not offer therapy for emotional or mental disorders, or duly ordained members of the recognized clergy, as defined in Section 15610.19 of the Welfare and Institutions Code, or duly ordained religious practitioners from doing work of a

1 psychological nature consistent with the laws governing their
2 respective professions, provided they do not hold themselves out
3 to the public by any title or description of services incorporating
4 the words “psychological,” “psychologist,” “psychology,”
5 “psychometrist,” “psychometrics,” or “psychometry,” or that they
6 do not state or imply that they are licensed to practice psychology;
7 except that persons licensed under Chapter 13.5 (commencing
8 with Section 4989.10) of Division 2 may hold themselves out to
9 the public as licensed educational psychologists.

10 *SEC. 7. Section 2912 of the Business and Professions Code is*
11 *repealed.*

12 ~~2912. Nothing in this chapter shall be construed to restrict or~~
13 ~~prevent a person who is licensed as a psychologist at the doctoral~~
14 ~~level in another state or territory of the United States or in Canada~~
15 ~~from offering psychological services in this state for a period not~~
16 ~~to exceed 30 days in any calendar year.~~

17 *SEC. 8. Section 2912 is added to the Business and Professions*
18 *Code, to read:*

19 2912. (a) Notwithstanding Section 2903, a person who holds
20 a license in another jurisdiction of the United States or in Canada
21 as a psychologist at the doctoral level may provide psychological
22 services in this state for a period not to exceed 30 consecutive days
23 in any calendar year, if all of the following conditions are met:

24 (1) The license from another jurisdiction is at the doctoral level
25 in the jurisdiction in which the license was granted.

26 (2) The license from another jurisdiction is current, active, and
27 unrestricted.

28 (3) The client is located in California during the time the person
29 seeks to provide care in California.

30 (4) The client is a current client of the person and has an
31 established, ongoing client-provider relationship with the person
32 at the time the client became located in California.

33 (5) The person informs the client of the limited timeframe of the
34 services and that the person is not licensed in California.

35 (6) The person provides the client with the Board of
36 Psychology’s internet website address.

37 (7) The person informs the client of the jurisdiction in which
38 the person is licensed and the type of license held and provides
39 the client with the person’s license number.

1 **(b)** *A person who intends to provide psychological services*
2 *pursuant to this section shall provide the board with all of the*
3 *following information before providing services:*

4 **(1)** *The name under which the person is licensed in another*
5 *jurisdiction, the person's mailing address, the person's phone*
6 *number, the person's social security number or individual taxpayer*
7 *identification number, and the person's electronic mailing address,*
8 *if the person has an electronic mailing address.*

9 **(2)** *The jurisdiction in which the person is licensed, the type of*
10 *license held, and the license number.*

11 **(3)** *The date on which the person will begin providing*
12 *psychological services to the person's client in California.*

13 **(c)** *A person who provides services pursuant to this section shall*
14 *submit a signed statement, under penalty of perjury, acknowledging*
15 *that they are subject to the jurisdiction of the board and agreeing*
16 *to be bound by the laws of this state.*

17 **(d)** *This section does not apply to any person licensed by the*
18 *board whose license has been suspended or revoked.*

19 **(e)** *This section shall remain in effect only until January 1, 2030,*
20 *and as of that date is repealed.*

21 **SEC. 9.** *Section 2915.5 of the Business and Professions Code*
22 *is amended to read:*

23 2915.5. **(a)** *Any applicant for licensure as a ~~psychologist~~*
24 *psychologist, as a condition of licensure, shall complete a minimum*
25 *of six contact hours of coursework or applied experience in aging*
26 *and long-term care, which may include, but need not be limited*
27 *to, the biological, social, and psychological aspects of aging. This*
28 *coursework shall include instruction on the assessment and*
29 *reporting of, as well as treatment related to, elder and dependent*
30 *adult abuse and neglect.*

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

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

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

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

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

~~SEC. 4.~~

SEC. 10. Section 2920 of the Business and Professions Code is amended to read:

2920. (a) The Board of Psychology shall enforce and administer this chapter. The board shall consist of nine members, four of whom shall be public members.

(b) This section shall remain in effect only until January 1, 2030, and as of that date is repealed.

~~SEC. 5.~~

SEC. 11. Section 2920.2 is added to the Business and Professions Code, to read:

2920.2. Notwithstanding any other law, the repeal of Section 2920 renders the board subject to review by the appropriate policy committees of the Legislature.

SEC. 12. Section 2934.1 of the Business and Professions Code is amended to read:

2934.1. ~~(a) The board may post on its Internet Web site the following information on the current status of the license for all current and former licensees:~~ *internet website information on all current and former licensees, including the following:*

1 ~~(1) Whether or not the licensee has a~~
2 ~~(a) Any record of a disciplinary action.~~
3 ~~(2)~~
4 ~~(b) Any of the following enforcement actions or proceedings~~
5 ~~against the licensee:~~
6 ~~(A)~~
7 ~~(1) Temporary restraining orders.~~
8 ~~(B)~~
9 ~~(2) Interim suspension orders.~~
10 ~~(3) Orders restricting licensed activity pursuant to Section 23~~
11 ~~of the Penal Code.~~
12 ~~(C)~~
13 ~~(4) Revocations, suspensions, probations, public letters of~~
14 ~~reproval, or limitations on practice ordered by the board or by a~~
15 ~~court with jurisdiction in the state, including those made part of a~~
16 ~~probationary order, cease practice order, or stipulated agreement.~~
17 ~~settlement.~~
18 ~~(D)~~
19 ~~(5) Accusations or petitions to revoke filed by the board,~~
20 ~~including those accusations that are on appeal, excluding ones that~~
21 ~~have been dismissed or withdrawn where the action is no longer~~
22 ~~pending.~~
23 ~~(6) Decisions by the board on petitions for early termination~~
24 ~~or modification of probation and petitions for reinstatement.~~
25 ~~(E)~~
26 ~~(7) Citations issued by the board. Unless withdrawn, citations~~
27 ~~shall be posted board, unless withdrawn, for five years from the~~
28 ~~date of issuance.~~
29 ~~(b) The board may also post on its Internet Web site all~~
30 ~~(8) All of the following historical information in its possession,~~
31 ~~custody, or control regarding all current and former licensees:~~
32 ~~(1)~~
33 ~~(9) Institutions that awarded the qualifying educational degree~~
34 ~~and type of degree awarded.~~
35 ~~(2)~~
36 ~~(10) A link to the licensee's professional Internet Web site.~~
37 ~~internet website. Any link that provides access to a licensee's~~
38 ~~professional Internet Web site, internet website, once clicked, shall~~
39 ~~be accompanied by a notification that informs the Internet Web~~

1 site internet website viewer that they are no longer on the board's
2 Internet Web site: internet website.

3 ~~(c) The board may also post other~~

4 (11) Other information designated by the board in regulation.

5 SEC. 6.

6 SEC. 13. Section 2936 of the Business and Professions Code
7 is amended to read:

8 2936. The board shall adopt a program of consumer and
9 professional education in matters relevant to the ethical practice
10 of psychology. The board shall establish as its standards of ethical
11 conduct relating to the practice of psychology, the "Ethical
12 Principles of Psychologists and Code of Conduct" published by
13 the American Psychological Association (APA). The board shall
14 apply those standards as the accepted standard of care in all
15 licensing examination development and in all board enforcement
16 policies and disciplinary case evaluations.

17 To help consumers receive appropriate psychological services,
18 all licensees shall post, in a conspicuous location in their principal
19 psychological business office, if any, and in their informed consent
20 agreement a notice that reads as follows:

21
22 "NOTICE TO CONSUMERS: The Department of Consumer
23 Affair's Board of Psychology receives and responds to questions
24 and complaints regarding the practice of psychology. If you have
25 questions or complaints, you may contact the board by email at
26 bopmail@dca.ca.gov, on the Internet at www.psychology.ca.gov,
27 by calling 1-866-503-3221, or by writing to the following
28 address:

29 Board of Psychology
30 1625 North Market Boulevard, N-215
31 Sacramento, California 95834"

32
33 SEC. 14. Section 2950 of the Business and Professions Code
34 is amended to read:

35 2950. (a) Graduates of the Southern California Psychoanalytic
36 Institute, the Los Angeles Psychoanalytic Society and Institute,
37 the San Francisco Psychoanalytic Institute, the San Diego
38 Psychoanalytic Center, or institutes deemed equivalent by the
39 board who have completed clinical training in psychoanalysis may
40 engage in psychoanalysis as an adjunct to teaching, training, or

1 research and hold themselves out to the public as psychoanalysts,
2 and students in those institutes may engage in psychoanalysis under
3 supervision, if the students and graduates do not hold themselves
4 out to the public by any title or description of services incorporating
5 the words “psychological,” “psychologist,” “psychology,”
6 “psychometrists,” “psychometrics,” or “psychometry,” or that they
7 do not state or imply that they are licensed to practice psychology.

8 (b) Those students and graduates seeking to engage in
9 psychoanalysis under this article shall register with the board,
10 presenting evidence of their student or graduate status. The board
11 may suspend or revoke the exemption of those persons for
12 unprofessional conduct as defined in Sections 28, 490, 726, 729,
13 2936, 2960, 2960.1, 2960.6, 2963, 2966, 2969, and 2996.

14 (c) Each application for registration as a research psychoanalyst
15 or student research psychoanalyst shall be made upon an online
16 electronic form, or other form, provided by the board, and each
17 application form shall contain a legal verification by the applicant
18 certifying under penalty of perjury that the information provided
19 by the applicant is true and correct and that any information in
20 supporting documents provided by the applicant is true and correct.

21 ~~SEC. 7.~~

22 *SEC. 15.* Section 2952 of the Business and Professions Code
23 is amended to read:

24 2952. (a) Each person to whom registration is granted under
25 the provisions of this article shall pay into the Psychology Fund a
26 fee to be fixed by the board at a sum of one hundred fifty dollars
27 (\$150).

28 (b) The registration shall expire after two years. The registration
29 may be renewed biennially at a fee fixed by the board at a sum not
30 in excess of seventy-five dollars (\$75). Students seeking to renew
31 their registration shall present to the board evidence of their
32 continuing student status.

33 (c) *Except as specified in subdivision (d), an applicant for*
34 *registration shall pay a fingerprint processing fee of forty*
35 *nine-dollars (\$49).*

36 (d) *An out-of-state applicant for registration shall pay a*
37 *fingerprint hard card processing fee of one hundred eighty-four*
38 *dollars (\$184).*

39 (e)

1 (e) The money in the Psychology Fund shall be used for the
2 administration of this chapter. Any moneys within the Contingent
3 Fund of the Medical Board of California collected pursuant to
4 Section 2529.5 as it read before the enactment of the statute that
5 added this section shall be deposited in the Psychology Fund.

6 ~~(d)~~

7 (f) The board may employ, subject to civil service regulations,
8 whatever additional clerical assistance is necessary for the
9 administration of this article.

10 *SEC. 16. Section 2953 of the Business and Professions Code*
11 *is repealed.*

12 ~~2953. (a) Except as provided in subdivisions (b) and (c), the~~
13 ~~board shall revoke the registration of any person who has been~~
14 ~~required to register as a sex offender pursuant to Section 290 of~~
15 ~~the Penal Code for conduct that occurred on or after January 1,~~
16 ~~2017.~~

17 ~~(b) This section shall not apply to a person who is required to~~
18 ~~register as a sex offender pursuant to Section 290 of the Penal~~
19 ~~Code solely because of a misdemeanor conviction under Section~~
20 ~~314 of the Penal Code.~~

21 ~~(c) This section shall not apply to a person who has been relieved~~
22 ~~under Section 290.5 of the Penal Code of their duty to register as~~
23 ~~a sex offender, or whose duty to register has otherwise been~~
24 ~~formally terminated under California law.~~

25 ~~(d) A proceeding to revoke a registration pursuant to this section~~
26 ~~shall be conducted in accordance with Chapter 5 (commencing~~
27 ~~with Section 11500) of Part 1 of Division 3 of Title 2 of the~~
28 ~~Government Code.~~

29 *SEC. 17. Section 2954.1 is added to the Business and*
30 *Professions Code, to read:*

31 *2954.1. (a) An applicant for registration as a research*
32 *psychoanalyst shall not be subject to denial of registration under*
33 *Division 1.5 (commencing with Section 475).*

34 *(b) An applicant for registration as a research psychoanalyst*
35 *shall complete coursework or provide evidence of training in the*
36 *detection and treatment of alcohol and other chemical substance*
37 *dependency.*

38 *(c) An applicant for registration as a research psychoanalyst*
39 *shall complete coursework or provide evidence of training in*
40 *spousal or partner abuse assessment, detection, and intervention.*

1 SEC. 18. Section 2954.2 is added to the Business and
2 Professions Code, to read:

3 2954.2. (a) Except as provided in this section, the board shall
4 renew the registration of a research psychoanalyst only if the
5 research psychoanalyst has completed 36 hours of approved
6 continuing professional development in the preceding two years.

7 (b) A registered research psychoanalyst who renews or applies
8 to reinstate their registration pursuant to this chapter shall certify
9 under penalty of perjury that they are in compliance with this
10 section and shall retain proof of this compliance for submission
11 to the board upon request. False statements submitted pursuant
12 to this section shall be a violation of Section 2970.

13 (c) Continuing professional development means certain learning
14 activities approved in three different categories:

15 (1) Professional activities.

16 (2) Academic activities.

17 (3) Sponsored continuing education coursework.

18 (d) The board may develop regulations further defining
19 acceptable continuing professional development activities.

20 (e) Continuing education courses approved to meet the
21 requirements of this section shall be approved for credit by
22 organizations approved by the board. An organization previously
23 approved by the board to provide or approve continuing education
24 is deemed approved under this section.

25 (f) The board may accept continuing education courses approved
26 by an entity that has demonstrated to the board in writing that it
27 has, at a minimum, a 10-year history of providing educational
28 programming for research psychoanalysts and has documented
29 procedures for maintaining a continuing education approval
30 program. The board shall adopt regulations necessary for
31 implementing this section.

32 (g) The administration of this section may be funded through
33 professional registration fees and continuing education provider
34 and course approval fees, or both. The fees related to the
35 administration of this section shall not exceed the costs of
36 administering the corresponding provisions of this section.

37 SEC. 19. Section 2954.4 is added to the Business and
38 Professions Code, to read:

39 2954.4. (a) Effective January 1, 2026, an applicant for
40 registration as a research psychoanalyst shall show, as part of the

1 application, that they have completed a minimum of six hours of
2 coursework or applied experience under supervision in suicide
3 risk assessment and intervention. This requirement shall be met
4 in one of the following ways:

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

16 (2) Obtained as part of the applicant's applied experience.
17 Applied experience can be met in any of the following settings:
18 practicum, internship, or other qualifying supervised professional
19 experience. To satisfy this requirement, the applicant shall submit
20 to the board a written certification from the director of training
21 for the program or primary supervisor where the qualifying
22 experience has occurred stating that the training required by this
23 section is included within the applied experience.

24 (3) By taking a continuing education course that meets the
25 requirements of subdivision (e) or (f) of Section 2954.2 and that
26 qualifies as a continuing education learning activity category
27 specified in paragraph (2) or (3) of subdivision (c) of Section
28 2954.2. To satisfy this requirement, the applicant shall submit to
29 the board a certification of completion.

30 (b) Effective January 1, 2020, as a one-time requirement, a
31 registrant, prior to the time of their first renewal after the operative
32 date of this section, or an applicant for reactivation or
33 reinstatement to an active registration status, shall have completed
34 a minimum of six hours of coursework or applied experience under
35 supervision in suicide risk assessment and intervention, as specified
36 in subdivision (a). Proof of compliance with this section shall be
37 certified under penalty of perjury that they are in compliance with
38 this section and shall be retained for submission to the board upon
39 request.

1 SEC. 20. Section 2954.5 is added to the Business and
2 Professions Code, to read:

3 2954.5. (a) Effective January 1, 2026, an applicant for
4 registration as a research psychoanalyst, as a condition of
5 licensure, shall complete a minimum of six contact hours of
6 coursework or applied experience in aging and long-term care,
7 which may include, but is not limited to, the biological, social, and
8 psychological aspects of aging. This coursework shall include
9 instruction on the assessment and reporting of, as well as treatment
10 related to, elder and dependent adult abuse and neglect.

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

21 (c) (1) If an applicant does not have coursework pursuant to
22 this section, the applicant may obtain evidence of compliance as
23 part of their applied experience in a practicum, internship, or other
24 qualifying supervised professional experience.

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

30 (d) If an applicant does not meet the curriculum or coursework
31 requirement pursuant to this section, the applicant may obtain
32 evidence of compliance by taking a continuing education course
33 that meets the requirements of subdivision (d) or (e) of Section
34 2954.2 and that qualifies as a learning activity category specified
35 in paragraph (2) or (3) of subdivision (c) of Section 2954.2. To
36 satisfy this requirement, the applicant shall submit to the board a
37 certification of completion.

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

1 SEC. 21. Section 2954.6 is added to the Business and
2 Professions Code, to read:

3 2954.6. (a) The board shall adopt a program of consumer and
4 professional education in matters relevant to the ethical practice
5 of psychoanalysis. The board shall establish as its standards of
6 ethical conduct relating to the practice of psychology, the “Ethical
7 Principles of Psychologists and Code of Conduct” published by
8 the American Psychoanalytic Association. Those standards shall
9 be applied by the board as the accepted standard of care in all
10 registration examination development and in all board enforcement
11 policies and disciplinary case evaluations.

12 (b) To facilitate consumers in receiving appropriate
13 psychoanalysis services, all registrants shall be required to post,
14 in a conspicuous location in their principal psychoanalysis business
15 office, a notice that reads as follows:

16 “NOTICE TO CONSUMERS: The Department of Consumer
17 Affairs Board of Psychology receives and responds to questions
18 and complaints regarding the practice of psychoanalysis. If you
19 have questions or complaints, you may contact the board by email
20 at bopmail@dca.ca.gov, on the internet at www.psychology.ca.gov,
21 by calling 1-866-503-3221, or by writing to the following address:

22 Board of Psychology
23 1625 North Market Boulevard, Suite N-215
24 Sacramento, California 95834”

25 SEC. 22. Section 2960.2 of the Business and Professions Code
26 is amended to read:

27 2960.2. (a) A licensee shall meet the requirements set forth in
28 subparagraph (B) of paragraph (2) of subdivision (f) of Section
29 1031 of the Government Code prior to performing either of the
30 following:

31 ~~(1)~~

32 (a) An evaluation of a peace officer applicant’s an individual’s
33 emotional and mental condition. condition pursuant to Section
34 1031 of the Government Code.

35 ~~(2)~~

36 (b) An evaluation of a public officer or peace officer’s fitness
37 for duty.

38 ~~(b) This section shall become operative on January 1, 2005.~~

1 ~~SEC. 8.~~

2 *SEC. 23.* Section 2960.6 of the Business and Professions Code
3 is amended to read:

4 2960.6. The board may deny any application for, or may
5 suspend or revoke a license issued under this chapter for, either
6 of the following:

7 (a) The revocation, suspension, or other disciplinary action,
8 including the equivalent action of another jurisdiction's licensing
9 agency, on a license, certificate, or registration issued by that
10 jurisdiction to practice psychology shall constitute grounds for
11 disciplinary action for unprofessional conduct against that licensee
12 in this state. A certified copy of the decision or judgment of the
13 other jurisdiction shall be conclusive evidence of that action.

14 (b) The revocation, suspension, or other disciplinary action by
15 any board established in this division, or the equivalent action of
16 another jurisdiction's licensing agency, of the license of a healing
17 arts practitioner shall constitute grounds for disciplinary action
18 against that licensee under this chapter. The grounds for the action
19 shall be substantially related to the qualifications, functions, or
20 duties of a licensee. A certified copy of the decision or judgment
21 shall be conclusive evidence of that action.

22 ~~SEC. 9.~~

23 *SEC. 24.* Section 2961 of the Business and Professions Code
24 is amended to read:

25 2961. After a hearing pursuant to Section 2965, the board may
26 deny an application for a license, issue a license subject to terms
27 and conditions, or suspend, revoke, or impose probationary
28 conditions upon, a license.

29 *SEC. 25.* *Section 2962 of the Business and Professions Code*
30 *is amended to read:*

31 2962. (a) A person whose license or registration has been
32 revoked, suspended, or surrendered, or who has been placed on
33 probation, may petition the board for reinstatement or modification
34 of the penalty, including modification or termination of ~~probation,~~
35 ~~after a period of not less than the following minimum periods has~~
36 ~~elapsed from the effective date of the decision ordering that~~
37 ~~disciplinary action:~~ *probation. The petition shall be on a form*
38 *provided by the board and shall state any facts or information as*
39 *may be required by the board, including, but not limited to, proof*

1 of compliance with the terms and conditions of the underlying
2 disciplinary order.

3 (b) The petitioner may file the petition on or after the expiration
4 of the following timeframes, each of which commences on the
5 effective date of the decision ordering that disciplinary action, or
6 from the date the disciplinary action is actually implemented in
7 its entirety if the order, or any portion of it, is stayed by the board
8 or by the superior court:

9 (1) ~~At least three~~ Three years for reinstatement of a license
10 revoked or surrendered.

11 (2) ~~At least two~~ Two years for early termination of probation
12 of three years or more.

13 (3) ~~At least two~~ Two years for modification of a condition of
14 probation.

15 (4) ~~At least one~~ One year for early termination of probation of
16 less than three years.

17 ~~(b) The board may require an examination for that reinstatement.~~

18 (c) Notwithstanding Section 489, a person whose application
19 for a license or registration has been denied by the board, for
20 violations of Division 1.5 (commencing with Section 475) of this
21 chapter, may reapply to the board for a license or registration only
22 after a period of three years has elapsed from the date of the denial.

23 (d) The petitioner shall at all times have the burden of
24 production of proof to establish by clear and convincing evidence
25 that they are entitled to the relief sought in the petition.

26 (e) The board, when it is hearing the petition, or an
27 administrative law judge sitting for the board, may consider all
28 factors presented, including, but not limited to, the following:

29 (1) The offense for which the petitioner was disciplined.

30 (2) The petitioner's activities during the time their license or
31 registration was in good standing.

32 (3) The petitioner's activities since the disciplinary action was
33 taken.

34 (4) The petitioner's rehabilitative efforts, general reputation
35 for truth, and professional ability.

36 (f) The board may, without a hearing, deny a petition for early
37 termination of probation or modification of penalty for any of the
38 following reasons:

39 (1) The petitioner has failed to comply with the terms and
40 conditions of the disciplinary order.

1 (2) The board is conducting an investigation of the petitioner
2 while they are on probation.

3 (3) The petitioner has a subsequent arrest that is substantially
4 related to the qualifications, functions, or duties of the licensee
5 and this arrest occurred while on probation.

6 (4) The petitioner's probation with the board is currently tolled.

7 (g) For reinstatements, the board may require that the petitioner
8 execute a form authorizing release to the board, or its designee,
9 of all information concerning the petitioner's current physical and
10 mental condition. Information provided to the board pursuant to
11 the release shall be confidential and shall not be subject to
12 discovery or subpoena in any other proceeding, and shall not be
13 admissible in any action, other than before the board, to determine
14 the petitioner's fitness to practice as required by Section 822.

15 (h) If the board issues an order to reinstate a license, the
16 petitioner shall comply with all of the following:

17 (1) Fingerprint submission requirements published by the board.

18 (2) Provisions set forth in Section 2985.

19 (3) All terms and conditions as specified by the order.

20 SEC. 26. Section 2963 of the Business and Professions Code
21 is amended to read:

22 2963. A plea or verdict of guilty or a conviction following a
23 plea of nolo contendere made to a charge which is substantially
24 related to the qualifications, functions and duties of a ~~psychologist~~
25 ~~or psychological assistant~~ psychologist, psychological assistant,
26 research psychoanalyst, or student research psychoanalyst is
27 deemed to be a conviction within the meaning of this article. The
28 board may order the license or registration suspended or revoked,
29 or may decline to issue a license or registration when the time for
30 appeal has elapsed, or the judgment of conviction has been affirmed
31 on appeal or when an order granting probation is made suspending
32 the imposition of sentence, irrespective of a subsequent order under
33 Section 1203.4 of the Penal Code allowing the person to withdraw
34 ~~his or her~~ their plea of guilty and to enter a plea of not guilty, or
35 setting aside the verdict of guilty, or dismissing the accusation,
36 information or indictment.

37 SEC. 27. Section 2964 of the Business and Professions Code
38 is amended to read:

39 2964. Whenever the board ~~orders a license revoked for cause,~~
40 ~~with the exception of nonpayment of fees, or restores a license,~~

1 ~~these facts shall be reported to all other state psychology licensing~~
2 ~~boards. revokes a license, it shall report the action to the National~~
3 ~~Practitioner Data Bank.~~

4 ~~SEC. 10.~~

5 SEC. 28. Section 2964.3 of the Business and Professions Code
6 is amended to read:

7 2964.3. Any person required to register as a sex offender
8 pursuant to Section 290 of the Penal Code, is not eligible for
9 licensure by the board.

10 ~~SEC. 11.~~

11 SEC. 29. Section 2964.5 of the Business and Professions Code
12 is repealed.

13 ~~SEC. 12.~~

14 SEC. 30. Section 2964.5 is added to the Business and
15 Professions Code, to read:

16 2964.5. The board may require any licensee it places on
17 probation or whose license it suspends to obtain additional
18 continuing professional development, to pass an examination as
19 specified in Section 2941, or both.

20 ~~SEC. 13.~~

21 SEC. 31. Section 2964.6 of the Business and Professions Code
22 is repealed.

23 ~~SEC. 14.~~

24 SEC. 32. Section 2964.6 is added to the Business and
25 Professions Code, to read:

26 2964.6. The board may require any licensee it places on
27 probation to pay the monetary costs associated with probation.

28 ~~SEC. 15.~~

29 SEC. 33. Section 2966 of the Business and Professions Code
30 is repealed.

31 ~~SEC. 16.~~

32 SEC. 34. Section 2966 is added to the Business and Professions
33 Code, to read:

34 2966. (a) Notwithstanding any other law, if a ~~licensee~~ *licensee,*
35 *research psychoanalyst, or student research psychoanalyst* is
36 incarcerated due to conviction of a felony, regardless of whether
37 the conviction has been appealed, their license *or registration* is
38 automatically suspended during the period of incarceration.

39 (b) The board shall, immediately upon receipt of a certified
40 copy of the licensee's *or registrant's* conviction, determine whether

1 their license *or registration* has been automatically suspended due
2 to incarceration, and notify the licensee *or registrant* of the
3 suspension and of ~~the licensee's~~ *their* right to a hearing on any
4 board order of discipline or denial, as described in subdivision (e).

5 (c) Unless the conviction is for an offense specified in
6 subdivision (d), the board shall hold a hearing to determine if the
7 felony conviction is substantially related to the qualifications,
8 functions, or duties of a ~~licensee~~. *licensee or registrant*. At the
9 discretion of the board, the hearing shall be held by an
10 administrative law judge sitting alone or with a panel of the board.
11 The record of the proceedings resulting in the conviction, including
12 a transcript of the testimony, shall be received in evidence.

13 (d) A conviction of any crime specified in Section 187, 261, or
14 288 of, or former Section 262 of, the Penal Code shall be
15 conclusively presumed to be substantially related to the
16 qualifications, functions, or duties of a ~~psychologist~~ *psychologist*
17 *or psychotherapist, as applicable*, and a hearing shall not be held
18 pursuant to subdivision (c).

19 (e) If the hearing in subdivision (c) determines that the
20 conviction is substantially related to the qualifications, functions,
21 or duties of the ~~licensee~~, *licensee or registrant*, then the license *or*
22 *registration* shall remain suspended until either the time for appeal
23 has elapsed if no appeal has been taken, or the judgment of
24 conviction has been affirmed on appeal or has otherwise become
25 final, and until further order of the board.

26 (f) The board may order discipline or deny a license *or*
27 *registration* in accordance with Section 2961 if any of the following
28 occur:

- 29 (1) The time for appeal has elapsed.
- 30 (2) The judgment of conviction has been affirmed on appeal.
- 31 (3) A court order granting probation suspends the sentence,
32 regardless of a subsequent order under Section 1203.4 of the Penal
33 Code allowing the person to withdraw a plea of guilty and to enter
34 a plea of not guilty, setting aside the verdict of guilty, or dismissing
35 the accusation, complaint, information, or indictment.
- 36 (4) The licensee *or registrant* elects to have the issue heard
37 before any of the events specified in paragraphs (1), (2), or (3)
38 occur. If the licensee *or registrant* elects to have the issue heard,
39 the issue of penalty shall be heard at the hearing specified in
40 subdivision (c).

(g) If the conviction is overturned on appeal, any discipline ordered pursuant to this section shall automatically cease. Nothing in this subdivision prohibits the board from pursuing disciplinary action based on a cause other than the overturned conviction.

(h) Upon its own motion or for good cause shown, the board may decline to set aside the suspension when it appears to be in the interest of justice to do so, with due regard to maintaining the integrity of and confidence in the psychology or psychotherapy profession.

SEC. 35. Section 2971 of the Business and Professions Code is amended to read:

2971. Whenever any person other than a licensed psychologist has engaged in any act or practice that constitutes an offense against this chapter, the superior court of any county, on application of the board, may issue an injunction or other appropriate order restraining that conduct. Proceedings under this section shall be governed by Chapter 3 (commencing with Section 525) of Title 7, Part 2 of the Code of Civil Procedure, except that it shall be presumed that there is no adequate remedy at law, and that irreparable damage will occur if the ~~continued violation is not restrained or enjoined~~. *violation continues*. On the written request of the board, or on its own motion, the board may commence action in the superior court under this section.

~~SEC. 17.~~

SEC. 36. Section 2985 of the Business and Professions Code is repealed.

~~SEC. 18.~~

SEC. 37. Section 2985 is added to the Business and Professions Code, to read:

2985. (a) A suspended license is subject to expiration and shall be renewed as provided in this article. While the license remains suspended, renewal does not entitle the licensee to engage in the practice of psychology.

(b) A revoked or surrendered license is not subject to expiration and may not be renewed. If the license is reinstated, the licensee shall pay the renewal fee in effect on the date on which the license is reinstated, plus the delinquency fee, if any, accrued at the time the license was revoked.

~~SEC. 19.~~

~~SEC. 38.~~ Section 2986 of the Business and Professions Code is repealed.

~~SEC. 20.~~

~~SEC. 39.~~ Section 2986 is added to the Business and Professions Code, to read:

2986. A psychology license is void if it is not renewed within three years from the expiration date. Once void, the board shall not restore or reissue that license. The person who held that license may apply for and obtain a new license if they meet the requirements of this chapter provided that they satisfy all of the following:

(a) They have not committed any acts or crimes constituting grounds for denial of a license.

(b) They establish to the satisfaction of the board that they are qualified to practice psychology.

(c) They pay all required fees.

~~SEC. 21.~~

~~SEC. 40.~~ 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 to add or change a supervisor for a psychological testing technician is twenty-five dollars (\$25).

(o) ~~The fee for Fingerprint Hard Card Processing for Out of State Applicants~~ *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) 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.

SEC. 41. Section 2995 of the Business and Professions Code is amended to read:

2995. A psychological corporation is a corporation that is authorized to render professional services, as defined in Section 13401 of the Corporations Code, so long as that corporation and its shareholders, officers, directors, and employees rendering professional services who are *licensed as* psychologists, podiatrists, registered nurses, optometrists, marriage and family therapists, licensed professional clinical counselors, licensed clinical social workers, chiropractors, acupuncturists, ~~or~~ physicians *and surgeons*, *naturopathic doctors, or midwives* are in compliance with the Moscone-Knox Professional Corporation Act, this article, and all

1 other statutes and regulations now or hereafter enacted or adopted
2 pertaining to that corporation and the conduct of its affairs.

3 ~~SEC. 22.~~

4 *SEC. 42.* Section 2999.101 of the Business and Professions
5 Code is amended to read:

6 2999.101. To register as a psychological testing technician, a
7 person shall submit the following to the board:

8 (a) An application that includes the following information:

9 (1) The applicant's name, identification, and contact information.

10 (2) The applicant's supervisor's name, license number, and
11 contact information.

12 (3) Attestation under penalty of perjury that the information
13 provided on the application is true and correct.

14 (b) (1) Proof of completion of a bachelor's degree or graduate
15 degree, or proof of current enrollment in a graduate degree
16 program, from a regionally accredited university, college, or
17 professional school, in any of the following areas:

18 (A) Psychology, including any field of specialization.

19 (B) Education, with the field of specialization in educational
20 psychology, counseling psychology, or school psychology.

21 (C) Neuroscience, cognitive science, or behavioral science,
22 including any field of specialization.

23 (2) The board shall make the final determination as to whether
24 a degree or degree program meets the requirements of this
25 subdivision.

26 (c) (1) Proof of completion of a minimum of 80 hours total of
27 education and training relating to psychological or
28 neuropsychological test administration and scoring that includes
29 the following:

30 (A) At least 20 hours of direct observation, including at least
31 10 hours of direct observation of a licensed psychologist
32 administering and scoring tests, and at least 10 hours of direct
33 observation of either a licensed psychologist or registered
34 psychological testing technician administering and scoring tests.

35 (B) At least 40 hours of administering and scoring tests in the
36 presence of a licensed psychologist.

37 (C) At least 20 hours of education on topics including law and
38 ethics, confidentiality, and best practices for test administration
39 and scoring.

(2) Education and training may be obtained by doing any combination of the following:

(A) Participating in individual or group instruction provided by a licensed psychologist.

(B) Engaging in independent learning directed by a licensed psychologist.

(C) Completing graduate-level coursework at a regionally accredited university, college, or professional school.

(D) Taking continuing education courses from organizations with board approval pursuant to Section 2915.

(3) Nothing in this chapter shall prevent a person engaged in gaining the experience required by this subdivision from administering and scoring psychological and neuropsychological tests.

(d) The registration fee for a psychological testing technician as specified in Section 2987.

(e) Electronic fingerprint image scans for a state- and federal-level criminal offender record information search conducted through the Department of Justice.

~~SEC. 23. Section 4980 of the Business and Professions Code is amended to read:~~

~~4980. (a) This chapter constitutes, and may be cited as, the Licensed Marriage and Family Therapist Practice Act.~~

~~(b)~~

~~(1) Many California families and many individual Californians are experiencing difficulty and distress and are in need of wise, competent, caring, compassionate, and effective counseling in order to enable them to improve and maintain healthy family relationships.~~

~~(2) Healthy individuals and healthy families and healthy relationships are inherently beneficial and crucial to a healthy society and are our most precious and valuable natural resource. Licensed marriage and family therapists provide a crucial support for the well-being of the people and the State of California.~~

~~(c)~~

~~A person shall not engage in the practice of marriage and family therapy, as defined by Section 4980.02, unless the person holds a valid license as a marriage and family therapist pursuant to this chapter.~~

~~(d)~~

1 ~~Except as provided in subdivision (e), a person shall not do~~
2 ~~either of the following without a license obtained pursuant to this~~
3 ~~chapter:~~

4 ~~(1) Advertise that the person performs the services of a marriage,~~
5 ~~family, child, domestic, or marital consultant.~~

6 ~~(2) Use the titles listed in paragraph (1) or any similar titles,~~
7 ~~including the letters “L.M.F.T.,” “M.F.T.,” or “M.F.C.C.,” or~~
8 ~~another name, word, initial, or symbol in connection with or~~
9 ~~following the person’s name to imply that the person performs the~~
10 ~~services suggested by those titles.~~

11 ~~(e) (1) A person licensed under Article 4 (commencing with~~
12 ~~Section 4996) of Chapter 14 or under Chapter 6.6 (commencing~~
13 ~~with Section 2900) may engage in the practice of marriage and~~
14 ~~family therapy and advertise that the person practices marriage~~
15 ~~and family therapy.~~

16 ~~(2) A person described in paragraph (1) shall not advertise that~~
17 ~~the person holds the marriage and family therapist’s license,~~
18 ~~including by using the letters “L.M.F.T.,” “M.F.T.,” or “M.F.C.C.,”~~
19 ~~or another name, word, initial, or symbol in connection with or~~
20 ~~following the person’s name to imply licensure as a marriage and~~
21 ~~family therapist, unless the person is licensed pursuant to this~~
22 ~~chapter.~~

23 ~~SEC. 24.~~

24 ~~SEC. 43.~~ Section 4980.01 of the Business and Professions Code
25 is amended to read:

26 4980.01. (a) This chapter shall not be construed to constrict,
27 limit, or withdraw the Medical Practice Act, the Clinical Social
28 Worker Practice Act, the Nursing Practice Act, the Licensed
29 Professional Clinical Counselor Act, or the Psychology Licensing
30 Law.

31 (b) This chapter shall not apply to any priest, rabbi, or minister
32 of the gospel of any religious denomination when performing
33 counseling services as part of their pastoral or professional duties,
34 or to any person who is admitted to practice law in the state, or a
35 physician and surgeon who provides counseling services as part
36 of their professional practice.

37 (c) This chapter shall not apply to an unlicensed or unregistered
38 employee or volunteer working in a governmental entity, a school,
39 a college, a university, or an institution that is both nonprofit and
40 charitable if both of the following apply:

1 (1) The work of the employee or volunteer is performed under
2 the oversight and direction of the entity.

3 (2) (A) On and after July 1, 2020, the employee or volunteer
4 provides a client, prior to initiating psychotherapy services or as
5 soon as practicably possible thereafter, a notice written in at least
6 12-point type that is in substantially the following form:

7
8 NOTICE TO CLIENTS

9 The (name of office or unit) of the (name of agency) receives
10 and responds to complaints regarding the practice of psychotherapy
11 by any unlicensed or unregistered practitioner providing services
12 at (name of agency). To file a complaint, contact (telephone
13 number, email address, internet website, or mailing address of
14 agency).

15 The Board of Behavioral Sciences receives and responds to
16 complaints regarding services provided by individuals licensed
17 and registered by the board. If you have a complaint and are unsure
18 if your practitioner is licensed or registered, please contact the
19 Board of Behavioral Sciences at 916-574-7830 for assistance or
20 utilize the board's online license verification feature by visiting
21 www.bbs.ca.gov.

22
23 (B) The delivery of the notice described in subparagraph (A)
24 to the client shall be documented.

25 (d) A marriage and family therapist licensed under this chapter
26 is a licentiate for purposes of paragraph (2) of subdivision (a) of
27 Section 805, and thus is a health care provider subject to the
28 provisions of Section 2290.5 pursuant to subdivision (b) of that
29 section.

30 (e) Notwithstanding subdivisions (b) and (c), all persons
31 registered as associates or licensed under this chapter shall not be
32 exempt from this chapter or the jurisdiction of the board.

33 ~~SEC. 25.~~

34 *SEC. 44.* Section 4980.03 of the Business and Professions Code
35 is amended to read:

36 4980.03. (a) "Board," as used in this chapter, means the Board
37 of Behavioral Sciences.

38 (b) "Associate," as used in this chapter, means an unlicensed
39 person who has earned a master's or doctoral degree qualifying

1 the person for licensure and is registered with the board as an
2 associate.

3 (c) “Trainee,” as used in this chapter, means an unlicensed
4 person who is currently enrolled in a master’s or doctoral degree
5 program, as specified in Sections 4980.36 and 4980.37, that is
6 designed to qualify the person for licensure under this chapter, and
7 who has completed no less than 12 semester units or 18 quarter
8 units of coursework in any qualifying degree program.

9 (d) “Applicant for licensure,” as used in this chapter, means an
10 unlicensed person who has completed the required education and
11 required hours of supervised experience for licensure.

12 (e) “Advertising,” as used in this chapter, includes, but is not
13 limited to, any public communication, as defined in subdivision
14 (a) of Section 651, the issuance of any card, sign, or device to any
15 person, or the causing, permitting, or allowing of any sign or
16 marking on, or in, any building or structure, or in any newspaper,
17 magazine, directory, or any printed matter whatsoever, with or
18 without any limiting qualification. Signs within religious buildings
19 or notices in bulletins from a religious organization mailed to a
20 congregation are not advertising within the meaning of this chapter.

21 (f) “Experience,” as used in this chapter, means experience in
22 interpersonal relationships, psychotherapy, marriage and family
23 therapy, direct clinical counseling, and nonclinical practice that
24 satisfies the requirements for licensure as a marriage and family
25 therapist.

26 (g) “Supervisor,” as used in this chapter, means an individual
27 who meets all of the following requirements:

28 (1) Has held an active license for at least two years within the
29 five-year period immediately preceding any supervision as any of
30 the following:

31 (A) A licensed professional clinical counselor, licensed marriage
32 and family therapist, psychologist licensed pursuant to Chapter
33 6.6 (commencing with Section 2900), licensed clinical social
34 worker, licensed educational psychologist, or equivalent
35 out-of-state license. A licensed educational psychologist may only
36 supervise the provision of educationally related mental health
37 services that are consistent with the scope of practice of an
38 educational psychologist, as specified in Section 4989.14.

39 (B) A physician and surgeon who is certified in psychiatry by
40 the American Board of Psychiatry and Neurology or an out-of-state

1 licensed physician and surgeon who is certified in psychiatry by
2 the American Board of Psychiatry and Neurology.

3 (2) For at least two years within the five-year period immediately
4 preceding any supervision, has practiced psychotherapy, provided
5 psychological counseling pursuant to paragraph (5) of subdivision
6 (a) of Section 4989.14, or provided direct clinical supervision of
7 psychotherapy performed by marriage and family therapist trainees,
8 associate marriage and family therapists, associate professional
9 clinical counselors, or associate clinical social workers. Supervision
10 of psychotherapy performed by a social work intern or a
11 professional clinical counselor trainee shall be accepted if the
12 supervision provided is substantially equivalent to the supervision
13 required for registrants.

14 (3) Has received training in supervision as specified in this
15 chapter and by regulation.

16 (4) Has not provided therapeutic services to the supervisee.

17 (5) Has and maintains a current and active license that is not
18 under suspension or probation as one of the following:

19 (A) A marriage and family therapist, professional clinical
20 counselor, clinical social worker, or licensed educational
21 psychologist, issued by the board.

22 (B) A psychologist licensed pursuant to Chapter 6.6
23 (commencing with Section 2900).

24 (C) A physician and surgeon who is certified in psychiatry by
25 the American Board of Psychiatry and Neurology.

26 (6) Is not a spouse, domestic partner, or relative of the
27 supervisee.

28 (7) Does not currently have or previously had a personal,
29 professional, or business relationship with the supervisee that
30 undermines the authority or effectiveness of the supervision.

31 (h) “Client centered advocacy,” as used in this chapter, includes,
32 but is not limited to, researching, identifying, and accessing
33 resources, or other activities, related to obtaining or providing
34 services and supports for clients or groups of clients receiving
35 psychotherapy or counseling services.

36 (i) “Accredited,” as used in this chapter, means a school, college,
37 or university accredited by either the Commission on Accreditation
38 for Marriage and Family Therapy Education or a regional or
39 national institutional accrediting agency that is recognized by the
40 United States Department of Education.

(j) “Approved,” as used in this chapter, means a school, college, or university that possessed unconditional approval by the Bureau for Private Postsecondary Education at the time of the applicant’s graduation from the school, college, or university.

~~SEC. 26.~~

SEC. 45. Section 4980.11 of the Business and Professions Code is amended to read:

4980.11. (a) Notwithstanding Section 4980, a person who holds a license in another jurisdiction of the United States as a marriage and family therapist may provide marriage and family therapy services in this state for a period not to exceed 30 consecutive days in any calendar year, if all of the following conditions are met:

(1) The license from another jurisdiction is at the highest level for independent clinical practice in the jurisdiction in which the license was granted.

(2) The license from another jurisdiction is current, active, and unrestricted.

(3) The client is located in California during the time the person seeks to provide care in California.

(4) The client is a current client of the person and has an established, ongoing client-provider relationship with the person at the time the client became located in California.

(5) The person informs the client of the limited timeframe of the services and that the person is not licensed in California.

(6) The person provides the client with the Board of Behavioral Sciences’ internet website address.

(7) The person informs the client of the jurisdiction in which the person is licensed and the type of license held and provides the client with the person’s license number.

(b) A person who intends to provide marriage and family therapy services pursuant to this section shall provide the board with all of the following information before providing services:

(1) The name under which the person is licensed in another jurisdiction, the person’s mailing address, the person’s phone number, the person’s social security number or individual taxpayer identification number, and the person’s electronic mailing address, if the person has an electronic mailing address.

(2) The jurisdiction in which the person is licensed, the type of license held, and the license number.

(3) The date on which the person will begin providing marriage and family therapy services to the person's client in California.

(c) A person who provides services pursuant to this section is ~~deemed to have agreed, and attested under penalty of perjury, to practicing under the jurisdiction of the board and shall submit a signed statement, under penalty of perjury, acknowledging that they are subject to the jurisdiction of the board and agreeing to~~ be bound by the laws of this state.

(d) This section does not apply to any person licensed by the board whose license has been suspended or revoked.

(e) This section shall remain in effect only until January 1, 2030, and as of that date is repealed.

~~SEC. 27.~~

SEC. 46. Section 4980.38 of the Business and Professions Code is amended to read:

4980.38. (a) Each educational institution preparing applicants to qualify for registration or licensure shall notify each of its students by means of its public documents or otherwise in writing that its degree program is designed to meet the requirements of Section 4980.36 or 4980.37, and shall certify to the board that it has so notified its students.

(b) An applicant for registration or licensure shall submit to the board a certification by the applicant's educational institution that the institution's required curriculum for graduation and any associated coursework completed by the applicant does one of the following:

(1) Meets all of the requirements set forth in Section 4980.36.

(2) Meets all of the requirements set forth in Section 4980.37.

~~SEC. 28.~~

SEC. 47. Section 4980.397 of the Business and Professions Code is amended to read:

4980.397. (a) A registrant or an applicant for licensure as a marriage and family therapist shall pass the following two examinations as prescribed by the board:

(1) A California law and ethics examination.

(2) A clinical examination administered by the board or by a public or private organization, as specified by the board in regulations.

1 (b) Upon registration with the board, an associate marriage and
2 family therapist shall, within the first year of registration, take an
3 examination on California law and ethics.

4 (c) A registrant or an applicant for licensure may take the clinical
5 examination only upon meeting all of the following requirements:

6 (1) Completion of all required supervised work experience.

7 (2) Completion of all education requirements.

8 (3) Passage of the California law and ethics examination.

9 ~~SEC. 29.~~

10 *SEC. 48.* Section 4980.40 of the Business and Professions Code
11 is amended to read:

12 4980.40. An applicant for licensure shall satisfy all of the
13 following qualifications:

14 (a) Meet the educational requirements of Section 4980.36 or
15 both Sections 4980.37 and 4980.41, as applicable.

16 (b) Be at least 18 years of age.

17 (c) Have at least two years of supervised experience as specified
18 in this chapter and its corresponding regulations.

19 (d) Successfully pass a California law and ethics examination
20 and a clinical examination, as specified in Section 4980.397. An
21 applicant who has successfully passed a previously administered
22 written examination may be subsequently required to take and pass
23 another written examination.

24 (e) Not be subject to denial of licensure under Section 480. The
25 board shall not issue a registration or license to any person who
26 has been convicted of a crime in this or another state or in a
27 territory of the United States that involves sexual abuse of children
28 or who is required to register pursuant to Section 290 of the Penal
29 Code or the equivalent in another state or territory, in accordance
30 with Section 480.

31 ~~SEC. 30.~~

32 *SEC. 49.* Section 4980.41 of the Business and Professions Code
33 is amended to read:

34 4980.41. (a) An applicant for licensure whose education
35 qualifies them under Section 4980.37 shall complete the following
36 coursework or training in order to be eligible to sit for the licensing
37 examinations as specified in Section 4980.397:

38 (1) A two semester or three quarter unit course in California
39 law and professional ethics for marriage and family therapists,

1 which shall include, but not be limited to, the following areas of
2 study:

3 (A) Contemporary professional ethics and statutory, regulatory,
4 and decisional laws that delineate the profession's scope of
5 practice.

6 (B) The therapeutic, clinical, and practical considerations
7 involved in the legal and ethical practice of marriage and family
8 therapy, including family law.

9 (C) The current legal patterns and trends in the mental health
10 profession.

11 (D) The psychotherapist-patient privilege, confidentiality, the
12 patient dangerous to self or others, and the treatment of minors
13 with and without parental consent.

14 (E) A recognition and exploration of the relationship between
15 a practitioner's sense of self and human values and their
16 professional behavior and ethics.

17 This course may be considered as part of the 48 semester or 72
18 quarter unit requirements contained in Section 4980.37.

19 (2) A minimum of seven contact hours of training or coursework
20 in child abuse assessment and reporting as specified in Section 28
21 and any regulations promulgated thereunder.

22 (3) A minimum of 10 contact hours of training or coursework
23 in human sexuality as specified in Section 25, and any regulations
24 promulgated thereunder. When coursework in a master's or
25 doctor's degree program is acquired to satisfy this requirement, it
26 shall be considered as part of the 48 semester or 72 quarter unit
27 requirement contained in Section 4980.37.

28 (4) For persons who began graduate study on or after January
29 1, 1986, a master's or doctor's degree qualifying for licensure shall
30 include specific instruction in alcoholism and other chemical
31 substance dependency as specified by regulation. When coursework
32 in a master's or doctor's degree program is acquired to satisfy this
33 requirement, it shall be considered as part of the 48 semester or
34 72 quarter unit requirement contained in Section 4980.37.
35 Coursework required under this paragraph may be satisfactory if
36 taken either in fulfillment of other educational requirements for
37 licensure or in a separate course. The applicant may satisfy this
38 requirement by successfully completing this coursework from a
39 master's or doctoral degree program at an accredited or approved
40 institution, as described in subdivision (b) of Section 4980.37, or

from a board-accepted provider of continuing education, as described in Section 4980.54.

(5) For persons who began graduate study during the period commencing on January 1, 1995, and ending on December 31, 2003, a master's or doctor's degree qualifying for licensure shall include coursework in spousal or partner abuse assessment, detection, and intervention. For persons who began graduate study on or after January 1, 2004, a master's or doctor's degree qualifying for licensure shall include a minimum of 15 contact hours of coursework in spousal or partner abuse assessment, detection, and intervention strategies, including knowledge of community resources, cultural factors, and same gender abuse dynamics. Coursework required under this paragraph may be satisfactory if taken either in fulfillment of other educational requirements for licensure or in a separate course. The applicant may satisfy this requirement by successfully completing this coursework from a master's or doctoral degree program at an accredited or approved institution, as described in subdivision (b) of Section 4980.37, or from a board-accepted provider of continuing education, as described in Section 4980.54.

(6) For persons who began graduate study on or after January 1, 2001, an applicant shall complete a minimum of a two semester or three quarter unit survey course in psychological testing. When coursework in a master's or doctor's degree program is acquired to satisfy this requirement, it may be considered as part of the 48 semester or 72 quarter unit requirement of Section 4980.37.

(7) For persons who began graduate study on or after January 1, 2001, an applicant shall complete a minimum of a two semester or three quarter unit survey course in psychopharmacology. When coursework in a master's or doctor's degree program is acquired to satisfy this requirement, it may be considered as part of the 48 semester or 72 quarter unit requirement of Section 4980.37.

(b) The requirements added by paragraphs (6) and (7) of subdivision (a) are intended to improve the educational qualifications for licensure in order to better prepare future licentiates for practice and are not intended in any way to expand or restrict the scope of practice for licensed marriage and family therapists.

1 ~~SEC. 31.~~

2 *SEC. 50.* Section 4980.43.2 of the Business and Professions
3 Code, as amended by Section 3 of Chapter 160 of the Statutes of
4 2024, is amended to read:

5 4980.43.2. (a) Except for experience gained by attending
6 workshops, seminars, training sessions, or conferences, as
7 described in paragraph (10) of subdivision (c) of Section 4980.43,
8 direct supervisor contact shall occur as follows:

9 (1) Supervision shall include at least one hour of direct
10 supervisor contact in each week for which experience is credited
11 in each work setting.

12 (2) A trainee shall receive an average of at least one hour of
13 direct supervisor contact for every five hours of direct clinical
14 counseling performed each week in each setting. For experience
15 gained on or after January 1, 2009, no more than six hours of
16 supervision, whether individual, triadic, or group, shall be credited
17 during any single week.

18 (3) An associate gaining experience who performs more than
19 10 hours of direct clinical counseling in a week in any setting shall
20 receive at least one additional hour of direct supervisor contact for
21 that setting. For experience gained on or after January 1, 2009, no
22 more than six hours of supervision, whether individual, triadic, or
23 group, shall be credited during any single week.

24 (4) Of the 104 weeks of required supervision, 52 weeks shall
25 be individual supervision, triadic supervision, or a combination of
26 both.

27 (b) (1) For purposes of this chapter, “one hour of direct
28 supervisor contact” means any of the following:

29 (A) Individual supervision, which means one hour of
30 face-to-face contact between one supervisor and one person
31 receiving supervision for providing clinical mental health services.

32 (B) Triadic supervision, which means one hour of face-to-face
33 contact between one supervisor and two persons receiving
34 supervision for providing clinical mental health services.

35 (C) Group supervision, which means two hours of face-to-face
36 contact between one supervisor and no more than eight persons
37 receiving supervision for providing clinical mental health services.
38 Segments of group supervision may be split into no less than one
39 continuous hour. A supervisor shall ensure that the amount and
40 degree of supervision is appropriate for each person in the group.

(2) For purposes of this subdivision, “face-to-face contact” means in-person contact, contact via two-way, real-time videoconferencing, or some combination of these.

(c) The supervisor shall be responsible for ensuring compliance with federal and state laws relating to confidentiality of patient health information.

(d) (1) Within 60 days of the commencement of supervision, a supervisor shall conduct a meeting with the supervisee during which the supervisor shall assess the appropriateness of allowing the supervisee to receive supervision via two-way, real-time videoconferencing. This assessment of appropriateness shall include, but is not limited to, the abilities of the supervisee, the preferences of both the supervisee and supervisor, and the privacy of the locations of the supervisee and supervisor while supervision is conducted.

(2) The supervisor shall document the results of the assessment made pursuant to paragraph (1), and shall not utilize supervision via two-way, real-time videoconferencing if their assessment finds it is not appropriate.

(e) Direct supervisor contact shall occur within the same week as the hours claimed.

(f) Alternative supervision may be arranged during a supervisor’s vacation or sick leave if the alternative supervision meets the requirements of this chapter.

(g) Notwithstanding any other law, once the required number of experience hours are gained, associates and applicants for licensure shall receive a minimum of one hour of direct supervisor contact per week for each practice setting in which direct clinical counseling is performed. Once the required number of experience hours are gained, further supervision for nonclinical practice, as defined in paragraph (10) of subdivision (c) of Section 4980.43, shall be at the supervisor’s discretion.

~~SEC. 32.~~

SEC. 51. Section 4980.43.2 of the Business and Professions Code, as amended by Section 4 of Chapter 160 of the Statutes of 2024, is repealed.

~~SEC. 33.~~

SEC. 52. Section 4980.43.3 of the Business and Professions Code is amended to read:

1 4980.43.3. (a) A trainee, associate, or applicant for licensure
2 shall only perform mental health and related services as an
3 employee or volunteer, and not as an independent contractor. The
4 requirements of this chapter regarding hours of experience and
5 supervision shall apply equally to employees and volunteers. A
6 trainee, associate, or applicant for licensure shall not perform any
7 services or gain any experience within the scope of practice of the
8 profession, as defined in Section 4980.02, as an independent
9 contractor. While an associate may be either a paid employee or
10 a volunteer, employers are encouraged to provide fair remuneration.

11 (1) If employed, an associate shall provide the board, upon
12 application for licensure, with copies of the W-2 tax forms for
13 each year of experience claimed. For experience gained during a
14 tax year that has not ended by the date the associate's application
15 for licensure is received by the board, the associate shall provide
16 the board with a copy of their most recent pay stub.

17 (2) If volunteering, an associate shall provide the board, upon
18 application for licensure, with a letter from the associate's employer
19 verifying the associate's status as a volunteer during the dates the
20 experience was gained.

21 (b) (1) A trainee shall not perform services in a private practice
22 or a professional corporation. A trainee may be credited with
23 supervised experience completed in a setting that meets all of the
24 following:

25 (A) Is not a private practice or professional corporation.

26 (B) Lawfully and regularly provides mental health counseling
27 or psychotherapy.

28 (C) Provides oversight to ensure that the trainee's work at the
29 setting meets the experience and supervision requirements in this
30 chapter and is within the scope of practice for the profession, as
31 defined in Section 4980.02.

32 (2) Only experience gained in the position for which the trainee
33 volunteers or is employed shall qualify as supervised experience.

34 (c) (1) An associate may be credited with supervised experience
35 completed in any setting that meets both of the following:

36 (A) Lawfully and regularly provides mental health counseling
37 or psychotherapy.

38 (B) Provides oversight to ensure that the associate's work at the
39 setting meets the experience and supervision requirements in this

chapter and is within the scope of practice for the profession, as defined in Section 4980.02.

(2) Only experience gained in the position for which the associate volunteers or is employed shall qualify as supervised experience.

(3) An applicant for registration as an associate shall not be employed or volunteer in a private practice or professional corporation until the applicant has been issued an associate registration by the board.

(d) Any experience obtained under the supervision of a spouse, relative, or domestic partner shall not be credited toward the required hours of supervised experience. Any experience obtained under the supervision of a supervisor with whom the applicant has had or currently has a personal, professional, or business relationship that undermines the authority or effectiveness of the supervision shall not be credited toward the required hours of supervised experience.

(e) A trainee, associate, or applicant for licensure shall not receive any remuneration from patients or clients and shall only be paid by their employer, if an employee.

(f) A trainee, associate, or applicant for licensure shall have no proprietary interest in their employer's business and shall not lease or rent space, pay for furnishings, equipment, or supplies, or in any other way pay for the obligations of their employer.

(g) A trainee, associate, or applicant for licensure who provides voluntary services in any lawful work setting and who only receives reimbursement for expenses actually incurred shall be considered an employee. The board may audit an applicant for licensure who receives reimbursement for expenses and the applicant for licensure shall have the burden of demonstrating that the payment received was for reimbursement of expenses actually incurred.

(h) A trainee, associate, or applicant for licensure who receives a stipend or educational loan repayment from a program designed to encourage demographically underrepresented groups to enter the profession or to improve recruitment and retention in underserved regions or settings shall be considered an employee. The board may audit an applicant who receives a stipend or educational loan repayment and the applicant shall have the burden of demonstrating that the payment received was for the specified purposes.

1 (i) An associate or a trainee may provide services via telehealth
2 that are in the scope of practice outlined in this chapter.

3 (j) Each educational institution preparing applicants pursuant
4 to this chapter shall consider requiring, and shall encourage, its
5 students to undergo individual, marital, conjoint, family, or group
6 counseling or psychotherapy, as appropriate. Each supervisor shall
7 consider, advise, and encourage the supervisor's associates and
8 trainees regarding the advisability of undertaking individual,
9 marital, conjoint, family, or group counseling or psychotherapy,
10 as appropriate. Insofar as it is deemed appropriate and is desired
11 by the applicant, educational institutions and supervisors are
12 encouraged to assist the applicant to locate counseling or
13 psychotherapy at a reasonable cost.

14 ~~SEC. 34.~~

15 *SEC. 53.* Section 4980.50 of the Business and Professions Code
16 is amended to read:

17 4980.50. (a) Every applicant who meets the educational and
18 experience requirements and applies for a license as a marriage
19 and family therapist shall be examined by the board. The
20 examinations shall be as set forth in Section 4980.397. The
21 examinations shall be given at least twice a year at a time and place
22 and under supervision as the board may determine. The board shall
23 examine the candidate with regard to the candidate's knowledge
24 and professional skills and judgment in the utilization of
25 appropriate techniques and methods.

26 (b) The board shall not deny any applicant who has submitted
27 a complete application for examination, admission to the licensure
28 examinations required by this section if the applicant meets the
29 educational and experience requirements of this chapter, and has
30 not committed any acts or engaged in any conduct that would
31 constitute grounds to deny licensure.

32 (c) The board shall not deny any applicant, whose application
33 for licensure is complete, admission to the clinical examination,
34 nor shall the board postpone or delay any applicant's clinical
35 examination, solely upon the receipt by the board of a complaint
36 alleging acts or conduct that would constitute grounds to deny
37 licensure.

38 (d) If an applicant for examination who has passed the California
39 law and ethics examination is the subject of a complaint or is under
40 board investigation for acts or conduct that, if proven to be true,

1 would constitute grounds for the board to deny licensure, the board
2 shall permit the applicant to take the clinical examination for
3 licensure, but may notify the applicant that licensure will not be
4 granted pending completion of the investigation.

5 (e) Notwithstanding Section 135, the board may deny any
6 applicant who has previously failed either the California law and
7 ethics examination or the clinical examination permission to retake
8 either examination pending completion of the investigation of any
9 complaints against the applicant. Nothing in this section shall
10 prohibit the board from denying an applicant admission to any
11 examination or refusing to issue a license to any applicant when
12 an accusation or statement of issues has been filed against the
13 applicant pursuant to Sections 11503 and 11504 of the Government
14 Code, respectively, or the applicant has been denied in accordance
15 with subdivision (b) of Section 485.

16 (f) Notwithstanding any other provision of law, the board may
17 destroy all examination materials two years following the date of
18 an examination.

19 (g) An applicant for licensure shall not be eligible to participate
20 in the clinical examination if the applicant fails to obtain a passing
21 score on the clinical examination within seven years from their
22 initial attempt, unless the applicant takes and obtains a passing
23 score on the current version of the California law and ethics
24 examination.

25 (h) A passing score on the clinical examination shall be accepted
26 by the board for a period of seven years from the date the
27 examination was taken.

28 (i) An applicant for licensure who has qualified pursuant to this
29 chapter shall be issued a license as a marriage and family therapist
30 in the form that the board deems appropriate.

31 ~~SEC. 35.~~

32 *SEC. 54.* Section 4980.54 of the Business and Professions Code
33 is amended to read:

34 4980.54. (a) The Legislature recognizes that the education and
35 experience requirements in this chapter constitute only minimal
36 requirements to ensure that an applicant is prepared and qualified
37 to take the licensure examinations as specified in Section 4980.397
38 and, if an applicant passes those examinations, to begin practice.

39 (b) In order to continuously improve the competence of licensed
40 and registered marriage and family therapists and as a model for

1 all psychotherapeutic professions, the Legislature encourages all
2 licensees and registrants to regularly engage in continuing
3 education related to the profession or scope of practice as defined
4 in this chapter.

5 (c) (1) Except as provided in subdivision (f), the board shall
6 not renew any license pursuant to this chapter unless the applicant
7 certifies to the board, on a form prescribed by the board, that the
8 applicant has completed not less than 36 hours of approved
9 continuing education in or relevant to the field of marriage and
10 family therapy in the preceding two years, as determined by the
11 board.

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

17 (d) The board shall have the right to audit the records of any
18 applicant to verify the completion of the continuing education
19 requirement. Applicants shall maintain records of completion of
20 required continuing education coursework for a minimum of two
21 years and shall make these records available to the board for
22 auditing purposes upon request.

23 (e) (1) In determining its continuing education requirements,
24 the board shall consider including a course in menopausal mental
25 health.

26 (2) In determining its continuing education requirements, the
27 board shall consider including a course in maternal mental health.

28 (f) The board may establish exceptions from the continuing
29 education requirements of this section for good cause, as defined
30 by the board.

31 (g) The continuing education shall be obtained from one of the
32 following sources:

33 (1) A school, college, or university that is accredited or
34 approved, as defined in Section 4980.03. Nothing in this paragraph
35 shall be construed as requiring coursework to be offered as part
36 of a regular degree program.

37 (2) Other continuing education providers, as specified by the
38 board by regulation.

39 (h) The board shall establish, by regulation, a procedure for
40 identifying acceptable providers of continuing education courses,

1 and all providers of continuing education, as described in
2 paragraphs (1) and (2) of subdivision (g), shall adhere to procedures
3 established by the board. The board may revoke or deny the right
4 of a provider to offer continuing education coursework pursuant
5 to this section for failure to comply with this section or any
6 regulation adopted pursuant to this section.

7 (i) Training, education, and coursework by approved providers
8 shall incorporate one or more of the following:

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

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

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

15 (j) A system of continuing education for licensed marriage and
16 family therapists shall include courses directly related to the
17 diagnosis, assessment, and treatment of the client population being
18 served.

19 (k) The continuing education requirements of this section shall
20 comply fully with the guidelines for mandatory continuing
21 education established by the Department of Consumer Affairs
22 pursuant to Section 166.

23 ~~SEC. 36.~~

24 *SEC. 55.* Section 4980.72 of the Business and Professions Code
25 is amended to read:

26 4980.72. The board may issue a license to a person who, at the
27 time of submitting an application for a license pursuant to this
28 chapter, holds a license in another jurisdiction of the United States
29 as a marriage and family therapist at the highest level for
30 independent clinical practice if all of the following requirements
31 are met:

32 (a) The applicant's license in the other jurisdiction has been
33 current, active, and unrestricted in that jurisdiction for at least two
34 years immediately before the date the application was received by
35 the board. The applicant shall disclose to the board for review any
36 past restrictions or disciplinary action on an out-of-state license,
37 and the board shall consider these actions in determining whether
38 to issue a license to the applicant.

1 (b) The applicant's degree that qualified the person for the
2 out-of-state license is a master's or doctoral degree that was
3 obtained from an accredited or approved institution.

4 (c) The applicant complies with the fingerprint requirements
5 established by Section 144.

6 (d) The applicant completes the coursework specified in
7 paragraphs (1) and (2) from an accredited institution or an approved
8 institution or from an acceptable provider of continuing education
9 as specified in Section 4980.54. Undergraduate coursework shall
10 not satisfy these requirements.

11 (1) A minimum of 12 hours of coursework in California law
12 and professional ethics that includes, but is not limited to,
13 instruction in advertising, scope of practice, scope of competence,
14 treatment of minors, confidentiality, dangerous clients,
15 psychotherapist-client privilege, recordkeeping, client access to
16 records, state and federal laws relating to confidentiality of patient
17 health information, dual relationships, child abuse, elder and
18 dependent adult abuse, online therapy, insurance reimbursement,
19 civil liability, disciplinary actions and unprofessional conduct,
20 ethics complaints and ethical standards, termination of therapy,
21 standards of care, relevant family law, therapist disclosures to
22 clients, the application of legal and ethical standards in different
23 types of work settings, and licensing law and the licensing process.

24 (2) At least one semester unit, or 15 hours, of instruction that
25 includes an understanding of various California cultures and the
26 social and psychological implications of socioeconomic position.

27 (e) The applicant obtains a minimum of seven contact hours of
28 training or coursework in child abuse assessment and reporting,
29 as specified in Section 28, and any regulations promulgated
30 pursuant to that section.

31 (f) On or after January 1, 2021, the applicant shall show proof
32 of completion of at least six hours of coursework or applied
33 experience under supervision in suicide risk assessment and
34 intervention using one of the methods specified in Section
35 4980.396.

36 (g) The applicant passes the board-administered California law
37 and ethics examination specified in Section 4980.397. The clinical
38 examination specified in Section 4980.397 shall be waived for an
39 applicant qualifying under this section.

1 (h) This section was developed based on an examination of the
2 licensure requirements for marriage and family therapists on a
3 national level. This section shall not be construed to apply to any
4 provisions under this division or Division 3 (commencing with
5 Section 5000) other than this act.

6 ~~SEC. 37.~~

7 *SEC. 56.* Section 4980.74 of the Business and Professions Code
8 is amended to read:

9 4980.74. (a) This section applies to persons with education
10 gained from an out-of-state school or experience gained outside
11 of California who apply for licensure or registration and who do
12 not qualify for a license under Section 4980.72.

13 (b) The board shall accept education gained from an out-of-state
14 school for purposes of satisfying licensure or registration
15 requirements if the education is substantially equivalent, as defined
16 in Section 4980.78, and the applicant complies with Section
17 4980.76, if applicable. The applicant's degree title need not be
18 identical to that required by Section 4980.36 or 4980.37.

19 (c) The board shall accept experience gained outside of
20 California for purposes of satisfying licensure or registration
21 requirements if the experience is substantially equivalent to the
22 experience required by this chapter. If the applicant has fewer than
23 3,000 hours of qualifying supervised experience, the board shall
24 accept as qualifying supervised experience the amount of time the
25 applicant held an active license in good standing in another state
26 or country as a marriage and family therapist at the highest level
27 for independent clinical practice at a rate of 100 hours per month,
28 up to a maximum of 1,200 hours.

29 (d) An applicant who obtained a license or registration in another
30 state or country may qualify for licensure with the board without
31 taking the clinical examination specified in Section 4980.397 if
32 both of the following conditions are met:

33 (1) The applicant obtained a passing score on the clinical
34 licensing examination set forth in regulation as accepted by the
35 board.

36 (2) The applicant's license or registration in that state or country
37 is active, in good standing at the time of the application, and is not
38 revoked, suspended, surrendered, denied, or otherwise restricted
39 or encumbered.

1 ~~SEC. 38.~~

2 *SEC. 57.* Section 4982 of the Business and Professions Code
3 is amended to read:

4 4982. The board may deny a license or registration or may
5 suspend or revoke the license or registration of a licensee or
6 registrant if the licensee or registrant has been guilty of
7 unprofessional conduct. Unprofessional conduct includes, but is
8 not limited to, the following:

9 (a) The conviction of a crime substantially related to the
10 qualifications, functions, or duties of a licensee or registrant under
11 this chapter. The record of conviction shall be conclusive evidence
12 only of the fact that the conviction occurred. The board may inquire
13 into the circumstances surrounding the commission of the crime
14 in order to fix the degree of discipline or to determine if the
15 conviction is substantially related to the qualifications, functions,
16 or duties of a licensee or registrant under this chapter. A conviction
17 has the same meaning as defined in Section 7.5. The board may
18 order any license or registration suspended or revoked, or may
19 decline to issue a license or registration when the time for appeal
20 has elapsed, or the judgment of conviction has been affirmed on
21 appeal, or, when an order granting probation is made suspending
22 the imposition of sentence. All actions pursuant to this subdivision
23 shall be taken pursuant to Division 1.5 (commencing with Section
24 475).

25 (b) Securing a license or registration by fraud, deceit, or
26 misrepresentation on any application for licensure or registration
27 submitted to the board, whether engaged in by an applicant for a
28 license or registration, or by a licensee in support of any application
29 for licensure or registration.

30 (c) Administering to themselves any controlled substance or
31 using of any of the dangerous drugs specified in Section 4022, or
32 of any alcoholic beverage to the extent, or in a manner, as to be
33 dangerous or injurious to the person applying for a registration or
34 license or holding a registration or license under this chapter, or
35 to any other person, or to the public, or, to the extent that the use
36 impairs the ability of the person applying for or holding a
37 registration or license to conduct with safety to the public the
38 practice authorized by the registration or license. The board shall
39 deny an application for a registration or license or revoke the
40 license or registration of any person, other than one who is licensed

1 as a physician and surgeon, who uses or offers to use drugs in the
2 course of performing marriage and family therapy services.

3 (d) Gross negligence or incompetence in the performance of
4 marriage and family therapy.

5 (e) Violating, attempting to violate, or conspiring to violate any
6 of the provisions of this chapter or any regulation adopted by the
7 board.

8 (f) Misrepresentation as to the type or status of a license or
9 registration held by the licensee or registrant or otherwise
10 misrepresenting or permitting misrepresentation of the licensee's
11 or registrant's education, professional qualifications, or professional
12 affiliations to any person or entity.

13 (g) Impersonation of another by any licensee, registrant, or
14 applicant for a license or registration, or, in the case of a licensee
15 or registrant, allowing any other person to use the licensee's or
16 registrant's license or registration.

17 (h) Aiding or abetting, or employing, directly or indirectly, any
18 unlicensed or unregistered person to engage in conduct for which
19 a license or registration is required under this chapter.

20 (i) Intentionally or recklessly causing physical or emotional
21 harm to any client.

22 (j) The commission of any dishonest, corrupt, or fraudulent act
23 substantially related to the qualifications, functions, or duties of a
24 licensee or registrant.

25 (k) Engaging in sexual relations with a client, or a former client
26 within two years following termination of therapy, soliciting sexual
27 relations with a client, or committing an act of sexual abuse, or
28 sexual misconduct with a client, or committing an act punishable
29 as a sexually related crime, if that act or solicitation is substantially
30 related to the qualifications, functions, or duties of a marriage and
31 family therapist.

32 (l) Performing, or holding oneself out as being able to perform,
33 or offering to perform, or permitting any trainee, registered
34 associate, or applicant for licensure under supervision to perform,
35 any professional services beyond the scope of the license authorized
36 by this chapter.

37 (m) Failure to maintain confidentiality, except as otherwise
38 required or permitted by law, of all information that has been
39 received from a client in confidence during the course of treatment

1 and all information about the client that is obtained from tests or
2 other means.

3 (n) Prior to the commencement of treatment, failing to disclose
4 to the client or prospective client the fee to be charged for the
5 professional services, or the basis upon which that fee will be
6 computed.

7 (o) Paying, accepting, or soliciting any consideration,
8 compensation, or remuneration, whether monetary or otherwise,
9 for the referral of professional clients. All consideration,
10 compensation, or remuneration shall be in relation to professional
11 counseling services actually provided by the licensee. This
12 subdivision does not prevent collaboration among two or more
13 licensees in a case or cases. However, a fee shall not be charged
14 for that collaboration, except when disclosure of the fee has been
15 made in compliance with subdivision (n).

16 (p) Advertising in a manner that is false, fraudulent, misleading,
17 or deceptive, as defined in Section 651.

18 (q) Reproduction or description in public, or in any publication
19 subject to general public distribution, of any psychological test or
20 other assessment device, the value of which depends in whole or
21 in part on the naivete of the subject, in ways that might invalidate
22 the test or device.

23 (r) Any conduct in the supervision of any registered associate,
24 trainee, or applicant for licensure by any licensee that violates this
25 chapter or any rules or regulations adopted by the board.

26 (s) Performing or holding oneself out as being able to perform
27 mental health services beyond the scope of one's competence, as
28 established by one's education, training, or experience. This
29 subdivision shall not be construed to expand the scope of the
30 license authorized by this chapter.

31 (t) Permitting a trainee, registered associate, or applicant for
32 licensure under one's supervision or control to perform, or
33 permitting the trainee, registered associate, or applicant for
34 licensure to hold themselves out as competent to perform, mental
35 health services beyond the trainee's, registered associate's, or
36 applicant for licensure's level of education, training, or experience.

37 (u) The violation of any statute or regulation governing the
38 gaining and supervision of experience required by this chapter.

(v) Failure to keep records consistent with sound clinical judgment, the standards of the profession, and the nature of the services being rendered.

(w) Failure to comply with the child abuse reporting requirements of Section 11166 of the Penal Code.

(x) Failure to comply with the elder and dependent adult abuse reporting requirements of Section 15630 of the Welfare and Institutions Code.

(y) Willful violation of Chapter 1 (commencing with Section 123100) of Part 1 of Division 106 of the Health and Safety Code.

(z) Failure to comply with the procedures set forth in Section 2290.5 when delivering health care via telehealth.

(aa) (1) Engaging in an act described in Section 261, 286, 287, or 289 of, or former Section 288a of, the Penal Code with a minor or an act described in Section 288 or 288.5 of the Penal Code regardless of whether the act occurred prior to or after the time the registration or license was issued by the board. An act described in this subdivision occurring prior to the effective date of this subdivision shall constitute unprofessional conduct and shall subject the licensee to refusal, suspension, or revocation of a license under this section.

(2) The Legislature hereby finds and declares that protection of the public, and in particular minors, from sexual misconduct by a licensee is a compelling governmental interest, and that the ability to suspend or revoke a license for sexual conduct with a minor occurring prior to the effective date of this section is equally important to protecting the public as is the ability to refuse a license for sexual conduct with a minor occurring prior to the effective date of this section.

(ab) Engaging in any conduct that subverts or attempts to subvert any licensing examination or the administration of an examination as described in Section 123.

~~SEC. 39.~~

~~SEC. 58.~~ Section 4982.05 of the Business and Professions Code is repealed.

~~SEC. 40.~~

~~SEC. 59.~~ Section 4984.41 of the Business and Professions Code is amended to read:

4984.41. (a) (1) The board shall issue, upon submission of a completed application as prescribed by this section and payment

1 of the fee fixed by this chapter, a retired license to a marriage and
2 family therapist who holds a license that is current and active or
3 a license that is inactive, and whose license is not suspended,
4 revoked, or otherwise punitively restricted by the board or subject
5 to disciplinary action under this chapter.

6 (2) A marriage and family therapist license that has expired
7 shall be issued a retired license by the board upon submission of
8 a completed application as prescribed by this section and payment
9 of the fee fixed by this chapter if both of the following requirements
10 are met:

11 (A) The license expired within three years from the date of the
12 board's receipt of a completed application.

13 (B) Immediately preceding the license expiration, and after the
14 license expiration, the license was not suspended, revoked, or
15 otherwise punitively restricted by the board or subject to
16 disciplinary action under this chapter.

17 (3) For purposes of this section, "subject to disciplinary action"
18 shall mean that the licensee had an unsatisfied cost recovery, fine
19 or restitution order, an accusation or petition to revoke probation
20 that has been served on the licensee alleging violations of their
21 probation or the chapter, or an unresolved complaint or
22 investigation pending with the board.

23 (b) To apply for a retired license, the applicant shall submit a
24 completed application to the board providing all of the following
25 information:

26 (1) Full name as filed with the board.

27 (2) Board license type, license number, and expiration date.

28 (3) Date of birth.

29 (4) Social security number or individual taxpayer identification
30 number.

31 (5) A statement signed under penalty of perjury that the
32 information provided on the application is true and correct, that
33 the applicant understands that the holder of a retired license may
34 not engage in any activity for which the active license was issued,
35 and that the applicant hereby requests their license to be changed
36 to retired status.

37 (c) The holder of a retired license issued pursuant to this section
38 shall not engage in any activity for which an active marriage and
39 family therapist license is required.

1 (d) The holder of a retired license shall utilize their professional
2 title only with the unabbreviated word “retired” directly preceding
3 or directly following the professional title.

4 (e) The holder of a retired license shall not be required to renew
5 that license.

6 (f) The holder of a retired license may apply to restore to active
7 status their license to practice marriage and family therapy if that
8 retired license was issued less than three years prior to the date the
9 application to restore the retired license is received by the board.
10 A retired license may be restored to active status one time only.
11 To restore a retired license to active status, the applicant shall meet
12 all of the following requirements:

13 (1) Submit a completed application to the board containing all
14 of the following information:

15 (A) Full name as filed with the board.

16 (B) Original board license type and original license number and
17 expiration date.

18 (C) Date of birth.

19 (D) Social security number or individual taxpayer identification
20 number.

21 (E) Whether they have been convicted, as defined in Section
22 490, of a misdemeanor or felony, or whether any disciplinary action
23 has been taken by any regulatory or licensing board in this or any
24 other state subsequent to the issuance of the retired license.

25 (F) A statement signed under penalty of perjury that the
26 information provided on the application is true and correct, that
27 the applicant did not engage in any activity for which an active
28 license is required while the license was in retired status, and that
29 the applicant hereby requests their license to be changed to “active”
30 status.

31 (2) Has not committed an act or crime constituting grounds for
32 denial of licensure.

33 (3) Pays the renewal fee required by this chapter.

34 (4) Completes the required continuing education as specified
35 in Section 4980.54.

36 (5) Complies with the fingerprint submission requirements
37 established in Section 144.

38 (g) An applicant requesting to restore their license pursuant to
39 subdivision (f) whose retired license was issued in accordance
40 with this section less than one year from the date the application

1 to restore the retired license is received by the board shall complete
2 18 hours of continuing education taken within the two years prior
3 to the date the application to restore the retired license is received
4 by the board. This coursework shall include a minimum of six
5 hours in the subject of California law and ethics.

6 (h) An applicant requesting to restore their license pursuant to
7 subdivision (f) whose retired license was issued in accordance
8 with this section one or more years from the date the application
9 to restore the retired license is received by the board shall complete
10 36 hours of continuing education taken within the two years prior
11 to the date the application to restore the retired license is received
12 by the board. This coursework shall include a minimum of six
13 hours in the subject of California law and ethics.

14 (i) A retired license that was issued three or more years prior
15 shall not be restored. The holder of the retired license may apply
16 for and obtain a new license if all of the following criteria are
17 satisfied:

18 (1) Has not committed an act or crime constituting grounds for
19 denial of licensure.

20 (2) Applies for licensure and pays the fee required by this
21 chapter.

22 (3) Passes the examinations required for licensure.

23 (4) Complies with the fingerprint submission requirements
24 established in Section 144.

25 ~~SEC. 41.~~

26 *SEC. 60.* Section 4984.7 of the Business and Professions Code
27 is amended to read:

28 4984.7. (a) The board shall assess the following fees relating
29 to the licensure of marriage and family therapists:

30 (1) The application fee for an associate registration shall be one
31 hundred fifty dollars (\$150). The board may adopt regulations to
32 set the fee at a higher amount, up to a maximum of three hundred
33 dollars (\$300).

34 (2) The annual renewal fee for an associate registration shall be
35 one hundred fifty dollars (\$150). The board may adopt regulations
36 to set the fee at a higher amount, up to a maximum of three hundred
37 dollars (\$300).

38 (3) The fee for the application for licensure shall be two hundred
39 fifty dollars (\$250). The board may adopt regulations to set the

1 fee at a higher amount, up to a maximum of five hundred dollars
2 (\$500).

3 (4) (A) (i) The fee for the board-administered clinical
4 examination, if the board chooses to adopt this examination in
5 regulations, shall be two hundred fifty dollars (\$250). The board
6 may adopt regulations to set the fee at a higher amount, up to a
7 maximum of five hundred dollars (\$500). If the board chooses to
8 adopt an examination administered by a public or private
9 organization, as specified by the board in regulations, then the
10 examination fee shall be determined by, and paid directly to, that
11 organization.

12 (ii) The fee for the California law and ethics examination shall
13 be one hundred fifty dollars (\$150). The board may adopt
14 regulations to set the fee at a higher amount, up to a maximum of
15 three hundred dollars (\$300).

16 (B) An applicant who fails to appear for an examination, after
17 having been scheduled to take the examination, shall forfeit the
18 examination fee.

19 (C) The amount of the examination fees shall be based on the
20 actual cost to the board of developing, purchasing, and grading
21 each examination and the actual cost to the board of administering
22 each examination. The examination fees shall be adjusted
23 periodically by regulation to reflect the actual costs incurred by
24 the board.

25 (5) The fee for rescoring an examination shall be twenty dollars
26 (\$20).

27 (6) The fee for the issuance of an initial license shall be two
28 hundred dollars (\$200). The board may adopt regulations to set
29 the fee at a higher amount, up to a maximum of four hundred
30 dollars (\$400).

31 (7) The fee for the two-year license renewal shall be two
32 hundred dollars (\$200). The board may adopt regulations to set
33 the fee at a higher amount, up to a maximum of four hundred
34 dollars (\$400).

35 (8) The renewal delinquency fee shall be one-half of the fee for
36 license renewal. A person who permits their license to expire is
37 subject to the delinquency fee.

38 (9) The fee for issuance of a replacement registration, license,
39 or certificate shall be twenty dollars (\$20).

1 (10) The fee for issuance of a certificate or letter of good
2 standing shall be twenty-five dollars (\$25).

3 (11) The fee for issuance of a retired license shall be forty dollars
4 (\$40).

5 (b) This section shall become operative on January 1, 2021.

6 ~~SEC. 42.~~

7 *SEC. 61.* Section 4989.20 of the Business and Professions Code
8 is amended to read:

9 4989.20. (a) The board may issue a license as an educational
10 psychologist if the applicant satisfies, with proof satisfactory to
11 the board, the following requirements:

12 (1) Possession of, at minimum, a master's degree in psychology,
13 educational psychology, school psychology, counseling and
14 guidance, or a degree deemed equivalent by the board. This degree
15 shall be obtained from an educational institution approved by the
16 board according to the regulations adopted under this chapter.

17 (2) Attainment of 18 years of age.

18 (3) Is not subject to denial of licensure pursuant to Section 480.

19 (4) Successful completion of 60 semester units or 90 quarter
20 units of postgraduate study in pupil personnel services.

21 (5) Two school terms of full-time, or the equivalent to full-time,
22 experience as a licensed or credentialed school psychologist in the
23 public schools or in another school setting as specified in
24 regulations. The experience shall be gained over a period of at
25 least two school terms. The applicant shall not be credited with
26 experience obtained more than six years immediately preceding
27 the date on which the application for licensure was received by
28 the board.

29 (6) If the experience required by paragraph (5) was completed
30 while holding a California credential in a school located in
31 California, completion of one of the following:

32 (A) A minimum of 1,200 hours of supervised professional
33 experience in an accredited school psychology program.

34 (B) One school term of full-time, or the equivalent to full-time,
35 experience as a California credentialed school psychologist in the
36 California public schools, or in another school setting as specified
37 in regulations, obtained under the direction of a California-licensed
38 educational psychologist. The experience shall be gained over a
39 period of at least one school term. The applicant shall not be
40 credited with experience obtained more than six years immediately

1 preceding the date on which the application for licensure was
2 received by the board.

3 (7) If the experience required by paragraph (5) was not
4 completed while holding a California credential in a school located
5 in California, completion of one of the following:

6 (A) A minimum of 1,200 hours of supervised professional
7 experience gained in California in an accredited school psychology
8 program, gained no more than six years immediately preceding
9 the date on which the application for licensure was received by
10 the board.

11 (B) One school term of full-time, or the equivalent to full-time,
12 experience as a California credentialed school psychologist in the
13 California public schools, or in another school setting as specified
14 in regulations, obtained under the direction of a California licensed
15 educational psychologist. The experience shall be gained over a
16 period of at least one school term. The applicant shall not be
17 credited with experience obtained more than six years immediately
18 preceding the date on which the application for licensure was
19 received by the board.

20 (8) Passage of the licensed educational psychologist written
21 examination administered by the board. A passing score on this
22 examination shall be accepted by the board for a period of seven
23 years from the date the examination was taken.

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

25 (1) "Full time" means the days or hours of creditable service
26 the employer requires to be performed by the employee in a school
27 term under their collective bargaining agreement or employment
28 agreement. It shall consist of a minimum of 175 days, or 1,050
29 hours, per school term.

30 (2) "Equivalent to full time" means the days or hours of
31 creditable service that a person who is employed on a part-time
32 basis would be required to perform in a school term if they were
33 employed full time in that part-time position.

34 (3) "School term" means a minimum period of 35 weeks
35 beginning the first day and ending the last day creditable service
36 is required to be performed by a member employed on a full-time
37 basis, excluding any period that has been excluded pursuant to a
38 publicly available written contractual agreement. The school term
39 shall also be the same for an individual who is not employed on a

1 full-time basis who is performing the same duties as a member
2 employed on a full-time basis.

3 ~~SEC. 43.~~

4 *SEC. 62.* Section 4989.45 of the Business and Professions Code
5 is amended to read:

6 4989.45. (a) (1) The board shall issue, upon submission of a
7 completed application as prescribed by this section and payment
8 of the fee fixed by this chapter, a retired license to a licensed
9 educational psychologist who holds a license that is current and
10 active or a license that is inactive, and whose license is not
11 suspended, revoked, or otherwise punitively restricted by the board
12 or subject to disciplinary action under this chapter.

13 (2) A licensed educational psychologist license that has expired
14 shall be issued a retired license by the board upon submission of
15 a completed application as prescribed by this section and payment
16 of the fee fixed by this chapter if all of the following requirements
17 are met:

18 (A) The license expired within three years from the date of the
19 board's receipt of a completed application.

20 (B) Immediately preceding the license expiration, and after the
21 license expiration, the license was not suspended, revoked, or
22 otherwise punitively restricted by the board or subject to
23 disciplinary action under this chapter.

24 (3) For purposes of this section, "subject to disciplinary action"
25 shall mean that the licensee had an unsatisfied cost recovery, fine
26 or restitution order, an accusation or petition to revoke probation
27 that has been served on the licensee alleging violations of their
28 probation or the chapter, or an unresolved complaint or
29 investigation pending with the board.

30 (b) To apply for a retired license, the applicant shall submit a
31 completed application to the board providing all of the following
32 information:

33 (1) Full name as filed with the board.

34 (2) Board license type, license number, and expiration date.

35 (3) Date of birth.

36 (4) Social security number or individual taxpayer identification
37 number.

38 (5) A statement signed under penalty of perjury that the
39 information provided on the application is true and correct, that
40 the applicant understands that the holder of a retired license may

1 not engage in any activity for which the active license was issued,
2 and that the applicant hereby requests their license to be changed
3 to retired status.

4 (c) The holder of a retired license issued pursuant to this section
5 shall not engage in any activity for which an active educational
6 psychologist license is required.

7 (d) The holder of a retired license shall utilize their professional
8 title only with the unabbreviated word “retired” directly preceding
9 or directly following the professional title.

10 (e) The holder of a retired license shall not be required to renew
11 that license.

12 (f) The holder of a retired license may apply to restore to active
13 status their license to practice educational psychology if that retired
14 license was issued less than three years prior to the date the
15 application to restore the retired license is received by the board.
16 A retired license may be restored to active status one time only.
17 To restore a retired license to active status, the applicant shall meet
18 all of the following requirements:

19 (1) Submit a completed application to the board containing all
20 of the following information:

21 (A) Full name as filed with the board.

22 (B) Original board license type and original license number and
23 expiration date.

24 (C) Date of birth.

25 (D) Social security number or individual taxpayer identification
26 number.

27 (E) Whether they have been convicted, as defined in Section
28 490, of a misdemeanor or felony, or whether any disciplinary action
29 has been taken by any regulatory or licensing board in this or any
30 other state subsequent to the issuance of the retired license.

31 (F) A statement signed under penalty of perjury that the
32 information provided on the application is true and correct, that
33 the applicant did not engage in any activity for which an active
34 license is required while the license was in retired status, and that
35 the applicant hereby requests their license to be changed to “active”
36 status.

37 (2) Has not committed an act or crime constituting grounds for
38 denial of licensure.

39 (3) Pays the renewal fee required by this chapter.

(4) Completes the required continuing education as specified in Section 4989.34.

(5) Complies with the fingerprint submission requirements established in Section 144.

(g) An applicant requesting to restore their license pursuant to subdivision (f) whose retired license was issued in accordance with this section less than one year from the date the application to restore the retired license is received by the board shall complete 18 hours of continuing education taken within the two years prior to the date the application to restore the retired license is received by the board. This coursework shall include a minimum of six hours in the subject of California law and ethics.

(h) An applicant requesting to restore their license pursuant to subdivision (f) whose retired license was issued in accordance with this section one or more years from the date the application to restore the retired license is received by the board shall complete 36 hours of continuing education taken within the two years prior to the date the application to restore the retired license is received by the board. This coursework shall include a minimum of six hours in the subject of California law and ethics.

(i) A retired license that was issued three or more years prior shall not be restored. The holder of the retired license may apply for and obtain a new license if all of the following criteria are satisfied:

(1) Has not committed an act or crime constituting grounds for denial of licensure.

(2) Applies for licensure and pays the required fee.

(3) Passes the examinations required for licensure.

(4) Complies with the fingerprint submission requirements established in Section 144.

~~SEC. 44.~~

SEC. 63. Section 4989.49 of the Business and Professions Code is amended to read:

4989.49. "Advertising," as used in this chapter, includes, but is not limited to, any public communication as defined in subdivision (a) of Section 651, the issuance of any card, sign, or device to any person, or the causing, permitting, or allowing of any sign or marking on, or in, any building or structure, or in any newspaper, magazine, or directory, or any printed matter whatsoever, with or without any limiting qualification. Signs within

1 religious buildings or notices in bulletins from a religious
2 organization mailed to a congregation are not advertising within
3 the meaning of this chapter.

4 ~~SEC. 45.~~

5 *SEC. 64.* Section 4989.54 of the Business and Professions Code
6 is amended to read:

7 4989.54. The board may deny a license or may suspend or
8 revoke the license of a licensee if the person has been guilty of
9 unprofessional conduct. Unprofessional conduct includes, but is
10 not limited to, the following:

11 (a) Conviction of a crime substantially related to the
12 qualifications, functions, and duties of an educational psychologist.

13 (1) The record of conviction shall be conclusive evidence only
14 of the fact that the conviction occurred.

15 (2) The board may inquire into the circumstances surrounding
16 the commission of the crime in order to fix the degree of discipline
17 or to determine if the conviction is substantially related to the
18 qualifications, functions, or duties of a licensee under this chapter.

19 (3) A conviction has the same meaning as defined in Section
20 7.5.

21 (4) The board may order a license suspended or revoked, or
22 may decline to issue a license when the time for appeal has elapsed,
23 or the judgment of conviction has been affirmed on appeal, or
24 when an order granting probation is made suspending the
25 imposition of sentence. All actions pursuant to this subdivision
26 shall be taken pursuant to Division 1.5 (commencing with Section
27 475).

28 (b) Securing a license by fraud, deceit, or misrepresentation on
29 an application for licensure submitted to the board, whether
30 engaged in by an applicant for a license or by a licensee in support
31 of an application for licensure.

32 (c) Administering to themselves a controlled substance or using
33 any of the dangerous drugs specified in Section 4022 or an
34 alcoholic beverage to the extent, or in a manner, as to be dangerous
35 or injurious to themselves or to any other person or to the public
36 or to the extent that the use impairs their ability to safely perform
37 the functions authorized by the license. The board shall deny an
38 application for a license or revoke the license of any person, other
39 than one who is licensed as a physician and surgeon, who uses or

1 offers to use drugs in the course of performing educational
2 psychology.

3 (d) Failure to comply with the procedures set forth in Section
4 2290.5 when delivering health care via telehealth.

5 (e) Advertising in a manner that is false, fraudulent, misleading,
6 or deceptive, as defined in Section 651.

7 (f) Violating, attempting to violate, or conspiring to violate any
8 of the provisions of this chapter or any regulation adopted by the
9 board.

10 (g) Commission of any dishonest, corrupt, or fraudulent act
11 substantially related to the qualifications, functions, or duties of a
12 licensee.

13 (h) Denial of licensure, revocation, suspension, restriction, or
14 any other disciplinary action imposed by another state or territory
15 or possession of the United States or by any other governmental
16 agency, on a license, certificate, or registration to practice
17 educational psychology or any other healing art. A certified copy
18 of the disciplinary action, decision, or judgment shall be conclusive
19 evidence of that action.

20 (i) Revocation, suspension, or restriction by the board of a
21 license, certificate, or registration to practice as an educational
22 psychologist, a clinical social worker, professional clinical
23 counselor, or marriage and family therapist.

24 (j) Failure to keep records consistent with sound clinical
25 judgment, the standards of the profession, and the nature of the
26 services being rendered.

27 (k) Gross negligence or incompetence in the practice of
28 educational psychology.

29 (l) Misrepresentation as to the type or status of a license held
30 by the licensee or otherwise misrepresenting or permitting
31 misrepresentation of the licensee's education, professional
32 qualifications, or professional affiliations to any person or entity.

33 (m) Intentionally or recklessly causing physical or emotional
34 harm to any client.

35 (n) Engaging in sexual relations with a client or a former client
36 within two years following termination of professional services,
37 soliciting sexual relations with a client, or committing an act of
38 sexual abuse or sexual misconduct with a client or committing an
39 act punishable as a sexually related crime, if that act or solicitation

1 is substantially related to the qualifications, functions, or duties of
2 a licensed educational psychologist.

3 (o) Before the commencement of treatment, failing to disclose
4 to the client or prospective client the fee to be charged for the
5 professional services or the basis upon which that fee will be
6 computed.

7 (p) Paying, accepting, or soliciting any consideration,
8 compensation, or remuneration, whether monetary or otherwise,
9 for the referral of professional clients.

10 (q) Failing to maintain confidentiality, except as otherwise
11 required or permitted by law, of all information that has been
12 received from a client in confidence during the course of treatment
13 and all information about the client that is obtained from tests or
14 other means.

15 (r) Performing, holding oneself out as being able to perform,
16 offering to perform, or permitting any unlicensed person under
17 supervision to perform, any professional services beyond the scope
18 of the license authorized by this chapter or beyond the person's
19 field or fields of competence as established by the person's
20 education, training, or experience. For purposes of this subdivision,
21 "unlicensed person" includes, but is not limited to, an applicant
22 for licensure, an associate, an intern, or a trainee under the Licensed
23 Marriage and Family Therapist Practice Act (Chapter 13
24 (commencing with Section 4980)), the Clinical Social Worker
25 Practice Act (Chapter 14 (commencing with Section 4991)), or
26 the Licensed Professional Clinical Counselor Act (Chapter 16
27 (commencing with Section 4999.10)).

28 (s) Reproducing or describing in public, or in any publication
29 subject to general public distribution, any psychological test or
30 other assessment device the value of which depends in whole or
31 in part on the naivete of the subject in ways that might invalidate
32 the test or device. An educational psychologist shall limit access
33 to the test or device to persons with professional interests who can
34 be expected to safeguard its use.

35 (t) Aiding or abetting an unlicensed person to engage in conduct
36 requiring a license under this chapter.

37 (u) When employed by another person or agency, encouraging,
38 either orally or in writing, the employer's or agency's clientele to
39 utilize the person's private practice for further counseling without
40 the approval of the employing agency or administration.

1 (v) Failing to comply with the child abuse reporting
2 requirements of Section 11166 of the Penal Code.

3 (w) Failing to comply with the elder and adult dependent abuse
4 reporting requirements of Section 15630 of the Welfare and
5 Institutions Code.

6 (x) Willful violation of Chapter 1 (commencing with Section
7 123100) of Part 1 of Division 106 of the Health and Safety Code.

8 (y) (1) Engaging in an act described in Section 261, 286, 287,
9 or 289 of, or former Section 288a of, the Penal Code with a minor
10 or an act described in Section 288 or 288.5 of the Penal Code
11 regardless of whether the act occurred prior to or after the time the
12 registration or license was issued by the board. An act described
13 in this subdivision occurring prior to the effective date of this
14 subdivision shall constitute unprofessional conduct and shall
15 subject the licensee to refusal, suspension, or revocation of a license
16 under this section.

17 (2) The Legislature hereby finds and declares that protection of
18 the public, and in particular minors, from sexual misconduct by a
19 licensee is a compelling governmental interest, and that the ability
20 to suspend or revoke a license for sexual conduct with a minor
21 occurring prior to the effective date of this section is equally
22 important to protecting the public as is the ability to refuse a license
23 for sexual conduct with a minor occurring prior to the effective
24 date of this section.

25 (z) Engaging in any conduct that subverts or attempts to subvert
26 any licensing examination or the administration of the examination
27 as described in Section 123.

28 (aa) Impersonation of another by any licensee or applicant for
29 a license, or, in the case of a licensee, allowing any other person
30 to use the person's license.

31 (ab) Permitting an unlicensed person under the licensee's
32 supervision or control to perform, or permitting that person to hold
33 themselves out as competent to perform, mental health services
34 beyond the unlicensed person's level of education, training, or
35 experience. For purposes of this subdivision, "unlicensed person"
36 is defined in subdivision (r).

37 (ac) The violation of any statute or regulation governing the
38 gaining and supervision of experience of an unlicensed person,
39 including an unlicensed person identified in subdivision (ab), by
40 a licensee that violates this chapter, the Licensed Marriage and

Family Therapist Practice Act (Chapter 13 (commencing with Section 4980)), the Clinical Social Worker Practice Act (Chapter 14 (commencing with Section 4991)), the Licensed Professional Clinical Counselor Act (Chapter 16 (commencing with Section 4999.10)), or any rules or regulations adopted by the board pursuant to those provisions. For purposes of this subdivision, “unlicensed person” is defined in subdivision (r).

(ad) The violation of any statute or regulation governing the gaining and supervision of experience of an unlicensed person required by the Licensed Marriage and Family Therapist Practice Act (Chapter 13 (commencing with Section 4980)), the Clinical Social Worker Practice Act (Chapter 14 (commencing with Section 4991)), or the Licensed Professional Clinical Counselor Act (Chapter 16 (commencing with Section 4999.10)).

~~SEC. 46.~~

SEC. 65. Section 4990 of the Business and Professions Code is amended to read:

4990. (a) There is in the Department of Consumer Affairs, a Board of Behavioral Sciences that consists of the following members:

- (1) Two state licensed clinical social workers.
- (2) One state licensed educational psychologist.
- (3) Two state licensed marriage and family therapists.
- (4) One state licensed professional clinical counselor.
- (5) Seven public members.

(b) Each member, except the seven public members, shall have at least two years of experience in their profession.

(c) Each member shall reside in the State of California.

(d) The Governor shall appoint five of the public members and the six licensed members with the advice and consent of the Senate. The Senate Committee on Rules and the Speaker of the Assembly shall each appoint a public member.

(e) Each member of the board shall be appointed for a term of four years. A member appointed by the Senate Committee on Rules or the Speaker of the Assembly shall hold office until the appointment and qualification of their successor or until one year from the expiration date of the term for which they were appointed, whichever first occurs. Pursuant to Section 1774 of the Government Code, a member appointed by the Governor shall hold office until the appointment and qualification of their successor or until 60

1 days from the expiration date of the term for which they were
2 appointed, whichever first occurs.

3 (f) A vacancy on the board shall be filled by appointment for
4 the unexpired term by the authority who appointed the member
5 whose membership was vacated.

6 (g) Not later than the first of June of each calendar year, the
7 board shall elect a chairperson and a vice chairperson from its
8 membership.

9 (h) Each member of the board shall receive a per diem and
10 reimbursement of expenses as provided in Section 103.

11 (i) This section shall remain in effect only until January 1, 2030,
12 and as of that date is repealed.

13 ~~SEC. 47.~~

14 *SEC. 66.* Section 4990.01 is added to the Business and
15 Professions Code, to read:

16 4990.01. Notwithstanding any other provision of law, the repeal
17 of Section 4990 renders the board subject to review by the
18 appropriate policy committees of the Legislature.

19 ~~SEC. 48.~~

20 *SEC. 67.* Section 4990.04 of the Business and Professions Code
21 is amended to read:

22 4990.04. (a) The board shall appoint an executive officer. This
23 position is designated as a confidential position and is exempt from
24 civil service under subdivision (e) of Section 4 of Article VII of
25 the California Constitution.

26 (b) The executive officer serves at the pleasure of the board.

27 (c) The executive officer shall exercise the powers and perform
28 the duties delegated by the board and vested in them by this
29 chapter.

30 (d) With the approval of the director, the board shall fix the
31 salary of the executive officer.

32 (e) The chairperson and executive officer may call meetings of
33 the board and any duly appointed committee at a specified time
34 and place. For purposes of this section, “call meetings” means
35 setting the agenda, time, date, or place for any meeting of the board
36 or any committee.

37 (f) This section shall remain in effect only until January 1, 2030,
38 and as of that date is repealed.

~~SEC. 49.~~

SEC. 68. Section 4992.2 of the Business and Professions Code is amended to read:

4992.2. “Advertising,” as used in this chapter, includes, but is not limited to, any public communication as defined in subdivision (a) of Section 651, the issuance of any card, sign, or device to any person, or the causing, permitting, or allowing of any sign or marking on, or in, any building or structure, or in any newspaper, magazine, or directory, or any printed matter whatsoever, with or without any limiting qualification. Signs within religious buildings or notices in bulletins from a religious organization mailed to a congregation are not advertising within the meaning of this chapter.

~~SEC. 50.~~

SEC. 69. Section 4992.3 of the Business and Professions Code is amended to read:

4992.3. The board may deny a license or a registration, or may suspend or revoke the license or registration of a licensee or registrant if the licensee or registrant has been guilty of unprofessional conduct. Unprofessional conduct includes, but is not limited to, the following:

(a) The conviction of a crime substantially related to the qualifications, functions, or duties of a licensee or registrant under this chapter. The record of conviction shall be conclusive evidence only of the fact that the conviction occurred. The board may inquire into the circumstances surrounding the commission of the crime in order to fix the degree of discipline or to determine if the conviction is substantially related to the qualifications, functions, or duties of a licensee or registrant under this chapter. A conviction has the same meaning as defined in Section 7.5. The board may order any license or registration suspended or revoked, or may decline to issue a license or registration when the time for appeal has elapsed, or the judgment of conviction has been affirmed on appeal, or, when an order granting probation is made suspending the imposition of sentence. All actions pursuant to this subdivision shall be taken pursuant to Division 1.5 (commencing with Section 475).

(b) Securing a license or registration by fraud, deceit, or misrepresentation on any application for licensure or registration submitted to the board, whether engaged in by an applicant for a

1 license or registration, or by a licensee in support of any application
2 for licensure or registration.

3 (c) Administering to themselves any controlled substance or
4 using any of the dangerous drugs specified in Section 4022 or any
5 alcoholic beverage to the extent, or in a manner, as to be dangerous
6 or injurious to the person applying for a registration or license or
7 holding a registration or license under this chapter, or to any other
8 person, or to the public, or, to the extent that the use impairs the
9 ability of the person applying for or holding a registration or license
10 to conduct with safety to the public the practice authorized by the
11 registration or license. The board shall deny an application for a
12 registration or license or revoke the license or registration of any
13 person who uses or offers to use drugs in the course of performing
14 clinical social work. This provision does not apply to any person
15 also licensed as a physician and surgeon under Chapter 5
16 (commencing with Section 2000) or the Osteopathic Act who
17 lawfully prescribes drugs to a patient under the person's care.

18 (d) Incompetence in the performance of clinical social work.

19 (e) An act or omission that falls sufficiently below the standard
20 of conduct of the profession as to constitute an act of gross
21 negligence.

22 (f) Violating, attempting to violate, or conspiring to violate this
23 chapter or any regulation adopted by the board.

24 (g) Misrepresentation as to the type or status of a license or
25 registration held by the licensee or registrant or otherwise
26 misrepresenting or permitting misrepresentation of the licensee's
27 or registrant's education, professional qualifications, or professional
28 affiliations to any person or entity. For purposes of this subdivision,
29 this misrepresentation includes, but is not limited to,
30 misrepresentation of the person's qualifications as an adoption
31 service provider pursuant to Section 8502 of the Family Code.

32 (h) Impersonation of another by any licensee, registrant, or
33 applicant for a license or registration, or, in the case of a licensee
34 or registrant, allowing any other person to use the licensee's or
35 registrant's license or registration.

36 (i) Aiding or abetting, or employing, directly or indirectly, any
37 unlicensed or unregistered person to engage in conduct for which
38 a license or registration is required under this chapter.

39 (j) Intentionally or recklessly causing physical or emotional
40 harm to any client.

1 (k) The commission of any dishonest, corrupt, or fraudulent act
2 substantially related to the qualifications, functions, or duties of a
3 licensee or registrant.

4 (l) Engaging in sexual relations with a client or with a former
5 client within two years from the termination date of therapy with
6 the client, soliciting sexual relations with a client, or committing
7 an act of sexual abuse, or sexual misconduct with a client, or
8 committing an act punishable as a sexually related crime, if that
9 act or solicitation is substantially related to the qualifications,
10 functions, or duties of a clinical social worker.

11 (m) Performing, or holding oneself out as being able to perform,
12 or offering to perform or permitting, any registered associate,
13 trainee, or applicant for licensure under supervision to perform
14 any professional services beyond the scope of the license authorized
15 by this chapter.

16 (n) Failure to maintain confidentiality, except as otherwise
17 required or permitted by law, of all information that has been
18 received from a client in confidence during the course of treatment
19 and all information about the client that is obtained from tests or
20 other means.

21 (o) Prior to the commencement of treatment, failing to disclose
22 to the client or prospective client the fee to be charged for the
23 professional services, or the basis upon which that fee will be
24 computed.

25 (p) Paying, accepting, or soliciting any consideration,
26 compensation, or remuneration, whether monetary or otherwise,
27 for the referral of professional clients. All consideration,
28 compensation, or remuneration shall be in relation to professional
29 counseling services actually provided by the licensee. This
30 subdivision does not prevent collaboration among two or more
31 licensees in a case or cases. However, no fee shall be charged for
32 that collaboration, except when disclosure of the fee has been made
33 in compliance with subdivision (o).

34 (q) Advertising in a manner that is false, fraudulent, misleading,
35 or deceptive, as defined in Section 651.

36 (r) Reproduction or description in public, or in any publication
37 subject to general public distribution, of any psychological test or
38 other assessment device, the value of which depends in whole or
39 in part on the naivete of the subject, in ways that might invalidate
40 the test or device. A licensee shall limit access to that test or device

1 to persons with professional interest who are expected to safeguard
2 its use.

3 (s) Any conduct in the supervision of any registered associate,
4 trainee, or applicant for licensure by any licensee that violates this
5 chapter or any rules or regulations adopted by the board.

6 (t) Performing or holding oneself out as being able to perform
7 mental health services beyond the scope of one's competence, as
8 established by one's education, training, or experience. This
9 subdivision shall not be construed to expand the scope of the
10 license authorized by this chapter.

11 (u) Permitting an applicant for licensure, trainee, or registrant
12 under one's supervision or control to perform, or permitting the
13 supervisee to hold themselves out as competent to perform, mental
14 health services beyond the supervisee's level of education, training,
15 or experience.

16 (v) The violation of any law governing the gaining or
17 supervision of experience required by this chapter.

18 (w) Failure to keep records consistent with sound clinical
19 judgment, the standards of the profession, and the nature of the
20 services being rendered.

21 (x) Failure to comply with the child abuse reporting
22 requirements of Section 11166 of the Penal Code.

23 (y) Failure to comply with the elder and dependent adult abuse
24 reporting requirements of Section 15630 of the Welfare and
25 Institutions Code.

26 (z) Willful violation of Chapter 1 (commencing with Section
27 123100) of Part 1 of Division 106 of the Health and Safety Code.

28 (aa) Failure to comply with the procedures set forth in Section
29 2290.5 when delivering health care via telehealth.

30 (ab) (1) Engaging in an act described in Section 261, 286, 287,
31 or 289 of, or former Section 288a of, the Penal Code with a minor
32 or an act described in Section 288 or 288.5 of the Penal Code
33 regardless of whether the act occurred prior to or after the time the
34 registration or license was issued by the board. An act described
35 in this subdivision occurring prior to the effective date of this
36 subdivision shall constitute unprofessional conduct and shall
37 subject the licensee to refusal, suspension, or revocation of a license
38 under this section.

39 (2) The Legislature hereby finds and declares that protection of
40 the public, and in particular minors, from sexual misconduct by a

licensee is a compelling governmental interest, and that the ability to suspend or revoke a license for sexual conduct with a minor occurring prior to the effective date of this section is equally important to protecting the public as is the ability to refuse a license for sexual conduct with a minor occurring prior to the effective date of this section.

(ac) Engaging in any conduct that subverts or attempts to subvert any licensing examination or the administration of the examination as described in Section 123.

~~SEC. 51.~~

SEC. 70. Section 4996.16.1 of the Business and Professions Code is amended to read:

4996.16.1. (a) Notwithstanding Section 4996, a person who holds a license in another jurisdiction of the United States as a clinical social worker may provide clinical social work services in this state for a period not to exceed 30 consecutive days in any calendar year, if all of the following conditions are met:

(1) The license from another jurisdiction is at the highest level for independent clinical practice in the jurisdiction in which the license was granted.

(2) The license from another jurisdiction is current, active, and unrestricted.

(3) The client is located in California during the time the person seeks to provide care in California.

(4) The client is a current client of the person and has an established, ongoing client-provider relationship with the person at the time the client became located in California.

(5) The person informs the client of the limited timeframe of the services and that the person is not licensed in California.

(6) The person provides the client with the Board of Behavioral Sciences' internet website address.

(7) The person informs the client of the jurisdiction in which the person is licensed and the type of license held and provides the client with the person's license number.

(b) A person who intends to provide clinical social work services pursuant to this section shall provide the board with all of the following information before providing services:

(1) The name under which the person is licensed in another jurisdiction, the person's mailing address, the person's phone number, the person's social security number or individual taxpayer

1 identification number, and the person's electronic mailing address,
2 if the person has an electronic mailing address.

3 (2) The jurisdiction in which the person is licensed, the type of
4 license held, and the license number.

5 (3) The date on which the person will begin providing clinical
6 social work services to the person's client in California.

7 (c) A person who provides services pursuant to this section is
8 ~~deemed to have agreed, and attested under penalty of perjury, to~~
9 ~~practicing under the jurisdiction of the board and shall submit a~~
10 ~~signed statement, under penalty of perjury, acknowledging that~~
11 ~~they are subject to the jurisdiction of the board and agreeing to~~
12 ~~be bound by the laws of this state.~~

13 (d) This section does not apply to any person licensed by the
14 board whose license has been suspended or revoked.

15 (e) This section shall remain in effect only until January 1, 2030,
16 and as of that date is repealed.

17 ~~SEC. 52.~~

18 SEC. 71. Section 4996.23.1 of the Business and Professions
19 Code, as amended by Section 8 of Chapter 160 of the Statutes of
20 2024, is amended to read:

21 4996.23.1. (a) Except for experience gained by attending
22 workshops, seminars, training sessions, or conferences, as
23 described in paragraph (3) of subdivision (d) of Section 4996.23,
24 direct supervisor contact shall occur as follows:

25 (1) Supervision shall include at least one hour of direct
26 supervisor contact each week for which experience is credited in
27 each work setting.

28 (2) An associate gaining experience who performs more than
29 10 hours of services pursuant to paragraph (2) of subdivision (d)
30 of Section 4996.23 in a week in any setting shall receive at least
31 one additional hour of direct supervisor contact for that setting.

32 (b) (1) For purposes of this chapter, "one hour of direct
33 supervisor contact" means any of the following:

34 (A) Individual supervision, which means one hour of
35 face-to-face contact between one supervisor and one person
36 receiving supervision for providing clinical mental health services.

37 (B) Triadic supervision, which means one hour of face-to-face
38 contact between one supervisor and two persons receiving
39 supervision for providing clinical mental health services.

1 (C) Group supervision, which means two hours of face-to-face
2 contact between one supervisor and no more than eight persons
3 receiving supervision for providing clinical mental health services.
4 Segments of group supervision may be split into no less than one
5 continuous hour. A supervisor shall ensure that the amount and
6 degree of supervision is appropriate for each person in the group.

7 (2) For purposes of this subdivision, “face-to-face contact”
8 means in-person contact, contact via two-way, real-time
9 videoconferencing, or some combination of these.

10 (c) The supervisor shall be responsible for ensuring compliance
11 with federal and state laws relating to confidentiality of patient
12 health information.

13 (d) (1) Within 60 days of the commencement of supervision,
14 a supervisor shall conduct a meeting with the supervisee during
15 which the supervisor shall assess the appropriateness of allowing
16 the supervisee to receive supervision via two-way, real-time
17 videoconferencing. This assessment of appropriateness shall
18 include, but is not limited to, the abilities of the supervisee, the
19 preferences of both the supervisee and supervisor, and the privacy
20 of the locations of the supervisee and supervisor while supervision
21 is conducted.

22 (2) The supervisor shall document the results of the assessment
23 made pursuant to paragraph (1), and shall not utilize supervision
24 via two-way, real-time videoconferencing if their assessment finds
25 it is not appropriate.

26 (e) Direct supervisor contact shall occur within the same week
27 as the hours claimed.

28 (f) Of the 104 weeks of required supervision, 52 weeks shall be
29 individual supervision, triadic supervision, or a combination of
30 both.

31 (g) Of the 52 weeks of required individual or triadic supervision,
32 no less than 13 weeks shall be supervised by a licensed clinical
33 social worker.

34 (h) Alternative supervision may be arranged during a
35 supervisor’s vacation or sick leave if the alternative supervision
36 meets the requirements of this chapter.

37 (i) Notwithstanding any other law, once the required number
38 of experience hours are gained, an associate clinical social worker
39 or applicant for licensure shall receive a minimum of one hour of
40 direct supervisor contact per week for each practice setting in

1 which direct clinical counseling is performed. Once the required
2 number of experience hours are gained, further supervision for
3 nonclinical practice, as described in paragraph (3) of subdivision
4 (d) of Section 4996.23, shall be at the supervisor's discretion.

5 ~~SEC. 53.~~

6 *SEC. 72.* Section 4996.23.1 of the Business and Professions
7 Code, as amended by Section 9 of Chapter 160 of the Statutes of
8 2024, is repealed.

9 ~~SEC. 54.~~

10 *SEC. 73.* Section 4996.23.2 of the Business and Professions
11 Code is amended to read:

12 4996.23.2. (a) An associate clinical social worker or applicant
13 for licensure shall only perform mental health and related services
14 as an employee or as a volunteer, not as an independent contractor.
15 The requirements of this chapter regarding hours of experience
16 and supervision shall apply equally to employees and volunteers.
17 An associate or applicant for licensure shall not perform any
18 services or gain any experience within the scope of practice of the
19 profession, as defined in Section 4996.9, as an independent
20 contractor. While an associate may be either a paid employee or
21 a volunteer, employers are encouraged to provide fair remuneration.

22 (1) If employed, an associate shall provide the board, upon
23 application for licensure, with copies of the corresponding W-2
24 tax forms for each year of experience claimed. For experience
25 gained during a tax year that has not ended by the date the
26 associate's application for licensure is received by the board, the
27 associate shall provide the board with a copy of their most recent
28 pay stub.

29 (2) If volunteering, an associate shall provide the board, upon
30 application for licensure, with a letter from their employer verifying
31 the associate's status as a volunteer during the dates the experience
32 was gained.

33 (b) Employment in a private practice or professional corporation
34 shall not commence until the applicant has been registered as an
35 associate clinical social worker.

36 (c) Experience shall only be gained in a setting that meets both
37 of the following:

38 (1) Lawfully and regularly provides clinical social work, mental
39 health counseling, or psychotherapy.

1 (2) Provides oversight to ensure that the associate's work at the
2 setting meets the experience and supervision requirements set forth
3 in this chapter and is within the scope of practice for the profession
4 as defined in Section 4996.9.

5 (d) Only experience gained in the position for which the
6 associate clinical social worker volunteers or is employed shall
7 qualify as supervised experience.

8 (e) Any experience obtained under the supervision of a spouse
9 or relative by blood or marriage shall not be credited toward the
10 required hours of supervised experience. Any experience obtained
11 under the supervision of a supervisor with whom the applicant has
12 had or currently has a personal, professional, or business
13 relationship that undermines the authority or effectiveness of the
14 supervision shall not be credited toward the required hours of
15 supervised experience.

16 (f) An associate clinical social worker or applicant for licensure
17 who provides voluntary services in any lawful work setting and
18 who only receives reimbursement for expenses actually incurred
19 shall be considered an employee. The board may audit an applicant
20 for licensure who receives reimbursement for expenses and the
21 applicant shall have the burden of demonstrating that the payments
22 received were for reimbursement of expenses actually incurred.

23 (g) An associate clinical social worker or applicant for licensure
24 who receives a stipend or educational loan repayment from a
25 program designed to encourage demographically underrepresented
26 groups to enter the profession or to improve recruitment and
27 retention in underserved regions or settings shall be considered an
28 employee. The board may audit an applicant who receives a stipend
29 or educational loan repayment and the applicant shall have the
30 burden of demonstrating that the payments received were for the
31 specified purposes.

32 (h) An associate or applicant for licensure shall not receive any
33 remuneration from patients or clients and shall only be paid by
34 their employer, if an employee.

35 (i) An associate or applicant for licensure shall have no
36 proprietary interest in their employer's business and shall not lease
37 or rent space, pay for furnishings, equipment, or supplies, or in
38 any other way pay for the obligations of their employer.

39 (j) An associate may provide services via telehealth that are in
40 the scope of practice as outlined in this chapter.

(k) Each educational institution preparing applicants pursuant to this chapter shall consider requiring, and shall encourage, its students to undergo individual, marital, conjoint, family, or group counseling or psychotherapy, as appropriate. Each supervisor shall consider, advise, and encourage their supervisees regarding the advisability of undertaking individual, marital, conjoint, family, or group counseling or psychotherapy, as appropriate. Insofar as it is deemed appropriate and is desired by the applicant, educational institutions and supervisors are encouraged to assist the applicant to locate counseling or psychotherapy at a reasonable cost.

~~SEC. 55.~~

SEC. 74. Section 4997.1 of the Business and Professions Code is amended to read:

4997.1. (a) (1) The board shall issue, upon submission of a completed application as prescribed by this section and payment of the fee fixed by this chapter, a retired license to a licensed clinical social worker who holds a license that is current and active or a license that is inactive, and whose license is not suspended, revoked, or otherwise punitively restricted by the board or subject to disciplinary action under this chapter.

(2) A clinical social worker license that has expired shall be issued a retired license by the board upon submission of a completed application as prescribed by this section and payment of the fee fixed by this chapter if all of the following requirements are met:

(A) The license expired within three years from the date of the board's receipt of a completed application.

(B) Immediately preceding the license expiration, and after the license expiration, the license was not suspended, revoked, or otherwise punitively restricted by the board or subject to disciplinary action under this chapter.

(3) For purposes of this section, "subject to disciplinary action" shall mean that the licensee had an unsatisfied cost recovery, fine or restitution order, an accusation or petition to revoke probation that has been served on the licensee alleging violations of their probation or the chapter, or an unresolved complaint or investigation pending with the board.

(b) To apply for a retired license, the applicant shall submit a completed application to the board providing all of the following information:

1 (1) Full name as filed with the board.

2 (2) Board license type, license number, and expiration date.

3 (3) Date of birth.

4 (4) Social security number or individual taxpayer identification
5 number.

6 (5) A statement signed under penalty of perjury that the
7 information provided on the application is true and correct, that
8 the applicant understands that the holder of a retired license may
9 not engage in any activity for which the active license was issued,
10 and that the applicant hereby requests their license to be changed
11 to retired status.

12 (c) The holder of a retired license issued pursuant to this section
13 shall not engage in any activity for which an active clinical social
14 worker license is required.

15 (d) The holder of a retired license shall utilize their professional
16 title only with the unabbreviated word “retired” directly preceding
17 or directly following the professional title.

18 (e) The holder of a retired license shall not be required to renew
19 that license.

20 (f) The holder of a retired license may apply to restore to active
21 status their license to practice clinical social work if that retired
22 license was issued less than three years prior to the date the
23 application to restore the retired license is received by the board.
24 A retired license may be restored to active status one time only.
25 To restore a retired license to active status, the applicant shall meet
26 all of the following requirements:

27 (1) Submits a completed application to the board containing all
28 of the following information:

29 (A) Full name as filed with the board.

30 (B) Original board license type and original license number and
31 expiration date.

32 (C) Date of birth.

33 (D) Social security number or individual taxpayer identification
34 number.

35 (E) Whether they have been convicted, as defined in Section
36 490, of a misdemeanor or felony, or whether any disciplinary action
37 has been taken by any regulatory or licensing board in this or any
38 other state, subsequent to the issuance of the retired license.

39 (F) A statement signed under penalty of perjury that the
40 information provided on the application is true and correct, that

1 the applicant did not engage in any activity for which an active
2 license is required while the license was in retired status, and that
3 the applicant hereby requests their license to be changed to “active”
4 status.

5 (2) Has not committed an act or crime constituting grounds for
6 denial of licensure.

7 (3) Pays the required renewal fee.

8 (4) Completes the required continuing education as specified
9 in Section 4996.22.

10 (5) Complies with the fingerprint submission requirements
11 established in Section 144.

12 (g) An applicant requesting to restore their license pursuant to
13 subdivision (f) whose retired license was issued in accordance
14 with this section less than one year from the date the application
15 to restore the retired license is received by the board shall complete
16 18 hours of continuing education taken within the two years prior
17 to the date the application to restore the retired license is received
18 by the board. The coursework shall include a minimum of six hours
19 in the subject of California law and ethics.

20 (h) An applicant requesting to restore their license pursuant to
21 subdivision (f) whose retired license was issued in accordance
22 with this section one or more years from the date the application
23 to restore the retired license is received by the board shall complete
24 36 hours of continuing education taken within the two years prior
25 to the date the application to restore the retired license is received
26 by the board. This coursework shall include a minimum of six
27 hours in the subject of California law and ethics.

28 (i) A retired license that was issued three or more years prior
29 shall not be restored. The holder of the retired license may apply
30 for and obtain a new license if all of the following criteria are
31 satisfied:

32 (1) Has not committed an act or crime constituting grounds for
33 denial of licensure.

34 (2) Applies for licensure and pays the required fees.

35 (3) Passes the examinations required for licensure.

36 (4) Complies with the fingerprint submission requirements
37 established in Section 144.

38 ~~SEC. 56:~~

39 *SEC. 75.* Section 4999.12 of the Business and Professions Code
40 is amended to read:

1 4999.12. For purposes of this chapter, the following terms have
2 the following meanings:

3 (a) “Board” means the Board of Behavioral Sciences.

4 (b) “Accredited” means a school, college, or university
5 accredited by a regional or national institutional accrediting agency
6 that is recognized by the United States Department of Education.

7 (c) “Approved” means a school, college, or university that
8 possessed unconditional approval by the Bureau for Private
9 Postsecondary Education at the time of the applicant’s graduation
10 from the school, college, or university.

11 (d) “Applicant for licensure” means an unlicensed person who
12 has completed the required education and required hours of
13 supervised experience for licensure.

14 (e) “Licensed professional clinical counselor” or “LPCC” means
15 a person licensed under this chapter to practice professional clinical
16 counseling, as defined in Section 4999.20.

17 (f) “Associate” means an unlicensed person who meets the
18 requirements of Section 4999.42 and is registered with the board.

19 (g) “Clinical counselor trainee” means an unlicensed person
20 who is currently enrolled in a master’s or doctoral degree program,
21 as specified in Section 4999.32 or 4999.33, that is designed to
22 qualify the person for licensure and who has completed no less
23 than 12 semester units or 18 quarter units of coursework in any
24 qualifying degree program.

25 (h) “Supervisor” means an individual who meets all of the
26 following requirements:

27 (1) Has held an active license for at least two years within the
28 five-year period immediately preceding any supervision as either:

29 (A) A licensed professional clinical counselor, licensed marriage
30 and family therapist, psychologist licensed pursuant to Chapter
31 6.6 (commencing with Section 2900), licensed clinical social
32 worker, licensed educational psychologist, or equivalent
33 out-of-state license. A licensed educational psychologist may only
34 supervise the provision of educationally related mental health
35 services that are consistent with the scope of practice of an
36 educational psychologist, as specified in Section 4989.14.

37 (B) A physician and surgeon who is certified in psychiatry by
38 the American Board of Psychiatry and Neurology, or an out-of-state
39 licensed physician and surgeon who is certified in psychiatry by
40 the American Board of Psychiatry and Neurology.

(2) For at least two years within the five-year period immediately preceding any supervision, has practiced psychotherapy, provided psychological counseling pursuant to paragraph (5) of subdivision (a) of Section 4989.14, or provided direct clinical supervision of psychotherapy performed by marriage and family therapist trainees, associate marriage and family therapists, associate professional clinical counselors, or associate clinical social workers. Supervision of psychotherapy performed by a social work intern or a professional clinical counselor trainee shall be accepted if the supervision provided is substantially equivalent to the supervision required for registrants.

(3) Has received training in supervision as specified in this chapter and by regulation.

(4) Has not provided therapeutic services to the supervisee.

(5) Has and maintains a current and active license that is not under suspension or probation as one of the following:

(A) A marriage and family therapist, professional clinical counselor, clinical social worker, or licensed educational psychologist issued by the board.

(B) A psychologist licensed pursuant to Chapter 6.6 (commencing with Section 2900).

(C) A physician and surgeon who is certified in psychiatry by the American Board of Psychiatry and Neurology.

(6) Is not a spouse, domestic partner, or relative of the supervisee.

(7) Does not currently have or previously had a personal, professional, or business relationship with the supervisee that undermines the authority or effectiveness of the supervision.

(i) “Client centered advocacy” includes, but is not limited to, researching, identifying, and accessing resources, or other activities, related to obtaining or providing services and supports for clients or groups of clients receiving psychotherapy or counseling services.

(j) “Advertising,” as used in this chapter, includes, but is not limited to, any public communication as defined in subdivision (a) of Section 651, the issuance of any card, sign, or device to any person, or the causing, permitting, or allowing of any sign or marking on, or in, any building or structure, or in any newspaper, magazine, or directory, or any printed matter whatsoever, with or without any limiting qualification. Signs within religious buildings

1 or notices in bulletins from a religious organization mailed to a
2 congregation are not advertising within the meaning of this chapter.

3 (k) “Referral” means evaluating and identifying the needs of a
4 client to determine whether it is advisable to refer the client to
5 other specialists, informing the client of that judgment, and
6 communicating that determination as requested or deemed
7 appropriate to referral sources.

8 (l) “Research” means a systematic effort to collect, analyze, and
9 interpret quantitative and qualitative data that describes how social
10 characteristics, behavior, emotion, cognitions, disabilities, mental
11 disorders, and interpersonal transactions among individuals and
12 organizations interact.

13 (m) “Supervision” means responsibility for, and control of, the
14 quality of mental health and related services provided by the
15 supervisee. Consultation or peer discussion shall not be considered
16 supervision and shall not qualify as supervised experience.
17 Supervision includes, but is not limited to, all of the following:

18 (1) Ensuring the extent, kind, and quality of counseling
19 performed is consistent with the education, training, and experience
20 of the supervisee.

21 (2) Monitoring and evaluating the supervisee’s assessment,
22 diagnosis, and treatment decisions and providing regular feedback.

23 (3) Monitoring and evaluating the supervisee’s ability to provide
24 services at the site or sites where the supervisee is practicing and
25 to the particular clientele being served.

26 (4) Monitoring and addressing clinical dynamics, including, but
27 not limited to, countertransference-, intrapsychic-, interpersonal-,
28 or trauma-related issues that may affect the supervisory or the
29 practitioner-patient relationship.

30 (5) Ensuring the supervisee’s compliance with laws and
31 regulations governing the practice of licensed professional clinical
32 counseling.

33 (6) Reviewing the supervisee’s progress notes, process notes,
34 and other patient treatment records, as deemed appropriate by the
35 supervisor.

36 (7) With the client’s written consent, providing direct
37 observation or review of audio or video recordings of the
38 supervisee’s counseling or therapy, as deemed appropriate by the
39 supervisor.

(n) “Clinical setting” means any setting that meets both of the following requirements:

(1) Lawfully and regularly provides mental health counseling or psychotherapy.

(2) Provides oversight to ensure that the associate’s work meets the experience and supervision requirements set forth in this chapter and in regulation and is within the scope of practice of the profession.

~~SEC. 57.~~

SEC. 76. Section 4999.23 of the Business and Professions Code is amended to read:

4999.23. (a) Notwithstanding Section 4999.30, a person who holds a license in another jurisdiction of the United States as a professional clinical counselor may provide professional clinical counseling services in this state for a period not to exceed 30 consecutive days in any calendar year, if all of the following conditions are met:

(1) The license from another jurisdiction is at the highest level for independent clinical practice in the jurisdiction in which the license was granted.

(2) The license from another jurisdiction is current, active, and unrestricted.

(3) The client is located in California during the time the person seeks to provide care in California.

(4) The client is a current client of the person and has an established, ongoing client-provider relationship with the person at the time the client became located in California.

(5) The person informs the client of the limited timeframe of the services and that the person is not licensed in California.

(6) The person provides the client with the Board of Behavioral Sciences’ internet website address.

(7) The person informs the client of the jurisdiction in which the person is licensed and the type of license held and provides the client with the person’s license number.

(b) A person who intends to provide professional clinical counseling services pursuant to this section shall provide the board with all of the following information before providing services:

(1) The name under which the person is licensed in another jurisdiction, the person’s mailing address, the person’s phone number, the person’s social security number or individual taxpayer

1 identification number, and the person's electronic mailing address,
2 if the person has an electronic mailing address.

3 (2) The jurisdiction in which the person is licensed, the type of
4 license held, and the license number.

5 (3) The date on which the person will begin providing
6 professional clinical counseling services to the person's client in
7 California.

8 (c) A person who provides services pursuant to this section is
9 ~~deemed to have agreed, and attested under penalty of perjury, to~~
10 ~~practicing under the jurisdiction of the board and shall submit a~~
11 ~~signed statement, under penalty of perjury, acknowledging that~~
12 ~~they are subject to the jurisdiction of the board and agreeing to~~
13 ~~be bound by the laws of this state.~~

14 (d) This section does not apply to any person licensed by the
15 board whose license has been suspended or revoked.

16 (e) This section shall remain in effect only until January 1, 2030,
17 and as of that date is repealed.

18 ~~SEC. 58.~~

19 *SEC. 77.* Section 4999.46.2 of the Business and Professions
20 Code, as amended by Section 14 of Chapter 160 of the Statutes of
21 2024, is amended to read:

22 4999.46.2. (a) Except for experience gained by attending
23 workshops, seminars, training sessions, or conferences, as
24 described in paragraph (4) of subdivision (c) of Section 4999.46,
25 direct supervisor contact shall occur as follows:

26 (1) Supervision shall include at least one hour of direct
27 supervisor contact in each week for which experience is credited
28 in each work setting.

29 (2) A trainee shall receive an average of at least one hour of
30 direct supervisor contact for every five hours of direct clinical
31 counseling performed each week in each setting. ~~For experience~~
32 ~~gained after January 1, 2009, no more than six hours of supervision,~~
33 ~~whether individual, triadic, or group, shall be credited during any~~
34 ~~single week.~~

35 (3) An associate gaining experience who performs more than
36 10 hours of direct clinical counseling in a week in any setting shall
37 receive at least one additional hour of direct supervisor contact for
38 that setting. *For experience gained after January 1, 2009, no more*
39 *than six hours of supervision, whether individual supervision,*

1 *triadic supervision, or group supervision, shall be credited during*
2 *any single week.*

3 (4) Of the 104 weeks of required supervision, 52 weeks shall
4 be individual supervision, triadic supervision, or a combination of
5 both.

6 (b) (1) For purposes of this chapter, “one hour of direct
7 supervisor contact” means any of the following:

8 (A) Individual supervision, which means one hour of
9 face-to-face contact between one supervisor and one person
10 receiving supervision for providing clinical mental health services.

11 (B) Triadic supervision, which means one hour of face-to-face
12 contact between one supervisor and two persons receiving
13 supervision for providing clinical mental health services.

14 (C) Group supervision, which means two hours of face-to-face
15 contact between one supervisor and no more than eight persons
16 receiving supervision for providing clinical mental health services.
17 Segments of group supervision may be split into no less than one
18 continuous hour. The supervisor shall ensure that the amount and
19 degree of supervision is appropriate for each person in the group.

20 (2) For purposes of this subdivision, “face-to-face contact”
21 means in-person contact, contact via two-way, real-time
22 videoconferencing, or some combination of these.

23 (c) The supervisor shall be responsible for ensuring compliance
24 with federal and state laws relating to confidentiality of patient
25 health information.

26 (d) (1) Within 60 days of the commencement of supervision,
27 a supervisor shall conduct a meeting with the supervisee during
28 which the supervisor shall assess the appropriateness of allowing
29 the supervisee to receive supervision via two-way, real-time
30 videoconferencing. This assessment of appropriateness shall
31 include, but is not limited to, the abilities of the supervisee, the
32 preferences of both the supervisee and supervisor, and the privacy
33 of the locations of the supervisee and supervisor while supervision
34 is conducted.

35 (2) The supervisor shall document the results of the assessment
36 made pursuant to paragraph (1), and shall not utilize supervision
37 via two-way, real-time videoconferencing if their assessment finds
38 it is not appropriate.

39 (e) Direct supervisor contact shall occur within the same week
40 as the hours claimed.

(f) Alternative supervision may be arranged during a supervisor's vacation or sick leave if the alternative supervision meets the requirements in this chapter.

(g) Notwithstanding any other law, once the required number of experience hours are gained, associates and applicants for licensure shall receive a minimum of one hour of direct supervisor contact per week for each practice setting in which direct clinical counseling is performed. Once the required number of experience hours are gained, further supervision for nonclinical practice, as defined in paragraph (4) of subdivision (c) of Section 4999.46, shall be at the supervisor's discretion.

~~SEC. 59.~~

SEC. 78. Section 4999.46.2 of the Business and Professions Code, as amended by Section 15 of Chapter 160 of the Statutes of 2024, is repealed.

~~SEC. 60.~~

SEC. 79. Section 4999.46.3 of the Business and Professions Code is amended to read:

4999.46.3. (a) A clinical counselor trainee, associate, or applicant for licensure shall only perform mental health and related services as an employee or volunteer, and not as an independent contractor. The requirements of this chapter regarding hours of experience and supervision shall apply equally to employees and volunteers. A clinical counselor trainee, associate, or applicant for licensure shall not perform any services or gain any experience within the scope of practice of the profession, as defined in Section 4999.20, as an independent contractor. While an associate may be either a paid employee or a volunteer, employers are encouraged to provide fair remuneration.

(1) If employed, an associate shall provide the board, upon application for licensure, with copies of the corresponding W-2 tax forms for each year of experience claimed. For experience gained during a tax year that has not ended by the date the associate's application for licensure is received by the board, the associate shall provide the board with a copy of their most recent pay stub.

(2) If volunteering, an associate shall provide the board, upon application for licensure, with a letter from their employer verifying the associate's status as a volunteer during the dates the experience was gained.

1 (b) A clinical counselor trainee shall not perform services in a
2 private practice or professional corporation.

3 (c) A trainee shall complete the required predegree supervised
4 practicum or field study experience in a setting that meets all of
5 the following requirements:

6 (1) Is not a private practice or a professional corporation.

7 (2) Lawfully and regularly provides mental health counseling
8 or psychotherapy.

9 (3) Provides oversight to ensure that the clinical counselor
10 trainee's work at the setting meets the experience and supervision
11 requirements in this chapter and is within the scope of practice of
12 the profession, as defined in Section 4999.20.

13 (4) Only experience gained in the position for which the clinical
14 counselor trainee volunteers or is employed shall qualify as
15 supervised practicum or field study experience.

16 (d) (1) An associate may be credited with supervised experience
17 completed in any setting that meets both of the following:

18 (A) Lawfully and regularly provides mental health counseling
19 or psychotherapy.

20 (B) Provides oversight to ensure that the associate's work at the
21 setting meets the experience and supervision requirements in this
22 chapter and is within the scope of practice for the profession, as
23 defined in Section 4999.20.

24 (2) Only experience gained in the position for which the
25 associate volunteers or is employed shall qualify as supervised
26 experience.

27 (3) An applicant for registration as an associate shall not be
28 employed or volunteer in a private practice or professional
29 corporation until they have been issued an associate registration
30 by the board.

31 (e) Any experience obtained under the supervision of a spouse,
32 relative, or domestic partner shall not be credited toward the
33 required hours of supervised experience. Any experience obtained
34 under the supervision of a supervisor with whom the applicant has
35 had or currently has a personal, professional, or business
36 relationship that undermines the authority or effectiveness of the
37 supervision shall not be credited toward the required hours of
38 supervised experience.

1 (f) A clinical counselor trainee, associate, or applicant for
2 licensure shall not receive any remuneration from patients or clients
3 and shall only be paid by their employer, if an employee.

4 (g) A clinical counselor trainee, associate, or applicant for
5 licensure shall have no proprietary interest in their employer's
6 business and shall not lease or rent space, pay for furnishings,
7 equipment, or supplies, or in any other way pay for the obligations
8 of their employer.

9 (h) A clinical counselor trainee, associate, or applicant for
10 licensure who provides voluntary services in any lawful work
11 setting and who only receives reimbursement for expenses actually
12 incurred shall be considered an employee. The board may audit
13 an applicant for licensure who receives reimbursement for expenses
14 and the applicant for licensure shall have the burden of
15 demonstrating that the payments received were for reimbursement
16 of expenses actually incurred.

17 (i) A clinical counselor trainee, associate, or applicant for
18 licensure who receives a stipend or educational loan repayment
19 from a program designed to encourage demographically
20 underrepresented groups to enter the profession or to improve
21 recruitment and retention in underserved regions or settings shall
22 be considered an employee. The board may audit an applicant who
23 receives a stipend or educational loan repayment and the applicant
24 shall have the burden of demonstrating that the payments were for
25 the specified purposes.

26 (j) A clinical counselor trainee or associate may provide services
27 via telehealth that are in the scope of practice outlined in this
28 chapter.

29 (k) Each educational institution preparing applicants pursuant
30 to this chapter shall consider requiring, and shall encourage, its
31 students to undergo individual, marital, conjoint, family, or group
32 counseling or psychotherapy, as appropriate. Each supervisor shall
33 consider, advise, and encourage their associates and trainees
34 regarding the advisability of undertaking individual, marital,
35 conjoint, family, or group counseling or psychotherapy, as
36 appropriate. Insofar as it is deemed appropriate and is desired by
37 the applicant, educational institutions and supervisors are
38 encouraged to assist the applicant to locate that counseling or
39 psychotherapy at a reasonable cost.

1 ~~SEC. 61.~~

2 *SEC. 80.* Section 4999.90 of the Business and Professions Code
3 is amended to read:

4 4999.90. The board may refuse to issue any registration or
5 license, or may suspend or revoke the registration or license of
6 any associate or licensed professional clinical counselor, if the
7 applicant, licensee, or registrant has been guilty of unprofessional
8 conduct. Unprofessional conduct includes, but is not limited to,
9 the following:

10 (a) The conviction of a crime substantially related to the
11 qualifications, functions, or duties of a licensee or registrant under
12 this chapter. The record of conviction shall be conclusive evidence
13 only of the fact that the conviction occurred. The board may inquire
14 into the circumstances surrounding the commission of the crime
15 in order to fix the degree of discipline or to determine if the
16 conviction is substantially related to the qualifications, functions,
17 or duties of a licensee or registrant under this chapter. A conviction
18 has the same meaning as defined in Section 7.5. The board may
19 order any license or registration suspended or revoked, or may
20 decline to issue a license or registration when the time for appeal
21 has elapsed, or the judgment of conviction has been affirmed on
22 appeal, or, when an order granting probation is made suspending
23 the imposition of sentence. All actions pursuant to this subdivision
24 shall be taken pursuant to Division 1.5 (commencing with Section
25 475).

26 (b) Securing a license or registration by fraud, deceit, or
27 misrepresentation on any application for licensure or registration
28 submitted to the board, whether engaged in by an applicant for a
29 license or registration, or by a licensee in support of any application
30 for licensure or registration.

31 (c) Administering to oneself any controlled substance or using
32 any of the dangerous drugs specified in Section 4022, or any
33 alcoholic beverage to the extent, or in a manner, as to be dangerous
34 or injurious to the person applying for a registration or license or
35 holding a registration or license under this chapter, or to any other
36 person, or to the public, or, to the extent that the use impairs the
37 ability of the person applying for or holding a registration or license
38 to conduct with safety to the public the practice authorized by the
39 registration or license. The board shall deny an application for a
40 registration or license or revoke the license or registration of any

1 person, other than one who is licensed as a physician and surgeon,
2 who uses or offers to use drugs in the course of performing licensed
3 professional clinical counseling services.

4 (d) Gross negligence or incompetence in the performance of
5 licensed professional clinical counseling services.

6 (e) Violating, attempting to violate, or conspiring to violate any
7 of the provisions of this chapter or any regulation adopted by the
8 board.

9 (f) Misrepresentation as to the type or status of a license or
10 registration held by the person, or otherwise misrepresenting or
11 permitting misrepresentation of the licensee's or registrant's
12 education, professional qualifications, or professional affiliations
13 to any person or entity.

14 (g) Impersonation of another by any licensee, registrant, or
15 applicant for a license or registration, or, in the case of a licensee
16 or registrant, allowing any other person to use the licensee's or
17 registrant's license or registration.

18 (h) Aiding or abetting, or employing, directly or indirectly, any
19 unlicensed or unregistered person to engage in conduct for which
20 a license or registration is required under this chapter.

21 (i) Intentionally or recklessly causing physical or emotional
22 harm to any client.

23 (j) The commission of any dishonest, corrupt, or fraudulent act
24 substantially related to the qualifications, functions, or duties of a
25 licensee or registrant.

26 (k) Engaging in sexual relations with a client, or a former client
27 within two years following termination of therapy, soliciting sexual
28 relations with a client, or committing an act of sexual abuse, or
29 sexual misconduct with a client, or committing an act punishable
30 as a sexually related crime, if that act or solicitation is substantially
31 related to the qualifications, functions, or duties of a licensed
32 professional clinical counselor.

33 (l) Performing, or holding oneself out as being able to perform,
34 or offering to perform, or permitting any trainee, applicant, or
35 registrant under supervision to perform, any professional services
36 beyond the scope of the license authorized by this chapter.

37 (m) Failure to maintain confidentiality, except as otherwise
38 required or permitted by law, of all information that has been
39 received from a client in confidence during the course of treatment

1 and all information about the client which is obtained from tests
2 or other means.

3 (n) Prior to the commencement of treatment, failing to disclose
4 to the client or prospective client the fee to be charged for the
5 professional services, or the basis upon which that fee will be
6 computed.

7 (o) Paying, accepting, or soliciting any consideration,
8 compensation, or remuneration, whether monetary or otherwise,
9 for the referral of professional clients. All consideration,
10 compensation, or remuneration shall be in relation to professional
11 clinical counseling services actually provided by the licensee. This
12 subdivision does not prevent collaboration among two or more
13 licensees in a case or cases. However, no fee shall be charged for
14 that collaboration, except when disclosure of the fee has been made
15 in compliance with subdivision (n).

16 (p) Advertising in a manner that is false, fraudulent, misleading,
17 or deceptive, as defined in Section 651.

18 (q) Reproduction or description in public, or in any publication
19 subject to general public distribution, of any psychological test or
20 other assessment device, the value of which depends in whole or
21 in part on the naivete of the subject, in ways that might invalidate
22 the test or device.

23 (r) Any conduct in the supervision of a registered associate,
24 trainee, or applicant by any licensee that violates this chapter or
25 any rules or regulations adopted by the board.

26 (s) Performing or holding oneself out as being able to perform
27 mental health services beyond the scope of one's competence, as
28 established by one's education, training, or experience. This
29 subdivision shall not be construed to expand the scope of the
30 license authorized by this chapter.

31 (t) Permitting a trainee, associate, or applicant under one's
32 supervision or control to perform, or permitting the trainee,
33 associate, or applicant to hold themselves out as competent to
34 perform, mental health services beyond the trainee's, associate's,
35 or applicant's level of education, training, or experience.

36 (u) The violation of any statute or regulation governing the
37 gaining and supervision of experience required by this chapter.

38 (v) Failure to keep records consistent with sound clinical
39 judgment, the standards of the profession, and the nature of the
40 services being rendered.

1 (w) Failure to comply with the child abuse reporting
2 requirements of Section 11166 of the Penal Code.

3 (x) Failing to comply with the elder and dependent adult abuse
4 reporting requirements of Section 15630 of the Welfare and
5 Institutions Code.

6 (y) Repeated acts of negligence.

7 (z) (1) Engaging in an act described in Section 261, 286, 287,
8 or 289 of, or former Section 288a of, the Penal Code with a minor
9 or an act described in Section 288 or 288.5 of the Penal Code
10 regardless of whether the act occurred prior to or after the time the
11 registration or license was issued by the board. An act described
12 in this subdivision occurring prior to the effective date of this
13 subdivision shall constitute unprofessional conduct and shall
14 subject the licensee to refusal, suspension, or revocation of a license
15 under this section.

16 (2) The Legislature hereby finds and declares that protection of
17 the public, and in particular minors, from sexual misconduct by a
18 licensee is a compelling governmental interest, and that the ability
19 to suspend or revoke a license for sexual conduct with a minor
20 occurring prior to the effective date of this section is equally
21 important to protecting the public as is the ability to refuse a license
22 for sexual conduct with a minor occurring prior to the effective
23 date of this section.

24 (aa) Engaging in any conduct that subverts or attempts to subvert
25 any licensing examination or the administration of an examination
26 as described in Section 123.

27 (ab) Revocation, suspension, or restriction by the board of a
28 license, certificate, or registration to practice as a professional
29 clinical counselor, clinical social worker, educational psychologist,
30 or marriage and family therapist.

31 (ac) Failure to comply with the procedures set forth in Section
32 2290.5 when delivering health care via telehealth.

33 (ad) Willful violation of Chapter 1 (commencing with Section
34 123100) of Part 1 of Division 106 of the Health and Safety Code.

35 ~~SEC. 62.~~

36 *SEC. 81.* Section 4999.113 of the Business and Professions
37 Code is amended to read:

38 4999.113. (a) (1) The board shall issue, upon submission of
39 a completed application as prescribed by this section and payment
40 of the fee fixed by this chapter, a retired license to a professional

1 clinical counselor who holds a license that is current and active or
2 a license that is inactive, and whose license is not suspended,
3 revoked, or otherwise punitively restricted by the board or subject
4 to disciplinary action under this chapter.

5 (2) A professional clinical counselor license that has expired
6 shall be issued a retired license by the board upon submission of
7 a completed application as prescribed by this section and payment
8 of the fee fixed by this chapter if both of the following requirements
9 are met:

10 (A) The license expired within three years from the date of the
11 board's receipt of a completed application.

12 (B) Immediately preceding the license expiration, and after the
13 license expiration, the license was not suspended, revoked, or
14 otherwise punitively restricted by the board or subject to
15 disciplinary action under this chapter.

16 (3) For purposes of this section, "subject to disciplinary action"
17 shall mean that the licensee had an unsatisfied cost recovery, fine
18 or restitution order, an accusation or petition to revoke probation
19 that has been served on the licensee alleging violations of their
20 probation or the chapter, or an unresolved complaint or
21 investigation pending with the board.

22 (b) To apply for a retired license, the applicant shall submit a
23 completed application to the board providing all of the following
24 information:

25 (1) Full name as filed with the board.

26 (2) Board license type, license number, and expiration date.

27 (3) Date of birth.

28 (4) Social security number or individual taxpayer identification
29 number.

30 (5) A statement signed under penalty of perjury that the
31 information provided on the application is true and correct, that
32 the applicant understands that the holder of a retired license may
33 not engage in any activity for which the active license was issued,
34 and that the applicant hereby requests their license to be changed
35 to retired status.

36 (c) The holder of a retired license issued pursuant to this section
37 shall not engage in any activity for which an active professional
38 clinical counselor license is required.

1 (d) The holder of a retired license shall utilize their professional
2 title only with the unabbreviated word “retired” directly preceding
3 or directly following the professional title.

4 (e) The holder of a retired license shall not be required to renew
5 that license.

6 (f) The holder of a retired license may apply to restore to active
7 status their license to practice professional clinical counseling if
8 that retired license was issued less than three years prior to the
9 date the application to restore the retired license is received by the
10 board. A retired license may be restored to active status one time
11 only. To restore a retired license to active status, the applicant shall
12 meet all of the following requirements:

13 (1) Submit a completed application to the board containing all
14 of the following information:

15 (A) Full name as filed with the board.

16 (B) Original board license type and original license number and
17 expiration date.

18 (C) Date of birth.

19 (D) Social security number or individual taxpayer identification
20 number.

21 (E) Whether they have been convicted, as defined in Section
22 490, of a misdemeanor or felony, or whether any disciplinary action
23 has been taken by any regulatory or licensing board in this or any
24 other state subsequent to the issuance of the retired license.

25 (F) A statement signed under penalty of perjury that the
26 information provided on the application is true and correct, that
27 the applicant did not engage in any activity for which an active
28 license is required while the license was in retired status, and that
29 the applicant hereby requests their license to be changed to “active”
30 status.

31 (2) Has not committed an act or crime constituting grounds for
32 denial of licensure.

33 (3) Pays the required renewal fee.

34 (4) Completes the required continuing education as specified
35 in Section 4999.76.

36 (5) Complies with the fingerprint submission requirements
37 established in Section 144.

38 (g) An applicant requesting to restore their license pursuant to
39 subdivision (f) whose retired license was issued in accordance
40 with this section less than one year from the date the application

1 to restore the retired license is received by the board shall complete
2 18 hours of continuing education taken within the two years prior
3 to the date the application to restore the retired license is received
4 by the board. This coursework shall include a minimum of six
5 hours in the subject of California law and ethics.

6 (h) An applicant requesting to restore their license pursuant to
7 subdivision (f) whose retired license was issued in accordance
8 with this section one or more years from the date the application
9 to restore the retired license is received by the board shall complete
10 36 hours of continuing education taken within the two years prior
11 to the date the application to restore the retired license is received
12 by the board. This coursework shall include a minimum of six
13 hours in the subject of California law and ethics.

14 (i) A retired license that was issued three or more years prior
15 shall not be restored. The holder of the retired license may apply
16 for and obtain a new license if all of the following criteria are
17 satisfied:

18 (1) Has not committed an act or crime constituting grounds for
19 denial of licensure.

20 (2) Applies for licensure and pays the required fees.

21 (3) Passes the examinations required for licensure.

22 (4) Complies with the fingerprint submission requirements
23 established in Section 144.

24 ~~SEC. 63.~~

25 *SEC. 82.* No reimbursement is required by this act pursuant to
26 Section 6 of Article XIII B of the California Constitution because
27 the only costs that may be incurred by a local agency or school
28 district will be incurred because this act creates a new crime or
29 infraction, eliminates a crime or infraction, or changes the penalty
30 for a crime or infraction, within the meaning of Section 17556 of
31 the Government Code, or changes the definition of a crime within
32 the meaning of Section 6 of Article XIII B of the California
33 Constitution.

2025 Bill Analysis

Author: Senator Angelique Ashby	Bill Number: SB 775	Related Bills:
Sponsor:	Version: Amended	
Subject: Board of Psychology and Board of Behavioral Sciences		

SUMMARY

Senate Bill 775 introduces amendments to California's mental health licensing laws. It extends the statutory authorization of the Board of Psychology (Board) and the Board of Behavioral Sciences through January 1, 2030, preserving regulatory continuity. The bill expands qualifying academic disciplines for psychological testing technicians to include neuroscience, cognitive science, and behavioral science, while granting the Board discretion to assess program eligibility. It also revises license suspension procedures for felony convictions, allowing the Board to maintain suspensions if it serves the interest of justice, even when convictions are overturned. Additionally, SB 775 clarifies reinstatement protocols, codifies key definitions under the Psychology Licensing Law, and imposes a \$25 fee for supervisor changes to streamline technician oversight and cost recovery.

RECOMMENDATION

Board staff recommends the Board take a position of Support for SB 775, but request that the excluded amendments submitted in the Sunset Report be included.

Other Boards/Departments that may be affected:	
☐ Change in Fee(s)	☐ Affects Licensing Processes ☐ Affects Enforcement Processes
☐ Urgency Clause	☐ Regulations Required ☐ Legislative Reporting ☐ New Appointment Required
Legislative & Regulatory Affairs Committee Position:	Full Board Position:
☐ Support ☐ Support if Amended	☐ Support ☐ Support if Amended
☐ Oppose ☐ Oppose Unless Amended	☐ Oppose ☐ Oppose Unless Amended
☐ Neutral ☐ Watch	☐ Neutral ☐ Watch
Date: _____	Date: _____
Vote: _____	Vote: _____

REASON FOR THE BILL

Senate Bill 775 is a sunset bill that extends the statutory authority of the California Board of Psychology and the Board of Behavioral Sciences from January 1, 2026, to January 1, 2030, following the 2025 Sunset Review. The bill reflects the Legislature's assessment of each board's performance and includes targeted updates to address regulatory gaps. By continuing board operations and implementing key amendments, SB 775 supports ongoing oversight, public protection, and professional accountability in California's mental health system.

ANALYSIS

Senate Bill 775 extends the statutory authorization of the Board through January 1, 2030. SB 775 incorporates several new issues raised in the Board of Psychology's 2025 Sunset Review Report, including reinstating the \$25 fee for supervisor changes, expanding qualifying academic disciplines for psychological testing technicians to fields like neuroscience, cognitive science, and behavioral science, and making updates to enforcement provisions. However, key Board priorities remain unaddressed, such as establishing a psychotherapist-client privilege exception for investigations, clarifying foreign degree qualifications, aligning professional corporation provisions with the Moscone-Knox Act, and making technical updates related to Research Psychoanalysts. While SB 775 reflects progress on some regulatory fronts, further amendments or future legislation will be necessary to fully realize the Board's legislative and enforcement goals. Below is a comparative analysis of SB 775 with the Board's proposed amendments.

INCLUDED IN SB 775**1. Change of Supervisor Fee for Psychological Testing Technicians**

Board: The Board seeks to reinstate the \$25 fee for supervisor changes, which was unintentionally removed during SB 816's passage.

SB 775: Included. SB 775 explicitly reinstates the \$25 supervisor change fee under BPC 2987.

Analysis: The bill addresses this request supporting administrative cost recovery and restoring statutory consistency.

2. Expansion of Qualifying Degrees for Psychological Testing Technicians

Board: The Board seeks an expansion of qualifying academic disciplines for psychological testing technicians to better reflect the evolving nature of the field and support workforce development.

SB 775: Included. The proposed amendment adds degrees in neuroscience, cognitive science, and behavioral science to the list of qualifying academic fields.

Analysis: This provision aligns with the Board's request and helps modernize qualification standards by recognizing relevant interdisciplinary fields. It supports a more inclusive and science-aligned pathway into the profession, potentially increasing the pool of qualified applicants. Implementation may require the Board to establish clear

criteria for evaluating degree programs, but overall, the change enhances clarity and supports the Board's broader licensing objectives.

3. Technical Enforcement Provision Updates

Board: The Board seeks to update technical language in BPC sections 2902–2986 to reflect current enforcement practices and improve clarity.

SB 775: Included. SB 775 revises enforcement-related language, such as license suspension procedures and reinstatement processes.

Analysis: The bill revises provisions related to the automatic suspension of a psychologist's license upon incarceration following a felony conviction. It grants the board discretion to maintain the suspension if deemed in the interest of justice, even if the conviction is overturned on appeal. SB 775 updates procedures for reinstating suspended, revoked, or surrendered licenses and clarifies definitions for terms such as "license," "licensee," and "client" within the Psychology Licensing Law.

NOT INCLUDED IN SB 775

4. Psychotherapist-Client Privilege Exception for Board Investigations

Board: The Board seeks to pursue statutory changes to remove barriers to access patient records that will help investigate consumer complaints by establishing an exception to the psychotherapist-client privilege for the Board during investigations, like the Medical Board of California.

The Board aims to streamline investigative processes in cases where access to records is essential, especially in child custody matters.

SB 775: Not included. SB 775 does not address or incorporate language regarding a psychotherapist-client privilege exception.

Analysis: These proposed amendments have encountered opposition from California Psychological Association (CPA), California Association of Marriage and Family Therapists (CAMFT), and other professional groups. In the past four years only four cases have been closed due the lack of access to records.

5. Clarification of Foreign Degree Qualifications

Board: The Board requests clarification to confusing language in BPC 2913 regarding foreign master's degrees and advancement to candidacy for psychological associate applicants.

SB 775: Not included. No amendments to BPC 2913 or clarification of foreign degree qualifications are present in the bill.

Analysis: The bill does not address existing confusion for applicants and staff, which may lead to delays in processing applications and inconsistencies in how regulations are applied.

6. Psychological Corporations / Professional Corporations

Board: The Board requests amendments to BPC 2995 to align with the Moscone-Knox Professional Corporation Act, ensuring consistency in officer eligibility and corporate structure.

SB 775: Not included. No revisions to BPC 2995 or related corporate provisions included in SB 775.

Analysis: Inclusion in future legislation would enhance clarity for licensed psychologists forming corporations.

7. Research Psychoanalyst Statutory Updates

Board: The Board seeks technical amendments across multiple BPC sections (e.g., 25, 28, 2914, and 2950–2966) to ensure consistency and accuracy for Research Psychoanalyst registrations.

SB 775: Not included. None of the proposed Research Psychoanalyst updates are present in the current version of the bill.

Analysis: The lack of updates may hinder streamlined registration and enforcement for this unique licensure category. Technical corrections would promote better alignment with broader licensing laws.

While SB 775 addresses some of the Board's priorities—such as reinstating the supervisor change fee and making limited enforcement updates—it leaves out several important proposals that would improve regulatory clarity and streamline administrative processes. However, since the bill is still early in the legislative process, there remains an opportunity for additional amendments to incorporate the Board's remaining requests raised in the Board of Psychology's 2025 Sunset Review Report.

LEGISLATIVE HISTORY

Senate Bill 775 functions as a sunset bill, a legislative tool used to continue the statutory authority of the California Board of Psychology and the Board of Behavioral Sciences, both of which are currently scheduled to expire on January 1, 2026. The purpose of this bill is to extend their operations through January 1, 2030, based on findings from the Legislature's 2025 Sunset Review process.

The sunset review process is designed to evaluate the performance, efficiency, and effectiveness of state regulatory boards. Through this process, the Legislature assesses whether a board is fulfilling its mandate to protect the public, enforce licensing laws, and uphold professional standards. SB 775 incorporates recommendations from this review and may also include statutory updates to address operational challenges or regulatory gaps.

By extending the Board's authority and making targeted amendments, SB 775 ensures continued oversight of licensed psychologists and supports regulatory clarity, consumer protection, and professional accountability across California's mental health system.

OTHER STATES' INFORMATION

Not applicable at this time.

PROGRAM BACKGROUND

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.

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 fiscal impact is expected to be minimal and manageable within existing resources for the Board.

The bill proposes to extend the operations of the Board of Psychology through January 1, 2030. Since the Board is self-funded through licensing and regulatory fees, the extension is not expected to generate new costs and is already accounted for in the state budget. SB 775 also reinstates a \$25 supervisor change fee for psychological testing technicians, which is expected to produce revenue that had been lost when the fee was erroneously removed, to offset administrative processing costs. The Board received approximately 59 requests for change of supervisor for psychological testing technicians the past year which is an estimate of \$1,475.00 (\$25.00 x 59) dollars lost.

Additionally, the bill expands the list of qualifying academic degrees for psychological testing technicians to include neuroscience, cognitive science, and behavioral science. This change may result in an increase in applications. In 2024, applications increased by 100, however the added workload is anticipated to be absorbed by existing staff without the need for new funding. The bill also revises license suspension and reinstatement procedures, giving the Board greater discretion in cases involving felony convictions. While this may lead to a slight increase in administrative reviews, it falls within the Board's current enforcement responsibilities and is unlikely to impose additional fiscal costs.

SB 775 aims to improve regulatory clarity and operational efficiency without imposing significant new financial burdens. Any minor costs or revenue changes are expected to be absorbed within the existing operational structures of the affected boards.

ECONOMIC IMPACT

Not applicable at this time.

LEGAL IMPACT

Not applicable at this time.

APPOINTMENTS

Seven members of the Board are appointed by the Governor, one by the Speaker, and one by the Senate.

SUPPORT/OPPOSITION

Not applicable at this time.

Support:

Opposition:

ARGUMENTS

Not applicable at this time.

Proponents:

Opponents:

AMENDMENTS

May 13, 2025

The Honorable Senator Angelique Ashby
Chair, Senate Committee on Business, Professions, and Economic
Development
State Capitol, Room 8630
Sacramento, CA 95814

**RE: SB 775 (Ashby) – Board of Psychology and Board of Behavioral Sciences –
Support if Amended**

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.

At its May 9, 2025, meeting, the Board adopted a **Support if Amended** position on Senate Bill 775 (Ashby). This bill extends the statutory authorization of the Board through January 1, 2030, and incorporates several key provisions from the Board's 2025 Sunset Review Report. These include reinstating the \$25 fee for supervisor changes, expanding qualifying academic disciplines for psychological testing technicians to include neuroscience, cognitive science, and behavioral science, and updating certain enforcement provisions.

While SB 775 addresses several of the Board's Sunset Review priorities, several critical issues remain unaddressed. To ensure comprehensive implementation of the Board's Sunset Review recommendations, the Board respectfully requests the inclusion of the following four amendments in the bill:

1. Clarification of Foreign Degree Qualifications

The Board recommends amendments to Business and Professions Code (BPC) section 2913 to clarify degree requirements for psychological associate applicants, particularly those holding foreign master's degrees or pursuing doctoral candidacy. The Board proposes the following language for inclusion in SB 775:

Existing law establishes degree qualifications for psychological associate applicants preparing for licensure as a psychologist. These qualifications include the completion of a master's degree in psychology; a master's degree in education with a specialization in educational psychology, counseling psychology, or school psychology; or status as an admitted candidate for a doctoral degree.

This bill would clarify that qualifying master's degrees must be obtained from a college or university accredited by a regional accrediting agency recognized by the United States Department of Education. It would also specify that admitted doctoral candidates must have completed at least three years of postgraduate education in psychology and completed a doctoral degree in psychology, education with specialization in psychology, or any field specialization designed to prepare graduates for the professional practice of psychology.

Additionally, this bill would clarify that applicants with a master's degree from an institution outside the United States or Canada must demonstrate that their degree is equivalent to one from a regionally accredited U.S. or Canadian institution. To do so, applicants must provide the Board with a credential evaluation conducted by a member of the National Association of Credential Evaluation Services (NACES) or the National Register of Health Service Psychologists (NRHSP).

Amend BPC Section: **2913.**

See proposed language in Attachment I.

2. Psychological Corporations / Professional Corporations

The Board recommends amending to BPC section 2995 to align the definition of psychological corporations with the **Moscone-Knox Professional Corporation Act**, ensuring consistency in officer eligibility and licensed professional roles. The Board proposes the following language for inclusion in SB 775:

Existing law establishes a psychological corporation as a corporation that is authorized to render professional services. This bill would certify that only licensed professionals may render services within a psychological corporation and expand the eligible list of licensed professionals rendering professional services to include surgeons, naturopathic doctors, or midwives, and establish all professionals providing services are licensed professionals.

Amend BPC Section: **2995.**

See proposed language in Attachment II.

3. Enforcement Provisions

The Board requests that additional technical amendments to multiple BPC sections be made to align enforcement provisions with current regulatory practices. These changes are necessary to support the consistent application of disciplinary authority to enhance consumer protection. The Board proposes the following sections be amended for inclusion in SB 775:

This bill would make various technical changes and other changes to General Provisions, Administration, Denial, Suspension, and Revocation, Penalties, and Revenue.

Amend BPC Sections: **2912, 2934.1, 2960.05, 2960.2, 2960.5, 2962, 2964, 2964.5, 2964.6, 2966, 2969, 2971, 2985, 2986.**

See proposed language in Attachment III.

4. Research Psychoanalyst Statutory Updates

The Board recommends technical amendments to multiple BPC sections to reflect updates relevant to Research Psychoanalysts. These changes would ensure consistency across licensing laws and better integration of this profession within the Board's regulations. The Board proposes the following sections be amended for inclusion in SB 775:

This bill would make various technical changes and other changes to General Provisions, Suspension and Revocation of Licenses, Unprofessional Conduct, and Denial, Suspension, and Revocation.

Amend BPC Sections: **25, 28, 490, 726, 729, 2914, 2915, 2915.4, 2915.5, 2936, 2936.5, 2960.1, 2963, and 2966.**

See proposed language in Attachment IV.

By extending the Board's authority and adopting key updates, SB 775 helps maintain oversight of licensed psychologists and strengthens clarity, consumer protection, and accountability in California's mental health system. The Board appreciates the author's leadership in advancing this important legislation and looks forward to continued collaboration as the bill moves through the legislative process.

If you have any questions or concerns, please feel free to contact the Board's Executive Officer, Jonathan Burke, at (916) 574-8072 or jonathan.burke@dca.ca.gov. Thank you.

Sincerely,



Lea Tate, PsyD
President, Board of Psychology

cc: Steven "Steve" Choi (Vice-Chair)
Members of the Senate Business, Professions and Economic
Development

MEMORANDUM

DATE	July 23, 2025
TO	Psychology Board Members
FROM	Jacklyn Mancilla, Legislative and Regulatory Affairs Analyst
SUBJECT	Agenda Item 12(b)(2) Bills with Active Position Taken by the Board – AB 489 (Bonta) Health care professions: deceptive items or letters: artificial intelligence

Background

On February 20, 2025, Assembly Bill 489 was introduced by Assembly member Mia Bonta.

AB 489 would establish legal provisions that prohibit Artificial Intelligence (AI) use of certain terms, letters, or phrases that falsely suggest or imply that the care being provided by AI is from a licensed or certified natural person in a health care profession. This bill would expand upon existing laws that make it illegal for unlicensed individuals to use terms or communications implying they are authorized to practice a health care profession.

The bill holds entities deploying AI technology responsible if they use AI language in the AI's advertising or functionality. Violations would be subject to enforcement by the appropriate health care boards, with each instance of misuse considered a separate violation.

The bill also creates a state-mandated local program due to the expansion of these legal provisions. While the California Constitution requires the state to reimburse local agencies for certain costs, this bill specifies that no reimbursement is required for this act.

On February 27, 2025, AB 489 was presented to the Board for possible position recommendation. The Board determined to **Support** AB 489 and also requested the following amendment to strengthen the language:

(c) The use of a term, letter, or phrase in the advertising or functionality of an AI system, program, device, or similar technology that indicates or implies that the care or advice, reports, and assessments being offered through the AI technology

is being provided by a natural person in possession of the appropriate license or certificate to practice as a health care professional, is prohibited.

On March 17, 2025, AB 489 was referred to the Assembly Committee on Business and Professions and the Assembly Committee on Privacy and Consumer Protection.

In collaboration with the Board of Registered Nursing and the Assembly Health Committee, on March 28, 2025, the Board submitted its proposed amendments for AB 489 to the Business and Professions Committee.

On April 10, 2025, AB 489 was amended to include references to Generative AI, as well as to incorporate provisions related to advice, care, and the Board's recommended amendments to reports and assessments. The amendments also grant the Board authority to seek an injunction or restraining order to enforce Business and Professions Code Section 125.5.

On April 23, 2025, AB 489 was referred to the appropriations committee.

On May 7, 2025, AB 489 was placed in suspense file by the appropriations committee.

On June 2, 2025, AB 489 passed the Assembly and was ordered to the Senate.

On June 11, 2025, AB 489 was referred to the Senate Committee on Business, Professions and Economic Development, and the Senate Committee on Judiciary.

On June 16, 2025, AB 489 was amended to make technical changes, and re-referred to the Committee on Business, Professions and Economic Development.

On July 16, 2025, AB 489 passed the Judiciary Committee and referred to the appropriations committee.

Action Requested

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

Attachment #1: Bill Text- [Weblink](#)

Attachment #2: Bill Analysis

Attachment #3: Fact Sheet

Attachment #4: Support Position Letter: Assembly Committee on Business and Professions

Attachment #5: Support Position Letter: Assembly Committee on Privacy and Consumer Protection.

AMENDED IN SENATE JULY 8, 2025

AMENDED IN SENATE JUNE 16, 2025

AMENDED IN ASSEMBLY APRIL 10, 2025

CALIFORNIA LEGISLATURE—2025–26 REGULAR SESSION

ASSEMBLY BILL

No. 489

Introduced by Assembly Member Bonta
(Coauthors: Assembly Members Addis, Bains, Berman, Lowenthal,
Pellerin, and Wilson)
(Coauthors: Senators Ashby and Weber Pierson)

February 10, 2025

An act to add Chapter 15.5 (commencing with Section 4999.8) to Division 2 of the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

AB 489, as amended, Bonta. Health care professions: deceptive terms or letters: artificial intelligence.

Existing law establishes various healing arts boards within the Department of Consumer Affairs that license and regulate various healing arts licensees. Existing laws, including, among others, the Medical Practice Act and the Dental Practice Act, make it a crime for a person who is not licensed as a specified health care professional to use certain words, letters, and phrases or any other terms that imply that they are authorized to practice that profession.

Existing law requires, with certain exemptions, a health facility, clinic, physician's office, or office of a group practice that uses generative artificial intelligence, as defined, to generate written or verbal patient communications pertaining to patient clinical information, as defined,

to ensure that those communications include both (1) a disclaimer that indicates to the patient that a communication was generated by generative artificial intelligence, as specified, and (2) clear instructions describing how a patient may contact a human health care provider, employee, or other appropriate person. Existing law provides that a violation of these provisions by a physician shall be subject to the jurisdiction of the Medical Board of California or the Osteopathic Medical Board of California, as appropriate.

This bill would make provisions of law that prohibit the use of specified terms, letters, or phrases to falsely indicate or imply possession of a license or certificate to practice a health care profession, as defined, enforceable against an entity who develops or deploys artificial intelligence (AI) or generative artificial intelligence (GenAI) technology that uses one or more of those terms, letters, or phrases in its advertising or functionality. The bill would prohibit the use by AI or GenAI technology of certain terms, letters, or phrases that indicate or imply that the advice, care, reports, or assessments being provided through AI or GenAI is being provided by a natural person with the appropriated health care license or certificate.

This bill would make a violation of these provisions subject to the jurisdiction of the appropriate health care profession board, and would make each use of a prohibited term, letter, or phrase punishable as a separate violation.

By expanding the scope of existing crimes, this bill would impose 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. Chapter 15.5 (commencing with Section 4999.8)
- 2 is added to Division 2 of the Business and Professions Code, to
- 3 read:

CHAPTER 15.5. HEALTH ADVICE FROM ARTIFICIAL
INTELLIGENCE

4999.8. For purposes of this chapter, the following definitions apply:

(a) “Artificial intelligence” or “AI” has the same meaning as set forth in Section 11546.45.5 of the Government Code.

(b) “Generative artificial intelligence” or “GenAI” has the same meaning as set forth in Section 11549.64 of the Government Code.

(c) “Health care profession” means any profession that is the subject of licensure or regulation under this division or under any initiative act referred to in this division.

4999.9. (a) (1) A violation of this chapter is subject to the jurisdiction of the appropriate health care professional licensing board or enforcement agency.

(2) The appropriate health care professional licensing board may pursue an injunction or restraining order to enforce the provisions of this chapter, as authorized by Section ~~125.5 of the Business and Professions Code~~. 125.5.

(3) Nothing in this section limits the authority for a health care professional licensing board or enforcement agency to pursue any remedy otherwise authorized under the law.

(b) Any provision of this division that prohibits the use of specified terms, letters, or phrases to indicate or imply possession of a license or certificate to practice a health care profession, without at that time having the appropriate license or certificate required for that practice or profession, shall be enforceable against a person or entity who develops or deploys a system or device that uses one or more of those terms, letters, or phrases in the advertising or functionality of an artificial intelligence or generative artificial intelligence system, program, device, or similar technology.

(c) The use of a term, letter, or phrase in the advertising or functionality of an AI or GenAI system, program, device, or similar technology that indicates or implies that the care, advice, reports, or assessments being offered through the AI or GenAI technology is being provided by a natural person in possession of the appropriate license or certificate to practice as a health care professional, is prohibited.

1 (d) Each use of a prohibited term, letter, or phrase shall
2 constitute a separate violation of this chapter.
3 SEC. 2. No reimbursement is required by this act pursuant to
4 Section 6 of Article XIII B of the California Constitution because
5 the only costs that may be incurred by a local agency or school
6 district will be incurred because this act creates a new crime or
7 infraction, eliminates a crime or infraction, or changes the penalty
8 for a crime or infraction, within the meaning of Section 17556 of
9 the Government Code, or changes the definition of a crime within
10 the meaning of Section 6 of Article XIII B of the California
11 Constitution.

2025 Bill Analysis

Author: Assemblymember Mia Bonta	Bill Number: AB 489	Related Bills:
Sponsor:	Version: Introduced	
Subject: Health care professions: deceptive terms or letters: artificial intelligence		

SUMMARY

This bill would expand existing laws that make it illegal for unlicensed individuals to use terms or communications implying they are authorized to practice a health care profession. This bill would prohibit Artificial Intelligence (AI) systems from using language that suggests they are providing care or advice from a licensed professional. Violations would be subject to enforcement by the appropriate health care boards, with each instance of misuse considered a separate violation. Furthermore, the bill would create a state-mandated local program due to the expansion of these legal provisions. While the California Constitution requires the state to reimburse local agencies for certain costs, this bill specifies that no reimbursement is required for this act.

RECOMMENDATION

Staff Recommendation: Board staff recommends the Board support the intent of the AB 489. Board staff recommends the Board take a **Support if Amended** position on AB 489 to include reports, assessments, and other amendments identified by the Board.

FOR DISCUSSION – Staff recommend the Board take a Support if Amended position on AB 489.

Other Boards/Departments that may be affected:	
☐ Change in Fee(s)	☐ Affects Licensing Processes
☐ Urgency Clause	☐ Affects Enforcement Processes
☐ Regulations Required	☐ Legislative Reporting
☐ New Appointment Required	
Legislative & Regulatory Affairs Committee Position:	Full Board Position:
☐ Support	☐ Support
☐ Support if Amended	☐ Support if Amended
☐ Oppose	☐ Oppose
☐ Oppose Unless Amended	☐ Oppose Unless Amended
☐ Neutral	☐ Neutral
☐ Watch	☐ Watch
Date: _____	Date: _____
Vote: _____	Vote: _____

REASON FOR THE BILL

The author asserts that “Californians deserve truth, honesty, and transparency in their healthcare.” According to the author, “Generative AI systems are booming across the internet,” however, these systems are not licensed health professionals and should not be presented as such. To protect consumers, especially children and those unfamiliar with AI, from deception, the author introduced AB 489. This bill aims to prevent the dishonest or negligent use of generative AI that could confuse and mislead California consumers.

This legislation follows reports of individuals forming unhealthy attachments to AI chatbots, with some chatbots falsely posing as licensed professionals. Moreover, AI's rapid rise in healthcare is evident, with some companies encouraging staff to use AI to interact with patients, and others creating "AI nurses" for hire. AB 489 ensures that consumers can clearly understand whether they are engaging with a human or an AI.

ANALYSIS

Existing law mandates that health facilities, clinics, physician's offices, or group practices using generative AI to create written or verbal communications related to patient clinical information must include two key elements: (1) a disclaimer informing the patient that the communication was generated by AI, and (2) clear instructions on how the patient can contact a human health care provider, employee, or another appropriate person. To further protect consumers, AB 489 would establish legal provisions that prohibit AI the use of certain terms, letters, or phrases that falsely suggest or imply that the care being provided by AI is from a licensed or certified natural person in a health care profession.

The bill holds entities deploying AI technology responsible if they use AI language in the AI's advertising or functionality. This extends the enforcement of these regulations to AI, a rapidly advancing technology, ensuring that consumers are not misled into believing they are interacting with licensed professionals when using AI for health advice. Violations of these provisions would be enforceable by the relevant health care licensing boards. Each instance of AI misuse—such as an individual AI term or phrase being used—would be considered a separate violation, increasing the potential penalties.

The Board may face jurisdictional challenges when investigating complaints against an AI system, as many AI-driven healthcare tools are developed by out-of-state or international entities. Additionally, when a complaint is received, the enforcement analysts must determine whether there is a disclaimer or a transparency statement, which would require them to access that specific AI platform.

Existing law defines Artificial Intelligence as an engineered or machine-based system that varies in its level of autonomy and that can, for explicit or implicit objectives, infer from the input it receives how to generate outputs that can influence physical or virtual environments. For the purposes of this bill, the term "health care profession" refers to any profession that is subject to licensure or regulation.

By expanding existing criminal laws, this bill creates a state-mandated local program. This could place additional responsibilities on local agencies to enforce these regulations, although the state would not be required to reimburse local agencies for any costs incurred due to the implementation of this program. Despite the potential for increased enforcement costs at the local level, the bill includes a provision that exempts the state from providing reimbursement. This aligns with the California Constitution, which exempts the state from reimbursing local agencies when a new crime or infraction is created, or when penalties for existing offenses are modified.

LEGISLATIVE HISTORY

Not Applicable at this time.

OTHER STATES' INFORMATION

Not Applicable at this time.

PROGRAM BACKGROUND

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.

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 Board has policies and procedures in place to take, review and act upon a complaint if needed, however, unlike traditional complaints on individual practitioners, AB 489 will target AI-driven violations. Since AB 489 will make each use of the prohibited terms a separate offense, this could have impacts on the enforcement staff and resources. The enforcement staff may see an increase in complaints stemming from patients, healthcare professionals and consumer protection groups. Investigation into these violations would mostly likely require unique expertise to fully investigate the AI cases including, tracing the AI content, determining which entity is responsible and verifying disclaimers and compliance measures. Investigators would need the ability or tools to capture and verify these real-time AI-generated responses.

ECONOMIC IMPACT

Not Applicable

LEGAL IMPACT

Not Applicable

APPOINTMENTS

Not Applicable

SUPPORT/OPPOSITION

Not Applicable at this time.

Support:

Opposition:

ARGUMENTS

Proponents:

Opponents:

AMENDMENTS



Assemblymember Mia Bonta, 18th Assembly District

AB 489 (Bonta) – AI Misrepresentation of Health Professionals

(Updated – 02.10.2025)

SUMMARY

Assembly Bill 489 prohibits artificial intelligence (AI) systems or similar technologies from misrepresenting “themselves” as licensed health professionals.

BACKGROUND AND PROBLEM

Programs and chatbots powered by artificial intelligence have exploded in popularity. Because AI systems can now produce natural-sounding language, and because these systems are trained on a vast amount of information, including health-related information, they can convincingly mimic a health professional. Without proper safeguards, this capability can pose a danger to consumers in both health and non-health applications, especially to children and individuals with low health and/or digital literacy.

At this time, Generative AI capabilities are being integrated into a variety of health care applications. Researchers have shown these capabilities can enhance medical imaging, genetic data analysis, and electronic health records (EHR) analysis, such as sepsis prediction and breast cancer detection, among other applications. Despite potential benefits, experts studying the use of AI systems in health care emphasize these systems should augment and assist, not replace, human health care professionals. For instance, consumers should be able to trust that a “nurse advice” telephone line or chat box is staffed by a licensed human nurse.

At the same time health care entities are exploring clinical applications of AI, there is also problematic misrepresentation occurring outside of health settings. Without safeguards, this could become even more common. For instance, artificial intelligence “companions” deployed by companies like Character.ai can take on the persona of, and play-act as, licensed health care professionals. This includes, for instance, an artificially generated and automated “character” named “Psychologist” that dispenses mental health advice in an interactive chat, while insisting it is both a human and a psychologist licensed in California.

No entity should be able to indicate or imply that there is a licensed health professional at the other end

of a conversation with a completely automated system. Californians deserve transparency and protection from misrepresentation, and artificial intelligence technologies must be developed and deployed responsibly to prevent such misrepresentation.

EXISTING LAW

Current Statute:

Prohibits a person from practicing medicine, including diagnosing, treating, or prescribing for any medical condition, without a medical license, and makes a violation a public offense punishable by a fine of up to \$10,000 and/or up to a year in prison. [Business and Professions Code (BPC) §2052]

Establishes standards for “telephone medical advice services”, including that such services are staffed with appropriately credentialed health professionals. [BPC §4999 et seq.]

Establishes regulation and title protections for various health professionals under boards under the Department of Consumer Affairs (DCA). [Division 2 of the BPC].

Prohibits, under general business regulations, false advertising and various types of misrepresentation, including those related to price, quantity, and false or misleading advertising claims. [BPC §17500 et seq.]

Specifies DCA may request the Attorney General or city or county attorneys to investigate claims of false advertising, and allows those entities to enforce truth in advertising laws by taking specified actions. [BPC §17508]

Prohibits a person to use a “bot,” as defined, to communicate or interact with another person in California online, with the intent to mislead the other person about its artificial identity, for the purpose of knowingly deceiving the person in order to incentivize a purchase or sale of goods or services in a commercial transaction or to influence a vote in an election, and requires disclosures if a bot is used in this manner. [BPC §17940 et seq.]

Defines “artificial intelligence” as an engineered or machine-based system that varies in its level of autonomy and that can, for explicit or implicit objectives, infer from the input it receives how to generate outputs that can influence physical or virtual environments. [Government Code §11546.45.5]

SOLUTION

This bill will provide state health professions boards clear authority to enforce title protections when AI systems or similar technologies, such as internet-based chatbots, misrepresent “themselves” as health professionals.

Specifically, it will allow health professions boards to enforce violations of existing title protections by making entities who develop and deploy AI systems responsible for any such violations by the systems they develop or deploy.

In addition, this bill explicitly prohibits AI systems or similar technologies from misrepresenting “themselves” as human health professionals, leaving no doubt that the law prohibits such conduct.

SUPPORT

SEIU California (sponsor)

California Medical Association (sponsor)

FOR MORE INFORMATION

Lisa Murawski, Principal Consultant

Assembly Health Committee

Lisa.murawski@asm.ca.gov

March 18, 2025

The Honorable Assemblymember Marc Berman
Chair, Assembly Committee on Business and Professions
State Capitol, Room 379
Sacramento, CA 95814

RE: AB 489 (Bonta) – Healthcare professions: deceptive terms or letters: artificial intelligence – Support if Amended

Dear Assemblymember Berman:

The Board's mission is to protect consumers of psychological services by licensing psychologists, regulating the practice of psychology, and supporting the evolution of the profession.

At its February 27th, 2025, meeting, the Board of Psychology (Board), the Board adopted a **Support** position on AB 489 (Bonta). This bill would expand existing laws that make it illegal for unlicensed individuals to use terms or communications implying they are authorized to practice a health care profession. This bill would prohibit Artificial Intelligence (AI) systems from using language that suggests they are providing care or advice from a licensed professional.

In addition, the bill holds entities deploying AI technology responsible if they use AI language in the AI's advertising or functionality. This extends the enforcement of licensing regulations to AI, a rapidly advancing technology, ensuring that consumers are not misled into believing they are interacting with licensed professionals when using AI for health advice.

The Board supports and agrees with the author's intent in protecting consumers from dishonest or negligent use of AI technology that could mislead them. The Board would also request the following amendment to strengthen the language:

(c) The use of a term, letter, or phrase in the advertising or functionality of an AI system, program, device, or similar technology that indicates or implies that the care or advice, reports, and assessments being offered through the AI technology is being provided by a natural person in possession of the appropriate license or certificate to practice as a health care professional, is prohibited.

The Board recognizes that the current bill language protects consumers from being misled or deceived by AI technology in the care or advice they receive. However,

healthcare professionals also provide consumers with reports and assessments. Therefore, it is important to amend the bill to include a provision that prohibits AI technology from using terms, letters, or phrases that imply reports or assessments by AI technology are from a licensed professional. This addition will ensure that consumers are not misled into believing that reports and assessments generated by AI are administered by a licensed professional.

If you have any questions or concerns, please feel free to contact the Board's Executive Officer, Jonathan Burke, at (916) 574-8072 or jonathan.burke@dca.ca.gov. Thank you.

Sincerely,

Lea Tate, PsyD
President, Board of Psychology

cc: Assemblymember Heath Flora, Vice Chair
Assemblymember Mia Bonta
Members of the Assembly Committee on Business and Professions

March 18, 2025

The Honorable Assemblymember Rebecca Bauer-Kahan
Chair, Assembly Committee on Privacy and Consumer Protection
State Capitol, Room 162
Sacramento, CA 95814

RE: AB 489 (Bonta) – Healthcare professions: deceptive terms or letters: artificial intelligence – Support if Amended

Dear Assemblymember Bauer-Kahan:

The Board's mission is to protect consumers of psychological services by licensing psychologists, regulating the practice of psychology, and supporting the evolution of the profession.

At its February 27th, 2025, meeting, the Board of Psychology (Board), the Board adopted a **Support** position on AB 489 (Bonta). This bill would expand existing laws that make it illegal for unlicensed individuals to use terms or communications implying they are authorized to practice a health care profession. This bill would prohibit Artificial Intelligence (AI) systems from using language that suggests they are providing care or advice from a licensed professional.

In addition, the bill holds entities deploying AI technology responsible if they use AI language in the AI's advertising or functionality. This extends the enforcement of licensing regulations to AI, a rapidly advancing technology, ensuring that consumers are not misled into believing they are interacting with licensed professionals when using AI for health advice.

The Board supports and agrees with the author's intent in protecting consumers from dishonest or negligent use of AI technology that could mislead them. The Board would also request the following amendment to strengthen the language:

(c) The use of a term, letter, or phrase in the advertising or functionality of an AI system, program, device, or similar technology that indicates or implies that the care or advice, reports, and assessments being offered through the AI technology is being provided by a natural person in possession of the appropriate license or certificate to practice as a health care professional, is prohibited.

The Board recognizes that the current bill language protects consumers from being misled or deceived by AI technology in the care or advice they receive. However,

healthcare professionals also provide consumers with reports and assessments. Therefore, it is important to amend the bill to include a provision that prohibits AI technology from using terms, letters, or phrases that imply reports or assessments by AI technology are from a licensed professional. This addition will ensure that consumers are not misled into believing that reports and assessments generated by AI are administered by a licensed professional.

If you have any questions or concerns, please feel free to contact the Board's Executive Officer, Jonathan Burke, at (916) 574-8072 or jonathan.burke@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: Assemblymember Diane Dixon, Vice Chair
Assemblymember Mia Bonta
Members of the Assembly Committee on Privacy and Consumer
Protection

MEMORANDUM

DATE	July 23, 2025
TO	Psychology Board Members
FROM	Jacklyn Mancilla, Legislative and Regulatory Affairs Analyst
SUBJECT	Agenda Item 12(b)(3) Bills with Active Position Taken by the Board – SB 470 (Laird) Bagley-Keene Open Meeting Act: teleconferencing

Background

On February 19, 2025, SB 470 was introduced by Senator John Laird.

This bill extends until January 1, 2030, the Bagley-Keene Open Meeting Act provisions established by SB 544, for state body teleconferencing that was originally set to expire on January 1, 2026. The bill maintains the rules that allow state bodies and advisory boards to conduct meetings via teleconference with several key requirements: that meetings are visible and audible to the public, provide remote access, allow for public comments, post agendas online, and require at least one member to be physically present at a teleconference location. The legislation permits member's remote participation under certain conditions, such as accommodating physical or mental disabilities, and mandates roll-call votes with public reporting of actions. Members are required to appear on camera during open meetings. Extending the expiration date continues to provide improved government transparency and accessibility in these teleconferencing provisions, reflecting changes made during the COVID-19 pandemic.

On February 26, 2025, SB 470 was referred to the Senate Committee on Governmental Organizations and the Senate Committee on Judiciary.

On April 10, 2025, SB 470 was amended to remove the provision that would have permanently authorized the teleconferencing rules by deleting the January 1, 2026, repeal date. Instead, the amendment extended the provisions' effectiveness through January 1, 2030, after which they will be repealed. SB 470 was referred to the appropriations committee.

On April 11, 2025, SB 470 was presented to the Legislative and Regulatory Affairs Committee for review of bills for review and consideration for action

recommendation to the Board. The Committee determined to recommend to the Board to take a position of **Support** on SB 470.

On May 9, 2025, SB 470 was presented to the Board for possible position recommendation. The Board determined to **Support** SB 470.

On May 21, 2025, the Board submitted a **Support** position letter for SB 470, to the Senate Committee on Governmental Organizations and the Senate Committee on Judiciary.

On June 2, 2025, SB 470 passed the Senate and was ordered to the Assembly.

On June 9, 2025, SB 470 was referred to the Assembly Committee on Governmental Organizations.

On July 10, 2025, SB 470 passed the Governmental Organizations Committee and was referred to the appropriations committee.

Action Requested

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

Attachment #1: Bill Text- [Weblink](#)

Attachment #2: Bill Analysis

Attachment #3: Fact Sheet

Attachment #4: Senate Floor Analysis Committee on Governmental Organization

Attachment #5: Senate Floor Analysis Judiciary Committee

Attachment #6: Position Letter of Support Governmental Organizations Committee

Attachment #7: Position Letter of Support Judiciary Committee

AMENDED IN SENATE APRIL 10, 2025

SENATE BILL

No. 470

Introduced by Senator Laird

February 19, 2025

An act to amend ~~Section 11123.2 of, and to amend and repeal Section Sections 11123.2 and 11123.5 of,~~ the Government Code, relating to state government.

LEGISLATIVE COUNSEL'S DIGEST

SB 470, as amended, Laird. Bagley-Keene Open Meeting Act: teleconferencing.

Existing law, the Bagley-Keene Open Meeting Act, requires, with specified exceptions, that all meetings of a state body be open and public and all persons be permitted to attend any meeting of a state body. The act authorizes meetings through teleconference subject to specified requirements, including, among others, that the state body post agendas at all teleconference locations, that each teleconference location be identified in the notice and agenda of the meeting or proceeding, that each teleconference location be accessible to the public, that the agenda provide an opportunity for members of the public to address the state body directly at each teleconference location, and that at least one member of the state body be physically present at the location specified in the notice of the meeting.

The act authorizes an additional, alternative set of provisions under which a state body may hold a meeting by teleconference subject to specified requirements, including, among others, that at least one member of the state body is physically present at each teleconference location, as defined, that a majority of the members of the state body are physically present at the same teleconference location, except as

specified, and that members of the state body visibly appear on camera during the open portion of a meeting that is publicly accessible via the internet or other online platform, except as specified. The act authorizes, under specified circumstances, a member of the state body to participate pursuant to these provisions from a remote location, which would not be required to be accessible to the public and which the act prohibits the notice and agenda from disclosing. The act repeals these provisions on January 1, 2026.

~~This bill would delete the January 1, 2026 repeal date, thereby authorizing the above-described additional, alternative set of teleconferencing provisions indefinitely. instead repeal these provisions on January 1, 2030.~~

The act authorizes a multimember state advisory body to hold an open meeting by teleconference pursuant to an alternative set of provisions that are in addition to the above-described provisions generally applicable to state bodies. These alternative provisions specify requirements, including, among others, that the multimember state advisory body designates the primary physical meeting location in the notice of the meeting where members of the public may physically attend the meeting, observe and hear the meeting, and participate, that at least one staff member of the state body to be present at the primary physical meeting location during the meeting, and that the members of the state body visibly appear on camera during the open portion of a meeting that is publicly accessible via the internet or other online platform, except as specified. ~~Existing law~~ The act repeals these provisions on January 1, 2026.

~~This bill would delete the January 1, 2026 repeal date, thereby authorizing the above-described alternative set of teleconferencing provisions for multimember state advisory bodies indefinitely. instead repeal these provisions on January 1, 2030.~~

The act, beginning January 1, 2026, removes the above-described requirements for the alternative set of teleconferencing provisions for multimember state advisory bodies, and, instead, requires, among other things, that the multimember state advisory body designates the primary physical meeting location in the notice of the meeting where members of the public may physically attend the meeting and participate.

~~This bill would repeal those provisions. instead make these provisions operative on January 1, 2030.~~

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: no.

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

1 SECTION 1. Section 11123.2 of the Government Code is
2 amended to read:

3 11123.2. (a) For purposes of this section, the following
4 definitions apply:

5 (1) "Teleconference" means a meeting of a state body, the
6 members of which are at different locations, connected by
7 electronic means, through either audio or both audio and video.

8 (2) "Teleconference location" means a physical location that is
9 accessible to the public and from which members of the public
10 may participate in the meeting.

11 (3) "Remote location" means a location from which a member
12 of a state body participates in a meeting other than a teleconference
13 location.

14 (4) "Participate remotely" means participation by a member of
15 the body in a meeting at a remote location other than a
16 teleconference location designated in the notice of the meeting.

17 (b) (1) In addition to the authorization to hold a meeting by
18 teleconference pursuant to subdivision (b) of Section 11123 and
19 Section 11123.5, a state body may hold an open or closed meeting
20 by teleconference as described in this section, provided the meeting
21 complies with all of this section's requirements and, except as set
22 forth in this section, it also complies with all other applicable
23 requirements of this article relating to the specific type of meeting.

24 (2) This section does not limit or affect the ability of a state
25 body to hold a teleconference meeting under another provision of
26 this article, including Sections 11123 and 11123.5.

27 (c) The portion of the teleconferenced meeting that is required
28 to be open to the public shall be visible and audible to the public
29 at each teleconference location.

30 (d) (1) The state body shall provide a means by which the public
31 may remotely hear audio of the meeting, remotely observe the

1 meeting, remotely address the body, or attend the meeting by
2 providing on the posted agenda a teleconference telephone number,
3 an internet website or other online platform, and a physical address
4 for each teleconference location. The telephonic or online means
5 provided to the public to access the meeting shall be equivalent to
6 the telephonic or online means provided to a member of the state
7 body participating remotely.

8 (2) The applicable teleconference telephone number, internet
9 website or other online platform, and physical address of each
10 teleconference location, as well as any other information indicating
11 how the public can access the meeting remotely and in person,
12 shall be specified in any notice required by this article.

13 (3) If the state body allows members of the public to observe
14 and address the meeting telephonically or otherwise electronically,
15 the state body shall do both of the following:

16 (A) Implement a procedure for receiving and swiftly resolving
17 requests for reasonable modification or accommodation from
18 individuals with disabilities, consistent with the federal Americans
19 with Disabilities Act of 1990 (42 U.S.C. Sec. 12101 et seq.), and
20 resolving any doubt whatsoever in favor of accessibility.

21 (B) Advertise that procedure each time notice is given of the
22 means by which members of the public may observe the meeting
23 and offer public comment.

24 (e) This section does not prohibit a state body from providing
25 members of the public with additional locations from which the
26 public may observe or address the state body by electronic means,
27 through either audio or both audio and video.

28 (f) (1) The agenda shall provide an opportunity for members
29 of the public to address the state body directly pursuant to Section
30 11125.7.

31 (2) Members of the public shall be entitled to exercise their right
32 to directly address the state body during the teleconferenced
33 meeting without being required to submit public comments before
34 the meeting or in writing.

35 (g) The state body shall post the agenda on its internet website
36 and, on the day of the meeting, at each teleconference location.

37 (h) This section does not affect the requirement prescribed by
38 this article that the state body post an agenda of a meeting in
39 accordance with the applicable notice requirements of this article,
40 including Section 11125, requiring the state body to post an agenda

1 of a meeting at least 10 days in advance of the meeting, Section
2 11125.4, applicable to special meetings, and Sections 11125.5 and
3 11125.6, applicable to emergency meetings.

4 (i) At least one member of the state body shall be physically
5 present at each teleconference location.

6 (j) (1) Except as provided in paragraph (2), a majority of the
7 members of the state body shall be physically present at the same
8 teleconference location. Additional members of the state body in
9 excess of a majority of the members may attend and participate in
10 the meeting from a remote location. A remote location is not
11 required to be accessible to the public. The notice and agenda shall
12 not disclose information regarding a remote location.

13 (2) A member attending and participating from a remote location
14 may count toward the majority required to hold a teleconference
15 if both of the following conditions are met:

16 (A) The member has a need related to a physical or mental
17 disability, as those terms are defined in Sections 12926 and
18 12926.1, that is not otherwise reasonably accommodated pursuant
19 to the federal Americans with Disability Act of 1990 (42 U.S.C.
20 Sec. 12101 et seq.).

21 (B) The member notifies the state body at the earliest
22 opportunity possible, including at the start of a meeting, of their
23 need to participate remotely, including providing a general
24 description of the circumstances relating to their need to participate
25 remotely at the given meeting.

26 (3) If a member notifies the body of the member's need to attend
27 and participate remotely pursuant to paragraph (2), the body shall
28 take action to approve the exception and shall request a general
29 description of the circumstances relating to the member's need to
30 participate remotely at the meeting, for each meeting in which the
31 member seeks to participate remotely. The body shall not require
32 the member to provide a general description that exceeds 20 words
33 or to disclose any medical diagnosis or disability, or any personal
34 medical information that is already exempt under existing law,
35 such as the Confidentiality of Medical Information Act (Part 2.6
36 (commencing with Section 56) of Division 1 of the Civil Code).

37 (4) If a member of the state body attends the meeting by
38 teleconference from a remote location, the member shall disclose
39 whether any other individuals 18 years of age or older are present

1 in the room at the remote location with the member, and the general
2 nature of the member's relationship with any such individuals.

3 (k) (1) Except as provided in paragraph (2), the members of
4 the state body shall visibly appear on camera during the open
5 portion of a meeting that is publicly accessible via the internet or
6 other online platform.

7 (2) The visual appearance of a member of the state body on
8 camera may cease only when the appearance would be
9 technologically impracticable, including, but not limited to, when
10 the member experiences a lack of reliable broadband or internet
11 connectivity that would be remedied by joining without video, or
12 when the visual display of meeting materials, information, or
13 speakers on the internet or other online platform requires the visual
14 appearance of a member of a state body on camera to cease.

15 (3) If a member of the state body does not appear on camera
16 due to challenges with internet connectivity, the member shall
17 announce the reason for their nonappearance when they turn off
18 their camera.

19 (l) All votes taken during the teleconferenced meeting shall be
20 by rollcall.

21 (m) The state body shall publicly report any action taken and
22 the vote or abstention on that action of each member present for
23 the action.

24 (n) The portion of the teleconferenced meeting that is closed to
25 the public shall not include the consideration of any agenda item
26 being heard pursuant to Section 11125.5.

27 (o) Upon discovering that a means of remote public access and
28 participation required by subdivision (d) has failed during a
29 meeting and cannot be restored, the state body shall end or adjourn
30 the meeting in accordance with Section 11128.5. In addition to
31 any other requirements that may apply, the state body shall provide
32 notice of the meeting's end or adjournment on the state body's
33 internet website and by email to any person who has requested
34 notice of meetings of the state body by email under this article. If
35 the meeting will be adjourned and reconvened on the same day,
36 further notice shall be provided by an automated message on a
37 telephone line posted on the state body's agenda, internet website,
38 or by a similar means, that will communicate when the state body
39 intends to reconvene the meeting and how a member of the public
40 may hear audio of the meeting or observe the meeting.

1

(p) *This section shall remain in effect only until January 1, 2030,*
2 *and as of that date is repealed.*

3 SEC. 2. Section 11123.5 of the Government Code, as amended
4 by Section 2 of Chapter 216 of the Statutes of 2023, is amended
5 to read:

6 11123.5. (a) For purposes of this section, the following
7 definitions apply:

8 (1) “Participate remotely” means participation in a meeting at
9 a location other than the physical location designated in the agenda
10 of the meeting.

11 (2) “Remote location” means a location other than the primary
12 physical location designated in the agenda of a meeting.

13 (3) “Teleconference” has the same meaning as in Section 11123.

14 (b) In addition to the authorization to hold a meeting by
15 teleconference pursuant to subdivision (b) of Section 11123 or
16 Section 11123.2, any state body that is an advisory board, advisory
17 commission, advisory committee, advisory subcommittee, or
18 similar multimember advisory body may hold an open meeting by
19 teleconference as described in this section, provided the meeting
20 complies with all of the section’s requirements and, except as set
21 forth in this section, it also complies with all other applicable
22 requirements of this article.

23 (c) A member of a state body as described in subdivision (b)
24 who participates in a teleconference meeting from a remote location
25 subject to this section’s requirements shall be listed in the minutes
26 of the meeting.

27 (d) The state body shall provide notice to the public at least 24
28 hours before the meeting that identifies any member who will
29 participate remotely by posting the notice on its internet website
30 and by emailing notice to any person who has requested notice of
31 meetings of the state body under this article. The location of a
32 member of a state body who will participate remotely is not
33 required to be disclosed in the public notice or email and need not
34 be accessible to the public. The notice of the meeting shall also
35 identify the primary physical meeting location designated pursuant
36 to subdivision (f).

37 (e) This section does not affect the requirement prescribed by
38 this article that the state body post an agenda of a meeting at least
39 10 days in advance of the meeting. The agenda shall include
40 information regarding the physical meeting location designated

1 pursuant to subdivision (f), but is not required to disclose
2 information regarding any remote location.

3 (f) A state body described in subdivision (b) shall designate the
4 primary physical meeting location in the notice of the meeting
5 where members of the public may physically attend the meeting,
6 observe and hear the meeting, and participate. At least one staff
7 member of the state body shall be present at the primary physical
8 meeting location during the meeting. The state body shall post the
9 agenda at the primary physical meeting location, but need not post
10 the agenda at a remote location.

11 (g) When a member of a state body described in subdivision
12 (b) participates remotely in a meeting subject to this section's
13 requirements, the state body shall provide a means by which the
14 public may remotely hear audio of the meeting or remotely observe
15 the meeting, including, if available, equal access equivalent to
16 members of the state body participating remotely. The applicable
17 teleconference phone number or internet website, or other
18 information indicating how the public can access the meeting
19 remotely, shall be in the 24-hour notice described in subdivision
20 (b) that is available to the public.

21 (h) (1) Except as provided in paragraph (2), the members of
22 the state body shall visibly appear on camera during the open
23 portion of a meeting that is publicly accessible via the internet or
24 other online platform.

25 (2) The visual appearance of a member of a state body on camera
26 may cease only when the appearance would be technologically
27 impracticable, including, but not limited to, when the member
28 experiences a lack of reliable broadband or internet connectivity
29 that would be remedied by joining without video, or when the
30 visual display of meeting materials, information, or speakers on
31 the internet or other online platform requires the visual appearance
32 of a member of a state body on camera to cease.

33 (3) If a member of the body does not appear on camera due to
34 challenges with internet connectivity, the member shall announce
35 the reason for their nonappearance when they turn off their camera.

36 (i) Upon discovering that a means of remote access required by
37 subdivision (g) has failed during a meeting, the state body
38 described in subdivision (b) shall end or adjourn the meeting in
39 accordance with Section 11128.5. In addition to any other
40 requirements that may apply, the state body shall provide notice

1 of the meeting's end or adjournment on its internet website and
2 by email to any person who has requested notice of meetings of
3 the state body under this article. If the meeting will be adjourned
4 and reconvened on the same day, further notice shall be provided
5 by an automated message on a telephone line posted on the state
6 body's agenda, or by a similar means, that will communicate when
7 the state body intends to reconvene the meeting and how a member
8 of the public may hear audio of the meeting or observe the meeting.

9 (j) This section does not limit or affect the ability of a state body
10 to hold a teleconference meeting under another provision of this
11 article.

12 (k) *This section shall remain in effect only until January 1, 2030,*
13 *and as of that date is repealed.*

14 ~~SEC. 3. Section 11123.5 of the Government Code, as added~~
15 ~~by Section 3 of Chapter 216 of the Statutes of 2023, is repealed.~~

16 SEC. 3. *Section 11123.5 of the Government Code, as added*
17 *by Section 3 of Chapter 216 of the Statutes of 2023, is amended*
18 *to read:*

19 11123.5. (a) In addition to the authorization to hold a meeting
20 by teleconference pursuant to subdivision (b) of Section 11123,
21 any state body that is an advisory board, advisory commission,
22 advisory committee, advisory subcommittee, or similar
23 multimember advisory body may hold an open meeting by
24 teleconference as described in this section, provided the meeting
25 complies with all of the section's requirements and, except as set
26 forth in this section, it also complies with all other applicable
27 requirements of this article.

28 (b) A member of a state body as described in subdivision (a)
29 who participates in a teleconference meeting from a remote location
30 subject to this section's requirements shall be listed in the minutes
31 of the meeting.

32 (c) The state body shall provide notice to the public at least 24
33 hours before the meeting that identifies any member who will
34 participate remotely by posting the notice on its internet website
35 and by emailing notice to any person who has requested notice of
36 meetings of the state body under this article. The location of a
37 member of a state body who will participate remotely is not
38 required to be disclosed in the public notice or email and need not
39 be accessible to the public. The notice of the meeting shall also

1 identify the primary physical meeting location designated pursuant
2 to subdivision (e).

3 (d) This section does not affect the requirement prescribed by
4 this article that the state body post an agenda of a meeting at least
5 10 days in advance of the meeting. The agenda shall include
6 information regarding the physical meeting location designated
7 pursuant to subdivision (e), but is not required to disclose
8 information regarding any remote location.

9 (e) A state body described in subdivision (a) shall designate the
10 primary physical meeting location in the notice of the meeting
11 where members of the public may physically attend the meeting
12 and participate. A quorum of the members of the state body shall
13 be in attendance at the primary physical meeting location, and
14 members of the state body participating remotely shall not count
15 towards establishing a quorum. All decisions taken during a
16 meeting by teleconference shall be by rollcall vote. The state body
17 shall post the agenda at the primary physical meeting location, but
18 need not post the agenda at a remote location.

19 (f) When a member of a state body described in subdivision (a)
20 participates remotely in a meeting subject to this section's
21 requirements, the state body shall provide a means by which the
22 public may remotely hear audio of the meeting or remotely observe
23 the meeting, including, if available, equal access equivalent to
24 members of the state body participating remotely. The applicable
25 teleconference phone number or internet website, or other
26 information indicating how the public can access the meeting
27 remotely, shall be in the 24-hour notice described in subdivision
28 (a) that is available to the public.

29 (g) Upon discovering that a means of remote access required
30 by subdivision (f) has failed during a meeting, the state body
31 described in subdivision (a) shall end or adjourn the meeting in
32 accordance with Section 11128.5. In addition to any other
33 requirements that may apply, the state body shall provide notice
34 of the meeting's end or adjournment on its internet website and
35 by email to any person who has requested notice of meetings of
36 the state body under this article. If the meeting will be adjourned
37 and reconvened on the same day, further notice shall be provided
38 by an automated message on a telephone line posted on the state
39 body's agenda, or by a similar means, that will communicate when

1 the state body intends to reconvene the meeting and how a member
2 of the public may hear audio of the meeting or observe the meeting.

3 (h) For purposes of this section:

4 (1) “Participate remotely” means participation in a meeting at
5 a location other than the physical location designated in the agenda
6 of the meeting.

7 (2) “Remote location” means a location other than the primary
8 physical location designated in the agenda of a meeting.

9 (3) “Teleconference” has the same meaning as in Section 11123.

10 (i) This section does not limit or affect the ability of a state body
11 to hold a teleconference meeting under another provision of this
12 article.

13 (j) This section shall become operative on January 1, ~~2026~~.
14 2030.

15 SEC. 4. The Legislature finds and declares that Section 1 of
16 this act, which amends Section 11123.2 of the Government Code,
17 and Sections 2 and 3 of this act, which amend and repeal Section
18 11123.5 of the Government Code, modify the public’s right of
19 access to the meetings of public bodies or the writings of public
20 officials and agencies within the meaning of Section 3 of Article
21 I of the California Constitution. Pursuant to that constitutional
22 provision, the Legislature makes the following findings to
23 demonstrate the interest protected by this limitation and the need
24 for protecting that interest:

25 (a) By continuing to ensure that agendas are not required to be
26 posted at, and that agendas and notices do not disclose information
27 regarding, the location of each public official participating in a
28 public meeting remotely, including from the member’s private
29 home or hotel room, this act protects the personal, private
30 information of public officials and their families while preserving
31 the public’s right to access information concerning the conduct of
32 the people’s business.

33 (b) During the COVID-19 public health emergency, audio and
34 video teleconference were widely used to conduct public meetings
35 in lieu of physical location meetings, and those public meetings
36 have been productive, increased public participation by all
37 members of the public regardless of their location and ability to
38 travel to physical meeting locations, increased the pool of people
39 who are able to serve on these bodies, protected the health and
40 safety of civil servants and the public, and have reduced travel

- 1 costs incurred by members of state bodies and reduced work hours
- 2 spent traveling to and from meetings.
- 3 (c) Conducting audio and video teleconference meetings
- 4 enhances public participation and the public's right of access to
- 5 meetings of the public bodies by improving access for individuals
- 6 who often face barriers to physical attendance.

2025 Bill Analysis

Author: Senator John Laird	Bill Number: SB 470	Related Bills:
Sponsor:	Version: Introduced	
Subject: Bagley-Keene Open Meeting Act: teleconferencing		

SUMMARY

This bill permanently extends the Bagley-Keene Open Meeting Act provisions established by SB 544, for state body teleconferencing that was originally set to expire on January 1, 2026. The bill maintains the rules that allow state bodies and advisory boards to conduct meetings via teleconference with several key requirements: that meetings are visible and audible to the public, provide remote access, allow for public comments, post agendas online, and require at least one member to be physically present at a teleconference location. The legislation permits member's remote participation under certain conditions, such as accommodating physical or mental disabilities, and mandates roll-call votes with public reporting of actions. Members are required to appear on camera during open meetings. By removing the expiration date, the bill solidifies these teleconferencing provisions as a permanent aspect of California's open meeting laws, reflecting changes made during the COVID-19 pandemic that improved government transparency and accessibility.

RECOMMENDATION

Staff Recommendation: Board staff recommends the Board take a **Support** position on SB 470.

Other Boards/Departments that may be affected:	
☐ Change in Fee(s)	☐ Affects Licensing Processes ☐ Affects Enforcement Processes
☐ Urgency Clause	☐ Regulations Required ☐ Legislative Reporting ☐ New Appointment Required
Legislative & Regulatory Affairs Committee Position:	Full Board Position:
☐ Support ☐ Support if Amended	☐ Support ☐ Support if Amended
☐ Oppose ☐ Oppose Unless Amended	☐ Oppose ☐ Oppose Unless Amended
☐ Neutral ☐ Watch	☐ Neutral ☐ Watch
Date: _____	Date: _____
Vote: _____	Vote: _____

REASON FOR THE BILL

Senator Laird states, “SB 470 builds on the success of SB 544, leveraging technology to improve equity, public engagement, and access, all while maintaining transparency in decision-making.” Teleconferencing provisions, initially introduced during the pandemic, broadened access for people with disabilities, seniors, and those who could not travel. Senator Laird further highlights that teleconferencing options reduce meeting costs by 90%. By adopting technology and eliminating barriers, this legislation ensures that all Californians, regardless of their circumstances, can participate in state government decision-making.

ANALYSIS

This bill amends the Bagley-Keene Open Meeting Act’s teleconferencing provisions established by SB 544, by repealing the January 1, 2026, sunset date. This ensures more accessible and transparent teleconferencing practices will continue indefinitely. For the purposes of this bill, “teleconference” means a meeting of a state body, the members of which are at different locations, connected by electronic means, through either audio or both audio and video.

The Bagley-Keene Open Meeting Act, with specified exceptions, requires that all meetings of a state body be open and public, and all persons be permitted to attend any meeting of a state body. The act authorizes state bodies to hold meetings via teleconference, provided the agenda lists all teleconference locations, each location is open to the public, and at least one member is physically present at the designated location. For the purposes of this bill, a “teleconference location” means a physical location that is accessible to the public and from which members of the public may participate in the meeting.

Under current law, these alternative teleconferencing provisions are scheduled to be repealed on January 1, 2026. The bill removes the January 1, 2026, repeal date, authorizing these alternative teleconferencing provisions indefinitely. This means that state bodies can continue using these more flexible meeting arrangements without a future statutory expiration.

There is a similar set of alternative teleconferencing provisions for multi member state advisory bodies, which include designating a primary physical meeting location (where the public can attend) and requiring visible on-camera appearances by state body members. These provisions also have a repeal date of January 1, 2026. The bill similarly removes the sunset clause for these provisions, making them permanent. This ensures that the alternative, more flexible format remains in place.

Existing constitutional provisions mandate that any statute limiting public access to meetings or writings must include findings that justify the limitation—demonstrating both

the interest protected and the necessity for the limitation. The bill incorporates legislative findings to satisfy this constitutional requirement, thereby providing the legal rationale for maintaining the flexible teleconferencing options despite their potential impact on traditional public access norms.

LEGISLATIVE HISTORY

The Brown Act of 1953, “public access law,” ensures the public’s right to attend the meetings of public agencies, facilitates public participation, and protects the democratic process. Modeled after the Brown Act, the Bagley-Keene Open Meeting Act of 1967 declared that all meetings of public bodies and the writings of public officials and agencies shall be open to the public, explicitly mandating open meetings for California State agencies, boards, and commissions. The Bagley-Keene Act facilitates accountability and transparency of California government activities and protects the rights of citizens to participate in state government deliberations.

SB 544 (Laird), passed and enacted in September 2023, set forth provisions for holding all state body meetings via teleconference. This legislation requires that teleconference meeting agendas be posted at all locations, with a designated physical location arranged for public attendance and at least one member of the state body present in person. The teleconference locations must be listed in the agenda, and all locations must be accessible to the public. Additionally, the agenda must provide the public with an opportunity to address the state body directly. The bill also mandates that all votes during teleconference meetings be conducted by roll call, and that the state body publicly report any actions taken, including the votes and abstentions of each member present. Furthermore, any closed portions of the teleconference meeting may not include the consideration of agenda items. This bill is set to expire on January 1, 2026.

OTHER STATES' INFORMATION

Not applicable at this time.

If a federal/national program is impacted, it should be noted here.

PROGRAM BACKGROUND

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.

The Board is responsible for reviewing applications, verifying education and experience, determining exam eligibility, as well as issuing licensure, registrations, and renewals.

FISCAL IMPACT

Existing law ensures public access to meetings of public agencies and encourages participation in local government decision-making. The teleconference option enhances

transparency and involvement by making it more accessible for individuals, including students, professionals, and businesses, to participate without the financial burden of travel. This is particularly beneficial for licensees seeking continuing professional development hours who would otherwise face travel costs.

Making teleconferencing a permanent option provides the Board with flexibility, reducing travel burdens and improving meeting efficiency. For the Board, teleconference meetings save an estimated \$7,600 in travel costs and \$3,600 in meeting expenses annually. These estimates are based on four annual Board meetings, two annual licensure committee meetings, two legislative and regulatory affairs committee meetings, and one outreach and communications committee meeting. Meetings held via Webex allow free access, and the Board ensures public participation by providing meeting materials and agendas online and working with IT and SOLID for accessibility. At least one Board member and staff are present at all meeting locations, which are accessible both via teleconference and in-person.

ECONOMIC IMPACT

Not applicable at this time.

LEGAL IMPACT

Not applicable at this time.

APPOINTMENTS

Not applicable at this time.

SUPPORT/OPPOSITION

Not applicable at this time.

Support:

Opposition:

ARGUMENTS

Not applicable at this time.

Proponents:

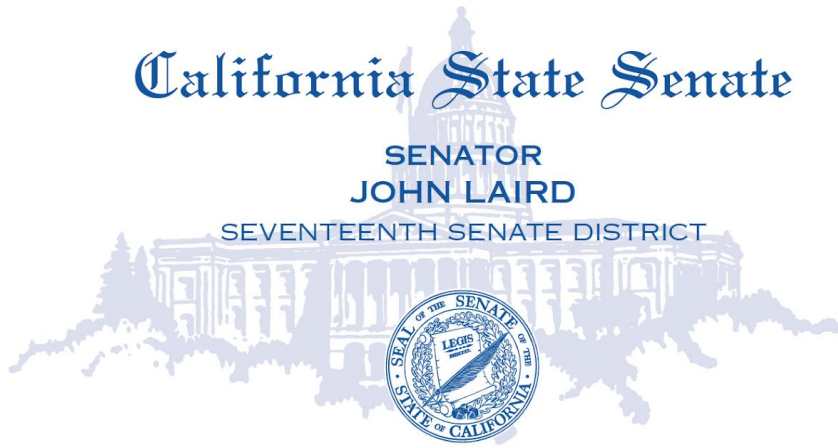
Opponents:

AMENDMENTS

California State Senate

SENATOR
JOHN LAIRD

SEVENTEENTH SENATE DISTRICT



Senate Bill 470 – State Boards and Commissions: Disability and Public Access

SUMMARY

Senate Bill 470 permanently modernizes the Bagley-Keene Act by removing the sunset in SB 544 (Laird, Chapter 216, Statutes of 2023) to promote ongoing equity, and public and disability access in state board and commission meetings.

BACKGROUND

The Bagley-Keene Open Meeting Act, initially passed in 1967, establishes the rules for meetings of state bodies. These rules are intended to ensure public access and allow input on meetings of state boards and commissions. In response to the COVID-19 pandemic, Governor Newsom issued an executive order in March 2020 permitting state bodies to hold meetings virtually, without requiring a physical location or the posting of the addresses of the teleconference location of attending board members as currently required under the Bagley-Keene Act.

In surveying state boards and commissions regarding meetings held during the COVID-19 pandemic, the Little Hoover Commission found that over 90% of boards and commissions reduced costs, and that roughly half of state bodies had better attendance from their members.

These temporary measures enhanced public participation while still ensuring sufficient access to state hearings. Virtual meetings have

also improved access for Californians that face barriers to physical attendance, such as those living in different areas of the state, individuals with limited mobility, caretakers, and others.

SB 544 (Laird, Chapter 216, Statutes of 2023) has enhanced public and disability access, and safeguarded private addresses of board members. SB 544 has also ensured continued public access by requiring a quorum at a single location and allowing people with disabilities or medical illnesses to participate remotely while counting toward quorum, mandating that remote officials keep their cameras on, and maintaining remote public testimony options. SB 544 additionally upheld the original provisions of the Bagley-Keene Act to enable boards and commissions to meet the unique needs of their constituency and select a teleconferencing option that best serves the community.. For advisory bodies with no regulatory authority, SB 544 allowed for full remote participation. Without further action, SB 544 will sunset on January 1, 2026.

THIS BILL

Senate Bill 470 makes permanent the changes enacted by SB 544 (Laird, Chapter 216, Statutes of 2023), modernizing the Bagley-Keene Act to maintain important disability and public access to state board and commission meetings.

SENATE COMMITTEE ON GOVERNMENTAL ORGANIZATION**Senator Steve Padilla****Chair****2025 - 2026 Regular**

Bill No:	SB 470	Hearing Date:	3/25/2025
Author:	Laird		
Version:	2/19/2025	Introduced	
Urgency:	No	Fiscal:	Yes
Consultant:	Brian Duke		

SUBJECT: Bagley-Keene Open Meeting Act: teleconferencing

DIGEST: This bill deletes the January 1, 2026, repeal date for certain provisions in the Bagley-Keene Open Meeting Act (Bagley-Keene) that authorize and specify the conditions under which a state body may hold a meeting by teleconference, making those provisions permanent.

ANALYSIS:

Existing law:

- 1) Bagley-Keene requires, with specified exceptions, that all meetings of a state body be open and public and all persons be permitted to attend any meeting of a state body.
- 2) Authorizes meetings through teleconference subject to specified requirements, including, among others, that the state body post agendas at all teleconference locations, that each teleconference location be identified in the notice and agenda of the meeting or proceeding, that each teleconference location be accessible to the public, that the agenda provide an opportunity for members of the public to address the state body directly at each teleconference location, and that at least one member of the state body be physically present at the location specified in the notice of the meeting.
- 3) Authorizes an additional, alternative set of provisions under which a state body may hold a meeting by teleconference subject to specified requirements, including, among others, that at least one member of the state body is physically present at each teleconference location, and that members of the state body visibly appear on camera during the open portion of a meeting that is publicly accessible, as specified. Existing law repeals these provisions on January 1, 2026.

- 4) Authorizes a multimember state advisory body to hold an open meeting by teleconference pursuant to an alternative set of provisions that specify requirements, including, among others, that the advisory body designates the primary physical meeting location in the notice of the meeting where members of the public may physically attend the meeting, observe and hear the meeting, and participate, that at least one staff member of the advisory body be present at the primary physical meeting location during the meeting, and that the members of the advisory body appear on camera during the open portion of a meeting, as specified. Existing law repeals these provisions on January 1, 2026.
- 5) Repeals, on January 1, 2026, the above-described requirements for the alternative set of teleconferencing provisions for multimember state advisory bodies, and, instead, requires, among other things, that the advisory body designates the primary physical meeting location in the notice of the meeting where members of the public may physically attend the meeting and participate.

This bill:

- 1) Deletes the January 1, 2026, repeal date on the authorization of an alternative set of provisions under which a state body may hold a meeting by teleconference subject to specified requirements, making the authorization permanent.
- 2) Deletes the January 1, 2026, repeal date on the authorization for a multimember state advisory body to hold an open meeting by teleconference pursuant to an alternative set of provisions that specify requirements, making the authorization permanent.
- 3) Repeals statute which would otherwise have taken effect starting on January 1, 2026, but will be rendered unnecessary by the passage of this bill.
- 4) Includes related legislative findings and declarations.

Background

Author Statement. According to the author's office, "when the Bagley-Keene Act was adopted in 1967, no one envisioned the computer age. The Americans with Disabilities Act had not been adopted. The idea that citizens could participate in public meetings remotely was not common. The COVID pandemic demonstrated the need to address those changes. The state conducted meetings remotely to continue the public process, and learned of the benefits and drawbacks of virtual participation."

Further, “Senate Bill 470 builds upon the successful implementation of [last year’s] SB 544 by removing the January 1, 2026 sunset to enshrine public and disability access in state board and commission meetings, while preserving transparency in the decision-making process. The provisions provide that boards and commissions must have a quorum present in public at one location, require that remote public officials have their camera on, and require remote testimony options for public hearings.”

The Bagley-Keene Open Meeting Act of 1967. Bagley-Keene originated as a response to growing concerns about transparency and public involvement in the decision-making process of state agencies. Bagley-Keene aims to ensure that state boards, commissions, and agencies conduct their business openly and transparently, allowing the public to be informed and participate in the decision-making process.

Bagley-Keene generally requires state bodies to conduct their meetings openly and make them accessible to the public. The law also requires state bodies to provide advance notice of their meetings and agendas and to allow public comments on matters under consideration. The act includes certain exceptions, such as closed sessions for discussing personnel issues or pending litigation, to protect the privacy and legal interests of individuals and the state.

The act applies to state bodies, which include boards, commissions, committees, councils, and any other public agencies created by statute or executive order, with some exceptions. The law does not apply to individual officials, advisory committees with no decision-making authority, or the California State Legislature.

The Ralph M. Brown Act (Brown Act) governs meetings conducted by local legislative bodies, such as boards of supervisors, city councils, and school boards. On March 19 of this year, the Senate Committee on Local Government held an informational hearing titled “Meeting the Moment: Strengthening Community Voices in Local Government Meetings.” Four Panels addressed the committee, specifically: Starting line: Outline of the Brown Act, recent major legislation, and what makes effective public meetings; Learning from experience: How Los Angeles communicated with community throughout the fires; Local agency perspectives: What works well and what challenges do local agencies face?; and Digging Deeper: Identifying strategies to improve public meetings for local governments and the public.

The Americans with Disabilities Act of 1990 (ADA). The ADA is a federal civil rights law that prohibits discrimination against individuals with disabilities in everyday activities. The ADA prohibits discrimination on the basis of disability

just as other civil rights laws prohibit discrimination on the basis of race, color, sex, national origin, age, and religion. The ADA guarantees that those with disabilities have equal opportunities to pursue employment, purchase goods and services, and participate in state and local government programs. The ADA contains specific requirements for state and local governments to ensure equal access for people with disabilities.

COVID-19 and Executive Order N-29-20. On March 4, 2020, Governor Newsom proclaimed a State of Emergency in California as a result of what at the time was a novel and rapidly growing COVID-19 pandemic. Despite early efforts, the virus continued to spread. On March 17, 2020, Governor Newsom issued Executive Order (EO) N-29-20 citing the fact that strict compliance with various statutes and regulations on open meetings of state bodies would have prevented, hindered, or delayed appropriate actions to prevent and mitigate the effects of the COVID-19 pandemic.

In order to practice social distancing, facilitate remote work, and protect the population against the COVID-19 pandemic, EO N-29-20 authorized a state body to hold public meetings via teleconferencing. The executive order required public meetings be accessible telephonically or otherwise electronically to all members of the public seeking to observe and to address the local legislative body or state body. All requirements in both the Bagley-Keene and the Brown Act expressly or impliedly requiring the physical presence of members, the clerk or other personnel of the body, or of the public as a condition of participation in or quorum for a public meeting were temporarily waived.

Temporary Teleconferencing Extensions in 2022 and 2023. SB 189 (Committee on Budget and Fiscal Review, Chapter 48, Statutes of 2022), among other things, provided a temporary statutory extension for state bodies in California to hold public meetings through teleconferencing, such as phone or video calls, instead of in-person gatherings. The law suspended certain requirements that would typically apply to in-person meetings, such as having a physical location for the public to attend and providing access to all remote teleconference locations until July 1, 2023.

State bodies are encouraged to use their best judgment when holding teleconferenced meetings, and to make an effort to follow the other provisions of Bagley-Keene as closely as possible. This helps ensure that these remote meetings remain transparent and accessible to the public. This section of the law was temporary, set to expire on July 1, 2023.

SB 544 (Laird, Chapter 216, Statutes of 2023) authorized, until January 1, 2026, granted state bodies an additional option to conduct meetings via teleconference provided that at each teleconference location—defined as a physical site accessible to the public—at least one member of the state body is physically present. In specified circumstances, individual members may participate remotely without being in a public location, such as when a majority of members at a given teleconference site are physically present or if the member has a disability-related need. The bill also set out strict requirements for public accessibility: agendas and meeting notices must include teleconference locations and access details, members must appear on camera (with exceptions for technical issues, which require explanation), the public must have equivalent remote access options to hear, observe, and address the meeting, and requires remote members to announce when someone else over 18 years old is in the room with them.

SB 544 allows for physical members to count towards a quorum and specifies that remote members with a physical or mental disability can participate from a private location, and will count towards the quorum. The state body must take action to approve this exception for a member, and request a general description of circumstances that does not disclose any personal medical information. It also permits online platforms to require login information without affecting the public's right to attend and participate. In case the technical means for remote participation fail, the bill mandates that the meeting be adjourned or ended according to prescribed rules.

According to the California Association of Licensed Investigators, Inc., “[d]uring the COVID-19 public health emergency, audio and video teleconference were widely used to conduct public meetings in lieu of physical location meetings, and those public meetings have been productive, increased public participation by all members of the public regardless of their location and ability to travel to physical meeting locations, increased the pool of people who are able to serve on these bodies, protected the health and safety of civil servants and the public, and have reduced travel costs incurred by members of state bodies and reduced work hours spent traveling to and from meetings.”

This bill deletes the January 1, 2026, repeal date on the above mentioned alternative teleconferencing authorizations in Bagley-Keene, making those authorizations permanent.

Prior/Related Legislation

SB 707 (Durazo, 2025) amends the Brown Act requiring two-way telephonic or audiovisual participation, multilingual agendas and interpretation services, broader

public-comment opportunities, and updated teleconferencing provisions, as specified. (Pending in the Senate Local Government Committee)

SB 411 (Portantino, Chapter 605, Statutes of 2023) authorizes a neighborhood council, as specified, to use alternate teleconferencing provisions related to notice, agenda, and public participation, subject to certain requirements and restrictions, if the city council has adopted an authorizing resolution and two-thirds of an eligible legislative body votes to use the alternate teleconferencing provisions, as specified.

SB 544 (Laird, Chapter 216, Statutes of 2023) revised and repealed, until January 1, 2026, certain teleconference requirements under Bagley-Keene, which requires all meetings of a state body be open and public, as specified.

SB 189 (Committee on Budget and Fiscal Review, Chapter 48, Statutes of 2022) among other things, provided a temporary statutory extension (July 1, 2023) for state bodies in California to hold public meetings through teleconferencing, such as phone or video calls, instead of in-person gatherings, as specified.

FISCAL EFFECT: Appropriation: No Fiscal Com.: Yes Local: No

SUPPORT:

Alzheimer's Association
California Association of Licensed Investigators
California Commission on Aging
Little Hoover Commission

OPPOSITION:

ACLU California Action
California Chamber of Commerce
First Amendment Coalition

ARGUMENTS IN SUPPORT: In support of the bill, the Little Hoover Commission writes that, “[i]n its 2021 report, *The Government of Tomorrow: Online Meetings*, the Commission urged the Governor and the Legislature to increase access to public meetings and remove barriers to remote participation. The Commission recommended that the Bagley-Keene Act be amended to require that state boards and commissions provide public access to their meetings in both a physical location and a teleconferencing option; and allow for the remote participation of board and commission members without required public disclosure to those locations.”

ARGUMENTS IN OPPOSITION: In opposition to the bill, the First Amendment Coalition and ACLU California Action write that, “[m]eetings conducted by videoconferencing or that take place with large numbers of public officials being in the cloud deprive Californians – including seniors, people with disabilities and those from marginalized communities – of the ability to engage in ways that level the playing field and ensure their voices are heard in meaningful ways.

Further, “SB 470 permits public officials to ‘phone it in’ and potentially meet entirely telephonically, because it allows a member of the body to avoid being on video when it is ‘impracticable.’ This creates the potential for the viewing public to tune into a screen filled entirely with empty boxes, leaving people with zero visual cues, guessing at speakers’ voices and addressing public officials by audio only.”

And, “[c]urrent law gives public officials sufficient flexibility. Any member of a body can elect to use traditional teleconferencing provisions, without providing a reason or being subject to caps, so long as they follow longstanding protections designed for public accountability. Additionally, the governor can suspend open-meeting provisions during states of emergency, as we saw during the COVID-19 pandemic. Additionally, California has obligations to make reasonable accommodations, pursuant to the Americans with Disabilities Act.”

DUAL REFERRAL: Senate Committee on Governmental Organization & Senate Committee on Judiciary

SENATE JUDICIARY COMMITTEE
Senator Thomas Umberg, Chair
2025-2026 Regular Session

SB 470 (Laird)
Version: February 19, 2025
Hearing Date: April 8, 2025
Fiscal: Yes
Urgency: No
AM

SUBJECT

Bagley-Keene Open Meeting Act: teleconferencing

DIGEST

This bill removes the January 1, 2026 sunset date on certain provisions of law that authorize a state body to meet via teleconference, if specified conditions are met, without requiring each teleconference location to be identified in the notice and agenda and accessible to the public or requiring agendas be posted at all teleconference locations, thereby extending these provisions indefinitely. The bill, by extending these provisions indefinitely, would also remove the requirement that any state body that is an advisory board, advisory commission, advisory committee, advisory subcommittee, or similar multimember advisory body to meet via teleconferencing if a quorum of the members are physically present at the primary physical location for the meeting, and instead only require at least one staff member of the state body to be present.

EXECUTIVE SUMMARY

The California Constitution and the Bagley-Keene Open Meeting Act (Bagley-Keene) protects public access to meetings of state bodies. During the COVID-19 pandemic, the need for social distancing made the usual practices for public meetings under Bagley-Keene – in particular, having people group together in indoor spaces – impossible to continue. Governor Newsom, as part of a slew of emergency orders issued in response to the pandemic, suspended many of the requirements under Bagley-Keene for teleconferenced meetings. These teleconference provisions were extended through July 1, 2023 in SB 189 (Committee on Budget, Ch. 48, Stats. 2022), and then extended again in a substantially similar manner, until January 1, 2026, in SB 544 (Laird, Ch. 216, Stats. 2023). This bill seeks to indefinitely remove the sunset date on SB 544, thereby extending them indefinitely. The bill is author sponsored and supported by various organizations that advocate for older adults, caregivers, persons with disabilities, and the California Commission on Aging. The bill is opposed a coalition of diverse organizations representing journalists, businesses, taxpayers, women voters, and first amendment rights advocates, and is also opposed by the California Chamber of Commerce. The bill passed the Senate Governmental Organization Committee on a vote of 9 to 1.

PROPOSED CHANGES TO THE LAW

Existing law:

- 1) Provides, pursuant to the California Constitution, that the people have the right of access to information concerning the conduct of the people's business, and, therefore, the meetings of public bodies and the writings of public officials and agencies are required to be open to public scrutiny. (Cal. const. art. I, § 3(b)(1).)
 - a) Requires a statute to be broadly construed if it furthers the people's right of access, and narrowly construed if it limits the right of access. (Cal. const. art. I, § 3(b)(1).)
 - b) Requires a statute that limits the public's right of access to be adopted with findings demonstrating the interest protected by the limitation and the need for protecting that interest. (Cal. const. art. I, § 3(b)(1).)
- 2) Establishes the Bagley-Keene Act, which requires state bodies to conduct their business in open public meetings, except as provided by the Act, and establishes requirements and procedures for such meetings. (Gov. Code § 11120 et seq.)¹
 - a) "State bodies" covered by the Bagley-Keene Act include every state board, commission, or body created by statute or required by law to conduct official meetings, every commission created by executive order, any board or body exercising the authority of a state body by delegation, any advisory body created by formal action of a state body, any state body that is supported by public funds and which a member of a state body serves in their official capacity, and the State Bar of California. (§ 11121.)
 - b) "State bodies" do not include specified legislative agencies, agencies subject to the Brown Act, and certain educational and health-related agencies. (§ 11121.1.)
- 3) Authorizes state bodies subject to the Bagley-Keene Act to provide a teleconferencing option – which may be via audio or audiovisual means – for its meetings for the benefit of the public, subject to certain requirements including that:
 - a) agendas must be posted at all teleconference locations;
 - b) the teleconference meeting must be conducted in a manner that protects the rights of any party or member of the public appearing before the state body;
 - c) each teleconference location must be identified in the notice and agenda of the meeting or proceeding;
 - d) each teleconference location must be accessible to the public;
 - e) the open portion of the meeting must be audible to the public at the location specified in the notice of the meeting;

¹ All further references are to the Government Code unless specified otherwise.

- f) the agenda must provide an opportunity for members of the public to address the legislative body at each teleconference location;
 - g) all votes must be taken via rollcall;
 - h) at least one member of the state body must be physically present at the location specified in the notice of the meeting; and
 - i) the state body must publicly report any action taken and the vote or abstention on that action of each member present for the action (§ 11123.)
- 4) Authorized, until January 1, 2026, an additional option to provide a teleconferencing option for state bodies subject to the Bagley-Keene Act.
 - a) Meetings under this option are required to be visible and audible at each teleconference location.
 - b) Requires a means by which the public may remotely hear audio of the meeting, remotely observe the meeting, remotely address the body, or attend the meeting by providing on the posted agenda a teleconference telephone number, an internet website or other online platform, and a physical address for each teleconference location. The telephonic or online means provided to the public to access the meeting must be equivalent to the telephonic or online means provided to a member of the state body participating remotely.
 - c) Members of the public are to be entitled to exercise their right to directly address the state body during the teleconferenced meeting without being required to submit public comments before the meeting or in writing.
 - d) At least one member of the state body shall be physically present at each teleconference location.
 - e) A remote location is not required to be accessible to the public and the notice and agenda is prohibited from disclosing information regarding a remote location.
 - f) If a member of the state body attends the meeting by teleconference from a remote location, the member is required to disclose whether any other individuals 18 years of age or older are present in the room at the remote location with the member, and the general nature of the member's relationship with any such individuals.
 - g) A member attending and participating from a remote location may count toward the majority required to hold a teleconference if both of the following conditions are met: (i) the member has a need related to a physical or mental disability that is not otherwise reasonably accommodated pursuant to the federal Americans with Disability Act of 1990; or (ii) the member notifies the state body at the earliest opportunity possible, including at the start of a meeting, of their need to participate remotely, including providing a general description of the circumstances relating to their need to participate remotely at the given meeting.
 - h) Members of the state body shall visibly appear on camera during the open portion of a meeting that is publicly accessible via the internet or other online platform, except when the appearance would be technologically

impracticable or when the visual display of meeting materials, information, or speakers requires the visual appearance of a member of a state body on camera to cease.

- i) All votes must be taken via rollcall.
 - j) Upon discovering that a means of remote public access and participation has failed during a meeting and cannot be restored, the state body must end or adjourn the meeting in accordance with Government Code Section 11128.5. In addition to any other requirements that apply, the state body must provide notice of the meeting's end or adjournment on the state body's website and by email to any person who has requested notice of meetings of the state body by email. If the meeting will be adjourned and reconvened on the same day, further notice must be provided by an automated message on a telephone line posted on the state body's agenda, internet website, or by a similar means, that will communicate when the state body intends to reconvene the meeting and how a member of the public may hear audio of the meeting or observe the meeting.
 - k) "Teleconference" means a meeting of a state body, the members of which are at different locations, connected by electronic means, through either audio or both audio and video.
 - l) "Teleconference location" means a physical location that is accessible to the public and from which members of the public may participate in the meeting.
 - m) "Remote location" means a location from which a member of a state body participates in a meeting other than a teleconference location.
 - n) "Participate remotely" means participation by a member of the body in a meeting at a remote location other than a teleconference location designated in the notice of the meeting. (§ 11123.2)
- 5) Authorizes, until January 1, 2026 and in addition to 3) and 4) above, any state body that is an advisory board, advisory commission, advisory committee, advisory subcommittee, or similar multimember advisory body to meet via teleconferencing if certain conditions are met.
- a) Members who participate in a teleconference meeting from a remote location must be listed in the minutes of the meeting.
 - b) Notice to the public at least 24 hours before the meeting must be provided that identifies any member who will participate remotely by posting the notice on its website and by emailing notice to any person who has requested notice of meetings of the state body under this article. The location of a member of a state body who will participate remotely is not required to be disclosed in the public notice or email and need not be accessible to the public.
 - c) A primary physical meeting location where the public can attend must be provided and the location must be included in the agenda. One staff member of the state body must be present at the primary physical meeting location during the meeting and an agenda must be posted at the primary

physical location. An agenda is not required to be posted at a remote location.

- d) Means by which the public may remotely hear audio of the meeting or remotely observe the meeting must be provided, including, if available, equal access equivalent to members of the state body participating remotely.
- e) The applicable teleconference phone number or internet website, or other information indicating how the public can access the meeting remotely, must be in the 24-hour notice described in subdivision b), above.
- f) Members of the state body shall visibly appear on camera during the open portion of a meeting that is publicly accessible via the internet or other online platform, except when the appearance would be technologically impracticable or when the visual display of meeting materials, information, or speakers requires the visual appearance of a member of a state body on camera to cease.
- g) Upon discovering that a means of remote public access and participation has failed during a meeting and cannot be restored, the state body must end or adjourn the meeting in accordance with Government Code Section 11128.5. In addition to any other requirements that apply, the state body must provide notice of the meeting's end or adjournment on the state body's website and by email to any person who has requested notice of meetings of the state body by email. If the meeting will be adjourned and reconvened on the same day, further notice must be provided by an automated message on a telephone line posted on the state body's agenda, internet website, or by a similar means, that will communicate when the state body intends to reconvene the meeting and how a member of the public may hear audio of the meeting or observe the meeting. (§ 11123.5.)

This bill:

- 1) Removes the January 1, 2026 sunset date on the provisions of 4) and 5), above, thereby indefinitely extending those alternate teleconference meeting provisions for state bodies.
- 2) Makes legislative findings and declarations about why this limitation on the right to access public meetings is needed.

COMMENTS

1. Stated need for the bill

The author writes:

When the Bagley-Keene Act was adopted in 1967, no one envisioned the computer age. The Americans with Disabilities Act had not been adopted. The idea that citizens could participate in public meetings remotely was not common. The COVID pandemic demonstrated the need to address those changes. The state conducted meetings remotely to continue the public process, and learned of the benefits and drawbacks of virtual participation.

Senate Bill 470 builds upon the successful implementation of SB 544 by removing the January 1, 2026 sunset to enshrine public and disability access in state board and commission meetings, while preserving transparency in the decision-making process. The provisions provide that boards and commissions must have a quorum present in public at one location, require that remote public officials have their camera on, and require remote testimony options for public hearings.

2. Bagley-Keene guarantees public access to the open and public meetings of state bodies

Bagley-Keene generally requires state bodies to conduct their meetings openly and make them accessible to the public. A state body includes boards, commissions, committees, councils, and any other public agency created by state statute or executive order, with some exceptions, and the State Bar. (§ 11121.) The law does not apply to individual officials, advisory committees with no decision-making authority, or the California State Legislature. The law also requires state bodies to provide advance notice of their meetings and agendas and to allow public comments on matters under consideration. (§ 11125.) The law includes certain exceptions, such as closed sessions for discussing personnel issues or pending litigation in order to protect the privacy and legal interests of individuals and the state. (§ 11126.)

State bodies must provide at least ten days' notice before a meeting, specifying the time and location, and post an agenda containing a brief description of each item to be discussed or acted upon. (§ 11125.) The agenda must be made available to the public, and state bodies cannot discuss or take action on items not listed on the agenda, with limited exceptions for emergency situations. (§ 11125.) State bodies must conduct their meetings openly, ensuring that members of the public can attend and participate without any restrictions based on race, gender, disability, or other discriminatory factors. (§ 11123.) The act also requires state bodies to provide reasonable accommodations for individuals with disabilities, ensuring accessibility to meetings and materials. (§ 11123.1.) The public has the right to address state bodies on any agenda item before or during the meeting. (§ 11125.7.) State bodies must provide opportunities for public comment and cannot prohibit criticism of their policies, procedures, or actions. (*Id.*) They may, however, impose reasonable time limits on public comments to maintain order and facilitate the conduct of business. (*Id.* at subd. (b).)

In 2004, the right of public access was enshrined in the California Constitution with the passage of Proposition 59 (Nov. 3, 2004, statewide general election),² which amended the California Constitution to specifically protect the right of the public to access the meetings of public bodies: “The people have the right of access to information concerning the conduct of the people’s business, and therefore the meetings of public bodies and the writings of public officials and agencies shall be open to public scrutiny.” (Cal. Const., art. I, sec. 3 (b)(1).) The California Constitution requires a statute to be broadly construed if it furthers the people’s right of access, and narrowly construed if it limits the right of access, and requires a statute that limits the public’s right of access to be adopted with findings demonstrating the interest protected by the limitation and the need for protecting that interest. (Cal. const. art. I, § 3(b)(1).)

3. COVID-19 changes to how a state body can conduct meetings via teleconference and extension of those changes

In response to the COVID-19 pandemic, Governor Newsom issued an executive order in March 2020 permitting state bodies to hold meetings virtually without requiring a physical location or the posting of the addresses of the teleconference location of all those attending – as is generally required under Bagley-Keene. The waiver of these requirements was extended through July 1, 2023 in SB 189 (Senate Committee on Budget, Ch. 48, Stats. 2022). In 2023, SB 544 (Laird, Ch. 216, Stats. 2023) was enacted and removed the requirements that each teleconference location be identified in the notice and agenda, that agendas be posted at all teleconference locations, and that each teleconference location be accessible to the public. SB 544 built in certain additional guardrails that a state body had to meet if it wanted to use these teleconference provisions.

The argument for why SB 544 was needed centered on concerns with having to post the physical location of all members attending via teleconference and providing public access to that location, as was required pre-COVID. The author and sponsor of SB 544 argued that these existing requirements potentially put members of state bodies at risk by exposing their private addresses to the public and requiring public access the member’s private residence or hotel. This bill seeks to make the changes enacted in SB 544 apply indefinitely. By extending these provisions indefinitely, the bill authorizes a state body to meet via teleconference without requiring each teleconference location to be identified in the notice and agenda and accessible to the public or requiring agendas be posted at all teleconference locations if the guardrails described above are met. The bill would also remove the requirement that any state body that is an advisory board, advisory commission, advisory committee, advisory subcommittee, or similar multimember advisory body to meet via teleconferencing if a quorum of the members are physically present at the primary physical location for the meeting, and instead only require at least one staff member of the state body to be present.

² Prop. 59 was placed on the ballot by a unanimous vote of both houses of the Legislature. (SCA 1 (Burton, Ch. 1, Stats. 2004).

4. Limitation on access to public meetings

The bill's provisions would limit the public's access to public meetings of state bodies by allowing a state body to hold a teleconference meeting without allowing the public to access the locations of where members are participating from, providing notice of where they are participating from, and also not requiring any member of the state body to be present at the one physical location required to be provided to the public for any state body that is an advisory board, advisory commission, advisory committee, advisory subcommittee, or similar multimember advisory body. For other state bodies, only one member of the state body is required to be present at the one physical location required to be provided to the public.

a. Legislative findings and declarations for the limitation to the access of public meetings

The bill provides the following legislative findings and declarations about why this limitation on the right to access public meetings is needed:

- By removing the requirement for agendas to be placed at the location of each public official participating in a public meeting remotely, including from the member's private home or hotel room, this act protects the personal, private information of public officials and their families while preserving the public's right to access information concerning the conduct of the people's business.
- During the COVID-19 public health emergency, audio and video teleconference were widely used to conduct public meetings in lieu of physical location meetings, and those public meetings have been productive, increased public participation by all members of the public regardless of their location and ability to travel to physical meeting locations, increased the pool of people who are able to serve on these bodies, protected the health and safety of civil servants and the public, and have reduced travel costs incurred by members of state bodies and reduced work hours spent traveling to and from meetings.
- Conducting audio and video teleconference meetings enhances public participation and the public's right of access to meetings of the public bodies by improving access for individuals who often face barriers to physical attendance.

b. Author and support's arguments why this limitation is needed

The author and sponsor of SB 544 argued that the Governor's executive order was productive, increased public participation by all members of the public regardless of their location and ability to travel to physical meeting locations, increased the pool of people who are able to serve on these bodies, protected the health and safety of civil servants and the public, reduced travel costs incurred by members of state bodies, and

reduced work hours spent traveling to and from meetings. They also argued that conducting audio and video teleconference meetings enhances public participation and the public's right of access to meetings of the public bodies by improving access for individuals that often face barriers to physical attendance. These same arguments are made by the author and supporters of this bill. The Little Hoover Commission, a supporter of the bill, notes that they made similar recommendations on changing Bagley-Keene – allowing for both remote and teleconference access and allowing remote participation by board members without public disclosure of their location – in their 2021 report entitled *The Government of Tomorrow: Online Meetings*.³ LeadingAge California, one of the supporters of the bill, writes that:

“California is expected to have over 10.8 million individuals over the age of 60 by 2030. It is essential to remove obstacles that hinder engagement from older adults and stakeholders in geographically diverse regions. Remote participation allows individuals with mobility challenges, caregiving responsibilities, or limited transportation options to contribute to important policy discussions. These teleconferencing provisions have already proven invaluable in expanding civic engagement and ensuring broad representation in state decision-making processes.”

c. Opposition concerns to limiting public's right of access to public meetings

There is a large and diverse coalition of opposition to the bill, which includes organizations representing journalists, taxpayers, and first amendment rights advocates. They argue that these changes permanently weaken the right to access public meetings as enshrined in the California Constitution and provided for under Bagley-Keene. They are seeking a sunset date of January 1, 2023, so that Bagley-Keene remains more in line with the changes being made to the Brown Act in SB 707 (Durazo, 2024), which amends various teleconferencing provisions under the Brown Act but includes a January 1, 2020 sunset date for those provisions. They note that they are supportive of increased use of teleconferencing when it is used to benefit the public, but that these changes benefit members of state bodies at the expense of the public they are meant to be serving. For example they write:

The stated goal of being able to attract more people to serve in public office is no reason to remove accountability protections. These multi-member bodies, including those that are advisory, wield immense power, influencing policy and priorities in our state. For example, the Peace Officer Standards Accountability Advisory Board created by SB 2, signed into law in 2021 to bring more accountability to policing in California, is tasked with reviewing and recommending when law enforcement officers should be stripped of their badges. This is a process that all stakeholders – impacted families, officers, and the leadership of the agencies that employ them – should be able to observe and engage in. But by virtue of being “advisory” in nature,

³ *The Government of Tomorrow: Online Meetings*, Little Hoover Comm. (Jun. 2021), available at <https://lhc.ca.gov/wp-content/uploads/sites/lhc.ca.gov/files/Reports/261/Report261.pdf>.

this important board could arguably avail itself to these relaxed rules and hold these decertification investigations entirely virtually. That which deprives the public a chance to attend, engage, and interact face-to-face with members of that body and those who testify.

They also expressed concerns with the current standard in the bill that a member of the body may cease being on camera if appearance would be technologically impracticable writing:

SB 470 permits public officials to “phone it in” and meet entirely telephonically, because it allows a member of the body to avoid being on video when it is “impracticable.” This creates the potential for the viewing public to tune into a screen filled entirely with empty boxes, leaving people with zero visual cues, forcing them to guess speakers’ voices and addressing public officials by audio only.

The opposition coalition seeks amendments to align the bill with AB 2449 (2022, Ch. 285, Stats. 2022), which provided a more narrow framework for teleconferencing by local agencies subject to the Brown Act which tied use of teleconferencing to “specific hardships, such as health issues or caregiving needs, subject to reasonable caps and other modest provisions that serve the public interest.”

5. Committee amendment

The author has agreed to amend in a sunset date of January 1, 2030, instead of removing the sunset date indefinitely, to address some of the concerns raised by the opposition.

6. Statements in support

The California Commission on Aging (CCoA) writes in support stating:

In 2023, the Legislature recognized the critical need for increased flexibility in public meetings by passing SB 544 (Laird), which provided a pathway for advisory bodies to meet virtually while maintaining transparency and public participation. This was a significant step in modernizing California’s approach to open meetings. SB 470 builds upon that progress by making these provisions permanent, ensuring that public bodies can continue operating in a manner that is both inclusive and efficient.

California’s aging population is rapidly growing, and it is essential that appointments to these statewide bodies include older adults and adults with disabilities to ensure policies reflect their needs and experiences. Remote participation removes significant barriers for those with mobility challenges, caregiving responsibilities, or limited transportation options. For the CCoA, a body representing stakeholders from across the state, these teleconferencing provisions have been invaluable in increasing engagement, ensuring diverse representation,

and improving overall governmental transparency SB 470 maintains strong safeguards to ensure accountability and public access, including:

- Requiring a primary physical location for public participation;
- Mandating visible on-camera participation by members during open meetings; and
- Ensuring staff presence at the designated physical location to facilitate public engagement.

By making these provisions permanent, California will avoid unnecessary disruptions to established meeting structures and uphold the principles of open governance while embracing the practical benefits of technology. Passage of this bill is budget neutral and will likely lead to cost savings for the state through reductions in advisory board member travel.

7. Statements in opposition

The opposition coalition, including ACLU California Action, the California News Publishers Association, the First Amendment Coalition, and the League of Women Voters of California, write:

[...] SB 470 prioritizes public officials over the public being served. It gives officials who serve on state bodies and boards the ability to participate in public meetings from secret, remote locations, off camera, untethered to any specific need for an accommodation. Additionally, SB 470 creates an even lower standard of transparency for appointees who serve on so-called “advisory” boards, commissions, committees, and subcommittees, which could meet entirely virtually for all of their meetings, without regard to an emergency or any individuals’ personal hardship, depriving the press and public the guarantee of a physical meeting location. [...]

Look to any civil rights or social justice movement in history to see the importance of government doing legislative business in physical meeting places. People can amplify their views through First Amendment-protected activities, such as wearing matching clothing, holding signs, speaking to the press, and connecting with like-minded or fellow impacted community members. That can’t happen during a meeting held entirely in the cloud. This kind of robust public engagement helps appointees to better assess the true human impact of government decisions. Public appointees who are in the same room as a concerned citizen can’t just turn down the volume on criticism. Meetings conducted by videoconferencing or that take place with large numbers of public officials being in the cloud deprive Californians – including seniors, people with disabilities and those from marginalized communities – of the ability to engage in ways that level the playing field and ensure their voices are heard in meaningful ways.[...]

SUPPORT

AARP
Alzheimer's Association
California Association of Licensed Investigators
California Coalition on Family Caregiving
California Commission on Aging
California Foundation for Independent Living Centers
California Long Term Care Ombudsman Association
Disability Rights California
Family Caregiver Alliance
LeadingAge California
Little Hoover Commission

OPPOSITION

ACLU California Action
California Broadcasters Association
California Chamber of Commerce
California Common Cause
California News Publishers Association
CCNMA: Latino Journalists of California
First Amendment Coalition
Freedom of the Press Foundation
Howard Jarvis Taxpayers Association
League of Women Voters of California
Media Guild of the West
National Press Photographers Association
Orange County Press Club
Pacific Media Workers Guild, Local 39521
Radio Television Digital News Association
Society of Professional Journalists of Northern California Chapter

RELATED LEGISLATION

Pending Legislation:

SB 707 (Durazo, 2025) makes various changes to the Ralph M. Brown Act, including authorizing provisions relating to teleconferencing of local state agencies until January 1, 2030.

AB 259 (Blanca Rubio, 2025) makes various changes to the Ralph M. Brown Act, including removing the sunset date in certain teleconferencing provisions, thereby extending them indefinitely.

Prior Legislation:

SB 544 (Laird, Ch. 216, Stats. 2023) authorized, until January 1, 2026, state bodies to meet via teleconferencing without requiring each teleconference location to be identified in the notice and agenda, agendas be posted at all teleconference locations, and each teleconference location being accessible to the public if certain requirements are met.

AB 557 (Hart, Ch. 534, Stats. 2023) eliminated the sunset date for allowing local agencies to use teleconferencing without complying with specified teleconferencing requirements during a proclaimed state of emergency.

SB 189 (Committee on Budget and Fiscal Review, Ch. 48, Stats. 2022) among other things, provided a temporary statutory extension for state bodies in California to hold public meetings through teleconferencing, such as phone or video calls, instead of in-person gatherings, as specified.

AB 1733 (Quirk, 2022) would have updated Bagley-Keene to accommodate teleconferenced meetings as a standard practice, as provided. This bill was never set for a hearing in the Assembly Governmental Organization Committee.

AB 2449 (Rubio, Ch. 285, Stats. 2022) allows, until January 1, 2026, members of a legislative body of a local agency to use teleconferencing without noticing their teleconference locations and making them publicly accessible under certain conditions.

PRIOR VOTES:

Senate Governmental Organization Committee (Ayes 9, Noes 1)

May 13, 2025

The Honorable Senator Steve Padilla
Chair, Senate Committee on Governmental Organizations
State Capitol, Room 7630
Sacramento, CA 95814

RE: SB 470 (Laird) – Bagley-Keene Open Meeting Act: teleconferencing – Support

Dear Senator Padilla:

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 May 9, 2025, meeting, the Board adopted a **Support** position on Senate Bill 470 (Laird). This bill extends key provisions of the Bagley-Keene Open Meeting Act—originally established under SB 544 and scheduled to sunset on January 1, 2026—through January 1, 2030. These provisions authorize state bodies and advisory boards to conduct meetings via teleconference under clearly defined conditions that uphold transparency, public engagement, and accountability.

Teleconferencing has significantly improved access to the Board's meetings, especially for stakeholders and licensees in remote areas or with limited mobility. It is particularly beneficial to licensees seeking continuing professional development hours through public participation. In addition to improving accessibility and operational flexibility, teleconferencing has resulted in notable cost savings. The Board estimates annual savings of approximately \$7,600 in travel costs and \$3,600 in meeting expenses based on its regular schedule of four full Board meetings, two licensure committee meetings, two legislative and regulatory affairs committee meetings, and one outreach and communications committee meeting.

All meetings conducted via Webex are free to access. The Board remains committed to transparency and compliance by posting all meeting materials online and partnering with the Information Technology (IT) and Strategic Organizational Leadership and Individual Development (SOLID) departments to ensure accessibility. A Board member or staff is present at each designated location to maintain adherence to public access requirements.

For these reasons, the Board supports SB 470 and welcomes the opportunity to continue to advance open and inclusive governance.

If you have any questions or concerns, please feel free to contact the Board's Executive Officer, Jonathan Burke, at (916) 574-8072 or jonathan.burke@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: Senator Suzette Martinez Valladares (Vice-Chair)
Senator John Laird
Members of the Senate Governmental Organization Committee

May 13, 2025

The Honorable Senator Thomas Umberg
Chair, Senate Committee on Judiciary
State Capitol, Room 7510
Sacramento, CA 95814

RE: SB 470 (Laird) – Bagley-Keene Open Meeting Act: teleconferencing – Support

Dear Senator Umberg:

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 May 9, 2025, meeting, the Board adopted a **Support** position on Senate Bill 470 (Laird). This bill extends key provisions of the Bagley-Keene Open Meeting Act—originally established under SB 544 and scheduled to sunset on January 1, 2026—through January 1, 2030. These provisions authorize state bodies and advisory boards to conduct meetings via teleconference under clearly defined conditions that uphold transparency, public engagement, and accountability.

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Sincerely,

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Lea Tate, PsyD
President, Board of Psychology

cc: Senator Roger Niello (Vice-Chair)
Senator John Laird
Members of the Senate Judiciary Committee

MEMORANDUM

DATE	July 23, 2025
TO	Psychology Board Members
FROM	Jacklyn Mancilla, Legislative and Regulatory Affairs Analyst
SUBJECT	Agenda Item 12(b)(4) – Bills with Active Position Taken by the Board– SB 641 (Ashby) Department of Consumer Affairs and Department of Real Estate: states of emergency: waivers and exemptions

Background

On February 20, 2025, SB 641 was introduced by Senator Angelique Ashby.

The proposed bill expands upon Governor Gavin Newsom’s Executive Order N-15-25, issued on January 29, 2025. Executive Order N-15-25 postpones for one year the license renewal fees for Department of Consumer Affairs (DCA) licenses that expire between January 1, 2025, and June 30, 2025, and who’s residential or business address is within the impacted areas. Upon license renewal, licensees eligible for the renewal fee postponement will renew with no payment due. The bill would allow the Department of Real Estate (DRE) and boards under the DCA to waive certain licensure requirements for applicants and licensees affected by a declared federal, state, or local emergency, or whose home or business is in a disaster area. This includes exemptions from examination, fee, and continuing education requirements, as well as the payment of duplicate license fees. It would also require all applicants and licensees to provide an email address to their respective boards or departments.

The bill also prohibits contractors licensed under the Contractors State License Law from engaging in private debris removal unless they meet certain qualifications or are authorized by the registrar during a declared emergency or in a disaster area. Additionally, it would require the Real Estate Commissioner to identify unlawful or fraudulent practices during a state of emergency and provide public notice. The commissioner could suspend or revoke the license of any real estate licensee who makes unsolicited offers to purchase property in a disaster area for less than its fair market value, with violations subject to misdemeanor penalties.

On March 5, 2025, SB 641 was referred to the Senate Committee on Business, Professions and Economic Development and Senate Committee on Public Safety.

On April 9, 2025, SB 641 was amended, however the amendments were minor.

On April 11, 2025, SB 641 was presented to the Legislative and Regulatory Affairs Committee for review and consideration for action recommendation to the Board. The Committee determined to recommend to the Board to take a position of **Support** on SB 641.

On April 30, 2025, SB 641 was referred to the committee on appropriations.

On May 9, 2025, SB 641 was presented to the Board for possible position recommendation. The Board determined to **Support** SB 641.

On May 12, 2025, SB 641 was placed in suspense file by the committee on appropriations.

On May 21, 2025, the Board submitted a **Support** position letter for SB 641, to the Senate Committee on Public Safety and the Senate Committee on Business, Professions and Economic Development.

On June 3, 2025, SB 641 passed the Senate and was ordered to the Assembly.

On June 9, 2025, SB 641 was referred to the Assembly Committee on Business and Professions.

On July 8, 2025, SB 641 passed the Business and Professions Committee and was referred to the appropriations committee.

Action Requested

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

Attachment #1: Bill Text- [Weblink](#)

Attachment #2: Bill Analysis

Attachment #3: Fact Sheet

Attachment #4: Senate Floor Analysis

Attachment #5: Position Letter of Support Public Safety Committee

Attachment #6: Position Letter of Business, Professions and Economic Development Committee

AMENDED IN SENATE APRIL 9, 2025

SENATE BILL

No. 641

Introduced by Senator Ashby

**(Principal coauthors: Senators Cervantes, Cortese, Gonzalez,
Grayson, Hurtado, and Pérez)**

(Coauthors: Senators Allen, Cabaldon, Padilla, Rubio, and Wahab)

February 20, 2025

An act to amend Sections 122, 136, and 10176 of, and to add Sections 108.1, 136.5, 7058.9, and 10089 to, the Business and Professions Code, relating to professions and vocations, and declaring the urgency thereof, to take effect immediately.

LEGISLATIVE COUNSEL'S DIGEST

SB 641, as amended, Ashby. Department of Consumer Affairs and Department of Real Estate: states of emergency: waivers and exemptions.

Existing law establishes in the Business, Consumer Services, and Housing Agency the Department of Real Estate to license and regulate real estate licensees, and the Department of Consumer Affairs, which is composed of various boards that license and regulate various businesses and professions.

This bill would authorize the Department of Real Estate and boards under the jurisdiction of the Department of Consumer Affairs to waive the application of certain provisions of the licensure requirements that the board or department is charged with enforcing for licensees and applicants impacted by a declared federal, state, or local emergency or whose home or business is located in a declared disaster area, including certain examination, fee, and continuing education requirements. The bill would exempt impacted licensees of boards from, among other

requirements, the payment of duplicate license fees. The bill would require all applicants and licensees of the Department of Real Estate or boards under the Department of Consumer Affairs to provide the board or department with an email address. The bill would prohibit a contractor licensed pursuant to the Contractors State License Law from engaging in ~~private~~ debris removal unless the contractor has one of specified license qualifications or as authorized by the registrar of contractors during a declared state of emergency or for a declared disaster ~~area~~. *area, has passed an approved hazardous substance certification examination, and complies with certain occupational safety and health requirements concerning hazardous waste operations and emergency response, as specified.* The bill would require the Real Estate Commissioner, upon the declaration of a state of emergency, to determine the nature and scope of any unlawful, unfair, or fraudulent practices, as specified, and provide specified notice to the public regarding those practices. The bill would authorize the commissioner to suspend or revoke a real estate license if the licensee makes an unsolicited offer to an owner of real property to purchase or acquire an interest in the real property for an amount less than the fair market value of the property or interest of the property if the property is located in a declared disaster area, and would also make a violation of that provision a misdemeanor. By creating a new crime, the bill would impose 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.

This bill would declare that it is to take effect immediately as an urgency statute.

Vote: $\frac{2}{3}$. Appropriation: no. Fiscal committee: yes.

State-mandated local program: yes.

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

- 1 SECTION 1. It is the intent of the Legislature to provide
- 2 boards, bureaus, commissions, and regulatory entities within the
- 3 jurisdiction of the Department of Consumer Affairs and the
- 4 Department of Real Estate with authority to address licensing and
- 5 enforcement concerns in real time after an emergency is declared.

1 The Legislature does not intend for any provision of this bill to
2 require regulations to implement.

3 SEC. 2. Section 108.1 is added to the Business and Professions
4 Code, to read:

5 108.1. (a) For purposes of this section, “disaster area” means
6 an area for which a federal, state, or local emergency or disaster
7 has been declared.

8 (b) To aid in the protection of the public health, the provision
9 of patient care, the continuity of services, and to support impacted
10 individuals, the Department of Real Estate or any board under the
11 jurisdiction of the Department of Consumer Affairs, as specified
12 in Section 101, may waive the application of any provision of law
13 that the board or department is charged with enforcing for licensees
14 and applicants impacted by a declared federal, state, or local
15 emergency or whose home or business is located in a disaster area,
16 that is related to any of the following:

17 (1) Examination eligibility and timing requirements.

18 (2) Licensure renewal deadlines.

19 (3) Continuing education completion deadlines.

20 (4) License display requirements.

21 (5) Fee submission timing requirements.

22 (6) Delinquency fees.

23 (c) The authority specified in subdivision (b) shall extend
24 through the duration of a declared federal, state, or local emergency
25 or disaster for licensees and applicants located in a disaster area
26 and for either of the following, as determined by the board or the
27 Department of Real Estate and will aid in the protection of the
28 public health, the provision of patient care, the continuity of
29 services, or the support of impacted individuals:

30 (1) One year after the end of the declared emergency or disaster.

31 (2) An additional period of time beyond one year after the end
32 of the declared emergency or disaster, as determined by the board
33 or the Department of Real Estate.

34 SEC. 3. Section 122 of the Business and Professions Code is
35 amended to read:

36 122. (a) Except as specified in subdivision (b) or otherwise
37 provided by law, the department and each of the boards, bureaus,
38 committees, and commissions within the department may charge
39 a fee for the processing and issuance of a duplicate copy of any
40 certificate of licensure or other form evidencing licensure or

1 renewal of licensure. The fee shall be in an amount sufficient to
2 cover all costs incident to the issuance of the duplicate certificate
3 or other form but shall not exceed twenty-five dollars (\$25).

4 (b) This section shall not apply to a licensee impacted by a
5 declared federal, state, or local emergency or disaster or whose
6 home or business is located in an area for which a federal, state,
7 or local emergency or disaster has been declared.

8 SEC. 4. Section 136 of the Business and Professions Code is
9 amended to read:

10 136. (a) Each person holding a license, certificate, registration,
11 permit, or other authority to engage in a profession or occupation
12 issued by a board within the department shall notify the issuing
13 board at its principal office of any change in the person's mailing
14 address within 30 days after the change, unless the board has
15 specified by regulations a shorter time period.

16 (b) Except as otherwise provided by law, failure of a licensee
17 to comply with the requirement in subdivision (a) constitutes
18 grounds for the issuance of a citation and administrative fine, if
19 the board has the authority to issue citations and administrative
20 fines.

21 (c) This section shall not apply to a licensee whose home or
22 business mailing address is located in an area for which a federal,
23 state, or local emergency or disaster area is declared.

24 SEC. 5. Section 136.5 is added to the Business and Professions
25 Code, to read:

26 136.5. Every applicant for licensure and every licensee of the
27 Department of Real Estate or a board under the jurisdiction of the
28 Department of Consumer Affairs, as specified in Section 101, shall
29 provide the Department of Real Estate or the board with an email
30 address.

31 SEC. 6. Section 7058.9 is added to the Business and Professions
32 Code, to read:

33 7058.9. (a) ~~A-Notwithstanding Section 40520 of the Public~~
34 ~~Resources Code, a~~ contractor shall not engage in ~~private~~ debris
35 removal unless the contractor has one of the following licenses or
36 classifications:

37 (1) A - General Engineering Contractor.

38 (2) B - General Building Contractor.

39 ~~(3) A-C-61 - Limited Specialty Contractor Classification for~~
40 ~~Debris Removal and Flood Muck Out. The board may adopt~~

1 ~~regulations to define the scope and requirements of this~~
2 ~~classification.~~

3 (3) *C-12 Earthwork and Paving and C-21 Building*
4 *Moving/Demolition.*

5 (b) During a declared federal, state, or local emergency or for
6 a declared disaster area, the registrar may authorize additional
7 classifications to perform ~~private debris removal or removal,~~
8 *including* muck out ~~services services,~~ based on the needs of the
9 declared emergency or disaster.

10 (1) ~~The registrar may make the determination on a case-by-case~~
11 ~~basis and without requiring regulations.~~

12 (2) ~~The registrar may require the qualifier for the license to have~~
13 ~~passed an approved hazardous substance certification examination~~
14 ~~as the disaster requires.~~

15 (c) *Any licensee authorized to perform debris removal pursuant*
16 *to this section shall have passed an approved hazardous substance*
17 *certification examination and shall comply with the hazardous*
18 *waste operations and emergency response requirements pursuant*
19 *to Section 5192 of Title 8 of the California Code of Regulations.*

20 SEC. 7. Section 10089 is added to the Business and Professions
21 Code, to read:

22 10089. Immediately upon the declaration of a federal, state, or
23 local emergency or disaster area, the commissioner, in consultation
24 with other agencies and departments, as appropriate, shall do the
25 following:

26 (a) Expeditiously, and until ~~90 days~~ *one year* following the end
27 of the emergency, determine the nature and scope of any unlawful,
28 unfair, or fraudulent practices employed by any individual or entity
29 seeking to take advantage of property owners in the wake of the
30 emergency.

31 (b) Provide notice to the public of the nature of these practices,
32 their rights under the law, relevant resources that may be available,
33 and contact information for authorities to whom violations may
34 be reported.

35 SEC. 8. Section 10176 of the Business and Professions Code
36 is amended to read:

37 10176. The commissioner may, upon their own motion, and
38 shall, upon the verified complaint in writing of any person,
39 investigate the actions of any person engaged in the business or
40 acting in the capacity of a real estate licensee within this state, and

1 the commissioner may temporarily suspend or permanently revoke
2 a real estate license at any time where the licensee, while a real
3 estate licensee, in performing or attempting to perform any of the
4 acts within the scope of this chapter has been guilty of any of the
5 following:

6 (a) Making any substantial misrepresentation.

7 (b) Making any false promises of a character likely to influence,
8 persuade, or induce.

9 (c) A continued and flagrant course of misrepresentation or
10 making of false promises through licensees.

11 (d) Acting for more than one party in a transaction without the
12 knowledge or consent of all parties thereto.

13 (e) Commingling with their own money or property the money
14 or other property of others that is received and held by the licensee.

15 (f) Claiming, demanding, or receiving a fee, compensation, or
16 commission under any exclusive agreement authorizing a licensee
17 to perform any acts set forth in Section 10131 for compensation
18 or commission where the agreement does not contain a definite,
19 specified date of final and complete termination.

20 (g) The claiming or taking by a licensee of any secret or
21 undisclosed amount of compensation, commission, or profit or the
22 failure of a licensee to reveal to the buyer or seller contracting with
23 the licensee the full amount of the licensee's compensation,
24 commission, or profit under any agreement authorizing the licensee
25 to do any acts for which a license is required under this chapter
26 for compensation or commission prior to or coincident with the
27 signing of an agreement evidencing the meeting of the minds of
28 the contracting parties, regardless of the form of the agreement,
29 whether evidenced by documents in an escrow or by any other or
30 different procedure.

31 (h) The use by a licensee of any provision, which allows the
32 licensee an option to purchase, in an agreement with a buyer or
33 seller that authorizes the licensee to sell, buy, or exchange real
34 estate or a business opportunity for compensation or commission,
35 except when the licensee, prior to or coincident with election to
36 exercise the option to purchase, reveals in writing to the buyer or
37 seller the full amount of the licensee's profit and obtains the written
38 consent of the buyer or seller approving the amount of the profit.

1 (i) Any other conduct, whether of the same or of a different
2 character than specified in this section, which constitutes fraud or
3 dishonest dealing.

4 (j) Obtaining the signature of a prospective buyer to an
5 agreement which provides that the prospective buyer shall either
6 transact the purchasing, leasing, renting, or exchanging of a
7 business opportunity property through the broker obtaining the
8 signature, or pay a compensation to the broker if the property is
9 purchased, leased, rented, or exchanged without the broker first
10 having obtained the written authorization of the owner of the
11 property concerned to offer the property for sale, lease, exchange,
12 or rent.

13 (k) Failing to disburse funds in accordance with a commitment
14 to make a mortgage loan that is accepted by the applicant when
15 the real estate broker represents to the applicant that the broker is
16 either of the following:

17 (1) The lender.

18 (2) Authorized to issue the commitment on behalf of the lender
19 or lenders in the mortgage loan transaction.

20 (l) Intentionally delaying the closing of a mortgage loan for the
21 sole purpose of increasing interest, costs, fees, or charges payable
22 by the borrower.

23 (m) Violating any section, division, or article of law which
24 provides that a violation of that section, division, or article of law
25 by a licensed person is a violation of that person's licensing law,
26 if it occurs within the scope of that person's duties as a licensee.

27 (n) (1) Making an unsolicited offer to an owner of real property,
28 on their own behalf or on behalf of a client, to purchase or
29 otherwise acquire any interest in the real property for an amount
30 less than the fair market value of the property or interest in the
31 property when that property is located in an area included in a
32 declared federal, state, or local emergency or disaster area, for the
33 duration of the declared emergency and for ~~three months~~ *one year*
34 thereafter.

35 (2) Any person, including, but not limited to, an officer, director,
36 agent, or employee of a corporation, who violates this subdivision
37 is guilty of a misdemeanor punishable by a fine of up to ten
38 thousand dollars (\$10,000), by imprisonment for up to six months,
39 or both.

1 SEC. 9. No reimbursement is required by this act pursuant to
2 Section 6 of Article XIII B of the California Constitution because
3 the only costs that may be incurred by a local agency or school
4 district will be incurred because this act creates a new crime or
5 infraction, eliminates a crime or infraction, or changes the penalty
6 for a crime or infraction, within the meaning of Section 17556 of
7 the Government Code, or changes the definition of a crime within
8 the meaning of Section 6 of Article XIII B of the California
9 Constitution.

10 SEC. 10. This act is an urgency statute necessary for the
11 immediate preservation of the public peace, health, or safety within
12 the meaning of Article IV of the California Constitution and shall
13 go into immediate effect. The facts constituting the necessity are:
14 In order to support licensed professionals impacted by the
15 disasters caused by the Palisades and Eaton wildfires, it is
16 necessary that this act take effect immediately.

2025 Bill Analysis

Author: Senator Angelique Ashby	Bill Number: SB 641	Related Bills:
Sponsor:	Version: Introduced	
Subject: Department of Consumer Affairs and Department of Real Estate: states of emergency: waivers and exemptions		

SUMMARY

The bill would allow the Department of Real Estate (DRE) and boards under the Department of Consumer Affairs (DCA) to waive certain licensure requirements for applicants and licensees affected by a declared federal, state, or local emergency, or whose home or business is in a disaster area. This includes exemptions from examination, fee, and continuing education requirements, as well as the payment of duplicate license fees. It would also require all applicants and licensees to provide an email address to their respective boards or departments.

The bill also prohibits contractors licensed under the Contractors State License Law from engaging in private debris removal unless they meet certain qualifications or are authorized by the registrar during a declared emergency or in a disaster area. Additionally, it would require the Real Estate Commissioner to identify unlawful or fraudulent practices during a state of emergency and provide public notice. The commissioner could suspend or revoke the license of any real estate licensee who makes unsolicited offers to purchase property in a disaster area for less than its fair market value, with violations subject to misdemeanor penalties.

RECOMMENDATION

Staff Recommendation: Board staff recommends the Board take a **Support** position on SB 641.

Other Boards/Departments that may be affected:	
☐ Change in Fee(s)	☐ Affects Licensing Processes ☐ Affects Enforcement Processes
☐ Urgency Clause	☐ Regulations Required ☐ Legislative Reporting ☐ New Appointment Required
Legislative & Regulatory Affairs Committee Position:	Full Board Position:
☐ Support ☐ Support if Amended	☐ Support ☐ Support if Amended
☐ Oppose ☐ Oppose Unless Amended	☐ Oppose ☐ Oppose Unless Amended
☐ Neutral ☐ Watch	☐ Neutral ☐ Watch
Date: _____	Date: _____

Vote: _____

Vote: _____

REASON FOR THE BILL

The proposed bill is designed to facilitate quicker and more efficient disaster response by exempting licensees in disaster areas from specific administrative processes and requirements, while also allowing the temporary suspension or modification of certain rules. It is intended to take effect immediately as an urgency statute to support affected individuals and businesses while protecting public safety and ensuring consumer protection during disasters and emergencies.

ANALYSIS

This bill aims to provide flexibility in licensure and regulatory requirements for real estate professionals and other licensees in the event of emergencies or disasters. The proposed bill authorizes the Department of Real Estate (DRE) and boards under the Department of Consumer Affairs (DCA) to waive specific licensure requirements for applicants and licensees affected by a federal, state, or local emergency, or whose business or residence is located in a disaster area. These waivers would apply to certain examination, fee, and continuing education requirements. It also exempts impacted licensees from the payment of duplicate license fees, ensuring relief to those impacted from federal, state, or local emergency.

The proposed bill requires all applicants and licensees under the DRE or boards under the DCA to provide their email address to their respective boards or departments. This is intended to improve communication, particularly during emergencies. The proposed bill also prohibits contractors licensed under the Contractors State License Law from engaging in private debris removal unless they hold specified qualifications or are authorized by the registrar during an emergency or in a disaster area.

In the event of a declared state of emergency, the Real Estate Commissioner must identify and assess unlawful, unfair, or fraudulent practices, particularly those related to real estate transactions in disaster areas. The commissioner will be required to notify the public about such practices. The proposed bill also grants the commissioner the authority to suspend or revoke real estate licenses if licensees make unsolicited offers to purchase property or interest in property located in a disaster area for less than its fair market value. Violations of this provision would be considered a misdemeanor.

The creation of a new misdemeanor offense under the bill means that it would impose a state-mandated local program. However, the proposed bill specifies that no reimbursement is required for local agencies or school districts for costs related to the mandates in this act.

The proposed bill is designed to take effect immediately as an urgency statute, meaning it would become law as soon as it is signed.

LEGISLATIVE HISTORY

The proposed bill expands upon Governor Gavin Newsom's Executive Order N-15-25, issued on January 29, 2025. Executive Order N-15-25 postpones for one year the license renewal fees for Department of Consumer Affairs (DCA) licenses that expire between January 1, 2025, and June 30, 2025, and who's residential or business address is within the impacted areas. Upon license renewal, licensees eligible for the renewal fee postponement will renew with no payment due. This year's renewal fees will automatically be postponed to 2026. Although renewal fees are not waived, they will not be collected until 2026. SB 641, however, authorizes Boards and Bureaus, under jurisdiction of DCA to waive licensing fees rather than postponing them for those impacted by an emergency or disaster.

OTHER STATES' INFORMATION

Not applicable at this time.

PROGRAM BACKGROUND

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.

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 waivers for examination, fees, and continuing education requirements could reduce the revenue generated by the Department of Real Estate (DRE) and boards under the Department of Consumer Affairs (DCA). However, the fiscal impact of these waivers would be minimal and can be absorbed by the Board, as they would only apply to those affected by an emergency or disaster.

The requirement for applicants and licensees to provide an email address carries minimal administrative costs to the Board.

ECONOMIC IMPACT

Not applicable at this time.

LEGAL IMPACT

The proposed bill includes a requirement for it to take effect immediately as an urgency statute and does not include a repeal date. This proposed expands upon Governor Gavin Newsom's Executive Order N-15-25, issued on January 29, 2025, which postpones for one year the license renewal fees for Department of Consumer Affairs (DCA) licenses that expire between January 1, 2025, and June 30, 2025. As it is unclear if licensees whose licenses expired between January 1, 2025, and June 30, 2025, and had their fees postponed to 2026, would be eligible to have their fees waived should the bill become law before 2026, there could be a need for clarification.

APPOINTMENTS

Not applicable at this time.

SUPPORT/OPPOSITION

Not applicable at this time.

Support:

Opposition:

ARGUMENTS

Not applicable at this time.

Proponents:

Opponents:

AMENDMENTS

Suggested amendments. These should be in ~~striketrough~~ and underline and clearly show the affected sections.



Senator Angelique V. Ashby, 8th Senate District

SB 641 – Consumer Protection and Business Recovery Act

Protecting consumers and licensed professionals affected by wildfires or natural disasters.

burdensome to individuals who are displaced after a disaster.

SUMMARY

SB 641 grants the Department of Consumer Affairs (DCA) and the Department of Real Estate (DRE) the authority to waive or exempt certain licensure requirements during declared states of emergency.

Additionally, this bill establishes timelines and certification requirements for proper debris removal and protects disaster victims from predatory land purchasing schemes of their properties.

BACKGROUND

In January 2025, Los Angeles experienced the most catastrophic wildfires in its history. Beginning January 7, strong Santa Ana winds and severe dry conditions fueled a series of fires across L.A. County, consuming tens of thousands of acres. The Palisades and Eaton Fires were the most destructive, burning over 20,000 and nearly 14,000 acres, respectively. In total, the fires claimed at least 28 lives and destroyed over 16,240 structures.¹

Climate change is making wildfires more frequent and severe. Since 1950, the areas burned by California wildfires has steadily increased each year. Drought and rising temperatures have intensified the effects of low precipitation and snowpack, creating ideal conditions for fast-spreading, high-severity wildfires. As a result, disasters like the LA fires are becoming more common, leaving communities vulnerable and disrupting local economies.

The California DRE administers Real Estate Law, which oversees the licensing and conduct of real estate brokers and salespeople. DRE also protects consumers from fraud, misrepresentation, and unlawful business practices in property sales and leasing, which are issues that arise when disaster victims are most vulnerable.

Similarly, the DCA oversees the licensing process for various professions. They set and enforce requirements for educational qualifications, exams, and work experience. Licensed professionals must follow renewal schedules and pay fees to keep their licenses active, which can become especially

THE PROBLEM

When disasters strike, licensed professionals in affected areas face significant barriers to maintaining their ability to work. Current law does not consider disruptions caused by emergencies, leaving professionals at risk of losing their licenses due to their inability to meet renewal deadlines, mandatory fees, and continuing education requirements. These barriers are especially harmful when disaster survivors rely on these skilled professionals to rebuild.

Disaster survivors also face increased risks of predatory real estate practices, such as unsolicited purchase offers targeting vulnerable property owners. Current law lacks a clear mechanism to provide immediate relief to licensed professionals or protect consumers from land exploitation in disaster zones.

Another critical issue is the lack of oversight in private debris removal and cleanup efforts. After major disasters, property owners often turn to private companies for cleanup services – but without proper standards, some operators cut corners, or fail to meet critical safety regulations.

THE SOLUTION

SB 641 will authorize licensing programs to waive certain requirements for individuals in disaster areas during a state of emergency. This will help professionals maintain their licensure status, ensuring they can continue to work without facing administrative burdens.

This bill also strengthens protections for disaster survivors by addressing predatory real estate practices. SB 641 ensures swift action against exploitation and holds bad actors accountable.

Lastly, this bill establishes baseline safety and quality standards for private debris removal and cleanup by requiring contractors to obtain licenses, ensuring that only qualified professionals handle

¹ [Economic Impact of the Los Angeles Wildfires](#)

these jobs. This provision helps reduce long-term health and environmental risks in disaster-impacted areas.

FOR MORE INFORMATION

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**SENATE COMMITTEE ON
BUSINESS, PROFESSIONS AND ECONOMIC DEVELOPMENT**
Senator Angelique Ashby, Chair
2025 - 2026 Regular

Bill No:	SB 641	Hearing Date:	April 7, 2025
Author:	Ashby		
Version:	February 20, 2025		
Urgency:	Yes	Fiscal:	Yes
Consultant:	Sarah Mason		

Subject: Department of Consumer Affairs and Department of Real Estate: states of emergency: waivers and exemptions

SUMMARY: An urgency measure that supports licensed professionals impacted by a wildfire or natural disaster by waiving various licensure requirements. Addresses predatory practices by prohibiting a person from making an unsolicited purchase offer in a disaster area. Establishes timelines and certifications for appropriate debris removal.

NOTE: This bill is double-referred, second, to the Senate Committee on Public Safety.

Existing law:

- 1) Establishes the Department of Consumer Affairs (DCA) within the Business, Consumer Services, and Housing Agency. (Business and Professions Code (BPC) §§ 100 et seq.)
- 2) Establishes various boards, bureaus, and other entities within the jurisdiction of the DCA. (BPC § 101)
- 3) Authorizes healing arts programs within DCA to adopt regulations to require licensees to display their licenses or registrations in the locality in which they are treating patients, and to inform patients as to the identity of the regulatory agency they may contact if they have any questions or complaints regarding the licensee. (BPC § 104)
- 4) Authorizes DCA and each of the boards, bureaus, committees, and commissions within DCA to charge a fee for the processing and issuance of a duplicate copy of any certificate of licensure or other form evidencing licensure or renewal of licensure and charge a fee sufficient to cover all costs incident to the issuance of the duplicate certificate or other form but shall not exceed twenty-five dollars (\$25). (BPC § 122)
- 5) Requires each person holding a license, certificate, registration, permit, or other authority to engage in a profession or occupation issued by a board within DCA to notify the issuing board of any change in the person's mailing address within 30 days after the change, unless the board has specified by regulations a shorter time period. (BPC § 136(a))

- 6) Subjects licensees to a citation and administrative fine for failing to meet the requirements of 4) above regarding notice of a new address. (BPC § 136(b))
- 7) Authorizes programs within the DCA to charge a delinquency, penalty, or late fee for any licensee within the Department of Consumer Affairs shall be 50 percent of the renewal fee for such license in effect on the date of the renewal of the license, but not less than twenty-five dollars (\$25) nor more than one hundred fifty dollars (\$150). (BPC § 163.5)
- 8) Requires DCA programs to develop through the regulatory process guidelines to prescribe components for mandatory continuing education programs administered by any board within DCA. (BPC § 166)
- 9) Authorizes the following DCA programs to require an email address from applicants and licensees at the time of initial application and/or renewal, as specified:
 - a) Dental Hygiene Board (BPC § 1934)
 - b) Speech-Language Pathology, Audiology and Hearing Aid Dispensers Board (BPC § 2530.7)
 - c) Board of Pharmacy (BPC § 4013)
 - d) California Board of Accountancy (BPC §§ 5009.5, 5070, 5070.1, 5070.2, 5070.5, 5070.6, 5152.1, 5096, 5096.12, 5151)
 - e) California Architects Board (BPC § 5558, 5559, 5658)
 - f) Board for Professional Engineers, Land Surveyors and Geologists (BPC §§ 6767, 7856, 8753)
 - g) Contractors State License Board (BPC § 7083.2)
- 10) Establishes the Contractors State License Board (CSLB) within DCA to license and regulate contractors and home improvement salespersons. (BPC § 7000 et seq.)
- 11) Establishes four branches of contracting business in the following classifications:
 - a) General engineering contracting (A)
 - b) General building contracting (B1)
 - c) Residential remodeling contracting (B2)
 - d) (c) Specialty contracting (C)
- 12) Defines an A – General Engineering Contractor as those whose principal contracting businesses are in connection with fixed works requiring specialized engineering knowledge and skill, including the following divisions or subjects: irrigation, drainage, water power, water supply, flood control, inland waterways,

harbors, docks and wharves, shipyards and ports, dams and hydroelectric projects, levees, river control and reclamation works, railroads, highways, streets and roads, tunnels, airports and airways, sewers and sewage disposal plants and systems, waste reduction plants, bridges, overpasses, underpasses and other similar works, pipelines and other systems for the transmission of petroleum and other liquid or gaseous substances, parks, playgrounds and other recreational works, refineries, chemical plants and similar industrial plants requiring specialized engineering knowledge and skill, powerhouses, powerplants and other utility plants and installations, mines and metallurgical plants, land leveling and earthmoving projects, excavating, grading, trenching, paving and surfacing work and cement and concrete works in connection with the above-mentioned fixed works. (BPC § 7056)

- 13) Defines a B1 – General Building Contractor as those whose principal contracting businesses are in connection with any structure built, being built, or to be built, for the support, shelter, and enclosure of persons, animals, chattels, or movable property of any kind, requiring in its construction the use of at least two unrelated building trades or crafts, or to do or superintend the whole or any part thereof. (BPC § 7057)
- 14) Defines a C – Specialty Contractor as those whose operations involve performance of construction work requiring special skill and whose principal contracting business involves the use of specialized building trades or crafts. (BPC § 7058)
- 15) Establishes the Real Estate Law to provide for the Department of Real Estate (DRE) regulation of real estate salespersons, real estate brokers, transactions associated with the purchase or lease new homes or subdivided interests, and the sales of timeshare interests to consumers in California. (BPC §§ 10000 et seq.)
- 16) Establishes the DRE to administer the Real Estate Law. (BPC §§ 1004).
- 17) Authorizes DRE to investigate the actions of any person engaged in the business or acting in the capacity of a real estate licensee and temporarily suspend or permanently revoke a real estate license for performing, or attempting to perform, specified violations of the Real Estate Law. (BPC § 10176)

Existing Regulations:

- 1) Prohibits Contractors licensed in one classification from contracting in the field of any other classification unless they are also licensed in that classification or are permitted to do so by Title 16 of the California Code of Regulations (16 CCR) § 831. (16 CCR § 830)
- 2) Defines the scope under which each specialty contractor classification may perform contracting work (16 CCR §§ 832.02, 832.4-832.17, 832.20-832.23, 832.26-832.29, 832.31-832.36, 832.38, 832.39, 832.42, 832.43, 832.45-832.47, 82.49-832.51, 832.53-832.55, 832.57, 832.60-832.62)

This bill:

- 1) States Legislative intent to provide boards, bureaus, commissions, and regulatory entities within the jurisdiction of the DCA and the DRE with authority to address licensing and enforcement concerns in real time after an emergency is declared. Specifies that the Legislature does not intend for any provision of this bill to require regulations to implement.
- 2) Authorizes DRE or any board under the jurisdiction of DCA to waive provisions of licensing laws related to any of the following for licensees and applicants impacted by a declared federal, state, or local emergency or whose home or business is located in a disaster area, as specified:
 - a) Examination eligibility and timing requirements.
 - b) Licensure renewal deadlines
 - c) Continuing education completion deadlines.
 - d) License display requirements.
 - e) Fee submission timing requirements.
 - f) Delinquency fees.
- 3) Extends the waiver authority through the duration of a declared federal, state, or local emergency or disaster for licensees and applicants located in a disaster area and for either one year after the end of the declared emergency or disaster or an additional period of time beyond one year, as determined by a DCA entity or DRE.
- 4) Exempts a licensee impacted by a declared federal, state, or local emergency or disaster or whose home or business is located in an area for which a federal, state, or local emergency or disaster has been declared from requirements to pay a processing and issuance fee for a duplicate copy of any certificate of licensure or other form evidencing licensure or renewal of licensure.
- 5) Requires every applicant for licensure and every licensee to provide DRE or DCA entity with an email address.
- 6) Prohibits a contractor from engaging in private debris removal unless the contractor has one of the following licenses or classifications:
 - a) A - General Engineering Contractor.
 - b) B - General Building Contractor.
 - c) A C-61 – Limited Specialty Contractor Classification for Debris Removal and Flood Muck Out. Authorizes the CSLB to adopt regulations to define the scope and requirements of this classification.

- 7) Authorizes the CSLB registrar, during a declared federal, state, or local emergency or for a declared disaster area, to authorize additional classifications to perform private debris removal or muck out services based on the needs of the declared emergency or disaster. Specifies that the registrar may make the determination on a case-by-case basis and without requiring regulations and may require the qualifier for the license to have passed an approved hazardous substance certification examination as the disaster requires.
- 8) Requires the DRE Commissioner to, expeditiously, and until 90 days following the end of a declared emergency, determine the nature and scope of any unlawful, unfair, or fraudulent practices employed by any individual or entity seeking to take advantage of property owners in the wake of the emergency.
- 9) Requires the DRE Commissioner to provide notice to the public of the nature of these practices, their rights under the law, relevant resources that may be available, and contact information for authorities to whom violations may be reported.
- 10) Authorizes the DRE Commissioner to temporarily suspend or permanently revoke a real estate license at any time where the licensee, while a real estate licensee, makes an unsolicited offer to an owner of real property, on their own behalf or on behalf of a client, to purchase or otherwise acquire any interest in the real property for an amount less than the fair market value of the property or interest in the property when that property is located in an area included in a declared federal, state, or local emergency or disaster area, for the duration of the declared emergency and for three months thereafter.
- 11) Specified that any person, including, but not limited to, an officer, director, agent, or employee of a corporation, who violates this subdivision is guilty of a misdemeanor punishable by a fine of up to ten thousand dollars (\$10,000), by imprisonment for up to six months, or both.

FISCAL EFFECT: Unknown, this bill is keyed fiscal by Legislative Counsel.

COMMENTS:

1. **Purpose.** The Author is the Sponsor of this bill. According to the Author, "Licensing practice laws establish requirements for individuals to meet in order to maintain their livelihood, most especially as they rebuild their lives and climb back up after facing tragedy like so many experienced early this year.

When disaster strikes, the last thing someone should have to worry about is submitting the proper fee for a replacement license. It should be automatic that applicants and licensed professionals are provided extended timeframes to meet the many, often onerous, requirements they have to meet just to do their job.

By granting the authority for licensing programs to waive certain requirements for individuals in a disaster area and during a state of emergency, SB 641 will provide a small measure of relief as they begin to move forward and successfully back into their profession.

SB 641 also builds on lessons learned in other disasters to protect property owners from predatory land grabs. Neighborhoods in the wake of fires have already experienced enough and we should ensure swift action is taken to prohibit this behavior and enforce against those who engage in it.

It's also critical that we have baseline measures of quality built into the standards for the companies engaging in private debris removal and cleanup – requiring proper hazardous waste removal training will ensure continued safety in these impacted areas.”

2. **Background.** Regulatory programs within the jurisdiction of the DCA issue about 3.5 million licenses, certificates, and approvals to individuals and businesses in over 250 categories.

Within the DCA are 38 entities, including 26 boards, eight bureaus, two committees, one program, and one commission (hereafter “boards” unless otherwise noted). Collectively, these boards regulate more than 100 types of businesses and 200 different industries and professions. As regulators, these boards perform two primary functions:

- Licensing—which entails ensuring only those who meet minimum standards are issued a license to practice, and
- Enforcement—which entails investigation of alleged violations of laws and/or regulations and taking disciplinary action, when appropriate.

DCA boards are semiautonomous regulatory bodies with the authority to set their own priorities and policies and take disciplinary action on their licensees. DCA has direct control and authority over bureaus.

The Real Estate Law, administered by the Department of Real Estate, provides for real estate licensing in this state. DRE licenses more than 425,000 persons in California: over 293,000 real estate salespersons and over 131,000 real estate brokers, including corporate brokers, as well as more than 26,000 mortgage loan originators.

COVID Waivers. On March 30, 2020, the Governor issued Executive Order N-39-20 authorizing the Director of the Department of Consumer Affairs to waive any statutory or regulatory professional licensing relating to healing arts during the duration of the COVID-19 pandemic – including rules relating to examination, education, experience, and training. This bill follows that example and authorizes programs to waive various requirements for impacted applicants and licensees.

Wildfires. Climate change, primarily caused by the burning of fossil fuels, is increasing the frequency and severity of wildfires, not only in California, but also all over the world. Since 1950, the area burned by California wildfires each year has been increasing. Drought conditions have brought unusually warm temperatures, intensifying the effects of very low precipitation and snowpack and creating conditions for extreme, high severity wildfires that spread rapidly.

In January 2025, Los Angeles experienced the most catastrophic wildfires in its history. Beginning January 7, a series of wildfires ravaged L.A. County, consuming tens of thousands of acres due to strong Santa Ana winds and severe dry conditions. The Palisades and Eaton Fires were the most destructive, burning over 20,000 and almost 14,000 acres, respectively. The fires claimed at least 28 lives and destroyed over 16,240 structures.

3. **Arguments in Support.** According to the California Association of Licensed Investigators, "It is important to enact these provisions prior to the next significant federal, state or local emergency in order to ensure that essential services can continue during these challenging periods."

The Contractors State License Board writes that "In the aftermath of a natural disaster, safe debris removal and disposal is critical to avoid additional health and environmental problems. SB 641 allows CSLB to determine which licensing classifications have sufficient experience and training to assist in debris removal on a case-by-case basis during a declared federal, state, or local emergency. The bill also allows CSLB to safely waive certain licensing requirements to support applicants and licensees during a state of emergency. SB 641 will enhance CSLB's ability to quickly navigate recovery needs and provide expedient assistance for applicants, licensees, and consumers."

4. **Proposed Author's Amendments.** The Author is proposing amendments to allow consumers to be protected from predatory real estate activities for a longer period of time and to make various technical clarifications to ensure the qualifications of debris removal contractors.

SUPPORT AND OPPOSITION:

Support:

California Association of Licensed Investigators
Contractors State License Board

Opposition:

None received

-- END --

May 13, 2025

The Honorable Senator Jesse Arreguin
Chair, Senate Committee on Public Safety
State Capitol, Room 6710
Sacramento, CA 95814

RE: SB 641 (Ashby) – Department of Consumer Affairs and Department of Real Estate: states of emergency: waivers and exemptions – Support

Dear Senator Arreguin:

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 May 9, 2025, meeting, the Board adopted a **Support** position on Senate Bill 641 (Ashby). This bill provides essential flexibility by authorizing the Department of Real Estate (DRE) and boards under the Department of Consumer Affairs (DCA) to waive certain licensure requirements—including examinations, fees, and continuing education—for applicants and licensees affected by declared federal, state, or local emergencies or disasters. It also requires licensees to maintain a valid email address to support timely and effective communication.

SB 641 ensures that regulatory bodies can provide immediate and meaningful relief to licensees during emergencies without requiring an executive order. This authority allows the Board to better support licensees experiencing hardship while maintaining continuity of services for consumers. The Board supports SB 641 and appreciates the author's efforts to enhance both regulatory responsiveness and consumer protection in times of crisis.

If you have any questions or concerns, please feel free to contact the Board's Executive Officer, Jonathan Burke, at (916) 574-8072 or jonathan.burke@dca.ca.gov. Thank you.

Sincerely,



Lea Tate, PsyD
President, Board of Psychology

cc: Kelly Seyarto (Vice-Chair)
Senator Angelique Ashby
Members of the Senate Public Safety Committee

May 13, 2025

The Honorable Senator Angelique Ashby
Chair, Senate Committee on Business, Professions, and Economic Development
State Capitol, Room 8630
Sacramento, CA 95814

RE: SB 641 (Ashby) – Department of Consumer Affairs and Department of Real Estate: states of emergency: waivers and exemptions – 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.

At its May 9, 2025, meeting, the Board adopted a **Support** position on Senate Bill 641 (Ashby). This bill provides essential flexibility by authorizing the Department of Real Estate (DRE) and boards under the Department of Consumer Affairs (DCA) to waive certain licensure requirements—including examinations, fees, and continuing education—for applicants and licensees affected by declared federal, state, or local emergencies or disasters. It also requires licensees to maintain a valid email address to support timely and effective communication.

SB 641 ensures that regulatory bodies can provide immediate and meaningful relief to licensees during emergencies without requiring an executive order. This authority allows the Board to better support licensees experiencing hardship while maintaining continuity of services for consumers. The Board supports SB 641 and appreciates the author's efforts to enhance both regulatory responsiveness and consumer protection in times of crisis.

If you have any questions or concerns, please feel free to contact the Board's Executive Officer, Jonathan Burke, at (916) 574-8072 or jonathan.burke@dca.ca.gov. Thank you.

Sincerely,



Lea Tate, PsyD
President, Board of Psychology

cc: Steven "Steve" Choi (Vice-Chair)
Members of the Senate Business, Professions and Economic
Development Committee

MEMORANDUM

DATE	July 23, 2025
TO	Psychology Board Members
FROM	Jacklyn Mancilla, Legislative and Regulatory Affairs Analyst
SUBJECT	Agenda Item 12(b)(5) Bills with Active Positions Taken by the Board – SB 579 (Padilla) Mental health and artificial intelligence working group

Background

The bill was introduced on February 20, 2025, by Senator Stephen Padilla.

This bill would require the Secretary of Government Operations, who is appointed by the Governor, subject to confirmation by the Senate, to appoint a mental health and artificial intelligence working group by July 1, 2026, that would evaluate certain issues to determine the role of artificial intelligence in mental health settings. This bill would require the working group to take input from various stakeholder groups, including health organizations and academic institutions.

- The working group shall consist of all the following participants:
 - Four appointees who are behavioral health professionals selected in consultation with mental health provider professional organizations, at least one of whom works in specialty mental health services serving individuals with serious mental illness, serious emotional disturbance, or substance abuse disorder.
 - Three appointees who are artificial intelligence and technology experts.
 - Two appointees with a background in patient advocacy.
 - Two appointees who are experts in ethics and law.
 - One appointee representing a public health agency.
 - The State Chief Information Officer, or their designee.
 - The Director of Health Care Services, or their designee.
 - The chief information officers of three other state agencies, departments, or commissions.
 - One Member of the Senate, appointed by the Senate Committee on Rules,

and one Member of the Assembly, appointed by the Speaker of the Assembly.

The bill would require the working group to produce a report of its findings to the Legislature by July 1, 2028. A follow-up report is due by January 1, 2030, to assess implementation. The working group operates under the Bagley-Keene Open Meeting Act and will be repealed on January 1, 2031.

On March 5, 2025, SB 579 was referred to Senate Committee on Governmental Organization.

On March 25, 2025, SB 579 was amended to specify at least one of the four appointees of the working group representing behavioral health professionals, works in specialty mental health services serving individuals with serious mental health illness, serious emotional disturbances or substance abuse disorder. The amendments also include that the working group should at least conduct at least three public meetings, subject to the Bagley-Keene Open Meeting Act, to incorporate feedback from groups including health organizations, academic institutions, technology companies, and advocacy groups.

On March 26, 205, SB 579 was referred to the appropriations committee.

On April 11, 2025, SB 579 was presented to the Legislative and Regulatory Affairs Committee for review and consideration for action recommendation to the Board. The Committee determined to recommend to the Board to take a position of **Support if Amended** on SB 579 with the recommendation to request that SB 579 include a licensed psychologist as one of the four members of the behavioral health professionals selected in consultation with mental health provider professional organizations of the working group.

On April 21, 2025, SB 579 was placed in suspense file by the appropriations committee.

On May 9, 2025, SB 579 was presented to the Board for possible position recommendation. The Board determined to **Support if Amended**, with the following recommendation:

Section (b)(1): “Four appointees who are behavioral health professionals selected in consultation with mental health provider professional organizations, at least one of whom is a licensed psychologist, one of whom works in specialty mental health services serving individuals with serious mental illness, serious emotional disturbance, or substance use disorder.”

On May 21, 2025, the Board submitted a **Support if Amended** position letter for SB 579, to the Senate Committee on Governmental Organizations.

On May 23, 2025, SB 579 failed to meet the fiscal committee hearing deadline pursuant to Rule 61(a)(5). SB 579 is held in committee and may be acted upon in

January 2026.

ACTION REQUESTED

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

Attachment #1: Bill Text - [Weblink](#)

Attachment #2: Bill Analysis

Attachment #3: Senate Bill Floor Analysis

Attachment #4: Senate Bill Floor Analysis Appropriations

Attachment #5: Position Letter of Support if Amended Governmental Organizations Committee

AMENDED IN SENATE MARCH 26, 2025

SENATE BILL

No. 579

Introduced by Senator Padilla

February 20, 2025

An act to add *and repeal* Section 12817 to the Government Code, relating to artificial intelligence.

LEGISLATIVE COUNSEL'S DIGEST

SB 579, as amended, Padilla. Mental health and artificial intelligence working group.

Existing law establishes the Government Operations Agency, which consists of several state entities, including, ~~but not limited to,~~ *among others*, the State Personnel Board, the Department of General Services, and the Office of Administrative Law. Under existing law, the Government Operations Agency is under the direction of an executive officer known as the Secretary of Government Operations, who is appointed by, and holds office at the pleasure of, the Governor, subject to confirmation by the Senate.

This bill would require the secretary, by July 1, 2026, to appoint a mental health and artificial intelligence working group, as specified, that would evaluate certain issues to determine the role of artificial intelligence in mental health settings. The bill would require the working group to take input from various stakeholder groups, including health organizations and academic ~~institutions~~, *institutions, and conduct at least 3 public meetings*. The bill would require the working group to produce a report of its findings to the Legislature by July 1, ~~2028~~, *2028, and issue a followup report by January 1, 2030, as specified. The bill would repeal its provisions on July 1, 2031.*

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 12817 is added to the Government Code,
2 to read:
- 3 12817. (a) The Secretary of Government Operations shall
4 appoint a mental health and artificial intelligence working group
5 and designate the chairperson of that group on or before July 1,
6 2026, to evaluate all of the following:
- 7 (1) The role of artificial intelligence in improving mental health
8 outcomes, ensuring ethical standards, promoting innovation, and
9 addressing concerns regarding artificial intelligence in mental
10 health settings.
- 11 (2) The current and emerging artificial intelligence technologies
12 that have the potential to improve mental health diagnosis,
13 treatment, monitoring, and care. The evaluation shall include
14 artificial-intelligence-driven therapeutic tools, virtual assistants,
15 diagnostics, and predictive models.
- 16 (3) The potential risks associated with artificial intelligence to
17 mental health, including ~~reliance on automated systems, privacy~~
18 ~~concerns, or unintended consequences on mental health treatment.~~
19 *consequences, and artificial intelligence chatbots, and other*
20 *artificial intelligence intended to promote mental health or*
21 *impersonate a mental health professional.*
- 22 (b) The working group shall consist of all of the following
23 participants:
- 24 (1) Four appointees who are ~~mental health professionals.~~
25 *behavioral health professionals selected in consultation with*
26 *mental health provider professional organizations, at least one of*
27 *whom works in specialty mental health services serving individuals*
28 *with serious mental illness, serious emotional disturbance, or*
29 *substance abuse disorder.*
- 30 (2) Three appointees who are artificial intelligence and
31 technology experts.
- 32 (3) Two appointees with a background in patient advocacy.
- 33 (4) Two appointees who are experts in ethics and law.
- 34 (5) One appointee representing a public health agency.
- 35 (6) The State Chief Information Officer, or their designee.

1 (7) The Director of Health Care Services, or their designee.

2 (8) The chief information officers of three other state agencies,
3 departments, or commissions.

4 (9) One Member of the Senate, appointed by the Senate
5 Committee on Rules, and one Member of the Assembly, appointed
6 by the Speaker of the Assembly.

7 (c) (1) The working group shall take input from a broad range
8 of stakeholders with a diverse range of interests affected by state
9 policies governing emerging technologies, privacy, business, the
10 courts, the legal community, and state government.

11 (2) This input shall come from groups, including, but not limited
12 to, health organizations, academic institutions, technology
13 companies, and advocacy groups.

14 (3) (A) *The working group shall conduct at least three public*
15 *meetings to incorporate feedback from groups, including, but not*
16 *limited to, health organizations, academic institutions, technology*
17 *companies, and advocacy groups.*

18 (B) *A public meeting held pursuant to subparagraph (A) may*
19 *be held by teleconference, pursuant to the procedures required by*
20 *Section 11123, for the benefit of the public and the working group.*

21 (d) (1) (A) On or before July 1, 2028, the working group shall
22 report to the Legislature on the potential uses, risks, and benefits
23 of the use of artificial intelligence technology in mental health
24 treatment by state government and California-based businesses.

25 ~~(2)~~

26 (B) This report shall include best practices and recommendations
27 for policy around facilitating the beneficial uses and mitigating
28 the potential risks surrounding artificial intelligence in mental
29 health treatment.

30 ~~(3)~~

31 (C) The report shall include a framework for developing training
32 for mental health professionals to enhance their understanding of
33 artificial intelligence tools and how to incorporate them into their
34 practice effectively.

35 (2) *On or before January 1, 2030, the working group shall issue*
36 *a followup report to the Legislature on the implementation of the*
37 *working group's recommendations and the status of the framework*
38 *for developing training for mental health professionals and how*
39 *it has been incorporated into practice.*

40 ~~(4)~~

1 (3) A report submitted pursuant to this subdivision shall be
2 submitted in compliance with Section 9795.

3 (e) The members of the working group shall serve without
4 compensation, but shall be reimbursed for all necessary expenses
5 actually incurred in the performance of their duties.

6 (f) *The working group is subject to the Bagley-Keene Open*
7 *Meeting Act (Article 9 (commencing with Section 11120) of*
8 *Chapter 1 of Part 1).*

9 (g) *This section shall remain in effect only until January 1, 2031,*
10 *and as of that date is repealed.*

2025 Bill Analysis

Author: Senator Stephen Padilla	Bill Number: SB 579	Related Bills:
Sponsor:	Version: Amended	
Subject: Mental Health and Artificial Intelligence Working Group		

SUMMARY

SB 579 requires the Secretary of Government Operations to establish a Mental Health and Artificial Intelligence Working Group by July 1, 2026. The group will evaluate the role, benefits, and risks of artificial intelligence (AI) in mental health settings. The bill mandates public engagement and the production of two reports to the Legislature, due July 1, 2028, and January 1, 2030, respectively. The bill sunsets date is January 1, 2031.

RECOMMENDATION

Board staff recommends the Board take a position of **Support if Amended** on SB 579.

REASON FOR THE BILL

There is currently no standardized state-level framework for evaluating, regulating, or training providers to use artificial intelligence (AI) in mental health settings. This bill would fill that gap by convening a diverse working group to assess existing technologies, develop best practices, and recommend policies that protect vulnerable populations while encouraging innovation. In short, SB 579 is intended to ensure AI is used responsibly in mental health treatment, safeguard patients from potential harm or misuse, inform future policy and legislation with expert, data-driven recommendations, and position California as a leader in ethical AI governance in health care.

ANALYSIS

SB 579 establishes a Mental Health and Artificial Intelligence Working Group under the Secretary of Government Operations, with a mandate to explore the intersection of AI and mental health care. As artificial intelligence becomes increasingly embedded in healthcare systems—through virtual therapists, predictive diagnostic tools, and chatbots—California recognizes both the potential and the risks of these technologies, particularly in mental health contexts. This bill acknowledges the promise of AI to expand access, personalize treatment, and reduce provider burden, while also addressing critical concerns around privacy, accountability, patient safety, and the impersonation of licensed professionals.

The working group will be composed of 17 members representing expertise across behavioral health, AI, ethics, public health, state government, and patient advocacy. It must be established by July 1, 2026, and is tasked with evaluating the role of AI in mental health settings, identifying potential harms such as overreliance on automation, threats to data security, and the misuse of AI tools to mimic professional care providers. In addition to risk analysis, the group will develop best practices, propose training frameworks for clinicians, and make policy recommendations to guide future legislation and regulation.

The group is required to hold at least three public meetings, with input from health organizations, academic researchers, technology companies, and advocacy groups. Public engagement and transparency are essential, and all meetings must comply with the Bagley-Keene Open Meeting Act, including the option to convene via teleconference. An initial report must be submitted by July 1, 2028, assessing the benefits and risks of AI in mental health treatment and outlining policy and training recommendations. A follow-up report is due by January 1, 2030, evaluating the implementation of these recommendations and the integration of AI into clinical practice. The bill is set to expire on January 1, 2031, creating a clear window for research, stakeholder engagement, and legislative action.

SB 579 sets a precedent for thoughtful, evidence-based policymaking at the intersection of technology and mental health. By explicitly identifying risks such as AI impersonation and emphasizing broad stakeholder input, it aims to protect patients, support providers, and build public trust in emerging technologies. This bill positions California as a leader in developing responsible AI policy grounded in transparency, collaboration, and ethical oversight.

LEGISLATIVE HISTORY

Artificial Intelligence tools have been increasingly used to support mental health diagnostics, chat-based interventions, and predictive analytics. However, concerns persist regarding privacy, ethical use, and the potential for harm or misdiagnosis, especially with AI systems operating without human oversight.

California has previously explored AI governance, including the 2020 creation of the California Future of Work Commission, and several bills exploring algorithmic accountability. SB 579 builds upon this groundwork by specifically examining AI's intersection with mental health, an area lacking structured oversight and regulation.

In 2024, several bills were introduced to enhance AI accountability and transparency. SB 1047, known as the "Safe and Secure Innovation for Frontier Artificial Intelligence Models Act," sought to impose strict regulations on AI companies, including liability for damages and a required "kill switch" for uncontrollable systems. However, Governor Gavin Newsom vetoed the bill, expressing concerns that it could hinder industry growth and stifle innovation.

Another significant bill, SB 942, the California AI Transparency Act, mandates that AI systems with over one million monthly users disclose when content has been generated or modified by AI. This includes implementing AI detection tools and content disclosures to ensure transparency and accountability.

Additionally, SB 970 was introduced to criminalize the use of synthetic AI-generated content that impersonates individuals, aiming to prevent misuse of AI technologies in creating deceptive media.

These legislative efforts collectively contribute to California's evolving approach to AI governance, addressing various aspects of AI accountability, transparency, and ethical considerations.

OTHER STATES' INFORMATION

Several other U.S. states are actively developing policies and legislation to regulate the use of artificial intelligence (AI) in mental health services. Here's an overview of notable efforts:

Massachusetts

Massachusetts introduced HB 1974 in 2023, aiming to regulate AI in mental health services. The bill requires licensed mental health professionals to obtain approval from relevant licensing boards before using AI tools in treatment. Providers must disclose AI usage to patients, obtain informed consent, and offer alternatives to AI-based care. The bill emphasizes that AI systems must prioritize patient safety and well-being. As of June 2024, the bill was folded into a study order.

Rhode Island

Rhode Island's HB 6285, introduced in April 2023, requires licensed mental health providers to obtain authorization from licensing bodies before employing AI in treatment. Patients must be informed about AI usage, given the option to opt for human-delivered care, and provide informed consent. The bill also mandates regular assessments of AI systems to ensure their effectiveness.

Texas

Texas proposed HB 4695, which would regulate the use of AI in mental health services. The bill stipulates that AI applications must be approved, and providers must inform patients about AI usage, obtain informed consent, and ensure a licensed mental health professional is available for monitoring and intervention when necessary. The bill also emphasizes adherence to ethical standards and anti-discrimination laws. As of the latest update, the bill was pending.

Illinois

Illinois introduced HB 5649 in 2024, amending the Consumer Fraud and Deceptive Business Practices Act. The bill makes it unlawful for licensed mental health professionals to provide services using AI without first obtaining informed consent from patients and disclosing AI usage. It also grants the Department of Financial and

Professional Regulation authority to adopt rules regulating AI tools in mental health services.

Utah

Utah enacted the Artificial Intelligence Policy Act (S.B. 149) in March 2024, effective May 1, 2024. The law establishes liability for companies that fail to disclose their use of generative AI when required by state consumer protection laws or when users commit criminal offenses using AI. It also creates the Office of Artificial Intelligence Policy and the Artificial Intelligence Learning Laboratory Program.

These legislative efforts reflect a growing recognition of the need to regulate AI technologies in mental health services to ensure patient safety, transparency, and ethical practices.

PROGRAM BACKGROUND

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.

The Board is responsible for reviewing applications, verifying education and experience, determining exam eligibility, as well as issuing licensure, registrations, and renewals.

FISCAL IMPACT

Although the bill has no fiscal impact to the Board, the bill could have significant long-term fiscal impacts by helping shape a clear regulatory framework. By reducing legal uncertainty for healthcare providers using AI tools, it may lower compliance and liability costs. Additionally, a well-defined policy structure could ease enforcement burdens on licensing boards and reduce potential costs for consumers related to misuse or unregulated AI applications.

ECONOMIC IMPACT

Not applicable at this time.

LEGAL IMPACT

SB 579 raises several important legal considerations that could shape future legislation in California. One major concern is data privacy, as AI tools handling sensitive mental health information must comply with existing frameworks such as HIPAA, the California Medical Information Act (CMIA), and state privacy laws like the California Privacy Rights Act (CPRA). The working group's findings could prompt new legislation aimed at strengthening protections for AI-related health data. Another key issue is the potential for AI systems, such as chatbots, to impersonate licensed mental health professionals, which may violate professional licensing statutes and consumer protection laws. The bill also opens the door to broader discussions around AI liability and accountability, particularly in cases where algorithms influence clinical decisions or treatment recommendations. Additionally, SB 579 mandates that the working group operate in

compliance with the Bagley-Keene Open Meeting Act, ensuring transparency and public access throughout its proceedings.

APPOINTMENTS

Not applicable at this time.

SUPPORT/OPPOSITION

Not applicable at this time.

Support:

Opposition:

ARGUMENTS

Not applicable at this time.

Proponents:

Opponents:

AMENDMENTS

Suggested amendments. These should be in ~~striketrough~~ and underline and clearly show the affected sections.

SENATE COMMITTEE ON GOVERNMENTAL ORGANIZATION

Senator Steve Padilla

Chair

2025 - 2026 Regular

Bill No:	SB 579	Hearing Date:	3/25/2025
Author:	Padilla		
Version:	2/20/2025	Introduced	
Urgency:	No	Fiscal:	Yes
Consultant:	Brian Duke		

SUBJECT: Mental health and artificial intelligence working group

DIGEST: This bill requires the Secretary of the Government Operations Agency (GovOps) to appoint a mental health and artificial intelligence (AI) working group to evaluate identified issues and determine the role of AI in mental health settings, as specified.

ANALYSIS:

Existing law:

- 1) Establishes GovOps, which consists of several state entities, and which is under the direction of the Secretary of GovOps, who is appointed by, and holds office at the pleasure of, the Governor, subject to confirmation by the Senate.
- 2) The Generative Artificial Intelligence Accountability Act (Act), among other things, requires the Department of Technology (CDT), to update the Generative AI report required by Executive Order (EO) N-12-23, as needed, to respond to significant developments and, as appropriate, consult with academia, industry experts, and organizations that represent state exclusive employee representatives, as specified.
- 3) The Act requires state agencies and departments to consider procurement and enterprise use opportunities in which generative AI (GenAI) can improve efficiency, effectiveness, accessibility, and equity of government operations consistent with GovOps, Department of General Services (DGS), and CDT's policies for public sector generative AI procurement.
- 4) Defines "artificial intelligence" to mean an engineered or machine-based system that varies in its level of autonomy and that can, for explicit or implicit

objectives, infer from the input it receives how to generate outputs that can influence physical or virtual environments.

- 5) Provides that any report required or requested by law be submitted by a state or local agency to a committee of the Legislature or the Members of either house of the Legislature generally, to instead be submitted as a printed copy to the Secretary of the Senate, as an electronic copy to the Chief Clerk of the Assembly, and as an electronic or printed copy to the Legislative Counsel, as specified.

This bill:

- 1) Requires the Secretary of GovOps to appoint a mental health and AI working group, and to designate the chairperson of that group on or before July 1, 2026, to evaluate all of the following:
 - a. The role of AI in improving mental health outcomes, ensuring ethical standards, promoting innovation, and addressing concerns regarding AI in mental health settings.
 - b. The current and emerging AI technologies that have the potential to improve mental health diagnosis, treatment, monitoring, and care. The evaluation shall including AI-driven therapeutic tools, virtual assistants, diagnostics, and predictive tools.
 - c. The potential risks associated with AI to mental health, including reliance on automated systems, privacy concerns, or unintended consequences on mental health treatment.
- 2) Requires the working group to consist of the following participants:
 - a. Four appointees who are mental health professionals.
 - b. Three appointees who are AI and technology experts.
 - c. Two appointees with a background in patient advocacy.
 - d. Two appointees who are experts in ethics and law.
 - e. One appointee representing a public health agency.
 - f. The State Chief Information Officer, or their designee.
 - g. The Director of Health Care Services, or their designee.
 - h. The chief information officers of three other agencies, departments, or commissions.
 - i. One Member of the Senate, appointed by the Senate Committee on Rules, and one Member of the Assembly, appointed by the Speaker of the Assembly.

- 3) Requires the working group to take input from a broad range of stakeholders with a diverse range of interests affected by state policies governing emerging technologies, privacy, business, the courts, the legal community, and state government.
- 4) Requires the input described above to come from groups, including, but not limited to, health organizations, academic institutions, technology companies, and advocacy groups.
- 5) Requires the working group, on or before July 1, 2028, to report to the Legislature on the potential uses, risks, and benefits of the use of AI technology in mental health treatment by state government and California-based businesses.
- 6) Requires the report to include best practices and recommendations for policy around facilitating the beneficial uses and mitigating the potential risks surrounding AI in mental health treatment.
- 7) Requires the report to include a framework for developing training for mental health professionals to enhance their understanding of AI tools and how to incorporate them into their practice effectively.
- 8) Provides that members of the working group shall serve without compensation, but shall be reimbursed for all necessary expenses actually incurred in the performance of their duties.

Background

Author Statement. According to the author's office, "AI is rapidly transforming industries, posing both worthwhile benefits and troubling risks. The demand for mental health care continues to rise and technological tools, such as counseling chatbots, are starting to fill the gaps left by human clinicians. While there is potential for innovation and progress, industry experts have raised concerns that using these bots to replace trained medical professionals is dangerous."

Further, "in an industry with stakes as high as mental health treatment, we need to ensure that the adequate safeguards are in place to promote the safe and ethical use of AI in the profession. SB 579 will bring together industry experts, mental health professionals, patient advocates, and ethics experts to discuss and make recommendations on how to ethically integrate AI technology into mental health treatment."

Artificial intelligence and Mental Health. AI is increasingly transforming mental health care offering new technology based solutions that range from diagnostic support and therapeutic chatbots to administrative tools that streamline record-keeping. These technologies leverage pattern recognition and large language models to analyze behavioral data and provide personalized support, potentially increasing access to mental health resources. At a time the state is facing a critical shortage of mental health professionals and rising demand for care, AI may present a promising means to supplement traditional therapy and enable self-guided interventions such as cognitive behavioral therapy (CBT) and mindfulness practices. According to *Psychology Today*, in “The Rise of AI in Mental Health: Promise or Illusion?” AI’s greatest advantage “lies in its availability and data-processing capabilities. It can identify emotional patterns, provide instant feedback, and support structured interventions like [CBT].”

At the same time, the integration of AI into mental health services has raised important ethical and practical concerns. Experts have cautioned against relying solely on AI for tasks that require genuine human empathy and nuanced understanding. AI systems, while capable of simulating empathy, do not replace the deep interpersonal connections that are often critical for effective mental health treatment. Moreover, issues such as data privacy, regulatory oversight, and the potential for harmful outcomes—ranging from inappropriate crisis responses to addictive patterns of use—underscore the need for a cautious and balanced approach.

A February 2025 article in the *New York Times* titled “Human Therapists Prepare for Battle Against A.I. Pretenders,” the nation’s largest association of psychologists recently warned the Federal Trade Commission (FTC) that AI chatbots “masquerading” as therapists could drive vulnerable individuals to harm themselves or others. Specifically, “[i]n one case, a 14-year-old boy in Florida died by suicide after interacting with a character claiming to be a licensed therapist. In another, a 17-year-old boy with autism in Texas grew hostile and violent toward his parents during a period when he corresponded with a chatbot that claimed to be a psychologist. Both boys’ parents have filed lawsuits against the company.”

Speaking to the FTC, Dr. Arthur C. Evans Jr., the chief executive of the American Psychological Association (APA), stated that the chatbots “failed to challenge users’ beliefs even when they became dangerous; on the contrary, they encouraged them. If given by a human therapist, he added, those answers could have resulted in the loss of a license to practice, or civil or criminal liability.”

The *New York Times* article notes that Chatbots' tendency to align with their users' views is known in the psychology field as "sycophancy" and has been causing problems as the technology becomes more widely adopted. For example, Tessa, a chatbot developed by the National Eating Disorders Association, was suspended in 2023 after offering users weight loss tips and researchers analyzing interactions with GenAI found screenshots online showing chatbots encouraging suicide, eating disorders, self-harm and violence.

Ongoing research is actively investigating both the benefits and risks associated with AI applications in mental health. Studies are exploring how AI can alleviate administrative burdens and enhance clinical decision-making while emphasizing the importance of maintaining high standards of care and accountability.

GenAI Executive Order. In September 2023, Governor Newsom issued Executive Order (EO) N-12-23 to address GenAI in California. Among other things, the EO required GovOps, CDT, the Office of Data and Innovation (ODI), and the Governor's Office of Business and Economic Development (GO-Biz), and in collaboration with other State agencies and departments and their workforce, to draft a report to the Governor examining the most significant, potentially beneficial use cases for deployment of GenAI tools by the state. That initial report "State of California: Benefits and Risks of Generative Artificial Intelligence Report," was published in November 2023, and later codified by SB 896 (Dodd, Chapter 928, Statutes of 2024).

Additionally, in December 2024, GovOps, ODI, and CDT released "State of California Guidelines for Evaluating Impacts of Generative AI on Vulnerable and Marginalized Communities," as an initial publication of equity evaluation framework and deployment guidance for GenAI. The guidelines "encourage state department teams and leaders to consider the potential impacts a GenAI tool can have on vulnerable communities, with a particular focus on safe and equitable outcomes in the deployment and implementation of high-risk use cases."

Mental Health and AI Working Group. This bill requires the Secretary of GovOps to appoint a mental health and AI working group to evaluate the role of AI in improving mental health outcomes; the current and emerging AI technologies that have the potential to improve mental health diagnosis, treatment, monitoring, and care; and the potential risks associated with AI to mental health, including a reliance on automated systems, privacy concerns, or unintended consequences on mental health treatment. This bill requires the working group to be composed of 15 members appointed by the Secretary of GovOps, as specified, the State Chief Information Officer, the Director of Health Care Services, and one Member of the Senate and one Member of the Assembly, as specified.

This bill requires the working group, by July 1, 2028, to report to the Legislature on the potential uses, risks, and benefits of the use of AI technology in mental health treatment by state government and California-based businesses. The report will include best practices and recommendations for policy around facilitating the beneficial uses and mitigating the potential risks surrounding AI in mental health treatment. Additionally, the report will include a framework for developing training for mental health professionals to enhance their understanding of AI tools and how to incorporate them into their practice effectively.

Committee Amendments. The author has agreed to the following amendments:

Amendment #1: 12817.(a)(3) The potential risks associated with artificial intelligence to mental health, including ~~reliance on~~ automated systems, privacy concerns, or unintended consequences ~~on mental health treatment~~; *and an evaluation of artificial intelligence chatbots and other artificial intelligence intended to promote mental health or impersonate a mental health professional.*

Amendment #2: 12817.(b)(1) Four appointees who are ~~mental health professionals~~; *behavioral health professionals selected in consultation with mental health provider professional organizations, and at least one of which works in specialty mental health services serving individuals with serious mental illness, serious emotional disturbance, and/or substance abuse disorder.*

Amendment #3: 12817.(c)(3)(A) *The working group shall conduct at least three public meetings to incorporate feedback from groups, including but not limited to, health organizations, academic institutions, technology companies, and advocacy groups.*

12817.(c)(3)(B) Public meetings held pursuant to subparagraph (A) may be held by teleconference, pursuant to the procedures required by Section 11123 of the Government Code, for the benefit of the public and the working group.

Amendment #4: 12817.(d)(2) *On or before January 1, 2030, the working group shall issue a follow-up report to the Legislature on the implementation of the working group's recommendations and the status of the framework for developing training for mental health professionals and how that has been incorporated into practice.*

Amendment #5: 12817.(f) *The working group shall be subject to the Bagley-Keene Open Meeting Act (Article 9 (commencing with Section 11120) of Chapter 1 of Part 1 of Division 3 of Title 2 of the Government Code).*

(g) This section shall remain in effect only until January 1, 2031, and as of that date is repealed.

Prior/Related Legislation

SB 53 (Wiener, 2025) establishes, within GovOps, a consortium to develop a framework for the creation of a public cloud computing cluster to be known as CalCompute, as specified, and includes enhanced whistleblower protections related to employees in AI, as specified. (Pending in the Senate Governmental Organization Committee)

SB 243 (Padilla, 2025) among other things, requires an operator of a chatbot platform, as defined, to annually report to the State Department of Health Care Services certain things, including the number of times the operator has detected exhibitions of suicidal ideation by minor users. (Pending in the Senate Judiciary Committee)

AB 1064 (Bauer-Kahan, 2025) the Leading Ethical AI Development (LEAD) for Kids Act, among other things, establishes the LEAD for Kids Standards Board, in GovOps, to adopt regulations governing criteria for determining the level of estimated risk of a covered product based on an analysis that weighs the likelihood and severity of reasonably foreseeable adverse impacts against the anticipated benefits of the covered product and denominating the risk levels, as specified. (Pending in the Assembly Privacy and Consumer Protection Committee)

SB 896 (Dodd, Chapter 928, Statutes of 2024) the Generative AI Accountability Act, among other things, requires CDT, under the guidance of various state entities, to report to the Governor as required by EO N-12-23, as specified.

SB 1288 (Becker, Chapter 893, Statutes of 2024) requires the Superintendent of Public Instruction to convene a working group on AI, and requires the working group to develop expanded guidance and a model policy on AI for use by local education agencies and charter schools, as specified.

SB 1216 (Gonzalez, Chapter 885, Statutes of 2022) requires, upon appropriation by the Legislature, the Secretary of GovOps to evaluate the impact the proliferation of deepfakes has on government, businesses, and residents of the state, as specified.

SCR 17 (Dodd, Res. Chapter 135, Statutes of 2023) affirmed the California Legislature's commitment to President Biden's vision for a safe AI and the principles outlined in the "Blueprint for an AI Bill of Rights."

FISCAL EFFECT: Appropriation: No Fiscal Com.: Yes Local: No

SUPPORT:

California Association of Marriage and Family Therapists (Co-source)
California Psychological Association (Co-source)

OPPOSITION:

None received

ARGUMENTS IN SUPPORT: In support of the bill, the co-sources write, “[d]espite the possible benefits, there are many concerns with the ways that AI is currently being utilized. To fill the gap resulting from a lack of licensed mental health professionals, companies have begun to create AI chatbots marketed as digital therapists. There are some benefits these bots could offer, such as availability. Researchers and clinicians worry that these bots could do more harm than good to a person in distress. AI bots cannot be regulated in the same way that a clinician can and thus do not hold the same level of liability to maintain an appropriate discourse with a patient. Also what training and algorithm is the bot following, and how effective is this? We have seen some dangerous examples of chatbots responding inappropriately to warning signs of suicidality and threats of violence. Additionally, AI does not hold the capacity for basic human empathy, which is crucial for sensitively responding to people in distress.”

Further, “AI technology is developing rapidly and being used in several different mental health spaces already. To provide safeguards, adequate resources, and accurate support, it is important for experts to properly understand the impact and unknown consequences of AI and mental health to develop sensible public policy. California has the opportunity to take the initiative on a growing international concern and lead the discussion on the future of AI technology and health.”

SENATE COMMITTEE ON APPROPRIATIONS

Senator Anna Caballero, Chair
2025 - 2026 Regular Session

SB 579 (Padilla) - Mental health and artificial intelligence working group

Version: March 26, 2025

Urgency: No

Hearing Date: April 21, 2025

Policy Vote: G.O. 12 - 0

Mandate: No

Consultant: Janelle Miyashiro

Bill Summary: SB 579 requires the Secretary of the Government Operations Agency (GovOps) to appoint a mental health and artificial intelligence (AI) working group to evaluate the role and risks of AI in mental health settings and issue a report to the Legislature on its findings and recommendations, as specified.

Fiscal Impact:

- Ongoing annual costs of approximately \$2.5 million for two new permanent staff at GovOps to coordinate with and support the working group, conduct policy research and analysis, host public meetings, and create reports (General Fund).

Background: AI is increasingly transforming mental health care, offering new technology based solutions that range from diagnostic support and therapeutic chatbots to administrative tools that streamline record keeping. At a time the state is facing a critical shortage of mental health professionals and rising demand for care, AI may present a promising means to supplement traditional therapy and enable self-guided interventions such as cognitive behavioral therapy (CBT) and mindfulness practices.

However, there are many ethical challenges of integrating AI in mental healthcare, such as the potential to perpetuate or exacerbate existing biases in healthcare data and the impact on doctor-patient relationships that may reduce human interaction and empathy in care. Other issues include privacy and data security of sensitive health information and the role of government in providing necessary regulatory and ethical oversight over the use of these technologies.

To evaluate the clinical and cost effectiveness and ethical implications of AI tools in mental healthcare, many countries are conducting health technology assessments (HTAs). HTAs are systematic and multidisciplinary evaluations of the properties of health technologies and interventions covering both their direct and indirect consequences. HTAs aim to determine the value of a health technology and to inform guidance on how these technologies can be used in health systems around the world.

As an example, the World Health Organization (WHO) released its guidance on *Ethics and Governance of AI for Health* in 2021. In this guidance, the WHO provides a framework that aims to ensure that AI technologies in healthcare are developed and implemented ethically and responsibly. Key points from the guidance include:

- Applications of AI for health: How AI is being considered to support diagnoses, emerging trends in the use of AI in clinical care, and uses of AI in drug development, among other things.

- Human rights and equity: AI should promote health equity and respect human rights.
- Transparency and accountability: There should be clear accountability for AI systems and transparency so that users and stakeholders can understand how these systems operate and make decisions.
- Safety and effectiveness: AI technologies should undergo rigorous testing and validation before deployment in clinical settings.
- Data governance: Data collection should not be done without informed consent, and there should be robust data security to safeguard individuals' health information.
- Continuous monitoring and evaluation: AI systems need ongoing assessments to ensure they remain effective, safe, and aligned with ethical standards over time.
- Public engagement: Public and stakeholder discussions about AI in health is crucial for building trust and understanding the societal implications of these technologies.

Proposed Law:

- Requires the Secretary of GovOps to appoint a mental health and AI working group to evaluate:
 - The role of AI in improving mental health outcomes, ensuring ethical standards, promoting innovation, and addressing concerns regarding AI in mental health settings.
 - The current and emerging AI technologies that have the potential to improve mental health diagnosis, treatment, monitoring, and care. Requires the evaluation to include AI-driven therapeutic tools, virtual assistants, diagnostics, and predictive models.
 - The potential risks associated with AI to mental health, including automated systems, privacy concerns, or unintended consequences, AI chatbots, and other AI intended to promote mental health or impersonate a mental health professional.
- Requires the working group to consist of all of the following participants:
 - Four appointees who are behavioral health professionals selected in consultation with mental health provider professional organizations, at least one of whom works in specialty mental health services serving individuals with serious mental illness, serious emotional disturbance, or substance abuse disorder.
 - Three appointees who are AI and technology experts.
 - Two appointees with a background in patient advocacy.
 - Two appointees who are experts in ethics and law.

- One appointee representing a public health agency.
 - The State Chief Information Officer or their designee.
 - The Director of Health Care Services or their designee.
 - The chief information officers of three other state agencies, departments, or commissions.
 - One Member of the Senate, appointed by the Senate Committee on Rules, and one Member of the Assembly, appointed by the Speaker of the Assembly.
- Requires the working group to take input from a broad range of stakeholders, including but not limited to, health organizations, academic institutions, technology companies, and advocacy groups.
 - Requires the working group to conduct at least three public meetings to incorporate feedback from stakeholders.
 - By July 1, 2028, requires the working group to issue a report to the Legislature on the potential uses, risks, and benefits of the use of AI in mental health treatment by state government and California-based businesses. Requires the report to include best practices and recommendations for policy around facilitating the beneficial uses and mitigating the potential risks surrounding AI in mental health treatment. Also requires the report to include a framework for developing training for mental health professionals to understand and incorporate AI into their practices.
 - By January 1, 2030, requires the working group to issue a follow up report to the Legislature on the implementation of its recommendations.
 - States the members of the working group serve without compensation, but shall be reimbursed for all necessary expenses incurred in the performance of their duties.
 - Repeals the working group on January 1, 2031.

Related Legislation: SB 53 (Wiener, 2025) establishes, within GovOps, a consortium to develop a framework for the creation of a public cloud computing cluster to be known as CalCompute, as specified, and includes enhanced whistleblower protections related to employees in AI, as specified. SB 53 is pending in this committee.

SB 243 (Padilla, 2025) among other things, requires an operator of a companion chatbot platform, as defined, to annually report to the State Department of Health Care Services certain things, including the number of times the operator has detected exhibitions of suicidal ideation by minor users. SB 243 is pending in the Senate Health Committee.

-- END --

May 13, 2025

The Honorable Senator Steve Padilla
Chair, Senate Committee on Governmental Organizations
State Capitol, Room 7630
Sacramento, CA 95814

**RE: SB 579 (Padilla) – Mental health and artificial intelligence working group –
Support if Amended**

Dear Senator Padilla:

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 May 9, 2025, meeting, the Board adopted a **Support if Amended** position on Senate Bill 579 (Padilla). This bill directs the Secretary of Government Operations to establish a **Mental Health and Artificial Intelligence Working Group** by July 1, 2026, tasked with evaluating the risks, benefits, and regulatory needs of artificial intelligence (AI) in mental health care. The bill requires robust public engagement and mandates two reports to the Legislature—due July 1, 2028, and January 1, 2030—with a sunset date of January 1, 2031.

As AI becomes increasingly integrated into mental health services—ranging from diagnostic tools and predictive analytics to chat-based interventions—important concerns have emerged regarding privacy, ethical safeguards, clinical oversight, and algorithmic bias. SB 579 addresses these issues through a thoughtful, evidence-based policy framework aimed at protecting consumers. It builds on California’s prior AI governance efforts, including the 2020 Future of Work Commission and legislative initiatives on algorithmic accountability, by focusing on a vital and underregulated intersection: AI and behavioral health.

The Board supports SB 579’s commitment to transparency, stakeholder collaboration, and ethical oversight. The working group’s findings could guide future legislation to enhance protections for AI-influenced health data, prevent impersonation of licensed professionals by AI tools, and establish accountability standards for clinical decisions informed by automated systems.

As currently drafted, SB 579 requires the appointment of four behavioral health professionals to the working group but does not explicitly require the inclusion of a

licensed psychologist. The Board recommends the following amendment to ensure balanced, multidisciplinary expertise:

Section (b)(1):

“Four appointees who are behavioral health professionals selected in consultation with mental health provider professional organizations, at least one of whom is a licensed psychologist, one of whom works in specialty mental health services serving individuals with serious mental illness, serious emotional disturbance, or substance use disorder.”

Inclusion of a licensed psychologist will strengthen the working group’s ability to address clinical, ethical, and scientific dimensions of AI in mental health care. As a doctoral-level profession, psychologists are uniquely trained in evidence-based treatment, behavioral science research, and clinical decision-making—critical competencies in evaluating AI’s role in diagnosis, therapy, and patient safety.

If you have any questions or concerns, please feel free to contact the Board’s Executive Officer, Jonathan Burke, at (916) 574-8072 or jonathan.burke@dca.ca.gov. Thank you.

Sincerely,

A handwritten signature in black ink that reads "Lea Tate PsyD". The signature is fluid and cursive, with the first name "Lea" and last name "Tate" being more prominent, and "PsyD" written in a smaller, more compact script.

Lea Tate, PsyD
President, Board of Psychology

cc: Suzette Martinez Valladares (Vice-Chair)
Members of the Senate Governmental Organization Committee

MEMORANDUM

DATE	July 23, 2025
TO	Psychology Board Members
FROM	Jacklyn Mancilla, Legislative and Regulatory Affairs Analyst
SUBJECT	Agenda Item 12(c)(1) Watch Bills – AB 81 (Ta) Veterans: mental health

Background

The bill was introduced on December 19, 2024, by Assembly member Tri Ta.

This bill would require the Department of Veterans Affairs to establish a fund for a study into the mental health of women veterans in California. The study would include demographics, stressors, risk factors, treatment modalities, barriers to treatment, suicide rates, and any other relevant information. The study and report with the findings and recommendations would then need to be submitted to the legislature no later than June 30, 2029.

On February 3, 2025, AB 81 was referred to the Assembly Committee on Military and Veterans Affairs.

On February 27, 2025, AB 81 was presented to the Board for possible position recommendation, which the Board determined to **Watch** AB 81.

On April 9, 2025, AB 81 was referred to the appropriations committee.

On April 23, 2025, AB 81 placed in suspense file by the appropriations committee.

On June 4, 2025, AB 81 passed the Assembly and was ordered to the Senate.

On June 18, 2025, AB 81 was referred to the Senate Committee on Military and Veterans Affairs.

On July 15, 2025, AB 81 passed the committee on Military and Veterans Affairs and was referred to the appropriations committee.

ACTION REQUESTED

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

Attachment #1: Bill Text - [Weblink](#)

Attachment #2: Assembly Floor Analysis

ASSEMBLY BILL

No. 81

Introduced by Assembly Member Ta
(Principal coauthor: Assembly Member Alanis)
(Coauthors: Assembly Members Chen, Davies, Gallagher, Gipson,
Jeff Gonzalez, Lackey, Tangipa, and Wilson)
(Coauthor: Senator Choi)

December 19, 2024

An act to add and repeal Section 716 of the Military and Veterans Code, relating to veterans.

LEGISLATIVE COUNSEL’S DIGEST

AB 81, as introduced, Ta. Veterans: mental health.

Existing law establishes the Department of Veterans Affairs. The department, among other services, provides veterans and their dependents and survivors with assistance in processing service-related disability claims, assistance in obtaining affordable housing, and information about health ailments associated with military service.

This bill would require the department to establish a program to fund, upon appropriation by the Legislature, an academic study of mental health among women veterans in California, as specified. The bill would require the department to submit a report that summarizes the findings and recommendations of the study to the Legislature no later than June 30, 2029. The bill would repeal these provisions on January 1, 2030.

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 716 is added to the Military and Veterans
2 Code, to read:

3 716. (a) Upon appropriation by the Legislature, the department
4 shall establish a program to fund an academic study of mental
5 health among women veterans in California, to include
6 demographics and an analysis of the stressors, risk factors,
7 treatment modalities, barriers to access, suicide rate, and other
8 information deemed relevant.

9 (b) The department shall prepare and submit a report to the
10 Legislature, no later than June 30, 2029, that summarizes the
11 findings and recommendations of the study pursuant to subdivision
12 (a). The report shall be submitted in compliance with Section 9795
13 of the Government Code.

14 (c) This section shall remain in effect only until January 1, 2030,
15 and as of that date is repealed.

16
17
18 REVISIONS: _____
19 Heading—Line 2.
20 _____

Date of Hearing: April 8, 2025

ASSEMBLY COMMITTEE ON MILITARY AND VETERANS AFFAIRS

Pilar Schiavo, Chair

AB 81 (Ta) – As Introduced December 19, 2024

SUBJECT: Veterans: mental health.

SUMMARY: Requires the California Department of Veterans Affairs (CalVet) to establish a program to fund, upon appropriation of the Legislature, an academic study of mental health among women veterans in California, and to submit a report to the Legislature no later than July 31, 2029. Specifically, **this bill:**

- 1) Requires CalVet to:
 - a) Establish a program, upon appropriation of the Legislature, to conduct an academic study on the mental health of women veterans in California, examining demographics, stressors, risk factors, treatment options, access barriers, suicide rates, and other pertinent information.
 - b) Prepare and submit a report to the Legislature summarizing the study's findings and recommendations by June 30, 2029.
- 2) Makes the provisions of this bill effective until January 1, 2030, and as of that date is repealed.

EXISTING LAW:

- 1) Permits CalVet to assist every veteran of the United States (U.S.) and the dependent or survivor of every veteran of the U.S. in presenting and pursuing the claim as the veteran, dependent, or survivor may have against the U.S. arising out of military service and in establishing the veteran's, dependent's, or survivor's right to any privilege, preference, care, or compensation provided for by the federal or state laws. (Military and Veterans Affairs Code (MVC) § 699.5)
- 2) Permits CalVet to cooperate and, with the approval of the Department of Finance, contract with any veterans service organization, and pursuant to the contract to compensate the organization for services within the scope of this section rendered by it to any veteran or dependent or survivor of a veteran. (MVC § 699.5)
- 3) Requires that such a contract in 2) above will not be made unless CalVet determines that, owing to the confidential relationships involved and the necessity of operating through agencies that the veterans, dependents, or survivors involved will feel to be sympathetic toward their problems, the services cannot satisfactorily be rendered otherwise than through the agency of the veterans organization and that the best interests of the veterans, dependents, or survivors involved will be served if the contract is made. (MVC § 699.5)
- 4) Requires the Department of Health Care Services, in consultation with Behavioral Health Services Oversight and Accountability Commission to establish priorities for the use of prevention and early intervention funds. These priorities include, among others, culturally

competent and linguistically appropriate prevention and intervention for underserved cultural populations. (Welfare and Institutions Code (WIC) § 5840.7)

- 5) Defines underserved cultural populations as those who are unlikely to seek help from providers of traditional mental health and substance use disorder services because of stigma, lack of knowledge, or other barriers, including members of ethnically and racially diverse communities, members of the LGBTQ+ communities, victims of domestic violence and sexual abuse, and veterans, across their lifespans. (WIC § 5840.6)

FISCAL EFFECT: This bill has not been analyzed by a fiscal committee.

COMMENTS:

- 1) **PURPOSE OF THIS BILL.** According to the author, this bill provides a much-needed picture of the mental health challenges facing California's women veterans. This bill directs CalVet to conduct an academic study of mental health among women veterans in California. This study would include an analysis of mental health stressors, risk factors, suicide rates, treatment modalities, barriers to care, and other relevant information. Given California's rapidly growing population of women veterans, this bill ensures that, instead of only identifying concerning statistics, the state is researching and remedying the root causes driving mental health challenges facing women veterans, and would facilitate an understanding of why women veterans utilize veterans' services at a lower rate than men.
- 2) **BACKGROUND.** According to the U.S. Department of Veterans Affairs (VA), as of fiscal year (FY) 2023, there were approximately 155,620 women veterans living in California. The number of women serving in the military has grown. As more women make the transition from service member to veteran, the proportion of women veterans also increases over time. Between FYs 2000 and 2023, the total percentage of women veterans increased from 6.3% to 11.3% of the total veteran population in the U.S. The VA projects that by 2043, women will make up 17.2% of all living veterans. Currently, women make up about 30% of all new VA patients.
 - a) **Women Veteran Population.** When the draft ended in 1973, women represented just 2% of the enlisted forces and 8% of the officer corps. Today, those numbers are 17.7% and 19%, respectively, a significant increase over the past half century. According to the Department of Defense's 2023 Demographics Report, the percentage of women serving in uniform has increased slightly from 17.5% in 2022 to 17.7% in 2023. In 2023, women made up 17.7% of the active-duty force, totaling 225,119 members; and 21.9% of the National Guard and reserves at 167,762 members. The year before, women made up 17.3% of the active-duty force and 21.4% of the Guard and reserve. Women who served in the U.S. Armed Forces have unique needs. They are more likely to be primary caregivers for spouses, children, and parents and more likely to have gender specific health needs. They are younger and more diverse than their male counterparts.

Women veterans experience additional barriers to receiving and utilizing benefits and services. In California, many women do not self-identify as veterans and thus do not utilize benefits or participate in veterans' events, comprising only 5% of the customer population served by County Veteran Services Offices in 2013, according to CalVet, despite making up 11% of the overall population of California veterans. Additionally, women veterans have higher rates of physical/mental health problems, such as Military

Sexual Trauma (MST), alcohol abuse, and drug abuse, than male veterans, and are more likely to die by suicide.

- b) **2024 CalVet Women Veterans Survey.** On January 23, 2024 CalVet, the California Research Bureau, and the VetFund Foundation launched a women veterans survey (survey). The survey closed on June 11, 2024 with 3,822 individuals responding, of which 2,716 were qualified responses after removing those not identifying as women or had no branch of service. More than one-third of respondents reported mixed experiences with specific Veterans Health Administration (VHA) hospitals or clinics, vet centers, and overall medical care. The second most common theme, mentioned by roughly a quarter of respondents, was the support they received or the ongoing need for assistance in securing specific benefits. Respondents reported challenges navigating the VA system, including difficulties in filing disability claims, finding competent mental health providers, or locating knowledgeable advocates. The main points highlighted were the importance of effective outreach to recognize women veterans, addressing the stigma linked to benefits access, and enhancing training for staff on the specific medical and behavioral health needs of women veterans to encourage them to engage more with available services. Among the women veterans surveyed, more than 50% reported having mental and physical service-connected disabling conditions that affect the quality of life, increased reporting of adverse health conditions across the board, and 10% of respondents self-reported experiencing suicidal ideation. A total of 32.3% reported experiencing homelessness or housing instability at some point in their life, 11% feeling ignored or having a poor experience when seeking assistance, and only 13% reported receiving assistance from either veteran or civilian community-based organizations. When asked if they had symptoms and/or a diagnosis of mental health issues, 69.8% responded yes, 25.6% responded no, and 4.6% were unsure. When asked what their mental health issues related to, the responses were: 63.9% sexual assault during service; 63.5% combat-related events, 52% noncombat-related events, 28.1% physical assault during service, 16.5% other service-related events, and 34.7% nonservice-related events. The majority of respondents link their behavioral health issues to their service experience and more than one cause. A total of 51.7% reported experiencing sexual assault during their service, 65.5% did not seek treatment for their experiences, and 68.3% of respondents did not report their sexual assault experiences. Only 4.2% who reported the incident expressed satisfaction with the resolution, and 27.5% reported the sexual assault but found the resolution unsatisfactory. Many respondents reported that one or multiple incidents have resulted in lifelong trauma, often manifesting as PTSD, and the majority of those who reported the incident experienced retaliation, up to and including physical violence and being discharged from the military.
- c) **Women Veteran Suicide.** VA researchers found the rate of suicide to be higher among women who reported having experienced MST, sexual assault, or sexual harassment during military service than among those who did not report experiencing MST. Between 2005 and 2015, women Veterans ages 35-54 had higher suicide rates than those in other age groups. After adjusting for age differences, the suicide rate among women veterans in 2015 was 2.0 times higher than the rate among non-veteran women. According to the 2024 National Veteran Suicide Prevention Annual Report, in 2022, there were 271 suicides among female Veterans (80 fewer than in 2021). From 2001 to 2022, age-adjusted suicide rates rose 24% for female veterans with recent VHA use and 55.2% for female veterans without recent VHA use. Among female recent veteran VHA users in

2022, the suicide rate was 75% higher for those with positive screens for MST than for those with negative screens.

d) Unique Challenges for Women Veterans. Women soldiers face challenges that routinely place them at risk for victimization and isolation while deployed. Additionally, reintegrating into civilian communities is particularly challenging for female veterans, as they frequently encounter services that are predominantly designed for men due to historical and societal factors. Although women have served in the U.S. military since the Revolutionary War, it wasn't until 1988 that the VA began offering female veterans medical and mental health services. Women veterans frequently feel invisible in the civilian world, with their contributions and experiences often overlooked or underappreciated. Women comprise the fastest-growing population in both the military and the veteran community. While they are consistently and impressively breaking down barriers, women veterans still experience unique challenges and gaps in transition, care, and employment, particularly during their transition to civilian life and employment. Women's achievements are being erased from government websites, photos, and history, which many feel is diminishing their historical significance. Women veterans from the Civil War, World War II, the Korean War, and the Vietnam War are not exempt from the Defense Department's sweep of diversity, equity, and inclusion (DEI) efforts within the U.S. military. Recent reports indicate that Arlington National Cemetery has removed educational materials and content about the history of female service members from its website, effectively erasing their contributions and stories. Retired Chief Master Sgt. of the Air Force JoAnne Bass, who was the first woman to hold the highest enlisted rank in any U.S. military service, made a point on her social media pages. "For some, this might seem like just a policy decision. For those of us who have fought, bled, and led in this uniform, it is personal," she wrote. "When you strip away the recognition of those who have given so much, you send a clear message: Your service and sacrifice are appreciated, but not enough to be remembered."

3) SUPPORT. This bill is sponsored by veteran organizations including, American Legion-Department of California and AMVETS Department of California and supported by California State Commanders State Council, Military Officers Association of America-California Council of Chapters, and the Vietnam Veterans of America-California State Council. Supporters state despite their growing presence, women veterans remain underserved and underrepresented and face unique mental health challenges. They point out that the suicide rate for veteran women is 14.8 per 100,000, compared to 7.6 per 100,000 for nonveteran women—meaning that the rate for female veterans is nearly double (1.95 times) that of their nonveteran counterparts. In addition to these troubling suicide statistics, studies continue to show that approximately 12% of women veterans suffer from PTSD—nearly twice the rate of their male counterparts—and they also face higher rates of depression and underutilization of state benefits. Proponents claim that this bill takes a proactive approach to tackle the concerning issues affecting women veterans' mental health by pinpointing root causes and offering practical suggestions to enhance access to mental health services, support networks, and resources to curb PTSD, depression, and suicide.

4) PREVIOUS LEGISLATION.

a) AB 718 (Ta) of 2023 was substantially similar to this bill and would have required CalVet to establish a program to fund, upon appropriation by the Legislature, an

academic study of mental health among women veterans in California, and to submit a report to the Legislature no later than July 31, 2025. AB 718 was vetoed by the Governor, who in his veto message said, in part, “While I am supportive of the author's goal of advancing research on mental health among women veterans in the state, approving this measure would presume funding in next year's budget cycle, and the timeline established by this bill would not provide CalVet adequate time to provide a substantive report. I encourage the author to work to secure the necessary funding for this study within the annual budget process.”

- b)** AB 1692 (Voepel) of 2022 was identical to AB 718 and was vetoed by the Governor.
- c)** AB 1935 (Voepel) of 2022 would have required CalVet to establish a program to fund, upon appropriation by the Legislature, an academic study of mental health among women veterans in California, and to submit a report to the Legislature no later than July 31, 2022. Held in Senate Appropriations under suspense.

REGISTERED SUPPORT / OPPOSITION:

Support

American Legion, Department of California
Amvets, Department of California
California State Commanders Veterans Council
Military Officers Association of America, California Council of Chapters
San Diego Regional Chamber of Commerce
Vietnam Veterans of America, California State Council

Opposition

None on file.

Analysis Prepared by: Patty Patten / M. & V.A. / (916) 319-3550

MEMORANDUM

DATE	July 23, 2025
TO	Psychology Board Members
FROM	Jacklyn Mancilla, Legislative and Regulatory Affairs Analyst
SUBJECT	Agenda Item 12(c)(2) Watch Bills – AB 257 (Flora) Specialty care networks: telehealth and other virtual services

Background

The bill was introduced on January 16, 2025, by Assembly member Heath Flora.

This bill would require the California Health and Human Services Agency, in collaboration with the Department of Health Care Access and Information and the State Department of Health Care Services, to establish a project for a telehealth and other virtual services specialty care. The network would be to serve patients that consist of qualifying providers, rural health clinics, federally qualified health centers and community health centers. The focus of the project is to increase access to behavioral and maternal health services and additional specialties prioritized by the agency.

The bill would also require the project to include a grant program to award funding to grantees that meet specified conditions relating to specialist networks and health information technology. The purpose of the grant program would be to achieve certain objectives, including, reducing structural barriers to access experienced by patients, improving cost-effectiveness, and optimizing utilization.

On February 10, 2025, AB 257 was referred to the Assembly Committee on Health.

On February 27, 2025, AB 257 was presented to the Board for possible position recommendation, which the Board determined to **Watch** AB 257.

On March 26, 2025, AB 257 was amended to clarify the process for awarding grant funds, how those funds should be used, and how the grant program would be regulated. The revised bill also requires a designated agency to administer the grant program and coordinate an independent evaluation of the demonstration project, including the collection and reporting of data necessary for monitoring and assessment.

On March 28, 2025, AB 257 was referred to the appropriations committee.

On April 9, 2025, AB 257 was placed in suspense file by the appropriations committee.

As of May 23, 2025, AB 257 failed to meet the fiscal committee hearing deadline pursuant to Rule 61(a)(5). AB 257 is held in committee and may be acted upon in January 2026.

ACTION REQUESTED

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

Attachment #1: Bill Text - [Weblink](#)

Attachment #2: Assembly Floor Analysis- Health

Attachment #3: Assembly Floor Analysis- Appropriations

AMENDED IN ASSEMBLY MARCH 27, 2025

CALIFORNIA LEGISLATURE—2025–26 REGULAR SESSION

ASSEMBLY BILL

No. 257

Introduced by Assembly Member Flora
(Coauthor: Senator Dahle)

January 16, 2025

An act to add Division 121 (commencing with Section 151100) to the Health and Safety Code, relating to health care coverage.

LEGISLATIVE COUNSEL’S DIGEST

AB 257, as amended, Flora. Specialty care—~~network~~: *networks*: telehealth and other virtual services.

Existing law establishes, under the Medi-Cal program, certain time and distance standards for specified Medi-Cal managed care covered services, consistent with federal regulations relating to network adequacy standards, to ensure that those services, including certain specialty care, are available and accessible to enrollees of Medi-Cal managed care plans in a timely manner. Existing law sets forth other timely access requirements for health care service plans and health insurers, including with regard to referrals to a specialist.

Existing law establishes various health professions development programs, within the Department of Health Care Access and Information, for the promotion of education, training, and recruitment of health professionals to address workforce shortage and distribution needs. Existing law sets forth various provisions for the authorized use of telehealth in the delivery of health care services.

This bill would, subject to an appropriation, require the California Health and Human Services Agency, in collaboration with the Department of Health Care Access and Information and the State

Department of Health Care Services, to establish a demonstration project for a grant program. *Under the bill, the grant program would be aimed at facilitating a telehealth and other virtual services specialty care network that is or networks that are designed to serve patients of safety-net providers consisting of qualifying providers, defined to include, among others, rural health clinics and community health centers. The as defined.*

Under the bill, the purpose of the demonstration project would be to improve access to specialty care for Medi-Cal beneficiaries through development of a financially sustainable specialty care network or networks that are focused on serving the needs of the health care safety net. The bill would authorize the focus of the project to include increasing access to behavioral and maternal health services and additional specialties prioritized by the agency. The bill would state the intent of the Legislature that implementation of the demonstration project would facilitate compliance with any applicable network adequacy standards.

~~The bill would require the demonstration project to include a grant program to award funding to grantees, as defined, that meet specified conditions relating to specialist networks and health information technology. Under the bill, the purpose of the grant program would be to achieve certain objectives, including, among others, reducing structural barriers to access experienced by patients, improving cost-effectiveness, and optimizing utilization. The bill would require a grantee to evaluate its performance on the objectives and to submit a report of its findings to the agency.~~

The bill would require the agency to administer the grant program to award grant funds to one or more grantees based on an application process and by meeting specified conditions. The bill would require a grantee to use the funds to develop a network or networks by, among other things, providing health information technology and technical assistance to support both the specialists and any primary care provider care coordination, referral, or electronic consultations.

The bill would require the agency to arrange an independent evaluation of the demonstration project. The bill would require the evaluation to examine the extent to which the project was successful in achieving certain objectives, including, among others, reducing structural barriers to access experienced by patients. The bill would require a grantee to report data and information to allow for monitoring and evaluation of the project. The bill would require the agency to

ensure that lessons learned, recommendations, and best practices from the project are publicly disseminated to inform the development of a telehealth and specialty care network or networks to serve the needs of the health care safety net.

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

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

1 SECTION 1. Division 121 (commencing with Section 151100)
2 is added to the Health and Safety Code, to read:

3
4 DIVISION 121. EQUAL ACCESS TO SPECIALTY CARE
5 EVERYWHERE

6
7 151100. For purposes of this division, the following definitions
8 apply:

9 (a) "Agency" means the California Health and Human Services
10 Agency, unless otherwise specified.

11 (b) "Demonstration project" means the project established in
12 Section 151102, also known as Equal Access to Specialty Care
13 Everywhere.

14 (c) "Qualifying provider" means a provider that meets both of
15 the following criteria:

16 (1) The provider is a rural health clinic, federally qualified
17 health center, critical access hospital, or other community health
18 center, including, but not limited to, an Indian health clinic.

19 (2) At least 50 percent of the provider's patient population is
20 either uninsured or enrolled in the Medi-Cal program, or the
21 provider is located in a medically underserved area, as designated
22 by the Health Resources and Services Administration of the United
23 States Department of Health and Human Services.

24 (d) "Telehealth" has the same meaning as set forth in Section
25 2290.5 of the Business and Professions Code, including, but not
26 limited to, store and forward modalities.

27 151101. Implementation of this division shall be subject to an
28 appropriation made by the Legislature for this purpose in the
29 annual Budget Act or another statute.

30 151102. (a) The California Health and Human Services
31 Agency, in collaboration with the Department of Health Care

1 Access and Information and the State Department of Health Care
2 Services, shall establish a demonstration project for a grant
3 program, aimed at facilitating a telehealth and other virtual
4 services specialty care network or networks that are designed to
5 serve patients of safety-net providers consisting of qualifying
6 providers, as defined in Section 151100. The demonstration project
7 shall be known, and may be cited, as Equal Access to Specialty
8 Care Everywhere.

9 (b) (1) The purpose of the demonstration project shall be to
10 improve access to specialty care for Medi-Cal beneficiaries
11 through development of a financially sustainable specialty care
12 network or networks that are focused on serving the needs of the
13 health care safety net.

14 (2) The focus of the demonstration project may include
15 increasing access to behavioral and maternal health services and
16 additional specialties prioritized by the agency.

17 (c) Funding under this division shall be used for establishing
18 the demonstration project for purposes of the grant program and
19 network or networks described in subdivision (a), and for any
20 reasonable administrative costs resulting from the demonstration
21 project.

22 (d) It is the intent of the Legislature that implementation of the
23 demonstration project will facilitate compliance with any network
24 adequacy standards set forth under existing law as applicable for
25 health care service plans, health insurers, Medi-Cal managed care
26 plans, or other entities providing health care coverage.

27 151103. (a) The agency shall administer the grant program
28 described in Section 151102 to award grant funds to one or more
29 grantees based on an application process, subject to an
30 appropriation as described in Section 151101.

31 (b) (1) To be eligible for grant funding under this division, the
32 applicant shall meet both of the following conditions:

33 (A) The applicant consists of, or partners with, a network of
34 health care providers, including at least 10 qualifying providers.

35 (B) The applicant has a demonstrated record of supporting the
36 delivery of health care services and addressing social determinants
37 of health in underserved communities.

38 (2) The agency shall determine whether an applicant is in
39 compliance with the conditions described in paragraph (1).

1 (c) A grantee shall use grant funds allocated under this division
2 to develop a specialty care network or networks, in accordance
3 with Section 151102, focused on serving the needs of the health
4 care safety net, including all of the following:

5 (1) Establishing, through contracting, direct hire, or partnering,
6 a network of clinical specialists.

7 (2) Providing health information technology and technical
8 assistance to support both the specialists and any primary care
9 provider care coordination, referral, or electronic consultations.

10 (3) Ensuring interoperable electronic health record bidirectional
11 communication, and coordination of services, between primary
12 care providers and specialty care providers.

13 (d) Grant funding under this division shall be used for the
14 purposes described in subdivision (c) and shall not be used for
15 payment or reimbursement for any health services delivered to
16 patients.

17 (e) The agency shall arrange an independent evaluation of the
18 demonstration project. The evaluation shall examine the extent to
19 which the demonstration project was successful in achieving all
20 of the following objectives:

21 (1) Increasing capacity and efficiencies to address shortages
22 of specialists through enhanced triage capabilities and reduction
23 in missed appointments.

24 (2) Reducing structural barriers to access experienced by
25 patients, particularly those who have health-related social needs
26 or disabilities, and those experiencing significant health disparities,
27 including by reducing waiting times.

28 (3) Increasing financial sustainability of health care providers
29 in rural and underserved areas.

30 (4) Strengthening public health resiliency, including surveillance
31 capabilities and mitigation.

32 (5) Improving cost-effectiveness and optimizing utilization.

33 (6) Improving interoperability, interclinician care coordination,
34 and care management.

35 (f) A grantee shall report data and information, in a manner
36 and frequency determined by the agency, to allow for monitoring
37 and evaluation of the demonstration project.

38 (g) The agency shall ensure that lessons learned,
39 recommendations, and best practices from the demonstration
40 project are publicly disseminated to inform the development of a

1 *telehealth and specialty care network or networks to serve the*
2 *needs of the health care safety net.*

3 ~~SECTION 1. Division 121 (commencing with Section 151100)~~
4 ~~is added to the Health and Safety Code, to read:~~

5
6 ~~DIVISION 121. EQUAL ACCESS TO SPECIALTY CARE~~
7 ~~EVERYWHERE~~

8
9 ~~151100. For purposes of this division, the following definitions~~
10 ~~apply:~~

11 ~~(a) "Agency" means the California Health and Human Services~~
12 ~~Agency, unless otherwise specified.~~

13 ~~(b) "Demonstration project" means the project established in~~
14 ~~Section 151102, also known as Equal Access to Specialty Care~~
15 ~~Everywhere.~~

16 ~~(c) "Grantee" means an entity that meets all of the following~~
17 ~~conditions:~~

18 ~~(1) Consisting of, or partnering with, a network of health care~~
19 ~~providers, including at least 50 qualifying providers that serve~~
20 ~~individuals who are uninsured, individuals who are covered under~~
21 ~~the Medi-Cal program or other state public programs serving~~
22 ~~expansion populations, and individuals who are covered under the~~
23 ~~federal Medicare Program or other federal health care programs.~~

24 ~~(2) Ensuring interoperable electronic health record bidirectional~~
25 ~~communication with primary care providers.~~

26 ~~(3) Coordinating services, furnished through health information~~
27 ~~technology tools to individuals, with the primary care providers~~
28 ~~of those individuals.~~

29 ~~(4) Offering evaluation and analysis on specialty service access~~
30 ~~among underserved communities.~~

31 ~~(5) Having a demonstrated record of supporting the delivery of~~
32 ~~health care services and addressing social determinants of health~~
33 ~~in underserved communities in multiple regions throughout the~~
34 ~~state.~~

35 ~~(d) "Qualifying provider" means a rural health clinic, federally~~
36 ~~qualified health center, critical access hospital, or other community~~
37 ~~health center, including, but not limited to, an Indian health clinic.~~

38 ~~(e) "Telehealth" has the same meaning as set forth in Section~~
39 ~~2290.5 of the Business and Professions Code, including, but not~~
40 ~~limited to, store and forward modalities.~~

1 ~~151101. Implementation of this division shall be subject to an~~
2 ~~appropriation made by the Legislature for this purpose in the annual~~
3 ~~Budget Act or another statute.~~

4 ~~151102. (a) The California Health and Human Services~~
5 ~~Agency, in collaboration with the Department of Health Care~~
6 ~~Access and Information and the State Department of Health Care~~
7 ~~Services, shall establish a demonstration project for a telehealth~~
8 ~~and other virtual services specialty care network that is designed~~
9 ~~to serve patients of safety-net providers consisting of qualifying~~
10 ~~providers, as defined in Section 151100. The demonstration project~~
11 ~~shall be known, and may be cited, as Equal Access to Specialty~~
12 ~~Care Everywhere.~~

13 ~~(b) The focus of the demonstration project may include~~
14 ~~increasing access to behavioral and maternal health services and~~
15 ~~additional specialties prioritized by the agency.~~

16 ~~(c) Funding under this division shall be used for establishing~~
17 ~~the demonstration project for purposes of the network described~~
18 ~~in subdivision (a) and the grant program described in Section~~
19 ~~151103, and for any reasonable administrative costs resulting from~~
20 ~~the demonstration project. Funding under this division shall not~~
21 ~~be used for payment or reimbursement for any health services~~
22 ~~delivered to patients.~~

23 ~~(d) It is the intent of the Legislature that implementation of the~~
24 ~~demonstration project will facilitate compliance with any network~~
25 ~~adequacy standards set forth under existing law as applicable for~~
26 ~~health care service plans, health insurers, Medi-Cal managed care~~
27 ~~plans, or other entities providing health care coverage.~~

28 ~~151103. (a) The demonstration project shall include a grant~~
29 ~~program, administered by the agency, to award funding to grantees~~
30 ~~based on an application process, subject to an appropriation as~~
31 ~~described in Section 151101. To be eligible for grant funding under~~
32 ~~this division, the applicant shall meet both of the following~~
33 ~~conditions:~~

34 ~~(1) Establishing, through contracting, direct hire, or partnering,~~
35 ~~a network of clinical specialists.~~

36 ~~(2) Providing health information technology and technical~~
37 ~~assistance to support both the specialists and any primary care~~
38 ~~provider care coordination, referral, or electronic consultations.~~

39 ~~(b) The purpose of the grant program is to achieve all of the~~
40 ~~following objectives:~~

- 1 ~~(1) Increasing capacity and efficiencies to address endemic and~~
2 ~~growing workforce shortages of specialists through enhanced triage~~
3 ~~capabilities and reduction in missed appointments.~~
- 4 ~~(2) Reducing structural barriers to access experienced by~~
5 ~~patients, particularly those who have health-related social needs~~
6 ~~or disabilities, and those experiencing significant health disparities,~~
7 ~~including by reducing waiting times.~~
- 8 ~~(3) Increasing financial sustainability of health care providers~~
9 ~~in rural and underserved areas.~~
- 10 ~~(4) Strengthening public health resiliency, including surveillance~~
11 ~~capabilities and mitigation.~~
- 12 ~~(5) Improving cost-effectiveness and optimizing utilization.~~
- 13 ~~(6) Improving interoperability, inter-clinician care coordination,~~
14 ~~and enhanced care management.~~
- 15 ~~(c) A grantee shall evaluate its performance on the objectives~~
16 ~~described in subdivision (b) and shall submit a report of its findings~~
17 ~~to the agency.~~

Date of Hearing: March 25, 2025

ASSEMBLY COMMITTEE ON HEALTH

Mia Bonta, Chair

AB 257 (Flora) – As Introduced January 16, 2025

SUBJECT: Specialty care network: telehealth and other virtual services.

SUMMARY: Requires the California Health and Human Services Agency (CalHHS), in collaboration with the Department of Health Care Access and Information (HCAI) and Department of Health Care Services (DHCS), to establish a demonstration project for a telehealth and other virtual services specialty care network that is designed to serve patients of safety-net providers consisting of qualifying providers, defined as a rural health clinic (RHC), federally qualified health center (FQHC), critical access hospital (CAH), or other community health center, including, but not limited to, an Indian health clinic. Specifically, **this bill:**

- 1) Requires CalHHS to establish a demonstration project for a telehealth and other virtual services specialty care network that is designed to serve patients of safety-net providers consisting of clinics and hospitals.
- 2) Authorizes the demonstration to focus on increasing access to behavioral and maternal health services and additional specialties prioritized by CalHHS.
- 3) Requires the demonstration project to include a grant program, administered by CalHHS, to award funding to grantees based on an application process.
- 4) Requires an applicant for a grant to meet both of the following conditions:
 - a) Establishing, through contracting, direct hire, or partnering, a network of clinical specialists; and,
 - b) Providing health information technology and technical assistance to support both the specialists and any primary care provider care coordination, referral, or electronic consultations.
- 5) Defines a grantee as an entity that meets all of the following conditions:
 - a) Consisting of, or partnering with, a network of health care providers, including at least 50 clinics or hospitals that serve individuals who are uninsured, individuals who are covered under the Medi-Cal program or other state public programs serving expansion populations, and individuals who are covered under the federal Medicare Program or other federal health care programs;
 - b) Ensuring interoperable electronic health record bidirectional communication with primary care providers;
 - c) Coordinating services, furnished through health information technology tools to individuals, with the primary care providers of those individuals;
 - d) Offering evaluation and analysis on specialty service access among underserved communities; and,

- e) Having a demonstrated record of supporting the delivery of health care services and addressing social determinants of health in underserved communities in multiple regions throughout the state.
- 6) Establishes the purpose of the grant program as follows:
 - a) Increasing capacity and efficiencies to address endemic and growing workforce shortages of specialists through enhanced triage capabilities and reduction in missed appointments;
 - b) Reducing structural barriers to access experienced by patients, particularly those who have health-related social needs or disabilities, and those experiencing significant health disparities, including by reducing waiting times;
 - c) Increasing financial sustainability of health care providers in rural and underserved areas;
 - d) Strengthening public health resiliency, including surveillance capabilities and mitigation;
 - e) Improving cost-effectiveness and optimizing utilization; and,
 - f) Improving interoperability, inter-clinician care coordination, and enhanced care management.
- 7) Requires a grantee to evaluate its performance on the objectives described in 6) above, and submit a report of its findings to CalHHS.
- 8) States the intent of the Legislature that implementation of the demonstration project will facilitate compliance with any network adequacy standards set forth under existing law as applicable for health care service plans, health insurers, Medi-Cal managed care plans, or other entities providing health care coverage.
- 9) Conditions implementation on an appropriation made by the Legislature for this purpose in the annual Budget Act or another statute.

EXISTING LAW:

- 1) Establishes the Medi-Cal Program, administered by DHCS, to provide comprehensive health benefits to low-income individuals who meet specified eligibility criteria. [Welfare and Institutions Code (WIC) § 14000 *et seq.*]
- 2) Establishes a schedule of benefits under the Medi-Cal program, including physician, hospital or clinic outpatient, surgical center, respiratory care, optometric, chiropractic, psychology, podiatric, and therapy services, subject to utilization controls. [WIC § 14132]
- 3) Defines “telehealth” to:
 - a) Mean the mode of delivering health care services and public health via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management, and self-management of a patient’s health care; and,
 - b) Include synchronous interactions and asynchronous store and forward transfers. [Business and Professions Code § 2290.5 (a)(6)]

- 4) Establishes Medi-Cal coverage for health care services provided through telehealth, including specifying that in-person, face-to-face contact between a health care provider and a patient is not required under the Medi-Cal program for covered health care services and provider types designated by DHCS, when those services and settings meet the applicable standard of care and meet the requirements of the service code being billed. [WIC § 14132.725 and § 14132.100]
- 5) Establishes time and distance standards by which Medi-Cal managed care plans must demonstrate network adequacy. Allows DHCS to authorize a Medi-Cal managed care plan to use clinically appropriate synchronous video telehealth as a means of demonstrating compliance with time or distance standards. [WIC § 14197 and 14197(e)]
- 6) Establishes HCAI to collect and analyze health data, administer health workforce programs, oversee hospital and health facility building programs, and administer the Office of Health Care Affordability. [Health and Safety Code § 127000]

FISCAL EFFECT: Unknown. This bill has not yet been analyzed by a fiscal committee.

COMMENTS:

1) PURPOSE OF THIS BILL. According to the author, everyone should have access to timely specialty care, but patients in rural communities face unique challenges. The author asserts that the state needs to build clinical capacity for specialty care, improve patient access, improve disaster preparedness and response, and curtail rising health care costs for rural communities. By allowing patients to use telehealth when finding specialty care, the author notes, rural and underserved communities can quickly access quality, low-cost health care. The author concludes that the bill is a commonsense step that will reduce costly emergency room visits by allowing patients to address the root cause of health concerns before they grow worse. This bill is sponsored by OCHIN, a nonprofit provider of electronic health records systems (EHR) and health information exchange and technology support to safety net providers. OCHIN's client network includes FQHCs, RHCs, critical access hospitals, local public health agencies, and school-based health programs.

2) BACKGROUND.

a) Specialty Care Access. Delays and difficulty accessing specialty care in Medicaid programs are well-documented. In a 2019 survey of community health center medical directors in nine states that expanded Medicaid pursuant to the federal Patient Protection and Affordable Care Act (including California) and Washington, D.C., nearly 60% reported difficulty obtaining new specialist visits and multiple access barriers. Although specialty care access can be difficult in rural areas regardless of coverage and can be challenging even with commercial coverage due to general provider shortages, the problem is more acute in Medicaid programs, including Medi-Cal, posing equity concerns. A 2023 study titled "*State-Level Variation in Medicaid Managed Care Enrollment and Specialty Care for Publicly Insured Children*," which was published in *JAMA (Journal of the American Medical Association) Network Open*, had found caregivers of children insured by Medicaid were more than twice as likely as caregivers of children with private insurance to report feeling frustrated trying to find specialty medical care for their children.

- b) Managed Care Network Adequacy Requirements.** Federal law requires Medicaid managed care plans to assure that they have capacity to serve expected enrollment in their service area and maintain a sufficient number, mix, and geographic distribution of providers. A Medicaid managed care plan must make covered services accessible to its enrollees to the same extent that such services are accessible to other state residents with Medicaid who are not enrolled with that plan. State law establishes specific time and distance standards by which a plan must demonstrate that their enrollees can access an adequate network of providers.

SB 184 (Committee on Budget and Fiscal Review), Chapter 47, Statutes of 2022, authorizes DHCS to allow telehealth providers to count towards compliance with time or distance standards. Previously, DHCS allowed telehealth as an alternative access standard only if a managed care plan was not able to demonstrate compliance with time or distance standards. Pursuant to All-Plan Letter 23-001, if a plan is able to cover at least 85% of the members in a ZIP code and they can show that they have additional capacity through the use of telehealth providers to serve the remaining members, the plan would be deemed compliant with time or distance standards and no alternative access standard submission is required.

DHCS allows plans to use telehealth providers for purposes of demonstrating adequacy of their networks for primary care and the following specialty provider types: cardiology/interventional cardiology, neurology, dermatology, non-specialty mental health, endocrinology, obstetrics and gynecology; ear, nose, and throat/otolaryngology; oncology; gastroenterology; ophthalmology; hematology; HIV/AIDS specialists; infectious diseases; psychiatry; nephrology; and pulmonology.

Plans must provide access to in-person services rather than telehealth if a Medi-Cal beneficiary requests it, including access to transportation and out of network services when necessary.

- c) Need for This Bill.** The sponsor of this bill, OCHIN, notes safety net providers with the most clinically and socially complex patients have the greatest need for timely specialty care services to manage patients with co-morbid chronic conditions. OCHIN notes these providers, such as FQHCs and RHCs, expend significant resources trying to identify specialty referral pathways. A recent analysis of safety net providers in the OCHIN network in California found the average wait time to see a specialist in 2024 was 63 days. OCHIN reports within their network, only about 27% of all patient specialty referrals closed between October 2022 and September 2023 because the patient was seen by a specialist.

OCHIN argues efforts to improve maternal health, mental and behavioral health, complex chronic disease management, and transitions to new value-driven payment and delivery models will be hamstrung by this endemic lack of access. OCHIN notes access to virtual modalities such as telehealth, store and forward, and eConsults (provider-to-provider transactions) should have improved access to specialists as it did for primary care during the COVID-19 public health emergency, but that it has not, and will not, without a network of specialists dedicated to serving patients in the safety net.

- d) What This Bill Proposes.** According to OCHIN, the demonstration project authorized by the bill would support the launch of a dedicated safety net virtual specialty care network

through an integrated EHR platform focused on primary care providers serving rural and underserved communities. The network would provide services to patients who have coverage through federal and state programs such as Medi-Cal and Medicare as well as those who are underinsured. The demonstration would seek to improve access to specialty care by establishing and testing a virtual network to provide specialty care through a range of digital modalities, such as eConsults, telehealth, and EHR-based clinical decision support. While there is a significant evidence base to support the use of virtual modalities to improve access to care, OCHIN notes, this demonstration focuses on testing a virtual delivery model tailored to the payment and specific needs of rural and underserved communities. The demonstration would test the impact of timely specialty care access that is coordinated with primary care on access, health outcomes, and costs. OCHIN offers that a similar pilot on a smaller scale at an OCHIN member rural clinic in Oregon found that dermatology eConsults were effective in reducing follow-up time for patients by an average of 45 business days with significant savings through avoided specialty referrals.

- 3) SUPPORT.** OCHIN supports this bill, noting the importance of access to timely specialty care, the dire state of current access, and the opportunities to improve timely access to many types of specialty care for patients of safety net providers through this demonstration. Mental Health America of California supports this bill, arguing the specialty network will be instrumental to reducing mental health disparities and ensuring access to those who need it most.

4) RELATED LEGISLATION.

- a) AB 688 (Mark González), pending in this committee, would require DHCS, commencing in 2028 and every two years thereafter, to produce a publicly available Medi-Cal telehealth utilization report, as specified.
- b) SB 508 (Valladares), pending in the Senate Business, Professions and Economic Development Committee, would allow out-of-state physicians and surgeons to provide services through telehealth to patients with cancer.
- c) SB 530 (Richardson), pending in the Senate Health Committee, would remove the sunset on, and updates, time and distance standards in Medi-Cal managed care. The bill would also narrow the situations in which a Medi-Cal managed care plan may meet time and distance standards using telehealth, clarifies requirements to provide alternatives to telehealth, and would require plans to notify enrollees of their options, including telehealth, as applicable, if a provider is located outside of designated time or distance standards.

5) PREVIOUS LEGISLATION.

- a) AB 2726 (Flora) was similar to this bill and was held on suspense in the Assembly Appropriations Committee.
- b) AB 1943 (Weber) of 2024 was similar to AB 688 above and was held on suspense in the Senate Appropriations Committee.

- c) AB 2239 (Aguiar-Curry) would have expanded the situations in which health care providers are able to be reimbursed by Medi-Cal for services rendered to new patients through asynchronous store and forward telehealth. This is potentially important for specialty care access through telehealth, as many patients would be new patients to a specialist, given it is not their regular source of care, and asynchronous store and forward is commonly used for dermatology and ophthalmology. Governor Newsom vetoed AB 2239, stating that “robust telehealth policies increase access and reduce barriers to health care, including the use of asynchronous telehealth. However, there are details of a patient's medical history and personal health information that are best gathered during a synchronous appointment. For example, this bill would allow a patient to receive treatment and medications for reproductive and behavioral health services without ever seeing or talking directly to a provider. I believe that there are consumer protections provided through a live interaction between a patient and provider.”
- d) SB 184 (Committee on Budget and Fiscal Review), Chapter 47, Statutes of 2022 authorizes DHCS to allow Medi-Cal managed care plans to count telehealth providers for purposes of establishing compliance with time or distance standards, establishes permanent telehealth policy following the COVID-19 pandemic, and also requires DHCS to develop a research and evaluation plan addressing, among other things, the relationship between telehealth and access to care.
- 6) **AMENDMENTS.** In response to a number of concerns and questions raised by the Committee, the author and Committee have agreed to amend this bill to broaden the pool of potential applicants; require that providers participating in the demonstration serve underserved populations; require an independent evaluation; require lessons learned, recommendations, and best practices from the demonstration to be publicly disseminated to inform the development of telehealth and specialty care networks to serve the safety net; and clarify a number of aspects, including the purpose of the grant, the distinction between conditions required for an applicant to apply versus the program activities funded by the grant, and that the grantee must report data and information as requested by CalHHS.

REGISTERED SUPPORT / OPPOSITION:

Support

OCHIN, Inc. (sponsor)
Mental Health America of California

Opposition

None on file.

Analysis Prepared by: Lisa Murawski / HEALTH / (916) 319-2097

Date of Hearing: April 9, 2025

ASSEMBLY COMMITTEE ON APPROPRIATIONS

Buffy Wicks, Chair

AB 257 (Flora) – As Amended March 27, 2025

Policy Committee: Health

Vote: 15 - 0

Urgency: No

State Mandated Local Program: No

Reimbursable: No

SUMMARY:

This bill, subject to an appropriation, requires the California Health and Human Services Agency (CalHHS) to establish a demonstration project for a grant program for facilitating a telehealth and other virtual services network to improve access to specialty care for Medi-Cal beneficiaries.

Specifically, this bill:

- 1) Requires CalHHS, in collaboration with the Department of Health Care Access and Information (HCAI) and the Department of Health Care Services (DHCS), to establish “Equal Access to Specialty Care Everywhere,” a demonstration project for a telehealth and other virtual services specialty care network designed to improve access to specialty care for Medi-Cal beneficiaries through development of a financially sustainable specialty care network or networks that are focused on serving the needs of the health care safety net.
- 2) Authorizes the demonstration to focus on increasing access to behavioral and maternal health services and additional specialties prioritized by CalHHS.
- 3) Requires CalHHS to administer a program to award grants based on an application process.
- 4) Establishes eligibility criteria for a grant applicant, including a network of at least 10 qualifying providers and a record of supporting underserved communities.
- 5) Establishes requirements for how an applicant may use grant funds.
- 6) Requires CalHHS to ensure lessons learned, recommendations, and best practices from the demonstration project are publicly disseminated.
- 7) Conditions implementation on an appropriation by the Legislature.

FISCAL EFFECT:

General Fund cost pressures of an unknown amount, potentially \$12 million, to CalHHS. The author has requested a one-time appropriation of \$12 million to fund a demonstration project as specified in this bill, for three grants of \$4 million each.

COMMENTS:

- 1) **Purpose.** This bill is sponsored by OCHIN, a nonprofit provider of electronic health record (EHR) systems and health information exchange and technology support to safety net providers. OCHIN's client network includes safety net providers such as community clinics, critical access hospitals, local public health agencies, and school-based health programs. According to the author:

[P]atients in rural and underinvested communities still wait weeks or months to see specialists, which often results in them not getting care at all...[W]e can reimagine specialty care delivery that leverages digital modalities and AI through an integrated virtual specialty care network, connecting patients who face the greatest barriers to accessing care with specialty care rapidly, no matter where they live. Enhanced interoperability and AI will power seamless data sharing, streamline provider coordination, and eliminate costly gaps in care.

- 2) **Related Legislation.**

AB 688 (Mark González) requires DHCS to produce a publicly available Medi-Cal telehealth utilization report every two years. AB 688 is pending in the Assembly Committee on Health.

SB 530 (Richardson) updates and removes the sunset on time and distance standards in Medi-Cal managed care, and narrows the situations in which a Medi-Cal managed care plan may meet time and distance standards using telehealth, among other provisions. SB 530 is pending in the Senate Committee on Health.

- 3) **Prior Legislation.**

AB 2726 (Flora), of the 2023-24 Legislative Session, was identical to this bill, and was held in this committee.

AB 1943 (Weber), of the 2023-24 Legislative Session, was similar to AB 688, above, and was held on suspense in the Senate Committee on Appropriations.

AB 2239 (Aguiar-Curry), of the 2023-24 Legislative Session, would have expanded the situations in which Medi-Cal could reimburse health care providers for services rendered to new patients through asynchronous store and forward telehealth. Governor Newsom vetoed AB 2239, stating in part:

[T]here are details of a patient's medical history and personal health information that are best gathered during a synchronous appointment. For example, this bill would allow a patient to receive treatment and medications for reproductive and behavioral health services without ever seeing or talking directly to a provider. I believe that there are consumer protections provided through a live interaction between a patient and provider.

MEMORANDUM

DATE	July 23, 2025
TO	Psychology Board Members
FROM	Jacklyn Mancilla, Legislative and Regulatory Affairs Analyst
SUBJECT	Agenda Item 12(c)(3) Watch Bills – AB 277 (Alanis) Behavioral health centers, facilities, and programs: background checks

Background

The bill was introduced on January 21, 2025, by Assembly member Juan Alanis.

This bill would require the California Department of Developmental Services to certify criminal background checks for behavioral technicians working with minors. In addition, the bill would prohibit the department from certifying an individual who has been convicted of a crime involving a minor, and prohibit a developmental center, facility, or program that provides services to a person who is under 18 years of age from employing a behavioral technician who is not certified by the department.

On February 10, 2025, AB 277 was referred to the Assembly Committee on Human Services and Assembly Committee on Public Safety.

On February 20, 2025, AB 277 was amended to include all persons who provide behavioral health treatment for a behavioral health center, facility, or program to undergo a background check to identify and exclude persons convicted of a crime involving a minor, not just behavior technicians.

On February 27, 2025, AB 277 was presented to the Board for possible position recommendation, which the Board determined to **Watch** AB 277.

On April 22, 2025, AB 277 was amended to specify that BPC 18980 does not apply to a person who holds a current and valid license issued by a California state licensing board, if the licensure process includes a fingerprint-based background check and the license is in good standing. The Board of Psychology's licensing application regulations require applicants/licensees to undergo livescan fingerprinting. As such, AB 277's provisions are not applicable and do not impact the Board's ability to regulate the profession and licensing psychologists.

On May 1, 2025, AB 277 was set for first hearing, but was cancelled upon author's request. AB 277 failed to meet the policy committee hearing deadline pursuant to Rule 61(a)(2). AB 277 is held in committee and may be acted upon in January 2026.

ACTION REQUESTED

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

Attachment #1: Bill Text - [Weblink](#)

Attachment #2: Fact Sheet

AMENDED IN ASSEMBLY APRIL 22, 2025
AMENDED IN ASSEMBLY FEBRUARY 20, 2025
CALIFORNIA LEGISLATURE—2025–26 REGULAR SESSION

ASSEMBLY BILL

No. 277

Introduced by Assembly Member Alanis

January 21, 2025

An act to add Chapter 2.10 (commencing with Section 18980) to Division 8 of the Business and Professions Code, relating to behavioral health centers, facilities, and programs.

LEGISLATIVE COUNSEL'S DIGEST

AB 277, as amended, Alanis. Behavioral health centers, facilities, and programs: background checks.

Existing law generally provides requirements for the licensing of business establishments. Existing law requires a business that provides services to minors, as defined, to provide written notice to the parent or guardian of a minor participating in the service offered by the business regarding the business' policies relating to criminal background checks for employees, as specified.

Existing law requires the Department of Justice to maintain state summary criminal history information, as defined, and to furnish this information as required by statute to specified entities, including a human resource agency or an employer. Under existing law, the disclosure of state summary criminal history information to an unauthorized person is a crime.

This bill would require a person who provides behavioral health treatment for a behavioral health center, facility, or program to undergo a background check, as specified. By expanding the scope of the crime

of unlawful disclosure of state summary criminal history information, this bill would impose 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. Chapter 2.10 (commencing with Section 18980)
2 is added to Division 8 of the Business and Professions Code, to
3 read:

4
5 CHAPTER 2.10. BEHAVIORAL HEALTH CENTERS, FACILITIES,
6 AND PROGRAMS
7

8 18980. (a) A person who provides behavioral health treatment,
9 as defined in paragraph (1) of subdivision (c) of Section 1374.73
10 of the Health and Safety Code, for a behavioral health center,
11 facility, or program shall undergo a background check pursuant
12 to Section 11105.3 of the Penal Code to identify and exclude a
13 person who has been convicted of a crime involving a minor.

14 (b) *This section does not apply to a person who holds a current*
15 *and valid license issued by a California state licensing board, if*
16 *the licensure process includes a fingerprint-based background*
17 *check and the license is in good standing.*

18 SEC. 2. No reimbursement is required by this act pursuant to
19 Section 6 of Article XIII B of the California Constitution because
20 the only costs that may be incurred by a local agency or school
21 district will be incurred because this act creates a new crime or
22 infraction, eliminates a crime or infraction, or changes the penalty
23 for a crime or infraction, within the meaning of Section 17556 of
24 the Government Code, or changes the definition of a crime within
25 the meaning of Section 6 of Article XIII B of the California
26 Constitution.

O

ASSEMBLYMAN
Juan Alanis
22ND DISTRICT

AB 277 – Background Checks for Behavioral Technicians

SUMMARY

Assembly Bill 277 (AB 277) would require the California Department of Developmental Services (DDS) to certify criminal background checks for behavioral technicians (BTs) working with minors.

EXISTING LAW

State law defines three categories of behavioral technicians:

1. Qualified autism service providers;
2. Qualified autism service professionals; and
3. Qualified autism service paraprofessionals.

Current law specifies the criteria for each classification, including clinical supervision guidelines. However, while autism service providers are licensed by the State of California, there is no state licensing requirement for professionals or paraprofessionals. This has led to disparities in hiring requirements across behavioral health facilities and poses potential risks to the safety and well-being of minors with developmental disabilities.

WHY THIS BILL MATTERS

According to the [U.S. Children's Bureau](#), children with disabilities are three times more likely to be abused or neglected than their peers. In 2019, a [CDC](#) study found that children with autism spectrum disorder (ASD) and/or an intellectual disability (ID) were more likely to experience sexual, physical, and emotional abuse. Such experiences can have significant, long-term negative impacts on victims.

Cases of child abuse in the behavioral health field have become increasingly prevalent. In late 2023, a

BT from [Modesto](#) was arrested for alleged child molestation, with many of the suspected victims being non-verbal. Similar cases have occurred across California, with a repeat offender in [San Jose](#) who had assaulted a female patient in her home between March and June 2024, and another case in [Riverside](#) where a BT faced three sexual abuse charges after nearly three years of employment. These cases highlight the statewide issue of abuse against with developmental disabilities. Unfortunately, many of these victims are non-verbal and hesitant to report abuse, making this population particularly vulnerable.

Many [states](#) – including New York, Hawaii, and Oregon – already require criminal background checks for BTs. Some states, like [Michigan](#), require background checks as well as fingerprinting. However, California is one of [12 states](#) that does not require licensure for behavior analysis practitioners, making it one of the states with the weakest regulations on its behavioral health industry.

IF ENACTED INTO LAW

If passed, AB 277 would prohibit BTs from working with minors if they have been convicted of any crime involving a minor. Requiring background checks for those working one-on-one with children is a common sense measure that will help improve both the safety and wellness goals of those in behavioral therapy.

CONTACT:

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MEMORANDUM

DATE	July 23, 2025
TO	Psychology Board Members
FROM	Jacklyn Mancilla, Legislative and Regulatory Affairs Analyst
SUBJECT	Agenda Item 12(c)(4) Watch Bills – AB 346 (Nguyen) In-home support services: licensed health care professional certification

Background

The bill was introduced on January 29, 2025, by Assembly member Stephanie Nguyen.

This bill proposes to broaden the definition of “licensed health care professionals” to include any individual engaged in activities requiring licensure or regulation under specific provisions of the Business and Professions Code. Under the county-administered In-Home Supportive Services (IHSS) program, which provides services to qualified aged, blind, and disabled individuals to help them remain in their homes and avoid institutionalization, a “licensed health care professional” is defined as someone licensed in California within the scope of their professional license.

This bill also reinforces the requirement for applicants or recipients of IHSS to obtain certification from a licensed health care professional, confirming their inability to perform daily activities independently and the risk of out-of-home care without assistance when requesting paramedical services.

On February 18, 2025, AB 346 was referred to the Assembly Committee on Human Services.

On April 11, 2025, AB 346 was presented to the Legislative and Regulatory Affairs Committee for position recommendation, which the committee determined to recommend to the Board to **Watch** AB 346.

On April 30, 2025, AB 346 was referred to the appropriations committee.

On May 7, 2025, AB 346 was placed in suspense file by the appropriations committee.

On May 9, 2025, AB 346 was presented to the Board with the Legislative and Regulatory Affairs Committee's recommendation to **Watch**. The Board determined to **Watch** AB 346.

On June 3, 2025, AB 346 passed the Assembly and was ordered to the Senate.

On June 18, 2025, AB 346 was referred to the Senate Committee on Human Services.

On July 9, 2025, AB 346 was read for a second time, passed the committee, was amended, and referred to the appropriations committee.

On July 14, 2025, AB 346 was placed in suspense file by the appropriations committee.

ACTION REQUESTED

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

Attachment #1: Bill Text - [Weblink](#)

Attachment #2: Fiscal Impact

AMENDED IN SENATE JULY 9, 2025

AMENDED IN ASSEMBLY MAY 23, 2025

CALIFORNIA LEGISLATURE—2025–26 REGULAR SESSION

ASSEMBLY BILL

No. 346

Introduced by Assembly Member Nguyen

January 29, 2025

An act to amend Sections 12300.1 and 12309.1 of the Welfare and Institutions Code, relating to in-home supportive services.

LEGISLATIVE COUNSEL'S DIGEST

AB 346, as amended, Nguyen. In-home supportive services: licensed health care professional certification.

Existing law provides for the county-administered In-Home Supportive Services (IHSS) program, under which qualified aged, blind, and disabled persons are provided with specified services in order to permit them to remain in their own homes and avoid institutionalization. Existing law defines supportive services for purposes of the IHSS program to include those necessary paramedical services that are ordered by a licensed health care professional, which persons could provide for themselves, but for their functional limitations. Existing law requires an applicant for, or recipient of, in-home supportive services, as a condition of receiving these services, to obtain a certification from a licensed health care professional declaring that the applicant or recipient is unable to perform some activities of daily living independently, and that without services to assist the applicant or recipient with activities of daily living, the applicant or recipient is at risk of placement in out-of-home care, and defines a licensed health care professional for this purpose to mean an individual licensed in California by the

appropriate California regulatory agency, acting within the scope of their license or certificate as defined in the Business and Professions Code.

This bill would *use the above-described definition of “licensed health care professional” for purposes of the provisions relating to paramedical services, and would, for purposes of the certification requirement, add to the above-described definition of “licensed health care professional” that the licensed individual has primary responsibilities to diagnose or provide treatment and care for physical or mental impairments that cause or contribute to an individual’s functional limitations, and would use the same definition of “licensed health care professional” for purposes of the provisions relating to paramedical services.* ~~limitations.~~

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 12300.1 of the Welfare and Institutions
2 Code is amended to read:
3 12300.1. (a) As used in Section 12300 and in this article,
4 “supportive services” include those necessary paramedical services
5 that are ordered by a licensed health care professional who is
6 lawfully authorized to do so, which persons could provide for
7 themselves, but for their functional limitations. Paramedical
8 services include the administration of medications, puncturing the
9 skin or inserting a medical device into a body orifice, activities
10 requiring sterile procedures, or other activities requiring judgment
11 based on training given by a licensed health care professional.
12 These necessary services shall be rendered by a provider under
13 the direction of a licensed health care professional, subject to the
14 informed consent of the recipient obtained as a part of the order
15 for service. Any and all references to Section 12300 in any statute
16 heretofore or hereafter enacted shall be deemed to be references
17 to this section. All statutory references to the supportive services
18 specified in Section 12300 shall be deemed to include paramedical
19 services.
20 (b) For purposes of this section, “licensed health care
21 professional” ~~has the same definition as that term is defined in~~
22 ~~Section 12309.1.~~ *means an individual licensed in California by*

1 *the appropriate California regulatory agency, acting within the*
2 *scope of their license or certificate, as defined in the Business and*
3 *Professions Code, including a physician or surgeon, physician*
4 *assistant, podiatrist, dentist, or nurse practitioner.*

5 SEC. 2. Section 12309.1 of the Welfare and Institutions Code
6 is amended to read:

7 12309.1. (a) (1) As a condition of receiving services under
8 this article, or Section 14132.95 or 14132.952, an applicant for or
9 recipient of services shall obtain a certification from a licensed
10 health care professional declaring that the applicant or recipient
11 is unable to perform some activities of daily living independently,
12 and that without services to assist the applicant or recipient with
13 activities of daily living, the applicant or recipient is at risk of
14 placement in out-of-home care.

15 (2) For purposes of this section, “licensed health care
16 professional” means an individual licensed in California by the
17 appropriate California regulatory agency, acting within the scope
18 of their license or certificate, as defined in the Business and
19 Professions Code, and whose primary responsibilities are to
20 diagnose or provide treatment and care for physical or mental
21 impairments that cause or contribute to an individual’s functional
22 limitations. ~~“Licensed health care professional” includes, but is~~
23 ~~not limited to, a physician, physician assistant, regional center~~
24 ~~clinician or clinician supervisor, occupational therapist, physical~~
25 ~~therapist, psychiatrist, psychologist, optometrist, ophthalmologist,~~
26 ~~public health nurse, or nurse practitioner.~~

27 (3) Except as provided in subparagraph (A) or (B), or
28 subdivision (c), the certification shall be received prior to service
29 authorization, and services shall not be authorized in the absence
30 of the certification.

31 (A) Services may be authorized prior to receipt of the
32 certification when the services have been requested on behalf of
33 an individual being discharged from a hospital or nursing home
34 and services are needed to enable the individual to return safely
35 to their home or into the community.

36 (B) Services may be authorized temporarily pending receipt of
37 the certification when the county determines that there is a risk of
38 out-of-home placement.

1 (4) The county shall consider the certification as one indicator
2 of the need for in-home supportive services, but the certification
3 shall not be the sole determining factor.

4 (5) The licensed health care professional's certification shall
5 include, at a minimum, both of the following:

6 (A) A statement by the licensed health care professional that
7 the individual is unable to independently perform one or more
8 activities of daily living, and that one or more of the services
9 available under the IHSS program is recommended for the
10 applicant or recipient, in order to prevent the need for out-of-home
11 care.

12 (B) A description of any condition or functional limitation that
13 has resulted in, or contributed to, the applicant's or recipient's
14 need for assistance.

15 (b) The department, in consultation with the State Department
16 of Health Care Services and with stakeholders, including, but not
17 limited to, representatives of program recipients, providers, and
18 counties, shall develop a standard certification form for use in all
19 counties that includes, but is not limited to, all of the conditions
20 in paragraph (5) of subdivision (a). The form shall include a
21 description of the In-Home Supportive Services program and the
22 services the program can provide when authorized after a social
23 worker's assessment of eligibility. The form shall not, however,
24 require licensed health care professionals to certify the applicant's
25 or recipient's need for each individual service.

26 (c) The department, in consultation with the State Department
27 of Health Care Services and stakeholders, as described in
28 subdivision (b), shall identify alternative documentation that shall
29 be accepted by counties to meet the requirements of this section,
30 including, but not limited to, hospital or nursing facility discharge
31 plans, minimum data set forms, individual program plans, or other
32 documentation that contains the necessary information, consistent
33 with the requirements specified in subdivision (a).

34 (d) The department shall develop a letter for use by counties to
35 inform recipients of the requirements of subdivision (a). The letter
36 shall be understandable to the recipient, and shall be translated
37 into all languages spoken by a substantial number of the public
38 served by the In-Home Supportive Services program, in accordance
39 with Section 7295.2 of the Government Code.

1 (e) This section does not apply to a recipient who is receiving
2 services in accordance with this article or Section 14132.95 or
3 14132.952 on the operative date of this section until the date of
4 the recipient's first reassessment following the operative date of
5 this section, as provided in subdivision (g).

6 (1) The recipient shall be notified of the certification requirement
7 before or at the time of the reassessment, and shall submit the
8 certification within 45 days following the reassessment in order
9 to continue to be authorized for receipt of services.

10 (2) A county may extend the 45-day period for a recipient to
11 submit the medical certification on a case-by-case basis, if the
12 county determines that good cause for the delay exists.

13 (f) A licensed health care professional shall not charge a fee
14 for the completion of the certification form.

15 (g) This section shall become operative on the first day of the
16 first month following 90 days after the effective date of Chapter
17 8 of the Statutes of 2011, or July 1, 2011, whichever is later.

18 (h) The State Department of Health Care Services shall provide
19 notice to all Medi-Cal managed care plans, directing the plans to
20 assess all Medi-Cal recipients applying for or receiving in-home
21 supportive services, in order to make the certifications required
22 by this section.

23 (i) If the Director of Health Care Services determines that a
24 Medicaid State Plan amendment is necessary to implement
25 subdivision (b) of Section 14132.95, this section shall not be
26 implemented until federal approval is received.

Fiscal Impact: AB 346

Expanding the definition of licensed healthcare professionals that are eligible to certify In-Home Support Services (IHSS) applicants could result in an increase of licensed healthcare professionals qualified to determine eligibility. This may lead to a rise in applications and assessments of eligible aged, blind, and disabled individuals receiving specific services, such as personal care, domestic, and paramedical services. This would likely result in higher administrative costs for county agencies responsible for processing IHSS eligibility and assessment service costs.

As the IHSS program is partially funded by the state and counties, both state and counties may experience an increase in program expenditures. Specifically, IHSS services are largely funded through Medi-Cal, with matching federal funds. If this bill results in higher IHSS caseloads, it could raise the Medi-Cal funding required to maintain service availability. However, if more individuals receive IHSS and avoid institutionalization or placement in out of home care, the state could alternatively save on the higher costs associated with long-term institutional care. By keeping more individuals in their homes rather than placing them in skilled nursing facilities, the state could reduce its Medi-Cal expenditures incurred by institutionalized placements. These savings could mitigate or offset the additional expenses tied to expanded IHSS eligibility. Further, if federal contributions rise to match the increased Medi-Cal costs, this could also offset any additional expenses incurred by Medi-Cal due to increased caseloads.

Additionally, the ability for more professionals to certify eligibility could expedite the process for applicants, leading to earlier access to services. This early intervention might result in better health management, potentially reducing the need for costly emergency medical care or placement in out of home care or institutionalization.

MEMORANDUM

DATE	July 23, 2025
TO	Psychology Board Members
FROM	Jacklyn Mancilla, Legislative and Regulatory Affairs Analyst
SUBJECT	Agenda Item 12(c)(5) Watch Bills – SB 518 (Weber Pierson) Descendants of enslaved persons: reparations

Background

The bill was introduced on February 19, 2025, by Senator Akilah Weber Pierson.

This bill would establish the Bureau for Descendants of American Slavery within state government, under the control of the director, who would be appointed by the Governor and confirmed by the Senate. The bill would require the bureau, as part of its duties, to determine how an individual's status as a descendant would be confirmed. The bill would also require proof of an individual's descendant status to be a qualifying criterion for benefits authorized by the state for descendants. Former law, until July 1, 2023, 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 (Task Force).

On February 26, 2025, SB 518 was referred to Senate Committee on Governmental Organization and Senate Committee on Judiciary.

On April 7, 2025, SB 518 was amended to specify that the Bureau of Descendants of American Slavery would be established within the Department of Justice and under the control of the director who would be appointed by the Attorney General.

On April 10, 2025, SB 518 was amended to include a formal process to compensate victims and descendants of racially motivated eminent domain, where property was unjustly taken without fair compensation, leading to the loss of communities and generational wealth. It affirms that rectifying these wrongs serves the public good and is not considered a gift of public funds.

On April 11, 2025, SB 518 was presented to the Legislative and Regulatory Affairs Committee for position recommendation, which the committee determined to recommend to the Board to **Watch** SB 518.

On April 23, 2025, SB 518 was amended to specify the bureau to be comprised of a Genealogy Division, a Property Reclamation Division, an Education and Outreach Division, and a Legal Affairs Division.

On April 24, 2025, SB 518 was amended to specify that the Property Reclamation Division would investigate disposed owners and determine compensation. SB 518 was referred to the appropriations committee.

On May 5, 2025, SB 518 was placed in suspense file by the appropriations committee.

On May 9, 2025, SB 518 was presented to the Board with the Legislative and Regulatory Affairs Committee's recommendation to **Watch**. The Board determined to **Watch** AB 742.

On June 2, 2025, SB 518 passed the Senate and was ordered to the Assembly.

On June 9, 2025, SB 518 was referred to the Assembly Committee on Judiciary.

On July 2, 2025, SB 518 was amended referred to the appropriations committee.

On July 3, 2025, SB 518 was read for a second time, amended, and referred to the appropriations committee.

On July 16, 2025, SB 518 was placed in suspense file by the appropriations committee.

ACTION REQUESTED

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

Attachment #1: Bill Text - [Weblink](#)

AMENDED IN ASSEMBLY JULY 3, 2025

AMENDED IN ASSEMBLY JUNE 16, 2025

AMENDED IN SENATE MAY 23, 2025

AMENDED IN SENATE APRIL 24, 2025

AMENDED IN SENATE APRIL 10, 2025

AMENDED IN SENATE APRIL 7, 2025

SENATE BILL

No. 518

Introduced by Senator Weber Pierson

(Coauthors: Senators Richardson and Smallwood-Cuevas)

(Coauthors: Assembly Members Bonta, Bryan, Elhawary, Gipson, Jackson, *Kalra*, McKinnor, Ransom, Sharp-Collins, and Wilson)

February 19, 2025

An act to amend Section 15002.5 of, and to add Chapter 4 (commencing with Section 15210) to Part 6 of Division 3 of Title 2 of, the Government Code, relating to state government.

LEGISLATIVE COUNSEL'S DIGEST

SB 518, as amended, Weber Pierson. Descendants of enslaved persons: reparations.

Former law, Chapter 319 of the Statutes of 2020, until July 1, 2023, established a task force to, among other things, identify, compile, and synthesize the relevant corpus of evidentiary documentation of the institution of slavery that existed within the United States and the colonies, as specified, and to recommend the form of compensation that should be awarded, the instrumentalities through which it should be awarded, and who should be eligible for this compensation.

This bill would establish the Bureau for Descendants of American Slavery within the Department of Justice, under the control of the director, who would be appointed by the Attorney General and confirmed by the Senate. The bill would require the bureau, as part of its duties, to verify an individual's status as a descendant and would require proof of an individual's descendant status to be a qualifying criterion for benefits authorized by the state for descendants. To accomplish these goals, the bill would require the bureau to be comprised of a Genealogy Division, a Property Reclamation Division, an Education and Outreach Division, and a Legal Affairs Division. The bill would impose various requirements on the bureau relating to the collection, storage, and disclosure of personal and genetic information, as specified. The bill would impose specified duties on the Property Reclamation Division to accept, review, and investigate applications, to determine whether an applicant is a dispossessed owner, and, if so, to determine whether and what type of property or just compensation is warranted, as defined and specified. In this regard, the bill would require a local entity, upon a determination that issuing property or just compensation is warranted, to recommend publicly held properties suitable as compensation. By imposing new duties on local entities, this bill would impose a state-mandated local program.

This bill would authorize the state or local entity that took the property to provide compensation in accordance with the division's determination. If the state or local entity does not provide compensation, the bill would authorize a dispossessed owner to bring a claim for compensation and to assert any legal claim that would have been available to the property owner at the time of the taking.

This bill would make implementation of its provisions contingent upon appropriation by the Legislature, as specified.

This bill would include findings and declarations relating to a gift of public funds.

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.

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, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.

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 15002.5 of the Government Code is
2 amended to read:

3 15002.5. Except as provided in Chapter 4 (commencing with
4 Section 15210), the Attorney General may arrange and classify
5 the work of the Department of Justice, and consolidate, abolish,
6 or create divisions, bureaus, branches, sections, or units within the
7 department. Any statutory or other reference to the Office of the
8 Attorney General, the State Bureau of Criminal Identification and
9 Investigation, the Division of Law Enforcement, or the Bureau of
10 Gambling Control shall be construed to refer to the division,
11 bureau, branch, section, or unit within the department which is
12 performing the functions referred to; and no such function shall
13 be abolished without express statutory authority.

14 SEC. 2. Chapter 4 (commencing with Section 15210) is added
15 to Part 6 of Division 3 of Title 2 of the Government Code, to read:

16 CHAPTER 4. BUREAU FOR DESCENDANTS OF AMERICAN SLAVERY
17

18 Article 1. General
19
20

21 15210. (a) It is the intent of the Legislature in establishing the
22 bureau to establish an initial framework and it is the intent of the
23 Legislature that the scope and responsibilities of the bureau may
24 expand as necessary to fulfill its mission and address additional
25 harms as identified.

26 (b) It is the intent of the Legislature that, as the bureau expands
27 its scope in the future, it shall do both of the following:

28 (1) Address the lasting harms of disenfranchisement,
29 segregation, discrimination, exclusion neglect, and violence
30 impacting both descendants and communities harmed as described
31 in Chapters 1 to 13, inclusive, of the California Reparations Report.

(2) Advise on reparative remedies to target the persistent consequences of this legacy, guided by Chapters 14 to 33, inclusive, of the California Reparations Report.

(c) Implementation of this chapter shall be contingent upon appropriation of sufficient funding by the Legislature in the annual Budget Act or other statute for that purpose.

15211. For purposes of this chapter:

(a) “Bureau” means the Bureau for Descendants of American Slavery.

(b) “Descendants” means individuals who can establish direct lineage to a person who, prior to 1900, was subjected to American chattel slavery and meets at least one of the following criteria:

(1) Was emancipated through legal or extralegal means, including self-purchase, manumission, legislative action, military service, or judicial ruling.

(2) Obtained freedom through gradual abolition statutes or constitutional amendments.

(3) Was classified as a fugitive from bondage under federal or state law.

(4) Was deemed contraband by military authorities.

(5) Rendered military or civic service while subject to legal restrictions based on ancestry historically associated with slavery.

(c) “Director” means the Director of the Bureau for Descendants of American Slavery.

(d) “Racially motivated eminent domain” means when the state, county, city, city and county, district, or other political subdivision of the state acquires private property for public use and does not distribute just compensation to the owner at the time of the acquisition, and the acquisition or the failure to provide just compensation was due, in whole or in part, to the owner’s ethnicity or race.

15212. (a) Notwithstanding Section 15002.5, the Bureau for Descendants of American Slavery is hereby established within the Department of Justice. The bureau shall be under the direct control of a director who shall be responsible to the Attorney General.

(b) The director shall be appointed by the Attorney General and confirmed by the Senate, and shall perform all duties, exercise all powers, assume and discharge all responsibilities, and carry out and effect all purposes vested by law in the bureau.

1 (c) The salary of the director shall be fixed pursuant to Section
2 12502.

3 (d) The bureau shall establish a mission statement consistent
4 with the recommendations from the former reparations task force
5 established pursuant to Chapter 319 of the Statutes of 2020.

6 15213. As part of its duties, the bureau shall verify an
7 individual's status as a descendant. Proof of an individual's
8 descendent status shall be a qualifying criterion for benefits
9 authorized by the state for descendants. To accomplish these goals,
10 the bureau shall include all of the following divisions:

11 (a) A Genealogy Division to do all of the following:

12 (1) Establish a process to certify descendants of American
13 slaves.

14 (2) Create a method for eligible individuals to submit claims
15 and receive compensation or restitution for those particular harms
16 California inflicted upon the claimant or their family.

17 (3) Establish an equitable alternative qualifying criterion for
18 benefits for descendants authorized by the state in cases where an
19 individual's status as a descendant cannot be confirmed or proven.

20 (4) *Support potential reparations claimants and assist*
21 *individuals in verifying genealogical lineage by applying*
22 *established evidence-based methodology to aid in determining*
23 *eligibility.*

24 (b) A Property Reclamation Division to do all of the following:

25 (1) Research and document California state properties acquired
26 as a result of racially-motivated eminent domain, including
27 properties that no longer exist due to state highway construction
28 or other development.

29 (2) Create a database of property ownership in the state
30 identifying properties acquired through racially motivated eminent
31 domain or other discriminatory government action.

32 (3) Review and investigate public complaints from people who
33 claim their property was taken without just compensation, pursuant
34 to Article 2 (commencing with Section 15215).

35 (4) Address cases where individuals experienced harm due to
36 the policies and practices of state and local agencies.

37 (c) An Education and Outreach Division to develop and
38 implement a public education campaign regarding the cycle of
39 gentrification, displacement, and exclusion; the connection between

1 redlining and gentrification; and the history of discriminatory urban
2 planning in California.

3 (d) A Legal Affairs Division to do all of the following:

4 (1) Provide legal advice, counsel, and services to the bureau
5 and its officials.

6 (2) Ensure that the bureau's programs are administered in
7 accordance with applicable legislative authority.

8 (3) Advise the head of the bureau on legislative, legal, and
9 regulatory initiatives.

10 (4) Serve as an external liaison on legal matters with other state
11 agencies and other entities.

12 (5) Conduct a review of past and current laws, as well as
13 proposed legislation, to determine whether those measures have
14 caused, are causing, or may continue to cause harm. The division
15 shall provide recommendations to mitigate or eliminate any harm
16 identified in its review.

17 15214. (a) Nonpublic personal and genetic information held
18 under the bureau's authority shall be collected, held, and disclosed
19 only as relevant and necessary to accomplish the purposes set forth
20 in this chapter and in a manner permitted by and consistent with
21 federal and California data privacy laws.

22 (b) Before asking individuals to supply information for its
23 system of records, the bureau shall inform each individual of all
24 of the following:

25 (1) The authority which authorizes the solicitation of the
26 information and whether disclosure of that information is
27 mandatory or voluntary.

28 (2) The principal purpose or purposes for which the information
29 is intended to be used.

30 (3) The routine uses that may be made of the information.

31 (4) The effects on the individual, if any, of not providing all or
32 any part of the requested information.

33 (c) The bureau shall not disclose any data contained in its system
34 of records by any means of communication to any person except
35 as necessary to fulfill the purposes of this chapter and pursuant to
36 either a written request by, or the written consent of, the individual
37 to whom the record pertains. Intragency, interagency, or public
38 disclosure shall not be permitted without that written authorization.

Article 2. Property Reclamation Division

15215. (a) The Legislature finds and declares that it is in the public interest to compensate victims of racially motivated eminent domain, which deprived citizens of just compensation for their property due to racially discriminatory motives. The unjust taking of land without fair compensation destroyed communities, forced many from their historical neighborhoods, deprived those persons of the fair value of their property, and, in many cases, prevented the accumulation of generational wealth. Providing compensation to these victims of racial discrimination will restore the value of wrongfully taken property to dispossessed owners and hold government entities responsible for those wrongful discriminatory acts.

(b) This article shall govern the procedure by which dispossessed owners and their descendants may seek a determination that they were the victims of racially motivated eminent domain and seek the return of the taken property, other property of equal value, or financial compensation.

15216. For purposes of this article, the following definitions apply:

(a) “Dispossessed owner” means a person who has had property taken from them as a result of racially motivated eminent domain or a direct descendant of the person whose property was taken.

(b) “Publicly held property” means property that is owned by the state or by the local agency that took possession of the property that is the subject of an application submitted pursuant to this article.

15217. The Property Reclamation Division within the Bureau for Descendants of American Slavery shall do all of the following:

(a) Accept applications from persons who claim they are the dispossessed owner.

(b) (1) Review and investigate applications submitted under subdivision (a).

(2) As part of its review, the division may request submission of additional information supporting the application that is reasonably necessary to verify the application, determine whether the applicant is a dispossessed owner, including determining whether the taking was racially motivated. If the division makes a request for additional documentation, it shall communicate that

1 request to the applicant with a notice of the additional information
2 required. The division shall consider any additional information
3 provided by the applicant within 30 days of receipt.

4 (c) After reviewing all of the relevant materials, determine
5 whether the applicant is a dispossessed owner.

6 (d) If the division determines that an applicant has established
7 that they are a dispossessed owner pursuant to subdivision (c), the
8 division shall determine all of the following:

9 (1) The present day fair market value of the property that was
10 taken as a result of racially motivated eminent domain.

11 (2) The specific state or local public entity that took the property,
12 or its successor.

13 (3) Whether issuing property or just compensation to that
14 dispossessed owner would serve to redress past acts of racial
15 discrimination, prevent future acts of racial discrimination, and
16 benefit the whole of the community and its general welfare.

17 (e) If the division determines that issuing property or just
18 compensation to the dispossessed owner is warranted pursuant to
19 paragraph (3) of subdivision (d), the division shall certify that the
20 dispossessed owner is entitled to compensation, as follows:

21 (1) If the taken property is still in the possession of the public
22 entity that took the property, the division shall determine whether
23 the dispossessed owner should be compensated through the return
24 of the taken property or pursuant to paragraph (2) or (3). In making
25 this determination, the division shall consider whether the
26 property's current use or zoning make it impractical to return the
27 property and whether the condition of the property or its
28 surrounding environment would make the return of the property
29 inequitable.

30 (2) If the taken property is no longer in the possession of the
31 public entity that took the property or the division determines that
32 the dispossessed owner should not be compensated through the
33 return of the taken property pursuant to paragraph (1), the division
34 shall solicit from the state or local entity, as applicable, a list of
35 recommendations of publicly held properties that are suitable as
36 compensation and shall determine whether the dispossessed owner
37 should be compensated through the grant of title to one of the
38 recommended publicly held properties or pursuant to paragraph
39 (3).

1 (3) If the division determines that the dispossessed owner should
2 not be compensated through either the return of the taken property
3 or the grant of title to a publicly held property, the division shall
4 certify that the dispossessed owner is entitled to financial
5 compensation equal to the fair market value determined pursuant
6 to paragraph (1) of subdivision (d) less any amount paid for the
7 property at the time of the taking as adjusted for inflation.

8 (f) If the division determines that an applicant is not a
9 dispossessed owner or that issuing property or just compensation
10 is not warranted, the division shall notify the applicant of its
11 finding. The applicant may appeal the determination within 60
12 days of receiving the notice and provide additional information to
13 support their claim. The division shall consider the appeal and any
14 new information provided and issue a determination on the appeal
15 within 120 days.

16 15218. (a) A person who receives a certification from the
17 division pursuant to Section 15217 may present the certification
18 to the specific state or local public entity identified by the division
19 and the state or local public entity may provide to the person the
20 property or monetary compensation identified in the certification.

21 (b) (1) If the state or local entity that took property by racially
22 motivated eminent domain does not provide compensation in
23 accordance with the division's certification in subdivision (e) of
24 Section 15217, the dispossessed owner may bring a claim for
25 compensation under the Government Claims Act (Division 3.6
26 (commencing with Section 810) of Title 1).

27 (2) The person bringing the claim may assert any legal basis
28 for return of the property or compensation that would have been
29 available to the property owner at the time of the taking. The
30 determination of the division shall not be binding upon the court.

31 (c) A claim brought pursuant to this section shall not be subject
32 to the statute of limitations, whether the action is brought before
33 or after the enactment of this article.

34 15219. (a) This article does not disturb or invalidate the title
35 of any property taken by racially motivated eminent domain except
36 against the state or local jurisdiction as set forth in this article.

37 (b) Every finding, decision, determination, or other official act
38 of the bureau is subject to judicial review in accordance with
39 existing law.

1 SEC. 3. The Legislature finds and declares that the addition of
2 Chapter 4 (commencing with Section 15210) to Part 6 of Division
3 3 of Title 2 of the Government Code by this act serves a public
4 purpose and does not constitute a gift of public funds within the
5 meaning of Section 6 of Article XVI of the California Constitution
6 by redressing past acts of racial discrimination, preventing future
7 acts of racial discrimination, and benefitting the whole of the
8 community and its general welfare.

9 SEC. 4. The Legislature finds and declares that Section 2 of
10 this act, which adds Chapter 4 (commencing with Section 15210)
11 to Part 6 of Division 3 of Title 2 of the Government Code, imposes
12 a limitation on the public's right of access to the meetings of public
13 bodies or the writings of public officials and agencies within the
14 meaning of Section 3 of Article I of the California Constitution.
15 Pursuant to that constitutional provision, the Legislature makes
16 the following findings to demonstrate the interest protected by this
17 limitation and the need for protecting that interest:

18 In order to protect the personal and genetic information of
19 individuals, it is necessary to limit disclosure of that information
20 to only the limited purpose for which it is collected.

21 SEC. 5. If the Commission on State Mandates determines that
22 this act contains costs mandated by the state, reimbursement to
23 local agencies and school districts for those costs shall be made
24 pursuant to Part 7 (commencing with Section 17500) of Division
25 4 of Title 2 of the Government Code.

MEMORANDUM

DATE	July 23, 2025
TO	Psychology Board Members
FROM	Jacklyn Mancilla, Legislative and Regulatory Affairs Analyst
SUBJECT	Agenda Item 12(c)(6) Watch Bills – AB 742 (Elhawary) Licensing: applicants who are descendants of slaves

Background

The bill was introduced on February 18, 2025, by Assembly member Sade Elhawary.

This bill would require the Department of Consumer Affairs, which is composed of specified boards that license and regulate various professions, to prioritize applicants seeking licensure who are descendants of American slaves once a process to certify descendants of American slaves is established. This bill would make these provisions operative only if SB 518 of the 2025–26 Regular Session is enacted establishing the Bureau for Descendants of American Slavery. The bill would repeal those provisions 4 years from the date on which the provisions become operative or on January 1, 2032, whichever is earlier.

On March 3, 2025, AB 742 was referred to Assembly Committee on Business and Professions and Assembly Committee on Judiciary.

On March 13, 2025, AB 742 was amended to clarify “descendants of slaves” to be “descendants of American slaves.”

On April 11, 2025, AB 742 was presented to the Legislative and Regulatory Affairs

Committee for position recommendation, which the committee determined to recommend to the Board to **Watch** AB 742.

On April 30, 2025, AB 742 was referred to the appropriations committee.

On May 7, 2025, AB 742 was placed in suspense file by the appropriations committee.

On May 9, 2025, AB 742 was presented to the Board with the Legislative and Regulatory Affairs Committee's recommendation to **Watch**. The Board determined to **Watch** AB 742.

On June 3, 2025, AB 742 passed the Assembly and was ordered to the Senate.

On June 18, 2025, AB 742 was referred to the Senate Committee on Business, Professions, and Economic Development and the Senate Committee on Judiciary.

On July 2, 2025, AB 742 was amended to include Boards must prioritize active military applicants and veteran applicants, and was referred to the Business, Professions, and Economic Development.

On July 7, 2025. AB 742 passed the Business, Professions, and Economic Development Committee and referred to the Judiciary Committee.

On July 16, 2025, AB 742 AB 742 passed the Judiciary Committee and referred to the appropriations committee.

ACTION REQUESTED

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

Attachment #1: Bill Text - [Weblink](#)

Attachment #2: Fiscal Impact

Attachment #3: Assembly Floor Analysis

AMENDED IN SENATE JULY 2, 2025
AMENDED IN ASSEMBLY MARCH 13, 2025
CALIFORNIA LEGISLATURE—2025–26 REGULAR SESSION

ASSEMBLY BILL

No. 742

Introduced by Assembly Member Elhawary
(Principal coauthors: Assembly Members Bonta, Bryan, Gipson,
Jackson, McKinnor, Sharp-Collins, and Wilson)
(Principal coauthors: Senators Richardson, Smallwood-Cuevas, and
Weber Pierson)
(Coauthor: Assembly Member Lowenthal)

February 18, 2025

An act to add and repeal Section 115.7 of the Business and Professions Code, relating to professions and vocations.

LEGISLATIVE COUNSEL'S DIGEST

AB 742, as amended, Elhawary. Department of Consumer Affairs: licensing: applicants who are descendants of slaves.

Existing law establishes the Department of Consumer Affairs, which is composed of specified boards that license and regulate various professions. *Existing law requires those boards to expedite the licensure process for an applicant who holds a current license in another jurisdiction in the same profession or vocation and supplies evidence that they 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.*

This bill would require those boards to ~~prioritize applicants~~ *expedite applications for applicants* seeking licensure who are descendants of

American slaves once a process to certify descendants of American slaves is ~~established~~, *implemented*, as specified. ~~The bill would make those provisions operative when the certification process is established and would repeal those provisions 4 years from the date on which the provisions become operative or on January 1, 2032, whichever is earlier.~~

This bill would make these provisions operative only if SB 518 of the 2025–26 Regular Session is enacted establishing the Bureau for Descendants of American Slavery, and would make these provisions operative when the certification process is ~~established~~ *implemented* pursuant to that measure. The bill would repeal these provisions 4 years from the date on which they become operative or on January 1, 2032, whichever is earlier.

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, once the process to
- 4 certify descendants of American slaves is ~~established~~ *implemented*
- 5 by the Bureau for Descendants of American Slavery pursuant to
- 6 ~~Part 15 Chapter 4~~ (commencing with Section ~~16000~~) *15210*) of
- 7 *Part 6* of Division 3 of Title 2 of the Government Code that
- 8 confirms an individual's status as a descendant of an American
- 9 slave, each board shall ~~prioritize applicants~~ *expedite applications*
- 10 *for applicants* seeking licensure who are descendants of American
- 11 slaves.
- 12 (b) This section shall become operative on the date that the
- 13 certification process for the descendants of American Slaves is
- 14 ~~established~~ *implemented* by the Bureau for Descendants of
- 15 American Slavery pursuant to ~~Part 15 Chapter 4~~ (commencing
- 16 with Section ~~16000~~) *15210*) of *Part 6* of Division 3 of Title 2 of
- 17 the Government Code.
- 18 (c) This section shall remain in effect only for four years from
- 19 the date on which this section became operative, or until January
- 20 1, 2032, whichever is earlier, and as of that date is repealed.

1 (d) This section shall become operative only if Senate Bill 518
2 of the 2025–26 Regular Session is enacted establishing the Bureau
3 for Descendants of American Slavery.

O

Fiscal Impact AB 742

AB 742 has the potential to financially impact applicants' seeking licensure with the Board. If they are required to pay a fee for certification as descendants of American slaves, this could create financial barriers for them. For those who meet the requirements for eligibility to be certified as descendants of American slaves, but cannot pay the fee, will not be able to have their applications expedited.

AB 742 has a fiscal impact to the Board's licensing procedures and application systems. In prioritizing applicants who are certified descendants of American slaves, Board staff would require new BreEZe modifier and updates to the BreEZe online application, which would add to the Board's pro-rata of BreEZe cost share. Further, Board staff will need to implement a prioritization system for these applicants which could result in additional administrative and operational costs for the Board, such as regulatory changes for application processing and review procedures to accommodate the new prioritization requirements.

Since the provisions of this bill will be in effect for a limited time (up to four years or until January 1, 2032), the fiscal impact may be short-term.

Date of Hearing: April 8, 2025

ASSEMBLY COMMITTEE ON BUSINESS AND PROFESSIONS

Marc Berman, Chair

AB 742 (Elhawary) – As Amended March 13, 2025

NOTE: This bill is double referred and if passed by this Committee will be re-referred to the Assembly Committee on Judiciary.

SUBJECT: Department of Consumer Affairs: licensing: applicants who are descendants of slaves.

SUMMARY: Requires state licensing boards to prioritize applicants seeking licensure who are descendants of American slaves.

EXISTING LAW:

- 1) Provides that the term “board” includes “bureau,” “commission,” “committee,” “department,” “division,” “examining committee,” “program,” and “agency.” (Business and Professions Code (BPC) § 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) Enacts the Apology Act for the Perpetration of Gross Human Rights Violations and Crimes Against Humanity, with special consideration for African Slaves and their Descendants. (Government Code (GOV) §§ 8301 *et seq.*)
- 15) 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. (GOV § 8310.6)

THIS BILL:

- 1) Requires each board under the DCA to prioritize applicants seeking licensure who are descendants of American slaves.
- 2) Makes the requirements of the bill contingent on the enactment of additional legislation establishing the Bureau for Descendants of American Slavery, and requires an applicant to obtain certification from the Bureau confirming their status as a descendant of an American slave to qualify for prioritization for licensure.
- 3) Subjects the bill's provisions to repeal four years from the date on which they become operative, or until January 1, 2032, whichever is earlier.

FISCAL EFFECT: Unknown; this bill is keyed fiscal by the Legislative Counsel.

COMMENTS:

Purpose. This bill is sponsored by the *California Legislative Black Caucus*. According to the author: “By prioritizing descendants of slaves when applying for licenses, we hope to increase the number of applicants and recipients of licensure in various businesses and professions where descendants of slaves have often been overlooked and underrepresented. This is one small step in righting the wrongs of the past.”

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 duration 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 pursue abortion bans, 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 formally 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 Task Force's 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. Assembly Bill 2862 (Gipson) was introduced to implement the Task Force's recommendation that boards be required to prioritize African American applicants seeking licenses, especially applicants who are descended from a person enslaved in the United States. However, this bill ultimately did not pass the Senate Committee on Business, Professions, and Economic Development.

The following year, the California Legislative Black Caucus announced its "Road to Repair 2025 Priority Bill Package," which it described as "not only about acknowledging the past, but also a commitment to build a more just and equitable future by addressing the systemic barriers that Black Californians continue to face." This bill, included as part of that package, is similar to Assembly Bill 2862 from the prior session. However, this bill replaces references to African American applicants with a requirement that boards prioritize "descendants of American slaves."

Because there is currently no established way to prove this status, the bill's requirements are contingent on the Legislature also enacting Senate Bill 518 (Weber Pierson), which would establish a Bureau for Descendants of American Slavery. Once this Bureau has implemented a process for certifying descendants of American slaves, certified applicants would qualify for prioritization under the bill. 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. AB 7 (Bryan) would allow higher education institutions in California to grant descendants of American chattel slavery preferential consideration for admission, to the extent that it does not conflict with federal law. *This bill is pending in the Assembly Committee on Higher Education.*

AB 57 (McKinnor) would designate a share of Home Purchase Assistance Funds for first-time home buyers who are descendants of American chattel slavery. *This bill is pending in the Assembly Committee on Judiciary.*

SB 437 (Weber Pierson) would require the California State University to conduct independent research and issue a report on scientific methods for verifying an individual's genealogical connection to enslaved ancestors in the United States. *This bill is pending in the Senate Committee on Judiciary.*

SB 518 (Weber Pierson) would establish the Bureau of Descendants of American Slavery. *This bill is pending in the Senate Committee on Governmental Organization.*

Prior Related Legislation. AB 2862 (Gipson) of 2024 would have required state licensing boards under the DCA to prioritize African American applicants seeking licenses, especially applicants who are descended from a person enslaved in the United States. *This bill died in the Senate Committee on Business, Professions, and Economic Development.*

SB 1403 (Bradford) of 2024 would have established a California American Freedmen Affairs Agency. *This bill died on the Assembly Floor inactive file.*

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/Low), 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 *Greater Sacramento Urban League* supports this bill, writing: “For generations, Black Californians have faced systemic discrimination in licensing processes, limiting their ability to enter high-demand professions and contribute fully to California’s workforce. The historical impacts of racial bias, mass incarceration, and unjust restrictions on licensing have disproportionately affected descendants of enslaved people, creating economic disparities that persist today. AB 742 takes a critical step toward correcting these injustices by ensuring that licensing boards prioritize applications from descendants of enslaved individuals and eliminate arbitrary waiting periods that delay their ability to enter the workforce.”

ARGUMENTS IN OPPOSITION:

Pacific Legal Foundation opposes this bill, writing: “As currently drafted, AB 742 does not offer its ostensible race-based eligibility criteria as a remedy to specific instances of discrimination in state licensing. While the Task Force report prompting the legislation references state laws restricting individuals with certain criminal convictions from obtaining licenses that are more likely to impact African American workers, it makes no mention of any laws explicitly excluding or limiting African Americans from receiving a license. The justification for AB 742’s race-based licensing thus amounts to addressing societal discrimination, which is insufficient as a compelling interest.”

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 subsequently introduced to establish new expedited licensure requirements for additional populations of applicants. Each of these proposals has arguably been 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. This bill would arguably address this issue by subjecting the provisions of the bill to sunset four years after their effective date.

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 seek to improve 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.

REGISTERED SUPPORT:

Greater Sacramento Urban League

REGISTERED OPPOSITION:

California Landscape Contractor's Association
Pacific Legal Foundation
17 Individuals

Analysis Prepared by: Robert Sumner / B. & P. / (916) 319-3301

MEMORANDUM

DATE	July 23, 2025
TO	Psychology Board Members
FROM	Jacklyn Mancilla, Legislative and Regulatory Affairs Analyst
SUBJECT	Agenda Item 12(c)(7) Watch Bills – AB 479 (Tangipa) Criminal procedure: vacatur relief

Background

The bill was introduced on February 10, 2025, by Assembly member David Tangipa.

This bill would require the court, before it may vacate the conviction of a petitioner who was arrested or convicted of a nonviolent offense while they were a victim of intimate partner violence, or sexual violence, to petition the court, under penalty of perjury, to make findings regarding the impact on the public health, safety, and welfare, if the petitioner holds a license, as defined, and the offense is substantially related to the qualifications, functions, or duties of a licensee.

On February 24, 2025, AB 479 was referred to the Assembly Committee on Public Safety.

On March 26, 2025, AB 479 was set for first hearing, but was cancelled at the request of author.

On April 11, 2025, AB 479 was presented to the Legislative and Regulatory Affairs Committee for position recommendation, which the committee determined to recommend to the Board to **Watch** AB 479.

On May 9, 2025, AB 479 was presented to the Board with the Legislative and Regulatory Affairs Committee's recommendation to **Watch**. The Board determined to **Watch** AB 479.

As of May 1, 2025, AB 479 failed to meet the policy committee hearing deadline pursuant to Rule 61(a)(2). AB 479 is held in committee and may be acted upon in January 2026.

ACTION REQUESTED

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

Attachment #1: Bill Text - [Weblink](#)

Attachment #2: Assembly Floor Analysis

Attachment #3: Fiscal Impact

ASSEMBLY BILL

No. 479

Introduced by Assembly Member Tangipa

February 10, 2025

An act to amend Section 236.15 of the Penal Code, relating to criminal procedure.

LEGISLATIVE COUNSEL'S DIGEST

AB 479, as introduced, Tangipa. Criminal procedure: vacatur relief.

Existing law allows a person who was arrested or convicted of a nonviolent offense while they were a victim of intimate partner violence, or sexual violence, to petition the court, under penalty of perjury, for vacatur relief. Existing law requires, in order to receive that relief, that the petitioner establish, by clear and convincing evidence, that the arrest or conviction was the direct result of being a victim of intimate partner violence or sexual violence that demonstrates the petitioner lacked the requisite intent. Existing law authorizes the court to vacate the conviction if it makes specified findings.

This bill would require the court, before it may vacate the conviction, to make findings regarding the impact on the public health, safety, and welfare, if the petitioner holds a license, as defined, and the offense is substantially related to the qualifications, functions, or duties of a licensee. The bill would require a petitioner who holds a license to serve the petition and supporting documentation on the applicable licensing entity and would give the licensing entity 45 days to respond to the petition for relief.

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

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

SECTION 1. Section 236.15 of the Penal Code is amended to read:

236.15. (a) If a person was arrested for or convicted of any nonviolent offense committed while the person was a victim of intimate partner violence or sexual violence, the person may petition the court for vacatur relief of their convictions, arrests, and adjudications under this section. The petitioner shall establish, by clear and convincing evidence, that the arrest or conviction was the direct result of being a victim of intimate partner violence or sexual violence that demonstrates that the person lacked the requisite intent to commit the offense. Upon this ~~showing~~, *showing and a finding that vacating the conviction is in the best interest of justice as described in subdivision (g)*, the court shall find that the person lacked the requisite intent to commit the offense and shall therefore vacate the conviction as invalid due to legal defect at the time of the arrest or conviction.

(b) The petition for relief shall be submitted under penalty of perjury and shall describe all of the available grounds and evidence that the petitioner was a victim of intimate partner violence or sexual violence and the arrest or conviction of a nonviolent offense was the direct result of being a victim of intimate partner violence or sexual violence.

(c) The petition for relief and supporting documentation shall be served on the state or local prosecutorial agency that obtained the conviction for which vacatur is sought or with jurisdiction over charging decisions with regard to the arrest. *If the petitioner holds a license, the petition and supporting documentation shall also be served on the applicable licensing entity.* The state or local prosecutorial ~~agency~~ *agency, and any applicable licensing entity*, shall have 45 days from the date of receipt of service to respond to the petition for relief.

(d) If opposition to the petition is not filed by the applicable state or local prosecutorial agency, *or by an applicable licensing entity*, the court shall deem the petition unopposed and may grant the petition.

(e) The court may, with the agreement of the petitioner and all of the involved state or local prosecutorial agencies, consolidate

1 into one hearing a petition with multiple convictions from different
2 jurisdictions.

3 (f) If the petition is opposed or if the court otherwise deems it
4 necessary, the court shall schedule a hearing on the petition. The
5 hearing may consist of the following:

6 (1) Testimony by the petitioner, which may be required in
7 support of the petition.

8 (2) Evidence and supporting documentation in support of the
9 petition.

10 (3) Opposition evidence presented by any of the involved state
11 or local prosecutorial agencies that obtained the ~~conviction~~.
12 *conviction, and any applicable licensing entity.*

13 (g) (1) After considering the totality of the evidence presented,
14 the court may vacate the conviction and expunge the arrests and
15 issue an order if it finds all of the following:

16 (1)

17 (A) That the petitioner was a victim of intimate partner violence
18 or sexual violence at the time of the alleged commission of the
19 qualifying crime.

20 (2)

21 (B) The arrest or conviction of the crime was a direct result of
22 being a victim of intimate partner violence or sexual violence.

23 (3)

24 (C) It is in the best interest of justice.

25 (2) *If the petitioner holds a license and the offense is*
26 *substantially related to the qualifications, functions, or duties of*
27 *a licensee, the court shall consider and make findings regarding*
28 *the impact on the public health, safety, and welfare in its evaluation*
29 *pursuant to this subdivision.*

30 (h) An order of vacatur shall do all of the following:

31 (1) Set forth a finding that the petitioner was a victim of intimate
32 partner violence or sexual violence at the time of the alleged
33 commission of the qualifying crime and therefore lacked the
34 requisite intent to commit the offense.

35 (2) Set aside the arrest, finding of guilt, or the adjudication and
36 dismiss the accusation or information against the petitioner as
37 invalid due to a legal defect at the time of the arrest or conviction.

38 (3) Notify the Department of Justice that the petitioner was a
39 victim of intimate partner violence or sexual violence when they
40 committed the crime and of the relief that has been ordered.

1 (i) Notwithstanding this section, a petitioner shall not be relieved
2 of any financial restitution order that directly benefits the victim
3 of a nonviolent offense unless it has already been paid.

4 (j) A person who was arrested as, or found to be, a person
5 described in Section 602 of the Welfare and Institutions Code
6 because they committed a qualifying nonviolent offense while
7 they were a victim of intimate partner violence or sexual violence
8 may petition the court for relief under this section. If the petitioner
9 establishes that the arrest or adjudication was the direct result of
10 being a victim of intimate partner violence or sexual violence, the
11 petitioner is entitled to a rebuttable presumption that the
12 requirements for relief have been met.

13 (k) If the court issues an order as described in subdivision (a)
14 or (j), the court shall also order the law enforcement agency having
15 jurisdiction over the offense, the Department of Justice, and any
16 law enforcement agency that arrested the petitioner or participated
17 in the arrest of the petitioner to seal their records of the arrest and
18 the court order to seal and destroy the records within three years
19 from the date of the arrest or within one year after the court order
20 is granted, whichever occurs later and thereafter to destroy their
21 records of the arrest and the court order to seal and destroy those
22 records. The court shall provide the petitioner a copy of any court
23 order concerning the destruction of the arrest records.

24 (l) A petition pursuant to this section shall be made and heard
25 within a reasonable time after the person has ceased to be a victim
26 of intimate partner violence or sexual violence or within a
27 reasonable time after the petitioner has sought services for being
28 a victim of intimate partner violence or sexual violence, whichever
29 occurs later, subject to reasonable concerns for the safety of the
30 petitioner, family members of the petitioner, or other victims of
31 intimate partner violence or sexual violence who may be
32 jeopardized by the bringing of the application or for other reasons
33 consistent with the purposes of this section.

34 (m) For the purposes of this section, official documentation of
35 a petitioner's status as a victim of intimate partner violence or
36 sexual violence may be introduced as evidence that their
37 participation in the offense was the result of their status as a victim
38 of intimate partner violence or sexual violence. For the purposes
39 of this subdivision, "official documentation" means any
40 documentation issued by a federal, state, or local agency that tends

1 to show the petitioner's status as a victim of intimate partner
2 violence or sexual violence. Official documentation shall not be
3 required for the issuance of an order described in subdivision (a).

4 (n) A petitioner, or their attorney, may be excused from
5 appearing in person at a hearing for relief pursuant to this section
6 only if the court finds a compelling reason why the petitioner
7 cannot attend the hearing, in which case the petitioner may appear
8 telephonically, via videoconference, or by other electronic means
9 established by the court.

10 (o) Notwithstanding any other law, a petitioner who has obtained
11 an order pursuant to this section may lawfully deny or refuse to
12 acknowledge an arrest, conviction, or adjudication that is set aside
13 pursuant to the order.

14 (p) Notwithstanding any other law, the records of the arrest,
15 conviction, or adjudication shall not be distributed to any state
16 licensing board.

17 (q) The record of a proceeding related to a petition pursuant to
18 this section that is accessible by the public shall not disclose the
19 petitioner's full name.

20 (r) A court that grants relief pursuant to this section may take
21 additional action as appropriate under the circumstances to carry
22 out the purposes of this section.

23 (s) If the court denies the application because the evidence is
24 insufficient to establish grounds for vacatur, the denial may be
25 without prejudice. The court may state the reasons for its denial
26 in writing or on the record that is memorialized by transcription,
27 audiotape, or videotape, and if those reasons are based on curable
28 deficiencies in the application, allow the applicant a reasonable
29 time period to cure the deficiencies upon which the court based
30 the denial.

31 (t) For the purposes of this section, the following terms apply:

32 (1) "Nonviolent offense" means any offense not listed in
33 subdivision (c) of Section 667.5.

34 (2) "Vacate" means that the arrest and any adjudications or
35 convictions suffered by the petitioner are deemed not to have
36 occurred and that all records in the case are sealed and destroyed
37 pursuant to this section. The court shall provide the petitioner with
38 a copy of the orders described in subdivisions (a), (j), and (k), as
39 applicable, and inform the petitioner that they may thereafter state

- 1 that they were not arrested for the charge, or adjudicated or
- 2 convicted of the charge, that was vacated.
- 3 (3) “License” has the same meaning as in Section 23.7 of the
- 4 Business and Professions Code.

Date of Hearing: March 25, 2025
Counsel: Kimberly Horiuchi

ASSEMBLY COMMITTEE ON PUBLIC SAFETY

Nick Schultz, Chair

AB 479 (Tangipa) – As Introduced February 10, 2025

SUMMARY: Requires a court considering a vacatur petition based on a defendant's status as a victim of intimate partner or sexual violence to also consider whether the petitioner holds a professional license, as specified, when deciding whether vacatur is in the best interest of justice. Specifically, **this bill:**

- 1) Requires the court, before it may vacate the conviction, to make findings regarding the impact on the public health, safety, and welfare, if the petitioner holds a license, as defined, and the offense is substantially related to the qualifications, functions, or duties of a licensee.
- 2) Mandates if a petitioner holds a professional license, the petition and supporting documentation shall also be served on the applicable licensing entity and the licensing agency has 45 days to respond.

EXISTING LAW:

- 1) Allows a person arrested for or convicted of any nonviolent offense committed while they were a victim of human trafficking, including, but not limited to, prostitution, the person may petition the court for vacatur relief of their convictions, arrests, and adjudications under this section. (Pen. Code § 236.14, subd. (a).)
- 2) Authorizes a person who was arrested for or convicted of any nonviolent offense, as specified, committed while they were a victim of intimate partner violence or sexual violence, to petition the court for vacatur relief of their convictions and arrests. (Pen. Code, § 236.15, subd. (a).)
- 3) Mandates that, upon showing an arrest or conviction was the direct result of being a victim of intimate partner violence or sexual violence, the court shall find that the person lacked the requisite intent to commit the offense and therefore vacate the conviction as invalid due to legal defect at the time of the arrest or conviction. (Pen. Code, § 236.15, subd. (a).)
- 4) Provides that, after considering the totality of the evidence presented, the court may vacate the conviction and the arrest and issue an order if it finds all of the following:
 - a) That the petitioner was a victim of intimate partner violence or sexual violence at the time of the alleged commission of qualifying crime;
 - b) The arrest or conviction of the crime was a direct result of being a victim of intimate partner violence or sexual violence; and,

- c) It is in the best interest of justice. (Pen. Code, § 236.15, subd. (g).)
- 5) Requires the court, in issuing an order of vacatur, to do the following:
- a) Set forth a finding that the petitioner was a victim of intimate partner violence or sexual violence at the time of the alleged commission of the qualifying crime and therefore lacked the requisite intent to commit the offense.
 - b) Set aside the arrest, finding of guilt, or the adjudication and dismiss the accusation or information against the petitioner as invalid due to a legal defect at the time of the arrest or conviction.
 - c) Notify the Department of Justice that the petitioner was a victim of intimate partner violence or sexual violence when they committed the crime and of the relief that has been ordered. (Pen. Code, § 236.15, subd. (h))
- 6) Provides that, a petitioner who has obtained vacatur relief may lawfully deny or refuse to acknowledge the arrest, conviction, or adjudication that is set aside pursuant to the order. (Pen. Code, §§ 236.14, subd. (o); 236.15, subd. (o).)
- 7) Defines “vacate” to mean that the arrest and any adjudications or convictions suffered by the petitioner which are deemed not to have occurred and that all records in the case are sealed and destroyed. (Pen. Code, §§ 236.14, subd. (t)(2), 236.15, subd. (t)(2).)
- 8) Defines “nonviolent” to mean any offense not listed on the violent felonies list. (Pen. Code, §§ 236.14, subd. (t)(3); 236.15, subd. (t)(1).)
- 9) States that in any criminal proceeding against a person who has been issued a license to engage in a business or profession by a state agency, as specified, the state agency which issued the license may voluntarily appear to furnish pertinent information, make recommendations regarding specific conditions of probation, or provide any other assistance necessary to promote the interests of justice and protect the interests of the public, or may be ordered by the court to do so, if the crime charged is substantially related to the qualifications, functions, or duties of a licensee. (Pen. Code, § 23, subd. (a).)

FISCAL EFFECT: Unknown

COMMENTS:

- 1) **Author's Statement:** According to the author, "AB 479 enhances public safety by ensuring licensing boards are notified when individuals with serious convictions petition to clear their records. In a recent case, the Board of Registered Nursing was unable to voice concerns when a licensee with child pornography-related convictions had their charges vacated, potentially allowing them to work with vulnerable populations. This bill allows the courts to make fully informed decisions without substantially amending the process for victims. By providing judges with critical information, AB 479 helps prevent risks to public safety while maintaining a fair process."

- 2) **Vacatur for Intimate Partner and Sexual Violence Generally:** Penal Code section 236.14 provides post-conviction relief to human trafficking victims by vacating nonviolent arrests, charges and convictions that were a direct result of human trafficking. Penal Code section 236.15 extends the same form of post-conviction relief to intimate partner violence and/or sexual violence victims by vacating nonviolent arrests, charges, and convictions that were a direct result of the intimate partner or sexual violence. Unlike an expungement, getting a conviction vacated effectively means that the conviction never occurred. “Vacate” means that the arrest and any adjudications or convictions suffered by the petitioner are deemed not to have occurred and that all records in the case are sealed and destroyed. (Pen. Code, §§ 236.14, subd. (t)(2), 236.15, subd. (t)(2).)

The purpose of these laws is to provide relief for individuals who have criminal records as a result of their exploitation, by vacating nonviolent criminal offenses that were committed by human trafficking victims at the behest of their traffickers. Vacatur under sections 236.14 and 236.15 requires showing by clear and convincing evidence, that the arrest or conviction was the direct result of human trafficking, intimate partner violence, and/or sexual violence and that the defendant lacked criminal intent to commit the underlying crime.

- 3) **Penal Code section 23:** Penal Code section 23 allows a licensing agency, as specified, to voluntarily appear at a court proceeding in order to furnish pertinent information, make recommendations regarding specific conditions of probation, or provide any other assistance necessary to promote the interests of justice and protect the interests of the public, or may be ordered by the court to do so, if the crime charged is substantially related to the qualifications, functions, or duties of a licensee. This appears to be largely limited to probation conditions. (See generally, *Gray v. Superior Court* (2005) 125 Cal.App.4th 629, 643 [holding that Medical Board was not entitled to provide conditions of bail despite it being related to public safety].)

This bill states that the court should consider the licensing entity’s position on vacatur if the conviction is substantially related to the license. According to the Board of Registered Nursing, the sponsor of the bill, a licensee was granted vacatur for possession of child pornography upending the Department of Consumer Affairs, Board of Registered Nursing’s (BRN) plans to de-certify the person so they could no longer work as a nurse.¹ However, licensing is not relevant to determining whether a person should be granted vacatur. As noted above, vacatur is appropriate when a person does not have the requisite criminal intent to commit the crime because of the violence they suffered. It is akin to duress. The defense of duress negates an element of the crime charged. (*People v. Heath* (1989) 207 Cal. App. 3d 892, 900 [“To establish the defense, the defendant must show [they] acted under such immediate threat or menace that [they] reasonably believed [their] life would be endangered if [they] refused.”].)

Furthermore, vacatur requires, by a showing of clear and convincing evidence that a defendant did not have the requisite intent to commit the offense because of their status as a victim of sexual violence and/or intimate partner violence. A “clear and convincing”

¹ See *People v. Seth Adam Hall*, No. E083533, Appeal from an Order of the Superior Court of California, County of Riverside, March 20, 2024, pending before the Fourth District Court of Appeals, located at https://unicourt.com/case/ca-sca1-casesb6bfe570d112b-224166?init_S=c_relc#case-details

standard is not an easy standard to demonstrate. It requires evidence sufficient to show something is “highly and substantially more likely to be true than untrue. In other words, the fact finder must be convinced that the contention is highly probable.” (*Colorado v. New Mexico* (1984) 467 U.S. 310.) It seems really unlikely that the court would grant vacatur for possession of child pornography if there was not substantial reason to believe the defendant did have the intent to commit the crime. Therefore, allowing the licensing agency to argue to the court vacatur should be denied for reasons specific to their license undercuts the vacatur statute.

- 4) **Seth Adam Hall litigation:** As noted above, and according to moving papers filed by the Department of Justice and provided by the author, this bill is based on a grant of vacatur for a person convicted of possession of child pornography in violation of Penal Code section 311.11. Based on the conviction, on or about July 31, 2023, the BRN moved forward with license revocation of the defendant’s nursing license. However, on or about February 12, 2024, the trial court in defendant’s case granted vacatur on the ground the defendant was the victim of intimate or sexual violence and that he had made considerable efforts to distance himself from the actions for which the police found child pornography.

However, the full record was sealed possibly due to the explicit nature of the abuse suffered by defendant. As a result of vacatur, the BRN withdrew its attempt to revoke the defendant’s license. The court ordered the defendant’s counsel to notify the Department of Justice of its decision to vacate the defendant’s license. On or about November 5, 2024, the District Attorney and the BRN appealed to the Fourth District Court of Appeals. The appeal is still pending and presently in briefing status and on assignment.² BRN alleges, *inter alia*, that it was entitled to notice and an opportunity to be heard pursuant to Penal Code section 23 before the court granted vacatur.

Also, as noted above, vacatur is based on a substantive defect in the conviction itself. It effectively stands for the proposition that the defendant was not capable of criminal intent as a direct result of significant violence. Based on the court records provided by the author, the notice of vacatur states,

“The petitioner...was a victim of intimate partner violence or sexual violence at the time the non-violence offense was committed. The commission of the crime was a direct result of being a victim of intimate partner violence or sexual violence. The victim was engaged in a good faith effort to distance himself from the perpetrator of the harm. It is in the best interest of the petitioner and in the interest of justice.”³

Given this case is pending appellate review and the facts of vacatur are under seal, it makes more sense to wait for the court to make its ruling before changing the law in this case. Additionally, licensing agencies have some burden to follow criminal cases that may impact licensure and provide input. BRN appears to have been aware of the arrest and conviction

² https://unicourt.com/case/ca-sca1-cases6bfe570d112b-224166?init_S=c_relc#dockets

³ In the matter of Seth Adam Hall, Notice of Ruling in the Matter of the People of the State of California v. Seth Adam Hall (Riverside County Super Court Case No. INF 2202269)

since it began disciplinary proceedings before vacatur. As noted by BRN, it may provide information to the court pursuant to Penal Code section 23.

Finally, the court appears to have had ample grounds to grant vacatur in this case given the serious nature of the underlying charge. This is exactly the type of relief the vacatur statute was designed to provide – victims who could not form the requisite intent to commit the underlying crime should not suffer a punitive impact as a direct result of the violence they suffered.

- 5) **Other Grounds for Discipline:** As a general matter, a person may face revocation of their professional license even where there is no conviction. The BRN Unprofessional Conduct, Substantial Relationship Criteria, Disciplinary Guidelines and Criteria for Rehabilitation states licensure may be suspended or revoked for “a crime, professional misconduct, or act shall be considered to be substantially related to the qualifications, functions, or duties of a [registered nurse], if to a substantial degree it evidences the present or potential unfitness of a person holding a license or certificate to perform the functions authorized and/or mandated by the license or certificate, or in a matter consistent with the public harm.” If there are facts sufficient to support license revocation, it may be characterized as “professional misconduct...” and discipline sought even without a conviction. (See Cal. Code Regs., tit. 16, § 1443.) Additionally, the professional rules make clear that a conviction, itself, is not the only factor the Board considers. In some cases, a person with a prior conviction may still be licensed or retain their license. (See Cal. Code Regs., tit. 16, § 1445.)

If the BRN is able to file an accusation and seek discipline without reference to a conviction, it is unclear whether they should be allowed to participate in a court proceeding where licensure is not relevant to whether the defendant had the requisite intent to commit the underlying crime.

- 6) **Argument in Support:** According to the *Board of Registered Nursing*: “As the sponsor of AB 479, the Board’s main goal is to ensure that when a trial court is considering a petition for vacatur under Penal Code Section 236.15, it has all the input necessary to make a fully informed decision. The bill would not impede or override the trial courts authority to grant a petition. It would simply require that a petitioner give notice to their licensing board, if they file a petition under Penal Code Section 236.15. This would allow the board an opportunity to appear and be heard on the petition before the trial court issues its decision, if the board believes there is a public protection concern.

“Unfortunately, last year a Board licensee was convicted of possessing a substantial amount of child pornography. As a result, the Board began pursuing disciplinary action against the individual’s license through the administrative court. Separately, the licensee petitioned the trial court to vacate their conviction under the provisions of Penal Code Section 236.15. However, the Board was not aware of the licensee’s petition and was not able to provide the trial court with any input prior to its ruling.

“The trial court ultimately granted the petition to vacate the conviction, which prohibited the Board from using the conviction or any related records as a basis for discipline in the administrative court. Consequently, the licensee can continue practicing unrestricted as a nurse, including with minor patients.

“The Board is not suggesting that an individual who possesses a professional license could never obtain a vacatur order under Penal Code Section 236.15. In many cases, the trial court may conclude that the best interest of justice would be served by vacatur, notwithstanding the licensing-related implications. The bill would simply ensure that the trial court consider whether vacatur would be inconsistent with public protection from a licensing context before making their ruling.”

- 7) **Argument in Opposition:** According to *California Public Defenders Association*: “AB 479 would amend Penal Code Section 236.15 (PC 236.15) to make it more difficult for victims of intimate partner violence or sexual violence to obtain vacatur relief for convictions that were the direct result of being a victim. AB 479 would add the additional requirement that vacatur relief would be “in the best interest of justice as described in subdivision (g).”

“AB 479 would potentially reduce expungement relief for victims of human trafficking of their past non-violent criminal records. This relief was enacted to enhance the futures of these Californians through increased access to employment, housing, and other future opportunities. By making this relief more difficult to attain, AB 479 would eliminate that hope without providing any correlative benefit.

“PC 236.15 relief applies only to nonviolent prior convictions, which already rules out a vast number of convictions. Adding another roadblock to relief simply doesn’t make sense. CPDA members can attest to the misery that past records of conviction inflict upon our clients, and the difficulty in expunging the records of worthy reformed individuals. The existing requirement to obtain relief under PC 236.15 is:

“The petitioner shall establish, by clear and convincing evidence, that the arrest or conviction was the direct result of being a victim of intimate partner violence or sexual violence that demonstrates that the person lacked the requisite intent to commit the offense.”

“This existing requirement of a showing by clear and convincing evidence is already a sufficiently high standard and in no way should be further complicated by the “best interest of justice” requirement proposed by AB 479. Victims of intimate partner violence and sexual violence have so many obstacles to overcome in their journey to become whole they do not need, yet another one placed in their way; which is all that AB 479 would do.”

8) **Related Legislation:**

- a) AB 633 (Krell), would expand vacatur relief to persons who were convicted of or arrested for any offense committed when they were under the age of 18 and while they were a victim of human trafficking. AB 633 is scheduled to be heard in this committee today.
- b) AB 938 (Bonta), would authorize vacatur relief for a person arrested or convicted of any offense and authorize relief for a person whose offense was related, rather than directly related, to being a victim of human trafficking, intimate partner violence, or sexual violence. AB 938 is scheduled to be heard in this committee today.

9) Prior Legislation:

- a) AB 124 (Kamlager), Chapter 124, Statutes of 2021 requires courts to consider whether specified trauma to the defendant or other circumstances contributed to the commission of the offense when making sentencing and resentencing determinations and to expand access to vacatur relief and the affirmative defense of coercion currently available to victims of human trafficking to victims of intimate partner violence and sexual violence.
- b) AB 2169 (Gipson), Chapter 776, Statutes of 2022 clarifies that vacatur relief for offenses committed while the petitioner was a victim of human trafficking, intimate partner violence, or sexual violence demonstrates that the petitioner lacked the requisite intent to commit the offense, and that the conviction is invalid due to legal defect.

REGISTERED SUPPORT / OPPOSITION:**Support**

Board of Registered Nursing
California District Attorneys Association

Oppose

All of Us or None Los Angeles
Californians for Safety and Justice
Californians United for A Responsible Budget
East Bay Community Law Center
Ella Baker Center for Human Rights
Initiate Justice
Initiate Justice Action
Justice2jobs Coalition
LA Defensa
Legal Services for Prisoners With Children
Local 148 LA County Public Defenders Union
San Francisco Public Defender
Sister Warriors Freedom Coalition
Smart Justice California, a Project of Tides Advocacy
Universidad Popular
Vera Institute of Justice

Analysis Prepared by: Kimberly Horiuchi / PUB. S. / (916) 319-3744

Fiscal Impact AB 479

AB 479 added the requirement for petitioners seeking vacatur relief who hold a license to serve the petition and supporting documentation to the Board. The Board will then have 45 days to respond to the petition. Licensed petitioners to serve the Board with the petition with 45 days to respond before the court can make findings.

We estimate the fiscal impact to be \$3000 per case if the Board responds with an opposition. Attorney General's Office costs per case is \$320 per hour for 10 hours. To date, the Board has not received any petitions from a licensed professional who was convicted of a nonviolent offense while they were a victim of intimate partner violence or sexual violence, seeking vacatur, and who received citation, discipline or probation because of the conviction. These costs can be absorbed by the Board.

MEMORANDUM

DATE	July 23, 2025
TO	Psychology Board Members
FROM	Jacklyn Mancilla, Legislative and Regulatory Affairs
SUBJECT	Agenda Item 12(c)(8) Watch Bills – AB 985 (Schiavo) Chiquita Canyon Landfill: mortgage forbearance: property tax reassessment and penalties

Background

On February 20, 2025, AB 985 was introduced by Assembly member Patrick Ahrens.

On March 24, 2025, AB 985 was amended, changing its title from “Health Care Practitioners: Titles: Name Tags” to “Anesthesiologist Assistants.”

On June 23, 2025, AB 985 was amended removing the bill author Assembly member Patrick Ahrens and replacing with Assembly member Pilar Schiavo. The proposed bill was also retitled to “Chiquita Canyon Landfill: mortgage forbearance: property tax reassessment and penalties”.

As originally introduced, the bill proposed an amendment to existing law under the Medical Practice Act, which regulates the licensure and practice of physicians and surgeons in California. It would specifically make it unlawful for anyone to use the title "doctor" or the letters "Dr." on their name tag unless they are authorized to do so under the law, such as being a licensed physician. Currently, using terms like "doctor," "physician," or the initials "M.D." or "D.O." without proper certification is a misdemeanor, and the bill would expand this prohibition to include name tags in healthcare settings. Exceptions to this rule already exist under current law.

The March 24, 2025, amendments specifically made it unlawful for any person to call themselves an anesthesiologist's assistant, unless they met specific requirements for licensure. Proposed text pertaining to name tags and use of the title of “doctor” was removed.

On March 10, 2025, AB 985 was referred to the Assembly Committee on Business and Professions.

On April 11, 2025, AB 985 was presented to the Legislative and Regulatory Affairs Committee for position recommendation, which the committee determined to recommend to the Board to **Watch** AB 985.

On April 22, 2025, AB 985 was referred to the appropriations committee.

On May 9, 2025, AB 985 was presented to the Board with the Legislative and Regulatory Affairs Committee's recommendation to **Watch**. The Board determined to **Watch** AB 985.

On June 3, 2025, AB 985 passed the Assembly and was ordered to the Senate.

On June 18, 2025, AB 985 was referred to the Senate Rules Committee.

The June 23, 2025, amendments to the bill eliminate all previous content related to anesthesiologist assistants. The revised bill expands mortgage and property tax relief for residents affected by the elevated temperature landfill event in Los Angeles County. It authorizes mortgage forbearance for financially impacted borrowers and prohibits foreclosure actions during the forbearance period if the borrower meets the terms. It also allows property tax reassessment for properties within five miles of the landfill, suspends penalties and interest on delinquent taxes until April 10, 2030, and delays default status for certain installment plans.

On June 25, 2025, AB 985 was referred to the Senate Committee on Revenue and Taxation and the Senate Committee on Banking and Financial Institutions.

On July 9, 2025, AB 985 passed the Committee on Banking and Financial Institutions.

On July 16, 2025, AB 985 was read for a second time, was amended, and referred to the Committee on Banking and Financial Institutions.

On July 17, 2025, AB 985 was referred to the committee on appropriations.

Action Requested

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

Attachment #1: Bill Text –[Weblink](#)

Attachment #2: Bill Analysis

AMENDED IN SENATE JULY 16, 2025

AMENDED IN SENATE JUNE 23, 2025

AMENDED IN ASSEMBLY MARCH 24, 2025

CALIFORNIA LEGISLATURE—2025–26 REGULAR SESSION

ASSEMBLY BILL

No. 985

**Introduced by Assembly Member Schiavo
(Principal coauthor: Assembly Member Ahrens)**

February 20, 2025

An act to add Title 19.2 (commencing with Section 3273.35) to Part 4 of Division 3 of the Civil Code, and to amend Sections 75.52, 463, 2610.5, 2617, 2618, 2704, 2705, 2922, 4103, 4217, and 4837.5 4837.5, and 4985.2 of, and to add Section 170.1 to, the Revenue and Taxation Code, relating to the Chiquita Canyon Landfill.

LEGISLATIVE COUNSEL'S DIGEST

AB 985, as amended, Schiavo. Chiquita Canyon Landfill: ~~mortgage forbearance~~; property tax reassessment and penalties.

(1) ~~Existing law requires a mortgage servicer to comply with applicable federal guidance regarding borrower options following a forbearance relating to the COVID-19 emergency.~~

~~This bill would authorize a borrower who is experiencing financial hardship that prevents the borrower from making timely payments on a specified residential mortgage loan due directly to the elevated temperature landfill event that occurred beneath the Chiquita Canyon Landfill in the County of Los Angeles (landfill event), to request forbearance on their residential mortgage loan, as prescribed. The bill would require the borrower to certify under penalty of perjury that they are experiencing a financial hardship due to the landfill event. By~~

expanding the crime of perjury, this bill would impose a state-mandated local program. The bill would require the Department of Financial Protection and Innovation to post specified information on its internet website.

The bill would, except as specified, require a mortgage servicer to offer mortgage payment forbearance of a period of up to an initial 90 days, subject to extension at the request of the borrower in 90-day increments. Among other things, during the time of forbearance granted under the bill's provisions, the bill would prohibit a mortgage servicer from initiating any judicial or nonjudicial foreclosure process, move for a foreclosure judgment or order of sale, or execute a foreclosure-related eviction or foreclosure sale if the borrower is performing pursuant to the terms of the forbearance.

(2) Pursuant to constitutional authorization, existing property tax law authorizes the board of supervisors of a county, by ordinance, to provide that every assessee of any taxable property, or any person liable for the taxes thereon, whose property was damaged or destroyed without their fault, may apply for reassessment of that property, as provided.

This bill would authorize the board of supervisors, by ordinance, to provide that every assessee of any real property located within 5 miles of the landfill event, or any person liable for the taxes thereon, to apply for reassessment of that property, as provided. The bill would require an application for reassessment under those provisions to be executed under penalty of perjury, or if executed outside of the State of California, verified by affidavit. By expanding the crime of perjury, this bill would impose a state-mandated local program.

(3) Existing property tax law imposes various penalties, costs, and interests upon taxpayers that pay their property taxes after specified delinquency dates.

This bill would suspend the above-described penalties, costs, and interests, as applicable, and would prohibit their collection until April 10, 2030, for property located in a certain area in the County of Los Angeles, unless either the taxes on the property were delinquent as of April 1, 2025, or the taxes on the property are paid through an impound account. By imposing additional duties on local tax officials, this bill would impose a state-mandated local program.

(1) *The California Constitution generally limits ad valorem taxes on real property to 1% of the full cash value of that property. For purposes of this limitation, "full cash value" is defined as the assessor's valuation of real property as shown on the 1975–76 tax bill under "full cash*

value” or, thereafter, the appraised value of that real property when purchased, newly constructed, or a change in ownership has occurred. The California Constitution authorizes the full cash value base to be reduced to reflect substantial damage, destruction, or other factors causing a decline in value.

This bill would require each property located within a 5-mile radius of the center of the Chiquita Canyon Landfill in the County of Los Angeles to be reassessed so that the full cash value base of the property reflects any decline in value of the property arising from the Chiquita Canyon elevated temperature landfill event, as defined. The bill would require reassessments to be retroactive to the January 1, 2022, lien date. The bill would require the tax collector to send a specified notice of overpayments of taxes to the taxpayer. By imposing additional duties on local tax officials, this bill would impose a state-mandated local program.

Existing

(2) Existing property tax law authorizes any person to elect to pay delinquent taxes in installments (installment redemption plan) by a certain date before the tax collector obtains the power to sell the property in order to redeem certain tax-defaulted property. Existing property tax law prohibits restarting installment payments if those payments are started under these provisions and the amount required to be paid in any fiscal year is not paid as required (default).

This bill would prohibit an installment redemption plan, for which all payments due on or before January 7, 2025, have been timely made, from being considered in default until April 10, 2030, for property located ~~in a certain area~~ *within a 5-mile radius of the center of the Chiquita Canyon Landfill* in the County of Los Angeles. By imposing additional duties on local tax officials, this bill would impose a state-mandated local program.

Existing property tax law authorizes, for taxes due on escape assessments for prior fiscal years, those taxes to be paid over a four-year period (installment plan) at the option of the assessee if the additional tax is over \$500 and a written request for installment payment is filed by the assessee with the tax collector by a certain time.

This bill would suspend the taxes due on a property making payments pursuant to an installment plan as described above, would prohibit their collection, and would prohibit the taxes from being considered delinquent, all until April 10, 2030, for property located ~~in a certain area~~ *within a 5-mile radius of the center of the Chiquita Canyon Landfill*

in the County of Los Angeles, provided that, on or before April 1, 2025, all payments required by the plan were timely made. By imposing additional duties on local tax officials, this bill would impose a state-mandated local program.

~~Existing property tax law requires each person owning taxable personal property, other than a manufactured home, having an aggregate cost of \$100,000 or more for any assessment year to file annually a signed property statement, declared to be true under the penalty of perjury, with the assessor. If a person fails to file that annual statement, existing property tax law requires a penalty of 10 percent of the assessed value of the unreported taxable tangible property of that person placed on the current roll to be added to the assessment made on the current roll.~~

~~This bill would suspend that penalty until April 10, 2030, and prohibit it from being imposed if the person files a statement on or before April 10, 2030, and if the property is located in a certain area in the County of Los Angeles. By imposing additional duties on local tax officials, this bill would impose a state-mandated local program.~~

Existing law authorizes the auditor or tax collector to cancel any penalty, costs, or other charges resulting from tax delinquency upon certain findings, including if the cancellation was ordered by a local, state, or federal court.

This bill would also authorize any penalty, costs, or other charges resulting from tax delinquency to be canceled if failure to make a timely payment is due to a documented hardship, as determined by the tax collector, arising from the Chiquita Canyon elevated temperature landfill event, as defined.

(3) This bill would make findings and declarations related to a gift of public funds.

(4) This bill would make legislative findings and declarations as to the necessity of a special statute for the County of Los Angeles.

~~(5) 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 with regard to certain mandates no reimbursement is required by this act for a specified reason.~~

~~With regard to any other mandates, this bill would provide that, if the Commission on State Mandates determines that the bill contains costs so mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.~~

(5) *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, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.

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. Title 19.2 (commencing with Section 3273.35)~~
2 ~~is added to Part 4 of Division 3 of the Civil Code, to read:~~
3
4 ~~TITLE 19.2. CHIQUITA CANYON LANDFILL MORTGAGE~~
5 ~~FORBEARANCE~~
6
7 ~~3273.35. For purposes of this title:~~
8 ~~(a) “Borrower” means a natural person who is a mortgagor or~~
9 ~~trustor, or a person who holds a power of attorney for a mortgagor~~
10 ~~or trustor, but does not include either of the following:~~
11 ~~(1) An individual who has surrendered the secured property as~~
12 ~~evidenced by either a letter confirming the surrender or delivery~~
13 ~~of the keys to the property to the mortgagee, trustee, beneficiary,~~
14 ~~or authorized agent.~~
15 ~~(2) An individual who has a recorded notice of default against~~
16 ~~the real property that is secured by the residential mortgage loan~~
17 ~~before the beginning of the landfill event, unless the notice of~~
18 ~~default was rescinded.~~
19 ~~(b) “Disaster-related forbearance relief” means the relief~~
20 ~~described in servicing guidelines for federally backed loans.~~
21 ~~(c) “Federally backed loan” means a residential mortgage loan~~
22 ~~that is insured, guaranteed, purchased, or secured by a federal~~
23 ~~agency or government-sponsored entity.~~
24 ~~(d) “Landfill event” means the elevated temperature landfill~~
25 ~~event that occurred beneath the Chiquita Canyon Landfill in the~~
26 ~~County of Los Angeles.~~
27 ~~(e) (1) “Mortgage servicer” means any of the following:~~

1 ~~(A) A person or entity who directly services a loan.~~

2 ~~(B) A subservicing agent to a master servicer by contract.~~

3 ~~(C) A person or entity who is responsible for any of the~~
4 ~~following:~~

5 ~~(i) Interacting with the borrower.~~

6 ~~(ii) Managing the loan account on a daily basis, including, but~~
7 ~~not limited to, collecting and crediting periodic payments.~~

8 ~~(iii) Managing any escrow account.~~

9 ~~(iv) Enforcing the note and security instrument, either as the~~
10 ~~current owner of the promissory note or as the current owner's~~
11 ~~authorized agent.~~

12 ~~(2) "Mortgage servicer" does not include a trustee, or a trustee's~~
13 ~~authorized agent, acting under a power of sale pursuant to a deed~~
14 ~~of trust.~~

15 ~~(f) "Residential mortgage loan" means a loan that is secured by~~
16 ~~residential real property improved by four or fewer residential~~
17 ~~units.~~

18 ~~3273.36.— This title applies to any of the following:~~

19 ~~(a) A depository institution chartered under state law.~~

20 ~~(b) A person covered by the licensing requirements of Division~~
21 ~~9 (commencing with Section 22000) of the Financial Code.~~

22 ~~(c) A person covered by the licensing requirements of Division~~
23 ~~20 (commencing with Section 50000) of the Financial Code.~~

24 ~~(d) A person licensed pursuant to Part 1 (commencing with~~
25 ~~Section 10000) of Division 4 of the Business and Professions Code.~~

26 ~~3273.37.— (a) A borrower who is experiencing financial hardship~~
27 ~~that prevents the borrower from making timely payments on a~~
28 ~~residential mortgage loan due directly to the landfill event may~~
29 ~~request forbearance on the residential mortgage loan by doing both~~
30 ~~of the following:~~

31 ~~(1) Submitting a request to the borrower's mortgage loan~~
32 ~~servicer before January 1, 2028.~~

33 ~~(2) Certifying under penalty of perjury that the borrower is~~
34 ~~experiencing a financial hardship due to the landfill event.~~

35 ~~(b) Upon a request by a borrower for forbearance under~~
36 ~~subdivision (a), a mortgage servicer shall offer mortgage payment~~
37 ~~forbearance for a period of up to an initial 90 days, which shall be~~
38 ~~extended at the request of the borrower in 90-day increments.~~

1 ~~(c) The borrower shall be notified within five business days by~~
2 ~~the mortgage servicer whether their request for forbearance has~~
3 ~~been approved.~~

4 ~~(d) (1) If the mortgage servicer, acting under delegated authority~~
5 ~~to make forbearance determinations on behalf of the investor,~~
6 ~~denies a forbearance request, the mortgage servicer shall not be~~
7 ~~in violation of this section if the mortgage servicer provides written~~
8 ~~notice to the borrower stating the specific reason for denial.~~

9 ~~(2) A notice provided pursuant to paragraph (1) shall include~~
10 ~~both of the following:~~

11 ~~(A) A clear and concise explanation of the specific investor~~
12 ~~provision that requires denial.~~

13 ~~(B) The text of the servicing guidelines describing the~~
14 ~~disaster-related forbearance relief.~~

15 ~~(e) If a written notice provided pursuant subdivision (c) cites~~
16 ~~any curable defect in the borrower's request, the mortgage servicer~~
17 ~~shall do all of the following:~~

18 ~~(1) Specifically identify any curable defect in the written notice.~~

19 ~~(2) Provide 21 calendar days from the mailing date of the written~~
20 ~~notice for the borrower to cure any identified defect.~~

21 ~~(3) Accept the borrower's revised request for forbearance before~~
22 ~~the 21-day period described in paragraph (2) lapses.~~

23 ~~(4) Respond to the borrower's revised request within five~~
24 ~~business days of receipt of the revised request.~~

25 ~~(f) The forbearance period required by subdivision (b) shall~~
26 ~~include any period of forbearance related to the landfill event that~~
27 ~~a mortgage servicer has provided to a borrower before the effective~~
28 ~~date of this title.~~

29 ~~(g) During the period of forbearance required by this section,~~
30 ~~no late fees shall be assessed to the borrower's account and the~~
31 ~~borrower shall not be charged a default rate of interest.~~

32 ~~(h) No later than 30 calendar days before the end of an initial~~
33 ~~forbearance period, a mortgage servicer shall provide written notice~~
34 ~~to the borrower disclosing both of the following:~~

35 ~~(1) Any documentation or forms that the mortgage servicer~~
36 ~~requires the borrower to furnish or complete to be considered for~~
37 ~~an additional period of forbearance.~~

38 ~~(2) A description of the deadlines and timelines associated with~~
39 ~~considering the borrower for an additional period of forbearance.~~

1 ~~3273.38. (a) A mortgage servicer shall disclose to a borrower~~
2 ~~to whom a forbearance has been granted pursuant to Section~~
3 ~~3273.37 that the forborne mortgage payments are required to be~~
4 ~~repaid.~~

5 ~~(b) The disclosure required by subdivision (a) is only required~~
6 ~~to be furnished to the borrower once at the beginning of the~~
7 ~~forbearance period.~~

8 ~~(c) A lump sum payment shall not be required for a borrower~~
9 ~~who was current on the residential mortgage loan when the~~
10 ~~borrower entered forbearance.~~

11 ~~3273.39. During the time of forbearance granted pursuant to~~
12 ~~this title, a mortgage servicer shall not initiate any judicial or~~
13 ~~nonjudicial foreclosure process, move for a foreclosure judgment~~
14 ~~or order of sale, or execute a foreclosure-related eviction or~~
15 ~~foreclosure sale if the borrower is performing pursuant to the terms~~
16 ~~of the forbearance.~~

17 ~~3273.40. Failure to comply with this title shall not affect the~~
18 ~~validity of a trustee's sale or a sale to a bona fide purchaser for~~
19 ~~value.~~

20 ~~3273.41. (a) (1) With respect to a federally backed loan, a~~
21 ~~person shall not be held liable for a violation of this title if~~
22 ~~compliance with this title conflicts with the servicing guidelines~~
23 ~~applicable to the federally backed loan.~~

24 ~~(2) Servicing guidelines applicable to a federally backed loan~~
25 ~~include, but are not limited to, servicing guidelines like those issued~~
26 ~~by the Federal National Mortgage Association and the Federal~~
27 ~~Home Loan Mortgage Corporation, the Single Family Housing~~
28 ~~Policy Handbook issued by the Federal Housing Administration~~
29 ~~of the United States Department of Housing and Urban~~
30 ~~Development, the VA Servicer Handbook issued by the United~~
31 ~~States Department of Veterans Affairs, or a servicing handbook~~
32 ~~issued by the Rural Development division of the United States~~
33 ~~Department of Agriculture, as those guidelines existed on January~~
34 ~~13, 2025.~~

35 ~~(b) With respect to a residential mortgage loan that is not a~~
36 ~~federally backed loan, a person shall not be held liable for a~~
37 ~~violation of this title if compliance with this title conflicts with the~~
38 ~~servicing guidelines issued by the Federal National Mortgage~~
39 ~~Association or the Federal Home Loan Mortgage Corporation.~~

1 ~~(c) For purposes of this section, “conflicts with” means that it~~
2 ~~is impossible to comply with this title and the person’s obligation~~
3 ~~under the applicable servicing guidelines.~~

4 ~~3273.42. The Department of Financial Protection and~~
5 ~~Innovation shall post all of the following on its internet website:~~

6 ~~(a) Links to the provisions of servicing guidelines pertaining to~~
7 ~~disaster-related forbearance relief for federally backed loans.~~

8 ~~(b) A summary of the Federal National Mortgage Association~~
9 ~~and the Federal Home Loan Mortgage Corporation guidance to~~
10 ~~assist borrowers in understanding their forbearance programs.~~

11 ~~(c) A dedicated telephone number for borrowers seeking~~
12 ~~assistance.~~

13 ~~3273.43. (a) It is the intent of the Legislature that a mortgage~~
14 ~~servicer offer a borrower forbearance that is consistent with the~~
15 ~~mortgage servicer’s contractual or other authority.~~

16 ~~(b) This title does not require a mortgage servicer to take any~~
17 ~~action that would require the mortgage servicer to breach the terms~~
18 ~~of an existing contract with the investor that owns the residential~~
19 ~~mortgage loan.~~

20 ~~SEC. 2. Section 75.52 of the Revenue and Taxation Code is~~
21 ~~amended to read:~~

22 ~~75.52. (a) Taxes on the supplemental bill are due on the date~~
23 ~~mailed and shall become delinquent as follows:~~

24 ~~(1) If the bill is mailed within the months of July through~~
25 ~~October, the first installment shall become delinquent at 5 p.m. on~~
26 ~~December 10 of the same year. The second installment shall~~
27 ~~become delinquent at 5 p.m. on April 10 of the next year.~~

28 ~~(2) If the bill is mailed within the months of November through~~
29 ~~June, the first installment shall become delinquent at 5 p.m. on the~~
30 ~~last day of the month following the month in which the bill is~~
31 ~~mailed. The second installment shall become delinquent at 5 p.m.~~
32 ~~on the last day of the fourth calendar month following the date the~~
33 ~~first installment is delinquent.~~

34 ~~(b) If the taxes due are not paid on or before the date and time~~
35 ~~they become delinquent, a penalty of 10 percent shall attach to~~
36 ~~them.~~

37 ~~(c) The cost enumerated in Section 2621 shall be collected after~~
38 ~~the second installment is delinquent.~~

39 ~~(d) If a delinquent date specified in subdivision (a) falls on a~~
40 ~~Saturday, Sunday, or legal holiday, the time of delinquency is at~~

1 5 p.m. or at the close of business, whichever is later, on the next
2 following business day. If the board of supervisors, by adoption
3 of an ordinance or resolution, closes the county's offices for
4 business prior to the time of delinquency on the "next business
5 day" or for that whole day, that day shall be considered a legal
6 holiday for purposes of this section.

7 (e) (1) The penalty imposed for delinquent taxes as provided
8 by this article shall be canceled if the assessee or fee owner
9 demonstrates to the tax collector that the delinquency is due to the
10 tax collector's failure to mail or electronically transmit the tax bill
11 to the address provided on the tax roll or electronic address
12 provided and authorized by the taxpayer or fee owner to the tax
13 collector. Penalties imposed may be canceled if the board of
14 supervisors, upon recommendation of the tax collector, has
15 authorized the tax collector to establish, and the tax collector has
16 so established, specific procedures for the consideration of penalty
17 cancellations. Those procedures may provide that penalties imposed
18 may be canceled by resolution of the county board of supervisors
19 upon the recommendation of the tax collector if the assessee or
20 fee owner demonstrate to the tax collector that the delinquency is
21 due to the county's failure to send a notice of taxes to the owner
22 of property acquired after the lien date on the secured roll, provided
23 payment of the amount of taxes due, minus any penalties and costs,
24 is made no later than June 30 of the fiscal year in which the
25 property owner is named as the assessee for taxes coming due.

26 (2) With respect to a late, amended, or corrected tax bill, the
27 penalties imposed for delinquent taxes shall be canceled if the tax
28 amount is paid within 30 days following the date that bill is mailed
29 or electronically transmitted.

30 (3) Under no circumstance shall a taxpayer have fewer than 30
31 days to pay without penalty.

32 (4) The penalty imposed for delinquent taxes as provided by
33 this article shall be suspended and shall not be collected until April
34 10, 2030, for property that is both located in the areas encompassed
35 by United States Postal Service ZIP Codes 91384, 91381, or 91355
36 and located within a five mile radius of the Chiquita Canyon
37 Landfill in the County of Los Angeles, unless one of the following
38 conditions is met:

39 (A) The taxes on the property were delinquent as of April 1,
40 2025.

1 ~~(B) The taxes on the property are paid through an impound~~
2 ~~account.~~

3 ~~SEC. 3. Section 170.1 is added to the Revenue and Taxation~~
4 ~~Code, to read:~~

5 ~~170.1. (a) For purposes of this section:~~

6 ~~(1) "Landfill event" means the elevated temperature landfill~~
7 ~~event that occurred beneath the Chiquita Canyon Landfill in the~~
8 ~~County of Los Angeles.~~

9 ~~(2) "Qualified taxable property" means any real property located~~
10 ~~within five miles of the landfill event.~~

11 ~~(b) (1) Notwithstanding any other law, the board of supervisors,~~
12 ~~by ordinance, may provide that every assessee of any qualified~~
13 ~~taxable property, or any person liable for the taxes thereon, may~~
14 ~~apply for reassessment of that property as provided in this section.~~

15 ~~(2) An ordinance adopted pursuant to this subdivision may~~
16 ~~specify a time period within which the ordinance shall be effective,~~
17 ~~and, if no period of time is specified, it shall remain in effect until~~
18 ~~repealed.~~

19 ~~(c) (1) An application for reassessment pursuant to this section~~
20 ~~may be filed within the time specified in the ordinance by~~
21 ~~delivering to the assessor a written application requesting~~
22 ~~reassessment showing the condition and value, if any, of the~~
23 ~~qualified taxable property immediately after the landfill event, and~~
24 ~~the dollar amount of the diminution of value of the property.~~

25 ~~(2) An application filed under this section shall be executed~~
26 ~~under penalty of perjury, or if executed outside the State of~~
27 ~~California, verified by affidavit.~~

28 ~~(d) (1) Upon receiving a proper application, the assessor shall~~
29 ~~appraise the property and determine separately the full cash value~~
30 ~~of land, improvements, and personalty immediately before and~~
31 ~~after the landfill event.~~

32 ~~(2) If the sum of the full cash values of the land, improvements,~~
33 ~~and personalty before the landfill event exceeds the sum of the~~
34 ~~values after the landfill event by ten thousand dollars (\$10,000)~~
35 ~~or more, the assessor shall also separately determine the percentage~~
36 ~~reductions in value of land, improvements, and personalty due to~~
37 ~~the landfill event.~~

38 ~~(3) The assessor shall reduce the values appearing on the~~
39 ~~assessment roll by the percentages of damage or destruction~~

1 computed pursuant to this subdivision, and the taxes due on the
2 property shall be adjusted as provided in subdivision (g):

3 (e) (1) For purposes of this subdivision, “board” means either
4 the county board of supervisors acting as the county board of
5 equalization, or an assessment appeals board established by the
6 county board of supervisors in accordance with Section 1620, as
7 applicable.

8 (2) (A) The assessor shall notify the applicant in writing of the
9 amount of the proposed reassessment.

10 (B) The notice required by subparagraph (A) shall state that the
11 applicant may appeal the proposed reassessment to the board within
12 six months of the date of mailing the notice.

13 (C) If an appeal is requested within the six-month period
14 described in subparagraph (B), the board shall hear and decide the
15 matter as if the proposed reassessment had been entered on the
16 roll as an assessment made outside the regular assessment period.

17 (D) Except as specified in subparagraph (E), the decision of the
18 board regarding the reduced value of the property shall be final.

19 (E) A decision of the board regarding any reassessment made
20 pursuant to this section does not create a presumption regarding
21 the value of the qualified taxable property subsequent to the date
22 of the landfill event.

23 (3) (A) Those reassessed values resulting from reductions in
24 full cash value of amounts, as determined pursuant to this section,
25 shall be forwarded to the auditor by the assessor or the clerk of
26 the board, as applicable.

27 (B) After receiving the information described in subparagraph
28 (A), the auditor shall enter the reassessed values on the roll.

29 (C) After being entered on the roll as required by subparagraph
30 (B), those reassessed values shall not be subject to review, except
31 by a court of competent jurisdiction.

32 (f) If an application is not made and the assessor determines
33 that a property has suffered diminution of value caused by the
34 landfill event that may qualify the property owner for relief under
35 an ordinance adopted under this section, the assessor shall provide
36 the last known owner of the property with an application for
37 reassessment.

38 (g) (1) The tax rate fixed for property on the roll on which the
39 property reassessed pursuant to this section appeared at the time
40 of the landfill event shall be applied to the amount of the

1 reassessment as determined in accordance with this section, and
2 the assessee shall be liable for all of the following:

3 (A) A prorated portion of the taxes that would have been due
4 on the property for the current fiscal year had the landfill event
5 not occurred, to be determined on the basis of the number of
6 months in the current fiscal year prior to the landfill event.

7 (B) A proration of the tax due on the property as reassessed
8 after the diminution of value resulting from the landfill event, to
9 be determined on the basis of the number of months in the fiscal
10 year after the diminution, including the month in which the
11 diminution occurred.

12 (2) (A) For purposes of applying the calculation described in
13 paragraph (1) in prorating supplemental taxes, the term “fiscal
14 year” means that portion of the tax year used to determine the
15 adjusted amount of taxes due pursuant to subdivision (b) of Section
16 75.41.

17 (B) If the diminution occurred after January 1 and before the
18 beginning of the next fiscal year, the reassessment shall be utilized
19 to determine the tax liability for the next fiscal year.

20 (h) Any tax paid in excess of the total tax due shall be refunded
21 to the taxpayer pursuant to Chapter 5 (commencing with Section
22 5096) of Part 9, as an erroneously collected tax or by order of the
23 board of supervisors without the necessity of a claim being filed
24 pursuant to Chapter 5.

25 (i) The assessed value of the property as determined pursuant
26 to subdivision (d), compounded annually by the inflation factor
27 specified in subdivision (a) of Section 51, shall be the taxable value
28 of the property until the cessation of the landfill event.

29 (j) (1) When the landfill event ceases, the assessor shall make
30 an additional assessment or assessments in accordance with the
31 following requirements:

32 (A) If cessation of the landfill event occurs on or after January
33 1, but on or before May 31, then there shall be two additional
34 assessments. The first additional assessment shall be the difference
35 between the new taxable value as of the date of completion and
36 the taxable value on the current roll. The second additional
37 assessment shall be the difference between the new taxable value
38 as of the date of cessation and the taxable value to be enrolled on
39 the roll being prepared.

~~(B) If the cessation of the landfill event occurs on or after June 1, but before the succeeding January 1, then the additional assessment shall be the difference between the new taxable value as of the date of cessation and the taxable value on the current roll.~~

~~(2) On the lien date following cessation of the landfill event, the assessor shall enroll the new taxable value of the property as of that lien date.~~

~~(3) For purposes of this subdivision, “new taxable value” means the lesser of the property’s full cash value, or the factored base year value or its factored base year value, as adjusted pursuant to subdivision (c) of Section 70.~~

~~(k) The assessor may apply Chapter 3.5 (commencing with Section 75) of Part 0.5 in implementing this section, to the extent that chapter is consistent with this section.~~

~~SEC. 4. Section 463 of the Revenue and Taxation Code is amended to read:~~

~~463. (a) If any person who is required by law or is requested by the assessor to make an annual property statement fails to file an annual property statement within the time limit specified by Section 441 or make and subscribe the affidavit respecting their name and place of residence, a penalty of 10 percent of the assessed value of the unreported taxable tangible property of that person placed on the current roll shall be added to the assessment made on the current roll.~~

~~(b) Notice of any penalty added to the secured roll pursuant to this section shall be mailed by the assessor to the assessee at their address as contained in the official records of the county assessor.~~

~~(c) If the assessee establishes to the satisfaction of the county board of equalization or the assessment appeals board that the failure to file the property statement within the time required by Section 441 was due to reasonable cause and circumstances beyond the assessee’s control, and occurred notwithstanding the exercise of ordinary care in the absence of willful neglect, it may order the penalty abated, provided the assessee has filed with the county board written application for abatement of the penalty within the time prescribed by law for the filing of applications for assessment reductions.~~

~~(d) If the penalty is abated it shall be canceled or refunded in the same manner as an amount of tax erroneously charged or collected.~~

1 ~~(e) The penalty imposed under this article for failing to file an~~
2 ~~annual property statement within the time limit specified by Section~~
3 ~~441 shall be suspended until April 10, 2030, and shall not be~~
4 ~~imposed if the person files a personal property tax statement as~~
5 ~~required by Section 441 on or before April 10, 2030, provided that~~
6 ~~the property that is both located in the areas encompassed by~~
7 ~~United States Postal Service ZIP Codes 91384, 91381, or 91355~~
8 ~~and located within a five mile radius of the Chiquita Canyon~~
9 ~~Landfill in the County of Los Angeles.~~

10 ~~SEC. 5. Section 2610.5 of the Revenue and Taxation Code is~~
11 ~~amended to read:~~

12 ~~2610.5. (a) Annually, on or before November 1, the tax~~
13 ~~collector shall mail or electronically transmit a county tax bill or~~
14 ~~a copy thereof for every property on the secured roll. This~~
15 ~~requirement need not be met where no taxes are due. Failure to~~
16 ~~receive a tax bill shall not relieve the lien of taxes, nor shall it~~
17 ~~prevent the imposition of penalties imposed by this code. However,~~
18 ~~the penalty imposed for delinquent taxes as provided by any section~~
19 ~~of this code shall be canceled if the assessee or fee owner~~
20 ~~demonstrates to the tax collector that delinquency is due to the tax~~
21 ~~collector's failure to mail or electronically transmit the tax bill to~~
22 ~~the address provided on the tax roll or electronic address provided~~
23 ~~and authorized by the taxpayer to the tax collector. Penalties~~
24 ~~imposed may be canceled if the board of supervisors, upon~~
25 ~~recommendation of the tax collector, has authorized the tax~~
26 ~~collector to establish, and the tax collector has so established,~~
27 ~~specific procedures for the consideration of penalty cancellations.~~
28 ~~Those procedures may provide that penalties imposed may be~~
29 ~~canceled by resolution of the county board of supervisors upon~~
30 ~~the recommendation of the tax collector if the assessee or fee~~
31 ~~owners demonstrate to the tax collector that the delinquency is due~~
32 ~~to the county's failure to send a notice of taxes to the owner of~~
33 ~~property acquired after the lien date on the secured roll, provided~~
34 ~~payment of the amount of taxes due, minus any penalties and costs,~~
35 ~~is made no later than June 30 of the fiscal year in which the~~
36 ~~property owner is named as the assessee for taxes coming due.~~

37 ~~With respect to a late, amended, or corrected tax bill, the~~
38 ~~penalties imposed for delinquent taxes shall be canceled if the tax~~
39 ~~amount is paid within 30 days following the date that bill is mailed~~
40 ~~or electronically transmitted.~~

1 Under no circumstance shall a taxpayer have fewer than 30 days
2 to pay without penalty.

3 (b) Any penalty, cost, or interest imposed for delinquent taxes
4 as provided by this chapter shall be suspended and shall not be
5 collected until April 10, 2030, for property that is both located in
6 the areas encompassed by United States Postal Service ZIP Codes
7 91384, 91381, or 91355 and located within a five-mile radius of
8 the Chiquita Canyon Landfill in the County of Los Angeles, unless
9 one of the following conditions is met:

10 (1) The taxes on the property were delinquent as of April 1,
11 2025.

12 (2) The taxes on the property are paid through an impound
13 account.

14 SEC. 6. Section 2617 of the Revenue and Taxation Code is
15 amended to read:

16 2617. (a) All taxes due November 1, if unpaid, are delinquent
17 at 5 p.m., or the close of business, whichever is later, on December
18 10, and thereafter a delinquent penalty of 10 percent attaches to
19 them.

20 (b) Notwithstanding subdivision (a), the penalty imposed for
21 delinquent taxes as provided by this section shall be suspended
22 and shall not be collected until April 10, 2030, for property that is
23 both located in the areas encompassed by United States Postal
24 Service ZIP Codes 91384, 91381, or 91355 and located within a
25 five-mile radius of the Chiquita Canyon Landfill in the County of
26 Los Angeles, unless one of the following conditions is met:

27 (1) The taxes on the property were delinquent as of April 1,
28 2025.

29 (2) The taxes on the property are paid through an impound
30 account.

31 SEC. 7. Section 2618 of the Revenue and Taxation Code is
32 amended to read:

33 2618. (a) The second half of taxes on real property, if unpaid,
34 is delinquent at 5 p.m., or the close of business, whichever is later,
35 on April 10, and thereafter a delinquent penalty of 10 percent
36 attaches to it.

37 (b) Notwithstanding subdivision (a), the penalty imposed for
38 delinquent taxes as provided by this section shall be suspended
39 and shall not be collected until April 10, 2030, for property that is
40 both located in the areas encompassed by United States Postal

1 ~~Service ZIP Codes 91384, 91381, or 91355 and located within a~~
2 ~~five mile radius of the Chiquita Canyon Landfill in the County of~~
3 ~~Los Angeles, unless one of the following conditions is met:~~

4 ~~(1) The taxes on the property were delinquent as of April 1,~~
5 ~~2025.~~

6 ~~(2) The taxes on the property are paid through an impound~~
7 ~~account.~~

8 ~~SEC. 8. Section 2704 of the Revenue and Taxation Code is~~
9 ~~amended to read:~~

10 ~~2704. (a) All taxes due November 1, if unpaid, are delinquent~~
11 ~~at 5 p.m., or the close of business, whichever is later, on December~~
12 ~~10, and thereafter a delinquent penalty of 10 percent attaches to~~
13 ~~them.~~

14 ~~(b) Notwithstanding subdivision (a), the penalty imposed for~~
15 ~~delinquent taxes as provided by this section shall be suspended~~
16 ~~and shall not be collected until April 10, 2030, for property that is~~
17 ~~both located in the areas encompassed by United States Postal~~
18 ~~Service ZIP Codes 91384, 91381, or 91355 and located within a~~
19 ~~five mile radius of the Chiquita Canyon Landfill in the County of~~
20 ~~Los Angeles, unless one of the following conditions is met:~~

21 ~~(1) The taxes on the property were delinquent as of April 1,~~
22 ~~2025.~~

23 ~~(2) The taxes on the property are paid through an impound~~
24 ~~account.~~

25 ~~SEC. 9. Section 2705 of the Revenue and Taxation Code is~~
26 ~~amended to read:~~

27 ~~2705. (a) The second half of taxes on the secured roll, if~~
28 ~~unpaid, is delinquent at 5 p.m., or the close of business, whichever~~
29 ~~is later, on April 10, and thereafter a delinquent penalty of 10~~
30 ~~percent attaches to it.~~

31 ~~(b) Notwithstanding subdivision (a), the penalty imposed for~~
32 ~~delinquent taxes as provided by this section shall be suspended~~
33 ~~and shall not be collected until April 10, 2030, for property that is~~
34 ~~both located in the areas encompassed by United States Postal~~
35 ~~Service ZIP Codes 91384, 91381, or 91355 and located within a~~
36 ~~five mile radius of the Chiquita Canyon Landfill in the County of~~
37 ~~Los Angeles, unless one of the following conditions is met:~~

38 ~~(1) The taxes on the property were delinquent as of April 1,~~
39 ~~2025.~~

~~(2) The taxes on the property are paid through an impound account.~~

~~SEC. 10. Section 2922 of the Revenue and Taxation Code is amended to read:~~

~~2922. (a) Taxes on the unsecured roll as of July 31, if unpaid, are delinquent at 5 p.m., or the close of business, whichever is later, on August 31 and thereafter subject to a delinquent penalty of 10 percent.~~

~~(b) Taxes added to the unsecured roll after July 31, if unpaid are delinquent and subject to a penalty of 10 percent at 5 p.m., or the close of business, whichever is later, on the last day of the month succeeding the month of enrollment.~~

~~(c) Taxes transferred to the unsecured roll pursuant to any provision of law and already subject to penalties also transferred, shall be subject only to the additional penalties and costs prescribed in subdivisions (d) and (e), which shall attach beginning July 1 and on the first day of each month thereafter.~~

~~(d) Unsecured taxes remaining unpaid at 5 p.m., or the close of business, whichever is later, on the last day of the second month after the 10-percent penalty attaches shall be subject to an additional penalty of 1 ½ percent attaching on the first day of each succeeding month on the amount of the original tax. The additional penalties shall continue to attach until the time of payment or until the time a court judgment is entered for the amount of unpaid taxes and penalties, whichever occurs first.~~

~~(e) In addition to the penalties imposed by this section, the tax collector may collect actual costs of collection incurred by the county up to the time the delinquency is paid.~~

~~(f) When the last day of a month falls on Saturday, Sunday, or a legal holiday, any penalty to which the tax becomes subject on that date shall not attach if the tax collector receives payment in full by 5 p.m., or the close of business, whichever is later, on the next business day. If the board of supervisors, by adoption of an ordinance or resolution, closes the county's offices for business prior to the time of delinquency on the "next business day" or for that whole day, that day shall be considered a legal holiday for purposes of this section.~~

~~(g) The penalties, costs, or interest imposed for delinquent taxes as provided by this section shall be suspended and shall not be collected until April 10, 2030, for property that is both located in~~

1 the areas encompassed by United States Postal Service ZIP Codes
2 91384, 91381, or 91355 and located within a five mile radius of
3 the Chiquita Canyon Landfill in the County of Los Angeles, unless
4 one of the following conditions is met:

5 (1) The taxes on the property were delinquent as of April 1,
6 2025.

7 (2) The taxes on the property are paid through an impound
8 account.

9 SEC. 11. Section 4103 of the Revenue and Taxation Code is
10 amended to read:

11 4103. (a) Redemption penalties are the sum of the following:

12 (1) Beginning July 1st of the year of the declaration of tax
13 default, on the declared amount of defaulted taxes at the rate of
14 $1\frac{1}{2}$ percent a month to the time of redemption. If the last day of
15 any month falls on a Saturday, Sunday, or legal holiday, the
16 additional penalty of $1\frac{1}{2}$ percent shall attach after the close of
17 business on the next business day.

18 (2) Beginning July 1st of each subsequent year, on the unpaid
19 taxes for which the property would have been declared in default
20 if there had not been a previous declaration, $1\frac{1}{2}$ percent a month
21 to the time of redemption. If the last day of any month falls on
22 Saturday, Sunday, or a legal holiday, the additional penalty of $1\frac{1}{2}$
23 percent shall attach after 5 p.m. on the next business day. If the
24 board of supervisors, by adoption of an ordinance or resolution,
25 closes the county's offices for business prior to the time of
26 delinquency on the "next business day" or for that whole day, that
27 day shall be considered a legal holiday for purposes of this section.

28 (b) For purposes of an administrative hearing or any claim in a
29 bankruptcy proceeding pertaining to the property being redeemed,
30 the assessment of penalties determined pursuant to subdivision (a)
31 with respect to the redemption of that property constitutes the
32 assessment of interest.

33 (c) The penalties, costs, or interest imposed for delinquent taxes
34 as provided by this section shall be suspended and shall not be
35 collected until April 10, 2030, for property that is both located in
36 the areas encompassed by United States Postal Service ZIP Codes
37 91384, 91381, or 91355 and located within a five mile radius of
38 the Chiquita Canyon Landfill in the County of Los Angeles, unless
39 one of the following conditions is met:

1 ~~(1) The taxes on the property were delinquent as of April 1,~~
2 ~~2025.~~

3 ~~(2) The taxes on the property are paid through an impound~~
4 ~~account.~~

5 *SECTION 1. Section 170.1 is added to the Revenue and*
6 *Taxation Code, to read:*

7 *170.1. (a) Notwithstanding any law, as authorized by*
8 *subdivision (b) of Section 2 of Article XIII A of the California*
9 *Constitution and paragraph (2) of subdivision (a) of Section 51,*
10 *each property located within a five mile radius of the center of the*
11 *Chiquita Canyon Landfill in the County of Los Angeles shall be*
12 *reassessed so that the full cash value base of the property reflects*
13 *any decline in value of the property arising from the Chiquita*
14 *Canyon elevated temperature landfill event.*

15 *(b) Reassessments pursuant to this section shall be retroactive*
16 *to the January 1, 2022, lien date. Following reassessment, the tax*
17 *collector shall send notice of overpayments of taxes to the taxpayer.*
18 *The notice shall state the amount of the overpayment and that a*
19 *refund claim may be filed pursuant to Chapter 5 (commencing*
20 *with Section 5096) of Part 9.*

21 *(c) For purposes of this subdivision, “Chiquita Canyon elevated*
22 *temperature landfill event” means the elevated temperature landfill*
23 *event that occurred beneath the Chiquita Canyon Landfill in the*
24 *County of Los Angeles.*

25 ~~SEC. 12.~~

26 *SEC. 2. Section 4217 of the Revenue and Taxation Code is*
27 *amended to read:*

28 *4217. (a) Any person may elect to pay delinquent taxes in*
29 *installments under this article at any time prior to 5 p.m. on the*
30 *last business day prior to the date when the tax collector obtains*
31 *the power to sell the property, except that if payment of delinquent*
32 *taxes in installments is started under this article and the amount*
33 *required to be paid in any fiscal year is not paid as required by this*
34 *article, payments on property that, but for the installment*
35 *redemption plan, would have been subject to a power of sale*
36 *pursuant to Section 3691 during the calendar year in which default*
37 *on the redemption plan occurs may not again be started under this*
38 *article. All other payments may be started on or after July 1 of the*
39 *fiscal year commencing after the fiscal year in which default*
40 *occurred.*

1 (b) (1) A person electing to pay delinquent taxes in installments
2 may be subject to a fee for processing the person's request.

3 (2) The fee for payment of delinquent taxes in installments to
4 the tax collector may be established by ordinance by the board of
5 supervisors. The fee shall be governed by the provisions of Chapter
6 12.5 (commencing with Section 54985) of Part 1 of Division 2 of
7 Title 5 of the Government Code and may be collected on the tax
8 bill.

9 (c) A redemption plan for which all payments due on or before
10 January 7, 2025, have been timely made pursuant to this chapter
11 shall not be considered in default until April 10, 2030, provided
12 that the property that is ~~both located in the areas encompassed by~~
13 ~~United States Postal Service ZIP Codes 91384, 91381, or 91355~~
14 ~~and~~ located within a five mile radius of the *center of the* Chiquita
15 Canyon Landfill in the County of Los Angeles.

16 ~~SEC. 13.~~

17 SEC. 3. Section 4837.5 of the Revenue and Taxation Code is
18 amended to read:

19 4837.5. (a) Notwithstanding any other provision of law, taxes
20 due, whether secured or unsecured, on escape assessments for prior
21 fiscal years may be paid over a four-year period at the option of
22 the assessee if: (1) the additional tax is over five hundred dollars
23 (\$500), and (2) a written request for installment payment is filed
24 by the assessee with the tax collector prior to the time the second
25 installment of taxes on the secured roll becomes delinquent, or by
26 the last day of the month following the month in which the tax bill
27 is mailed, whichever is later. The tax collector shall include with
28 the property tax bill a notice of the payment provisions of this
29 section. For unsecured taxes, the written request for installment
30 payment shall be filed with the tax collector prior to the date on
31 which those taxes become delinquent.

32 (b) If payment by installments is requested, 20 percent or more
33 of the tax shall be paid no later than the deadline for filing the
34 written request. The current taxes and prior year taxes with
35 penalties and costs thereon shall be paid with or prior to the initial
36 installment payment. In each succeeding fiscal year, the assessee
37 shall pay, before the delinquency date of the second installment
38 of current taxes on the secured roll, all current year taxes, and a
39 sum at least sufficient to reduce the outstanding balance of the tax
40 by 20 percent of the original amount. In the case of unsecured

1 taxes, the required annual installment shall be paid on or before
2 August 31.

3 (c) Interest at the rate of three-fourths of 1 percent per month,
4 starting with the month following the date of the deadline for filing
5 the written request, shall be applied to the outstanding balance, on
6 the first day of the month, if the escape or underassessment was
7 due, in whole or in part, to the error, omission, or other fault of
8 the assessee. If the first day of any month falls on a Saturday,
9 Sunday, or legal holiday, the next additional three-fourths of one
10 percent of interest shall be applied to the outstanding balance on
11 the next business day.

12 (d) No additional penalties shall be charged as long as
13 installment payments are made timely; and, in the case of secured
14 taxes, as long as all payments are made timely, an affidavit
15 regarding the property shall not be published pursuant to Section
16 3371.

17 (e) If any installment is not paid timely, or if the property on
18 the secured roll becomes tax defaulted, or if the property changes
19 ownership, or if taxes for the property on the unsecured roll are
20 not paid before becoming delinquent, the balance of the tax
21 remaining to be paid shall immediately become due and payable,
22 and no further installment payments for that escape assessment or
23 correction shall be authorized. The tax collector shall inform the
24 auditor of the defaulted, off-roll installment plan and of the
25 delinquent amount remaining unpaid. With regard to property on
26 the secured roll that has not become tax defaulted, or property on
27 the unsecured roll that has not become delinquent, in the event the
28 payment is missed at the time the second or subsequent installment
29 is due and the assessee or agent of the assessee can, by substantial
30 evidence, convince the tax collector that the payment was not made
31 through any fault of the assessee, the tax collector may reinstate
32 the account upon receipt of a payment in an amount reflecting the
33 installment plus interest under subdivision (c) to the date of
34 reinstatement, provided that the payment is physically received
35 by the tax collector prior to the time the property becomes tax
36 defaulted or prior to June 30 of the current fiscal year, whichever
37 occurs earlier.

38 (f) The auditor shall add the unpaid balance, plus all penalties
39 and costs thereon, to the current roll, adjust the tax collector's
40 charge accordingly, and the remaining balance of the tax shall

1 become subject to all of the provisions of this division applicable
2 to delinquent taxes.

3 (g) The tax collector shall maintain records listing the current
4 status of all the installment accounts authorized under this section.
5 The status of each installment account shall be entered on the
6 current roll and the tax collector may file for record with the county
7 recorder a certificate pursuant to Section 2191.3.

8 (h) When the installment account is paid in full before 5 p.m.
9 on June 30 of the year in which the account has become defaulted
10 and the tax collector has filed for record a certificate of lien, the
11 tax collector shall also file for record a release of that lien. Where
12 the account is not paid in full until after June 30 of the year in
13 which the account became defaulted, the filings of the certificates
14 of lien and release of lien shall be subject to recording fees charged
15 to the taxpayer.

16 (i) The tax collector may establish a fee for the actual cost of
17 processing a request to pay escaped assessments in installments.

18 (j) The taxes due on a property making payments pursuant to
19 an installment plan as provided in this section shall be suspended,
20 shall not be collected, and shall not be considered delinquent until
21 April 10, 2030, for property that is ~~both located in the areas~~
22 ~~encompassed by United States Postal Service ZIP Codes 91384,~~
23 ~~91381, or 91355~~ and located within a five mile radius of the *center*
24 *of the* Chiquita Canyon Landfill in the County of Los Angeles,
25 provided that, on or before January 7, 2025, all payments required
26 by the plan were timely made.

27 *SEC. 4. Section 4985.2 of the Revenue and Taxation Code is*
28 *amended to read:*

29 4985.2. Any penalty, costs, or other charges resulting from tax
30 delinquency may be canceled by the auditor or the tax collector
31 upon a finding of any of the following:

32 (a) Failure to make a timely payment is due to reasonable cause
33 and circumstances beyond the taxpayer's control, and occurred
34 notwithstanding the exercise of ordinary care in the absence of
35 willful neglect, provided the principal payment for the proper
36 amount of the tax due is made no later than June 30 of the fourth
37 fiscal year following the fiscal year in which the tax became
38 delinquent.

39 (b) There was an inadvertent error in the amount of payment
40 made by the taxpayer, provided the principal payment for the

1 proper amount of the tax due is made within 10 days after the
2 notice of shortage is mailed by the tax collector.

3 (c) The cancellation was ordered by a local, state, or federal
4 court.

5 (d) (1) Failure to make a timely payment is due to a documented
6 hardship, as determined by the tax collector, arising from a
7 shelter-in-place order if the principal payment for the proper
8 amount of tax due is paid no later than June 30 of the fiscal year
9 in which the payment first became delinquent.

10 (2) For purposes of this subdivision, “shelter-in-place order”
11 means an order that meets all of the following criteria:

12 (A) The order is issued by the Governor or the local health
13 officer of the city, county, or city and county in which the property
14 is located or in which the property owner resides.

15 (B) The order is enforceable under Section 101029 or 120295
16 of the Health and Safety Code.

17 (C) The order requires all persons to remain in their place of
18 residence, except for essential activities as defined in the order.

19 (e) (1) *Failure to make a timely payment is due to a documented*
20 *hardship, as determine by the tax collector, arising from the*
21 *Chiquita Canyon elevated temperature landfill event, if the*
22 *principal payment for the proper amount of tax due is paid no later*
23 *than June 30 of the fourth fiscal year following the fiscal year in*
24 *which the tax became delinquent.*

25 (2) *For purposes of this subdivision, “Chiquita Canyon elevated*
26 *temperature landfill event” means an event that meets all of the*
27 *following criteria:*

28 (A) *The elevated temperature landfill event occurred beneath*
29 *the Chiquita Canyon Landfill in the County of Los Angeles and*
30 *began in 2022.*

31 (B) *The Department of Toxic Substances Control issued an*
32 *imminent and substantial endangerment order to the owners of*
33 *the landfill.*

34 SEC. 5. *The Legislature hereby finds and declares that the*
35 *reassessment of properties near the Chiquita Canyon Landfill in*
36 *the County of Los Angeles required by Section 170.1 of the Revenue*
37 *and Taxation Code, as added by this act, serves the public purpose*
38 *of remedying the burden the Chiquita Canyon elevated temperature*
39 *landfill event has placed on the residents of the area and does not*

1 *constitute a gift of public funds within the meaning of Section 6 of*
2 *Article XVI of the California Constitution.*

3 ~~SEC. 14.~~

4 *SEC. 6.* The Legislature finds and declares that a special statute
5 is necessary and that a general statute cannot be made applicable
6 within the meaning of Section 16 of Article IV of the California
7 Constitution because of the unique circumstances of the elevated
8 temperature landfill event that occurred beneath the Chiquita
9 Canyon Landfill in the County of Los Angeles, California.

10 ~~SEC. 15.~~ No reimbursement is required by this act pursuant to
11 Section 6 of Article XIII B of the California Constitution for certain
12 costs that may be incurred by a local agency or school district
13 because, in that regard, this act creates a new crime or infraction,
14 eliminates a crime or infraction, or changes the penalty for a crime
15 or infraction, within the meaning of Section 17556 of the
16 Government Code, or changes the definition of a crime within the
17 meaning of Section 6 of Article XIII B of the California
18 Constitution.

19 ~~However, if the Commission on State Mandates determines that~~
20 ~~this act contains other costs mandated by the state, reimbursement~~
21 ~~to local agencies and school districts for those costs shall be made~~
22 ~~pursuant to Part 7 (commencing with Section 17500) of Division~~
23 ~~4 of Title 2 of the Government Code.~~

24 *SEC. 7.* *If the Commission on State Mandates determines that*
25 *this act contains costs mandated by the state, reimbursement to*
26 *local agencies and school districts for those costs shall be made*
27 *pursuant to Part 7 (commencing with Section 17500) of Division*
28 *4 of Title 2 of the Government Code.*

2025 Bill Analysis

Author: Assemblymember Patrick Ahrens	Bill Number: AB 985	Related Bills:
Sponsor:	Version: Introduced	
Subject: Health care practitioners: titles: name tags		

SUMMARY

The bill originally proposed an amendment to existing law under the Medical Practice Act, which regulates the licensure and practice of physicians and surgeons in California. It would have specifically made it unlawful for anyone to use the title "doctor" or the letters "Dr." on their name tag unless they are authorized to do so under the law, such as being a licensed physician. Currently, using terms like "doctor," "physician," or the initials "M.D." or "D.O." without proper certification is a misdemeanor, and the bill would have expanded this prohibition to include name tags in healthcare settings. Exceptions to this rule already exist under current law.

The proposed bill was amended to specifically make it unlawful for any person to call themselves an anesthesiologist's assistant, unless they meet specified requirements for licensure. Language pertaining to name tags and use of the title of "doctor" were removed. This bill was also retitled: Anesthesiologists assistants.

RECOMMENDATION

Staff Recommendation: Board staff recommends the Board continue to watch the bill.

Other Boards/Departments that may be affected:	
☐ Change in Fee(s)	☐ Affects Licensing Processes ☐ Affects Enforcement Processes
☐ Urgency Clause	☐ Regulations Required ☐ Legislative Reporting ☐ New Appointment Required
Legislative & Regulatory Affairs Committee Position:	Full Board Position:
☐ Support ☐ Support if Amended	☐ Support ☐ Support if Amended
☐ Oppose ☐ Oppose Unless Amended	☐ Oppose ☐ Oppose Unless Amended
☐ Neutral ☐ Watch	☐ Neutral ☐ Watch
Date: _____	Date: _____
Vote: _____	Vote: _____

REASON FOR THE BILL

The intention behind the bill is to protect patients by preventing potential confusion in healthcare settings. If someone is using a title like "Dr." or "Doctor" on a name tag without proper licensure, patients might mistakenly assume they are interacting with a licensed medical professional, which could have serious implications for patient trust and safety.

The proposed bill has since been amended as The Anesthesiologist Assistant Practice Act, which aims to regulate the practice of anesthesiologist assistants.

ANALYSIS

The proposed bill sought to amend the Medical Practice Act by expanding existing restrictions on the use of titles and abbreviations such as "doctor," "Dr.," "M.D.," and "D.O." to include their appearance on name tags in healthcare settings. This amendment would have made it unlawful for any individual to use these titles on their name tag unless they are legally authorized to do so, such as being a licensed physician or surgeon. In doing so, this bill would have further clarified the distinction between individuals who are licensed physicians and those who may hold doctoral degrees in other fields but are not licensed to practice medicine. By extending the prohibition to name tags, the bill would have ensured that patients are not misled by individuals who might appear to be licensed medical professionals based on their title.

There may have been practical challenges in the implementation of this bill, such as ensuring that all healthcare workers comply with the new restrictions. Healthcare settings are diverse, and the bill would have required ongoing education for staff to ensure they understand the law's scope. Additionally, patients and the public would have needed to be educated about the legal distinctions between various types of doctoral titles and their implications for medical practice.

Existing law already provides some exceptions to the use of titles like "doctor" or "physician" under certain circumstances, such as for individuals holding non-medical doctoral degrees or those working in non-medical roles (e.g., professors). The proposed amendment would have needed to ensure that these exceptions remain clear, so that individuals who are legally permitted to use such titles, but not necessarily as licensed medical professionals, are not unfairly penalized.

Since the proposed bill was amended, it now makes it unlawful for any individual to present themselves as an anesthesiologist assistant unless they meet specific requirements. Violating these regulations would be considered an unfair business practice. The bill mandates that anesthesiologist assistants work under the direction and supervision of an anesthesiologist, who must be physically present and immediately available to oversee the services provided. Additionally, anesthesiologist assistants would be allowed to assist in developing and implementing an anesthesia care plan for patients under the anesthesiologist's supervision.

LEGISLATIVE HISTORY

Existing law, Business and Professions Code 2054, regulates the use of titles such as "doctor," "physician," "Dr.," "M.D.," and "D.O." in relation to the practice of medicine. Under section 2054(a) It is illegal for someone to use the words "doctor," "physician," the letters "Dr.," "M.D.," or "D.O.," or any other terms implying they are a licensed physician or surgeon unless they hold a valid and unsuspended physician and surgeon certificate. Using these titles in a way that leads patients to believe a person is a licensed physician is considered a misdemeanor if they are not licensed.

Exemptions to this law are spelled out in Section 2054(b), clarifying that postgraduate students, medical graduates, authorized medical practitioners, current license holders, and individuals with doctoral degrees, such as in the context of academia, may use the term "doctor" or "Dr." in contexts not related to practicing medicine.

OTHER STATES' INFORMATION

Not applicable at this time.

PROGRAM BACKGROUND

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.

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 proposed bill designated the unauthorized use of the "Dr." title on name tags as a misdemeanor, which can result in one year jail time or \$1,000 fine. This could have generated fines for those violating the law which could have increased revenue for the Board and Department of Consumer Affairs (DCA). However, this was dependent on the frequency of violations. If additional monitoring or reporting requirements are imposed as part of the law's enforcement, there may be increased administrative overhead in terms of record-keeping and reporting compliance to regulatory bodies.

Healthcare facilities would have likely needed to update name tags, signage, and other official materials to ensure compliance with the law. This could have included costs for printing, updating name badges, and re-training staff on new procedures. However, if the bill successfully prevented confusion and fraud by unauthorized individuals using medical titles, there could have been a reduction in malpractice or misrepresentation cases, which could have led to cost savings in the long term for both healthcare providers and the public sector.

The fiscal impact of this bill as originally written would have likely been minimal to the Board and DCA, with costs primarily associated with enforcement and administrative updates. However, the amended language to specifically make it unlawful for any person to call themselves an anesthesiologist's assistant, unless they meet specified requirements for

licensure does not have a fiscal impact on the Board as it is outside the scope of the profession the Board regulates.

ECONOMIC IMPACT

Not applicable at this time.

LEGAL IMPACT

As the current law already criminalizes the use of certain terms and initials without proper certification, the proposed bill as originally written would have expanded this prohibition to a specific setting—name tags. Healthcare professionals who violate this law could face legal consequences, including misdemeanor charges. The bill would have necessitated more oversight and enforcement in healthcare environments to ensure compliance.

Since the bill was amended, there is no legal impact.

APPOINTMENTS

Not applicable at this time.

SUPPORT/OPPOSITION

Not applicable at this time.

Support:

Opposition:

ARGUMENTS

Not applicable at this time.

Proponents:

Opponents:

AMENDMENTS

MEMORANDUM

DATE	July 23, 2025
TO	Psychology Board Members
FROM	Jacklyn Mancilla, Legislative and Regulatory Affairs Analyst
SUBJECT	Agenda Item 12(c)(9) Watch Bills – AB 667 (Solache) Professions and vocations: license examinations: interpreters

Background

On February 14, 2025, AB 667 was introduced by Assembly member Jose Luis Solache.

This bill requires that the Department of Public Health (DPH) and the boards under the Department of Consumer Affairs (DCA) allow applicants who cannot read, speak, or write in English to use an interpreter, at no cost to the applicant, to provide interpreting services to the verbal and oral portions of the license or certification exam, as applicable, provided the applicant meets all other licensure requirements. The interpreter must meet specific criteria, including not holding the license for which the applicant is applying. Additionally, the bill requires boards and the DPH to display on their websites that applicants who cannot read, speak, or write in English may use an interpreter, assuming they fulfill all other licensure or certification conditions. Furthermore, the bill mandates that licensure or certification applications include a section for applicants to indicate their preferred language. Starting July 1, 2027, the DPH and relevant boards will also be required to annually review applicants' language preferences and boards will need to report the language preference data annually to designated legislative committees.

On March 3, 2025, AB 667 was referred to the Assembly Committee on Business and Professions and Assembly Committee on Health.

On April 1, 2025, AB 667 was amended to remove the language of “at no cost to the applicant.” Changes also included provisions that that an interpreter shall not assist the applicant with the examination and the Board shall not charge an applicant a fee, penalty, or surcharge for the applicant’s use of an interpreter.

On April 9, 2025, AB 667 was amended to specify the jurisdiction of the Department of Consumer Affairs, as specified in section 101 with the exception of the Boards within Division 2 (commencing with Section 500). With the current amendments as written, the Board is exempt from permitting Limited English Proficiency applicants who cannot read, speak, or write in English to use an interpreter to interpret the English written and oral portions of the license examination.

On April 11, 2025, AB 667 was presented to the Legislative and Regulatory Affairs Committee for position recommendation, which the committee determined to recommend to the Board to **Watch** AB 667.

On April 21, 2025, AB 667 was referred to the appropriations committee.

On May 7, 2025, AB 667 was placed in suspense file by the appropriations committee.

On May 9, 2025, AB 667 was presented to the Board with the Legislative and Regulatory Affairs Committee's recommendation to **Watch**. The Board determined to **Watch** AB 667.

On June 3, 2025, AB 667 passed the Assembly and was ordered to the Senate.

On June 18, 2025, AB 667 was referred to the Senate Committee on Business, Professions, and Economic Development.

On July 8, 2025, AB 667 was read for a second time, was amended, and referred to the Business, Professions, and Economic Development Committee.

On July 14, 2025, AB 667 passed the committee and was referred to the appropriations committee.

Action Requested

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

Attachment #1: Bill Text - [Weblink](#)

Attachment #2: Bill Analysis

Attachment #3: Fact Sheet

Attachment #4: Assembly Floor Analysis

AMENDED IN SENATE JULY 8, 2025

AMENDED IN ASSEMBLY APRIL 9, 2025

AMENDED IN ASSEMBLY APRIL 1, 2025

CALIFORNIA LEGISLATURE—2025–26 REGULAR SESSION

ASSEMBLY BILL

No. 667

Introduced by Assembly Member Solache

February 14, 2025

An act to add Section 41 to the Business and Professions Code, relating to professions and vocations.

LEGISLATIVE COUNSEL’S DIGEST

AB 667, as amended, Solache. Professions and vocations: license examinations: interpreters.

Existing law establishes the Department of Consumer Affairs, which is composed of various boards that license and regulate various professions.

This bill would, beginning July 1, 2026, require certain boards under the jurisdiction of the Department of Consumer Affairs to permit an applicant who cannot read, speak, or write in English to use an interpreter to interpret the English written and oral portions of the license examination ~~if the applicant meets all other requirements for licensure, as specified.~~ *specified requirements are satisfied.*

This bill would require an interpreter to satisfy specified requirements, including not having the license for which the applicant is taking the examination, and would prohibit the assistance of an interpreter under certain circumstances, including when English language proficiency is required for the license. The bill would also require those boards to post on their internet websites that an applicant may use an interpreter if

they cannot read, speak, or write in English, the examination is not offered in their preferred language, and they meet all other requirements for licensure.

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 41 is added to the Business and
- 2 Professions Code, to read:
- 3 41. (a) For purposes of this section:
- 4 (1) “Board” means any board under the jurisdiction of the
- 5 Department of Consumer Affairs, as specified in Section 101, with
- 6 the exception of boards within Division 2 (commencing with
- 7 Section 500).
- 8 (2) “Interpreter” means an individual who satisfies all of the
- 9 following conditions:
- 10 (A) Is fluent in English and in the applicant’s preferred language.
- 11 (B) Has not acted as an interpreter for the examination within
- 12 the year preceding the examination date.
- 13 (C) Is not licensed and has not been issued the license for which
- 14 the applicant is taking the examination.
- 15 (D) Is not a current or former student in an educational program
- 16 for the license for which the applicant is taking the examination.
- 17 (E) Is not a current or former student in an apprenticeship or
- 18 training program for the license for which the applicant is taking
- 19 the examination.
- 20 (F) Is not a current or former owner or employee of a school
- 21 for the license for which the applicant is taking the examination.
- 22 (b) Notwithstanding any other law, beginning July 1, 2026, each
- 23 board shall do all of the following:
- 24 (1) Permit an applicant to use an interpreter, if the applicant
- 25 cannot read, speak, or write in English, to interpret the English
- 26 written and oral portions of a state-administered *or contracted*
- 27 license examination to their preferred language, provided the
- 28 applicant meets all other requirements for ~~licensure~~. *licensure and*
- 29 *the use of an interpreter is permitted by the terms of the contract*
- 30 *for administration of the examination.*

1 (A) An interpreter shall not assist the applicant with any
2 examination for a license for which English language proficiency
3 is required by law or regulation.

4 (B) An interpreter shall not assist the applicant if an examination
5 is offered in the applicant's preferred language.

6 (C) The board shall not charge an applicant a fee, penalty, or
7 surcharge for the applicant's use of an interpreter.

8 (2) Post on the board's internet website that an applicant may
9 use an interpreter to interpret a license examination if the applicant
10 cannot read, speak, or write in English and the examination is not
11 offered in their preferred language, provided the applicant meets
12 all other competency requirements for licensure. This notice shall
13 be posted in English, Spanish, Farsi, Hindi, Chinese, Cantonese,
14 Mandarin, Korean, Vietnamese, Tagalog, and Arabic.

15 (3) Include an additional section in a license application that
16 asks an applicant to identify their preferred written, spoken, and
17 signed languages.

18 (c) Beginning July 1, 2027, each board shall conduct an annual
19 review of applicants' language preferences that are collected from
20 license applications.

21 (d) (1) Beginning January 1, 2029, each board shall annually
22 report to the Senate Business, Professions, and Economic
23 Development and the Assembly Business and Professions
24 Committees on language preference data collected from license
25 applications.

26 (2) The report shall be submitted in compliance with Section
27 9795 of the Government Code.

28 (3) Pursuant to Section 10231.5 of the Government Code, this
29 subdivision shall become inoperative on January 1, 2033.

O

2025 Bill Analysis

Author: Assemblymember Jose Luis Solache	Bill Number: AB 667	Related Bills:
Sponsor:	Version: Introduced	
Subject: Professions and vocations: license examinations: interpreters		

SUMMARY

This bill requires that the Department of Public Health (DPH) and the boards under the Department of Consumer Affairs (DCA) allow applicants who cannot read, speak, or write in English to use an interpreter, at no cost to the applicant, to assist with interpreting the verbal and oral portions of the license or certification exam, as applicable, provided the applicant meets all other licensure requirements. The interpreter must meet specific criteria, including not holding the license for which the applicant is applying. Additionally, the bill requires boards and the DPH to display on their websites that applicants who cannot read, speak, or write in English may use an interpreter, assuming they fulfill all other licensure or certification conditions. Furthermore, the bill mandates that licensure or certification applications include a section for applicants to indicate their preferred language. Starting July 1, 2027, the DPH and relevant boards will also be required to annually review applicants' language preferences and boards will need to report the language preference data annually to designated legislative committees.

RECOMMENDATION

Board staff recommends the Board **Support** the intent of the bill and recommend the following amendment:

- Clarify that the cost of certifying limited English proficiency (LEP) is the responsibility of the applicant. The applicant must demonstrate, at no cost to the Boards and Bureaus that require the Test of English as a Foreign Language TOEFL exam for applicants, to certify they have limited English proficiency (LEP) to be eligible for language access accommodations.

Other Boards/Departments that may be affected:			
☐ Change in Fee(s)	☐ Affects Licensing Processes	☐ Affects Enforcement Processes	
☐ Urgency Clause	☐ Regulations Required	☐ Legislative Reporting	☐ New Appointment Required
Legislative & Regulatory Affairs Committee Position:		Full Board Position:	
☐ Support ☐ Support if Amended		☐ Support ☐ Support if Amended	

☐ Oppose	☐ Oppose Unless Amended
☐ Neutral	☐ Watch
Date: _____	
Vote: _____	

☐ Oppose	☐ Oppose Unless Amended
☐ Neutral	☐ Watch
Date: _____	
Vote: _____	

REASON FOR THE BILL

According to the author, in California, only about 20 out of 200 professional license exams are offered in non-English languages, creating barriers for individuals with limited English proficiency (LEP), including immigrants and refugees. Despite having the necessary skills, these individuals struggle to pass exams, hindering their access to professional opportunities. This is especially problematic in sectors like healthcare, where there is a significant shortage of professionals, particularly in rural areas. The Department of Public Health has declared a workforce shortage in 34 of 58 counties, highlighting disparities between urban and rural communities. While California has made efforts to improve language access in professional licensing, providing LEP applicants with options such as interpreters at no cost to them, ensures equitable access to opportunities, particularly for the growing immigrant and refugee population.

ANALYSIS

AB 667, the Language Access in Professional Licensing Act, requires that licensing boards under the Department of Consumer Affairs (DCA), and the Department of Public Health (DPH), starting July 1, 2026, allow applicants who cannot read, speak, or write in English, but who meet all other licensure requirements, to use an interpreter for the verbal and oral portions of their examination. The interpreter services will be provided at no cost to the applicant. This provision ensures that language barriers do not prevent qualified candidates from obtaining professional licenses or certifications.

Applicants for licensure with the Board of Psychology must pass two exams: the Examination for Professional Practice in Psychology (EPPP) and the California Psychology Law and Ethics Examination (CPLEE). Applicants with limited English proficiency may request language access accommodations, including additional time, based on their English language skills. To be eligible for such language access accommodations, applicants must first take the Test of English as a Foreign Language (TOEFL). If their TOEFL score is below 85, they will be granted extra time to complete the EPPP. However, current regulations do not permit the use of interpreters during the exam process.

The CPLEE, administered by Psychological Services, Inc. (PSI), currently offers accommodations only for individuals with documented disabilities under the Americans with Disabilities Act (ADA). These accommodations may include private rooms, audio-visual software, and extended testing time, but PSI does not offer the option of translated or interpreted exams.

To accommodate applicants who need interpreters, the Board will need to revise its agreements with both the Association of State and Provincial Psychology Boards (ASPPB) and PSI to include interpreter services for those who require them. This bill stipulates that interpreters used during the exam process must meet certain standards, including the requirement that they not hold the license for which the applicant is seeking certification. This ensures impartiality and avoids conflicts of interest, ensuring that interpreters are qualified and neutral.

Additionally, the DPH and the relevant boards will be required to clearly communicate on their websites that applicants who cannot read, speak, or write in English may use an interpreter, provided they meet all other licensing requirements. The Board may continue to use the TOEFL to establish eligibility for interpreting services. The Board will need to coordinate with ASPPB and PSI to ensure applicants understand how to apply for interpreter services, how to register, and how to request language access accommodations.

Furthermore, starting July 1, 2027, the Board and the DPH will include a section in their licensure and certification applications for applicants to indicate their preferred language. This will help identify the language needs of applicants, which could influence future policies and services. The data collected on language preferences will inform decisions regarding resource allocation and improvements to services for non-English speakers in the future.

The Board and DPH will be required to review applicants' language preferences annually, beginning on July 1, 2029. Additionally, the Board must report this data to relevant legislative committees every year from 2029 through 2033. By tracking and reporting this data, the state can refine policies over time to improve services for non-English speakers.

In summary, this bill aims to create a more inclusive licensure process by offering interpreters and enhancing access to information for non-English speakers. By collecting data on language preferences, the bill also sets the foundation for future improvements and the allocation of resources to better serve a diverse population.

LEGISLATIVE HISTORY

In May 2023, the California Health and Human Services Department (CalHHS) introduced its first comprehensive agency-wide Language Access Policy. The goal of the Policy is to ensure that CalHHS, along with its Departments and Offices, provide meaningful access to information, programs, benefits, and services for individuals with limited English proficiency (LEP), ensuring that language barriers do not prevent access to essential health and social services. Each CalHHS Department or Office, whether it receives federal financial assistance, is required to develop and implement a Language Access Plan that aligns with the 2002 DOJ Guidance on such plans (DOJ Guidance, 67 F.R. 41455, at 41464-41465), and, when applicable, guidance from their federal funding agencies.

The Language Access Policy mandates that all CalHHS Departments and Offices provide free oral and sign language interpretation upon request at all points of public contact. It also requires the translation of vital documents and key website content into at least the top five languages spoken by LEP individuals in California.

AB 667 further supports the goals of this policy by ensuring that qualified applicants seeking licensure as healthcare professionals under the Department of Consumer Affairs (DCA) and the Department of Public Health (DHP) have similar language access to an interpreter for the verbal and oral portions of their licensure examinations.

OTHER STATES' INFORMATION

Not applicable at this time.

PROGRAM BACKGROUND

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.

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 bill mandates that interpreters be provided at no cost to applicants with limited English proficiency (LEP).

For the Examination for Professional Practice in Psychology (EPPP), applicants requesting language access accommodations due to LEP must first take the Test of English as a Foreign Language (TOEFL) to assess their English proficiency. If an applicant's TOEFL score is below 85, the applicant will be allotted time-and-a-half (1.5x) when taking the examination. Applicants are currently responsible for paying the \$270 fee to the Educational Testing Service (ETS) to take the TOEFL.

Under the current bill, applicants will incur no costs for interpreter services. However, they may be responsible for demonstrating, at their own expense, that they cannot read, speak, or write in English. The Board currently covers the cost of language access accommodations for LEP applicants, such as additional exam time. If the Board continues to use TOEFL scores to assess English proficiency and eligibility for interpreter services, it may be required to cover the TOEFL fee or reimburse applicants who score below 85 and qualify for language access accommodations, to ensure no cost to the applicant in accessing interpreter services.

Interpreting services are not included in any agreements between the Board and test administrators (ASPPB and PSI). In California, interpreter fees range from \$45 to \$150 per hour, depending on whether services are provided in person, virtually, or telephonically. The cost also varies based on the language being interpreted, with Spanish interpreters generally being less expensive than those less commonly spoken

foreign languages. Interpreting services often require a minimum time commitment, such as a 2-hour minimum, and applicants and their interpreters may need to be accommodated in a separate room.

It is unclear whether the current time-and-a-half accommodation will remain in place if interpreting services are available. If the accommodation for time-and-a-half is maintained, the number of hours an interpreter will be required could increase. Both the EPPP and CPLEE are in-person exams. The EPPP lasts 4.25 hours, not including time-and-a-half for language access accommodations, while the CPLEE lasts 2.5 hours. Applicants who score below 85 on the TOEFL and qualify for time-and-a-half will result in approximately 7 hours of interpreter services ($4.25 \text{ exam hours} \times 1.5 \text{ time-and-a-half} = 6.75 \text{ hours}$). For the CPLEE, time-and-a-half results in approximately 4 hours of interpreter services ($2.5 \text{ exam hours} \times 1.5 \text{ time-and-a-half} = 3.75 \text{ hours}$).

Interpreting services for an applicant taking the EPPP without time-and-a-half and a separate room are estimated to cost the Board between \$225 and \$750 per administration, based on \$45 to \$150 per hour for the 5 hours of interpretation services needed. If time-and-a-half and language access accommodations are provided, the cost increases to an estimated \$315 to \$1,050 per administration, based on 7 hours of interpretation services. As the current contract between the Board and ASPPB does not include separate rooms for the EPPP, the cost for a separate room is not included in these estimates. However, if the Board is also required to pay for or reimburse students for taking the TOEFL, these estimates would increase by \$270.

For the CPLEE, interpreting services for an applicant without time-and-a-half and a separate room are estimated to cost the Board between \$135 and \$450 per administration, based on \$45 to \$150 per hour for 3 hours of interpretation. With time-and-a-half and no separate room, the cost is estimated between \$180 and \$600 per administration for 4 hours of interpretation services. As the CPLEE contract with PSI includes separate rooms, the additional cost for a separate room is \$30.25 per administration. As with the EPPP, if the Board is also required to pay for or reimburse students for taking the TOEFL, these estimates would increase by \$270.

It is estimated that BOP will have no more than forty (40) candidates with this accommodation per year. The fees for a non-standard administration pursuant to this paragraph, if any, shall be \$90.50 per candidate. This fee is not reflected in the estimates previously provided.

In addition to the costs for TOEFL fees and interpreting services for the EPPP and CPLEE, the Board must also integrate language preference data into their license and certification applications, beginning July 1, 2027. This requires modifications to the BreEZe system and updates to the BreEZe online application. As the bill applies to all Boards and Bureaus within the Department of Consumer Affairs (DCA) that administer state or contracted licensing exams, these updates will be a DCA-wide expense.

Currently, the Board does not review applicants' language preferences annually or report this data to legislative committees. However, starting July 1, 2029, the Board will need to review language preferences annually and report the data to relevant legislative committees each year from 2029 through 2033. This task can be absorbed by the Board.

ECONOMIC IMPACT

Not applicable at this time.

LEGAL IMPACT

According to CCR Title 16 Section 1388(h), applicants with limited English proficiency (LEP) who seek language access accommodations must take the TOEFL. Applicants scoring below 85 may request additional time, typically time-and-a-half, for the EPPP or CPLEE exams. If the Board decides to eliminate the requirement for applicants to take the TOEFL to establish their LEP status and eligibility for language access accommodations, it will need to amend CCR Title 16 Section 1388(h) accordingly. Alternatively, if the Board chooses to maintain the TOEFL requirement but adds interpreting services or replaces interpreting services with additional time (time-and-a-half), the Board will also need to revise CCR Title 16 Section 1388(h) to reflect this change in language access accommodations. If the Board is required to pay for or reimburse applicants who score below 85 on the TOEFL, to ensure no cost to them for language access accommodations, it will need to amend CCR Title 16 Section 1388(h) accordingly.

This bill will also require the Board to review and update its agreements with both the Association of State and Provincial Psychology Boards (ASPPB) and Psychological Services, Inc. (PSI) to include interpreter services.

APPOINTMENTS

Not applicable at this time.

SUPPORT/OPPOSITION**Support:**

California Immigrant Policy Center (Sponsor)
Immigrants Rising (Sponsor)

Opposition:**ARGUMENTS****Proponents:****Opponents:**

AMENDMENTS



AB 667, Language Access in Professional Licensing

SUMMARY

AB 667, The Language Access in Professional Licensing Act requires that licensing boards under the Department of Consumer Affairs (DCA), and the Department of Public Health (DPH) allow individuals with Limited English Proficiency (LEP) the option to utilize an interpreter for a state, written examination for a professional license.

BACKGROUND

Immigrants make up 1 in 3 workers in California. Their contributions to California's economic vitality are significant: \$8.5 billion in state and local taxes annually, considerable numbers of people that they employ as entrepreneurs, and much more.

In California there are roughly 200 unique professional licenses available to various occupations. Obtaining a license is a required first step to work in many professions. Aside from functioning as prerequisites, professional licenses provide recipients with greater earning potential, education, and professional development opportunities.

PROBLEM

Of the 200 professional license examinations in California, only about 20 are offered in non-English languages. This is partly due to the lack of standardized language access policies across licensing regulatory bodies. Individuals from abroad or who have LEP can be at a disadvantage when trying to pass an examination despite the fact that they have the skills and energy to do the job. This creates barriers to economic inclusion for immigrant and refugee communities who are unable to receive a license to practice in their chosen occupation.

California has a significant shortage of professionals, particularly in health care, where individuals must sometimes drive for hours to find services or care, especially ones that are linguistic and culturally appropriate. DPH declared a health workforce shortage in 34 of 58 counties, which is

indicative of significant disparities between rural and urban communities.

Although California has taken steps to expand language access in the context of professional licensing, more work is needed to ensure that communities can equitably access meaningful professional opportunities. This is especially true as California is home to an increasingly diverse immigrant and refugee population whose primary language is not English.

SOLUTION

AB 667 requires that licensing boards under DCA, and DPH allow test takers the opportunity to take a professional licenses examination with assistance of an interpreter upon request. Additionally, they would be required to collect data from examination applicants on their written and spoken language preferences. This provides more equitable access and professional opportunities to individuals with limited English proficiency.

SUPPORT

California Immigrant Policy Center (Sponsor)
Immigrants Rising (Sponsor)

FOR MORE INFORMATION

John Duncan | john.duncan@asm.ca.gov
(916) 319-2062

Date of Hearing: April 8, 2025

ASSEMBLY COMMITTEE ON BUSINESS AND PROFESSIONS

Marc Berman, Chair

AB 667 (Solache) – As Amended April 1, 2025

NOTE: This bill is double referred and if passed by this Committee will be re-referred to the Assembly Committee on Health.

SUBJECT: Professions and vocations: license examinations: interpreters.

SUMMARY: Requires licensing boards within the Department of Consumer Affairs (DCA) and specified certification programs within the Department of Public Health (CDPH) to allow applicants who cannot read, speak, or write in English to use an interpreter when taking examinations required for licensure or certification.

EXISTING LAW:

- 1) Specifies that whenever any notice, report, statement, or record is required by the Business and Professions Code, it shall be made in writing in the English language unless it is otherwise expressly provided. (Business and Professions Code (BPC) § 11)
- 2) Provides that the term “board” includes “bureau,” “commission,” “committee,” “department,” “division,” “examining committee,” “program,” and “agency.” (BPC § 22)
- 3) Provides 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)
- 4) Establishes the DCA within the state Business, Consumer Services, and Housing Agency. (BPC § 100)
- 5) Enumerates various regulatory boards, bureaus, committees, and commissions under the DCA’s jurisdiction, including healing arts boards under Division 2. (BPC § 101)
- 6) 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)
- 7) 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)
- 8) Specifies workforce data that must be collected or requested by healing arts boards within the DCA from applicants for license renewal, including data on languages spoken by applicants. (BPC § 502)
- 9) Requires both the questions and answers for the examination of applicants for a license to practice dentistry in California to be written in the English language. (BPC § 1630)

- 10) Requires the Dental Board of California, the Dental Hygiene Board of California, the Medical Board of California, and the Osteopathic Medical Board of California to collect specified information from their respective applicants and licensees, including information regarding each applicant's or licensee's cultural background and foreign language proficiency, if reported by the licensee. (BPC § 1715.5; § 1902.2; § 2425.3; § 2455.2)
- 11) Requires foreign-trained dentists participating in the Licensed Dentists from Mexico Pilot Program to possess a specified English language comprehension and conversational level and requires employers of dentists in the pilot program to ensure that participants are enrolled in local English-language instruction programs and that the participants attain English-language fluency at a level that would allow the participants to serve the English-speaking patient population when necessary and have the literacy level to communicate with appropriate hospital staff when necessary. (BPC § 1645.4)
- 12) Prohibits students from being denied admission to a medical degree program or a healing arts residency program based on the student's citizenship or immigration status. (BPC § 2064.3; § 2064.4)
- 13) Requires foreign-trained physicians participating in the Licensed Physicians from Mexico Program to successfully complete the Test of English as a Foreign Language (TOEFL). (BPC § 2125)
- 14) Requires all continuing medical education courses for physicians and surgeons to contain curriculum that includes cultural and linguistic competency in the practice of medicine. (BPC § 2190.1)
- 15) Defines "cultural and linguistic competency" as cultural and linguistic abilities that can be incorporated into therapeutic and medical evaluation and treatment, including direct communication in the patient-client primary language, understanding and applying the roles of culture in health care, and awareness of how health care providers and patients attitudes, values, and beliefs influence and impact professional and patient relations. (BPC § 2198.1)
- 16) Requires an applicant for licensure as a physical therapist who graduated from an education program outside the United States to successfully complete the TOEFL. (BPC § 2653)
- 17) Requires all examinations designed to ascertain applicants' fitness to practice the profession of optometry to be conducted in the English language. (BPC § 3053)
- 18) Requires applicants for licensure under the international medical graduate physician assistant training program to successfully complete the TOEFL. (BPC § 3537.20)
- 19) Requires the State Board of Barbering and Cosmetology to offer and make available all written materials provided to licensees and applicants in English, Korean, Spanish, and Vietnamese. (BPC § 7312)
- 20) Requires the Cemetery and Funeral Bureau to examine applicants for a cemetery broker's license on their appropriate knowledge of the English language, including reading, writing, and spelling, and of elementary arithmetic. (BPC § 7651.7)

- 21) Provides that the first part of the licensing examination for shorthand reporters consists of a section on English. (BPC § 8020.5)
- 22) Authorizes the Court Reporters Board to examine an applicant for licensure as a shorthand reporter on their knowledge of the English language if the applicant is from a country where the principal language spoken is one other than English. (BPC § 8023.5)
- 23) Requires the Structural Pest Control Board to examine applicants for licensure on their use and understanding of the English language, including reading and writing. (BPC § 8565)
- 24) Requires licensed general acute care hospitals to review their policies regarding interpreters for patients with limited-English proficiency and adopt policies for providing language assistance services to patients with language or communication barriers, including procedures for providing the use of an interpreter whenever a language or communication barrier exists. (Health and Safety Code (HSC) § 1259)
- 25) Requires the CDPH to develop and adopt regulations establishing standards and requirements to provide health care service plan enrollees with appropriate access to language assistance in obtaining health care services, including through translation and interpretation for medical services. (HSC § 1367.04)
- 26) Requires health care service plans to publish provider directories with information on contracting providers that deliver health care services to the plan's enrollees, including disclosures informing enrollees that they are entitled to language interpreter services, at no cost to the enrollee, and how to obtain interpretation services. (HSC § 1367.27)
- 27) Provides for the certification of nurse assistants by the CDPH. (HSC §§ 1337 *et seq.*)
- 28) Provides for the certification of home health aides by the CDPH. (HSC §§ 1725 *et seq.*)
- 29) Requires the Department of Health Care Access and Information (HCAI) to work with the Employment Development Department, state licensing boards, and state higher education entities to collect specified data, including the diversity of the health care workforce, by specialty, including data on race, ethnicity, and languages spoken. (HSC § 128051)
- 30) Enacts the Dymally-Alatorre Bilingual Services Act, which generally requires state agencies that provide information or services to a substantial number of members of the public who do not speak English to employ bilingual persons to ensure provision of information and services to the public in the language of non-English-speaking members of the public. (Government Code §§ 7290 *et seq.*)

THIS BILL:

- 1) Defines “board” as inclusive of any board under the jurisdiction of the DCA.
- 2) Defines “interpreter” as an individual who satisfies all of the following conditions:
 - a) Has not acted as an interpreter for the examination within the year preceding the examination date.

- b) Is not licensed and has not been issued the license for which the applicant is taking the examination.
 - c) Is not a current or former student in an educational program for the license for which the applicant is taking the examination.
 - d) Is not a current or former student in an apprenticeship or training program for the license for which the applicant is taking the examination.
 - e) Is not a current or former owner or employee of a school for the license for which the applicant is taking the examination.
- 3) Beginning July 1, 2026, requires each board to permit applicants for licensure to use an interpreter, if the applicant cannot read, speak, or write in English, to interpret the English written and oral portions of a state-administered or contracted license examination to their preferred language, provided the applicant meets all other requirements for licensure.
 - 4) Prohibits an interpreter from assisting an applicant with any section of an examination that is explicitly intended to test an applicant's English language skills.
 - 5) Prohibits an interpreter from assisting an applicant if an examination is offered in the applicant's preferred language.
 - 6) Prohibits boards from charging an applicant any fee, penalty, or surcharge for the applicant's use of an interpreter.
 - 7) Requires boards to publish information on their websites about the ability of applicants to use an interpreter if the applicant cannot read, speak, or write in English, to interpret the English written and oral portions of a state-administered or contracted license examination to their preferred language, provided the applicant meets all other requirements for licensure.
 - 8) Requires the above information to be posted in English, Spanish, Farsi, Hindi, Chinese, Cantonese, Mandarin, Korean, Vietnamese, Tagalog, and Arabic.
 - 9) Requires boards to include an additional section in a license application that asks an applicant to identify their preferred written, spoken, and signed languages.
 - 10) Requires each board to conduct an annual review of applicants' language preferences that are collected from license applications.
 - 11) Requires boards to annually report on that data to the Assembly Business and Professions Committee and the Senate Committee on Business, Professions, and Economic Development.
 - 12) Establishes similar requirements for certification programs under the CDPH for nurse assistants and home health aides.

FISCAL EFFECT: Unknown; this bill is keyed fiscal by the Legislative Counsel.

COMMENTS:

Purpose. This bill is co-sponsored by the *California Immigrant Policy Center*, *Immigrants Rising*, and the *Economic Mobility for All Coalition*. According to the author:

For too long, thousands of Californians have had to compromise on their careers and professional goals due to language barriers. Obtaining a professional license is an important entry point for people to work across a wide spectrum of occupations, from health care providers to accountants and engineers to contractors. Professional licenses not only open the door to further professional development and career growth but also create greater access to higher earning potential and wages, helping individuals achieve economic stability. Efforts to expand access to professional licenses for individuals with limited English proficiency, who disproportionately experience difficult economic conditions, currently exist only in very limited and uneven circumstances.

Background.

Department of Consumer Affairs. 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 within the application process, typically including specified education, training, and examination requirements.

Health Care Workforce Inequities. There has long been an acknowledged decline in the number of accessible health care providers, which has disproportionately impacted communities with concentrated populations of immigrant families and people of color. For example, a recent study found that between 2010 and 2019, the number of primary care physicians in proportion to population remained largely unchanged nationally, but counties with a high proportion of minorities saw a decline during that period.¹ Additionally, practitioners who are accessible to immigrant communities often do not possess sufficient cultural or linguistic competence to appropriately treat all patients.

Research cited by the California Health Care Foundation (CHCF) in its 2021 report “Health Workforce Strategies for California: A Review of the Evidence” found that while roughly 40 percent of Californians identified as Latino/x in 2019, only 14 percent of medical school matriculants and 6 percent of active patient care physicians in California were Latino/x.² In February 2024, the Assembly Committee on Health held an informational hearing on diversity in California’s health care workforce. The background paper for the hearing concluded that “it is well-documented that physicians from minority backgrounds are more likely to practice in Health Profession Shortage Areas and to care for minority, Medicaid, and uninsured people than their counterparts.”³

¹ Liu M, Wadhwa RK. *Primary Care Physician Supply by County-Level Characteristics*, 2010-2019.

² <https://www.chcf.org/publication/health-workforce-strategies-california>

³ <https://ahea.assembly.ca.gov/media/1665>

A 2018 study published by the Latino Policy & Politics Initiative at the University of California, Los Angeles (UCLA) found that while nearly 44 percent of the California population speaks a language other than English at home, many of the state's most commonly spoken languages are underrepresented within the health care provider workforce. The UCLA report specifically identified Spanish, Filipino, Thai/Lao, and Vietnamese as underrepresented languages. The report recommended placing an emphasis on language ability in medical school admissions. Since 2006, all continuing medical education courses approved by accrediting associations have been required to contain curriculum that includes cultural and linguistic competency in the practice of medicine.⁴

A similar access gap has been associated with the underrepresentation of culturally and linguistically competent dentists. While 40 percent of California's population is Latino/x, research has found that only 8 percent of the state's dentists are identified as Latino/x or Black.⁵ The lack of Spanish-speaking dental professionals contributes to persistent access failures for vulnerable communities in California such as farmworkers. The Farmworker Health Survey conducted by researchers at the University of California, Merced found that only 35 percent of farmworkers had visited the dentist in the past year.⁶

Compounding these issues of access is a significant lack of diversity among health care practitioners, with several minority groups remaining persistently underrepresented within the healing arts. A recent study of data from the American Community Survey and the Integrated Postsecondary Education Data System found that Black, Hispanic, and Native American people are nationally represented across 10 different health care professions.⁷ As a result, minorities seeking to enter these professions face significant systemic obstacles, and patients who are representative of minority groups or immigrant communities often do not have access to practitioners who possess the cultural or linguistic competence to provide appropriate care.

Access to Occupational Licensure for Non-English Speakers. The DCA includes a number of boards that license occupations other than those within the healing arts. A number of reports in recent years have called for reforms to California's licensure scheme, criticizing the state's regulation of occupations and professions as burdensome and complex. The Little Hoover Commission's *Jobs for Californians: Strategies to Ease Occupational Licensing Barriers* advocated for the state to "review its licensing requirements and determine whether those requirements are overly broad or burdensome to labor market entry or labor mobility."⁸ Barriers to entry such as licensing fees, education requirements, examinations, conviction disqualifications, and other prerequisites have all been subjected to scrutiny to ensure they are appropriately tailored to what is needed for consumer protection. As a result, efforts have been

⁴ https://latino.ucla.edu/wp-content/uploads/2019/08/The_Patient_Perspective-UCLA-LPPI-Final.pdf

⁵ UCLA Center for Health Policy Research. *Barriers to Accessing Dental Care for Low-Income Californians*. <https://healthpolicy.ucla.edu/newsroom/blog/report-identifies-barriers-accessing-dental-care-low-income-californians>

⁶ UC Merced, *Farmworker Health Study: Assessing the Health and Well-Being of California's Farmworkers*. February 2023. https://clc.ucmerced.edu/sites/clc.ucmerced.edu/files/page/documents/fwhs_report_2.2.2383.pdf

⁷ Salsberg, Edward *et al.* "Estimation and Comparison of Current and Future Racial/Ethnic Representation in the US Health Care Workforce." *JAMA network open* vol. 4,3 e213789. 1 March 2021.

⁸ Little Hoover Commission. (2023). *Jobs for Californians: Strategies to ease occupational licensing barriers*. <https://lhc.ca.gov/report/jobs-californians-strategies-ease-occupational-licensing-barriers/>

made to increase access to these professions, particularly among representatives of underrepresented communities such as immigrants and minorities.

License Examination and Language Access. Efforts have been specifically made to increase access to a state licensing boards for non-English speakers. The State Board of Barbering and Cosmetology (BBC) complies with the Dymally-Alatorre Bilingual Services Act, which requires state agencies to provide information in languages utilized by the public who accesses information from that particular agency. The BBC translates all its informational materials into Korean, Spanish, and Vietnamese, and the BBC advised during its last sunset review that language access continues to be one of its top priorities. The BBC's licensing unit sends examination admission letters in the applicant's preferred language (English, Korean, Spanish, or Vietnamese). Written examinations are offered in English, Spanish, Vietnamese, and Korean.

Similarly, the Contractors State License Board offers several of its license examinations in Spanish. These include the Law and Business exam, which tests knowledge of regulations and business management, and the B – General Building exam, assessing oversight of construction projects. Trade-specific exams available in Spanish include C-8 – Concrete, C-9 – Drywall, C-15 – Flooring and Floor Covering, C-27 – Landscaping, C-33 – Painting and Decorating, C-54 – Ceramic and Mosaic Tile, C-36 – Plumbing, and C-39 – Roofing.

Not all licensing entities are housed within the DCA. In 2023, the Legislature enacted Assembly Bill 451 (Calderon), which requires the California Department of Insurance to offer the examination for licensure as a life agent, accident and health or sickness agent, property broker-agent, and casualty broker-agent to be provided in English, Spanish, Simplified Chinese, Vietnamese, Korean, and Tagalog. Similarly, the Department of Real Estate offers its examinations for real estate salespersons and brokers in Spanish.

This bill would seek to further expand access to licensure by non-English-speaking applicants by requiring boards under the DCA and specified certification programs under the CDPH to allow for applicants who cannot read, speak, or write in English to utilize an interpreter when taking required examinations. The interpreter would not be allowed to be a student or licensee of the applicable board, and an interpreter would not be allowed to assist applicants on examinations intended to test the applicant's English language skills or examinations offered in the applicant's preferred language. In addition, this bill would require all boards to collect data on each applicant's preferred language, which would then be reported to the appropriate policy committees of the Legislature.

Current Related Legislation. AB 1307 (Ávila Farías) would revise the requirements of the Licensed Dentists from Mexico Pilot Program, including by replacing existing English proficiency requirements with a requirement that applicants successfully complete the TOEFL.

Prior Related Legislation. AB 451 (Calderon), Chapter 136, Statutes of 2023 required the examination for the license for a life agent, accident and health or sickness agent, property broker-agent, and casualty broker-agent to be provided in English, Spanish, Simplified Chinese, Vietnamese, Korean, and Tagalog.

AB 470 (Valencia), Chapter 330, Statutes of 2023 updated continuing medical education standards to further promote cultural and linguistic competency and enhance the quality of physician-patient communication.

AB 2113 (Low), Chapter 186, Statutes of 2020 requires entities under the DCA to expedite applications from refugees, asylees, and special immigrant visa holders.

ARGUMENTS IN SUPPORT:

A letter signed by 64 members of the *Economic Mobility for All Coalition*, including the sponsors of this bill, includes the following arguments in support: “California is home to the largest and most diverse immigrant population in the country. Immigrants make up one in three workers in California, paying \$61.8 billion in state and local taxes annually, employing thousands as entrepreneurs, and driving economic growth across industries. However, despite their contributions, many immigrants and individuals with LEP face significant barriers to obtaining professional licenses—an essential step in securing employment in regulated fields such as healthcare, accounting, contracting, and more.” The coalition further argues that “California has made strides in expanding language access, but there is still much work to be done. As the state continues to welcome a diverse immigrant and refugee population, including many whose primary language is neither English nor Spanish, it is crucial that we create equitable pathways for career success. Expanding language access in professional licensing examinations is a necessary and overdue step in fostering economic inclusion, strengthening our workforce, and meeting the needs of our communities.”

ARGUMENTS IN OPPOSITION:

There is no opposition on file.

POLICY ISSUE(S) FOR CONSIDERATION:

Potential for Examination Subversion. Recent cheating scandals raise legitimate concerns about the risk of interpreters being used to undermine the integrity of license examinations. For example, in July 2019, the California State Board of Pharmacy received credible information that there had been significant public exposure of questions on the California Practice Standards and Jurisprudence Examination for Pharmacists. The test results were invalidated and students were forced to retake the examination. While this bill seeks to address these concerns by prohibiting interpreters from being trained in the profession for which an examination is offered, the author should remain mindful of the need to ensure that there is no risk of applicants subverting license examinations through the use of interpreters.

Interprofessional Communication. As discussed in this analysis, there is an urgent need to increase cultural and linguistic diversity and competence in the health care professions. However, there is the potential for issues to arise if licensed professionals working within the health care system are unable to effectively communicate with one another due to language barriers. Imprecise or unclear communication regarding patient symptoms, medical histories, or treatment plans can lead to misdiagnoses, inappropriate treatments, or even medication errors.

For instance, if, due to language barriers, a nurse misinterprets a physician’s prescription instructions, or a pharmacist misunderstands a patient’s reported allergy, this could result in administering the wrong medication or dosage, potentially causing harm. Similarly, language barriers could hinder the ability of health care practitioners to effectively communicate with other individuals and entities involved in the delivery of care to patients, such as insurers, regulators, and emergency medical technicians or other first responders. While applicants for healing arts licensure who do not speak English would likely be of significant value to patients

who share the same preferred language, a lack of a common language within the health care workforce has the potential to jeopardize patient safety and quality of care. The author should consider narrowing the bill to exclude license examinations for health care professionals.

Conflict with Existing Language Requirements. This bill would allow interpreters to be used only by applicants for licensure who cannot read, speak, or write in English. However, there are notable examples of practice acts that require English-language proficiency to practice. For example, certain professionals licensed by the Court Reporters Board, the Cemetery and Funeral Bureau, and the Physical Therapy Board are all required to demonstrate a level of comprehension of English if that is not their native language. Similarly, a number of laws allowing for the licensure of foreign-trained professionals require those applicants to pass an examination demonstrating English-language proficiency before allowing them to practice.

This bill would specifically prohibit interpreters from being used on an examination explicitly intended to test an applicant's English language skills. However, this raises questions as to how an applicant who cannot read, speak, or write in English would be pass such an examination but be deemed unable to comprehend English for purposes of other examinations, or how they could comply with existing laws requiring proficiency in English. The author may wish to clarify that the requirements of the bill do not apply to any examination for a license for which English language proficiency is required pursuant to law or regulation.

IMPLEMENTATION ISSUES:

Contracted Examinations. This bill would specifically apply to both state-administered and contracted license examinations. Many licensing examinations are not specific to California, but are administered nationally and are typically required for licensure across the country, which facilitates license portability between states. California does not have control over the content or administration of these examinations.

For example, to become licensed as an optometrist in California, applicants must pass both the California Laws and Regulations Exam and a national examination developed by the National Board of Examiners in Optometry (NBO). Currently, all 50 states, the District of Columbia, and Puerto Rico all use the NBO Exam for licensure. Because the NBO is a private organization, it chooses where to offer its examinations, and Part III of the NBO has historically been administered exclusively at a testing site located in North Carolina. Under this bill, California applicants who cannot read, speak, or write in English would have the right to use an interpreter on the NBO Exam, but it is unlikely that California would be able to compel the NBO to comply with this requirement. This bill should likely clarify that it does not apply to national examinations.

In instances where a license examination is specific to California, it may still be the case that a third party is engaged in administering the examination. For example, one prominent testing organization is PSI Services LLC. PSI administers examinations for several boards under the DCA, including trade exams for the California Contractors State License Board and the California Supplemental Examination for the California Architects Board. Applicants for licensure schedule their examinations directly through PSI's website and the examination is taken at a PSI testing location. Another frequently used vendor is Pearson VUE, which administers examinations such as the California Law and Ethics Examination for licensees under the Board of Behavioral Sciences. While these examinations are specifically developed for purposes of licensure in California, they are administered by a third party who may not be able to

accommodate interpreters or may not agree to adjust the terms of their contract with the state. The author may further wish to provide that this bill does not apply to examinations administered by third parties pursuant to a contract with boards under the DCA.

AMENDMENTS:

- 1) To narrow the requirements of the bill to exempt licensed professionals working within the health care system, amend the definition of “board” in Section 1 of the bill to exclude healing arts boards within Division 2 of the Business and Professions Code and strike Sections 2 and 3 from the bill to remove references to certification programs under the CDPH.
- 2) To resolve potential implementation challenges for examinations administered by third parties, strike the words “or contracted” from subdivision (b) in Section 1 of the bill.
- 3) To avoid conflicts with existing requirements that specified licensees possess a demonstrated level of comprehension of English, further amend subdivision (b) in Section 1 of the bill as follows:

(1)(A) An interpreter shall not assist the applicant with any ~~section of an~~ examination ~~that is explicitly intended to test an applicant's English language skills~~ for a license for which English language proficiency is required pursuant to law or regulation.

REGISTERED SUPPORT:

California Immigrant Policy Center (*Co-Sponsor*)
Economic Mobility for All Coalition (*Co-Sponsor*)
Immigrants Rising (*Co-Sponsor*)
AdvancED Consulting, LLC
Alliance for a Better Community
AltaMed Health Services
Amigos De Guadalupe Center for Justice and Empowerment
APRIL Parker Foundation
Asian Pacific Islander Small Business Collaborative
Bay Area Medical Academy
Bet Tzedek Legal Services
Binational of Central California
Buen Vecino
Building Skills Partnership
California Healthy Nail Salon Collaborative
California Primary Care Association
Canal Alliance
Central Valley Immigration Integration Collaborative
Central Valley Workers Center
Centro Community Hispanic Association
Children's Institute
Chinese for Affirmative Action
City Heights Community Development Corporation
CLEAN Carwash Worker Center
Democracy at Work Institute
Diversity in Health Training Institute

East Bay Sanctuary Covenant
Education and Leadership Foundation
First Gen Empower
First Graduate
Foundation for California Community Colleges
Hmong Innovating Politics
Inclusive Action for the City
Initiating Change in Our Neighborhoods Community Development Corporation
Inland Coalition for Immigrant Justice
Inland Empire Immigrant Youth Collective
Interfaith Refugee & Immigration Service
International Rescue Committee
LA Cocina
Language Access
LISC San Diego
Los Angeles Economic Equity Accelerator and Fellowship
Loyola Law School Sunita Jain Anti-Trafficking Initiative
Moreno Seeds Foundation
Multicultural Institute
National Immigration Law Center
New Mexico Immigrant Law Center
Nile Sisters Development Initiative
O Community Doulas
On the Move
ORALE: Organizing Rooted in Abolition Liberation and Empowerment
Pars Equality Center
Pre-health Dreamers
Robinson HR & Benefits
Second Harvest of Silicon Valley
Slavic Refugee and Immigrant Services Organization
Small Business Majority
Somali Family Service of San Diego
South Asian Network
Southern California College Attainment Network
Survivors of Torture, International
TODEC Legal Center
Trabajadores Unidos Workers United
UNITE-LA
Upvalley Family Centers of Napa County
Upwardly Global
Veggielution
Vision y Compromiso

REGISTERED OPPOSITION:

None on file

Analysis Prepared by: Robert Sumner / B. & P. / (916) 319-3301

MEMORANDUM

DATE	July 23, 2025
TO	Psychology Board Members
FROM	Jacklyn Mancilla, Legislative and Regulatory Affairs Analyst
SUBJECT	Agenda Item 14 – Regulatory Update, Review, and Consideration of Additional Changes

The following is a list of the Board of Psychology's (Board) regulatory packages, and their status in the rule-making process:

a) 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

Production Stage. This phase includes Board-approved text, 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. Staff has prepared the initial submission documents. Regulatory counsel and Budgets have completed their review of production documents. The package will be presented to the Board at the August Board Meeting for review of proposed changes.

b) Title 16 CCR sections 1380.3, 1381.1, 1381.2, 1381.4, 1381.5, 1382, 1382.3, 1382.4, 1382.5, 1386, 1387, 1387.1, 1387.2, 1387.3, 1387.4, 1387.5, 1391, 1391.1, 1391.3, 1391.4, 1391.5, 1391.6, 1391.8, 1391.11, and 1391.12 – Pathways to Licensure

Preparing Regulatory Package	Initial Departmental Review	Notice with OAL and Hearing	Notice of Modified Text and Hearing	Preparation of Final Documentation	Final Departmental Review	Submission to OAL for Review	OAL Approval and Board Implementation

Drafting Phase. This phase includes preparation of the regulatory package and collaborative reviews by Board staff and legal counsel.

c) **Update on 16 CCR sections 1380.6, 1393, 1396, 1396.1, 1396.2, 1396.4, 1396.5, 1397, 1397.1, 1397.2, 1397.35, 1397.37, 1397.39, 1397.50, 1397.51, 1397.52, 1397.53, 1397.54, 1397.55 - Enforcement Provisions**

Preparing Regulatory Package	Initial Departmental Review	Notice with OAL and Hearing	Notice of Modified Text and Hearing	Preparation of Final Documentation	Final Departmental Review	Submission to OAL for Review	OAL Approval and Board Implementation

Drafting Phase. This phase includes preparation of the regulatory package and collaborative reviews by Board staff and legal counsel. The proposed statutory changes have been included in the Boards sunset review.

d) **Update on 16 CCR sections 1397.35 – 1397.40 - Corporations**

Preparing Regulatory Package	Initial Departmental Review	Notice with OAL and Hearing	Notice of Modified Text and Hearing	Preparation of Final Documentation	Final Departmental Review	Submission to OAL for Review	OAL Approval and Board Implementation

Drafting Phase. This phase includes preparation of the regulatory package and collaborative reviews by Board staff and legal counsel. The proposed statutory changes have been included in the Boards sunset review.

e) **Title 16 CCR sections 1381, 1387, 1387.10, 1388, 1388.6, 1389, and 1389.1 – Applications – Implementation of AB 282**

Preparing Regulatory Package	Initial Departmental Review	Notice with OAL and Hearing	Notice of Modified Text and Hearing	Preparation of Final Documentation	Final Departmental Review	Submission to OAL for Review	OAL Approval and Board Implementation

Drafting Phase. This phase includes preparation of the regulatory package and collaborative reviews by Board staff and legal counsel.

On May 19, 2023, the Board approved the statutory and regulatory changes that would implement the EPPP part 2 Skills Exam, effective January 1, 2026, along with the AB 282 (Aguiar-Curry, Ch. 45, Stat. of 2023) mandates that allow applicants as specified to take any and all examinations required for licensure. On May 10, 2024, Board approved amended regulatory language.

On October 22, 2024, the Association of State and Provincial Psychology Boards (ASPPB) paused the decision to make EPPP a two-part exam effective on January 1, 2026. Board staff will pause the regulatory work related to implementing EPPP Part 2 based on this new development.

As this regulatory package originally serves a dual purpose, Board staff is currently working with Budget and Legal Counsel on a standalone regulatory package to implement the mandates of AB 282 and bring it to the Board for review and discussion at the August 22, 2025, Board meeting. With this change, the anticipated implementation date would be tentatively postponed to 2027.

f) Title 16 CCR sections 1390 – 1390.14 – Research Psychoanalyst

Preparing Regulatory Package	Initial Departmental Review	Notice with OAL and Hearing	Notice of Modified Text and Hearing	Preparation of Final Documentation	Final Departmental Review	Submission to OAL for Review	OAL Approval and Board Implementation

Drafting Phase. This phase includes preparation of the regulatory package and collaborative reviews by Board staff and legal counsel.

On May 10, 2024, the Board approved the adoption of regulations for Research Psychoanalysts. On August 16, 2024, the Board approved the revised language. On July 2, 2025, SB 775, the Board's Sunset Bill, incorporated the approved regulations, expanding the Board's regulatory authority over research psychoanalysts and student research psychoanalysts. The revised regulations also update registration requirements, mandating coursework or training in substance abuse detection and treatment, suicide risk assessment and intervention, and aging and long-term care. Other changes include the introduction of fingerprinting fees for applicants and alignment of research psychoanalyst training requirements with those of other behavioral health professionals, including training in human sexuality, child abuse assessment and reporting, and the promotion of training in elder and dependent adult abuse.

g) Title 16 CCR section 1396.8 – Standards of Practice for Telehealth Services

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

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. Board staff has completed production documents, and the package is under review by regulatory legal counsel and Budget staff.

In 2023, the Board conducted a Barriers to Telehealth survey. The surveys were sent to licensees who provide telehealth services and consumers. As a result of the survey, the Enforcement Committee was asked to review telehealth requirements (including HIPAA, Business and Professions Code Section 2290.5, and California Code of Regulations Section 1396.8) to make sure licensees who are providing telehealth services are in compliance. The Enforcement Committee identified amendments to California Code of Regulations Section 1396.8. At the February 27, 2025, Board Meeting, the revised regulatory language was reviewed and approved by the Board.

Action Requested:

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

MEMORANDUM

DATE	July 23, 2026
TO	Psychology Board Members
FROM	Jacklyn Mancilla, Legislative and Regulatory Affairs Analyst
SUBJECT	Agenda Item 15 – Discussion and Possible Action of Proposed Changes to Language to the Disciplinary Guidelines and Uniform Standards Related to Substance-Abusing Licensees

Background

The California Board of Psychology (Board) is responsible for licensing, regulating, and investigating complaints involving psychologists and psychological associates. Under Chapter 6.6 of Division 2 of the Business and Professions Code (BPC), the Board’s primary mandate—as outlined in BPC §2920.1—is the protection of the public.

The Board proposes updates to its Disciplinary Guidelines to align with recent statutory and regulatory changes. These revisions reflect requirements stemming from the enactment of AB 2138, new Board regulations regarding criminal convictions and substantial relationship criteria, and the Department’s Uniform Standards for Substance-Abusing Licensees.

At its August 18, 2023, meeting, the Board voted to adopt regulatory amendments to Title 16, California Code of Regulations (CCR), Section 1395.2, which originally established the Disciplinary Guidelines by regulation in 1992. These Guidelines provide a standardized framework for imposing disciplinary actions under the Administrative Procedure Act and serve as a critical reference in all Board enforcement matters. However, the current version—last amended in 2015—contains outdated language and probation conditions that are inconsistent with current legal standards and the modern probationary process.

The proposed revisions include both substantive and technical updates. These changes add the phrase “Model Disciplinary Orders” to the title, hyphenate “Substance-Abusing,” standardize capitalization (e.g., “Decision”), and update

the effective date reference to “[Amended 8/2023].” The proposal also revises authority and reference citations to include BPC 2936, which grants the Board authority to establish ethical and disciplinary standards, and Government Code 11519, which governs the effective date of decisions and terms such as restitution.

Action Requested

Board staff requests that the Board review and approve the proposed revisions to Section 1395.2, Article 7, Division 13.1, Title 16 of the California Code of Regulations. These revisions modify the regulatory text previously approved at the August 2023 Board Meeting. Staff also requests approval of changes to the Document Incorporated by Reference.

Attachment #1: California Code of Regulations Section 1395.2

Attachment #2: Document Incorporated by Reference.

DEPARTMENT OF CONSUMER AFFAIRS
BOARD OF PSYCHOLOGY

**PROPOSED REGULATORY LANGUAGE REGARDING
DISCIPLINARY GUIDELINES**

Legend:	Added text is indicated with an <u>underline</u> . Deleted text is indicated by ~~strikeout~~ .

Amend section 1395.2 of Article 7 of Division 13.1 of Title 16 of the California Code of Regulations to read as follows:

§ 1395.2. Disciplinary Guidelines and Uniform Standards Related to Substance-Abusing Licensees.

(a) In reaching a dDecision on a disciplinary action under the administrative adjudication provisions of the Administrative Procedure Act (Government Code Section 11400 et seq.), the Board of Psychology shall consider and apply the “Disciplinary Guidelines, Model Disciplinary Orders, and Uniform Standards Related to Substance-Abusing Licensees ~~(4/15)~~ [Amended (8/2025)],” which is hereby incorporated by reference.

(b) If the conduct found to be grounds for discipline involves drugs and/or alcohol, the licensee shall be presumed to be a substance-abusing licensee for purposes of Ssection 315 of the Code. If the licensee does not rebut that presumption, in addition to any and all other relevant terms and conditions contained in the Disciplinary Guidelines, the terms and conditions that incorporate the Uniform Standards Related to Substance-Abusing Licensees shall apply as written and be used in the order placing the license on probation.

(c) Deviation from the Disciplinary Guidelines, including the standard terms of probation, is appropriate where the Board of Psychology in its sole discretion determines that the facts of the particular case warrant such a deviation; for example: the presence of mitigating or aggravating factors; the age of the case; or evidentiary issues.

NOTE: Authority cited: Section 2930, Business and Professions Code. Reference: Sections 315, 315.2, 315.4, 2936, 2960, 2960.05, 2960.1, 2960.5, 2960.6, 2961, 2962, 2963, 2964, 2964.3, 2964.5, 2964.6, 2965, 2966 and 2969, Business and Professions Code; and Sections s 11425.50(e) and 11519, Government Code.

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
BOARD OF PSYCHOLOGY



DISCIPLINARY GUIDELINES, MODEL
DISCIPLINARY ORDERS, AND
UNIFORM STANDARDS RELATED TO
SUBSTANCE-ABUSING LICENSEES

ADOPTED 11/92 - EFFECTIVE 1/1/93 –
AMENDED 7/1/96, AMENDED 4/1/99, AMENDED 9/1/02,
AMENDED 2/07, AMENDED 4/15, AMENDED (8/2025)

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DISCIPLINARY GUIDELINES, MODEL DISCIPLINARY ORDERS, AND UNIFORM STANDARDS RELATED TO SUBSTANCE-ABUSING LICENSEES

Article 7. Standards Related to Denial, Discipline, and Reinstatement of Licenses.

§ 1395.2. Disciplinary Guidelines and Uniform Standards Related to Substance-Abusing Licensees.

(a) In reaching a ~~d~~Decision on a disciplinary action under the administrative adjudication provisions of the Administrative Procedure Act (Government Code Section 11400 et seq.), the Board of Psychology shall consider and apply the “Disciplinary Guidelines, Model Disciplinary Orders, and Uniform Standards Related to Substance-Abusing Licensees (4/15) [Amended (8/2025)],” which is hereby incorporated by reference.

(b) If the conduct found to be grounds for discipline involves drugs and/or alcohol, the licensee shall be presumed to be a substance-abusing licensee for purposes of Section 315 of the Code. If the licensee does not rebut that presumption, in addition to any and all other relevant terms and conditions contained in the Disciplinary Guidelines, the terms and conditions that incorporate the Uniform Standards Related to Substance-Abusing Licensees shall apply as written and be used in the order placing the license on probation.

(c) Deviation from the Disciplinary Guidelines, including the standard terms of probation, is appropriate where the Board of Psychology in its sole discretion determines that the facts of the particular case warrant such a deviation; for example: the presence of mitigating or aggravating factors; the age of the case; or evidentiary issues.

NOTE: Authority cited: Section 2930, Business and Professions Code. Reference: Sections 315, 315.2, 315.4, 2936, 2960, 2960.05, 2960.1, 2960.5, 2960.6, 2961, 2962, 2963, 2964, 2964.3, 2964.5, 2964.6, 2965, 2966 and 2969, Business and Professions Code; and Section 11425.50(e) and 11519, Government Code.

I. INTRODUCTION

The Board of Psychology of the California Department of Consumer Affairs (hereinafter “the Board”) is a ~~consumer protection regulatory agency with the priority of~~ responsible for protecting consumers of psychological services from unsafe, incompetent, or negligent practitioners, ~~in exercising its licensing, regulatory, and disciplinary functions.~~ By statute, protection of the public is the Board’s highest priority in exercising its licensing, regulatory, and disciplinary functions (Business and Professions Code (Code) Section 2920.1). In keeping with its statutory mandate, ~~to this particularly vulnerable population,~~ the Board has adopted the following recommended guidelines for disciplinary orders and conditions of probation for violations of the Psychology Licensing Law (Code Section 2900 et seq.) and the Psychology Regulations (Title 16 of the California Code of Regulations (16 CCR) Section 1380 et seq.). This document, designed for use by administrative law judges, attorneys, psychologists, ~~registered psychologists,~~ registered psychological assistants, associates, registered psychological testing technicians, others involved in the disciplinary process, and ultimately the Board, may be revised from time to time.

For purposes of this document, in addition to licensure as a psychologist, the term “license” includes a registered psychological assistant-associate registration and registered psychologist psychological testing technician registration. The term “designee” refers to the Executive Officer, Assistant Executive Officer, Enforcement Program Manager, and Probation Monitor, of the Board of Psychology. The terms and conditions of probation are divided into two general categories:

- (1) Standard Terms and Conditions are those conditions of probation ~~which that~~ will generally appear in all cases involving probation ~~as a standard term and condition;~~ and
- (2) Optional Terms and Conditions are those conditions that address the specific circumstances of the case and require discretion to be exercised depending on the nature and circumstances of a particular case.

The Board of Psychology’s Uniform Standards Related to Substance-Abusing Licensees, which are derived from the Department of Consumer Affairs’ Substance Abuse Coordination Committee’s “Uniform Standards Regarding Substance-Abusing Healing Arts Licensees (4/113/2019)” pursuant to Section 315 of the Code, describe those terms or conditions that shall be applied to a substance-abusing licensee, and are incorporated into the terms and conditions of probation. These standards and the rationale therefore appear in the optional terms and conditions of probation and are fully set forth in section VI of these guidelines.

The Board recognizes that an individual case may necessitate a departure from these guidelines for disciplinary orders. However, in such a case, the mitigating or aggravating circumstances must be detailed in the “Finding of Fact,” which is in every Proposed Decision, so that the circumstances can be better understood and evaluated by the Board before final action is taken.

If at the time of hearing, the Administrative Law Judge finds that ~~the~~ respondent, for any reason, is not capable of safe practice, the Board expects outright revocation or denial of the license.

This is ~~statutorily~~particularly required~~true~~ in any case of ~~patient~~client sexual ~~contact~~abuse with a licensee. In less egregious cases, a stayed revocation with probation pursuant to the attached ~~Penalty~~Disciplinary Guidelines would be appropriate.

II. DISCIPLINARY GUIDELINES

A. GENERAL CONSIDERATIONS

~~Factors to be considered~~—In determining whether revocation, suspension, or probation is to be imposed in a given case, ~~factors such as the following should be considered~~the Board must consider the following:

Substantial Relationship Criteria set forth in 16 CCR Section 1394:

- ~~1. Nature and severity of the act(s), offense(s), or crime(s) under consideration.~~
- ~~2. Actual or potential harm to any consumer, client, or the public.~~
- ~~3. Prior record of discipline or citations.~~
- ~~4. Number and/or variety of current violations.~~
- ~~5. Mitigation and aggravation evidence.~~
- ~~6. Rehabilitation evidence.~~
- ~~7. In the case of a criminal conviction, compliance with terms of sentence and/or court-ordered probation.~~
- ~~8. Overall criminal record.~~
- ~~9. Time passed since the act(s) or offense(s) occurred.~~
- ~~10. Whether or not the respondent cooperated with the Board's investigation, other law enforcement or regulatory agencies, and/or the injured parties.~~
- ~~11. Recognition by respondent of his or her wrongdoing and demonstration of corrective action to prevent recurrence.~~

(a) For the purposes of denial, suspension, or revocation of a license or registration pursuant to Section 141, or Division 1.5 (commencing with Section 475) of the Code, or Sections 2960 or 2960.6 of the Code, a crime, professional misconduct, or act shall be considered to be substantially related to the qualifications, functions or duties of a person holding a license or registration under the Psychology Licensing Law (Chapter 6.6 of Division 2 of the Code), if to a substantial degree it evidences present or potential unfitness of a person holding a license or registration to perform the functions authorized by the license or registration, or in a manner consistent with the public health, safety, or welfare.

(b) In making the substantial relationship determination required under subdivision (a) for a crime, the board shall consider the following criteria:

- (1) The nature and gravity of the offense;
- (2) The number of years elapsed since the date of the offense; and
- (3) The nature and duties of the profession in which the applicant seeks licensure or in which the licensee is licensed.

(c) For purposes of subdivision (a), substantially related crimes, professional misconduct, or acts shall include, but are not limited to, the following:

- (1) Violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of or conspiring to violate any provision or term of the Psychology Licensing Law.
- (2) Conviction or act involving fiscal dishonesty.
- (3) Conviction or act involving child abuse.
- (4) A conviction requiring a person to register as a sex offender pursuant to Section 290 of the Penal Code.
- (5) Conviction or act involving lewd conduct or sexual impropriety.
- (6) Conviction or act involving assault, battery, or other violence.
- (7) Conviction or act involving the use of drugs or alcohol to an extent or in a manner dangerous to the individual or the public.
- (8) Conviction or act involving harassment, trespass, or stalking.

Rehabilitation Criteria for Suspensions or Revocations as set forth in 16 CCR Section 1395.1:

(a) When considering the suspension or revocation of a license or registration of a person holding a license or registration under the Psychology Licensing Law (Chapter 6.6 of Division 2 of the Code) has been convicted of a crime, the Board shall consider whether the licensee or registrant has made a showing of rehabilitation if the person completed the criminal sentence without a violation of parole or probation. In making this determination, the Board shall use the following criteria in (1) through (5), as available:

- (1) Nature and gravity of the crime(s).
- (2) The reason for granting and the length(s) of the applicable parole or probation period(s).
- (3) The extent to which the applicable parole or probation period was shortened or lengthened, and the reason(s) the period was modified.
- (4) The terms or conditions of parole or probation and the extent to which they bear on the licensee's or registrant's rehabilitation.
- (5) The extent to which the terms or conditions of parole or probation were modified, and the reason(s) for modification.

(b) If the licensee or registrant has not completed the criminal sentence at issue without a violation of parole or probation, the suspension or revocation is based on a disciplinary action as described in Section 141 of the Code, the suspension or revocation was based one or more of the grounds specified in Sections 2960 or 2960.6 of the Code, or the Board determines that the licensee or registrant did not make a showing of rehabilitation based on the criteria in subdivision (a), the Board shall apply the following criteria in evaluating the licensee's or registrant's rehabilitation:

- (1) Total criminal record, record of discipline or other enforcement action, including the nature and gravity of the acts underlying the discipline or enforcement action.
- (2) The time that has elapsed since commission of the act(s) or crime(s).
- (3) Whether the licensee or registrant has complied with any terms of parole, probation, restitution or any other sanctions lawfully imposed against such person.
- (4) If applicable, evidence of dismissal proceedings pursuant to Section 1203.4 of the Penal Code.

(5) The criteria in subdivision (a)(1)-(5), as applicable.

(6) Evidence, if any, of rehabilitation submitted by the licensee or registrant demonstrating that he or she has a mature, measured appreciation of the gravity of the misconduct, and remorse for the harm caused, and showing a demonstrated course of conduct by the licensee or registrant that convinces and assures the Board that the public will be safe if the person is permitted to remain licensed or registered to practice psychology.

Pursuant to Section 2960.1 of the Code ~~(set out below in the Penalty Guidelines)~~, any ~~p~~Proposed ~~d~~Decision or ~~d~~Decision that contains any ~~f~~Finding of ~~f~~Fact that ~~the licensee or respondent~~ ~~or registrant~~ engaged in any act of sexual contact, when that act is with a ~~patient~~client, or with a former ~~patient~~client within two (2) years following termination of therapy, shall contain an order of revocation. The revocation shall not be stayed by the Administrative Law Judge.

Pursuant to Section 2964.3 of the Code, any person required to register as a sex offender pursuant to Section 290 of the Penal Code is not eligible for licensure or registration by the Board.

Except where an order is required by statute, deviation from the Disciplinary Guidelines, including the standard terms of probation, is appropriate where the Board determines that the facts of the particular case warrant such a deviation. The Board shall impose more restrictive terms and conditions if necessary to protect the public.

B. ~~PENALTY~~ GUIDELINES FOR DISCIPLINARY ACTIONS

~~The general statutory bases for discipline are listed below, along with the names and numbers for the applicable optional terms and conditions. by statute number in the Business & Professions Code. An accusation, statement of issues, or other charging document may also allege violations of other related statutes or regulations. The bases are followed by the Board determined penalty, including the names and numbers for the optional terms and conditions.~~ The standard terms of probation as stated shall be included in all decisions and orders. Except where there is a finding that respondent is a substance-abusing licensee, the Board recognizes that the penalties proposed disciplinary action, terms and conditions of probation listed are merely guidelines and that individual cases will necessitate variations that take into account unique circumstances.

~~If there are deviations or omissions from the guidelines in formulating a Proposed Decision, the Board requires that t~~The Administrative Law Judge hearing the case must include an explanation of the any deviations or omissions from the Disciplinary Guidelines in the Proposed Decision so that the circumstances can be better understood by the Board during its review and consideration of the Proposed Decision for final action.

Business and Professions Code § 2960

2960 GENERAL UNPROFESSIONAL CONDUCT

MAXIMUM: Revocation; denial of license ~~or registration.~~

~~MINIMUM: Revocation stayed, depending upon the circumstances, up to 5-year probation, psychological evaluation and/or therapy if appropriate (2) and (6), California Psychology Law and Ethics Examination (CPLÉE) (7), and standard terms and conditions (14-31).~~

MINIMUM: Revocation stayed, five (5) years' probation, standard terms and conditions (14-32), and depending on the circumstances, California Law and Ethics Examination (CPLÉE) (6).

865.2 SEXUAL ORIENTATION CHANGE EFFORTS (CONVERSION THERAPY)

MAXIMUM: Revocation; denial of license.

MINIMUM: Revocation stayed, five (5) years' probation, standard terms and conditions (14-32), and depending on the circumstances, practice monitor (3), practice restriction (4), psychotherapy (5), and examination(s) (6).

2960(a) CONVICTION OF A CRIME SUBSTANTIALLY RELATED TO THE PRACTICE OF PSYCHOLOGY

MAXIMUM: Revocation; denial of license or registration.

~~MINIMUM: Revocation stayed, 5-year probation, billing monitor (if financial crime) (4), therapy (6), CPLÉE (7), restitution (if appropriate) (8), and standard terms and conditions (14-31).~~

MINIMUM: Revocation stayed, five (5) years' probation, standard terms and conditions (14-32), and depending on the circumstances, billing monitor (if financial crime) (3), restitution (7), psychotherapy (5), and CPLÉE (6).

2960(b) USE OF CONTROLLED SUBSTANCE OR ALCOHOL IN A DANGEROUS MANNER

MAXIMUM: Revocation; denial of license or registration.

~~MINIMUM: Revocation stayed, 5-year probation, physical examination (if appropriate) (3), practice monitor (4), psychological evaluation and ongoing therapy (if appropriate) (2) and (6), clinical diagnostic evaluation (9), participation in an alcohol/drug abuse treatment program (10) and ongoing support group (11), abstain from all non-prescribed, controlled drugs and alcohol, /biological fluid and specimen testing [required for substance-abusing licensees] (12), and standard terms and conditions (14-31).~~

MINIMUM: Revocation stayed, five (5) years' probation, standard terms and conditions (14-32), and depending on the circumstances, physical examination (2), worksite monitor (3), psychotherapy (if recommended by psychological evaluator) (5), clinical diagnostic evaluation (8), participation in an alcohol/drug abuse treatment program (9), ongoing support group (10), abstain from drugs and alcohol, and submit to tests and samples (11).

2960(c) FRAUDULENTLY OR NEGLECTFULLY MISREPRESENTING THE TYPE OR STATUS OF LICENSE OR REGISTRATION ACTUALLY HELD

MAXIMUM: Revocation; denial of license ~~or registration~~.

~~MINIMUM:~~ ~~Revocation stayed, 5 years probation, and standard terms and conditions (14-31).~~

MINIMUM: Revocation stayed, five (5) years' probation, standard terms and conditions (14-32), and depending on the circumstances, CPLEE (6).

2960(d) IMPERSONATING ANOTHER PERSON HOLDING A PSYCHOLOGY LICENSE OR ALLOWING ANOTHER PERSON TO USE ~~HIS OR HER~~ THEIR LICENSE ~~OR REGISTRATION~~

MAXIMUM: Revocation; denial of license ~~or registration~~.

MINIMUM: Revocation stayed, five (5-) years' probation, standard terms and conditions (14-32), and depending on the circumstances ~~psychological evaluation (2), and CPLEE (7-6), and standard terms and conditions (14-31).~~

2960(e) PROCURING, APPLYING FOR A LICENSE OR PASSING AN EXAMINATION BY FRAUD OR DECEPTION

~~Penalty~~ DISCIPLINE: Revocation is the only suitable ~~penalty discipline~~ inasmuch as the license would not have been issued but for the fraud or deception. If the fraud is substantiated prior to issuance of the license ~~or registration~~, then denial of the application is the only suitable ~~penalty discipline~~.

2960(f) ACCEPTING REMUNERATION OR PAYING FOR REFERRALS TO OTHER PROFESSIONALS PAYING, OR OFFERING TO PAY, OR ACCEPTING PAYMENT, MONETARY OR OTHERWISE, FOR REFERRAL OF CLIENTS

MAXIMUM: Revocation; denial of license ~~or registration~~.

MINIMUM: Revocation stayed, five (5-) years' probation, standard terms and conditions (14-32), and depending on the circumstances, billing monitor (43), and CPLEE (76), and standard terms and conditions (14-31).

2960(g) VIOLATING SECTION 17500 OF THE BUSINESS AND PROFESSIONS CODE REGARDING ADVERTISING

Penalty **DISCIPLINE:** Revocation stayed, five (5-) years' probation and standard terms and conditions (14-31) (14-32).

2960(h) WILLFUL VIOLATION OF CONFIDENTIALITY

MAXIMUM: Revocation; denial of license ~~or registration~~.

MINIMUM: Revocation stayed, five (5-) years' probation, standard terms and conditions (14-32), and depending on the circumstances, practice monitor (43), and CPLEE (76), and standard terms and conditions (14-31).

2960(i) VIOLATION OF RULES OF PROFESSIONAL CONDUCT

MAXIMUM: Revocation; denial of license ~~or registration~~.

MINIMUM: Revocation stayed, five (5-) years' probation, standard terms and conditions (14-32), and depending upon the circumstances, psychological evaluation and/or therapy if appropriate (2) and (6), and CPLEE (76), and standard terms and conditions (14-31).

2960(j) ~~GROSS NEGLIGENCE IN THE PRACTICE OF PSYCHOLOGY~~

MAXIMUM: Revocation; denial of license ~~or registration~~.

MINIMUM: Revocation stayed, five (5-) years' probation, standard terms and conditions (14-32), and depending on the circumstances, psychological evaluation prior to resumption of practice (condition precedent) (2), practice monitor/billing monitor (43), patient population restriction of practice (if appropriate) (54), therapy/psychotherapy (65), and examination(s) CPLEE (76) and standard terms and conditions (14-31).

2960(k) VIOLATING ANY PROVISION OF THE PSYCHOLOGY LICENSING LAW OR RELATED REGULATIONS THIS CHAPTER OR REGULATIONS DULY ADOPTED THEREUNDER

Refer to underlying statute or regulation.

2960(l) AIDING OR ABETTING UNLICENSED PRACTICE

MAXIMUM: Revocation; denial of license ~~or registration~~.

MINIMUM: Revocation stayed, five (5-) years' probation, standard terms and conditions (14-32), and depending on the circumstances, CPLEE (76), and standard terms and conditions (14-31).

2960(m)/2960.6 DISCIPLINARY ACTION BY ANOTHER AGENCY, STATE, OR COUNTRY AGAINST A LICENSE OR REGISTRATION

DISCIPLINE: In evaluating the appropriate ~~penalty~~ discipline, identify the comparable California statute(s) or regulation(s), and corresponding ~~penalty(s)~~ discipline.

2960(n) DISHONEST, CORRUPT, OR FRAUDULENT ACT

MAXIMUM: Revocation; denial of license ~~or registration~~.

MINIMUM: Revocation stayed, five (5-) years' probation, standard terms and conditions (14-32), and depending on the circumstances, psychological evaluation and ongoing therapy psychotherapy if appropriate (2)(5), billing monitor (43), CPLEE (7-6), and full restitution (87), and standard terms and conditions (14-31).

2960(o); 726; 729 ~~ANY ACT OF SEXUAL ABUSE, OR SEXUAL RELATIONS WITH A PATIENT CLIENT OR FORMER PATIENT CLIENT WITHIN TWO YEARS FOLLOWING TERMINATION OF THERAPY, SEXUAL EXPLOITATION, OR SEXUAL MISCONDUCT THAT IS SUBSTANTIALLY RELATED TO THE QUALIFICATIONS, FUNCTIONS OR DUTIES OF A PSYCHOLOGIST OR PSYCHOLOGICAL ASSISTANT OR REGISTERED PSYCHOLOGIST.~~

Penalty DISCIPLINE: ~~When a finding of sexual misconduct occurs, r~~Revocation or surrender of license/~~registration~~ and/or denial of license ~~or registration~~ MUST ~~must~~ be the ~~penalty~~ discipline ordered by the Administrative Law Judge.

~~NO MINIMUM PENALTY.~~

NOTE: ~~Business and Professions Code~~ Section 2960.1 of the Code states: "Notwithstanding Section 2960, any proposed Decision or Decision issued under this chapter in accordance with the procedures set forth in Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code, that contains any Finding of Fact that the licensee or registrant engaged in any act of sexual contact, as defined in Section 2960, shall contain an order

of revocation. The revocation shall not be stayed by the Administrative Law Judge.”
“~~Notwithstanding Section 2960, any proposed decision or decision issued under this chapter in accordance with the procedures set forth in Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code, that contains any finding of fact that the licensee or registrant engaged in any acts of sexual contact, as defined in Section 728, when that act is with a patient, or with a former patient within two years following termination of therapy, shall contain an order of revocation. The revocation shall not be stayed by the Administrative Law Judge.~~”

2960(p) FUNCTIONING OUTSIDE FIELD(S) OF COMPETENCE

MAXIMUM: Revocation; denial of license ~~or registration~~.

MINIMUM: Revocation stayed, five (5-) years’ probation, standard terms and conditions (14-32), and depending on the circumstances, practice monitor (43), patient population restriction (5) restriction of practice (4), and CPLEE examination(s) (76), and standard terms and conditions (14-31).

2960(q) WILLFUL FAILURE TO VERIFY AN APPLICANT’S SUPERVISED EXPERIENCE

~~Penalty~~DISCIPLINE: Revocation stayed, five (5-) years’ probation and standard terms and conditions (14-32)(14-31).

2960(r) REPEATED NEGLIGENT ACTS

MAXIMUM: Revocation; denial of license ~~or registration~~.

MINIMUM: Revocation stayed, ~~depending on circumstances, up to five (5-) years’ probation, standard terms and conditions (14-32), and depending on the circumstances, psychological evaluation prior to resumption of practice (condition precedent) (2), practice monitor (4-3), CPLEE examination(s) (76), and standard terms and conditions (14-31).~~

III. TERMS AND CONDITIONS OF PROBATION

Terms and conditions of probation are divided into two categories. The first category consists of **optional terms and conditions** that may be appropriate as demonstrated in the Penalty Disciplinary Guidelines depending on the nature and circumstances of each particular case. The second category consists of the **standard terms and conditions**, which must appear in all Proposed Decisions and Stipulated Settlements.

To enhance the clarity of a Proposed Decision or ~~Stipulation~~ Settlement, the Board requests that all optional terms and conditions of probation (1-13) that are being imposed be listed first in sequence followed immediately by all of the standard terms and conditions of probation, which includes cost recovery (15-31-14-32).

A. OPTIONAL TERMS AND CONDITIONS OF PROBATION

Listed below are optional terms and conditions of probation that the Board would expect to be included in any Proposed Decision or Stipulationed Settlement as appropriate.

1. Actual Suspension

As part of probation, respondent is suspended from the practice of psychology for _____ days beginning with the effective date of this Decision. During the suspension, any probation period is tolled and will not commence again until the suspension is completed.

RATIONALE: A suspension longer than six (6) months is not effective, and a violation or violations warranting a longer suspension should result in revocation, not stayed.

2. ~~Psychological Evaluation~~

~~Within ninety (90) days of the effective date of this Decision and on a periodic basis thereafter as may be required by the Board or its designee, respondent shall undergo a psychological evaluation (and psychological testing, if deemed necessary) by a Board-appointed California-licensed psychologist. Respondent shall sign a release that authorizes the evaluator to furnish the Board a current DSM V diagnosis and a written report regarding the respondent's judgment and/or ability to function independently as a psychologist with safety to the public, and whatever other information the Board deems relevant to the case. The completed evaluation is the sole property of the Board. The evaluation should not be disclosed to anyone not authorized by the Board or by court order.~~

~~If the Board concludes from the results of the evaluation that respondent is unable to practice independently and safely, upon written notice from the Board, respondent shall immediately cease accepting new patients and, in accordance with professional standards, shall appropriately refer/terminate existing patients within thirty (30) days and shall not resume practice until a Board-appointed evaluator determines that respondent is safe to practice. The term of probation shall be extended by this period of time that he or she was ordered to cease practice.~~

~~If not otherwise ordered herein, if ongoing psychotherapy is recommended in the psychological evaluation, the Board will notify respondent in writing to submit to such therapy and to select a psychotherapist for approval by the Board or its designee within thirty (30) days of such notification. The therapist shall (1) be a California-licensed psychologist with a clear and current license; (2) have no previous business, professional, personal or other relationship with respondent; (3) not be the same person as respondent's practice or billing monitor. Frequency of psychotherapy shall be determined upon recommendation of the treating psychotherapist with approval by the Board or its designee. Respondent shall continue psychotherapy until released by the approved psychologist and approved by the Board or its designee. The Board or its designee may order a re-evaluation upon receipt of the therapist's recommendation.~~

Respondent shall execute a release authorizing the therapist to provide to the Board any information the Board or its designee deems appropriate, including quarterly reports of respondent's therapeutic progress. Respondent shall furnish a copy of this Decision to the therapist. If the therapist determines that the respondent cannot continue to independently render psychological services, with safety to the public, he/she shall notify the Board immediately.

Respondent shall pay all costs associated with the psychological evaluation and ongoing psychotherapy. Failure to pay costs will be considered a violation of the probation order.

Option of Evaluation as a Condition Precedent:

~~In some cases, the psychological evaluation may be imposed as either a condition precedent to the continued practice of psychology, or to the issuance or reinstatement of a license, so that the respondent or petitioner is not entitled to begin or continue practice until found to be safe to do so. In such cases, the following language shall be used as the first sentence of the first paragraph of this term:~~

~~As a condition precedent to the [continued practice of psychology][issuance of a license] [reinstatement of a license], within ninety (90) days of the effective date of this Decision, and on a periodic basis thereafter as may be required by the Board or its designee, Respondent shall undergo a psychological evaluation (and psychological testing, if deemed necessary) by a Board-appointed California-licensed psychologist. The term of probation shall be extended by the period of time during which respondent is not entitled to practice.~~

~~In addition, the following language shall also be used as the first sentence of the second paragraph of this term:~~

~~If the Board concludes from the results of the evaluation that [respondent][petitioner] is unable to practice independently and safely, upon written notice from the Board [respondent shall, in accordance with professional standards, appropriately refer/terminate existing patients within thirty (30) days and shall not resume practice until a Board-appointed evaluator determines that respondent is safe to practice][respondent or petitioner shall not be issued or have reinstated a license until a Board-appointed evaluator determines that respondent or petitioner is safe to practice].~~

~~**RATIONALE:** Psychological evaluations shall be utilized when an offense calls into question the judgment and/or emotional and/or mental condition of the respondent or where there has been a history of abuse or dependency of alcohol or controlled substances. When appropriate, respondent shall be barred from rendering psychological services under the terms of probation until he or she has undergone an evaluation, the evaluator has recommended resumption of practice, and the Board has accepted and approved the evaluation.~~

23. Physical Examination

Within ~~ninety (90)~~forty-five (45) days of the effective date of this Decision, respondent shall undergo a physical examination by a ~~physician and surgeon (physician)~~medical evaluator licensed in California and approved by the Board.

For purposes of these guidelines, a “medical evaluator” means a physician and surgeon, a physician’s assistant or a nurse practitioner holding a license in good standing, as issued by the appropriate agency within the Department of Consumer Affairs. “Good standing” shall mean a current, active and unrestricted license.

The medical evaluator shall have no current or former financial, personal, familial, or other social or business relationship with respondent that could reasonably be expected to compromise the ability of the medical evaluator to render impartial and unbiased reports to the Board.

Respondent shall sign a release authorizing the ~~physician~~medical evaluator to furnish the Board with a report that shall provide an assessment of respondent’s physical condition and ~~capability~~ability to safely provide psychological services to the public. If the ~~evaluating physician~~medical evaluator determines that respondent’s physical condition prevents safe practice, or that ~~he or she~~respondent can only practice with restrictions, the ~~physician~~medical evaluator shall notify the Board, in writing, within five (5) working days.

The Board shall notify respondent in writing of the ~~physician’s~~medical evaluator’s determination of unfitness to practice, and shall order ~~the~~ respondent to cease practice or place restrictions on respondent’s practice. Respondent shall comply with any order to cease practice or restriction of ~~his or her~~their practice, and shall immediately cease accepting new ~~patients~~clients and, in accordance with professional standards, shall appropriately refer/terminate existing ~~patients~~clients within thirty (30) days. Respondent shall not resume practice until a Board-~~appointed~~approved evaluator determines that respondent is safe to practice, and the Board is satisfied of respondent’s fitness to practice safely and has so notified respondent in writing. The term of probation shall be extended by the period of time during which respondent is ordered to cease practice. If the ~~evaluating physician~~medical evaluator determines it to be necessary, a recommended treatment program will be instituted and followed by ~~the~~ respondent with ~~the physician~~an appropriately licensed healthcare practitioner providing written progress reports to the Board on a quarterly basis, or as otherwise determined by the Board or its designee.

It shall be ~~the~~ respondent’s responsibility to assure that the required quarterly progress reports are filed by ~~the treating physician~~an appropriately licensed healthcare practitioner in a timely manner. Respondent shall pay all costs of such examination(s). Failure to pay these costs shall be considered a violation of probation.

RATIONALE: This condition permits the Board to require ~~the probationer~~respondent to obtain appropriate treatment for physical ~~problems/disabilities~~conditions that could affect the safe practice of psychology. The physical examination can also be conducted to ensure that there is no physical evidence of alcohol/drug abuse.

34. Practice Monitor/Billing Monitor/Worksite Monitor

Within ~~ninety (90)~~ thirty (30) days of the effective date of this Decision, respondent shall submit to the Board or its designee for prior approval, the name and qualifications of a psychologist who has agreed to serve as a [practice monitor][billing monitor][worksite monitor]. The [practice monitor][billing monitor] shall (1) be a California-licensed psychologist with an active, unrestricted, and current license of at least five (5) years duration; (2) have no prior business, professional, personal, or other relationship with respondent current or former financial, personal, familial, or other social or business relationship with respondent that could reasonably be expected to compromise the ability of the monitor to render fair and unbiased reports to the Board; and (3) not be the same person as respondent's therapist have completed six (6) hours of supervision coursework. The monitor's education and experience shall be in the same field of practice as that of the respondent. The [practice monitor][billing monitor] may also serve as a worksite monitor, **if ordered for a substance-abusing licensee**, as long as ~~he or she~~ the monitor also meets the requirements for a worksite monitor.

Once approved, the monitor(s) shall submit to the Board or its designee a plan by which respondent's [practice] [billing] [worksite] shall be monitored. The Board may amend the plan to increase or decrease the frequency of monitoring sessions with thirty (30) days written notice to both the monitor and respondent. Monitoring frequency shall consist of at least one hour per week of individual in-person face-to-face meetings and shall continue during the entire probationary period unless modified or terminated by the Board or its designee. ~~The R~~respondent shall provide the [practice][billing] monitor with a copy of this Decision and access to respondent's fiscal and/or patient/client records. Respondent shall obtain any necessary patient/client releases to enable the [practice][billing] monitor to review records and to make direct contact with patients/clients. Respondent shall execute a release authorizing the monitor to divulge any information that the Board may request. It shall be respondent's responsibility to assure that the monitor submits written reports to the Board or its designee on a quarterly basis verifying that monitoring has taken place and providing an evaluation of respondent's performance.

Respondent shall secure written authorizations for releases of personal information from the clients for review of the entirety of their client records by a [practice monitor][billing monitor][worksite monitor], consistent with the releases obtained, including billing and charge records. Records for review shall be presented in their original format and in the order in which the files are maintained so the monitor may select and review records at respondent's worksite. If respondent has more than one worksite, all worksites shall be made available for review. The Board or its designee, upon fifteen (15) day written notice to respondent, may require respondent to have more than one monitor, based on multiple worksites, monitor availability, or other similar factors.

Respondent shall notify all current and potential patients/clients of any term or condition of probation that will affect their therapy/psychotherapy or the confidentiality of their records (such as this condition, which requires a [practice monitor][billing monitor]). Such

notifications shall be signed by each ~~patient~~ client prior to continuing or commencing treatment.

The following paragraph regarding billing monitoring must be included in the Order, if a billing monitor has been ordered:

The Board ~~shall~~ may require an annual audit of respondent's billings. Within sixty (60) days of the date of a written notice requiring an audit, respondent shall provide the Board with the names and qualifications of three (3) auditors, who must be certified public accountants authorized to practice in this State; the auditor will be selected by the Board. The auditor shall not have a current or former financial, personal, familial, or other social or business relationship with respondent that could reasonably be expected to compromise the ability of the auditor to render an impartial audit. Respondent shall obtain client releases, pursuant to the audit requirements, to enable the auditor to perform the audit. The audit shall include randomly selected client billing records. Within one hundred-eighty (180) days of the date of the Board's written notice of approval of the auditor, a final audit report shall be completed and submitted to the billing monitor and the Board. The cost of the audits shall be borne by respondent. Failure to cooperate or pay for an audit shall constitute a violation of probation.

The following paragraphs ~~Add the language of the next 3 paragraphs~~ regarding reporting by a worksite monitor, if one is ordered, for a substance-abusing licensee must be included in the Order:

The worksite monitor shall not have a ~~current or former financial, personal, or familial relationship with the licensee, or other relationship~~ current or former financial, personal, familial, or other social or business relationship with respondent that could reasonably be expected to compromise the ability of the monitor to render impartial and unbiased reports to the Board. All other requirements for a worksite monitor shall meet the requirements of a worksite monitor under Uniform Standards #7. Reporting by the worksite monitor to the Board shall be as follows:

Any suspected substance abuse must be orally reported to the Board and ~~the licensee's~~ respondent's employer within one (1) business day of occurrence. If the occurrence is not during the Board's normal business hours, the oral report must be within one (1) hour of the next business day. A written report shall be submitted to the Board within forty-eight (48) hours of occurrence.

The worksite monitor shall complete and submit a written report ~~every month~~ or as directed by the Board. The report shall include: ~~the licensee's~~ respondent's name; license number; worksite monitor's name and signature; worksite monitor's license number; worksite location(s); dates ~~licensee~~ respondent had in-person face-to-face contact with monitor; worksite staff interviewed as applicable; attendance report; any change in behavior and/or personal habits; and any indicators that can lead to suspected substance abuse.

~~The licensee~~Respondent shall complete the required consent forms and sign an agreement with the worksite monitor and the Board to allow the Board to communicate with the worksite monitor.

If the monitor(s) quit(s) or is otherwise no longer available, respondent shall notify the Board within ten (10) days and get approval from the Board for a new monitor within thirty (30) days. If no new monitor is approved within thirty (30) days, respondent shall not practice until a new monitor has been approved by the Board or its designee. The term of probation shall be extended by the period of time during which respondent is ordered to cease practice. Respondent shall pay all costs associated with this monitoring requirement. Failure to pay these costs shall be considered a violation of probation.

RATIONALE and APPLICATION OF UNIFORM STANDARD #7: Monitoring shall be utilized when respondent's ability to function independently is in doubt or when fiscal improprieties have occurred, as a result of a deficiency in knowledge or skills, or as a result of questionable judgment. A worksite monitor may be ordered where the Uniform Standards Related to a Substance-Abusing Licensee apply, if necessary, for the protection of the public.

45. ~~Restriction of Patient Population~~ Practice Restriction

Respondent's practice shall be ~~[limited to]~~[restricted to exclude patients]~~clients~~ who are _____] for [months/years]. Within thirty (30) days from the effective date of the ~~d~~Decision, respondent shall submit to the Board or its designee, for prior approval, a plan to implement this restriction. Respondent shall submit ~~proof~~satisfactory proof to the Board or its designee of compliance with this term of probation. Respondent shall notify their supervisor, if they have one of the restrictions imposed on their practice.

RATIONALE: In cases wherein some factor of ~~the~~respondent's patient~~client~~ population at large (e.g. age, gender, practice setting) may ~~put at~~expose a patient~~client~~ to at risk, if in therapy with the respondent, language appropriate to the case may be developed to restrict such a population, setting, or psychological service. The language would be tailored to each specific case. ~~vary greatly by case.~~

56. Psychotherapy

Within ~~ninety (90)~~thirty (30) days of the effective date of this Decision, a psychotherapist shall be selected by ~~the~~ respondent for approval by the Board. The psychotherapist shall (1) be a California-licensed psychologist with an ~~clear~~active, unrestricted and current license; (2) have no ~~previous business, professional, personal, or other relationship with respondent~~ current or former financial, personal, familial, or other social or business relationship with respondent; and (3) not be the same person as respondent's practice, billing, or worksite monitor. Respondent shall furnish a copy of this Decision to the psychotherapist. Psychotherapy shall, at a minimum, consist of one (1) hour per week over a period of fifty-two (52) consecutive weeks after which it may continue or terminate upon the written recommendation of the psychotherapist with written approval by the Board or its designee.

The Board or its designee may order a psychological evaluation upon receipt of the psychotherapist's recommendation.

Respondent shall execute a release authorizing the psychotherapist to provide to the Board or its designee any information the Board deems appropriate, including quarterly reports of respondent's therapeutic progress. It shall be respondent's responsibility to assure that the required quarterly reports are filed by the psychotherapist in a timely manner. If the psychotherapist notifies the Board that ~~the therapist believes the~~ respondent cannot continue to safely render psychological services, ~~upon notification from the Board, the Board shall~~ order respondent ~~shall~~ to immediately cease accepting new patients/clients and, in accordance with professional standards, ~~shall~~ appropriately refer/terminate existing patients/clients within thirty (30) days and shall not resume practice until a Board-~~appointed~~ approved evaluator determines that respondent is again safe to practice. The term of probation shall be extended by the period of time during which respondent is ordered to cease practice.

If, prior to the termination of probation, respondent is found not to be mentally fit to resume the practice of psychology without restrictions, the Board shall retain continuing jurisdiction over ~~the~~ respondent's license and the term of probation shall be extended until the Board or its designee determines that ~~the~~ respondent is mentally fit to resume the practice of psychology without restrictions.

Cost of psychotherapy is to be paid by ~~the~~ respondent.

RATIONALE: The need for psychotherapy may be determined pursuant to a psychological evaluation or as evident from the facts of the case. The frequency of psychotherapy shall be related to the offense involved and the extent to which the offense calls into question the judgment, motivation, and emotional and/or mental condition of ~~the~~ respondent.

67. Examination(s)

Examination for Professional Practice in Psychology (EPPP) or California Psychology Law and Ethics Examination (CPLÉE) Term ~~MUST INCLUDE~~ must include either Option 1 or Option 2:

Option 1 (Condition Subsequent)

Within ninety (90) days of the effective date of the ~~d~~Decision, respondent shall take and pass the [EPPP][CPLÉE]. If respondent fails to take or fails such examination, the Board shall order respondent to cease practice and upon such order respondent shall immediately cease practice, refrain from accepting new patients/clients and, in accordance with professional standards, shall appropriately refer/terminate existing patients/clients within thirty (30) days and shall not resume practice until the re-examination has been successfully passed, as evidenced by written notice to respondent from the Board or its designee. The term of probation shall be extended by the period of time during which respondent's practice was ordered ceased. It is respondent's responsibility to contact the Board in writing

to make arrangements for such examination. Respondent shall pay the established examination fee(s). Re-examination after a failure shall be consistent with the examination requirements for an applicant set forth in 16 (CCR) C.C.R. section 1388(f), and any applicable sections of the Business & Professions Code.

Option 2 (Condition Precedent to either continued practice; or to reinstatement of a license)

Respondent [is ordered to cease the practice of psychology][shall not be reinstated] until respondent has taken and passed the [EPPP][CPLEE]. The term of probation shall be extended by the period of time during which respondent is ordered to cease practice. The term of probation shall be extended by the period of time during which respondent's practice was ordered ceased. It is respondent's responsibility to contact the Board in writing to make arrangements for such examination(s). Respondent shall pay the established examination fee(s). Re-examination after a failure must be consistent with the examination requirements for an applicant set forth in 16 C.C.R. (CCR) section 1388(f), and any applicable sections of the Business & Professions Code.

RATIONALE: In cases involving evidence of serious deficiencies in the body of knowledge required to be minimally competent to practice independently, it may be appropriate to require the respondent to take and pass the EPPP, the national examination for psychologists, ~~because the Board no longer administers an examination that tests knowledge of the field, during the course of the probation period. In some instances, it may be appropriate to order that practice be ceased until the examination has been taken and passed (condition precedent).~~ In cases involving deficiencies in knowledge of laws and ethics, the CPLEE may be ordered. Either one or both examinations may be appropriate, depending on the nature of the violation(s). It may be appropriate to order that practice be ceased until the examination(s) has been taken and passed, such as when violations involve competency and/or knowledge deficiencies (condition precedent).

78. Restitution

Within ninety (90) days of the effective date of this Decision, respondent shall provide proof to the Board or its designee of restitution in the amount of \$ _____ paid to _____. Failure to pay restitution shall be considered a violation of probation. Restitution is to be paid regardless of ~~the tolling of probation.~~

RATIONALE: ~~In offenses cases involving economic exploitation~~ harm or injury, restitution is a necessary term of probation may be ordered. For example, restitution would be ~~a standard term ordered~~ in any case involving Medi-Cal or other insurance fraud. The amount of restitution shall be, at a minimum, the amount of money that was ~~fraudulently~~ wrongfully obtained by the licensee respondent. Evidence Documentation relating to the amount of restitution would have to be introduced at the Administrative hearing establish the amount of restitution owed by the respondent and to whom the restitution should be paid.

89. Clinical Diagnostic Evaluation

Within thirty (30) days of the effective date of the Decision and at any time upon order of the Board, respondent shall undergo a clinical diagnostic evaluation by a Board-approved evaluator. ~~Respondent shall provide the evaluator with a copy of the Board's Decision prior to the clinical diagnostic evaluation being performed.~~

The evaluator shall be a licensed practitioner who holds a valid, unrestricted license to conduct clinical diagnostic evaluations, and has three (3) years² of experience in providing evaluations of health-care professionals with substance abuse disorders. The evaluator shall not have a current or former financial, personal, familial, or other social or business relationship with respondent or ever had a financial, personal, business, or other relationship with the licensee that could reasonably be expected to compromise the ability of the Board-approved evaluator to render impartial and unbiased reports to the Board. Respondent shall cause the evaluator to submit to the Board a written clinical diagnostic evaluation report within ten (10) days from the date the evaluation was completed, unless an extension, not to exceed thirty (30) days, is granted to the evaluator by the Board.

Respondent shall pay all costs associated with the clinical diagnostic evaluation. Failure to pay costs will be considered a violation of the probation order.

The following language is mandatory for a cease practice order where the evaluation is ordered under the Uniform Standards Related to Substance-Abusing Licensees-is mandatory, and discretionary in other cases where it may be relevant:

Respondent is ordered to cease any practice of psychology, beginning on the effective date of the Decision, pending the results of the clinical diagnostic evaluation. During this time, ~~Respondent~~ shall submit to random drug testing at least two (2) times per week. At any other time that respondent is ordered to undergo a clinical diagnostic evaluation, ~~he or she~~ respondent shall be ordered to cease any practice of psychology for a minimum of thirty (30) days pending the results of a clinical diagnostic evaluation and shall, during such time, submit to drug testing at least two (2) times per week.

Upon any order to cease practice, respondent shall not practice psychology until the Board determines that ~~he or she~~ respondent is able to safely practice either full-time or part-time and has had at least thirty (30) days of negative drug test results. The term of probation shall be extended by the period of time during which respondent is ordered to cease practice. Respondent shall comply with any terms or conditions made by the Board as a result of the clinical diagnostic evaluation.

RATIONALE and APPLICATION OF UNIFORM STANDARD #s 1, 2, and 3: This condition is to be considered in cases where the grounds for discipline involve drugs and/or alcohol, or where the Uniform Standards Related to a Substance-Abusing Licensee apply. The cease practice order pending the evaluation is mandatory where the evaluation is ordered for a substance-abusing licensee, and discretionary in other cases where ordered.

210. Alcohol and/or Drug Abuse Treatment Program

Within thirty (30) days from the effective date of the Decision, respondent shall enter an inpatient or outpatient alcohol or other drug abuse recovery program or an equivalent program as approved by the Board or its designee. Components of the treatment program shall be relevant to the violation and to the respondent's current status in recovery or rehabilitation. Respondent shall provide the Board or its designee with proof that the approved program was successfully completed. Terminating the program without permission or being expelled for cause shall constitute a violation of probation by respondent. If respondent so terminates or is expelled from the program, respondent shall be ordered by the Board to immediately cease any practice of psychology, and may not practice unless and until notified by the Board. The term of probation shall be extended by the period of time during which respondent is ordered to cease practice.

Respondent shall pay all costs associated with the program. Failure to pay costs will be considered a violation of the probation order.

~~However, if~~ If respondent has already ~~attended~~completed such an inpatient or outpatient alcohol or other drug abuse recovery program, as described above, commencing with or during the current period of sobriety, respondent shall provide the Board or its designee with proof that the program was successfully completed and this ~~shall~~may, at the Board's discretion such as, completion of a court-ordered drug or alcohol treatment program, suffice to comply with this term of probation.

RATIONALE and APPLICATION OF UNIFORM STANDARD # 6: This condition is to be considered in cases where the grounds for discipline involve drugs and/or alcohol, or where the Uniform Standards Related to a Substance-Abusing Licensee apply.

1011. Ongoing Support Group Program

Within thirty (30) days of the effective date of the Decision, respondent shall begin and continue attendance at a support/recovery group (e.g., Twelve Step meetings or the equivalent, or a facilitated group support ~~meeting with a psychologist trained in alcohol and drug abuse treatment~~) as ordered by the Board or its designee.

When determining the type and frequency of required support group meeting attendance, the Board shall give consideration to the following:

- the licensee's history;
- the documented length of sobriety/time that has elapsed since substance use;
- the recommendation of the clinical evaluator;
- the scope and pattern of use;
- the licensee's treatment history; and,
- the nature, duration, and severity of substance abuse.

Verified documentation of attendance shall be submitted by respondent with each quarterly report. Respondent shall continue attendance in such a group for the duration of probation unless notified by the Board that attendance is no longer required.

If a facilitated group support meeting is ordered for a substance-abusing licensee, add the following language regarding the facilitator:

The group facilitator shall meet the following qualifications and requirements:

- a. The meeting facilitator must have a minimum of three (3) years of experience in the treatment and rehabilitation of substance abuse, and shall be licensed or certified by the state or other nationally certified organizations.
- b. The meeting facilitator must not have had a financial relationship, personal relationship, or business relationship with the licensee in the last five (5) years.
- c. The meeting facilitator shall provide to the ~~b~~Board a signed document showing the licensee's name, facilitator's qualifications, the group name, the date and location of the meeting, the licensee's attendance, and the licensee's level of participation and progress.
- d. Respondent shall provide the facilitator with a copy of the Decision.
- ~~d~~e. The facilitator shall report any unexcused absence within twenty-four (24) hours.

RATIONALE and APPLICATION OF UNIFORM STANDARD # 5: Alcohol and/or other drug abuse treatment shall be required in addition to other terms of probation in cases where the use of alcohol or other drugs by respondent has impaired respondent's ability to safely provide psychological services. This condition must be accompanied by condition #129. This term is to be considered in cases where the grounds for discipline involve drugs and/or alcohol, or where the Uniform Standards Related to a Substance-Abusing Licensee apply. ~~If the Uniform Standards do not apply, where relevant, non-facilitated support group attendance, such as Twelve Step meetings, may be ordered instead of a facilitated group support meeting, or in addition to it.~~

1142. Abstain from Drugs and Alcohol and Submit to Tests and Samples

Respondent shall abstain completely from the personal use or possession of controlled substances as defined in the California Uniform Controlled Substances Act, and dangerous drugs as defined by Section 4022 of the ~~Business and Professions~~ Code, or any drugs requiring a prescription unless respondent provides the Board or its designee with documentation from the prescribing healthcare professional that the prescription was legitimately issued and is a necessary part of the treatment of respondent.

Respondent shall abstain completely from the intake of alcohol in any form.

Respondent shall undergo random and directed biological fluid or specimen testing as determined by the Board or its designee. ~~Respondent shall be subject to [a minimum of~~

~~fifty-two (52)] random tests [per year within the first year of probation, and a minimum of thirty-six (36) random tests per year thereafter,] for the duration of the probationary term.~~

Testing Frequency Schedule:

Level	Segments of Probation	Minimum Range of Number of Random Tests
I	Year 1	52-104 per year
II	Year 2+	36-104 per year

After five (5) years, administration of biological fluid or specimen testing as determined by the Board, may be reduced to one (1) time per month if there have been no positive drug tests in the previous five (5) consecutive years of probation.

Nothing precludes the Board from increasing the number of random tests for any reason.

Any confirmed positive finding will be considered a violation of probation. Respondent shall pay all costs associated with such testing. If respondent tests positive for a banned substance, respondent shall be ordered by the Board to immediately cease any practice of psychology and to suggest alternative service providers to their clients as appropriate, and may not practice unless and until notified by the Board. Respondent shall make daily contact as directed by the Board to determine if ~~he or she~~respondent must submit to alcohol and/or drug testing. Respondent shall submit to his or her alcohol and/or drug test on the same day that ~~he or she~~respondent is notified that a test is required. ~~All alternative testing sites.~~Any alternative to the licensee-responder drug testing requirements (including frequency, alternative testing sites, or cessation of practice) due to ~~vacation or~~ travel outside of California must be approved by the Board prior to ~~the vacation or~~ travel. The term of probation shall be extended by the period of time during which respondent is ordered to cease practice.

Drugs - Exception for Personal Illness

Orders forbidding respondent from personal use or possession of controlled substances or dangerous drugs do not apply to medications lawfully prescribed to respondent for a bona fide illness or condition by a licensed health-care professional and used for the purposes for which they were prescribed. Respondent shall provide the Board or its designee with written documentation from the treating licensed health-care professional who prescribed medication(s) within fourteen (14) days from the date of the written request by the Board or its designee. The documentation shall identify the medication, dosage, number of refills, if any; the date the medication was prescribed, ~~the~~respondent's prognosis, the date the medication will no longer be required, and the effect on the recovery plan, if appropriate.

RATIONALE and APPLICATION OF UNIFORM STANDARD #s 4 and 8: This condition provides documentation that the probationer/responder is substance or chemical-free, not using drugs or alcohol. It also provides the Board with a mechanism through which to require additional laboratory analyses for the presence of narcotics,

alcohol and/or dangerous drugs when ~~the probationer~~respondent appears to be in violation of the terms of probation or appears to be under the influence of mood altering substances. The Board will consider the following factors in making an exception to the testing frequency:

- **PREVIOUS TESTING/SOBRIETY:** In cases where the Board has evidence that a licensee has participated in a treatment or monitoring program requiring random testing prior to being subject to testing by the Board, the Board ~~may~~shall give consideration to that testing in altering the testing frequency schedule so that it is equivalent to this standard.
- **VIOLATION(S) OUTSIDE OF EMPLOYMENT:** An individual whose license is placed on probation for a single conviction or incident, or two (2) convictions or incidents, spanning greater than seven (7) years from each other, where those violations did not occur at work or while on the licensee's way to work, where alcohol or drugs were a contributing factor, may bypass level I and participate in level II of the testing frequency schedule.
- **SUBSTANCE USE DISORDER NOT DIAGNOSED:** In cases where no current substance use disorder diagnosis is made, a lesser period of monitoring and toxicology screening may be adopted by the Board, but not to be ~~less~~fewer than twenty-four (24) times per year.
- **LICENSED SUPERVISION DURING PRACTICE:**

The Board may reduce testing frequency to a minimum of **twenty-four (24)** times per year for any person who is a practicing licensee if the licensee's supervisor is at the same location at least 50% of the day and is licensed by the Board.

~~The~~Term 11 is mandatory in cases where the Uniform Standards Related to a Substance-Abusing Licensee apply. Where the Uniform Standards do not apply, where relevant, ~~the respondent~~ should be ordered to submit to random and directed testing, but need not be ordered to submit to the minimum frequency of random tests.

12. Request for Modification Pursuant to Uniform Standards

"Request" as used in this condition is a request under the Uniform Standards made to the probation monitor, and not under the Administrative Procedure Act.

Before the request is considered, respondent shall demonstrate that the following criteria have been met:

- a. Sustained compliance with current recovery program.
- b. The ability to practice safely as evidenced by current worksite monitor reports.

- evaluations, and any other information relating to respondent's substance abuse.
- c. Negative alcohol and drug screening reports for at least six (6) months, two (2) positive worksite monitor reports, and complete compliance with other terms and conditions of the program.

RATIONALE and APPLICATION OF UNIFORM STANDARD #11: This term is a standard term for all substance-abusing licensees, and applies to a request for a modification of terms and conditions that are within the purview of the Board's probation monitor.

13. Educational Review

Respondent shall submit to an educational review concerning the circumstances that resulted in this administrative action. Within ninety (90) days from the effective date of the Decision, the educational review shall be conducted and submitted to the respondent and to the Board by a Board-appointed approved California licensed psychologist ("reviewer"). ~~expert familiar with the case. Educational reviews are informational only and intended to benefit respondent's practice. Respondent shall pay all costs associated with this educational review. If a reviewer makes recommendations for essential training, education, consultation, experiential opportunities, techniques, or technologies to enhance respondent's professional competency in the discipline of psychology and its application in serving the public,~~ respondent shall develop and submit a plan to the Board for approval within thirty (30) days after receiving the results of the educational review. The plan shall have measurable goals by which enhancement to areas of competency will be addressed within the probationary period. Respondent shall have met the requirements of the plan no later than six (6) months prior to the end of probation. Respondent shall pay all costs associated with this educational review and any costs associated with completing respondent's Board-approved plan.

RATIONALE: In cases involving evidence of deficiencies in the body of knowledge required to be minimally competent to practice independently, it may be appropriate to require the respondent to submit to an educational review during the course of the probation period.

B. STANDARD TERMS AND CONDITIONS OF PROBATION (To be included in ~~ALL~~ all Proposed Decisions and Stipulations)

14. Psychological Evaluation

Within ninety (90) days of the effective date of this Decision, and on a periodic basis thereafter, as required by the Board, respondent shall undergo a psychological evaluation (and psychological testing, if deemed necessary) by a Board-approved California-licensed psychologist ("evaluator"), as provided by the Board to the respondent. Respondent shall sign a release that authorizes the evaluator to: (1) furnish the Board with a diagnosis in accordance with the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition.

(DSM-5); (2) provide a written evaluation regarding respondent's judgment and ability to practice independently and safely; and (3) disclose any additional information the Board deems relevant to the case. The completed evaluation is the sole property of the Board.

If the Board concludes from the results of the evaluation that respondent is unable to practice independently and safely, upon written notice from the Board, respondent shall immediately cease accepting new clients and, in accordance with professional standards, shall appropriately refer/terminate existing clients within thirty (30) days of the date of the Board's written notice, and shall not resume practice until a Board-approved evaluator determines that respondent is safe to practice. The term of probation shall be extended for this additional period of time that respondent was ordered to cease practice. Recommendations for treatment made as a result of the evaluation will be instituted and followed by respondent.

If not otherwise ordered herein, if ongoing psychotherapy is recommended in the psychological evaluation, the Board will notify respondent in writing to submit to such psychotherapy and to select a psychologist for approval by the Board within thirty (30) days of the date of such written notification. The psychotherapist shall (1) be a California-licensed psychologist with an active, unrestricted and current license; (2) have no current or formal financial, personal, familial, professional, or other social or business relationship with respondent; and (3) not be the same person as respondent's practice, billing, or worksite monitor. Frequency of psychotherapy shall be determined upon recommendation of the treating psychologist with approval by the Board. Respondent shall continue psychotherapy until receiving written notice of release by the Board-approved psychologist and approval by the Board. The Board may order a re-evaluation upon receipt of the psychologist's recommendation.

If not otherwise ordered herein, if a client population or psychological service restriction is recommended in the psychological evaluation, the Board will notify respondent in writing as to the limitation and its duration.

Respondent shall pay all costs associated with the psychological evaluation and ongoing psychotherapy.

Option of Evaluation as a Condition Precedent:

In some cases, including but not limited to gross negligence or dishonest, corrupt, or fraudulent acts, the psychological evaluation may be imposed as either a condition precedent to the continued practice of psychology, or to the issuance or reinstatement of a license, so that respondent or petitioner is not allowed to begin or continue practice until found to be safe to do so. In such cases, the following language shall be substituted as the first sentence of the first paragraph of this condition:

As a condition precedent to the [continued practice of psychology][issuance of a license] [reinstatement of a license], within ninety (90) days of the effective date of this Decision,

and on a periodic basis thereafter as may be required by the Board or its designee, respondent shall undergo a psychological evaluation (and psychological testing, if deemed necessary) by a Board-approved California-licensed psychologist. The term of probation shall be extended for the additional period of time during which respondent is not allowed to practice.

In addition, the following language shall also be used as a substitute for the first sentence of the second paragraph of this condition:

If the Board concludes from the results of the evaluation that [respondent][petitioner] is unable to practice independently and safely, upon written notice from the Board [respondent shall, in accordance with professional standards, appropriately refer/terminate existing clients within thirty (30) days and shall not resume practice until a Board-approved evaluator determines that respondent is safe to practice][respondent or petitioner shall not be issued or have a reinstated license until a Board-approved evaluator determines that respondent or petitioner is safe to practice].

15 14. Notification to Employer

When currently employed, applying for employment or negotiating a contract, or contracted to provide psychological services, respondent shall provide to each employers, supervisor, or contractor, or prospective employer or contractor where respondent is providing or would provide psychological services, a copy of ~~theis Decision and the Accusation or Statement of Issues~~ before accepting or continuing employment. Notification to ~~the~~ respondent's current employer shall occur no later than the effective date of the Decision. Respondent shall submit, upon request by the Board or its designee, satisfactory evidence of compliance with this ~~term~~ condition of probation.

~~The R~~respondent shall provide to the Board the names, physical addresses, mailing addresses, email addresses, and telephone numbers of all employers and supervisors, or contractors, and shall inform the Board in writing of the facility or facilities at which the person is providing psychological services, and the name(s) of the person(s) to whom the Board's dDecision was provided. Respondent shall not interfere with the Board's authority to communicate with respondent's employer, supervisor, or workplace contacts with whom they are contracted to provide psychological services.

If respondent offers psychological services through court appointment, respondent must provide a copy of the Decision to the division of the Court where services are offered prior to the appointment.

~~Respondent shall complete the required consent forms and sign an agreement with the employer and supervisor, or contractor, and the Board to allow the Board to communicate with the employer and supervisor, or contractor.~~

16 15. Coursework

Respondent shall take and successfully complete not less than _____ hours each year of probation in the following area(s) _____ ~~and/or~~ as approved by the Board or its designee. Coursework ~~must~~ shall be pre-approved by the Board or its designee and be taken from a continuing education provider approved by the American Psychological Association (APA), California Psychological Association (CPA), California Medical Association (CMA), Accreditation Council for Continuing Medical Education (ACCME), or Association of Black Psychologists (ABPsi) ~~or its designee~~. Coursework shall be taken in real time, with live interaction with the course instructor. On-demand, recorded courses, or home study coursework will not count toward meeting this requirement. ~~All coursework shall be taken at the graduate level at an accredited educational institution, or by an approved continuing education provider. Classroom attendance correspondence or home study coursework shall not count toward meeting this requirement.~~ The coursework must be in addition to any continuing education courses that may be required for license renewal. Respondent shall provide proof, pursuant to Section 1397.61.1 of completion of the required coursework to the Board.

~~Within ninety (90) days of the effective date of this Decision, respondent shall submit to the Board or its designee for its prior approval a plan for meeting the educational requirements. All costs of the coursework shall be paid by the respondent.~~

1746. Law and Ethics Course

Respondent shall take and successfully complete a course in law and ethics of not less than six (6) hours, within the first year from the effective date of the Decision. Coursework shall be pre-approved by the Board and be taken from a continuing education provider approved by American Psychological Association (APA), California Psychological Association (CPA), California Medical Association (CMA), Accreditation Council for Continuing Medical Education (ACCME), or Association of Black Psychologists (ABPsi). Coursework shall be taken in real time, with live interaction with the course instructor. On-demand, recorded courses, or home study coursework will not count toward meeting this requirement. The coursework must be in addition to any continuing education courses that may be required for license renewal. Respondent shall provide proof of completion of the required coursework to the Board. The cost associated with the law and ethics course shall be paid by respondent.

~~Within ninety (90) days of the effective date of this Decision, shall submit to the Board or its designee for prior approval a course in laws and ethics as they relate to the practice of psychology. Said course must be successfully completed at an accredited educational institution or through a provider approved by the Board's accreditation agency for continuing education credit. Said course must be taken and completed within one year from the effective date of this Decision. This course must be in addition to any continuing education courses that may be required for license renewal. The cost associated with the law and ethics course shall be paid by the respondent.~~

1817. Investigation/Enforcement Cost Recovery

Respondent shall pay to the Board its costs of investigation and enforcement in the amount of \$ _____ within the first year of ~~probation~~ of the effective date of the Decision unless an alternative payment plan is approved by the Board or its designee after written request from respondent as provided in this section. Such costs shall be payable to the Board of Psychology and are to be paid regardless of whether the probation is tolled. ~~Failure to pay such costs shall be considered a violation of probation.~~

Any and all requests for ~~an~~ alternative payment plan shall be submitted in writing by respondent to the Board. However, full payment of any and all costs required by this condition must be received by the Board no later than six (6) months prior to the scheduled termination of probation.

The filing of bankruptcy by respondent shall not relieve respondent of the responsibility to repay investigation and enforcement costs.

1918. Probation Costs

Respondent shall pay the costs associated with probation monitoring each and every year of probation as designated by the Board or its designee, which may be adjusted on an annual basis. Such costs shall be payable to the Board of Psychology at the end of each fiscal year (June 30). ~~Failure to pay such costs shall be considered a violation of probation.~~

The filing of bankruptcy by respondent shall not relieve respondent of the responsibility to repay probation monitoring costs.

2019. Obey All Laws

Respondent shall obey all federal, state, and local laws and all regulations governing the practice of psychology in California including the ~~e~~Ethical Principles of Psychologists and Code of Conduct ~~guidelines~~ of the American Psychological Association. A full and detailed account of any and all violations of law shall be reported by ~~the~~ respondent to the Board or its designee in writing within seventy-two (72) hours of occurrence.

CRIMINAL COURT ORDERS: If respondent is under criminal court orders by any governmental agency, including probation or parole, and the orders are violated, this shall be deemed a violation of probation and may result in the filing of an ~~a~~Accusation or ~~p~~Petition to ~~r~~Revoke ~~p~~Probation or both.

OTHER BOARD OR REGULATORY AGENCY ORDERS: If respondent is subject to any other disciplinary order from any other health-care related board or any professional licensing or certification regulatory agency in California or elsewhere, and violates any of the orders or terms and conditions imposed by other agencies, this shall be deemed a violation of probation and may result in the filing of an ~~a~~Accusation or ~~p~~Petition to ~~r~~Revoke ~~p~~Probation or both.

2120. Quarterly Reports

Respondent shall submit quarterly declarations under penalty of perjury ~~on forms provided by the Board or its designee~~, stating whether there has been compliance with all the conditions of probation. Quarterly reports attesting to non-practice status are to be submitted if probation is tolled.

Respondent shall submit a quarterly report that covers the entire quarter no later than seven (7) calendar days from after the beginning of the assigned quarter ends. The quarterly reporting periods and due dates are as follows:

- Quarter 1 January 1 – March 31 - Report no earlier than April 1st. Due no later than April 7th.
- Quarter 2 April 1 – June 30 - Report no earlier than July 1st. Due no later than July 7th.
- Quarter 3 July 1 – September 30 - Report no earlier than October 1st. Due no later October 7th.
- Quarter 4 October 1 – December 31 - Report no earlier than January 1st. Due no later than January 7th

2221. Probation Compliance

Respondent shall comply with the Board's probation program and shall, upon reasonable notice, report to the assigned Board of Psychology probation monitor. Respondent shall contact the assigned probation monitor regarding any questions specific to the ~~probation order~~ Decision. ~~As it relates to the Decision, Respondent shall not have any unsolicited or unapproved contact with (1) complainants associated with the case; (2) Board members or members of its staff; or (3) persons serving the Board as expert evaluators.~~

2322. Interview with Board or Its Designee

Respondent shall appear in person for interviews ~~and/or meetings as directed by~~ with the Board or its designee upon request at various intervals and with reasonable notice.

2423. Changes of Employment/Address

Respondent shall, at all times, keep the Board informed of respondent's business and residence addresses. Respondent shall notify the Board in writing, through the assigned probation monitor, of any and all changes of employment, location, and address within ~~thirty (30)~~ ten (10) days of such change.

2524. Tolling for Out-of-State Practice, Residence or Extension of Probation for In-State Non-Practice **Tolling for Non-Practice and Out-of-State Practice**

Respondent shall notify the Board in writing within ten (10) days of any periods of non-practice lasting more than thirty (30) days and within ten (10) days of respondent's return to practice.

Non-practice is any period that respondent is not rendering those psychological services identified in Section 2903 of the Code for at least forty (40) hours in a calendar month in the State of California.

If respondent resides in California and is in non-practice, respondent shall comply with all of the terms and conditions of probation.

Periods of non-practice for a respondent residing outside of California will relieve respondent of the responsibility to comply with the probationary terms and conditions, with the exception of this condition and the following terms and conditions:

- Restitution,
- Abstain from Drugs and Alcohol, and Submit to Tests and Samples,
- Cost Recovery,
- Probation Costs,
- Obey all Laws,
- Quarterly Reports,
- Probation Compliance,
- Interview with the Board or Its Designee
- Changes of Employment/Address,
- Violation of Probation,
- License Surrender.

Periods of non-practice will not apply to reduction of the probationary term.

A Board-ordered suspension of practice shall not be considered a period of non-practice.

Respondent's cumulative, total time of non-practice while on probation shall not exceed two (2) years. Absent a showing of good cause to the Board, including but not limiting to health issues of respondent or immediate family member, for a cumulative period of non-practice exceeding two (2) years constitutes a violation of probation and subject's respondent's license to surrender or revocation.

~~In the event respondent should leave California to reside or to practice outside the State for any reason, respondent shall notify the Board or its designee in writing within ten (10) days of the dates of departure and return to California. All provisions of probation other than the quarterly report requirements, restitution, cost recovery, and coursework requirements, shall be held in abeyance until respondent resumes practice in California. All provisions of probation shall recommence on the effective date of resumption of practice in California, and the term of probation shall be extended for the period of time respondent was out of state.~~

~~Unless by Board order, in the event respondent is not engaging in the practice of psychology while residing in California, respondent shall notify the Board or its designee in writing within ten (10) days of the dates of cessation of practice and expected return to practice.~~

~~Non-practice is defined as any period of time exceeding thirty (30) days in which respondent is not engaging in any activities defined in Sections 2902 and 2903 of the Business and Professions Code. All provisions of probation shall remain in effect, and the term of probation shall be extended for the period of time respondent was not engaged in the practice of psychology as required by other employment requirements of this order.~~

26. Tolling for Ceased Practice

The term of probation shall be extended for any period of time during which respondent is ordered to cease practice. Respondent's cumulative, total time of ceased practice while on probation shall not exceed two (2) years. A cumulative period of ceased practice exceeding two (2) years constitutes a violation of probation.

27. Employment and Supervision of Trainees

~~If respondent is licensed as a psychologist, he/she~~respondent shall not employ or supervise ~~or apply to employ or supervise psychological assistants, associates, interns, or trainees. Any such supervisory relationship in existence on the effective date of this Decision and Order shall be terminated by respondent and/or the Board.~~

28. Instruction of Coursework Qualifying for Continuing Education

Respondent shall not be an instructor of any coursework for continuing education credit required by any license issued by the Board.

29. Future Registration or Licensure

~~If respondent is registered as a psychological assistant or registered psychologist and subsequently obtains other psychological assistant or registered psychologist registrations or becomes licensed as a psychologist during the course of this probationary order, this Decision shall remain in full force and effect through any registration or license issued by the Board until the probationary period is successfully terminated.~~completed. Future registrations or licensure shall not be approved, ~~however,~~ unless respondent is currently in compliance with all of the terms and conditions of probation.

30. Request for Modification

~~"Request" as used in this condition is a request made to the Board's designee, and not under the Administrative Procedure Act.~~

~~The licensee shall demonstrate that he or she has met the following criteria before being granted a request to modify a practice restriction ordered by the Board staff pursuant to the Uniform Standards:~~

- ~~a. Demonstrated sustained compliance with current recovery program;~~
- ~~b. Demonstrated the ability to practice safely as evidenced by current work site reports;~~

- evaluations, and any other information relating to the licensee's substance abuse.
- e. ~~Negative alcohol and drug screening reports for at least six (6) months, two (2) positive worksite monitor reports, and complete compliance with other terms and conditions of the program.~~

~~RATIONALE and APPLICATION OF UNIFORM STANDARD #11: This term is a standard term for all substance abusing licensees. It applies to request for a notification of terms and conditions that are within the purview of the Board's Probation Monitor.~~

3029. Violation of Probation

If respondent violates probation ~~in any respect~~, the Board may, after giving respondent notice and the opportunity to be heard, revoke probation and carry out the disciplinary order that was stayed. If an Accusation or Petition to Revoke Probation is filed against respondent during probation, the Board shall ~~have continuing~~ to have jurisdiction until the matter is final, and the term of probation shall be extended until the matter is final. No Petition for Modification or Termination of Probation shall be considered while there is an Accusation or Petition to Revoke Probation pending against respondent.

3130. Completion of Probation

Upon successful completion of probation, respondent's license shall be fully restored.

3234. License Surrender

Following the effective date of this Decision, if respondent ceases practicing due to retirement, health reasons or is otherwise unable to satisfy the terms and conditions of probation, respondent may request in writing the voluntary surrender of ~~his or her~~ their license ~~or registration~~. Respondent's written request to surrender their license shall include the following: their name, license number, case number, address of record, and an explanation of the reason(s) why respondent seeks to surrender their license. The Board of Psychology or its designee reserves the right to evaluate respondent's request and to exercise its discretion whether or not to grant the request, or to take any other action deemed appropriate and reasonable under the circumstances. Upon formal acceptance of the surrender, respondent shall, within fifteen (15) calendar days, deliver respondent's pocket and/or wall certificate to the Board or its designee and respondent shall no longer practice psychology. Respondent will no longer be subject to the terms and conditions of probation and the surrender of respondent's license shall be deemed disciplinary action. If respondent reapplies for a psychology license ~~or registration~~, the application shall be treated as a petition for reinstatement of a revoked license ~~or registration~~.

C. STANDARD TERMS AND CONDITIONS FOR REVOCATIONS OR STIPULATIONS FOR SURRENDER

(To be included in ~~ALL~~ All Revocations or Stipulations for Surrender or Revocation)

3332. Reinstatement and Investigation/Enforcement Cost Recovery

Respondent may not petition for reinstatement of a revoked or surrendered license/~~registration~~ for three (3) years from the effective date of this Decision. If the Board grants future reinstatement, respondent agrees to reimburse the Board for its costs of investigation and enforcement of this matter in the amount of \$_____ payable to the Board upon the effective date of such reinstatement Decision.

3433. Relinquish License

Respondent shall deliver respondent's pocket and/or wall certificate ~~relinquish his/her wall and pocket certificate of licensure or registration~~ to the Board or its designee once this Decision becomes effective ~~and upon request~~.

IV. PROPOSED DECISIONS

A. Contents: ~~The Board requests that~~ Proposed Decisions must include the following:

- a. Specific code section(s) violated ~~with the definition of the code(s)~~ in the Determination of Issues.
- b. Clear description of the acts or omissions which caused the violation.
- c. Respondent's explanation of the violation(s) in the Findings of Fact if ~~he/she~~ respondent was present at the hearing.
- d. Description of all evidence of mitigation, rehabilitation, and aggravation presented at the hearing.
- e. Explanation of any deviation from the Board's Disciplinary Guidelines.

When a probation order is ordered imposed, ~~the Board requests that the~~ Decision ~~order first~~ must list any combination of the Optional Terms and Conditions (1-13) that are imposed, as they may pertain to the particular case followed by all of the Standard Terms and Conditions (14-342).

~~If the respondent fails to appear for his/her scheduled hearing or does not submit a Notice of Defense form, such inaction shall result in a default decision to revoke licensure or deny application.~~

B. ~~Recommended Language for Issuance and Placement of a License on Probation, and Reinstatement of License~~ Model Disciplinary Orders

1. ~~Disciplining~~ Placement of a License on Probation/Registration:

"IT IS HEREBY ORDERED that the [~~registration~~][license] issued to respondent is REVOKED. However, the order of revocation is STAYED and the [~~registration~~][license] is placed on probation for [#] years subject to the following terms and conditions":

2. ~~Applicant Placed on Probation~~ Issuance and Placement of a License on Probation:

“IT IS HEREBY ORDERED that the application for {license}{registration} is GRANTED, and upon successful completion of all {licensing}{registration} requirements a {license}{registration} shall be issued, provided that all {licensing}{registration} requirements are completed within two (2) years of the effective date of this ~~d~~Decision. If a {license}{registration} is not issued within two (2) years of the effective date of this ~~d~~Decision, the application is ordered denied, and a new application will be required. Upon issuance, ~~however~~, said {license}{registration} shall immediately be REVOKED. However, the order of revocation shall be STAYED, and the {license}{registration} is placed on probation for [#] years subject to the following terms and conditions:”

3. Reinstatement of a License:

“The petition of [name], [Ph.D.][PsyD.][EdD], for reinstatement of licensure is hereby GRANTED. Psychologist license number [#] shall be reinstated provided that all licensing requirements are completed within two (2) years of the effective date of this ~~d~~Decision. If the license is not reinstated within two (2) years of the effective date of this ~~d~~Decision, the petition is ordered denied, and a new petition for reinstatement will be required. Upon reinstatement, ~~however~~, the license shall be immediately ~~revoked~~ REVOKED. However, the order of revocation shall be STAYED, and petitioner’s license shall be placed on probation for a period of [#] years subject to the following terms and ~~following~~ conditions:”

V. REHABILITATION CRITERIA FOR REINSTATEMENT/~~PENALTY~~DISCIPLINE RELIEF HEARINGS

The primary concerns of the Board at reinstatement or ~~penalty discipline~~ relief hearings are (1) the Rehabilitation Criteria for Denials and Reinstatements in ~~California Code of Regulations, Title 16 CCR, S~~ Section 1395; and (2) the evidence presented by the petitioner of ~~his/her~~ their rehabilitation. The Board will not retry the original ~~revocation or probation case~~ disciplinary action.

The Board will consider, pursuant to 16 CCR Section 1395, the ~~following~~ criteria of rehabilitation for Denials and Reinstatements as follows:

- ~~(1) The nature and severity of the act(s) or crime(s) under consideration as grounds for denial.~~
- ~~(2) Evidence of any act(s) committed subsequent to the act(s) or crime(s) under consideration as grounds for denial which also could be considered as grounds for denial under section 480 of the Code.~~
- ~~(3) The time that has elapsed since commission of the act(s) or crime(s) referred to in subdivision (1) or (2).~~
- ~~(4) The extent to which the applicant has complied with any terms of parole, probation, restitution, or any other sanctions lawfully imposed against the applicant.~~
- ~~(5) Evidence, if any, of rehabilitation submitted by the applicant.~~

a) When considering the denial of a license or registration under sections 480, 2960, or 2960.6 of the Code, or a petition for reinstatement or modification of penalty under section 2962 of the Code, on the ground(s) that the applicant or petitioner has been convicted of a crime, the Board shall consider whether the applicant or petitioner made a showing of rehabilitation if the person completed the criminal sentence without a violation of parole or probation. In making this determination, the Board shall consider the following criteria in (1) through (5), as available:

(1) The nature and gravity of the crime(s).

(2) The reason for granting and the length(s) of the applicable parole or probation period(s).

(3) The extent to which the applicable parole or probation period was shortened or lengthened, and the reason(s) the period was modified.

(4) The terms or conditions of parole or probation and the extent to which they bear on the applicant's or petitioner's rehabilitation.

(5) The extent to which the terms or conditions of parole or probation were modified, and the reason(s) for modification.

(b) If the applicant or petitioner has not completed the criminal sentence without a violation of parole or probation, the Board determines that the applicant or petitioner did not make a showing of rehabilitation based on the criteria in subdivision (a), the denial is, or the surrender or revocation was, based upon professional misconduct, or the denial is, or the surrender or revocation was, based on one or more grounds under sections 2960 or 2960.6 of the Code, the Board shall apply the following criteria in evaluating an applicant's or petitioner's rehabilitation:

(1) Evidence of any act(s), professional misconduct, or crime(s) committed subsequent to the act(s), professional misconduct, or crime(s) under consideration as grounds for denial or that were grounds for surrender or revocation.

(2) The time that has elapsed since commission of the act(s), professional misconduct, or crime(s) referred to in subdivision (b)(1).

(3) Whether the applicant or petitioner has complied with any terms of parole, probation, restitution, or any other sanctions lawfully imposed against the applicant or petitioner.

(4) The criteria in subdivision (a)(1)-(5), as applicable.

(5) Evidence, if any, of rehabilitation submitted by the applicant or petitioner demonstrating that he or she has a mature, measured appreciation of the gravity of the misconduct, and remorse for the harm caused, and showing a course of conduct that convinces and assures the Board that the public will be safe if the person is permitted to be licensed or registered to practice psychology.

The Board may also consider denial of a license or registration pursuant to Section 141 of the Code.

The Board requests that comprehensive information be elicited from the petitioner regarding his/her/their rehabilitation. The petitioner should provide details that include:

- A. Why the ~~penalty~~ discipline should be modified or why the license should be reinstated.
- B. Specifics of rehabilitative efforts and results which should include programs, psychotherapy, medical treatment, etc., and the duration of such efforts.
- C. Continuing education pertaining to the offense and its effect on his or her/their practice of psychology.
- D. If applicable, copies of court documents pertinent to conviction, including documents specifying conviction and sanctions, and proof of completion of sanctions.
- E. If applicable, copy of Certificate of Rehabilitation or evidence of expungement

proceedings.

- F. If applicable, evidence of compliance with and completion of terms of probation, parole, restitution, or any other sanctions.

Rehabilitation is evaluated according to an internal subjective measure of attitude (state of mind) and an external objective measure of conduct (state of facts). The state of mind demonstrating rehabilitation is one that has a mature, measured appreciation of the gravity of the misconduct and remorse for the harm caused. Petitioner must take responsibility for the misconduct and show an appreciation for why it is wrong. Petitioner must also show a demonstrated course of conduct that convinces and assures the Board that the public would be safe if petitioner is permitted to be licensed to practice psychology. Petitioner must show a track record of reliable, responsible, and consistently appropriate conduct.

In the ~~Petition~~ Decision, the Board requests a summary of the offense and the specific codes violated that resulted in the Decision ~~revocation, surrender or probation of the license.~~

If the Board should deny a request for reinstatement of licensure or penalty relief, the Board requests that the Administrative Law Judge provide technical assistance in the formulation of language clearly setting forth the reasons for denial. Such language would include methodologies or approaches that demonstrate rehabilitation. ~~Petitioners for reinstatement must wait three (3) years from the effective date of their revocation decisions or one (1) year from the last petition for reinstatement decisions before filing for reinstatement.~~

If a petitioner fails to appear for ~~his/her~~ their scheduled ~~reinstatement or penalty relief~~ hearing, such inaction shall result in a ~~d~~Default ~~d~~Decision to deny the petition ~~reinstatement of the license or registration or reduction of penalty.~~

VI. UNIFORM STANDARDS RELATED TO SUBSTANCE-~~ABUSING~~ LICENSEES

The following Uniform Standards describe the conditions that apply to a substance-abusing applicant or licensee; and have been incorporated into the terms and conditions of probation. If the ground(s) for discipline involves drugs and/or alcohol, the applicant or licensee shall be presumed to be a substance-abusing applicant or licensee for purposes of Section 315 of the Code. If the applicant or licensee does not rebut that presumption, there shall be a finding that ~~he or she~~ they are ~~is~~ a substance-abusing applicant or licensee, and the Uniform Standards for a substance-abusing applicant or licensee shall apply as written and be used in the order placing the license on probation.

Clinical Diagnostic Evaluations [Uniform Standard #1]: (Reflected in Optional Term # 98)

Whenever a licensee is ordered to undergo a clinical diagnostic evaluation, the evaluator shall be a licensed practitioner who holds a valid, unrestricted license to conduct clinical diagnostic evaluations, and has three (3) years of experience in providing evaluations of health care professionals with substance abuse disorders. The evaluator shall be approved by the Board, and unless permitted by the Board or its designee, shall be a California-licensed psychologist or

physician and surgeon. The evaluations shall be conducted in accordance with acceptable professional standards for conducting substance abuse clinical diagnostic evaluations.

Whether the clinical diagnostic evaluation is ordered is discretionary.

Clinical Diagnostic Evaluation/Cease Practice Order [Uniform Standard #2]:
(Reflected in Optional Term # 98)

Unless the presumption that the applicant or licensee is a substance-abusing applicant or licensee is rebutted, and the public can be adequately protected, the Board shall order the applicant or licensee to cease any practice of psychology pending the clinical diagnostic evaluation and a Board determination upon review of the diagnostic evaluation report that the applicant is safe to begin or the licensee is safe to return to practice.

If the evaluation is ordered, a cease practice order is mandatory.

Clinical Diagnostic Evaluation Report [Uniform Standard #31,2,6]:
(Reflected in Optional Term # 98)

The clinical diagnostic evaluation report shall set forth, in the evaluator's opinion, whether the licensee has a substance abuse problem, whether the licensee is a threat to ~~himself or herself~~ themselves or others, and recommendations for substance abuse treatment, practice restrictions, or other recommendations related to the licensee's rehabilitation and safe practice.

The evaluator shall not have or have ever had a financial, personal, business or other social relationship with the licensee. The evaluator shall provide an objective, unbiased, and independent evaluation.

If the evaluator determines during the evaluation process that a licensee is a threat to ~~himself or herself~~ themselves or others, the evaluator shall notify the Board within twenty-four (24) hours of such a determination.

For all evaluations, a final written report shall be provided to the Board no later than ten (10) days from the date the evaluator is assigned the matter unless the evaluator requests additional information to complete the evaluation, not to exceed thirty (30) days.

The Board shall review the clinical diagnostic evaluation to help determine whether or not the licensee is safe to return to either part-time or full-time practice and what restrictions or recommendations should be imposed on the licensee based on the application of the following criteria:

License type, licensee's history, documented length of sobriety, scope and pattern of substance abuse, treatment history, medical history, current medical condition, nature, duration and severity of substance abuse problem, and whether the licensee is a threat to ~~himself or herself~~ themselves or others.

When determining if the licensee should be required to participate in inpatient, outpatient or any other type of treatment, the Board shall take into consideration the recommendation of the clinical diagnostic evaluation, license type, licensee's history, length of sobriety, scope and pattern of substance abuse, treatment history, medical history, current medical condition, nature, duration and severity of substance abuse and whether the licensee is a threat to ~~himself or herself~~ themselves or others.

If the evaluation is ordered, this standard is mandatory.

Communication with Employer [Uniform Standard #4]:

(Reflected in Standard Term # ~~4~~15)

If the licensee whose license is on probation has an employer, the licensee shall provide to the Board the names, physical addresses, mailing addresses, email, and telephone numbers of all employers and supervisors and shall give specific, written consent that the licensee authorizes the Board and the employers and supervisors to communicate regarding the licensee's work status, performance, and monitoring.

Facilitated Group Support Meetings [Uniform Standard #5]:

(Reflected in Optional Term # ~~10~~4)

If the Board requires a licensee to participate in facilitated group support meetings, the following shall apply:

1. When determining the frequency of required group meeting attendance, the Board shall give consideration to the following:
 - the licensee's history;
 - the documented length of sobriety/time that has elapsed since substance use;
 - the recommendation of the clinical evaluator;
 - the scope and pattern of use;
 - the licensee's treatment history; and,
 - the nature, duration, and severity of substance abuse.
2. Group Meeting Facilitator Qualifications and Requirements:
 - a. The meeting facilitator must have a minimum of three (3) years² of experience in the treatment and rehabilitation of substance abuse, and shall be licensed or certified by the State or other nationally certified organizations.
 - b. The meeting facilitator must not have had a financial relationship, personal relationship, or business relationship with the licensee within the last five (5) years.
 - c. The meeting facilitator shall provide to the Board a signed document showing the licensee's name, the group name, the date and location of the meeting, the licensee's attendance, and the licensee's level of participation and progress.
 - d. The meeting facilitator shall report any unexcused absence within twenty-four (24)

hours.

Whether facilitated support group meetings are ordered is discretionary. (Under the Disciplinary Guidelines, non-facilitated support group attendance, such as Twelve Step meetings, may also be ordered.)

Treatment Program – Inpatient, Outpatient, or Other [Uniform Standard #6]
(Reflected in Optional Term #10)

In determining whether inpatient, outpatient, or other type of treatment is necessary, the ~~b~~Board shall consider the following criteria:

- recommendation of the clinical diagnostic evaluation (if any) pursuant to Uniform Standard #1;
- license type;
- licensee's history;
- documented length of sobriety/time that has elapsed since substance abuse;
- scope and pattern of substance use;
- licensee's treatment history;
- licensee's medical history and current medical condition;
- nature, duration, and severity of substance abuse, and
- threat to themselves ~~himself/herself~~ or the public.

Whether a treatment program is ordered is discretionary.

Worksite Monitor Requirements [Uniform Standard # 7]:
(Reflected in Optional Term # 43)

If the Board determines that a worksite monitor is necessary for a particular licensee, the worksite monitor must meet the following requirements to be considered for approval by the Board:

The worksite monitor shall not have a current or former financial, personal, or familial relationship with the licensee, or other social or business relationship that could reasonably be expected to compromise the ability of the monitor to render impartial and unbiased reports to the Board. If it is impractical for anyone but the licensee's employer to serve as the worksite monitor, this requirement may be waived by the Board; however, under no circumstances shall a licensee's worksite monitor be an employee or supervisee of the licensee.

~~The worksite monitor's license~~ scope of practice of the worksite monitor shall include the scope of practice of the licensee who is being monitored or be another health care professional if no monitor with like scope of practice is available, or, as approved by the Board, be a person in a position of authority who is capable of monitoring the licensee at work.

If the worksite monitor is a licensed healthcare professional ~~they~~~~he or she~~ shall have an active unrestricted license, with no disciplinary action within the last five (5) years.

The worksite monitor shall sign an affirmation that ~~he or she~~they ~~has~~have reviewed the terms and conditions of the licensee's disciplinary order and agrees to monitor the licensee as set forth by the Board.

The worksite monitor must adhere to the following required methods of monitoring the licensee:

- (1) Have ~~face-to-face~~in-person contact with the licensee in the work environment on as frequent a basis as determined by the Board, but at least once per week.
- (2) Interview other staff in the office regarding the licensee's behavior, if applicable.
- (3) Review the licensee's work attendance and behavior.

Reporting by the worksite monitor to the Board shall be as follows:

Any suspected substance abuse must be orally reported to the Board and the licensee's employer within one (1) business day of occurrence. If occurrence is not during the Board's normal business hours the oral report must be within one (1) hour of the next business day. A written report shall be submitted to the Board within forty-eight (48) hours of occurrence.

The worksite monitor shall complete and submit a written report monthly or as directed by the Board. The report shall include: the licensee's name; license number; worksite monitor's name and signature; worksite monitor's license number; worksite location(s); dates licensee had ~~face-to-face~~in-person contact with monitor; worksite staff interviewed, if applicable; attendance report; any change in behavior and/or personal habits; and any indicators that can lead to suspected substance abuse.

The licensee shall complete the required consent forms and sign an agreement with the worksite monitor and the Board to allow the Board to communicate with the worksite monitor.

Whether a worksite monitor is ordered is discretionary.

Major and Minor Violations [Uniform Standard # 8]:

(Reflected in Optional Term #s ~~10~~8, 11,~~13~~)

If a licensee commits a major violation, the Board may order the licensee to cease any practice of psychology, inform the licensee that ~~he or she~~they ~~has~~have been so ordered and that ~~he or she~~they may not practice unless notified by the Board, and refer the matter for disciplinary action or other action as determined by the Board.

Major Violations include, but are not limited to, the following:

1. Failure to complete a ~~b~~BBoard-ordered program;
2. Failure to undergo a required clinical diagnostic evaluation;
3. Committing multiple minor violations of probation conditions and terms;

4. Treating a patient while under the influence of drugs or alcohol;
5. Committing any drug or alcohol offense that is a violation of the Business and Professions Code, or other state or federal law;
6. Failure to obtain biological testing for substance abuse when ordered;
7. Testing positive for a banned substance;
8. Knowingly using, making, altering or possessing any object or product in such a way as to defraud a drug test designed to detect the presence of alcohol or a controlled substance.

If a licensee ~~or registrant~~ commits a major violation, the Board shall automatically suspend the license or registration and refer the matter for disciplinary action or other action as determined by the Board.

The consequences for a major violation include, but are not limited to, the following:

1. License ~~or registration~~ shall be suspended;
2. Licensee ~~or registrant~~ must undergo a new clinical diagnostic evaluation;
3. Licensee ~~or registrant~~ must test negative for at least one month of continuous drug testing before being allowed to resume practice;
4. Contract or agreement previously made with the Board shall be terminated; and
5. Licensee ~~or registrant~~ shall be referred for disciplinary action, such as suspension, revocation, or other action determined appropriate by the Board.

If a licensee commits a minor violation, the Board shall determine what action is appropriate.

Minor Violations include, but are not limited to, the following:

1. Failure to submit required documentation in a timely manner;
2. Unexcused absence from required meetings;
3. Failure to contact a monitor as required;
4. Any other violations that do not present an immediate threat to the licensee or to the public.

If a licensee ~~or registrant~~ commits a minor violation, the Board shall determine what action is appropriate.

The consequences for a minor violation include, but are not limited to, the following:

1. Removal from practice;
2. Practice limitation(s);
3. Required supervision;
4. Increased documentation;
5. Issuance of citation and fine or a warning notice;
6. Required re-evaluation and/or testing.

~~DRUG TESTING STANDARDS~~ **Drug Testing Standards** [Uniform Standard # 9]:

(Reflected in Optional Term #~~12~~11)

If a licensee tests positive for a banned substance, the Board shall order that the licensee cease any practice of psychology, and contact the licensee to inform ~~them~~ him or her that ~~they~~ he or she ~~has~~ have been ordered to cease practice and that ~~they~~ he or she may not practice until the Board determines that ~~they~~ he or she ~~are~~ is able to safely practice. The Board shall also notify the licensee's employer and worksite monitor, if any, that the licensee has been ordered to cease practice, and that ~~they~~ he or she may not practice until the Board determines that ~~they~~ are ~~he or she~~ is able to safely practice. The Board shall determine whether the positive alcohol or drug test is, in fact, evidence of prohibited use, a ~~m~~Major ~~v~~Violation. If not, the Board shall immediately lift the cease practice order.

Nothing precludes the Board from increasing the number of random tests for any reason. If the Board finds or has suspicion that a licensee has committed a violation of the Board's testing program or who has committed any Major Violation referenced in the Disciplinary Guidelines, the matter shall be referred for disciplinary action to revoke the probation.

The following minimum ~~drug~~ testing standards shall apply to each licensee subject to alcohol or drug testing:

1. Licensees shall ~~be~~ undergo randomly alcohol or drug ~~tested~~ testing at least fifty-two (52) times per year for the first year of probation, and at any time as directed by the Board or its designee. After the first year, licensees who are practicing, shall be randomly tested for alcohol or drugs ~~tested~~ at least thirty-six (36) times per year, and at any time as directed by the Board.
2. Alcohol or drug testing may be required on any day, including weekends and holidays.
3. Licensees shall be required to make daily contact as directed to determine if alcohol or drug testing is required.
4. Licensees shall be tested for alcohol or drugs ~~tested~~ on the date of notification as directed by the Board.
5. Collection of specimens shall be observed.
6. Prior to vacation or absence, any alternative to the licensee's ~~alcohol or drug~~ testing ~~location(s) requirements (including frequency or drug testing location(s))~~ must be approved by the Board.

The Board may reduce testing frequency to a minimum of 12 times per year for any licensee who is not practicing OR working in any health care field. If a reduced testing frequency schedule is established for this reason, and if a licensee wants to return to practice or work in a health care field, the licensee shall notify and secure the approval of the ~~licensee's b~~ Board. Prior to returning to any health care employment, the licensee shall be subject to level I testing frequency for at least 60 days. At such time the licensee returns to employment (in a health care field), if the licensee has not previously met the level I frequency standard, the licensee shall be subject to completing a full year at level I of the testing frequency schedule, otherwise level II testing shall be in effect. The Board may reduce testing frequency to a minimum of 24 times per year for any person who is a practicing licensee if the licensee receives a minimum of 50% supervision per day by a supervisor licensed by the Board.

Drug testing standards are mandatory and shall apply to a substance-abusing licensee, and the required testing frequency shall be ordered.

Petitioning for Modification ~~to~~ of Terms and Conditions of Probation ~~Return to Full Time Practice~~ [Uniform Standard #10]:
(Reflected in Optional Term #2812)

“Petition” as used in this standard is an informal request for any term or condition that is within the discretion of the Executive Officer or probation monitor to modify as opposed to requiring a “Petition for Modification” under the Administrative Procedure Act.

The licensee shall meet the following criteria before submitting a request (petition) to the Executive Officer or probation monitor ~~return to full time practice~~:

1. Demonstrated sustained compliance with current recovery program.
2. Demonstrated the ability to practice safely as evidenced by current work site reports, evaluations, and any other information relating to the licensee’s substance abuse.
3. Negative drug screening reports for at least six (6) months, two (2) positive worksite monitor reports, and complete compliance with other terms and conditions of the program.

Petitioning for Modification for Reinstatement of a Full and Unrestricted License [Uniform Standard #11]:
(Reflected in Rehabilitation Criteria for Reinstatement/~~Penalty~~Discipline Relief Hearings)

“Petition for Reinstatement of a Full and Unrestricted License” as used in this standard can only be considered as a formal Petition for Early Termination of Probation under the Administrative Procedure Act.

In addition to the factors set out in section V, Rehabilitation Criteria for Reinstatement/~~Penalty~~Discipline Relief Hearings, the licensee must meet the following criteria to request (petition) for a full and unrestricted license:

1. Demonstrated sustained compliance with the terms of the disciplinary order, if applicable.
2. Demonstrated successful completion of recovery program, if required.
3. Demonstrated a consistent and sustained participation in activities that promote and support their recovery including, but not limited to, ongoing support meetings, therapy, counseling, relapse prevention plan, and community activities.
4. Demonstrated that ~~they~~he or she ~~are~~is able to practice safely.
5. Continuous sobriety for three (3) to five (5) years.

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MEMORANDUM

DATE	August 4, 2025
TO	Psychology Board Members
FROM	Jonathan Burke, Executive Officer
SUBJECT	Item 16 - Discussion and Possible Action on Amendments to SB 775

Background

Under federal Public Law 92-544, and applicable provisions of the California Penal Code, agencies are required to have specific statutory authority in order to submit fingerprint images for criminal background checks and receive state and national criminal history information from the Department of Justice (DOJ) and the Federal Bureau of Investigation (FBI).

As part of its licensing and registration processes, the Board of Psychology (Board) currently requires fingerprint-based background checks for psychologists, psychological associates, psychological testing technicians, research psychoanalysts, and student research psychoanalysts. However, only psychologists and psychological assistants are currently authorized in statute for fingerprinting purposes. Moreover, the existing statutes for these groups do not conform to the requirements of Public Law 92-544. As such, the Board is not in full compliance with federal and state requirements for criminal background checks for these populations.

The Department of Justice has recommended that the Board take formal action to establish clear statutory authority for requiring fingerprint-based criminal history background checks for all applicant populations currently subject to this requirement. In addition, all relevant statutes must be aligned with the provisions of Public Law 92-544 and Section 11105 of the California Penal Code. In response, Board staff has drafted proposed statutory language—outlined under the Business and Professions Code—for the Board’s review and consideration.

- BPC 2960.01 – Psychologists

- BPC 2960.02 – Psychological Associates
- BPC 2999.106 – Psychological Testing Technicians
- BPC 2953.1 – Research Psychoanalysts and Student Research Psychoanalysts

These sections would establish explicit authority for the Board to require fingerprint-based background checks for each respective applicant population and authorize the submission of fingerprints to the DOJ in accordance with Penal Code 11105.

Action Requested

Board staff recommends that the Board review and approve the proposed statutory language.

Attachments #1: Draft Statutory Language for BPC 2960.01, 2960.02, 2999.106, and 2953.1.

Agencies are required by law to have statutes authorizing the submission of fingerprints and the receipt of criminal history information for any applicant populations for which they intend to require fingerprint-based criminal history background checks as part of a licensing or registration process.

The Board of Psychology is currently fingerprinting *psychologists, psychological associates, psychological testing technicians, research psychoanalysts, and student research psychoanalysts*. However, the board is only authorized to submit fingerprints for *psychologists* and *psychological assistants*, and the approved authorizing statutes for those populations do not conform to the requirements of Public Law 92-544.

DOJ recommends establishing statutory authorities to fingerprint these applicant populations by the respective boards, both for the previously approved applicant populations with deficient authorizing statutes and for those applicant populations that have not been approved for fingerprinting.

Add BPC 2960.01 (psychologists)

(a) The Board of Psychology shall require an applicant for licensure as a psychologist, as defined in Section 2902, to undergo a fingerprint-based state and national criminal history background check, pursuant to Section 144.

(b) The Board shall submit to the Department of Justice fingerprint images and related information for individuals specified in subdivision (a) who are subject to a state and national criminal history background check, pursuant to subdivision (u) of Section 11105 of the Penal Code. The Department of Justice shall provide a state and federal level response pursuant to subdivision (p) of Section 11105 of the Penal Code.

Add BPC 2960.02 (psychological associates)

(a) The Board of Psychology shall require an applicant for registration as a psychological associate, as defined in Section 2913, to undergo a fingerprint-based state and national criminal history background check, pursuant to Section 144.

(b) The Board shall submit to the Department of Justice fingerprint images and related information for individuals specified in subdivision (a) who are subject to a state and national criminal history background check, pursuant to subdivision (u) of Section 11105 of the Penal Code. The Department of Justice shall provide a state and federal level response pursuant to subdivision (p) of Section 11105 of the Penal Code.

Add BPC 2999.106 (psychological testing technicians)

(a) The Board of Psychology shall require an applicant for registration as a psychological testing technician, as defined in Section 2999.100, to undergo a fingerprint-based state and national criminal history background check, pursuant to Section 144.

(b) The Board shall submit to the Department of Justice fingerprint images and related information for individuals specified in subdivision (a) who are subject to a state and national criminal history background check, pursuant to subdivision (u) of Section 11105 of the Penal Code. The Department of Justice shall provide a state and federal level response pursuant to subdivision (p) of Section 11105 of the Penal Code.

Add BPC 2953.1 (research psychoanalyst + student research psychoanalyst)

(a) The Board of Psychology shall require an applicant for registration as a research psychoanalyst and applicant for registration as a student research psychoanalyst, as defined in Section 2950, to undergo a fingerprint-based state and national criminal history background check, pursuant to Section 144.

(b) The Board shall submit to the Department of Justice fingerprint images and related information for individuals specified in subdivision (a) who are subject to a state and national criminal history background check, pursuant to subdivision (u) of Section 11105 of the Penal Code. The Department of Justice shall provide a state and federal level response pursuant to subdivision (p) of Section 11105 of the Penal Code.

MEMORANDUM

DATE	August 11, 2025
TO	Psychology Board Members
FROM	Jonathan Burke, Executive Officer
SUBJECT	Item 17 - Discussion and Possible Action on Proposed Changes to ASPPB Bylaws

Background

California may have the opportunity to attend the Association of State and Provincial Licensing Boards (ASPPB) Annual Meeting in October of this year.

At the Annual Meeting ASPPB will be presenting Updated Bylaws for members to review, discuss, and vote on. The current Bylaws have not been modified since 2013.

Action Requested

Board staff recommends that the Board review the Updated Bylaws, determine any desired amendments and delegate to the Executive Officer authority to vote at the ASPPB Annual Meeting.

Attachment #1: 2013 Bylaws and Updated Bylaws Comparison

Attachment #2: Updated Bylaws

Attachment #3: 2013 Bylaws

ASPPB Bylaws (2013 vs. New Draft)

ARTICLE I: NAME

- No significant changes. Both versions state: "The name of this Association shall be the Association of State and Provincial Psychology Boards (the "Association")."

ARTICLE II: OBJECTIVES

- Article II previously titled "Location/Offices" in 2013 Bylaws.
- Article III previously titled "Purposes" in 2013 Bylaws.
- Merges Location/Offices and Purposes as "Objectives" in New Bylaws.
- **2013 Bylaws:**
 - Article II. Explicitly states that the Association shall maintain a registered office and agent in Alabama.
 - Article III. Lists six detailed purposes focused on licensure, collaboration, exams, education, and regulatory support.
- **New Bylaws:**
 - States the purpose is to fulfill the objectives in the Certificate of Incorporation and implement Board-approved strategies. Omits specific reference to registered office or state.

ARTICLE III: MEMBERSHIP

- "Membership" previously included in Article V of the 2013 Bylaws
- **2013 Bylaws:**
 - Article V. Establishes three membership classes (Member Jurisdictions, Individual Members, Affiliate Members). Covers eligibility, dues, voting rights, meeting attendance, and termination.
- **New Bylaws:**
 - Maintains same classes of membership but includes clearer distinctions between voting and non-voting members.
 - Provides expanded definitions (e.g., includes master's-level psychologists).
 - Clarifies eligibility and adds disciplinary record checks for Individual Members.
 - Strengthens dues enforcement and outlines automatic termination for non-payment.
 - Expands rights for Individual Members (e.g., eligibility to run for office).
 - Delegates rights of Affiliate Members to Board policy.

ARTICLE IV: MEMBER JURISDICTION RESOLUTIONS

- Article IV previously titled "Restrictions/Limitations/Antitrust Compliance" in the 2013 Bylaws
- "Member Jurisdiction Resolutions" is a new section in 2024 draft.
- **2013 Bylaws:**

- Article IV. Includes explicit limitations related to 501(c)(6) status, antitrust compliance. Did not include a stand-alone section for resolutions.
- **New Bylaws:**
 - No direct mention of 501(c)(6) or antitrust compliance. Introduces formalized process allowing Member Jurisdictions to propose resolutions 120 days before the Annual Meeting. The Board must respond within 60 days. Outlines voting thresholds and cross-national (U.S. and Canada) participation. Clarifies that Board may propose its own resolutions and take actions between meetings.

ARTICLE V: ANNUAL MEETINGS AND SPECIAL MEETINGS

- Previously part of Article V (Membership) and VI (Board of Directors) of the 2013 Bylaws.
- **2013 Bylaws:**
 - Includes provisions for annual and special meetings, notice requirements, quorum, voting by delegates, and alternate participation.
- **New Bylaws:**
 - Retains core provisions with minor modernization.
 - Adds proxy authorization process.
 - Maintains 60-day notice for Annual Meeting and 30-day notice for Special Meetings.
 - Clarifies that proxies count toward quorum.

ARTICLE VI: OFFICERS

- Previously included under "Board of Directors" in Article VI of the 2013 Bylaws.
- **2013 Bylaws:**
 - Describes the full Board (7 Directors), their roles, eligibility, election, term limits, vacancies, and duties.
- **New Bylaws:**
 - Separates Officers into their own article, clarifies responsibilities (e.g., President, President-Elect, Past President, Secretary-Treasurer, Directors-at-Large).
 - Introduces Chief Executive Officer as ex officio.
 - Adds clear criteria for eligibility (e.g., no disciplinary history, member status).
 - Establishes succession rules for vacant officer positions.
 - Allows waiver of term limits under specific conditions.

ARTICLE VII: THE BOARD OF DIRECTORS

- Previously included under "Board of Directors" in Article VI of the 2013 Bylaws.
- **2013 Bylaws:**
 - Describes composition, authority, duties, term limits, and meetings.
- **New Bylaws:**
 - Clearly outlines fiduciary responsibilities, quorum, meeting schedule (minimum four per year with two in-person), and Board's authority to create policy, enter contracts, and amend the Certificate of Incorporation.

- Separates Board from Officers while maintaining same composition (President, President-Elect, Past President, Secretary-Treasurer, 3 Directors-at-Large, and CEO ex officio).

ARTICLE VIII: COMMITTEES

- Previously included under “Committees” in Article VII of the 2013 Bylaws.
- **2013 Bylaws:**
 - Lists specific standing committees (e.g., Executive Committee, Nominations, Audit, Exams, Mobility).
- **New Bylaws:**
 - Defines Standing vs. Special Committees.
 - Authorizes Board to create and dissolve committees without listing them in bylaws.
 - Limits special committees to 2 years unless extended.
 - Committee structure is more flexible and aligned with evolving needs.

ARTICLE IX: POLICY

- New Article. Not present in 2013 Bylaws.
- **New Bylaws:**
 - Grants authority to the Board to adopt, amend, or suspend policies and procedures separate from the bylaws. Policies require a majority for adoption/amendment and two-thirds vote for suspension.

ARTICLE X: PARLIAMENTARY AUTHORITY

- Previously included under “Adoption of Parliamentary Authority” in Article VIII of the 2013 Bylaws.
- **2013 Bylaws:**
 - Uses Keesey’s Modern Parliamentary Procedure.
- **New Bylaws:**
 - Adopts Robert’s Rules of Order Newly Revised.

ARTICLE XI: AMENDMENT OF BYLAWS

- Previously Article X in 2013 Bylaws.
- **2013 Bylaws:**
 - Amendments required two-thirds vote with 90 days' notice or three-fourths vote without notice. Proposals limited to Directors or Member Jurisdictions.
- **New Bylaws:**
 - Retains vote thresholds. Expands eligibility to propose amendments to any voting member.

ARTICLE XII: DISSOLUTION

- New Article. Not present in 2013 Bylaws.
- **New Bylaws:**
 - Describes process for Board to propose a dissolution plan.
 - Requires three-fourths vote of Delegates for adoption.

- Must comply with applicable nonprofit law.



ASPPB

Association of State and
Provincial Psychology Boards

ARTICLE I: NAME

The name of this association shall be the Association of State and Provincial Psychology Boards (the “Association”).

ARTICLE II: OBJECTIVES

The objectives of the Association shall be to fulfill the purposes of the Association, as defined in the Certificate of Incorporation of the Association, and to implement strategies and initiatives as approved on behalf of the Association.

ARTICLE III: MEMBERSHIP

Section 1. Membership Types. The Association shall have voting members and non-voting members.

- A. The voting members shall be the Member Jurisdictions and the elected members of the Association Board of Directors each with specific voting rights described in the Bylaws of the Association.
- B. The non-voting members shall be the Individual Members, the Affiliate Members, and others as defined in the Bylaws of the Association.

Section 2. Membership Obligations. Membership in the Association is not transferable or assignable. Membership in the Association carries a definite obligation to pay membership dues and such membership dues are not refundable for any reason. Applications for membership or reinstatement of membership shall

be submitted to the Association in writing, and decisions regarding such applications shall be made by the Association Board of Directors.

Section 3. Member Jurisdictions. Member Jurisdictions shall be voting members of the Association. An entity is eligible to apply for membership in the Association as a Member Jurisdiction if it is the statutorily constituted body that is legally authorized to license or register doctoral-level or master's-level individuals, hereinafter referred to merely for purposes of the Bylaws of the Association as a "psychologist".

- A. The Association Board of Directors is authorized to admit or reinstate a Member Jurisdiction into the membership of the Association at any time upon receipt of appropriate written evidence that the statutory body conforms to the above definition and subscribes in principle to the purposes of the Association. In the case of competing applications for membership from a jurisdiction having more than one entity purporting to license or register psychologists, the Association Board of Directors is authorized to determine which entity shall become a member, and to make final determinations on other application discrepancies at any time. Termination of a Member Jurisdiction may be voluntary or involuntary.
- B. Voluntary Termination – a Member Jurisdiction may voluntarily terminate its membership at any time by submitting a resignation to the Secretary-Treasurer in writing. Upon approval by the Association Board of Directors the membership shall be terminated.
- C. Involuntary Termination – a Member Jurisdiction may have its membership involuntarily terminated when so ordered by a two-thirds (2/3) vote of delegates present and voting at any meeting of the Association's voting membership at which a quorum is present, provided that written notice of the action under consideration shall be sent by the Secretary-Treasurer to all Member Jurisdictions and their administrative officers at least thirty (30) days prior to the meeting, and provided that the member in question shall have an opportunity to be heard with representation by counsel, at the member's sole expense, before the vote is taken. Further, if a Member Jurisdiction fails to pay its dues prior to the due date established by adopted policy, its membership status is no longer in good standing and if a Member Jurisdiction becomes two (2) years in arrears, it shall be automatically terminated from membership and all rights of membership, including, but not limited to, use of the Association's examination programs, cease immediately unless otherwise approved by the Association Board of Directors.

- D. Reinstatement – a Member Jurisdiction that has voluntarily terminated membership while in good standing or that has had membership terminated for non-payment of dues may be reinstated by the Association Board of Directors.

Section 4. Member Jurisdiction General Rights and Responsibilities. Member Jurisdictions have the right to select delegates to participate in the Annual Meeting of the Delegates and Special Meetings of the Delegates. In addition:

- A. Member Jurisdictions in good standing have the right to access and use the Association's programs and services, including, but not limited to, its examination programs. Each Member Jurisdiction shall select an eligible delegate to cast votes on behalf of the Member Jurisdiction it represents.
- B. Collectively, the legislative powers of the Association, excluding the power to amend the Certificate of Incorporation and to specify methods of voting, are vested in the delegates of the Member Jurisdictions present and voting at any Annual Meeting of the Delegates, or any Special Meeting of the Delegates.

Section 5. Specific Rights and Responsibilities of Member Jurisdictions. Other specific rights and responsibilities, which shall be exercised by the delegates of each Member Jurisdiction, include:

- A. electing members of the Association Board of Directors;
- B. determining the amount of dues for all classes of membership;
- C. voting to remove a Member Jurisdiction from the Association;
- D. voting on amendments to the Bylaws of the Association;
- E. voting on changes to membership qualifications; and
- F. removing an elected officer prior to the end of the person's term by a two-thirds (2/3) affirmative vote of delegates present and voting at the Annual Meeting of the Delegates, or any Special Meeting of the Delegates.

Section 6. Specific Rights of Member Jurisdiction Members. A Member Jurisdictional Member is anyone who presently serves as a member of any Member Jurisdiction board or college, or of any statutory body eligible for membership in the Association or through professional activity such as a member of a regulatory agency staff, a Member Jurisdiction counsel, investigative officer, or has been involved in the regulation of psychologists through a Member Jurisdiction board or college. Each Member Jurisdiction Member in good standing and meeting necessary requirements may:

- A. stand for election to be an officer on the Association Board of Directors;
- B. attend Association membership meetings as a non-voting member;

- C. be appointed to serve on Association committees;
- D. access the members-only area of the Association's website; and
- E. participate as a member of the Association's listservs.

Section 7. Individual Members. Individual Members are non-voting members of the Association. Qualified candidates shall be entitled to apply for membership in the Association as an Individual Member. Membership as an Individual Member in the Association shall be available to any person who:

- A. presently serves or has previously served as a member of any Member Jurisdiction board or college, or of any statutory body eligible for membership in the Association: or
- B. through professional activity such as a member of a regulatory agency staff, a Member Jurisdiction counsel, investigative officer, or has been involved in the regulation of psychologists through a Member Jurisdiction board or college; and
- C. has no disciplinary history that has been reported to any professional disciplinary data bank. In the event any history of disciplinary action has been reported to any professional disciplinary data bank, the Association Board of Directors will decide on a case-by-case basis whether in its judgment, it is in the best interest of the Association to approve the application for membership as an Individual Member.

Section 8. Individual Member Approval. The Association Board of Directors is authorized to admit Individual Members into the Association at any time upon receipt of the appropriate written evidence that the Individual Member applicant conforms to the eligibility requirements and subscribes in principle to the purposes of the Association. Termination of the membership of an Individual Member may be voluntary or involuntary.

Section 9. Voluntary Termination of Individual Members. An Individual Member of the Association may voluntarily terminate their membership at any time by submitting a resignation to the Secretary-Treasurer in writing, or by ceasing to pay membership dues.

Section 10. Involuntary Termination of Individual Members. An Individual Member of the Association may have their membership terminated involuntarily by a majority vote of the Association Board of Directors whenever in its judgment the best interests of the Association would be served thereby.

Section 11. Individual Members' Rights. Individual Members in good standing and meeting necessary requirements may:

- A. stand for election to be an officer on the Association Board of Directors;
- B. attend Association membership meetings as non-voting members;
- C. be appointed to serve on Association committees;
- D. access the Members-Only area of the Association's website; and
- E. participate as a member of the Association's listservs.

Section 12. Individual Member Dues. The annual dues for Individual Members shall be determined at the Annual Meeting of the Delegates following the consideration and discussion of any recommendations provided by the Association Board of Directors.

Section 13. Affiliate Members. Affiliate Members are non-voting members of the Association. Any organization involved in the regulation of the practice of psychology outside the United States of America and Canada may be entitled to apply for membership as an Affiliate Member in the Association.

Section 14. Affiliate Member Approval. The Association Board of Directors or its designee, at its sole discretion, is authorized to admit an Affiliate Member applicant into Association membership at any time upon receipt of the appropriate written evidence that the organization conforms to the eligibility requirements and subscribes in principle to the purposes of the Association.

Section 15. Voluntary Termination of Affiliate Membership. An Affiliate Member of the Association may voluntarily terminate their membership at any time by submitting a resignation to the Secretary-Treasurer in writing, or by ceasing to pay membership dues.

Section 16. Involuntary Termination of Affiliate Membership. An Affiliate Member of the Association may have its membership terminated involuntarily by a majority vote of the Association Board of Directors whenever in its judgment the best interests of the Association would be served thereby.

Section 17. Affiliate Members' Rights. Affiliate Members may participate in Association programs and activities as specified by the Association Board of Directors.

Section 18. Affiliate Member Dues. The annual dues for Affiliate Members shall be determined at the Annual Meeting of the Delegates following the consideration and discussion of any recommendations provided by the Association Board of Directors.

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ARTICLE IV: MEMBER JURISDICTION RESOLUTIONS

Section 1. Definitions. Member Jurisdiction resolutions shall serve as requests for actions to be taken by the Association. A resolution submitted by a Member Jurisdiction must be approved by a jurisdictional authority authorized to take such action on behalf of the Member Jurisdiction.

Section 2. Notice. At least one-hundred twenty (120) days prior to the Annual Meeting of the Delegates, a Member Jurisdiction may submit a resolution to the Secretary-Treasurer for consideration at the Annual Meeting of the Delegates.

Section 3. Resolution Consideration. The Association Board of Directors shall receive all Member Jurisdiction resolutions and evaluate the impact of such resolutions. Resolutions may not conflict with applicable law or written rules binding upon the Association, or the mission or finances of the Association.

- A. Resolutions that are ruled out of order shall receive an official ruling from the Association Board of Directors within sixty (60) days of submission. Official rulings shall clearly describe reasons for the ruling.
- B. Resolutions that are not ruled out of order shall receive an official response from the Association Board of Directors within sixty (60) days of submission. Resolutions not ruled out of order by the Association Board of Directors shall be considered by the delegates at the Annual Meeting of the Delegates with a recommendation from the Association Board of Directors.

Section 4. Resolution Adoption. A resolution, properly submitted by a Member Jurisdiction and in order shall be adopted as submitted or as amended by a majority of the Member Jurisdictions so long as at least one-third (1/3) of the Member Jurisdictions seated in the United States of America and one-half (1/2) of the Member Jurisdictions seated in Canada have voted on the resolution at the Annual Meeting of the Delegates.

Section 5. Limitations. Nothing in the Bylaws of the Association shall prevent the submission of a resolution on behalf of the Association Board of Directors to the delegates for consideration, nor shall anything in this provision restrict the Association Board of Directors from taking necessary and appropriate action in between Annual Meetings of the Delegates.

ARTICLE V: ANNUAL MEETING AND SPECIAL MEETINGS

Section 1. The Annual Meeting. The Annual Meeting of the voting membership of the Association, hereinafter referred to as the Annual Meeting of the Delegates, shall be held at a time and place to be determined by the Association Board of Directors. Notice of the Annual Meeting of the Delegates shall be given at least sixty (60) days prior to the meeting date.

Section 2. Special Meetings. Special meetings of the Association, hereinafter referred to as Special Meetings of the Delegates, may be called by the President or by a majority of the Association Board of Directors, and must be called by the President as soon as practicable if and when the Secretary-Treasurer receives written request for such a meeting from a majority of the Member Jurisdictions. Notices of all Special Meetings of the Delegates shall be given at least thirty (30) days before the date of the meeting and shall state the purpose or purposes for which the meeting is to be held except that special meetings where no business is to be voted upon shall not require notice or quorum.

Section 3. Voting, Proxies, and Quorum. Each Member Jurisdiction is entitled to one (1) vote at the Annual Meeting of the Delegates and at all Special Meetings of the Delegates.

- A. Each Member Jurisdiction shall have one (1) voting delegate from the Member Jurisdiction, to be chosen by the Member Jurisdiction in such manner and for such term of office as the Member Jurisdiction elects.
- B. Voting delegates representing a majority of the Member Jurisdictions shall constitute a quorum for the transaction of business at any meeting of the delegates.
- C. Each Member Jurisdiction may name an unlimited number of qualified alternate delegates who may attend meetings of the Association and participate in its deliberations without voting.
- D. Non-voting participants at meetings of the Association may participate in the deliberations of the Association but shall not vote on any question before the Association.
- E. In addition to other requirements that may be set by the Association Board of Directors, proxies shall be authorized and shall count towards quorum but may only be transferred after all requirements are met including, but not limited to, registration requirements of the proxy giver.

ARTICLE VI: OFFICERS

Section 1. Officers and Duties. The officers of the Association shall be a President, a President-Elect, a Past President, a Secretary-Treasurer, the Directors-at-Large, and the Chief Executive Officer. The officers shall perform the duties prescribed by the Bylaws of the Association and adopted rules of the Association. Additionally:

- A. the President shall preside at all meetings and gatherings of the Association and the Association Board of Directors, and serve as an official spokesperson for the Association;
- B. the President-Elect, serving as first vice president, shall assist the President in the discharge of presidential duties, officiate for the President during their absence or incapacity or at the President's request, and succeed to the presidency if the President is unable to complete their one-year term as President;
- C. the Past-President shall assist the President in the discharge of presidential duties, coordinate the annual nominations process, and serve as chair of the committee that plans the annual business meeting of the Association;
- D. the Secretary-Treasurer shall review budget drafts before their presentation to the Association Board of Directors; ensure that minutes of each meeting of the voting membership are recorded and that they contain the results of the deliberation of the voting membership; and serve as the chair of a committee charged with overseeing the Association's annual audit function, investments and internal financial controls;
- E. the Directors-at-Large shall participate in all Association Board of Directors meetings and serve on committees or as liaisons to other professional organizations as directed by the Board of Directors; and
- F. the Chief Executive Officer shall serve as a non-voting ex-officio member of the Association Board of Directors and be delegated authority to conduct the day-to-day business of the Association, and be authorized to hire additional staff within the boundaries of the approved budget and in accordance with adopted policy as determined by the Association Board of Directors;

Section 2. Eligibility to Elected Office. To be eligible for election as an officer of the Association, at the time of election the candidate must:

- A. be a Member Jurisdiction Member or an Individual Member of the Association;
- B. have no history of disciplinary action that has been reported to any professional disciplinary data bank; and

- C. meet criteria specified in the Member Policies and Procedures Manual of the Association.

Section 3. Nominations. Nominations for Officers of the Association will be accepted:

- A. in advance of the published deadline for nominations, from Member Jurisdictions. Letters from individuals in support of a Member Jurisdiction's nomination will be accepted as supplemental information;
- B. prior to the Annual Meeting of the Delegates, from the Association Board of Directors, if there are no qualified nominees received; and
- C. at the Annual Meeting of the Delegates, by a delegate on behalf of their Member Jurisdiction.

Section 4. Elections. Elections will be conducted at the Annual Meeting of the Delegates. A preferential voting method will be determined by the Association Board of Directors prior to balloting.

- A. For elections at a meeting where a quorum is present the delegates will vote and the candidate with the highest number of votes will be elected.
- B. For incomplete elections resulting from either the absence of a quorum or a lack of plurality after three (3) ballots, the procedures to complete the election shall be prescribed in policy of the Association.

Section 5. Terms. The term of all elected officers shall commence on January 1st of the year following the Annual Meeting of the Delegates at which they are elected, or upon appointment. All Directors shall serve until their successors have been duly elected or appointed as specified in the Bylaws of the Association.

- A. Except where otherwise provided, the President-Elect shall be elected annually to serve a term of one (1) year and shall succeed to the office of President for one (1) year following, and to the office of Past-President for the next succeeding year.
- B. The Secretary-Treasurer shall be elected every third year to serve a term of three (3) years.
- C. Each Director-at-Large shall be elected to serve a term of three (3) years.

Section 6. Officer Limitations. No officer shall hold more than one (1) Director position simultaneously, whether elected or appointed. Further, a candidate may not be elected or appointed to serve more than nine (9) consecutive years on the Board of Directors except that the consecutive years limitation may be waived in this instance if the candidate is elected or appointed to complete an unexpired term created by a vacancy. Further, the consecutive year limitation may be waived to

allow a Director, current or past, to stand for election as an officer if no other qualified individual is nominated for said office. Additional considerations regarding the waiver of consecutive year limitations shall be further defined in written policy of the Association. Furthermore, after a hiatus from the Board of Directors of at least three (3) years, a candidate who previously served for nine (9) consecutive years shall be eligible for election and service as a Director.

Section 7. Vacancies. If an officer vacancy occurs for any reason before term expiration the procedure for filling the unexpired term of that vacancy shall be as follows:

- A. If the office of President becomes vacant, the President-Elect, elected by the Delegates, shall immediately assume the office of President for the remainder of the term and shall continue to serve an additional term as President.
- B. If the office of President-Elect becomes vacant, the Association Board of Directors shall appoint a qualified individual to complete the unexpired term. At the next Annual Meeting of the Delegates, the Delegates shall elect both a President-Elect and a President. An individual appointed to the office of President-Elect shall not automatically proceed to the office of President but may be eligible for election to the office when elections are in order due to a vacancy.
- C. If the office of President becomes vacant while either (i) the office of the President-Elect is vacant, or (ii) when the office of the President-Elect is held by an individual appointed to the office, the Association Board of Directors shall appoint both a qualified individual as the Acting President to complete the unexpired term of the President and, when necessary, a qualified individual to complete the unexpired term of the President-Elect. At the next Annual Meeting of the Delegates, the Delegates shall elect both a President-Elect and a President.
- D. If the office of Past President becomes vacant, the Association Board of Directors shall appoint a past President, or past officer, to complete the unexpired term.
- E. If the office of Secretary-Treasurer or any Director-at-Large becomes vacant, the Association Board of Directors shall appoint a qualified individual to serve in the office until the next Annual Meeting of the Delegates where the Delegates shall elect a qualified candidate to complete the remainder of the unexpired term. An individual appointed to the office of Secretary-Treasurer or Director-at-Large shall not automatically proceed to the office of appointment thereto but may be eligible for election to the office when elections are in order due to a vacancy.

ARTICLE VII: THE BOARD OF DIRECTORS

Section 1. Governing Authority. The Association Board of Directors shall be the governing body of the Association. The Association Board of Directors shall be subject to the restrictions and obligations set forth by law and in the Certificate of Incorporation of the Association and the Bylaws of the Association.

Section 2. Composition. The Association Board of Directors shall consist of seven (7) voting members to include the President, the President-Elect, the Past-President, the Secretary-Treasurer, and three (3) Directors-at-Large, and one (1) non-voting member to include the Chief Executive Officer who shall serve ex-officio.

Section 3. Authority. The Association Board of Directors shall have the authority to:

- A. act on behalf of and manage the Association;
- B. establish policies, programs, and services for the Association;
- C. establish fees for Association programs and services;
- D. employ a Chief Executive Officer;
- E. enter, or authorize entering into, contracts on behalf of the Association;
- F. authorize the purchase, holding or transfer of property by the Association;
- G. make, or designate the authority to make, all financial decisions of the Association, with the exception of determining the amounts members pay in dues;
- H. establish committees, and appoint and remove committee members by a majority vote of the Association Board of Directors whenever in their judgment the best interests of the Association would be served thereby;
- I. amend the Certificate of Incorporation of the Association;
- J. submit proposals for the amendment of the Bylaws of the Association; and
- K. the Association Board of Directors shall have further specific and general authority as provided for in the Certificate of Incorporation of the Association, and written rules binding upon the Association.

Section 4. Duties. All members of the Association Board of Directors have a fiduciary responsibility to exhibit honesty and good faith in conducting Association activities, making statements or otherwise performing functions for the Association, and must avoid conflicts of interest. The Association Board of Directors may solicit input from the membership prior to making substantial policy decisions. Individually and collectively, the directors are also responsible for performing other duties as established by the Association Board of Directors to serve the purposes of

the Association consistent with adopted rules and policies binding upon the Association.

Section 5. Regular Meetings. The Association Board of Directors shall meet at least four (4) times each year with at least one (1) meeting occurring in each quarter. Further, of the four (4) regular meetings there will be a minimum of two (2) face-to-face meetings of the Association Board of Directors each year.

Section 6. Special Meetings. The Special Meetings of the Association Board of Directors may be called by the President of the Association or by a majority vote of the Association Board of Directors. Special Meetings of the Association Board of Directors may be held in person or virtually including hybrid participation.

ARTICLE VIII: COMMITTEES

Section 1. Establishment. Committees may be established by the Association Board of Directors as it shall from time to time deem necessary to fulfill the objectives of the Association.

- A. Intended to exist perpetually and to meet regularly, standing committees of the Association shall be established for ongoing functions and purposes.
- B. Intended to be temporary and meet as needed, special committees of the Association may be established for specific purposes. Committees that are not standing committees, whatever their name, including but not be limited to, task forces, work groups, ad hoc committees, advisory committees, commissions, etc., shall be special committees. The term of a special committee shall automatically end with the fulfillment of its purpose but shall be limited to two (2) years unless otherwise extended to fulfill its purpose.

Section 2. Committee Membership. Committee member appointment and removal shall be by the majority vote of the Association Board of Directors unless specifically delegated to the voting membership at an Annual Meeting of the Delegates who shall take such action by a majority vote. Committee membership shall not be limited to Association members.

Section 3. Committee Terms. Unless otherwise provided for, committee members shall be appointed for terms of two (2) years or until their successors are appointed.

Section 4. Reporting. Committees, committee members and their terms, and other details regarding their functioning will be summarized and reported at least annually by the Association.

ARTICLE IX: POLICY

Section 1. Force of Policies. The Association Board of Directors may adopt policies that do not conflict with the Certificate of Incorporation of the Association, the Bylaws of the Association, or any rule of higher precedence binding upon the Association.

Section 2. Policy Adoption, Amendment and Suspension. The Association Board of Directors may adopt policies and procedures. Policies may be adopted or amended by a majority vote of the Association Board of Directors with previous notice and may be suspended by a two-thirds (2/3) vote of the Association Board of Directors with previous notice.

ARTICLE X: PARLIAMENTARY AUTHORITY

The rules contained in the current edition of *Robert's Rules of Order Newly Revised* shall govern the proceedings of the Association in all cases to which they are applicable and in which they are not inconsistent with the Bylaws of the Association and any special rules of order the Association may adopt.

ARTICLE XI: AMENDMENT OF BYLAWS

Section 1. Amendment. The Bylaws of the Association may be amended at the Annual Meeting of the Delegates, or a Special Meeting of the Delegates held specifically for the purpose of amendment, provided that the amendment has been submitted in writing by a voting member to the Secretary-Treasurer prior to the call of the meeting where the amendment is to be considered.

- A. If ninety (90) days notice of a proposal to amend is given, a two-thirds (2/3) vote of the delegates present shall be required to adopt an amendment.
- B. In the absence of ninety (90) days notice of a proposal to amend, a two-thirds (2/3) vote of the delegates present shall be required to bring forth consideration of an amendment. If an amendment is approved for consideration, a three-fourths (3/4) vote of the delegates present shall be required to adopt an amendment.

ARTICLE XII: DISSOLUTION

Section 1. Plan. The Association Board of Directors, at a Special Meeting held for such purposes, may formulate and adopt a plan for the dissolution of the Association. The plan shall address all elements required by law.

Section 2. Acceptance of Plan. Such plan shall be acted upon by the Delegates at an Annual Meeting of the Delegates or a Special Meeting of the Delegates called for the sole purpose of considering dissolution. A three-fourths (3/4) vote of all delegates present at a meeting in which a quorum is present must vote affirmatively to dissolve.

Section 3. Conformity to Law. Notwithstanding any provision to the contrary, any plan to dissolve must conform to all applicable law binding upon the Association included concerning dissolution of an exempt corporation.

Bylaws of the Association of State & Provincial Psychology Boards A Nonprofit Corporation

Article I. Name

The name of this Association shall be the Association of State and Provincial Psychology Boards (hereinafter referred to as the "Association").

Article II. Location/Offices

The Association shall maintain a registered office and registered agent as determined by the Board of Directors and registered with the Alabama Corporations Division.

Article III. Purposes

This Association shall be the association of statutorily constituted bodies legally responsible for the licensure and registration of psychologists in their jurisdictions. It is organized to:

- A. Facilitate communication among members concerning licensure and registration of psychologists;
- B. Encourage collaboration among members in developing compatible standards and cooperative procedures for the licensure and registration of psychologists;
- C. Provide the regulatory perspective on behalf of the members to organizations, governmental entities, and other groups whose areas of interest may coincide with those of the membership;
- D. Provide resources, consultation, educational sessions, and other assistance to members in order to assist them in fulfilling their statutory, professional, public and ethical obligations;
- E. Develop, maintain and offer examination programs for psychologists for licensure, registration, re-licensure, re-registration, and/or competency assessment; and
- F. Carry on such other activities as are legally permissible for non-profit corporations.

Article IV. – Restrictions/Limitations/Antitrust Compliance

- A. Notwithstanding any other provision of these Bylaws, the Association shall carry on only those activities permitted to be carried on by a corporation exempt from federal income tax under Internal Revenue Code ("IRC") Section 501(c)(6) and incorporated under the Alabama Nonprofit Corporation Act ("Act"), as the IRC or Act may be amended or supplemented.
- B. It is the undeviating policy of the Association to comply strictly with the letter and spirit of all federal, state, provincial, and applicable international trade regulations and antitrust laws.

Article V. Membership

A. General

1. Membership in the Association is not transferrable or assignable.
2. Membership in the Association carries a definite obligation to pay membership dues. Membership dues are not refundable for any reason.
3. Applications for membership or reinstatement of membership shall be submitted to the Association in writing, and decisions regarding such applications shall be made by the Board of Directors or its designee.

B. Classes of Association membership are:

1. Member Jurisdictions

a) An organization is eligible to apply for affiliation with the Association as a member jurisdiction if it is the statutorily constituted body (hereinafter referred to simply as "member jurisdiction") which is legally responsible for the licensure or registration of psychologists in a U.S. or Canadian jurisdiction.

b) The Board of Directors is authorized to admit a jurisdiction into the membership of the Association at any time upon receipt of appropriate written evidence that the statutory body conforms to the above definition and subscribes in principle to the purposes of the Association. In the case of competing applications for membership from a jurisdiction having more than one entity purporting to license or register psychologists, the Board of Directors of the Association is authorized to determine which entity shall become a member.

c) Termination of Jurisdictional Membership

(1) Voluntary Termination – Jurisdictional membership in the Association may be voluntarily terminated at any time by action of the member submitting a resignation to the Board of Directors in writing.

(2) Involuntary Termination – Jurisdictional membership in the Association may be involuntarily terminated:

(a) When so ordered by a two-thirds (2/3) vote of delegates present and voting at any meeting of the Association's voting membership at which a quorum is present, provided that written notice of the action under consideration shall be sent by the Secretary-Treasurer of the Association to all member jurisdictions and their chairs or presidents not less than thirty (30) days prior to the meeting, and provided that the member in question shall have an opportunity to be heard with representation by counsel, at the member's sole expense, before the vote is taken, or

(b) If a jurisdiction fails to pay its dues prior to the due date established in the ASPPB Policies and Procedures manual, its membership status is no longer current. If a jurisdiction becomes two years in arrears, it is automatically

dropped from membership and all rights of membership, including use of the Association's examination programs, cease immediately.

d) Reinstatement – A member jurisdiction that has terminated membership while in good standing or that has forfeited membership by non-payment of dues may be reinstated by the Board of Directors of the Association in the manner provided in Article V.A.3. of these Bylaws and payment of the current year's dues and a maximum of two (2) years dues in arrears.

e) Member Jurisdictions' Rights and Responsibilities; Delegates

(1) Member Jurisdictions have the right to utilize the Association's programs and services, including its examination programs.

(2) Each jurisdiction shall select a delegate to cast votes on behalf of that jurisdiction for elections and passage of motions as part of Association business.

(3) The legislative powers of the Association, excluding the power to amend the Articles of Incorporation and to specify methods of voting, are vested in the delegates of the member jurisdictions present and voting at any annual or special meeting of the Association at which a quorum of the delegates is present.

(4) Other specific rights and responsibilities, which shall be exercised by each jurisdiction's delegate, include:

(a) Electing members of the Board of Directors;

(b) Determining the amount of dues for all classes of membership;

(c) Voting to remove a member jurisdiction from the Association;

(d) Voting on revisions to Bylaws;

(e) Voting on changes to membership qualifications; and

(f) Removing a member of the Board of Directors prior to the end of the person's term by a 2/3 majority of member delegates present and voting at any annual or special meeting of the Association at which a quorum is present.

f) Member Jurisdiction Dues - The annual dues for all active member jurisdictions shall be decided by the voting membership at any annual meeting of the Association following the consideration and discussion of recommendations provided by the Board of Directors. The amount and due date of member jurisdiction dues shall be specified in the Association's Policies and Procedures Manual.

2. Individual Members

a) Eligibility Requirements - Any person who:

(1) presently serves or has previously served as a member or executive officer of any member jurisdiction board or college, or of any statutory body eligible for membership in the Association, or

(2) by professional activity such as a member jurisdiction counsel, investigative officer, or member of a regulatory agency staff, who is or has been involved in the regulation of psychologists through a member jurisdiction board or college

shall be entitled to apply for membership in the Association as an individual member. If a prospective individual member has any history of disciplinary action that has been reported to any professional disciplinary data bank, the Board of Directors will decide on a case-by-case basis whether in its judgment, it is in the best interest of the Association to approve the application for individual membership.

b) The Board of Directors or its designee is authorized to admit a person into individual membership in the Association at any time upon receipt of the appropriate written evidence that the individual conforms to the eligibility requirements found in Article V.B.2. a) of these Bylaws, and subscribes in principle to the purposes of the Association.

c) Termination of Individual Membership

(1) Voluntary Termination – Individual membership in the Association may be voluntarily terminated at any time by action of the member, either by submitting a resignation to the Board of Directors in writing, or by ceasing to pay membership dues.

(2) Involuntary Termination – Individual membership in the Association may be involuntarily terminated by a majority vote of the Board of Directors whenever in its judgment the best interests of the Association would be served thereby.

d) Individual members are non-voting members of the Association.

e) Individual Members' Rights – Individual members may:

- (1) Stand for election for positions on the Association's Board of Directors;
- (2) Attend Association membership meetings as non-voting members;
- (3) Access the Members-Only area of the Association's website; and
- (4) Participate as a member of the Association's listserv.

f) Individual Member Dues - The annual dues for individual members shall be decided by the membership at any annual meeting of the Association following the consideration and discussion of recommendations provided by the Board of Directors. The amount of individual member dues shall be specified in the Association's Policies and Procedures Manual.

3. Affiliate Members

a) Eligibility Requirements - Any organization involved in the regulation of the practice of psychology outside the United States and Canada shall be entitled to apply for affiliate membership in the Association.

b) The Board of Directors or its designee, at its sole discretion, is authorized to admit an affiliate member into Association membership at any time upon receipt of the appropriate

written evidence that the organization conforms to the eligibility requirements found in Article V.B.3.a) of these Bylaws, and subscribes in principle to the purposes of the Association.

c) Affiliate members are non-voting members of the Association.

d) Termination of Affiliate Membership

(1) Voluntary Termination – Affiliate membership in the Association may be voluntarily terminated at any time by action of the member, either by submitting a resignation to the Board of Directors in writing, or by ceasing to pay membership dues.

(2) Involuntary Termination – Affiliate membership in the Association may be involuntarily terminated by a majority vote of the Board of Directors whenever in its judgment the best interests of the Association would be served thereby.

e) Affiliate Members' Rights – Affiliate members may participate in Association programs and activities as specified by the Board of Directors

f) Affiliate Member Dues - The annual dues for affiliate members shall be decided by the membership at any annual meeting of the Association following the consideration and discussion of recommendations provided by the Board of Directors. The amount of affiliate member dues shall be specified in the Association's Policies and Procedures Manual.

C. Meetings of the Membership

1. Annual Meetings

a) The annual meeting of the Association's voting membership shall be held at a time and place to be determined by the Board of Directors.

b) Notices of all annual meetings shall be given not less than sixty (60) days prior to the meeting date.

2. Special Meetings

a) Special meetings of the Association may be called by the President at any time with the approval of a majority of the Board of Directors, and must be called by the President as soon as practicable if and when the Secretary-Treasurer receives written request for such a meeting from 2/3 of the member jurisdictions.

b) Notices of all special meetings of the membership shall be given not less than thirty (30) days before the date of the meeting and shall state the purpose for which the meeting is called.

3. Voting / Quorum

a) Each member jurisdiction is entitled to one (1) vote at annual or special meetings of the Association.

b) Each member jurisdiction shall vote by one (1) delegate from the member jurisdiction, to be chosen by the member jurisdiction in such manner and for such term of office as the member jurisdiction elects.

c) Delegates representing a majority of the member jurisdictions shall constitute a quorum for the transaction of business at any meeting of the Association.

Actions taken by the membership require the affirmative vote of a majority of the delegates present and voting at any annual or special meeting at which a quorum is present, except as specified in Article V.B.1.c)(2)(a), Article V.B.1.e)(4)(f) and Article X.B. of these Bylaws. For procedures in elections where a quorum requirement is not met, see Article VI.E.3.

d) Each member jurisdiction may name an unlimited number of alternate delegates who may attend meetings of the Association and participate in its deliberations without voting.

e) On any ballot of the Association, the right to vote is vested in the delegates of the member jurisdictions, including delegates pro tempore.

f) Participants other than delegates to meetings of the Association may participate in the deliberations of the Association but shall not vote on any ballot of the Association.

Article VI. – Board of Directors

A. The governing body of the Association is the Board of Directors. The Board of Directors shall be subject to the restrictions and obligations set forth by law and in the Association's Articles of Incorporation and Bylaws.

B. The Board of Directors shall consist of seven (7) Directors, these being the President, President-Elect, Past President, Secretary-Treasurer, and three (3) Members-at-Large.

C. Eligibility Requirements - To be eligible for election as a Director of the Association, the Director must, when elected, be either:

1. A current professional or public member, staff or counsel of the board/college that regulates psychology in a member jurisdiction; or
2. An individual member of the Association who is a current or former professional or public member, staff or counsel of the board/college that regulates psychology in a member jurisdiction;

AND

1. Must have no history of disciplinary action that has been reported to any professional disciplinary data bank; and
2. Must meet criteria specified in the Association's Policies and Procedures Manual.

D. Nominations for positions on the Board of Directors will be accepted:

1. in advance of the published deadline for nominations, from ASPPB member jurisdictions. Letters from individuals in support of a member jurisdiction's nomination will be accepted as supplemental information;
2. prior to the annual meeting, from the Board of Directors, if there are no qualified nominees received from ASPPB member jurisdictions;

3. at the annual meeting, by an official delegate on behalf of their member jurisdiction, as specified in the Association's Policies and Procedures Manual.
- E. Elections will be conducted at the Association's annual meeting of delegates.
1. The Hare System of voting, as defined in the Association's Policies and Procedures Manual, will be utilized.
 2. For elections where a quorum is present, those delegates present will vote and the individual with the most votes according to the Hare System of voting will be elected.
 3. For elections held in the absence of a quorum, the following procedures shall be followed:
 - a) Those delegates present will vote.
 - b) The voting period will be extended until a date specified by the Board of Directors for jurisdictions that were not represented at the meeting. The delegates from those jurisdictions will cast votes by mail, including electronic mail, on behalf of their respective jurisdictions as specified by the Board of Directors. The period of voting shall be open for no less than thirty (30) days.
 - c) The current member(s) of the Board of Directors will remain in office until an extended vote with a time certain ending has been completed.
 - d) If the current Director is unable to remain in office until the election is completed, the Board of Directors will appoint an interim replacement.
 - e) The votes received during the extended voting period will be added to those votes cast at the meeting.
 - f) A majority of the member jurisdictions must ultimately cast a vote for the election to be deemed valid.
 - g) If more than one-half of the member jurisdictions have not cast votes by the end of the extended voting period, the election will be declared invalid.
 - h) If a majority of the member jurisdictions does not cast a vote by the end of the extended voting period, the Board of Directors will appoint an individual to fill each available position on the Board.
- F. Terms - The regular terms of all Directors shall commence on the earlier of: January 1st of the year following the annual meeting at which they are elected, or upon appointment. All Directors shall serve until their successors have been duly elected or appointed as specified in these Bylaws.
1. The President-Elect shall be elected annually to serve a term of one (1) year and shall succeed to the office of President for one (1) year following, and to the office of Past-President for the next succeeding year. Notwithstanding this provision, if no qualified individual for the office of President-Elect is nominated, the current President-Elect, President, and Past-President may serve for two (2) consecutive terms in their respective positions.
 2. One Member-at-Large shall be elected annually to serve a term of three (3) years.

3. The Secretary-Treasurer shall be elected every third year to serve a term of three (3) years.
 4. A member of the Board of Directors may not be elected to serve more than nine (9) consecutive years on the Board of Directors; however, after a hiatus from the Board of Directors of at least three (3) years, an individual may run again for election. These term limits shall be waived to allow a current or past Director to stand for election for a Director position if no other qualified individual is nominated for said position.
 5. No member of the Board of Directors shall hold more than one Director position at the same time.
- G. Board of Directors Authority - The Board of Directors has the general authority to:
1. Establish policies for the management of the Association;
 2. Act on behalf of the Association;
 3. Employ an Executive Officer to conduct the day to day business of the Association, and authorize her/him to hire additional staff within the boundaries of the approved budget and in accordance with the Policies and Procedures Manual and Strategic Plan as determined by the Board of Directors;
 4. Enter or authorize entering into contracts on behalf of the Association;
 5. Authorize the purchase, holding or transfer of property by the Association;
 6. Make, or designate the authority to make, all financial decisions of the Association, with the exception of determining the amounts members pay in dues;
 7. Establish fees for the Association's programs and services;
 8. Establish committees, task forces and workgroups as are consistent with the Association's policies and procedures and Strategic Plan;
 9. Remove any committee member from sitting on a committee or task force by a majority vote of the Board of Directors whenever in their judgment the best interests of the Association would be served thereby; and
 10. Amend the Articles of Incorporation of the Association.
- H. Duties of the Board of Directors - The Board of Directors has the following duties:
1. All members of the Board of Directors have a fiduciary responsibility to exhibit honesty and good faith in conducting Association activities, making statements or otherwise performing functions for the Association, and must avoid conflicts of interest.
 2. The Board of Directors has the duty to solicit input from the membership prior to approving model documents and making substantial policy decisions.
 3. Additionally, particular Directors have the following specific duties/responsibilities:
 - a) President - The President shall preside at all meetings and gatherings of the Association and the Board of Directors, and serve as an official spokesperson for the Association.

- b) President-Elect – The President-Elect shall assist the President in the discharge of presidential duties, officiate for the President during his or her absence or incapacity or at the President's request, and succeed to the presidency if the President is unable to complete her or his one-year term as President.
- c) Past-President – The Past-President shall assist the President in the discharge of presidential duties, coordinate the annual nominations process, and serve as chair of the committee that plans the annual business meeting of the Association.
- d) Secretary-Treasurer – The Secretary-Treasurer shall review budget drafts before their presentation to the Board of Directors; ensure that minutes of each meeting of the voting membership are recorded and that they contain the results of the deliberation of the voting membership; and serve as the chair of a committee charged with overseeing the Association's annual audit function, investments and internal financial controls.
- e) Members at Large - The three members at large shall participate in all Board meetings and serve on committees or as liaisons to other professional organizations as directed by the Board of Directors.

4. Each Director is responsible for performing other duties as established by the Board of Directors to serve the purposes of the Association consistent with the ASPPB Policies and Procedures and Strategic Plan.

I. Vacancies on the Board of Directors

- 1. If a vacancy occurs for any reason before the expiration of the term of office of President, the President-Elect shall assume the position of President for the remainder of that one-year term and shall then continue in the position of President through the term for which previously elected.
- 2. If a vacancy occurs for any reason in the position of President-Elect, said position shall be filled by a qualified person appointed by the Board of Directors until the next annual meeting at which time both a President-Elect and a President shall be elected to serve the remainder of the unexpired terms.
- 3. If a vacancy occurs for any reason in the position of Secretary-Treasurer or Member-at-Large in the membership of the Board of Directors, said position or positions shall be filled by a qualified person or persons appointed by the Board of Directors until the next annual meeting , at which time terms still unexpired shall be filled by election.
- 4. If a vacancy occurs in the position of Past-President in the membership on the Board of Directors, said position shall be filled by a qualified person appointed by the Board of Directors to serve the remainder of the unexpired term
- 5. If a current or previous Director is appointed to fill a vacant position, the election term/hiatus limits provided in Article VI.F.4. of these Bylaws shall not apply.

J. Board of Directors Meetings

- 1. There will be a minimum of two face-to-face meetings of the Board of Directors per year. The Board of Directors has the authority to have additional face-to-face meetings as needed. Directors

may participate in Board meetings by means of conference telephone or similar communications equipment, provided that all persons participating in the meeting can hear each other at the same time.

2. Regular and special meetings may be held with notice or with such notice as the Board sets forth in the ASPPB Policies and Procedures Manual.
3. Policies regarding quorum, votes required to pass a motion, and other operational details are specified in the ASPPB Policies and Procedures Manual.

Article VII. Committees

- A. Executive Committee – The Executive Committee is comprised of the President, President-Elect and Past-President, and is authorized to carry out functions of the Board of Directors when necessary to address matters as delegated by the Board of Directors. All actions taken by the Executive Committee must be ratified by the Board of Directors at its next meeting. For decisions needed between Board of Directors meetings, a conference call with all available board members should be convened.
- B. A committee charged with reviewing nominations received, and making recommendations to the Board of Directors for Board of Directors members and award winners. The Association's Past-President will serve as chair.
- C. A committee charged with overseeing the Association's annual audit function, investments and internal financial controls. The Association's Secretary-Treasurer will serve as chair.
- D. A committee or committees charged with coordinating the Association's examination program.
- E. A committee or committees charged with coordinating the Association's mobility program.
- F. Other committees, task forces and/or workgroups as needed to carry out the mission and functions of the Association.
- G. Guidelines for committee actions will be set forth in the Association's Policies and Procedures Manual.
- H. Committee, task force and workgroup charges, members and their terms, and other details regarding their functioning will be summarized and made available annually by the Association.

Article VIII. Adoption of Parliamentary Authority

- A. All meetings of the membership shall be conducted in accordance with the latest edition of Keesey's Modern Parliamentary Procedure, to the extent that such parliamentary procedures are not inconsistent with these Bylaws, the Association's Articles of Incorporation, the Act, or rules adopted by the Board of Directors or the membership.

B. The Secretary-Treasurer shall ensure that minutes of each meeting of the voting membership are recorded, and contain the results of the deliberation of the voting membership. The minutes shall be submitted to the voting members for approval at the subsequent meeting of the voting members.

Article IX. Limitation of Liability and Indemnification

A. To the fullest extent permitted by the Act and the IRC, the personal liability of the Directors, committee members and employees of the Association is hereby eliminated.

B. To the fullest extent permitted by the Act and the IRC, the Association shall indemnify its Directors, committee members, and employees.

Article X. Amendments to Bylaws

A. Proposals for Amendment – Amendments to these Bylaws may be proposed by any Director or member jurisdiction whose proposal is submitted in writing to the Secretary-Treasurer of the Association.

B. Amendment Face to Face – These Bylaws may be amended only at a face to face annual or special meeting of the Association at which a quorum is present, as follows:

1. If ninety (90) days notice of a proposal to amend is given, a two-thirds (2/3) vote of those delegates present and voting at a meeting at which a quorum of the delegates is present is required to pass an amendment.
2. In the absence of ninety (90) days notice of a proposal to amend, a two-thirds (2/3) vote of those delegates present and voting at a meeting at which a quorum of the delegates is present is required to bring consideration of an amendment. If an amendment is approved for consideration, a three-fourths (3/4) vote of those delegates present and voting is required to pass an amendment.