

NOTICE OF BOARD MEETING

November 6-7, 2025
9:00 a.m. – 5:30 p.m. or until Completion of Business

The California Board of Psychology will meet in-person in accordance with Government Code section 11123, at the following physical location available for members of the Board and the public to attend the meeting, observe and hear the meeting, and participate.

Hyatt Place Riverside/Downtown
3500 Market Street
Riverside, CA 92501
(951) 321-3500

Due to potential technical difficulties, please consider submitting written comments by October 31, 2025, to bopmail@dca.ca.gov for consideration.

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.

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: XXXXXX@mailinator.com.

November 6, 2025, WebEx Information

<https://dca-meetings.webex.com/dca-meetings/j.php?MTID=m4046ff7f8c65368273c9378386ad5569>

If joining using the link above

Webinar number: 2494 931 5951

Webinar password: BOP116

If joining by phone

+1-415-655-0001 US Toll

Access code: 2494 931 5951

Passcode: 267116

November 7, 2025, WebEx Information

<https://dca-meetings.webex.com/dca-meetings/j.php?MTID=m2bdf65401e872172b3c878fd20df2458>

If joining using the link above

Webinar number: 2495 866 2276

Webinar password: BOP117

If joining by phone

+1-415-655-0001 US Toll

Access code: 2495 866 2276

Passcode: 267117

Important Notices to the Public

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

If 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.

Board Members

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

Board Staff

Jonathan Burke, Executive Officer
Stephanie Cheung, Licensing Manager
Daniel Phillips, Enforcement Manager
Cynthia Whitney, Central Services Manager
Troy Polk, CPD/Renewals Coordinator
Jacklyn Mancilla, Legislative and Regulatory Affairs Analyst
Shelley Ganaway, Board Counsel

Thursday, November 6, 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. Discussion and Possible Approval of the Board Meeting Minutes: August 22, 2025 (C. Whitney)
5. President's Report (L. Tate)
 - a) Meeting Calendar
6. Executive Officer's Report (J. Burke)
7. DCA Update

10:00 a.m. - Petition Hearing

8. Petition for Reinstatement of Surrendered License – Amy V. Thompson, PhD.

12:00 – 1:00 pm LUNCH/CLOSED SESSION

9. 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 Reconsideration, and Remands.

1:00 p.m. - Petition Hearing

10. Petition for Reinstatement of Surrendered License – Roberto J. Velasquez, PhD.

3:00 p.m. - Petition Hearing

11. Petition for Reinstatement of Revoked License – Jennifer M. Chrisman, PsyD.

CLOSED SESSION

12. 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 Reconsideration, and Remands.
13. Adjournment

Friday, November 7, 2025

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

14. Enforcement Report (D. Phillips)

15. Budget Report (J. Mancilla)
16. Outreach and Communications Committee Report and Consideration of and Possible Action on Committee Recommendations (Rodgers – Chairperson, Rescate, Casuga)
 - a) Strategic Plan Update
 - b) Social Media Update
 - c) Website Statistics Update
 - d) Update on Newsletter
 - e) Outreach Activities Update
17. Licensing Report (S. Cheung)
18. Continuing Professional Development and Renewals Report (T. Polk)
19. Examination Report (S. Cheung)
20. Legislative and Regulatory Affairs Committee Update (Casuga – Chairperson, Cervantes, Rodgers)
 - a) Bills with Active Positions Taken by the Board
 - 1) SB 775 (Ashby) Board of Psychology and 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
 - 6) AB 82 (Ward) Health care: legally protected health care activity
 - 7) SB 402 (Valladares) Health care coverage: autism
 - 8) SB 160 (Committee on Budget and Fiscal Review) Background checks
 - b) 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 667 (Solache) Professions and vocations: license examinations: interpreters

21. Legislative Items for Future Meeting. The Committee May Discuss Other Items of Legislation in Sufficient Detail to Determine Whether Such Items Should be on a Future Committee or Board Meeting Agenda and/or Whether to Hold a Special Meeting of the Committee or Board to Discuss Such Items Pursuant to Government Code Section 11125.4
22. Regulatory Update: Review and Possible Consideration of Changes (S. Casuga)
 - a) 16 CCR section 1395.2 – Discussion and Possible Action on Proposed Changes to Language to the Disciplinary Guidelines and Uniform Standards Related to Substance-Abusing Licensees
 - b) 16 CCR section 1396.8 – Discussion and Possible Action on Comments Received (if any) on Standards of Practice for Telehealth Services
 - c) 16 CCR sections 1380.3, 1381, 1381.1, 1381.2, 1381.4, 1381.5, 1382, 1382.3, 1382.4, 1382.5, 1386, 1387, 1387.1, 1387.2, 1387.3, 1387.4, 1387.5, 1387.6, 1387.10, 1388, 1388.6, 1389, 1389.1, 1391, 1391.1, 1391.3, 1391.4, 1391.5, 1391.6, 1391.8, 1391.11, and 1391.12 – Pathways to Licensure
 - d) 16 CCR sections 1380.6, 1393, 1396, 1396.1, 1396.2, 1396.3, 1396.4, 1396.5, 1397, 1397.1, 1397.2, 1397.35, 1397.37, 1397.39, 1397.50, 1397.51, 1397.52, 1397.53, 1397.54, and 1397.55 - Enforcement Provisions
 - e) 16 CCR sections 1397.35, 1397.37, 1397.39, and 1397.40 - Corporations
 - f) 16 CCR sections 1381, 1387, 1387.10, 1388, 1388.6, 1389, and 1389.1 – Implementation of AB 282
 - g) 16 CCR sections 1390 – 390.4 of Division 13.1 of Title 16 of the California Code of Regulations – Research Psychoanalyst Regulation
23. Update and Discussion on the Development of the Integrated Examination for Professional Practice in Psychology (J. Burke)
24. Election of Officers
25. 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

26. 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.
27. The Board will Meet in Closed Session Pursuant to Government Code Section 11126(a)(1) to Conduct its Annual Evaluation of its Executive Officer.

OPEN SESSION

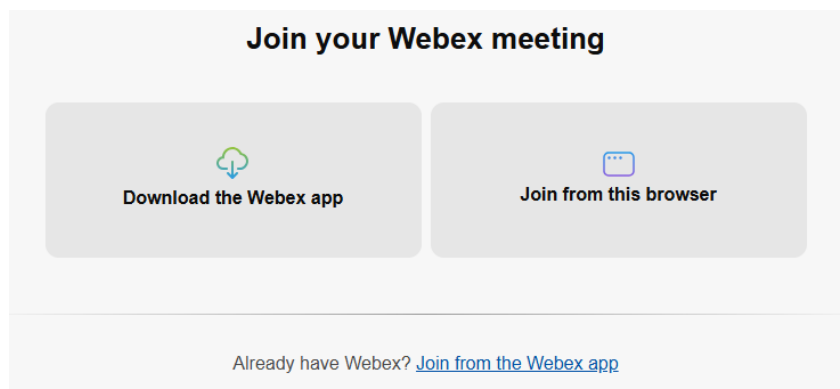
28. Reconvene in Open Session to Adjourn for the Day Adjournment will immediately follow closed session, and there will be no other items of business discussed. Adjournment for the day may not be viewable on livestream.

Recommended: Join using the meeting link.

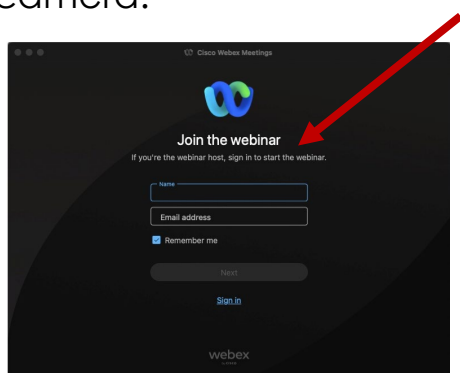
- 1 Click on the meeting link. This can be found in the meeting notice you received and is on the meeting agenda.
- 2 If you already have Webex on your device, click the bottom instruction, "Join from the Webex app."

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



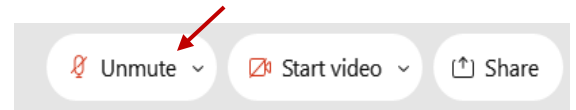
OR

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.

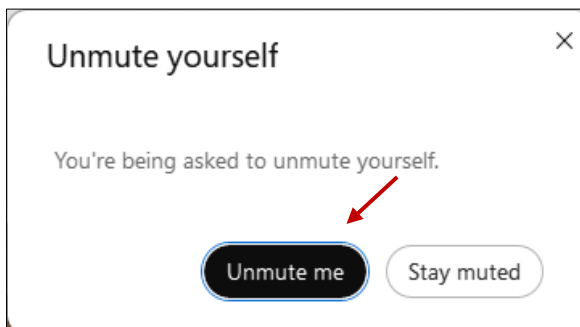
Note: Only panelists can mute/unmute their own microphones. Attendees will remain muted unless the moderator invites them to unmute their microphone.

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)



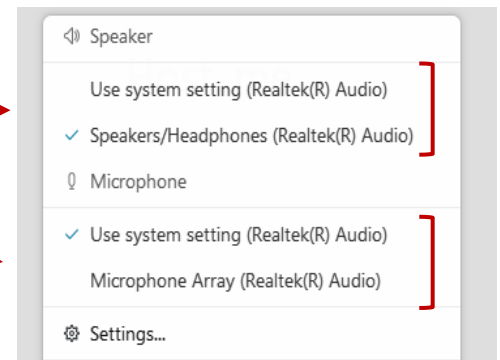
1. When you are asked to unmute yourself, press *6.
2. When you are finished speaking, press *6 to mute yourself again.

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.



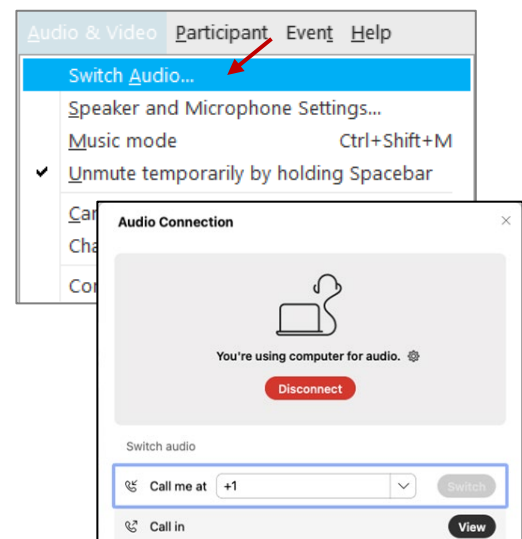
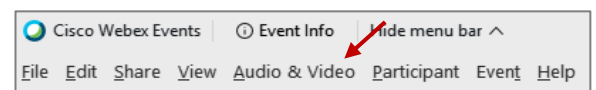
- 2 From the drop-down menu, select different:
 - Speaker options if you can't hear participants.
 - Microphone options if participants can't hear you.



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)



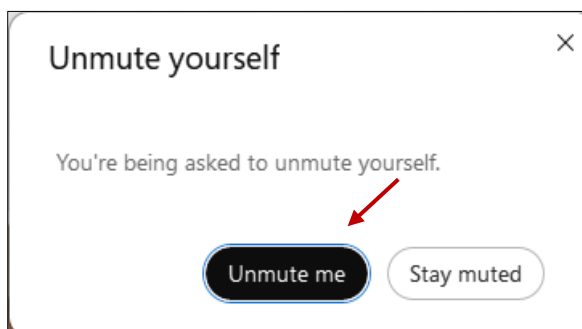
Press *3 to raise or lower your hand.

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.

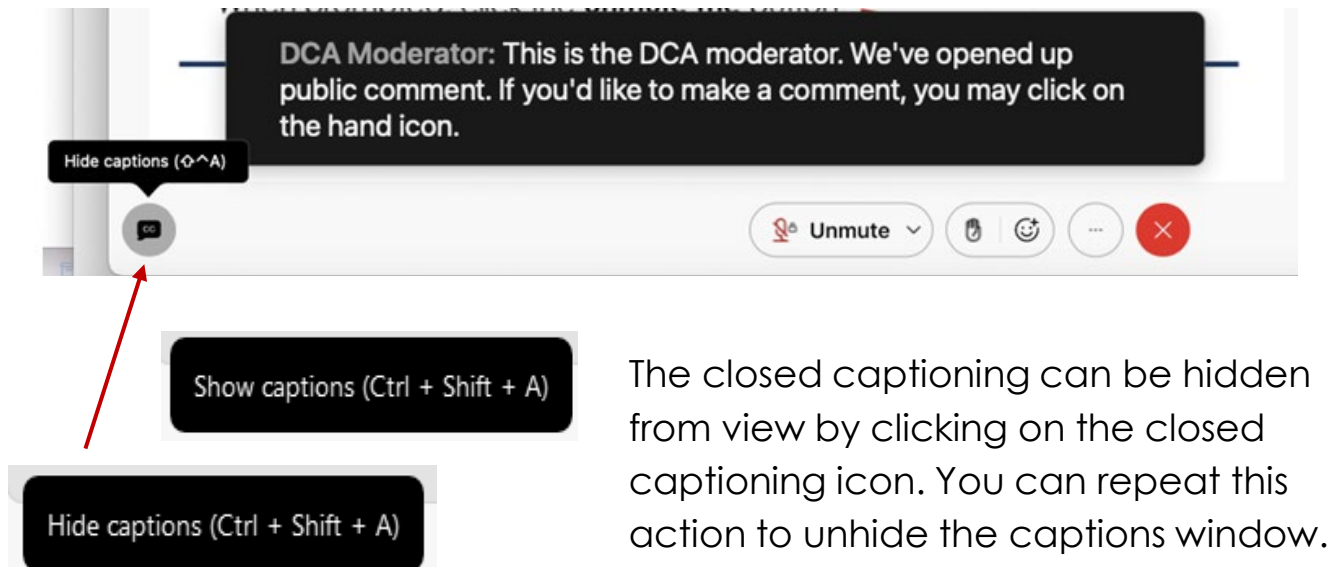


Joined via Telephone (Call-in User/Audio Only)

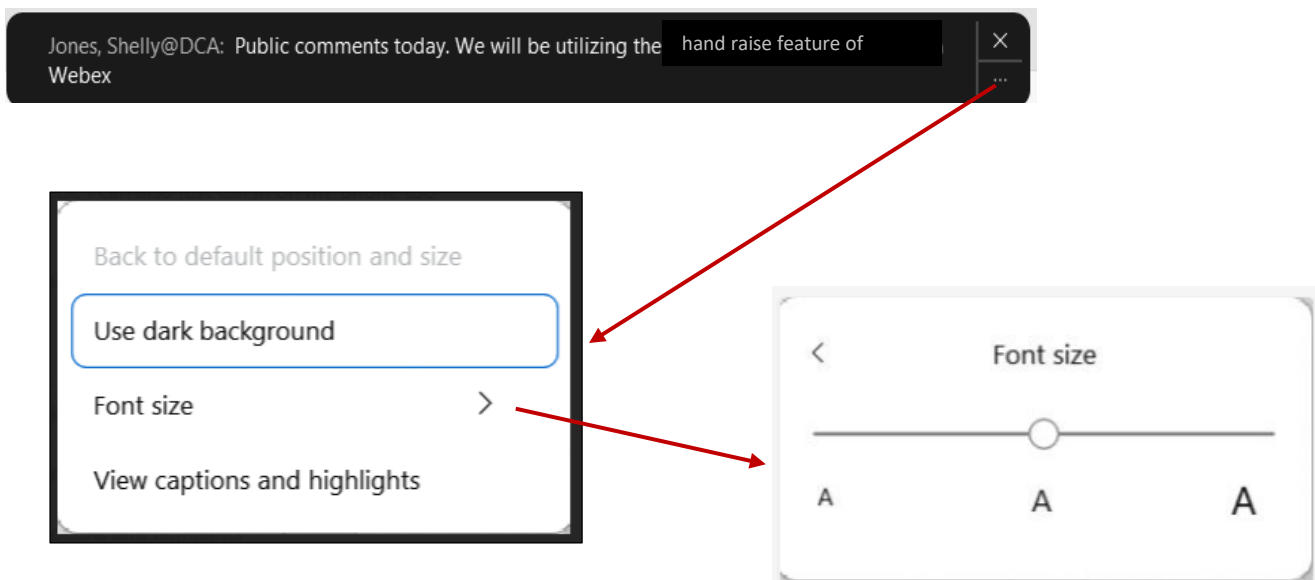


1. When you are asked to unmute yourself, press *6.
2. When you are finished speaking, press *6 to mute yourself again.

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.



MEMORANDUM

DATE	October 1, 2025
TO	Psychology Board Members
FROM	Cynthia Whitney Central Services Manager
SUBJECT	Agenda Item # 4 – Discussion and Possible Approval of the Board Meeting Minutes: August 22, 2025

Background:

Attached are the draft minutes of the August 22, 2025, Board Meeting.

Action Requested:

Review and approve the minutes of the August 22, 2025, Board Meeting.

1 MINUTES OF BOARD MEETING

2 August 22, 2025

3
4 DoubleTree by Hilton San Diego Bayside

5 4875 N. Harbor Drive

6 San Diego, CA 92106

7
8 **Board Members Present**

9 Lea Tate, PsyD, President

10 Shacunda Rodgers, PhD, Vice President

11 Sheryll Casuga, PsyD, CMPC

12 Seyron Foo

13 Mary Harb Sheets, PhD

14 Julie Nystrom

15 Ana Rescate

16
17 **Board Members Absent**

18 Marisela Cervantes, EdD, MPA

19
20 **Board Staff**

21 Jonathan Burke, Executive Officer

22 Stephanie Cheung, Licensing Manager

23 Cynthia Whitney, Central Services Manager

24 Jacklyn Mancilla, Legislative and Regulatory Affairs Analyst

25 Troy Polk, Continuing Professional Development / Renewals Coordinator

26 Shelley Ganaway, Legal Counsel

27
28 Friday, August 22, 202529 **Agenda Item #1: Call to Order/Roll Call/Establishment of a Quorum**30
31 Dr. Tate called the meeting to order at 9:13 a.m. A quorum was present and due notice
32 had been sent to all interested parties.33
34 **Agenda Item #2: President's Welcome**35
36 a) Mindfulness Exercise37
38 Dr. Tate made opening comments and introduced Dr. Rodgers to lead a mindfulness
39 exercise.40
41 Dr. Tate called for Board comment.42
43 No Board comment was offered.

44
45 Dr. Tate called for public comment.

46
47 No public comment was offered.

48
49 **Agenda Item #3: Public Comment for Items Not on the Agenda**

50
51 Dr. Tate called for public comment.

52
53 Dr. Patricia Lindquist expressed concern about the time and financial impacts that may
54 arise when a complaint is filed against a licensee.

55
56 No further public comment was offered.

57
58 **Agenda Item #4: Update, Presentation and Discussion on California Psychology**
59 **Internship Council (CAPIC)**

60
61 Dr. Tate introduced Dr. Melodie Schaefer to present this item.

62
63 Dr. Tate called for Board comment.

64
65 Mr. Foo commented that the Board's journal could include an item about the status of
66 CAPIC's website, written by Dr. Schaefer.

67
68 Dr. Casuga expressed her gratitude, commenting that her time as a CAPIC trainee laid
69 the groundwork for her entire career.

70
71 No further Board comment was offered.

72
73 Dr. Tate called for public comment.

74
75 No public comment was offered.

76
77 **Agenda Item #5: Discussion and Possible Approval of the Board Meeting**
78 **Minutes: May 9, 2025**

79
80 Dr. Tate introduced this item, starting on page 27 of the meeting materials

81
82 It was (M)Foo(S)Casuga(C) to approve the May 9, 2025, Board Meeting minutes with
83 any technical, non-substantive amendments.

84
85 Dr. Tate called for public comment.

86

87 No public comment was offered.

88
89 Votes

90 7 ayes (Casuga, Foo, Harb Sheets, Nystrom, Rescate, Rodgers, Tate), 0 noes

91
92 **Agenda Item #6: President's Report**

93
94 a) Meeting Calendar

95
96 Dr. Tate provided the update on this item, found on page 44 of the meeting materials.

97
98 Dr. Tate called for Board comment.

99
100 No Board comment was offered.

101
102 Dr. Tate called for public comment.

103
104 No public comment was offered.

105
106 **Agenda Item #7: Executive Officer's Report**

107
108 Mr. Burke provided the update on this item.

109
110 a) Personnel Update

111
112 Mr. Burke welcomed Tram Phung to the Central Services Unit as the new Board
113 Liaison. He commented on Board and staff vacancies.

114
115 b) Outreach Activities

116 Mr. Burke commented that Mr. Polk, the board's Continuing Professional Development
117 (CPD) and Renewals Coordinator, will attend the California Psychological Association's
118 (CPA) annual convention in Long Beach, California in September, staffing a booth.

119
120 Mr. Burke commented that he himself will participate online in the annual Association of
121 State and Provincial Psychology Boards (ASPPB) convention, taking place in St. Louis,
122 Missouri.

123
124 c) Communications with ASPPB and other jurisdictions regarding EPPP

125
126 Mr. Burke commented on his February conversation with his counterpart in Texas, and
127 spoke about his discussion with the Executive Director of ASPPB in which he

emphasized the content of the Board-approved position letter on the Examination for the Professional Practice in Psychology (EPPP).

No Board comment was offered.

Dr. Tate called for public comment.

No public comment was offered.

Agenda Item #8: DCA Update

Mr. Burke provided the update on this item, commenting on the hybrid telework transition, travel updates, and the status of the annual report.

Dr. Tate called for Board comment.

No Board comment was offered.

Dr. Tate called for public comment.

Dr. Schaefer commented that at a past Board meeting, the DCA Update included information about how grant money was disbursed to support the practice of psychology, but that the presentation did not differentiate between monies granted to Educational Psychologists, who are licensed by Board of Behavioral Sciences (BBS), or granted to Psychologists, who are licensed by the Board of Psychology.

Mr. Burke commented that for future updates, the awards given will be broken out by license type.

Agenda Item #9: Enforcement Report

Mr. Burke provided the update on this item, starting on page 45 of the meeting materials.

Mr. Foo asked for clarification between which actions might result in administrative correction as opposed to those that might result in disciplinary actions.

Mr. Burke explained that administrative remedies are appropriate, for example, when a licensee does not renew in a timely manner. He added that patterns of behavior showing more egregious lapses might result in discipline, up to and including surrender of the license.

170 No further Board comment was offered.

171

172 Dr. Tate called for public comment.

173

174 No public comment was offered.

175

176 **Agenda Item #10: Budget Report**

177

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

180

181 Dr. Tate called for Board comment.

182

183 No Board comment was offered.

184

185 Dr. Tate called for public comment.

186

187 No public comment was offered.

188

189 **Agenda Item #11: Licensure Committee Report and Discussion and Possible**
190 **Action on Committee Recommendations**

191

192 Dr. Harb Sheets introduced Ms. Cheung to provide the update on this item, starting on
193 page 60 of the meeting materials.

194

195 a) Licensing Report

196

197 Dr. Tate called for Board comment.

198

199 No Board comment was offered.

200

201 Dr. Tate called for public comment.

202

203 No public comment was offered.

204

205 b) Examination Report

206

207 Ms. Cheung provided the update on this item, starting on page 70 of the meeting
208 materials.

209

210 Dr. Tate called for Board comment.

211

212 No Board comment was offered.

214 Dr. Tate called for public comment.

216 Dr. Araceli Lopez-Arenas commented on the professional and financial challenges
217 faced by some individuals who do not successfully pass the licensure examination after
218 multiple attempts.

220 No further public comment was offered.

222 c) Continuing Professional Development and Renewals Report

224 Mr. Polk provided the update on this item, starting on page 72 of the meeting materials.

226 Dr. Harb Sheets called for Board comment.

228 No Board comment was offered.

230 Dr. Harb Sheets called for public comment.

232 No public comment was offered.

234 d) EPPP Update

236 Dr. Harb Sheets introduced Ms. Cheung to provide the update on this item, starting on
237 page 78 of the meeting materials.

239 Dr. Harb Sheets called for Board comment.

241 Dr. Rodgers asked for a link to the town hall to be included in the Board's social media.

243 Mr. Burke confirmed that this information had been posted on social media, and that an
244 email was also sent out.

246 Dr. Harb Sheets called for public comment.

248 Dr. Janet Farrell commented on the cost and portability advantages to California test-
249 takers if the Board were to adopt the professional practice exam developed in Texas, as
250 an alternative to the EPPP2.

Dr. Robert Teel said that he agreed with Dr. Farrell's comments, and added that the Board might hold off adopting the EPPP2 exam until the potential benefits of Texas' examination are better understood.

Dr. Arthur Horvath said that he concurred with the previous two speakers.

Dr. Araceli Lopez-Arenas said she agreed with the previous speakers, and added that there should be more investigation into the demographics of the people who do not successfully pass the examination, to understand the backgrounds that might indicate potential barriers to licensure.

Dr. Melodie Schaefer, Acting Chair of California Psychological Association (CPA) Division II, expressed serious concerns and reservations about California undertaking the development of an alternative examination to the EPPP2. She commented on the potential impacts on license portability for California licensees, as well as the great costs that might be incurred and the tremendous resources that might be involved. She added that any such efforts were liable to ignite complaints and litigation, all while the necessity of such an examination had not been established.

Dr. Roche said she agreed with the previous speakers, and added that age should also be considered as a factor when developing the examination. She commented that the ability to memorize the information required to pass the examination decreases as one ages, so that a test-taker in their 50s could be at a disadvantage compared to a younger test-taker.

No further public comment was offered.

Mr. Foo requested that Mr. Burke speak with his Texas counterpart and report back at the next Board meeting regarding what he learns about the development of the Texas examination.

No further Board comment was offered.

e) Barriers to Telehealth Survey Follow-Up: Telehealth Best Practice – Reference Document

Ms. Cheung provided the update on this item, starting on page 90 of the meeting materials.

Dr. Harb Sheets called for Board comment.

No Board comment was offered.

294
295 Dr. Harb Sheets called for public comment.

296
297 No public comment was offered.

298
299 f) Stakeholder Meeting Preparation

300
301 Dr. Harb Sheets introduced Ms. Cheung to provide the update on this item.

302
303 Ms. Cheung commented that, given the amount of time and preparation necessary to
304 hold a stakeholders meeting, the next one is being proposed to take place during the
305 second Licensure Committee meeting of 2026.

306
307 Dr. Harb Sheets commented that both Board of Behavioral Sciences and this Board are
308 going through Sunset Review, and this necessitated postponing the stakeholders
309 meeting until staff had the capacity to begin the planning stage.

310
311 Dr. Harb Sheets called for Board comment.

312
313 Dr. Casuga commented that the stakeholder meeting planning is ongoing, and
314 acknowledged the disruption to the process in light of the Board's Sunset Bill review.

315
316 No Board comment was offered.

317
318 Dr. Harb Sheets called for public comment.

319
320 No public comment was offered.

321
322 **Agenda Item #12: Legislative and Regulatory Affairs Committee Update**

323
324 Dr. Casuga introduced Ms. Mancilla to provide the update on this item, starting on page
325 92 of the meeting materials.

326
327 a) Review of Bills, Discussion and Possible Action on Recommendations to the Board
328 for Positions on Bills

329
330 1) AB 82 (Ward) Health care: legally protected health care activity.

331
332 Dr. Casuga called for a motion.

333
334 It was (M)Foo(S)Rodgers(C) to adopt a support position on AB 82.

335

336 Dr. Casuga called for Board comment.

337

338 Dr. Rodgers commented on the protections available to providers as afforded by this
339 bill.

340

341 Dr. Casuga called for public comment.

342

343 Tyler Rinde, of CPA thanked the Board for bringing this bill up and urged the Board to
344 support it.

345

346 No further Board or public comments were offered.

347

348 Votes

349 6 ayes (Casuga, Foo, Harb Sheets, Rescate, Rodgers, Tate), 1 recusal (Nystrom), 0
350 noes

351

352 2) SB 402 (Valladares) Health care coverage: autism.

353

354 It was (M)Foo(S)Tate(C) to adopt a support position on SB 402.

355

356 Dr. Casuga called for Board comment.

357

358 Dr. Harb Sheets asked whether this bill would place another category of licensure under
359 the authority of the Board.

360

361 Dr. Casuga replied that this bill would not create new categories, but would provide
362 oversight to licensees regarding autism-related services.

363

364 Dr. Casuga called for public comment.

365

366 No public comment was offered.

367

368 Votes

369 6 ayes (Casuga, Foo, Harb Sheets, Rescate, Rodgers, Tate), 1 recusal (Nystrom), 0
370 noes

371

372 b) Bills with Active Positions Taken by the Board

373

374 This item was informational only, and no action was taken on the following bills.

375

376 1) SB 775 (Ashby) Board of Psychology and Board of Behavioral Sciences.

377

- 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) Licensing: applicants who are descendants of slaves
- 7) AB 479 (Tangipa) Criminal procedure: vacatur relief.
- 8) AB 985 (Ahrens) Anesthesiologists assistants
- AB 985 no longer concerns the Board's jurisdiction, and will be removed from the Watch List.
- 9) AB 667 (Solache) Professions and vocations: license examinations: interpreters
- Dr. Casuga called for Board comment on the preceding items.
- No Board comment was offered.
- Dr. Casuga called for public comment.
- No public comment was offered.

Dr. Tate asked Ms. Nystrom to offer a courtesy explanation as to why she occasionally recuses herself from the discussion on some Legislative items.

Ms. Nystrom commented that she works with the California State Senate, and that her work often includes staffing bills. To obviate any appearance of conflict, she recuses herself when appropriate.

Agenda Item #13: Discussion Regarding Legislative Items for Future Meetings

Mr. Foo commented on consideration of a consent agenda for all related watch bills and bills with an active position as one agenda item, as long as the Legislative and Regulatory Affairs Committee put forth a unanimous position for the items under discussion.

Drs. Tate and Casuga were in favor of this approach.

No further Board comment was offered.

Dr. Casuga called for public comment.

No public comment was offered.

Agenda Item #14: Regulatory Update, Review, and Potential Consideration of Additional Changes

Dr. Casuga introduced this item, starting on page 557 of the meeting materials.

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 1937.40 – 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 – 1390.14 – Research Psychoanalyst Regulation

g) 16 CCR section 1396.8 – Standards of Practice for Telehealth Services

Dr. Casuga called for Board comment on the preceding items.

No Board comment was offered.

Dr. Casuga called for public comment.

No public comment was offered.

Agenda Item #15: Discussion and Possible Action of Proposed Changes to Language to the Disciplinary Guidelines and Uniform Standards Related to Substance-Abusing Licensees

Ms. Mancilla provided the update on this item, starting on page 560 of the meeting materials. Additional comments submitted for the Board's consideration are found starting on page 6 of the Hand Carry meeting materials.

Dr. Casuga called for Board comment.

Dr. Harb Sheets expressed concern about three of the current guidelines, first that a five-year probationary period was an unreasonable standard, second that it does not make sense to impose a psychological evaluation for less egregious violations, and third that the guidelines do not account for the practical difficulties of providing a referral within the current thirty days called for in the guidelines.

Dr. Tate commented that she agreed with Dr. Harb Sheets on the standard five-year probationary period being too inflexible. She did differ on the question of the psychological evaluation, commenting that it was important to ascertain whether anyone who had already violated laws and regulations did so as a result of psychological reasons. Dr. Tate agreed with Dr. Harb Sheets that increasing the time allowed for referrals from thirty days to sixty days was reasonable.

Mr. Foo commented on the new guideline that caps probation tolling at two years, after which continued non-practice would be considered a violation of probation. He questioned whether a probationer should be able to remain on probation indefinitely while practicing free and clear in a different state, and whether this scenario was reasonable and fair.

Dr. Harb Sheets commented that it would be important to consider whether a violation occurred because of underlying pathology, and not simply because of an accidental oversight.

Dr. Rodgers questioned whether psychological evaluation as a term of probation should have been redesignated as a standard term, rather than as an optional one. She added that she would be in favor of restoring psychological evaluation to being an optional term or condition.

Dr. Casuga commented that treating psychological evaluation as an optional term, rather than standard, has been helpful in restricting this term to cases where it might really be called for, and without the risk of stigmatizing licensees for offenses that had nothing to do with underlying psychological issues.

Ms. Nystrom asked whether staff had data on how often psychological evaluation was imposed as a term of probation.

Mr. Foo commented that this term would only be waived if the Board voted to waive it. He added that this happened rarely.

It was (M)Tate(S)Foo(C) to approve the proposed regulatory text for §1395.2 and the form incorporated by reference with changes discussed at this meeting, to direct staff to submit the text to the Director of DCA and the Business Consumer Services and Housing Agency for review, and if no adverse comments are received, authorize the Executive Director to take all steps necessary to initiate the rulemaking process, to make any non-substantive changes to the package, and set the matter for a hearing if requested, and if no adverse comments are received during the 45-day comment period and no hearing is requested, to authorize the Executive Officer to take all steps necessary to complete the rulemaking and adopt the proposed regulations at § 1395.2 and the form incorporated by reference.

Board discussion centered on those terms which should be carefully spelled out in the record, namely the status of psychological evaluation as a standard or optional term of probation, and also the intent and practical considerations of tolling probation.

Dr. Casuga called for public comment.

Dr. Arthur Horvath commented that the Uniform Standards should be used first and foremost for public protection, and said that the term 'substance-abusing' should be changed as it is outdated and introduces bias into the discussion of remediation. He added his support to the letter submitted by CPA.

Tyler Rinde, of CPA, commented that CPA would like to see the mandatory probation term remain flexible and not default to five years. He added that CPA would like to have psychological evaluation made an optional term, for use in appropriate cases, and left to the discretion of the Board. He stated that CPA would support keeping the current 90-day timeframe for referrals, rather than reducing it to thirty or sixty days. He requested that the entire spectrum of administrative actions from the website be incorporated by reference as well.

Dr. Melodie Schaefer commented that the Board's use of diagnostic testing or assessments as terms of probation might stigmatize the licensee, given how difficult it can be to identify any co-occurring disorders. She called for a more compassionate response to the possibility of addiction, and gave examples for prognoses based on the length of time a person is clean and sober.

Dr. Robert Teel spoke in support of CPA's letter, and commented that he preferred to see psychological evaluation be treated as an optional term, not standard.

The next commenter spoke in favor of providing and publishing definitions of minor, moderate, and major deviations from the standard of care in the guidelines. She said that this would minimize subjectivity and inconsistency in reaching judgments.

Dr. Patricia Lindquist commented that she wanted staff disciplinary decisions to be reviewed to ensure that the discipline imposed is in line with the severity of the infraction.

Dr. Janet Farrell spoke in support of CPA's recommendations.

No further public comment was offered.

Dr. Casuga called for further Board comment.

Mr. Foo commented that, in order to draft language from the discussion on tolling practices, it would be better if another Board Member joined him in the Enforcement Committee to craft this piece. Dr. Tate agreed to join the Enforcement Committee. The goal, Mr. Foo said, was to spend adequate time preparing this language carefully and having it ready to present to the Board at its next full meeting in November 2025.

Votes

0 ayes, 7 noes (Casuga, Foo, Harb Sheets, Nystrom, Rescate, Rodgers, Tate)

It was (M)Tate(S)Rodgers(C) to direct staff to make additional revisions to § 1395.2 and the document incorporated by reference as discussed today, and to bring the revised

materials back to the Board for discussion and potential approval at a future meeting, including the psychological evaluation discussion, tolling, practice monitor timeframe, probation timeframe flexibility, and [the incorporation of the] spectrum of administrative actions.

Dr. Casuga called for public comment.

Dr. Bob Geffner suggested that only licensed members should participate in the Enforcement Committee, and said that the Board should be more diligent in gathering other viewpoints that may support or challenge the recommendations put forth by the Enforcement Committee.

Tyler Rinde, of CPA, expressed his appreciation for the Board's discussion on this item and for the new motion currently on the table.

No further public comment was offered.

Votes

7 ayes (Casuga, Foo, Harb Sheets, Nystrom, Rescate, Rodgers, Tate), 0 noes

Agenda Item #16: Discussion and Possible Amendments to SB 775

Mr. Burke provided the update on this item, starting on page 608 of the meeting materials.

It was (M)Foo(S)Casuga(C) to approve the proposed statutory language.

The amended language is as follows:

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.

[END OF SB 775 LANGUAGE]

Dr. Tate called for Board comment.

No Board comment was offered.

Dr. Tate called for public comment.

No public comment was offered.

Votes

6 ayes (Casuga, Foo, Harb Sheets, Rescate, Rodgers, Tate), 1 recusal (Nystrom), 0 noes

Agenda Item #17: Discussion and Possible Action on Proposed Changes to ASPPB Bylaws

Mr. Burke provided the update on this item, starting on page 612 of the meeting materials.

It was (M)Harb Sheets(S)Rodgers(C) 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.

Dr. Tate called for Board comment.

No Board comment was offered.

Dr. Tate called for public comment.

Dr. Araceli Lopez-Arenas asked for clarification on what ASPPB is.

Mr. Burke described ASPPB's structure and function.

No further public comment was offered.

Votes

7 ayes (Casuga, Foo, Harb Sheets, Nystrom, Rescate, Rodgers, Tate), 0 noes

Agenda Item #18: Discussion and Possible Action on the Development of the Integrated Examination for the Professional Practice in Psychology

This item was not taken up.

Agenda Item #19: Recommendations for Agenda Items for Future Board Meetings

Dr. Tate called for Board comment.

Mr. Foo asked that Office of Professional Examination Services (OPES) be included at a future meeting to help guide the discussion regarding the EPPP Integrated Exam. He added that the next Sacramento Board meeting would take place in February, and since this is where the Board and OPES are located, this would be the budget-conscious accommodation.

Dr. Casuga requested that Dr. Rodgers lead a mindfulness exercise at future meetings. She also suggested revisiting PSY-PACT in light of changes to the acceptance of non-APA regionally accredited schools.

Dr. Tate called for public comment.

Dr. Denise Grundland commented that the conversation about tolling probation should consider how the proposed changes might impact a probationer who is on maternity leave.

Dr. Araceli Lopez-Arenas asked the Board to consider pausing the 72-month limit for psychological associates who retake the examination(s) multiple times.

No further public comment was offered.

Agenda Item #20: Closed Session

The Board did not convene closed session.

CPD Credit for Meeting Attendance

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

ADJOURNMENT

764

765 The meeting adjourned at 2:00 p.m.

766

2026 Board of Psychology Meeting Dates

Board Meetings – In-Person Only

February 12-13 – Sacramento

May 15 – Bay Area

August 14 – San Diego

November 12-13 – So. Cal

Licensure Committee Meetings

January 30 – WebEx

July 10 – WebEx

Legislative and Regulatory Affairs Committee Meetings

April 24 – WebEx

June 4 - WebEx

Outreach and Communications Committee Meeting

October 9 – WebEx

MEMORANDUM

DATE	October 21, 2025
TO	Psychology Board Members
FROM	Daniel Phillips, Enforcement Program Manager Board of Psychology
SUBJECT	Agenda Item 14, 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.

The Board has hired Daniel Phillips, former Enforcement Analyst, as the new Enforcement Program Manager effective November 1, 2025. The Enforcement Unit has two staff members on leave and two vacant positions. Interviews for one of the vacant positions has already begun and should be completed late October.

Complaint Program

Since July 1, 2025, the Board has received 355 complaints. All complaints received are opened and assigned to an enforcement analyst.

Citation Program

Since July 1, 2025, the Board has issued two (2) enforcement citations. Citation and fines are issued for minor violations.

Discipline Program

Since July 1, 2025, the Board has referred 11 cases to the Office of the Attorney General for formal discipline.

Probation Program

Enforcement staff is currently monitoring 20 active probationers. There are currently 10 tolled probationers.

Attachments:

Attachment #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

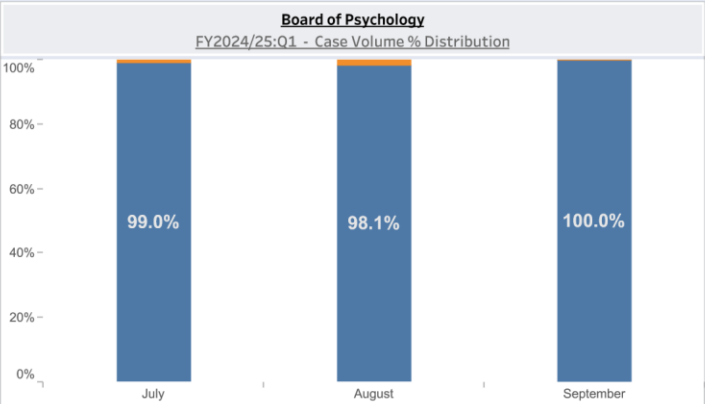
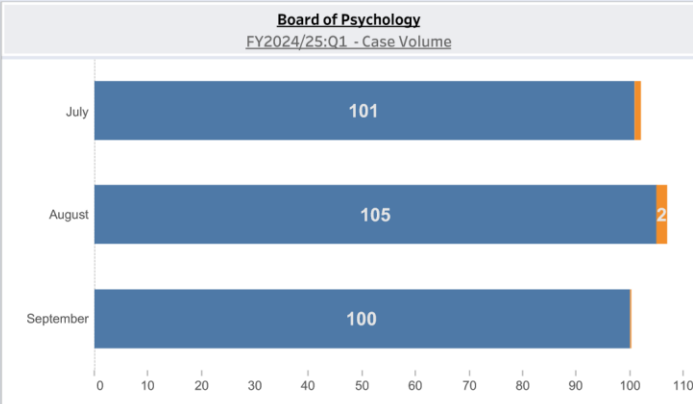
LICENSES	20/21	21/22	22/23	23/24	24/25
Psychologist	22,058	22,289	22,610	22,693	22,813
Psychological Associates	1,348	1,450	1,701	1,791	1,850
COMPLAINTS					
Complaints Received ¹	1.130	742	820	1,157	875
Arrest Reports Received	32	34	14	31	17
Investigations Opened ²	788	761	610	877	663
ENFORCEMENT OUTCOMES					
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

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

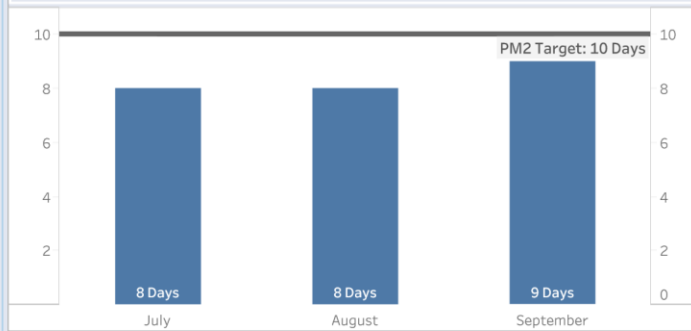
Performance Measure 2 represents the total number of complaint cases received and assigned for investigation and the average number of days (cycle time) from receipt of a complaint to the date the complaint was assigned for investigation or closed.

Board of Psychology PM2 Performance Summary

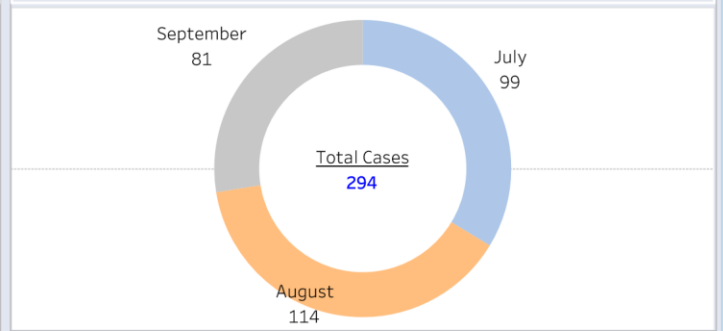
Data last refreshed on 2/3/2025

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

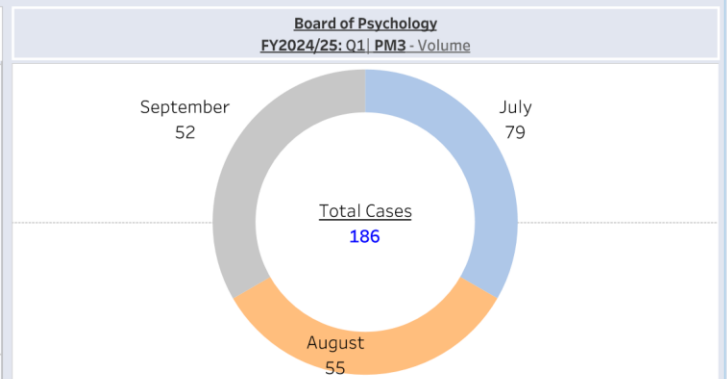
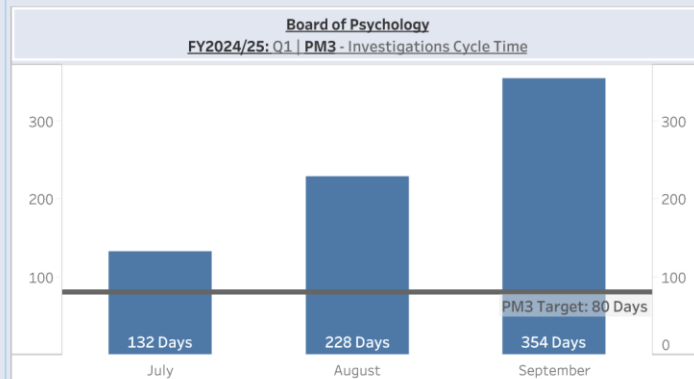
Select a Quarter
Q1

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

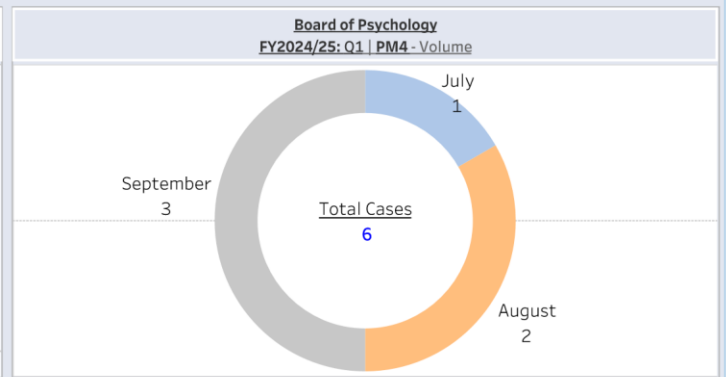
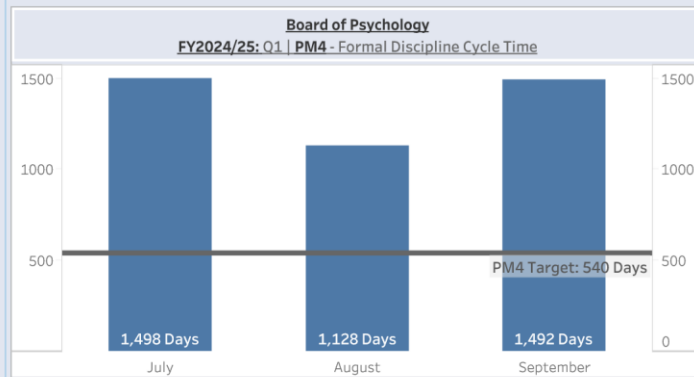
Select a Quarter
Q1

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.

Select a DCA Entity

Board of Psychology

Select a Fiscal Year

FY2024/25

Performance Measure

PM7

Select a Quarter

Q1

Cycle Time

Actual

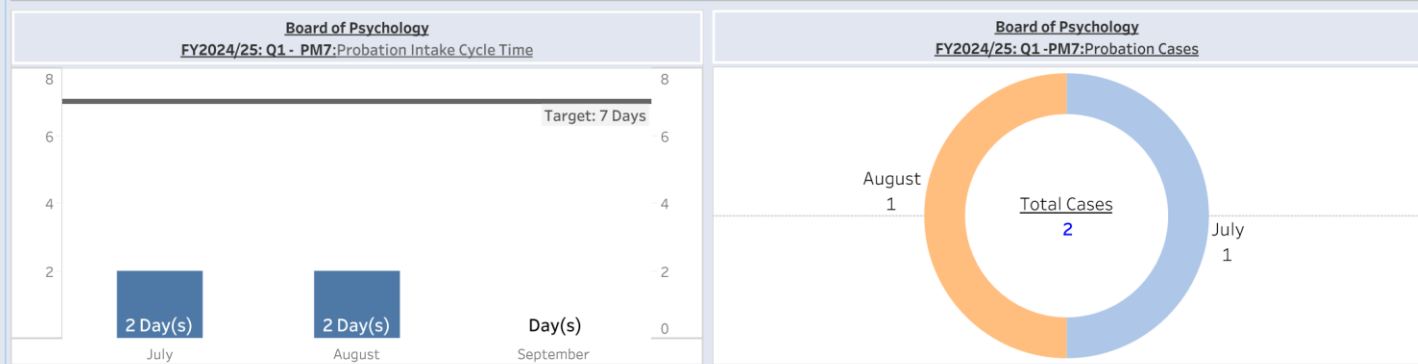
Target

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 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	24,273
Psychological Associates	1,450	1,701	1,791	1,810	1,950
COMPLAINTS					
Complaints Received ¹	742	820	1,157	1,252	355
Arrest Reports Received	34	14	31	21	5
Investigations Opened ²	761	610	877	905	273
ENFORCEMENT OUTCOMES					
Total Citations Issued	31	30	29	32	2
Total Cases Referred to AG	52	29	29	54	11
Accusations	29	17	10	16	6
Statement of Issues	4	1	1	0	1
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	7
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	1
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	1
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	5
Repeated Negligent Acts	17	17	25	32	0
Self-Abuse of Drugs or Alcohol	7	2	3	4	0
Dishonest/Corrupt/Fraudulent Act	7	9	17	12	1
Mental Illness	2	1	1	3	0
Aiding Unlicensed Practice	3	2	0	2	0
General Unprofessional Conduct	25	16	21	33	7
Probation Violation	5	0	5	3	0
Sexual Misconduct	8	4	6	7	4
Conviction of a Crime	8	1	8	9	2
Discipline by Another State Board	2	3	0	4	0
Misrepresentation of License Status	3	0	2	3	2

**Enforcement data pulled on October 16, 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

Q4

Case Type

Complaints Volume

Conviction/Arrest Volume

Board of Psychology New Cases Summary

Data last refreshed on 10/2/2025

Complaints Volume

Conviction/Arrest Volume

Total Volume

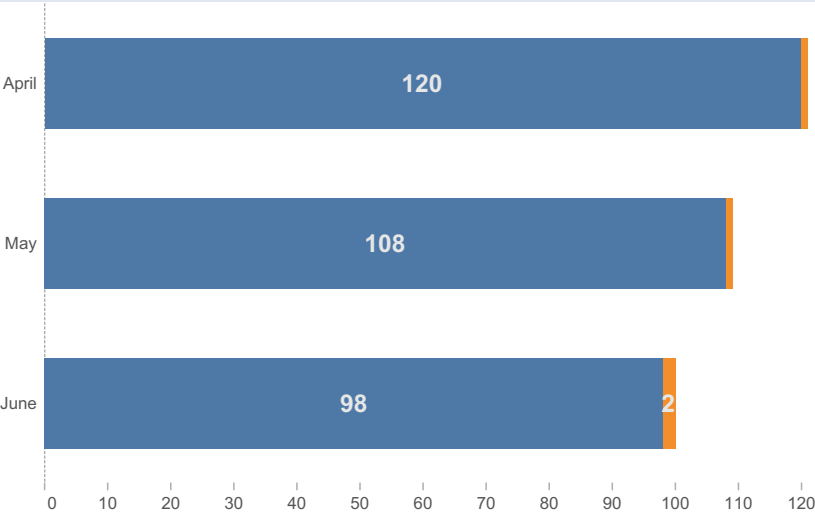
326

4

330

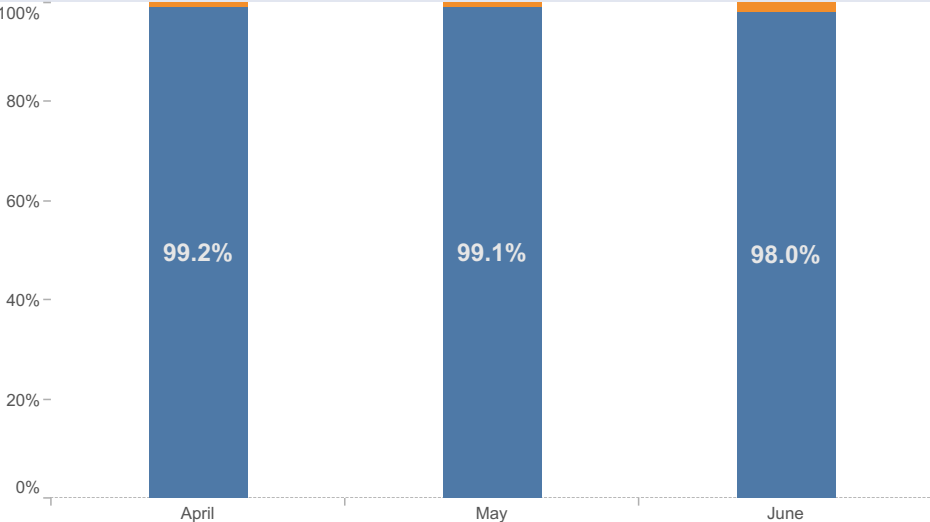
Board of Psychology

FY2024/25:Q4 - Case Volume



Board of Psychology

FY2024/25:Q4 - Case Volume % Distribution



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

Select a DCA Entity
Board of Psychology

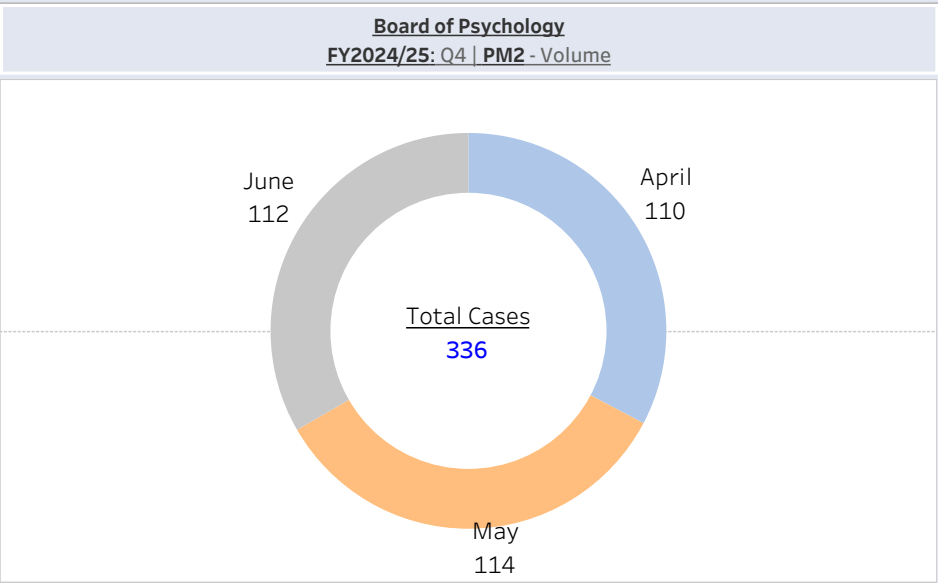
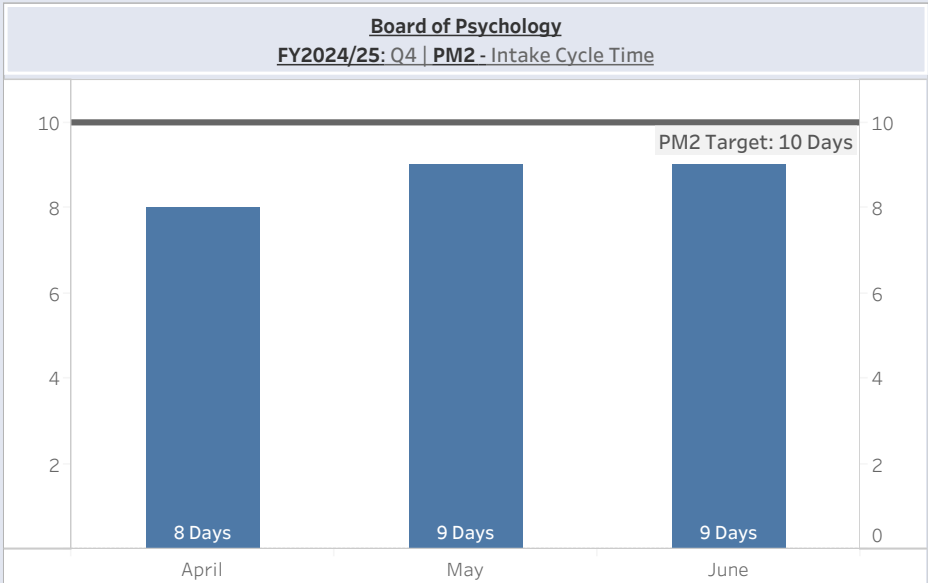
Select a Fiscal Year
FY2024/25

Select a Quarter
Q4

Cycle Time
Actual Target

Board of Psychology PM2 Performance Summary
Data last refreshed on 10/2/2025

Case Volume	Target	Actual	Variance
336	10 Days	9 Day(s)	▼ -1 Day(s)



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.

Select a DCA Entity
Board of Psychology

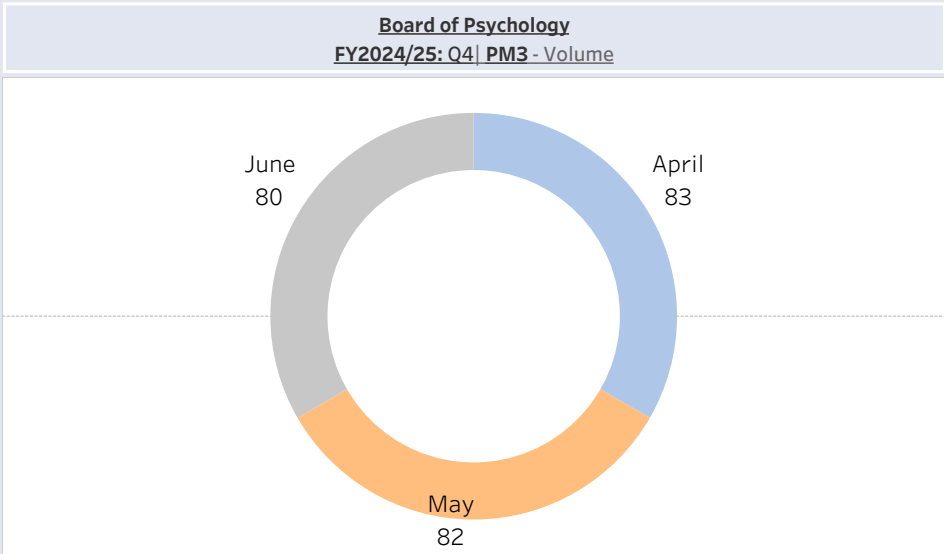
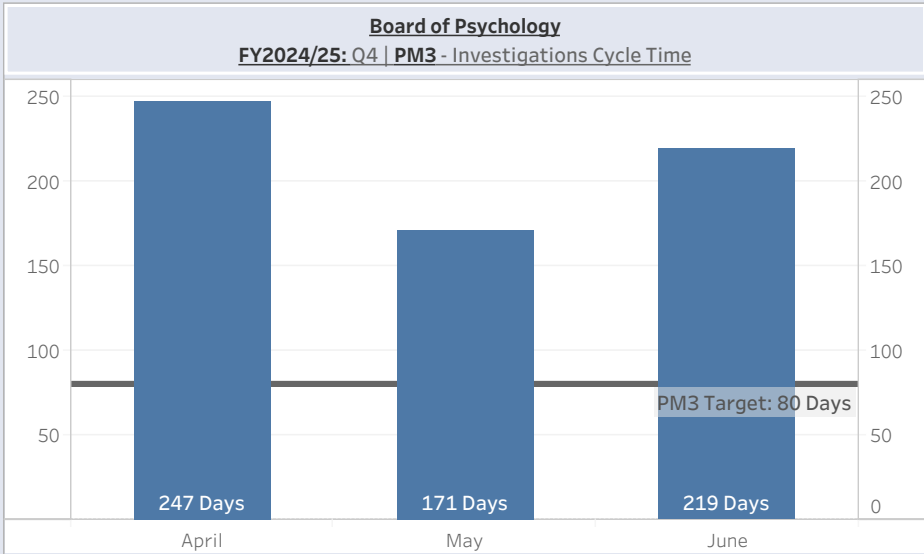
Select a Fiscal Year
FY2024/25

Select a Quarter
Q4

Cycle Time
Actual Target

Board of Psychology PM3 Performance Summary
Data last refreshed on 10/2/2025

Case Volume	Target	Actual	Variance
245	80 Days	212 Day(s)	▲ 132 Day(s)



Performance Measure 3 (Investigation)

Volume: Total number of cases closed that went to investigation but were not referred to the Office of the Attorney General for disciplinary action during the specified period.

Cycle Time: Average number of days from received date to closed date for completed investigations that were not referred to the Office of the Attorney General for disciplinary action during the specified period.

Select a DCA Entity
Board of Psychology

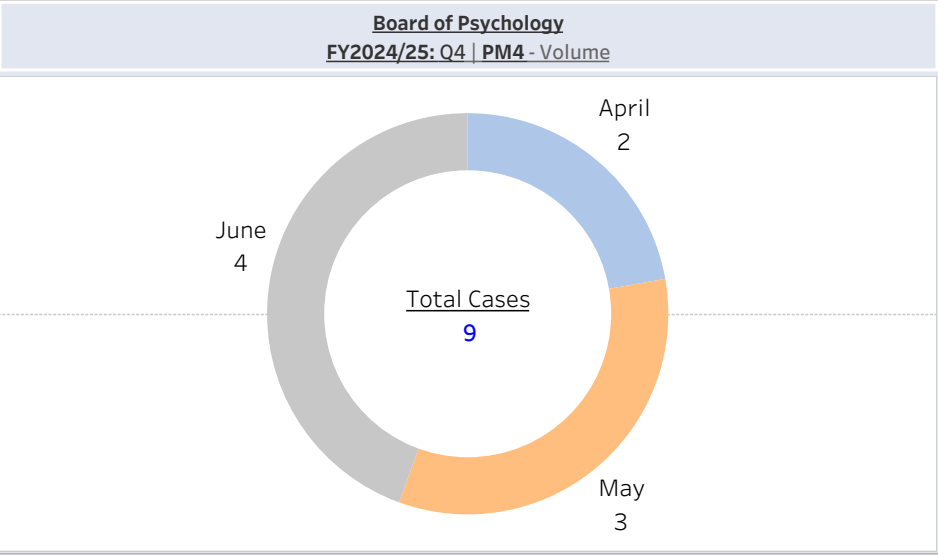
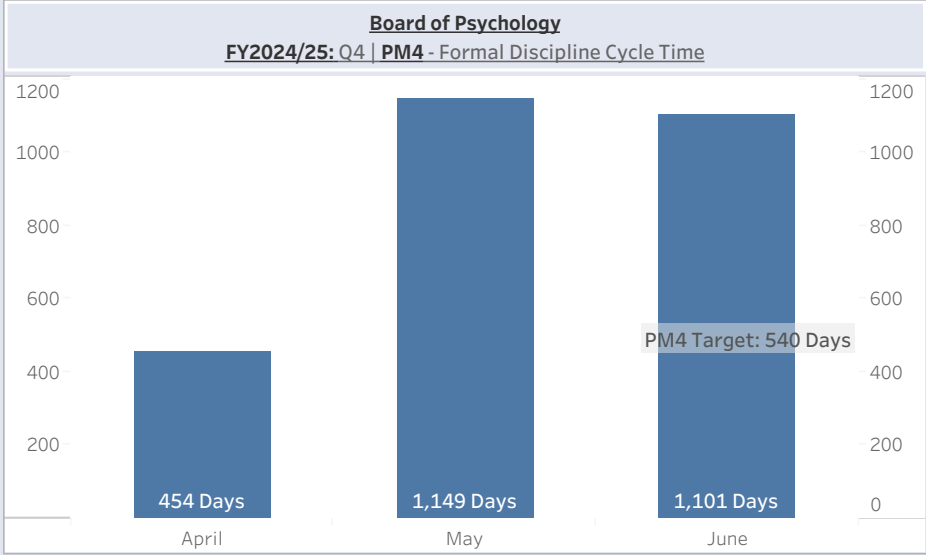
Select a Fiscal Year
FY2024/25

Select a Quarter
Q4

Cycle Time
Actual Target

Board of Psychology PM4 Performance Summary
Data last refreshed on 10/2/2025

Case Volume	Target	Actual	Variance
9	540 Days	973 Day(s)	▲ 433 Day(s)



Performance Measure 4 (Formal Discipline)

Volume: Total number of cases closed that were referred to the Office of the Attorney General that resulted in discipline, accusation withdrawn, dismissal, etc. during the specified period.
Cycle Time: Average number of days from received date to discipline imposed, accusation withdrawn/dismissed, etc. for cases closed during the specified period.

Select a DCA Entity
Board of Psychology

Select a Fiscal Year
FY2024/25

Performance Measure
PM7

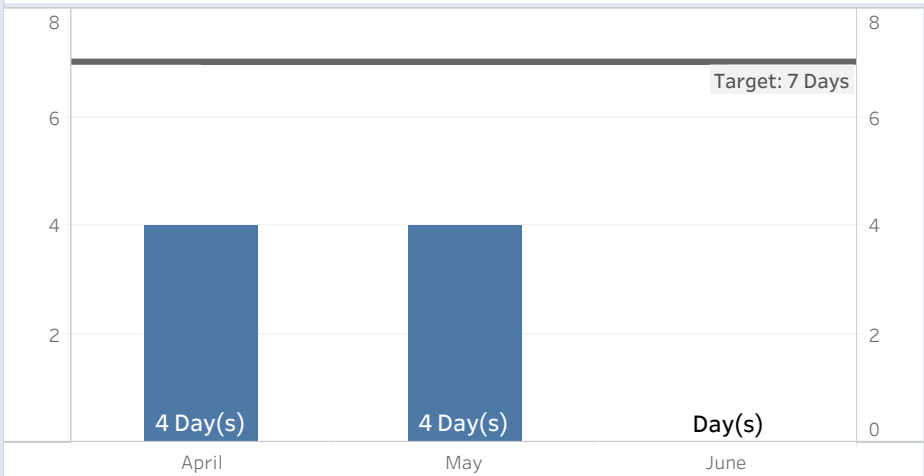
Select a Quarter
Q4

Cycle Time
Actual Target

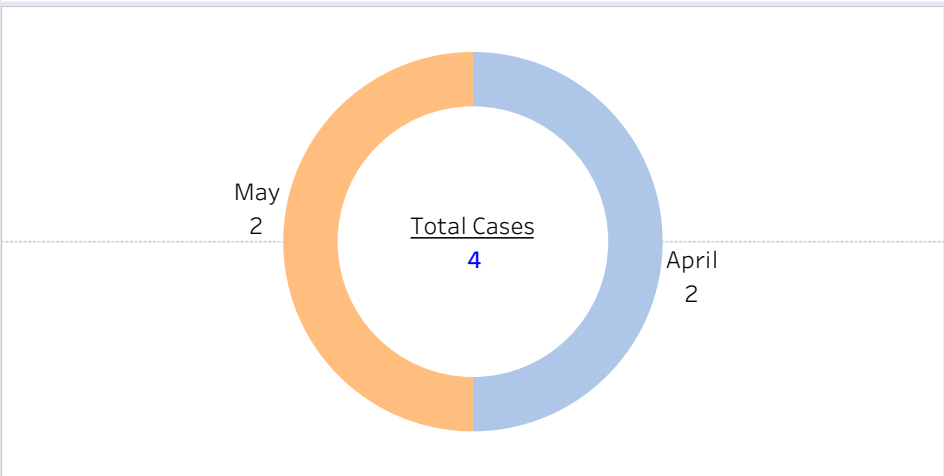
Board of Psychology PM7 Performance Summary
Data last refreshed on 10/2/2025

Case Volume	Target	Actual	Variance
4	7 Days	4 Day(s)	▼ -3 Day(s)

Board of Psychology
FY2024/25: Q4 - PM7:Probation Intake Cycle Time



Board of Psychology
FY2024/25: Q4 -PM7:Probation Cases



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.

MEMORANDUM

DATE	October 20, 2025
TO	Psychology Board Members
FROM	Jacklyn Mancilla, Legislative and Regulatory Affairs Analyst
SUBJECT	Agenda Item 15 – Budget Report

Background

The current projections below are based on Fiscal Month (FM) 2 totals for the 2025-26 fiscal year.

As for revenue, the Board is projected to collect \$9.318 million in Fiscal Year 2025-26. As of September 2025, the Board collected \$1.762 million in revenue. For Fiscal Year 2025-26, the Board's budgeted expenditures are \$7.938 million. The Board is projected to expend \$7.892 million, leaving a projected balance of approximately \$46 thousand.

Action Requested

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

Attachment #1: Budget Report: FY 2025-26 through Fiscal Month 2.

Attachment #2: Fund Condition

Attachment #3: Revenue Projection Report FY 2025-26 through Fiscal Month 2

Attachment #4: Expenditure and Revenue Comparison

Department of Consumer Affairs
Expenditure Projection Report
Board of Psychology
Reporting Structure(s): 11112100 Support
Fiscal Month: 2
Fiscal Year: 2025 - 2026
Run Date: 10/06/2025

PERSONAL SERVICES

Fiscal Code	Line Item	PY Budget	PY YTD	PY Encumbrance	PY YTD + Encumbrance	PY FM13	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Projections to Year End	Balance
5100	PERMANENT POSITIONS	\$2,029,000	\$310,249	\$0	\$310,249	\$1,829,260	\$2,077,000	\$139,309	\$280,702	\$0	\$280,702	\$1,991,234	\$85,766
5100	TEMPORARY POSITIONS	\$47,000	\$4,563	\$0	\$4,563	\$49,857	\$47,000	\$4,323	\$4,323	\$0	\$4,323	\$46,761	\$239
5105-5108	PER DIEM, OVERTIME, & LUMP SUM	\$22,000	\$35,962	\$0	\$35,962	\$58,871	\$22,000	\$513	\$513	\$0	\$513	\$65,600	-\$43,600
5150	STAFF BENEFITS	\$1,247,000	\$183,565	\$0	\$183,565	\$1,098,516	\$1,259,000	\$88,074	\$189,567	\$0	\$189,567	\$1,355,451	-\$96,451
PERSONAL SERVICES		\$3,345,000	\$534,339	\$0	\$534,339	\$3,036,504	\$3,405,000	\$232,220	\$475,106	\$0	\$475,106	\$3,459,046	-\$54,046

OPERATING EXPENSES & EQUIPMENT

Fiscal Code	Line Item	PY Budget	PY YTD	PY Encumbrance	PY YTD + Encumbrance	PY FM13	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Projections to Year End	Balance
5301	GENERAL EXPENSE	\$81,000	\$1,379	\$35,112	\$36,492	\$78,142	\$33,000	\$548	\$567	\$17,086	\$17,654	\$94,326	-\$61,326
5302	PRINTING	\$53,000	\$0	\$8,946	\$8,946	\$46,046	\$53,000	\$0	\$0	\$0	\$0	\$46,046	\$6,954
5304	COMMUNICATIONS	\$29,000	\$65	\$0	\$65	\$4,607	\$29,000	\$208	\$208	\$0	\$208	\$4,646	\$24,354
53202-204	IN STATE TRAVEL	\$23,000	\$0	\$0	\$0	\$23,392	\$23,000	\$0	\$0	\$0	\$0	\$23,392	-\$392
5322	TRAINING	\$15,000	\$0	\$0	\$0	\$0	\$15,000	\$0	\$0	\$0	\$0	\$0	\$15,000
5324	FACILITIES	\$203,000	\$36,448	\$187,685	\$224,133	\$234,244	\$203,000	\$18,829	\$37,597	\$188,695	\$226,292	\$235,168	-\$32,168
53402-53403	C/P SERVICES (INTERNAL)	\$1,274,000	\$0	\$12,383	\$12,383	\$1,170,392	\$1,274,000	\$67,532	\$67,532	\$12,383	\$79,914	\$1,180,280	\$93,720
53404-53405	C/P SERVICES (EXTERNAL)	\$703,000	\$11,275	\$105,098	\$116,373	\$452,227	\$703,000	\$8,864	\$8,864	\$83,403	\$92,267	\$484,980	\$218,020
5342	DEPARTMENT PRORATA	\$2,212,000	\$576,500	\$0	\$576,500	\$1,965,201	\$2,358,000	\$0	\$589,500	\$0	\$589,500	\$2,320,000	\$38,000
5342	DEPARTMENTAL SERVICES	\$53,000	\$0	\$0	\$0	\$50,843	\$53,000	\$0	\$0	\$0	\$0	\$50,843	\$2,157
5344	CONSOLIDATED DATA CENTERS	\$15,000	\$0	\$0	\$0	\$18,732	\$15,000	\$0	\$0	\$0	\$0	\$18,732	-\$3,732
5346	INFORMATION TECHNOLOGY	\$7,000	\$298	\$3,278	\$3,576	\$3,576	\$7,000	\$298	\$298	\$3,278	\$3,576	\$3,576	\$3,424
5362-5368	EQUIPMENT	\$0	\$0	\$372	\$372	\$7,057	\$0	\$0	\$0	\$0	\$0	\$7,057	-\$7,057
5390	OTHER ITEMS OF EXPENSE	\$0	\$0	\$0	\$0	\$1,128	\$0	\$0	\$0	\$0	\$0	\$1,128	-\$1,128
54	SPECIAL ITEMS OF EXPENSE	\$0	\$0	\$0	\$0	\$115,449	\$0	\$0	\$0	\$0	\$0	\$4,082	-\$4,082
OPERATING EXPENSES & EQUIPMENT		\$4,685,000	\$625,965	\$352,873	\$978,839	\$4,180,876	\$4,783,000	\$96,279	\$704,567	\$304,844	\$1,009,411	\$4,484,097	\$298,903

OVERALL TOTALS	\$8,030,000	\$1,160,304	\$352,873	\$1,513,178	\$7,217,380	\$8,188,000	\$328,499	\$1,179,673	\$304,844	\$1,484,517	\$7,943,143	\$244,857

REIMBURSEMENTS	-\$51,000				-\$191,000	-\$51,000					-\$51,000	
OVERALL NET TOTALS	\$7,979,000	\$1,160,304	\$352,873	\$1,513,178	\$7,026,380	\$8,137,000	\$328,499	\$1,179,673	\$304,844	\$1,484,517	\$7,892,143	\$244,857

ESTIMATED TOTAL NET ADJUSTMENTS						-\$199,000						
OVERALL NET TOTALS	\$7,979,000	\$1,160,304	\$352,873	\$1,513,178	\$7,026,380	\$7,938,000	\$328,499	\$1,179,673	\$304,844	\$1,484,517	\$7,892,143	\$45,857

0.58%

0310 - Board of Psychology Fund
Analysis of Fund Condition
(Dollars in Thousands)
2025 Budget Act with FM2 Projections

Prepared 10.16.2025

	Actual 2024-25	CY 2025-26	BY 2026-27	BY +1 2027-28	BY +2 2028-29
BEGINNING BALANCE					
Prior Year Adjustment	\$ 5,405	\$ 7,915	\$ 8,932	\$ 9,097	\$ 9,009
Adjusted Beginning Balance	\$ 1	\$ -	\$ -	\$ -	\$ -
	\$ 5,406	\$ 7,915	\$ 8,932	\$ 9,097	\$ 9,009
REVENUES, TRANSFERS AND OTHER ADJUSTMENTS					
Revenues					
4121200 - Delinquent fees	\$ 116	\$ 119	\$ 95	\$ 95	\$ 95
4127400 - Renewal fees	\$ 8,315	\$ 7,735	\$ 7,715	\$ 7,715	\$ 7,715
4129200 - Other regulatory fees	\$ 262	\$ 254	\$ 207	\$ 207	\$ 207
4129400 - Other regulatory licenses and permits	\$ 1,049	\$ 1,059	\$ 1,038	\$ 1,038	\$ 1,038
4163000 - Income from surplus money investments	\$ 352	\$ 259	\$ 134	\$ 133	\$ 128
4171400 - Escheat of unclaimed checks and warrants	\$ 12	\$ 4	\$ -	\$ -	\$ -
4172500 - Miscellaneous revenues	\$ 1	\$ 2	\$ -	\$ -	\$ -
Totals, Revenues	\$ 10,107	\$ 9,432	\$ 9,189	\$ 9,188	\$ 9,183
TOTALS, REVENUES, TRANSFERS AND OTHER ADJUSTMENTS	\$ 10,107	\$ 9,432	\$ 9,189	\$ 9,188	\$ 9,183
TOTAL RESOURCES	\$ 15,513	\$ 17,347	\$ 18,121	\$ 18,285	\$ 18,192
Expenditures:					
1111 Department of Consumer Affairs (State Operations)	\$ 7,031	\$ 7,772	\$ 8,381	\$ 8,633	\$ 8,892
9892 Supplemental Pension Payments (State Operations)	\$ 22	\$ -	\$ -	\$ -	\$ -
9900 Statewide General Administrative Expenditures (Pro Rata) (State Operations)	\$ 545	\$ 643	\$ 643	\$ 643	\$ 643
TOTALS, EXPENDITURES AND EXPENDITURE ADJUSTMENTS	\$ 7,598	\$ 8,415	\$ 9,024	\$ 9,276	\$ 9,535
FUND BALANCE					
Reserve for economic uncertainties	\$ 7,915	\$ 8,932	\$ 9,097	\$ 9,009	\$ 8,658
Months in Reserve	11.3	11.9	11.8	11.3	10.9

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

Department of Consumer Affairs
Revenue Projection Report

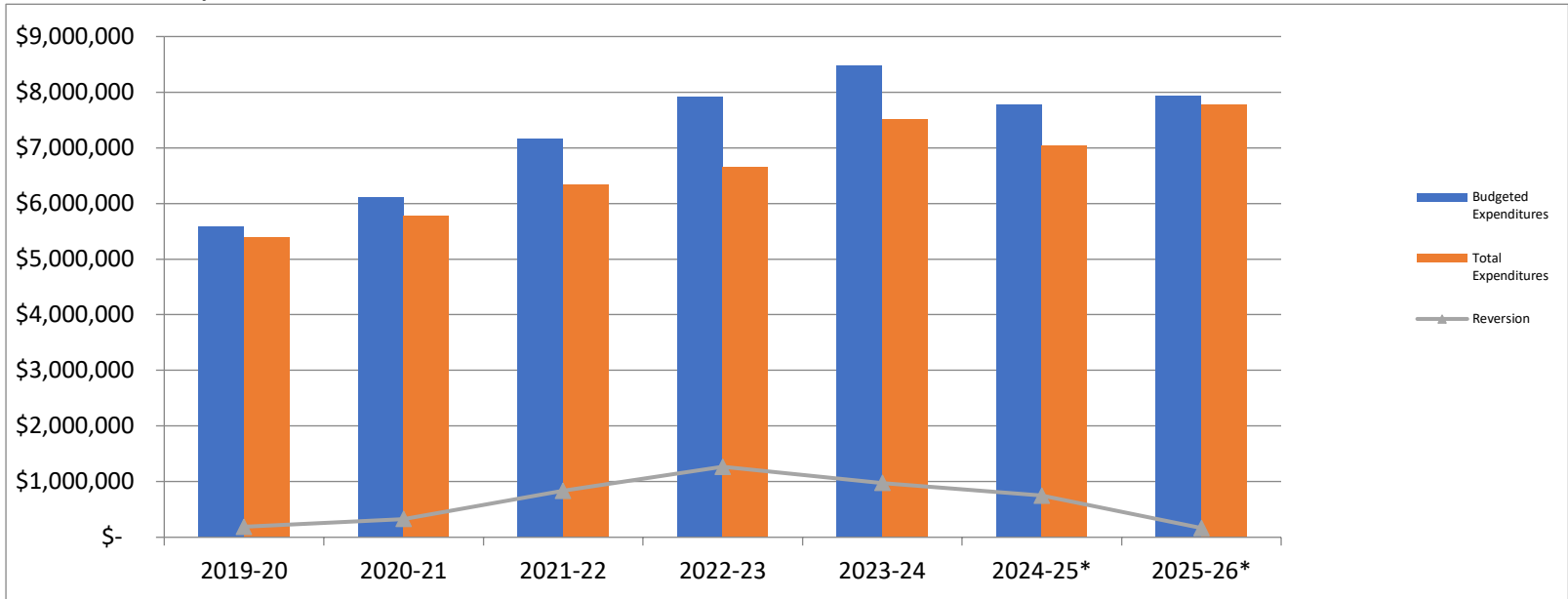
Reporting Structure(s): 11112100 Support
Fiscal Month: 2
Fiscal Year: 2025 - 2026
Run Date: 10/06/2025

Revenue																	
Fiscal Code	Line Item	Budget	July	August	September	October	November	December	January	February	March	April	May	June	Year to Date	Projection To Year End	Balance
	Delinquent Fees	\$95,000	\$8,552	\$7,559	\$11,271	\$8,337	\$8,672	\$8,815	\$10,932	\$11,524	\$13,113	\$11,581	\$10,709	\$6,912	\$16,110	\$118,013	
	Other Regulatory Fees	\$207,000	\$24,545	\$21,947	\$27,085	\$26,065	\$19,050	\$22,465	\$15,665	\$17,460	\$18,679	\$28,220	\$19,000	\$13,595	\$46,492	\$253,776	
	Other Regulatory License and Permits	\$1,038,000	\$111,780	\$113,244	\$104,984	\$92,910	\$73,379	\$67,700	\$77,833	\$77,300	\$77,174	\$87,687	\$86,875	\$87,315	\$225,023	\$1,058,180	
	Other Revenue	\$263,000	\$1,514	\$536	\$500	\$550	\$476	\$2,230	(\$1,480)	\$887	\$1,850	\$590	\$10	\$974	\$2,050	\$267,560	
	Renewal Fees	\$7,715,000	\$769,963	\$702,713	\$932,406	\$808,260	\$599,386	\$550,510	\$743,358	\$691,218	\$752,825	\$588,752	\$435,617	\$159,879	\$1,472,677	\$7,734,885	
	Revenue	\$9,318,000	\$916,353	\$846,000	\$1,076,247	\$936,121	\$700,963	\$651,719	\$846,308	\$798,389	\$863,641	\$716,830	\$552,210	\$268,674	\$1,762,353	\$9,432,414	

Reimbursements																	
Fiscal Code	Line Item	Budget	July	August	September	October	November	December	January	February	March	April	May	June	Year to Date	Projection To Year End	Balance
	Scheduled Reimbursements	\$0	\$784	\$637	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,421	\$6,958	
	Unscheduled Reimbursements	\$0	\$22,716	\$12,654	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$35,370	\$164,334	
	Reimbursements	\$0	\$23,500	\$13,291	\$8,500	\$17,810	\$10,023	\$8,689	\$24,807	\$4,371	\$11,050	\$22,027	\$13,381	\$22,031	\$36,791	\$171,292	

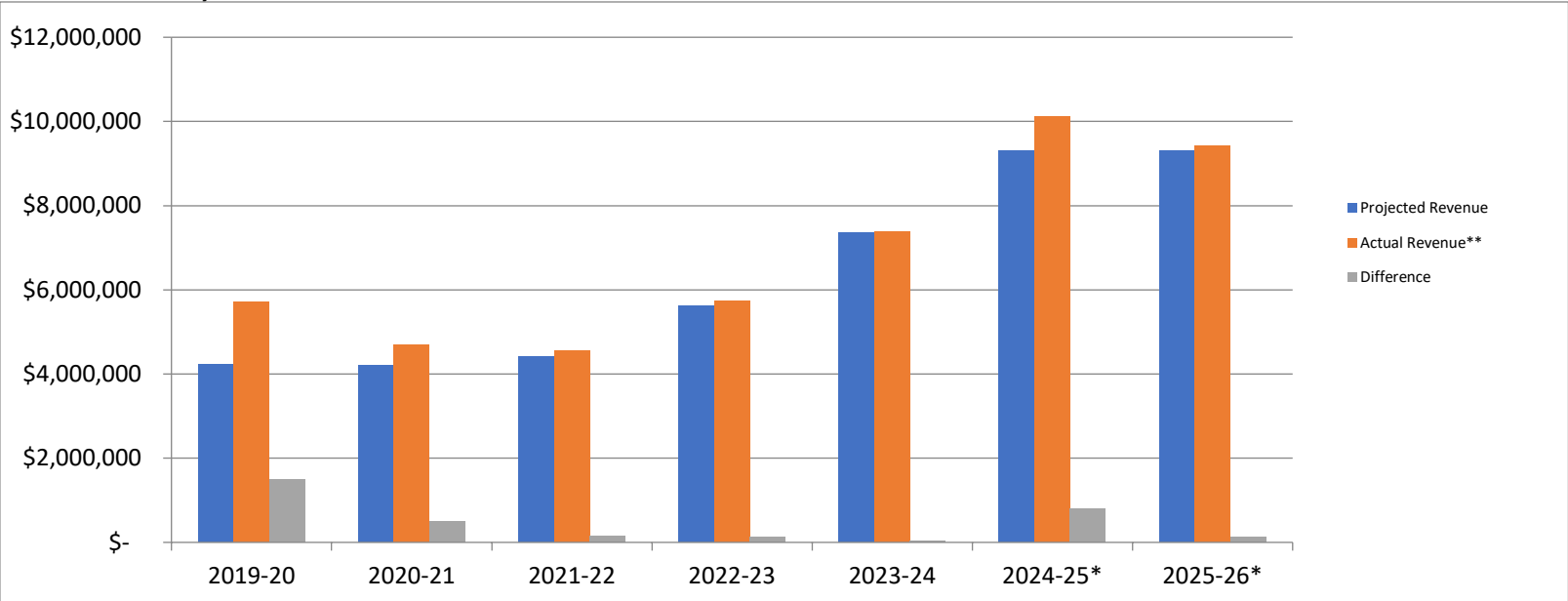
Psychology Expenditure Comparison (Budgeted vs. Actual)							
	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25*	2025-26*
Budgeted Expenditures	\$ 5,586,000	\$ 6,111,000	\$ 7,171,000	\$ 7,919,000	\$ 8,481,000	\$ 7,780,000	\$ 7,938,000
Total Expenditures	\$ 5,396,000	\$ 5,783,000	\$ 6,334,000	\$ 6,651,000	\$ 7,505,000	\$ 7,031,000	\$ 7,772,000
Reversion	\$ 190,000	\$ 328,000	\$ 837,000	\$ 1,268,000	\$ 976,000	\$ 749,000	\$ 166,000

*Based on FM 12 Projections



Psychology Revenue Comparison (Projected vs. Actual)							
	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25*	2025-26*
Projected Revenue	\$ 4,219,000	\$ 4,201,689	\$ 4,411,000	\$ 5,623,000	\$ 7,344,000	\$ 9,314,000	\$ 9,318,000
Actual Revenue**	\$ 5,716,000	\$ 4,690,000	\$ 4,565,000	\$ 5,742,000	\$ 7,378,000	\$ 10,107,000	\$ 9,432,000
Difference	\$ 1,497,000	\$ 488,311	\$ 154,000	\$ 119,000	\$ 34,000	\$ 793,000	\$ 114,000

*Based on FM 12 Projections



MEMORANDUM

DATE	October 17, 2025
TO	Psychology Board Members
FROM	Cynthia Whitney Central Services Manager
SUBJECT	Agenda Item #16b: Social Media Update

Background:

- a) LinkedIn – Last year, the Board added LinkedIn to our social media platform. The Board has been sharing meeting notices and licensing timeframes. The Board is also sharing information from stakeholders such as ASPPB Surveys and Townhall Meetings when it is relevant to our licensees.
- b) YouTube - Continuing Professional Development Videos
 - 1) January 31, 2024 – BOP Continuing Professional Development Model Webinar - 1.3K Total Views
 - 2) March 21, 2024 – BOP Informational Fees Webinar - 477 Total Views
- c) Board/Committee Meeting Webcasts:
The Department of Consumer Affairs previously converted and uploaded our recorded meetings to our website. We recently found out this is no longer the process. Due to this change, it was determined that many of our meeting recordings were not posted to our website, therefore some meetings do not have data on views. We have recently been able to convert and upload the missing recordings. We have also put a practice in to place that ensures timely uploads moving forward.

2025

Board Meetings

February 27th – 320 Views

February 28th - 84 Views

April 17th – No data

May 9th – 129 Views

Legislative and Regulatory Affairs Committee

April 11th – No data

June 6th – No data

Licensure Committee

February 2nd – No data

August 8th – No data

2024

Board Meetings

February 29th – Part 1 -197 Views

Part 2 – 100 Views

March 1st – 176 Views

May 10th – 161 Views

August 15th – 57 Views

August 16th – 62 Views

Legislative and Regulatory Affairs Committee

April 12th – 86 Views

June 14th – 161 Views

Licensure Committee

February 2nd – 217 Views

July 19th – 62 Views

Action Requested:

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

MEMORANDUM

DATE	October 16, 2025
TO	Psychology Board Members
FROM	Cynthia Whitney Central Services Manager
SUBJECT	Agenda Item #16c: Website Statistics

Website Background:

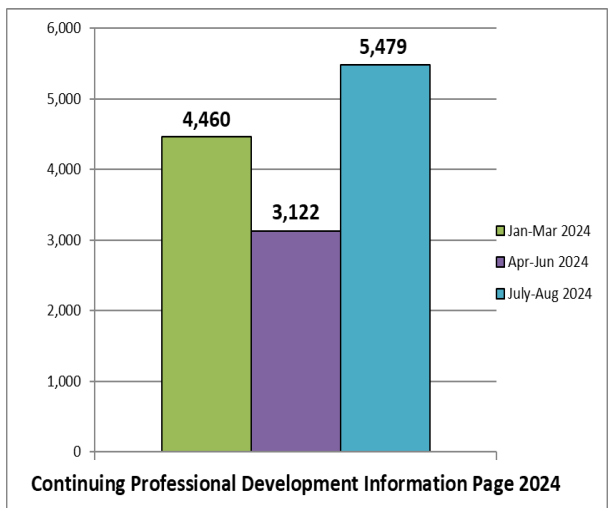
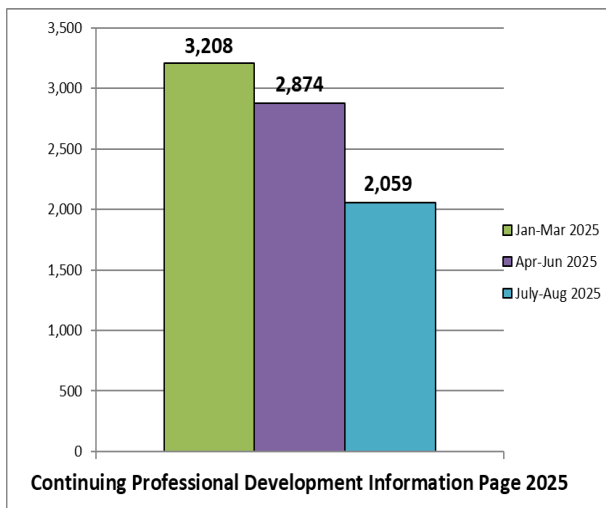
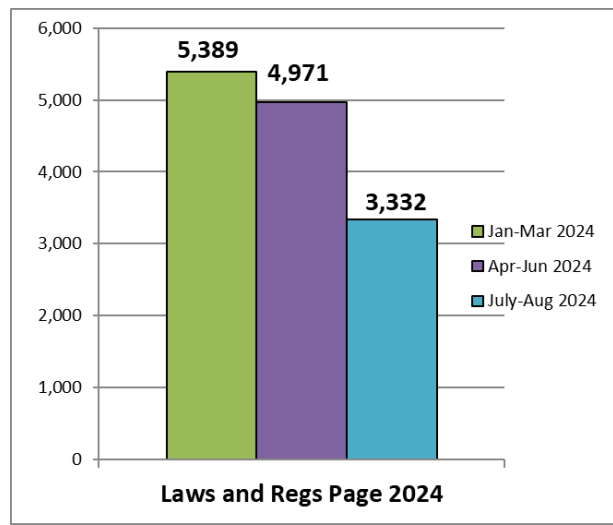
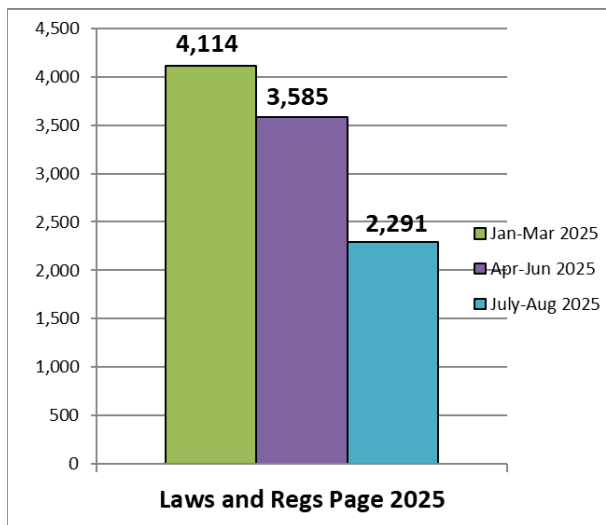
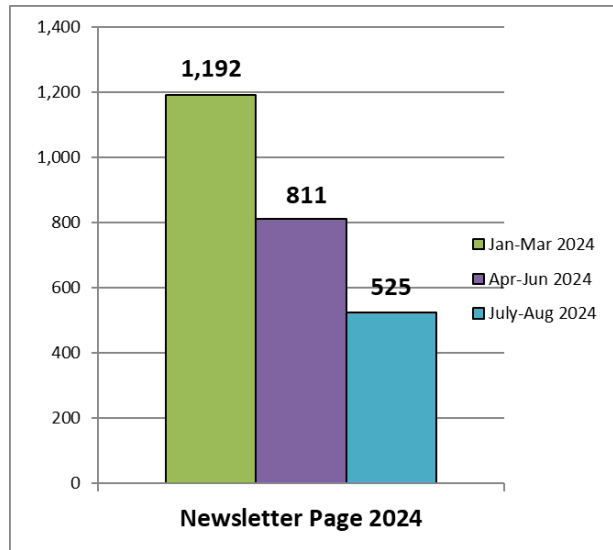
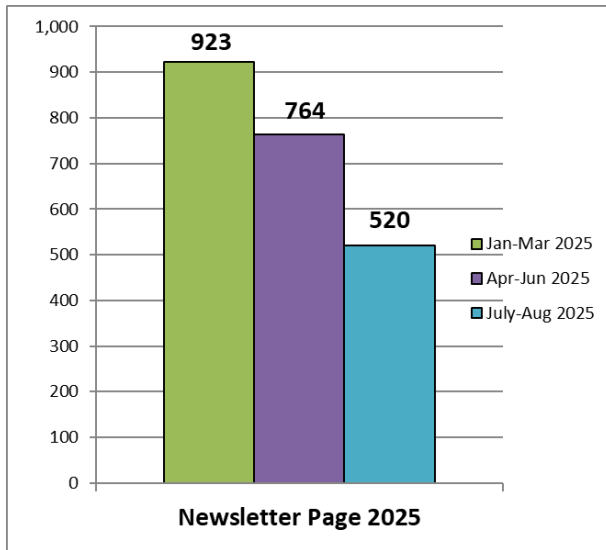
Website: www.psychology.ca.gov

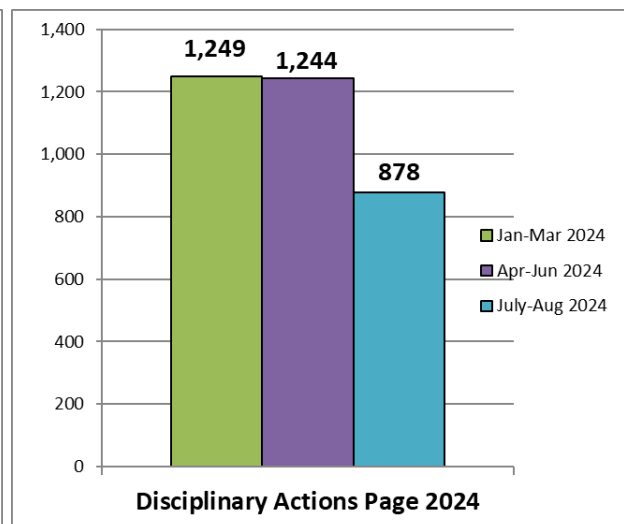
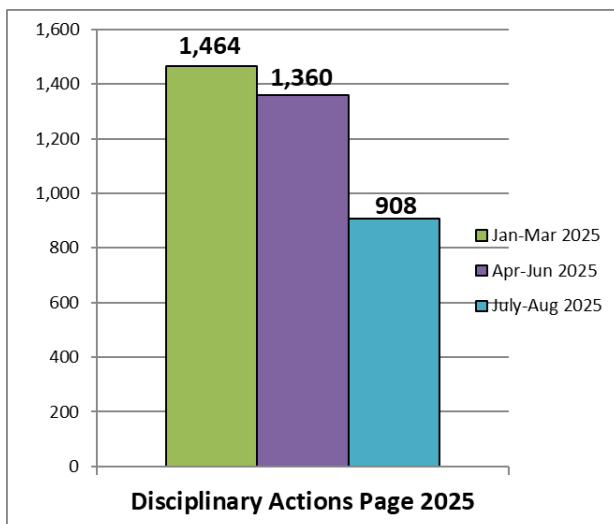
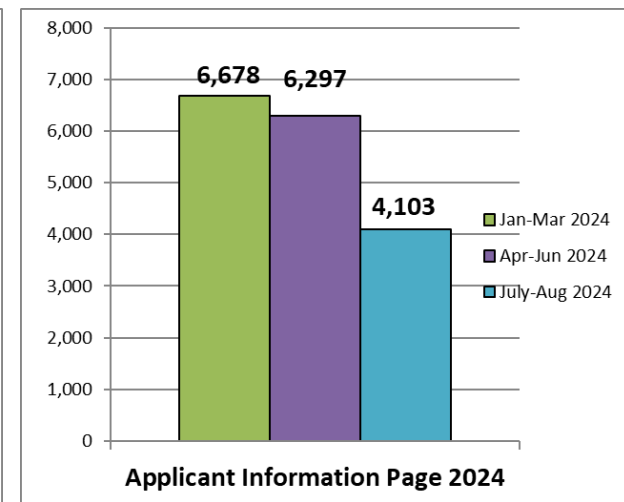
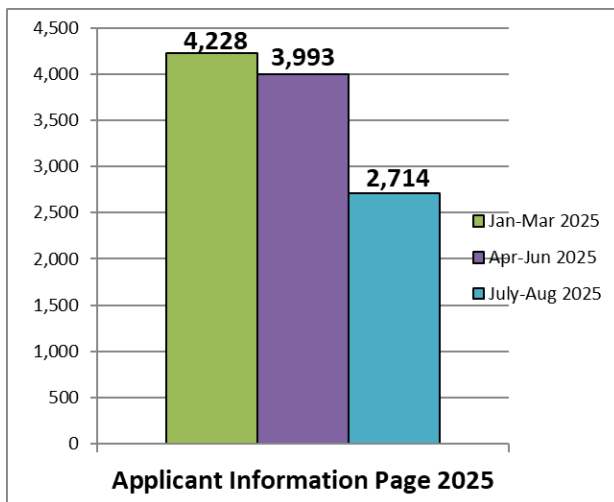
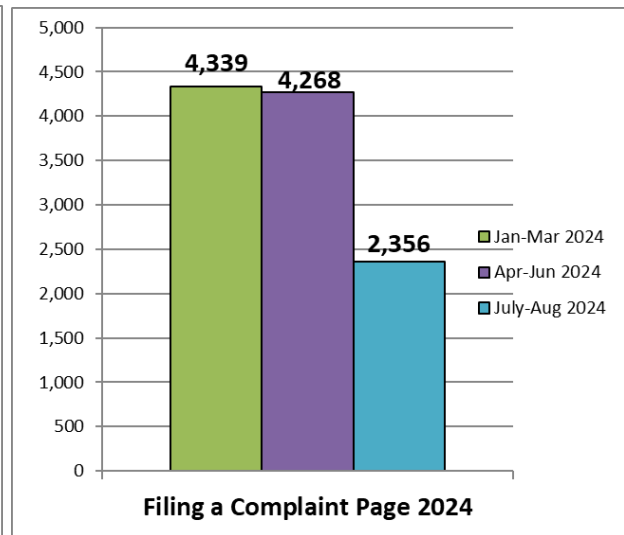
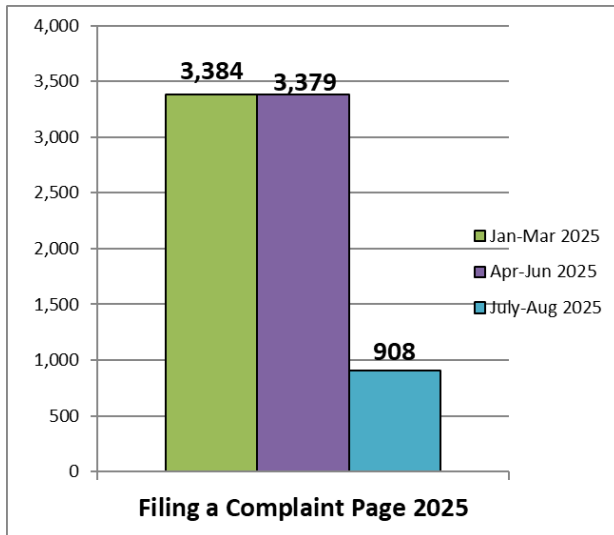
Below are the top five web pages viewed between January 1, 2025, and August 31, 2025. The total number of views are listed for 2024.

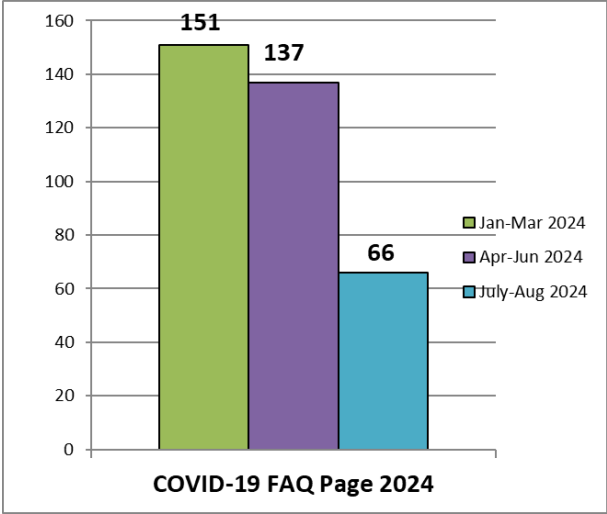
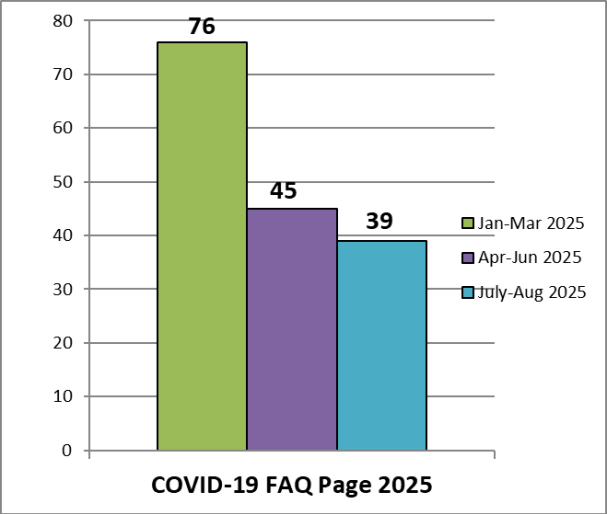
TOP FIVE PAGES	# OF VIEWS	CONTENT
/licensees/index.shtml	2025 – 28,123 2024 – 31,069	Licensee and Registrant Information Page
/licensee/faq.shtml	2025 – 23,828 2024 - 33,103	Licensure as a Psychologist – Frequently Asked Questions Page
/applicants/psychologist.shtml	2025 – 22,920 2024 – 25,775	Psychologist Applicant Page
/licensees/ce_faqs.shtml	2025 – 20,499 2024 -25,501	Continuing Professional Development Information Page
/applicants/licupdates.shtml	2025 – 20,140 2024 - 20,083	Application Processing Timeframes

Below please you will find the 2025 and 2024 viewings for the following pages by quarter (through August 31, 2025):

- Newsletter Page
- Laws and Regulations Page
- Continuing Professional Development Information Page
- Filing a Complaint Page
- Applicant Information Page
- Disciplinary Actions Page
- COVID-19 FAQ Page







<u>Legislative Advisories</u>	<u>Views to Date 2025</u>	<u>Views to Date 2024</u>
AB 665 (Carrillo), Minors: consent to mental health services (Effective 1, 2024)	1,329	2,217
AB 282 Advisory – FINAL – October 24, 2023	1,450	2,533
SB 816 (Roth), Professions and Vocations (Effective January 1, 2024)	349	911
SB 887 (Committee on Business, Professions and Economic Development. Consumer Affairs, Chapter 510, Statutes of 2023)	240	173
SB 372 (Menjivar), Department of Consumer Affairs: licensee and registrant records: name and gender changes (Effective January 1, 2024).	249	196
SB 731 (Durazo, Chapter 814 Statutes of 2022) - Criminal Records: Relief	260	231
AB 32 (Aguiar-Curry, Chapter 515 Statutes of 2022) – Telehealth	208	53
SB 1428 (Archuleta), Psychological testing technicians	240	59
SB 401 (Pan) Psychology: unprofessional conduct: disciplinary action: sexual acts	520	601
AB 2754 (Bauer-Kahan), Psychology: supervision	224	187
AB 486 (Friedman), Emotional support animals	1,971	997
SB 801 (Archuleta), Healing arts: Board of Behavioral Sciences: Board of Psychology: licensees	829	651
AB 107 (Salas), Licensure: veterans and military spouses	196	29
AB 2113 (Low), Refugees, asylees, and special immigrant visa, etc.	795	1,834
AB 2253 (Low), Professional Licensure	370	249
SB 1474 (BP&ED), Business and Professions		19
AB 1145 (Cristina Garcia) Child Abuse: Reportable Conduct, etc.	223	64
AB 1076 (Ting) – Criminal Records: Automatic Relief	199	62
SB 425 (Hill) Probationary Physician's and Surgeon's: Unprofessional Conduct	224	30
SB 786 (BP&ED) – Healing Arts.	190	6
AB 2138 (Chiu) – Licensing Boards: Denial of Application (legislation)	328	344
AB 89 (Levine) – Psychologists: Suicide Prevention Training	386	347

<u>Regulation Advisories</u>	<u>Views to Date 2024</u>	<u>Views to Date 2024</u>
Psychological Associates (2016 Sunset Conforming Changes) Advisory	807	0
Retired License Regulation Advisory	594	832
Continuing Professional Development Regulation Advisory	3,861	6,421
Fee Increase Regulation Advisory	355	875
Telehealth FAQ	6,451	10,088
Standards of Practice for Telehealth Regulation Advisory	1,373	1,432
AB 2138 (Chiu) – Licensing Boards: Denial of Application (Regulation)	251	344
Verification of Experience Regulation	1,179	1,618
Uniform Standards, etc.	256	63
Filing of Addresses Regulation Advisory	3,861	102

Action Requested:

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

MEMORANDUM

DATE	October 16, 2025
TO	Psychology Board Members
FROM	Sandra Monterrubio, Assistant Executive Officer
SUBJECT	Agenda Item-16(d)-Update on Newsletter

Background:

The Board is currently gathering articles for the *Fall Newsletter*. The Fall Newsletter will go out in December 2025.

Action Requested

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

MEMORANDUM

DATE	October 13, 2025
TO	Board Members
FROM	Mai Xiong Licensing/BreEZe Coordinator
SUBJECT	Agenda Item 17 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	23,694
Psychological Associate***	1,446	1,446	1,361	1,344	1,348	1,450	1,744	1,827	1,810	1,909
Psychological Testing Technician****	N/A	N/A	N/A	N/A	N/A	N/A	N/A	24	107	110
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	21

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

**As of October 10, 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 October 10, 2025, there are 23,694 licensed psychologists, 1,909 registered psychological associates, 110 registered psychological testing technicians, 73 research psychoanalysts, and 21 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 April 2025 through September 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 associated 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 59 psychologist applications, a decrease of 24 psychological associate applications and 75 psychological associate notifications, and an increase of 29 psychological testing technician applications and 43 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 October 10, 2025
- B. Application Workload Reports April 2025 – September 2025 as of October 10, 2025
- C. Applications and Notifications Received October 2024 – September 2025 as of October 10, 2025
- D. Average Application Processing Timeframes – May 2025 to October 2025 as of October 10, 2025

Action:

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



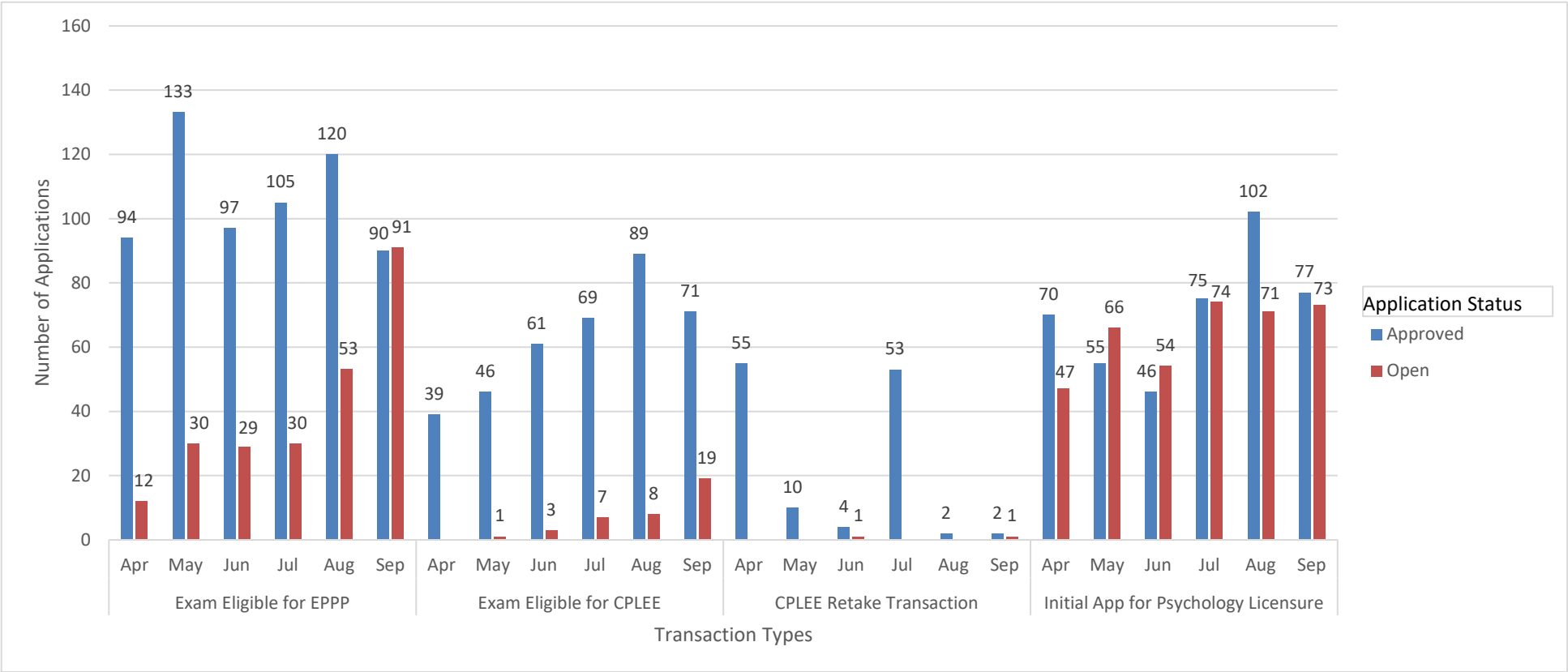
STATE DEPARTMENT OF CONSUMER AFFAIRS
BREEZE SYSTEM



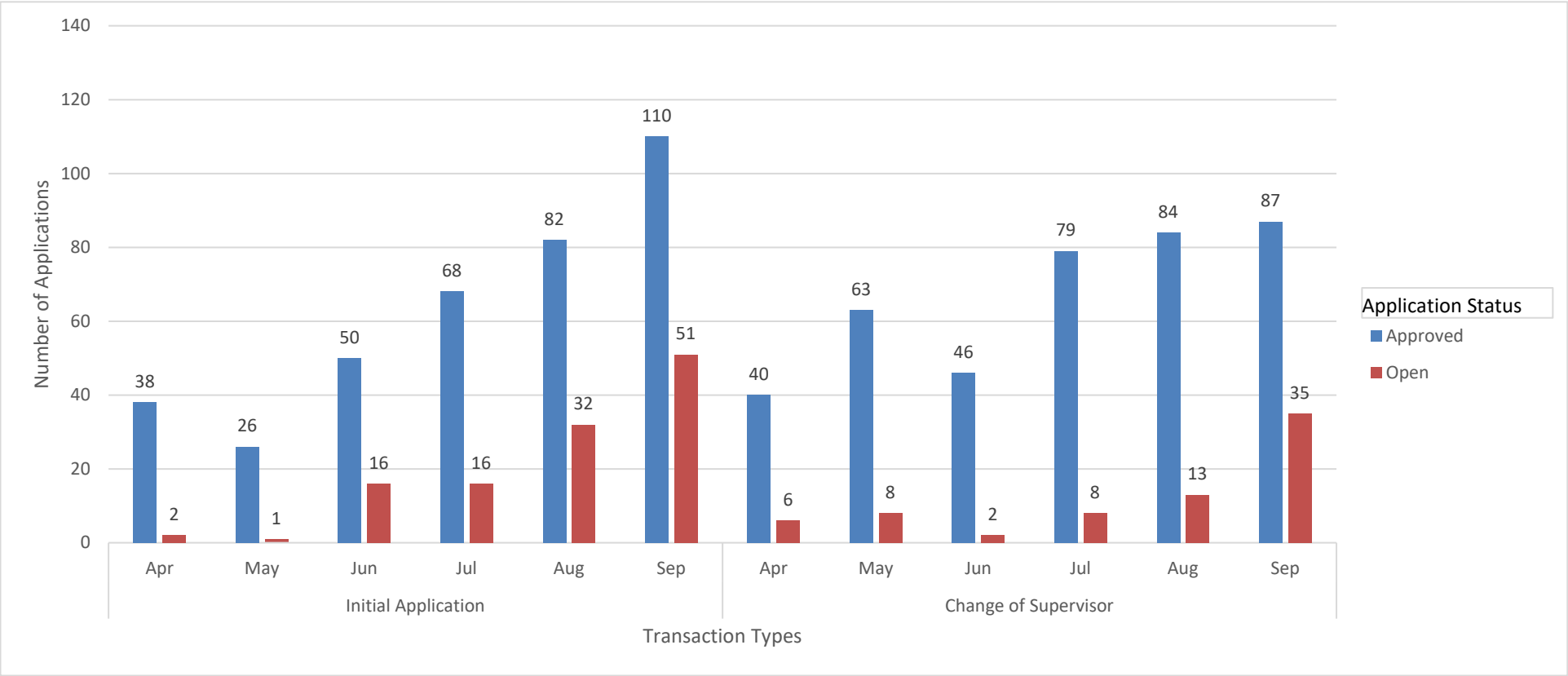
LICENSING POPULATION REPORT
BOARD OF PSYCHOLOGY
AS OF 10/10/2025

License Type	License Status											Total
	Licensing								Enforcement			
	Current	Inactive	Military Inactive	Military Active	Delinquent	Cancelled	Retired	Deceased	Surrendered	Revoked	Revoked, Stayed, Probation	
Psychologist	21,010	1,836	2	1	1,421	8,826	845	1,100	281	168	127	35,617
Psychological Associate	1,849	60	0	0	91	25,140	0	8	16	8	20	27,192
Psychological Testing Technician	110	0	0	0	9	33	0	0	0	0	0	152
Research Psychoanalyst	73	0	0	0	16	29	0	5	0	1	0	124
Student Research Psychoanalyst	21	0	0	0	8	39	0	0	0	0	0	68
Total	23,063	1,896	2	1	1,545	34,067	845	1,113	297	177	147	63,153

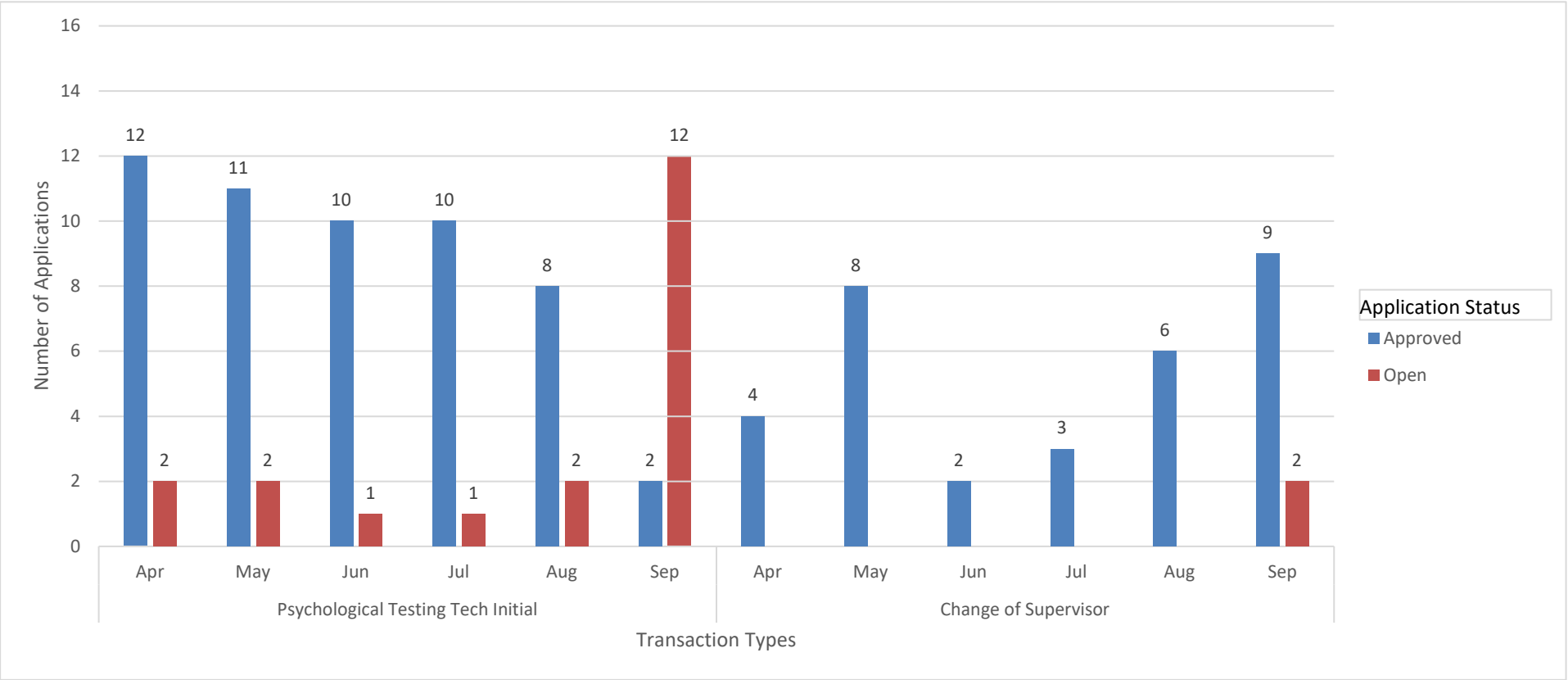
Psychologist Application Workload Report
April 1, 2025 to September 30, 2025
As of October 10, 2025



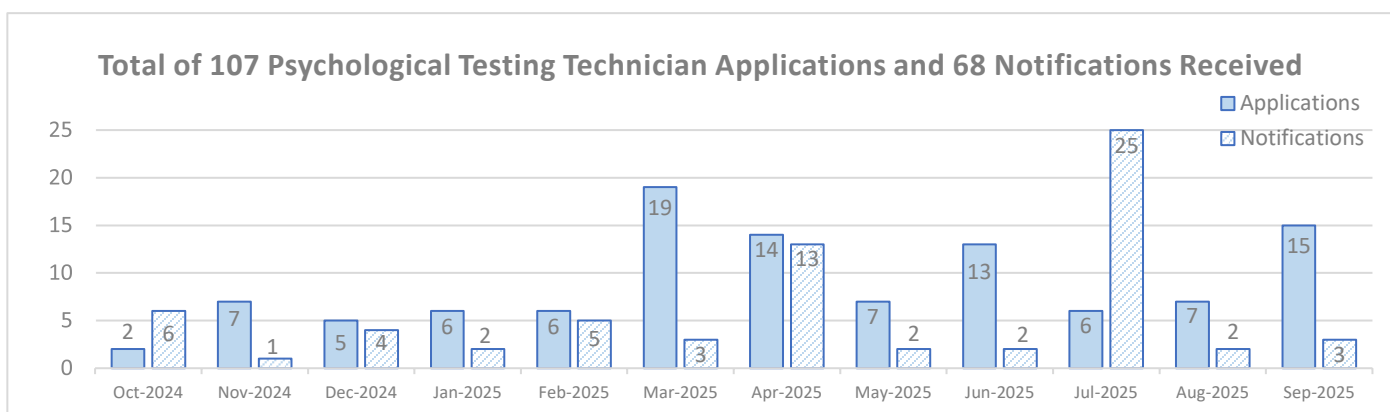
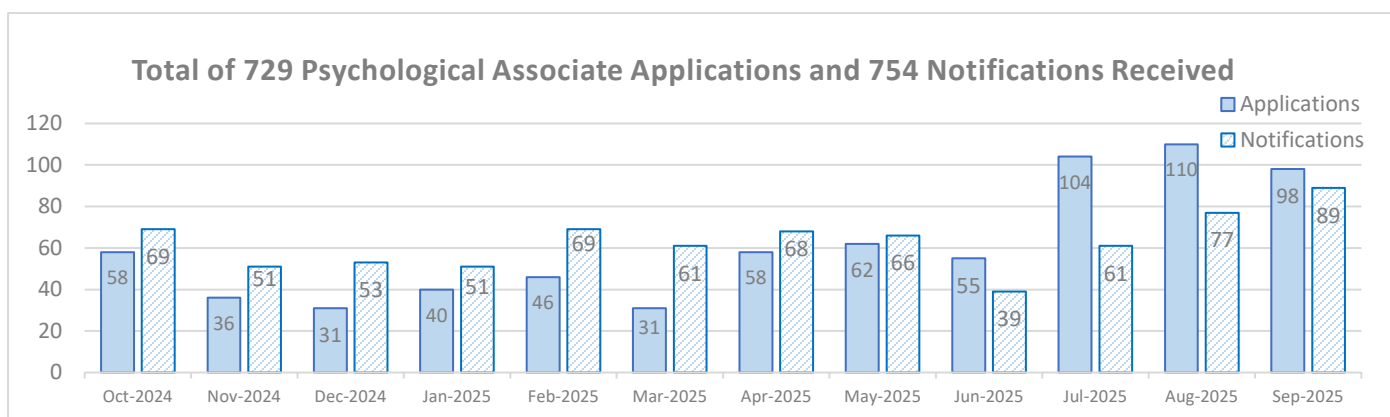
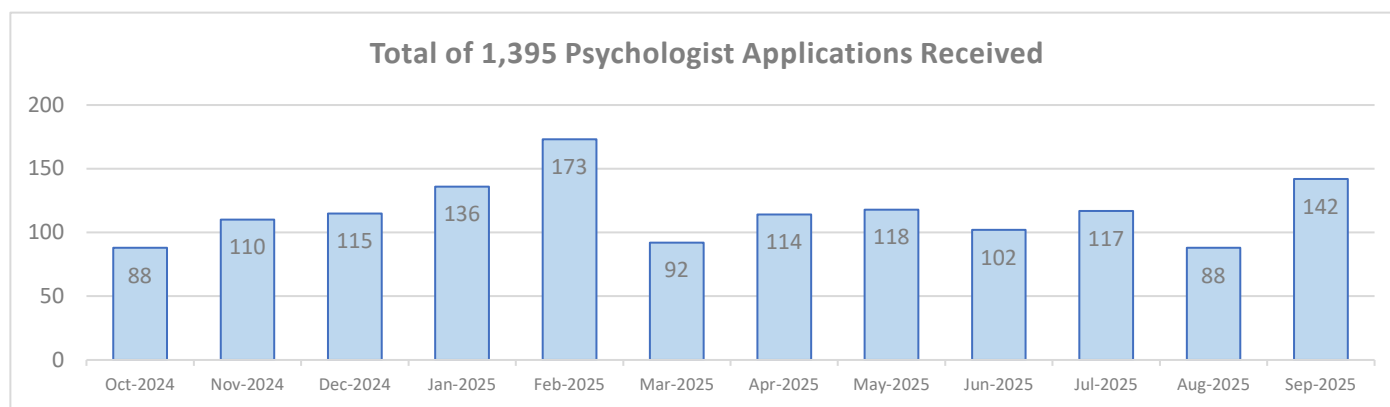
Psychological Associate Application Workload Report
April 1, 2025 to September 30, 2025
As of October 10, 2025



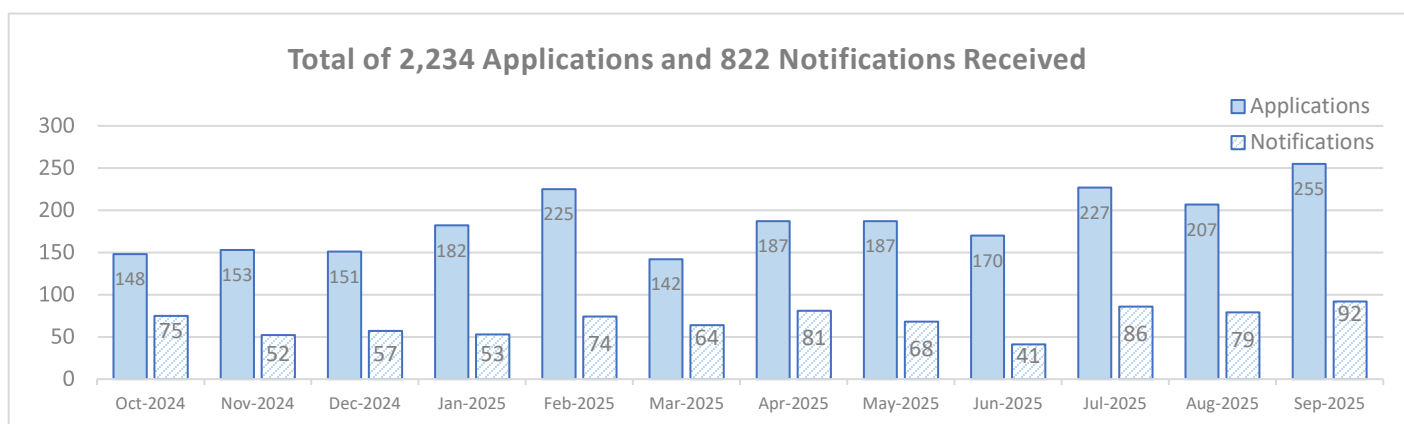
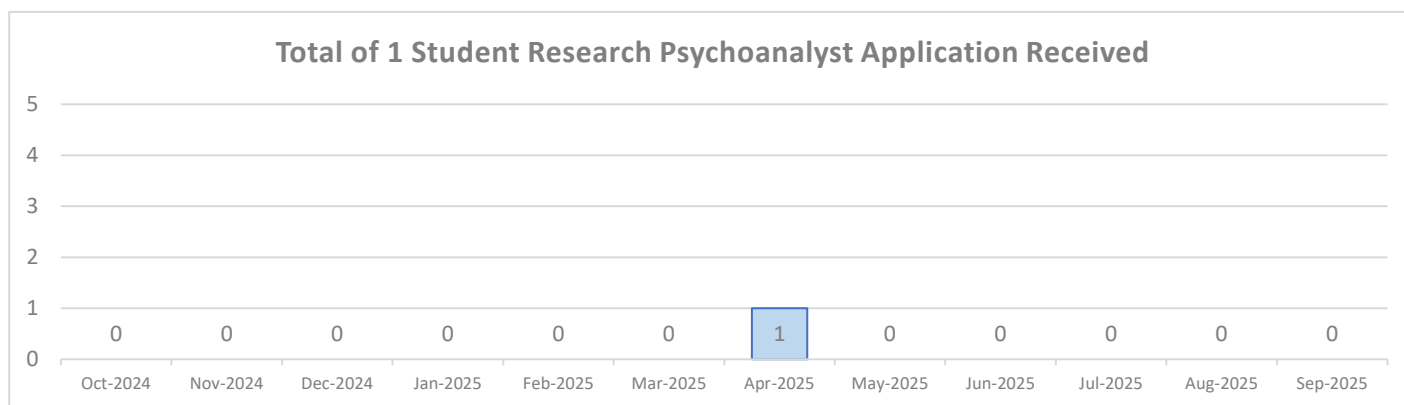
Psychological Testing Technician Application Workload Report
April 1, 2025 to September 30, 2025
As of October 10, 2025



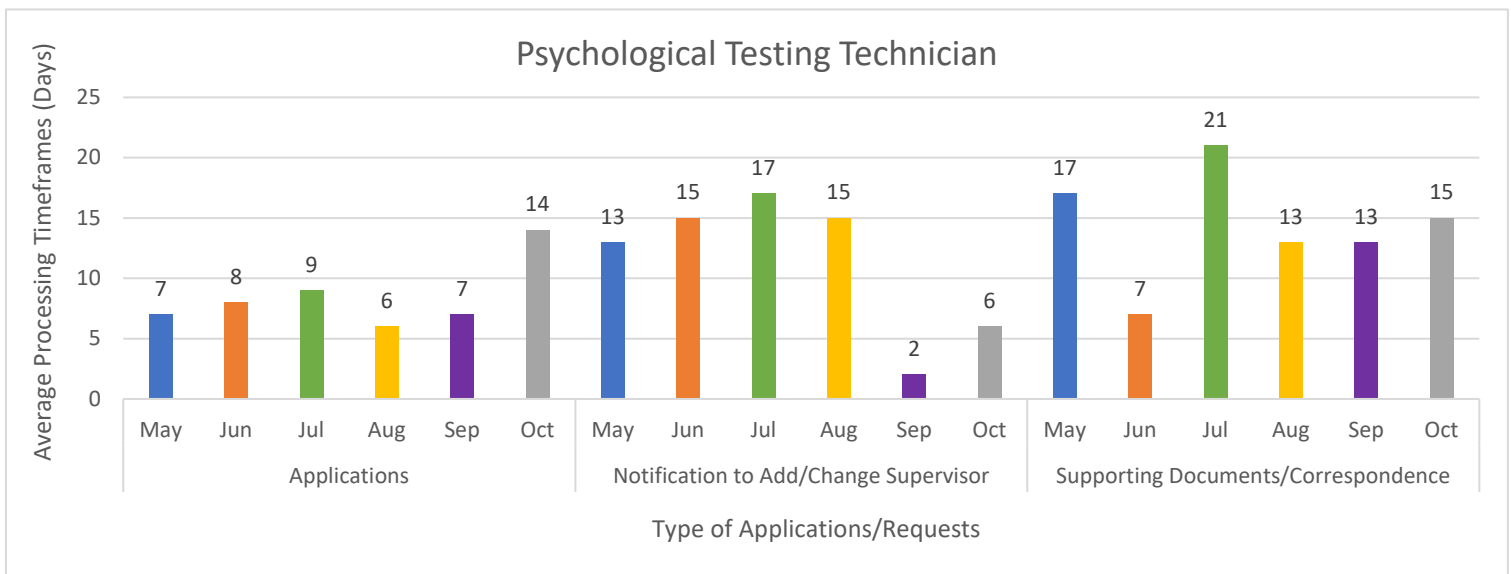
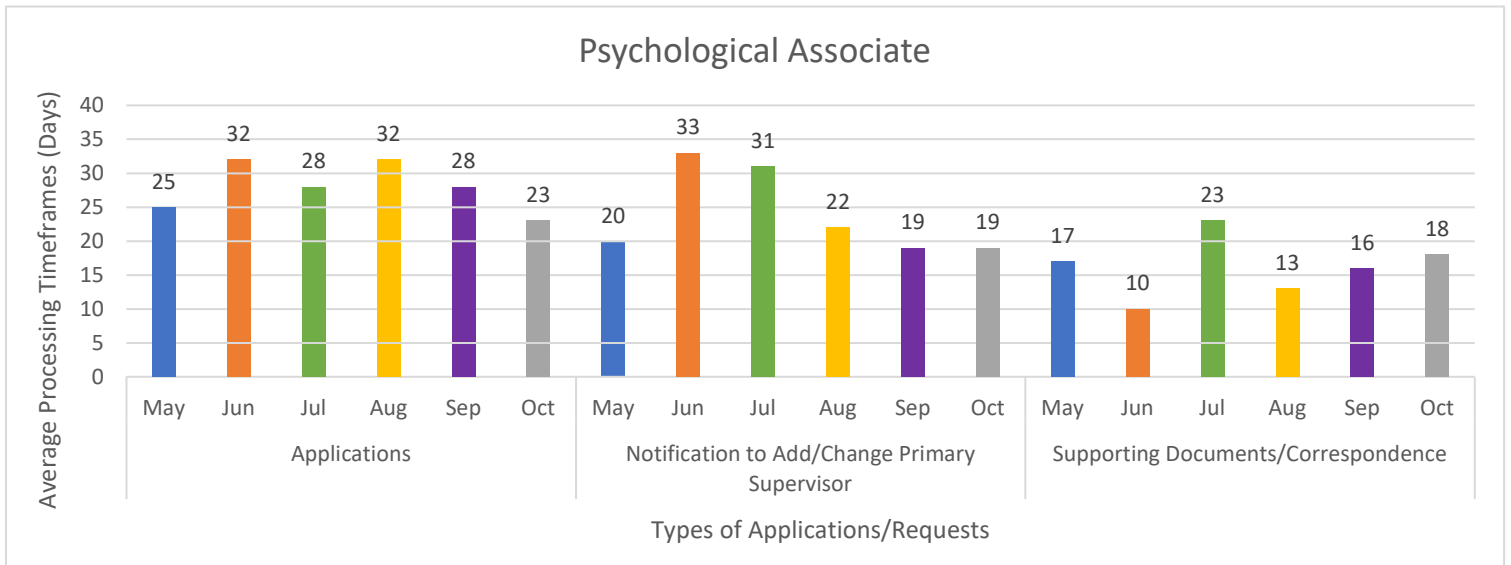
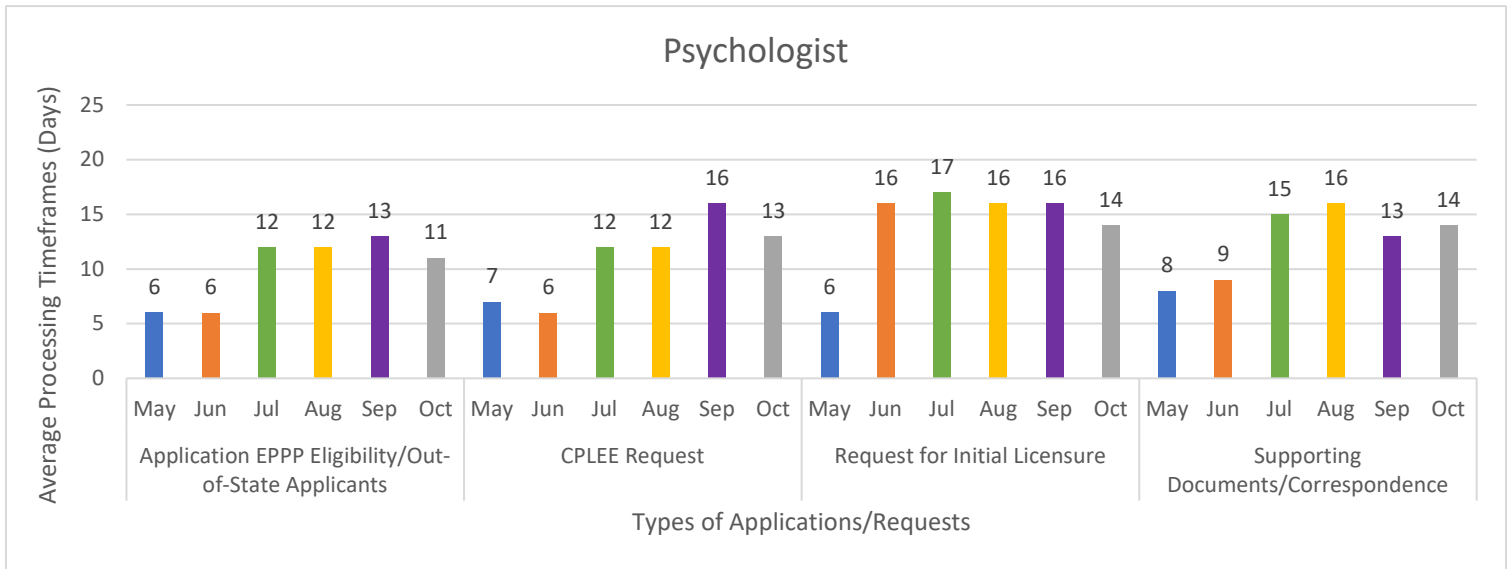
Applications and Notifications Received from October 2024 to September 2025
As of October 10, 2025



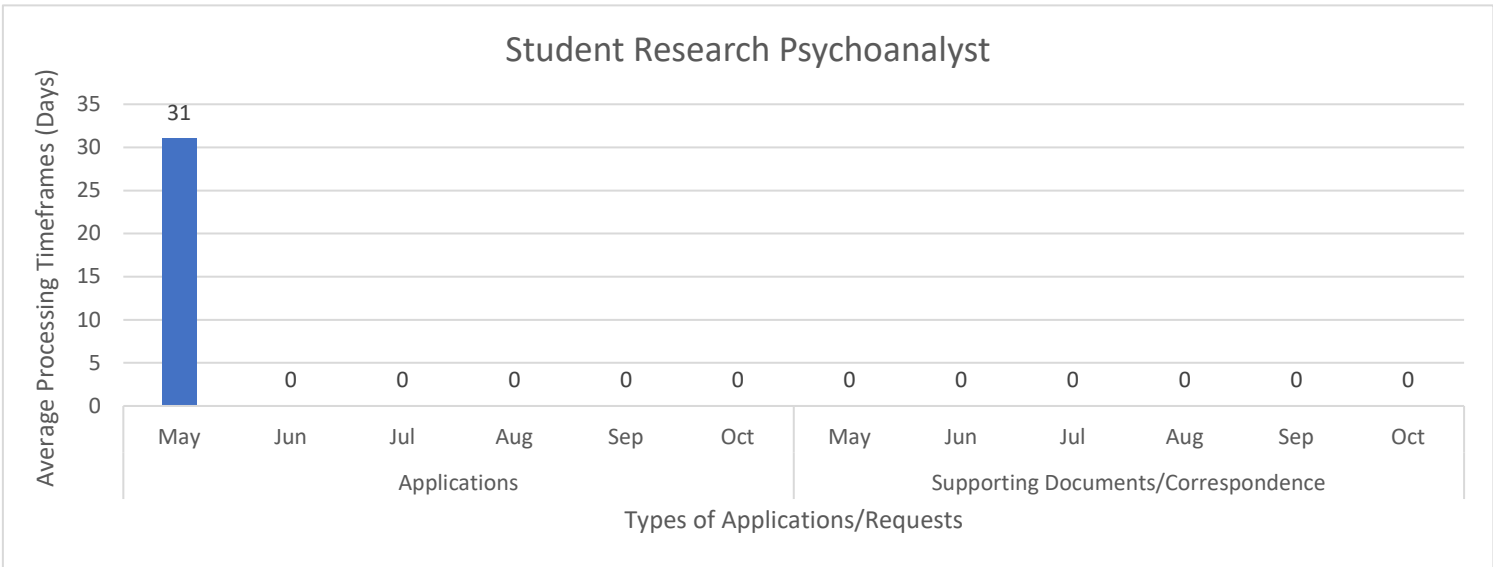
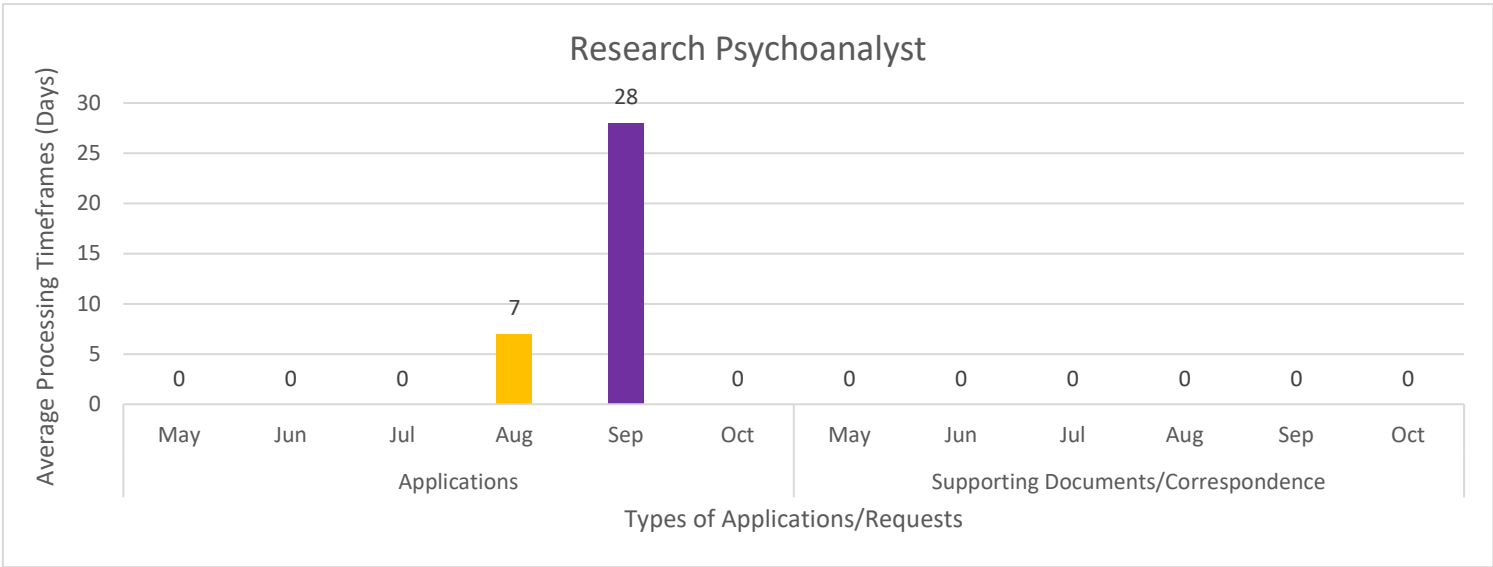
Applications and Notifications Received from October 2024 to September 2025
As of October 10, 2025



**Average Application Processing Timeframes from May 2025 to October 2025
As of October 10, 2025**



Average Application Processing Timeframes from May 2025 to October 2025
As of October 10, 2025



MEMORANDUM

DATE	November 6, 2025
TO	Psychology Board Members
FROM	Troy Polk, CPD/Renewals Coordinator
SUBJECT	Agenda Item 18 – Continuing Professional Development and Renewals Report

Between January 2025 through September 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 11 percent of the monthly applications. Psychological Testing Technicians, Research Psychoanalysts and Student Research Psychoanalysts account for approximately 1 percent of renewals. Approximately 93 percent of Psychologists and Registered Psychological Associates renewed online using the online application through the BreEZe system per month.

CPD audits were sent out for January 2025 through August 2025. A total of 170 audits were sent out. The current pass rate is 74 percent with 19 percent of those audits still waiting on submission of CPD documentation, and 6 percent are pending review of CPD documentation. Currently, 1 percent of the audits have failed.

In reviewing the completed and passed audits for January 2025 through August 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 11 of the 15 CPD activities are being used to complete the 36-hour CPD requirement.

In September of 2025, staff made edits to the current version of the courtesy CPD reporting form that the Board offers to licensees. The edits were based on feedback the Board received during previous Board and Committee Meetings, as well as feedback received while audits were being conducted. The revised

courtesy form is included in the attachments, and the updated information is highlighted on the revised form.

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 – September 2025)

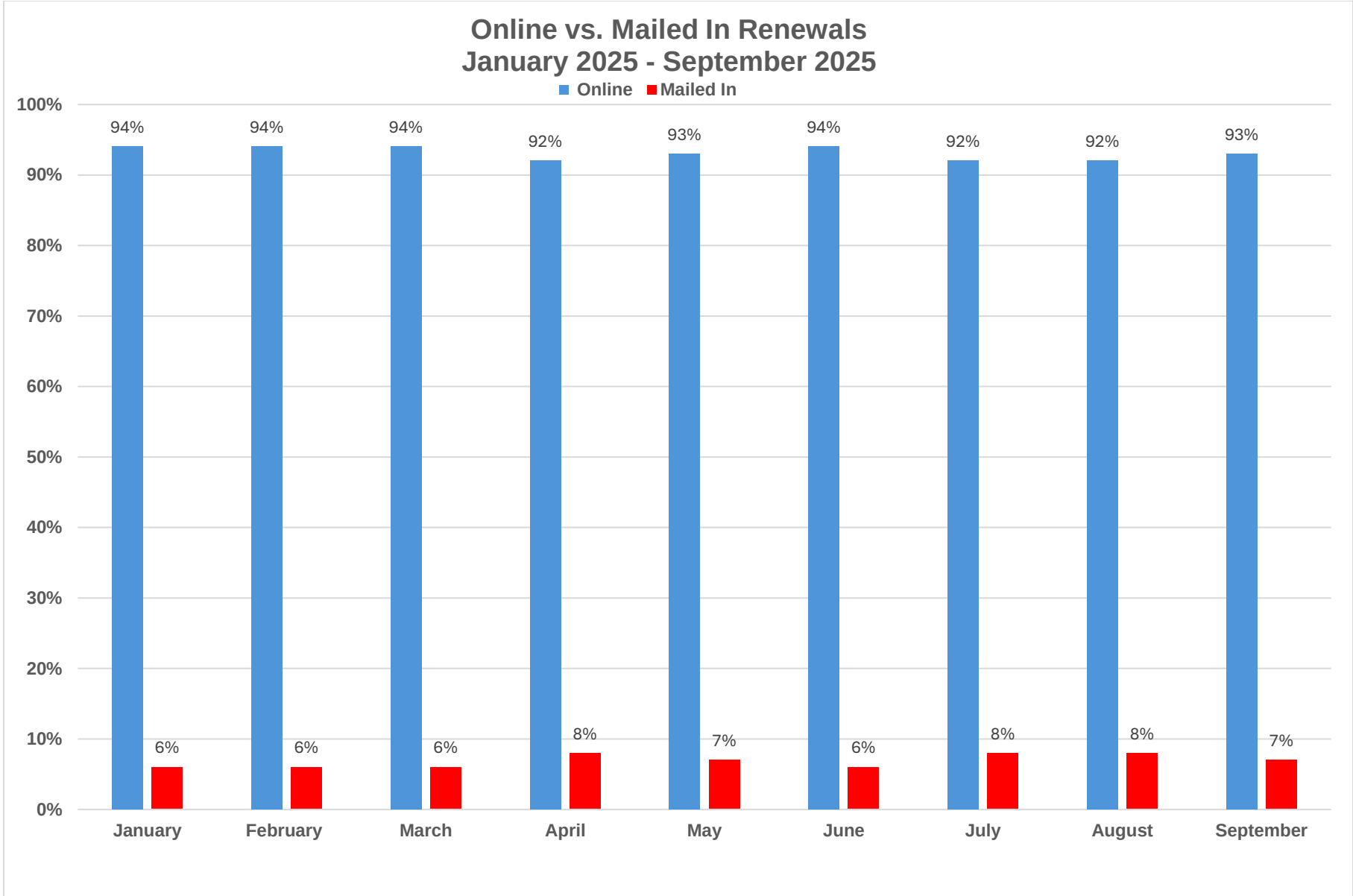
Attachment B: Renewal Applications Processed: January 2025– September 2025

Attachment C: CPD Audits: January 2025 – August 2025

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

Attachment E: Revised CPD reporting form

Attachment A



Renewal Applications Processed January 2025 - September 2025



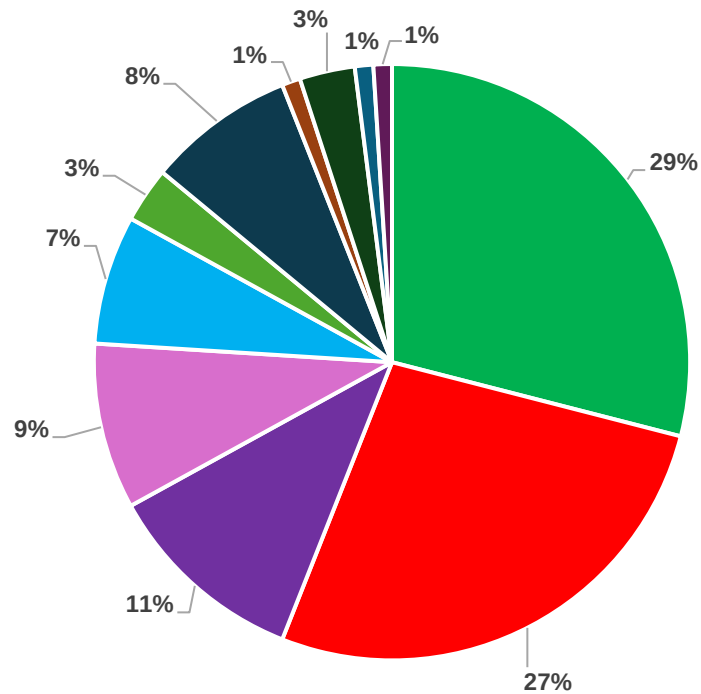
**Continuing Professional Development Audits
January 2025 – August 2025**

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	100%	0%	0%	0%	0%
April	23	95%	0%	0%	0%	5%
May	27	96%	0%	4%	0%	0%
June	19	90%	0%	5%	0%	5%
July	21	10%	0%	38%	52%	0%
August	15	0%	0%	0%	100%	0%
Totals:	170	74%	0%	6%	19%	1%

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

Of the of 170 audits sent out; the current pass rate is 74%. 6% of the audits are pending review of the documentation received. 19% of the audits are have not been received, and 1% of the audits have failed after the full review was completed.

Passed CPD Audits January- August 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
- Expert Review/Consultation

36 hours of Continuing Professional Development (CPD) are required for each 2-year renewal cycle. With the exception of 100% ABPP Board Certification, a licensee shall accrue hours during each renewal period from at least two (2) of the four (4) CPD activity categories: Professional Activities: Academic; Sponsored Continuing Education; and Board Certification.

Unless otherwise noted with an asterisk (*), this courtesy form cannot be submitted to the Board in lieu of the required CPD documentation. If selected for an audit, please submit required CPD documentation along with the CPD Reporting Form.

No extensions will be granted to comply with the CPD requirements.

For questions regarding the CPD Reporting Form, or the CPD Learning Categories, please email the Board at: BOPCE@dca.ca.gov

NAME: _____ LICENSE NUMBER: _____

RENEWAL PERIOD: _____

CPD Learning Activity #1 – Professional Activities					
CPD Category	Description of Activities Completed	Date(s) Completed (MM/DD/YYYY)	# of Hours Accrued	Laws and Ethics (4 hours)	Cultural Diversity/ Social Justice (4 hours)
*Peer Consultation (18 hours max)	Description includes date(s), type of activity, and total number of hours			☐	☐

CPD Category	Description of Activities Completed	Date(s) Completed (MM/DD/YYYY)	# of Hours Accrued	Laws and Ethics (4 hours)	Cultural Diversity/ Social Justice (4 hours)
*Practice Outcome Monitoring (9 hours max) 1 client equals 1 CPD hour	Description includes date(s), client identifier, how outcomes were measured, and total number of hours			☐	☐
*Professional Services (4.5 hours min., if used, 12 hours max)	Description includes date(s), board or program name, role, term of service			☐	☐

CPD Category	Description of Activities Completed	Date(s) Completed (MM/DD/YYYY)	# of Hours Accrued	Laws and Ethics (4 hours)	Cultural Diversity/ Social Justice (4 hours)
Conference/ Convention Attendance (6 hours max) 1 full day of attendance equals 1 CPD hour	Proof of registration or attendance is required			☐	☐
*Examination Functions (12 hours max)	Description includes date(s), exam name, number of hours			☐	☐
*Expert Review/ Consultation (12 hours max)	Description includes date(s), number of hours			☐	☐

CPD Category	Description of Activities Completed	Date(s) Completed (MM/DD/YYYY)	# of Hours Accrued	Laws and Ethics (4 hours)	Cultural Diversity/ Social Justice (4 hours)
*Attendance at a CA BOP Meeting (8 hours max) Sign in and out attendance sheet	Description includes date(s), board or committee meeting, and number of hours			☐	☐
CPD Learning Category #2 – Academic					
CPD Category	Description of Activities Completed	Date(s) Completed (MM/DD/YYYY)	# of Hours Accrued	Laws and Ethics (4 hours)	Cultural Diversity/ Social Justice (4 hours)
Academic Coursework (18 hours max)	Copy of transcript with evidence of a passing grade (C or higher or "pass") is required.			☐	☐

CPD Category	Description of Activities Completed	Date(s) Completed (MM/DD/YYYY)	# of Hours Accrued	Laws and Ethics (4 hours)	Cultural Diversity/ Social Justice (4 hours)
Academic/ Sponsor- Approved CE Instruction (18 hours max)	Copy of Course syllabus is required			☐	☐
*Supervision (18 hours max)	Description includes date(s), and trainee identifier			☐	☐

CPD Category	Description of Activities Completed	Date(s) Completed (MM/DD/YYYY)	# of Hours Accrued	Laws and Ethics (4 hours)	Cultural Diversity/ Social Justice (4 hours)
Publications (9 hours max)	Either a letter of acceptance for publication, or proof of publication with publication date in the renewal period for which it is being submitted is required			☐	☐
*Self-Directed Learning (6 hours max)	Description includes date(s), medium, topic or title, and number of hours			☐	☐

CPD Learning Category #3 – Sponsored Continuing Education

CPD Category	Description of Activities Completed	Date(s) Completed (MM/DD/YYYY)	# of Hours Accrued	Laws and Ethics (4 hours)	Cultural Diversity/ Social Justice (4 hours)
Sponsored Continuing Education (27 hours max)	Copy of Completion Certificate required			☐	☐

CPD Learning Activity #4 – Board Certification

CPD Category	Description of Activities Completed	Date(s) Completed (MM/DD/YYYY)	# of Hours Accrued	Laws and Ethics (4 hours)	Cultural Diversity/ Social Justice (4 hours)
American Board of Professional Psychology (ABPP) Board Certification (36 hours max)				☐	☐
“Senior Option” ABPP Board Certification (18 hours max)				☐	☐

TOTAL HOURS ACCRUED: _____

MEMORANDUM

DATE	October 14, 2025
TO	Board Members
FROM	Susan Hansen Examinations Coordinator
SUBJECT	Agenda Item 19 Examinations Report

Examination Statistics

EPPP Monthly Examination Statistics for January through September 2025

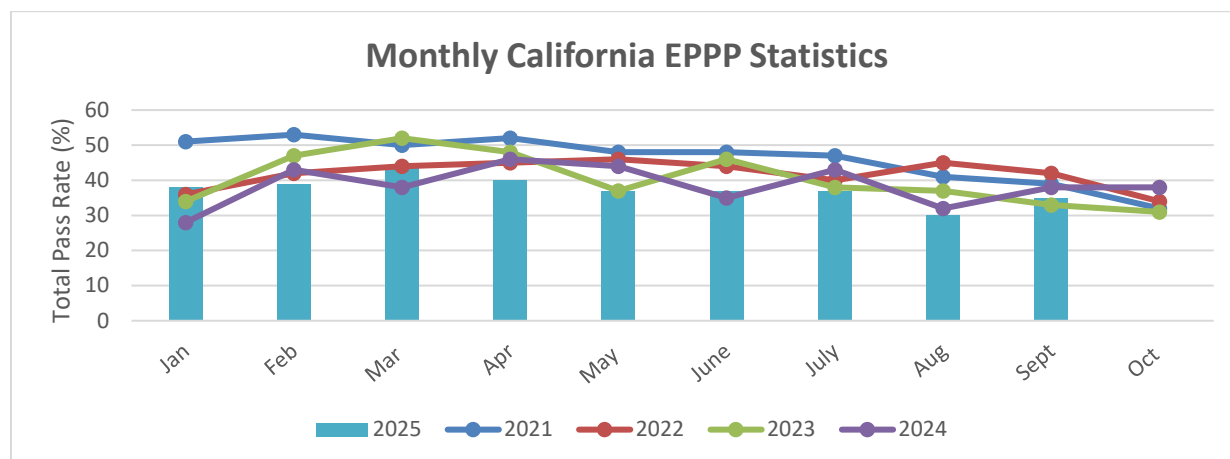
The Examination for Professional Practice in Psychology (EPPP) is the national exam developed by the Association for Provincial and Psychology Boards (ASPPB) and administered by Pearson Vue. The exam tests candidates' general knowledge in psychology. EPPP is one of the required exams for licensure in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

Pass rates averaged 37.56% in 2025 so far, with an overall first-time pass rate of 58.66%. First time pass rates tend to be higher than overall pass rates.

2025 Monthly EPPP Examination Statistics

Month	# of Candidates	# Passed	% Passed	Total First Timers	First Time Passed	% First Time Passed
January	128	48	37.50%	57	38	66.67%
February	140	55	39.29%	68	42	61.76%
March	152	67	44.08%	74	46	62.16%
April	210	84	40.00%	107	70	65.42%
May	167	62	37.13%	67	42	62.69%
June	163	61	37.42%	71	42	59.15%
July	221	81	36.65%	101	52	51.49%
August	142	43	30.28%	56	27	48.21%
September	136	47	34.56%	57	27	47.37%
Overall - Total	1,459	548	37.56%	658	386	58.66%

The chart below depicts California EPPP pass rate statistics for the past four years compared with the statistics for January through September 2025. EPPP pass rates are trending lower than previous years.



CPLEE Monthly Examination Statistics for January through September 2025

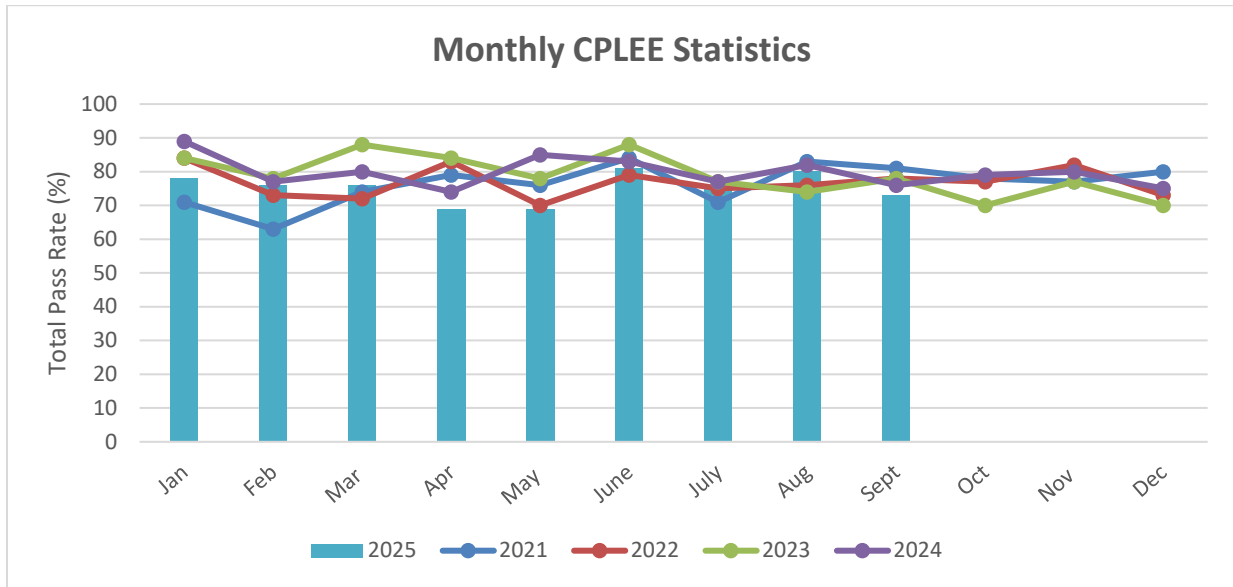
The California Psychology Laws and Ethics Exam (CPLEE) is a state-owned exam developed by the Department of Consumer Affairs, Office of Professional Examination Services (OPES) and administered by PSI, Inc. The exam tests candidates on their knowledge of APA Code of Conduct and the Board's laws and regulations.

Pass rates averaged 75.57% in 2025 so far, with the overall first-time pass rate of 77.78%.

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%
July	107	80	74.77%	84	64	76.19%
August	114	91	79.82%	83	70	84.34%
September	150	110	73.33%	139	106	76.26%
Overall - Total	876	662	75.57%	675	525	77.78%

The chart below depicts pass rate statistics of the CPLEE for the past four years compared with the statistics for January through September 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	October 14, 2025
TO	Psychology Board Members
FROM	Jacklyn Mancilla, Legislative and Regulatory Affairs Analyst
SUBJECT	Agenda Item 20(a)(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 extends the statutory authorization of the Board of Psychology and the Board of Behavioral Sciences through January 1, 2030. The bill expands the qualifying academic disciplines for psychological testing technicians to include neuroscience, cognitive science, and behavioral science, while granting the Board discretion to determine program eligibility. It also revises license suspension procedures for felony convictions, allowing the Board to uphold suspensions when doing so serves the interest of justice, even if the conviction is later overturned.

The bill further clarifies license reinstatement protocols, codifies key definitions under the Psychology Licensing Law, and imposes a \$25 fee for supervisor changes to improve oversight of psychological testing technicians and support cost recovery.

In addition, SB 775 broadens the Board's regulatory authority over research psychoanalysts and student research psychoanalysts, which includes:

- Updating the list of unprofessional conduct subject to suspension or revocation.

- Revising registration requirements to mandate coursework or training in substance abuse detection and treatment, suicide risk assessment and intervention, and aging and long-term care.
- Establishing continuing professional development requirements.
- Directing the Board to implement a consumer and professional education program emphasizing ethical psychoanalytic practice.
- Establishing fingerprinting fees for applicants.
- Aligning training requirements with those of other behavioral health professions by including coursework in human sexuality, child abuse assessment and reporting, and encouraging training in elder and dependent adult abuse.

Finally, SB 775 makes various technical and conforming updates to the Psychology Licensing Law.

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 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 8, 2025, SB 775 passed the Business and Professions Committee and was referred to the Appropriations Committee.

On August 29, 2025, SB 775 passed the Appropriations Committee.

On September 12, 2025, SB 775 passed the Assembly and was ordered to the Senate.

On September 13, 2025, SB 775 was ordered to engrossing and enrolling.

On September 15, 2025, the Board submitted a letter to the Governor requesting his signature on SB 775.

On September 23, 2025, SB 775 was enrolled and presented to the Governor.

On October 13, 2025, SB 775 was approved by the Governor.

Action Requested

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

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

Attachment #2: Letter of Support to Assembly Business and Professions Committee

Attachment #3: Request for Signature Letter

Senate Bill No. 775

CHAPTER 787

An act to amend Sections 27, 729, 2902, 2903, 2908, 2913, 2914, 2915.5, 2920, 2934.1, 2936, 2950, 2952, 2960.2, 2960.5, 2960.6, 2961, 2962, 2963, 2964, 2964.3, 2971, 2987, 2995, 2999.101, 4980.01, 4980.03, 4980.11, 4980.38, 4980.397, 4980.40, 4980.41, 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, 4996.23.2, 4997.1, 4999.12, 4999.23, 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 2915.1, 2915.2, 2915.3, 2920.2, 2954.1, 2954.2, 2954.4, 2954.5, 2954.6, 4990.01, 4990.26.1, 4990.26.2, and 4990.26.3 to, to repeal Sections 25, 28, 29, 2953, and 4982.05 of, 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.

[Approved by Governor October 13, 2025. Filed with Secretary
of State October 13, 2025.]

LEGISLATIVE COUNSEL'S DIGEST

SB 775, 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 authorizes a person who is licensed as a psychologist at the doctoral level in another state or territory of the United States or Canada to offer psychological services in this state for up to 30 days per year. Existing law authorizes a person other than a licensed psychologist to perform psychological functions in preparation for licensure as a psychologist if the person is registered with the board as a registered psychological associate, and establishes requirements in that regard.

This bill would require an out-of-state licensee to satisfy certain conditions to offer psychological services, including informing the client of the limited timeframe of the services and that the person is not licensed in California. The bill would require an applicant for registration as a psychological associate who was trained in an educational institution outside the United States or Canada to demonstrate to the satisfaction of the board that the applicant possesses a doctoral degree in psychology or education that is equivalent to a degree earned from a regionally accredited academic institution in the United States or Canada, as specified.

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 term "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 hard card processing fees for out-of-state 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 reporting.

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.

(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.

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.

(4) This bill would incorporate additional changes to Section 27 of the Business and Professions Code proposed by SB 861 to be operative only if this bill and SB 861 are enacted and this bill is enacted last.

(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 no reimbursement is required by this act for a specified reason.

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

SECTION 1. Section 25 of the Business and Professions Code is repealed.

SEC. 2. Section 27 of the Business and Professions Code is amended to read:

27. (a) Each entity specified in subdivisions (c), (d), and (e) shall provide on the internet information regarding the status of every license issued by that entity in accordance with the California Public Records Act (Division 10 (commencing with Section 7920.000) of Title 1 of the Government Code) and the Information Practices Act of 1977 (Chapter 1 (commencing with Section 1798) of Title 1.8 of Part 4 of Division 3 of the Civil Code). The public information to be provided on the internet shall include information on suspensions and revocations of licenses issued by the entity and other related enforcement action, including accusations filed pursuant to the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code) taken by the entity relative to persons, businesses, or facilities subject to licensure or regulation by the entity. The information may not include personal information, including home telephone number, date of birth, or social security number. Each entity shall disclose a licensee's address of record. However, each entity shall allow a licensee to provide a post office box number or other alternate address, instead of the licensee's home address, as the address of record. This section shall not preclude an entity from also requiring a licensee, who has provided a post office box number or other alternative mailing address as the licensee's address of record, to provide a physical business address or residence address only for the entity's internal administrative use and not for disclosure as the licensee's address of record or disclosure on the internet.

(b) In providing information on the internet, each entity specified in subdivisions (c) and (d) shall comply with the Department of Consumer Affairs' guidelines for access to public records.

(c) Each of the following entities within the Department of Consumer Affairs shall comply with the requirements of this section:

(1) The Board for Professional Engineers, Land Surveyors, and Geologists shall disclose information on its registrants and licensees.

(2) The Bureau of Automotive Repair shall disclose information on its licensees, including automotive repair dealers, smog check stations, smog check inspectors and repair technicians, and vehicle safety systems inspection stations and technicians.

(3) The Bureau of Household Goods and Services shall disclose information on its licensees, registrants, and permitholders.

(4) The Cemetery and Funeral Bureau shall disclose information on its licensees, including cemetery brokers, cemetery salespersons, cemetery managers, crematory managers, cemetery authorities, crematories, cremated remains disposers, embalmers, funeral establishments, and funeral directors.

(5) The Professional Fiduciaries Bureau shall disclose information on its licensees.

(6) The Contractors State License Board shall disclose information on its licensees and registrants in accordance with Chapter 9 (commencing with Section 7000) of Division 3. In addition to information related to licenses as specified in subdivision (a), the board shall also disclose

information provided to the board by the Labor Commissioner pursuant to Section 98.9 of the Labor Code.

(7) The Bureau for Private Postsecondary Education shall disclose information on private postsecondary institutions under its jurisdiction, including disclosure of notices to comply issued pursuant to Section 94935 of the Education Code.

(8) The California Board of Accountancy shall disclose information on its licensees and registrants.

(9) The California Architects Board shall disclose information on its licensees, including architects and landscape architects.

(10) The State Athletic Commission shall disclose information on its licensees and registrants.

(11) The State Board of Barbering and Cosmetology shall disclose information on its licensees.

(12) The Acupuncture Board shall disclose information on its licensees.

(13) The Board of Behavioral Sciences shall disclose information on its licensees and registrants.

(14) The Dental Board of California shall disclose information on its licensees.

(15) The California State Board of Optometry shall disclose information on its licensees and registrants.

(16) The Board of Psychology shall disclose information on its licensees, including psychologists and registered psychological associates, psychological testing technicians, research psychoanalysts, and student research psychoanalysts.

(17) The Veterinary Medical Board shall disclose information on its licensees, registrants, and permit holders.

(d) The State Board of Chiropractic Examiners shall disclose information on its licensees.

(e) The Structural Pest Control Board shall disclose information on its licensees, including applicators, field representatives, and operators in the areas of fumigation, general pest and wood destroying pests and organisms, and wood roof cleaning and treatment.

(f) “Internet” for the purposes of this section has the meaning set forth in paragraph (6) of subdivision (f) of Section 17538.

SEC. 2.5. Section 27 of the Business and Professions Code is amended to read:

27. (a) Each entity specified in subdivisions (c), (d), and (e) shall provide on the internet information regarding the status of every license issued by that entity in accordance with the California Public Records Act (Division 10 (commencing with Section 7920.000) of Title 1 of the Government Code) and the Information Practices Act of 1977 (Chapter 1 (commencing with Section 1798) of Title 1.8 of Part 4 of Division 3 of the Civil Code). The public information to be provided on the internet shall include information on suspensions and revocations of licenses issued by the entity and other related enforcement action, including accusations filed pursuant to the Administrative Procedure Act (Chapter 3.5 (commencing with Section

11340) of Part 1 of Division 3 of Title 2 of the Government Code) taken by the entity relative to persons, businesses, or facilities subject to licensure or regulation by the entity. The information may not include personal information, including home telephone number, date of birth, or social security number. Each entity shall disclose a licensee's address of record. However, each entity shall allow a licensee to provide a post office box number or other alternate address, instead of the licensee's home address, as the address of record. This section shall not preclude an entity from also requiring a licensee, who has provided a post office box number or other alternative mailing address as the licensee's address of record, to provide a physical business address or residence address only for the entity's internal administrative use and not for disclosure as the licensee's address of record or disclosure on the internet.

(b) In providing information on the internet, each entity specified in subdivisions (c) and (d) shall comply with the Department of Consumer Affairs' guidelines for access to public records.

(c) Each of the following entities within the Department of Consumer Affairs shall comply with the requirements of this section:

(1) The Board for Professional Engineers, Land Surveyors, and Geologists shall disclose information on its registrants and licensees.

(2) The Bureau of Automotive Repair shall disclose information on its licensees, including automotive repair dealers, smog check stations, smog check inspectors and repair technicians, and vehicle safety systems inspection stations and technicians.

(3) The Bureau of Household Goods and Services shall disclose information on its licensees, registrants, and permitholders.

(4) The Cemetery and Funeral Bureau shall disclose information on its licensees, including cemetery brokers, cemetery salespersons, cemetery managers, crematory managers, cemetery authorities, crematories, cremated remains disposers, embalmers, funeral establishments, hydrolysis facilities, reduction facilities, and funeral directors.

(5) The Professional Fiduciaries Bureau shall disclose information on its licensees.

(6) The Contractors State License Board shall disclose information on its licensees and registrants in accordance with Chapter 9 (commencing with Section 7000) of Division 3. In addition to information related to licenses as specified in subdivision (a), the board shall also disclose information provided to the board by the Labor Commissioner pursuant to Section 98.9 of the Labor Code.

(7) The Bureau for Private Postsecondary Education shall disclose information on private postsecondary institutions under its jurisdiction, including disclosure of notices to comply issued pursuant to Section 94935 of the Education Code.

(8) The California Board of Accountancy shall disclose information on its licensees and registrants.

(9) The California Architects Board shall disclose information on its licensees, including architects and landscape architects.

(10) The State Athletic Commission shall disclose information on its licensees and registrants.

(11) The State Board of Barbering and Cosmetology shall disclose information on its licensees.

(12) The Acupuncture Board shall disclose information on its licensees.

(13) The Board of Behavioral Sciences shall disclose information on its licensees and registrants.

(14) The Dental Board of California shall disclose information on its licensees.

(15) The California State Board of Optometry shall disclose information on its licensees and registrants.

(16) The Board of Psychology shall disclose information on its licensees, including psychologists and registered psychological associates, psychological testing technicians, research psychoanalysts, and student research psychoanalysts.

(17) The Veterinary Medical Board shall disclose information on its licensees, registrants, and permit holders.

(d) The State Board of Chiropractic Examiners shall disclose information on its licensees.

(e) The Structural Pest Control Board shall disclose information on its licensees, including applicators, field representatives, and operators in the areas of fumigation, general pest and wood destroying pests and organisms, and wood roof cleaning and treatment.

(f) “Internet” for the purposes of this section has the meaning set forth in paragraph (6) of subdivision (f) of Section 17538.

SEC. 3. Section 28 of the Business and Professions Code is repealed.

SEC. 4. Section 29 of the Business and Professions Code is repealed.

SEC. 5. Section 729 of the Business and Professions Code is amended to read:

729. (a) Any physician and surgeon, psychotherapist, research psychoanalyst, student research psychoanalyst, or alcohol and drug abuse counselor, or any person holding 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 engaging in those acts, unless the physician and surgeon, psychotherapist, research psychoanalyst, student research psychoanalyst, or alcohol and drug abuse counselor has referred the patient or client to an independent and objective physician and surgeon, psychotherapist, research psychoanalyst, student research psychoanalyst, or alcohol and drug abuse counselor recommended by a third-party physician and surgeon, psychotherapist, research psychoanalyst, student research psychoanalyst, or alcohol and drug abuse counselor for treatment, is guilty of sexual exploitation by a physician and surgeon, psychotherapist, research psychoanalyst, student research psychoanalyst, or alcohol and drug abuse counselor.

(b) Sexual exploitation by a physician and surgeon, psychotherapist, research psychoanalyst, student research psychoanalyst, or alcohol and drug abuse counselor is a public offense:

(1) An act in violation of subdivision (a) shall be punishable by imprisonment in a county jail for a period of not more than six months, or a fine not exceeding one thousand dollars (\$1,000), or by both that imprisonment and fine.

(2) Multiple acts in violation of subdivision (a) with a single victim, when the offender has no prior conviction for sexual exploitation, shall be punishable by imprisonment in a county jail for a period of not more than six months, or a fine not exceeding one thousand dollars (\$1,000), or by both that imprisonment and fine.

(3) An act or acts in violation of subdivision (a) with two or more victims 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); or the act or acts shall be punishable 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.

(4) Two or more acts in violation of subdivision (a) with a single victim, when 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); or the act or acts shall be punishable 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 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 their spouse or person in an equivalent domestic relationship when that physician and surgeon provides medical treatment, other than psychotherapeutic treatment, to their spouse or person in an equivalent domestic relationship.

(f) If a physician and surgeon, psychotherapist, research psychoanalyst, student research psychoanalyst, 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 physician and surgeon, psychotherapist, research psychoanalyst, student research psychoanalyst, or alcohol and drug abuse counselor in the partnership or group shall not be subject to action under this section solely because of the occurrence of that sexual contact.

SEC. 6. Section 2902 of the Business and Professions Code is amended to read:

2902. For purposes of this chapter, the following definitions apply:

(a) “Licensed psychologist” means an individual to whom a license has been issued pursuant to the provisions of this chapter, which license is in force and has not been suspended or revoked.

(b) “Client” means a patient or recipient of psychological or psychoanalytic services.

(c) “Board” means the Board of Psychology.

(d) A person represents themselves to be a psychologist when the person holds themselves out to the public by any title or description of services incorporating the words “psychology,” “psychological,” “psychologist,” “psychology consultation,” “psychology consultant,” “psychometry,” “psychometrics” “psychometrist,” “psychotherapy,” or “psychotherapist,” or when the person holds themselves out to be trained, experienced, or an expert in the field of psychology.

(e) “Accredited,” as used with reference to academic institutions, means the University of California, the California State University, or an institution that is accredited by a national or an applicable regional accrediting agency recognized by the United States Department of Education.

(f) “Approved,” as used with reference to academic institutions, means an institution having “approval to operate”, as defined in Section 94718 of the Education Code.

SEC. 7. Section 2903 of the Business and Professions Code is 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. 8. 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 and surgeons, clinical social workers, educational psychologists, marriage and family therapists, 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 psychological nature consistent with the laws governing their respective professions, provided they do not hold themselves out to the public by any title or description of services incorporating the words “psychological,” “psychologist,” “psychology,” “psychometrist,” “psychometrics,” or “psychometry,” or that they do not state or imply that they are licensed to practice psychology; except that persons licensed under Chapter 13.5 (commencing with Section 4989.10) of Division 2 may hold themselves out to the public as licensed educational psychologists.

SEC. 9. Section 2912 of the Business and Professions Code is repealed.

SEC. 10. Section 2912 is added to the Business and Professions Code, to read:

2912. (a) Notwithstanding Section 2903, a person who holds a license in another jurisdiction of the United States or in Canada as a psychologist may provide psychological 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 doctoral level 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 Psychology's 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 psychological services pursuant to this section shall provide the board with all of the following 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 psychological services to the person's client in California.

(4) 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.

(c) This section does not apply to any person licensed by the board whose license has been suspended or revoked.

(d) This section shall remain in effect only until January 1, 2030, and as of that date is repealed.

SEC. 11. Section 2913 of the Business and Professions Code is amended to read:

2913. A person other than a licensed psychologist may perform psychological functions in preparation for licensure as a psychologist only if all of the following conditions are met:

(a) The person is registered with the board as a "registered psychological associate." This registration shall be renewed annually in accordance with regulations adopted by the board.

(b) (1) The person has completed any of the following:

(A) Completed a master's degree in psychology.

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

(C) Completed three or more years of postgraduate education and has been admitted to candidacy for a doctoral degree in any of the following:

(i) Psychology with the field of specialization in clinical, counseling, school, consulting, forensic, industrial, or organizational psychology.

(ii) Education, with the field of specialization in educational psychology, counseling psychology, or school psychology.

(iii) A field of specialization designed to prepare graduates for the professional practice of psychology.

(D) Completed a doctoral degree that qualifies for licensure under Section 2914.

(2) The board shall make the final determination as to whether a degree meets the requirements of this subdivision.

(3) An applicant for registration trained in an educational institution outside of the United States or Canada shall demonstrate to the satisfaction of the board that the applicant possesses a doctoral degree in psychology or education, as specified in paragraphs (1) and (2), that is equivalent to a degree earned from a regionally accredited academic institution in the United States or Canada by providing the board with an evaluation of the degree by a foreign credential evaluation service that is a member of the National Association of Credential Evaluation Services (NACES), or by the National Register of Health Services Psychologists (NRHSP), and any other documentation the board deems necessary. The member of the NACES or the NRHSP shall submit the evaluation to the board directly and shall include in the evaluation all of the following:

(A) A transcript in English, or translated into English by the credential evaluation service, of the degree used to qualify for licensure.

(B) An indication that the degree used to qualify for licensure is verified using primary sources.

(C) A determination that the degree is equivalent to a degree that qualifies for licensure pursuant to paragraphs (1) and (2).

(c) (1) The registered psychological associate is supervised by a licensed psychologist. Any supervision may be provided in real time, which is defined as through in-person or synchronous audiovisual means, in compliance with federal and state laws related to patient health confidentiality. The registered psychological associate's primary supervisor shall be responsible for ensuring that the extent, kind, and quality of the psychological services performed are consistent with the registered psychological associate's and the primary supervisor's training and experience. The primary supervisor shall be responsible for the registered psychological associate's compliance with this chapter and regulations. A primary supervisor may delegate supervision as prescribed by the board's regulations.

(2) A licensed psychologist shall not supervise more than three registered psychological associates at any given time.

(d) A registered psychological associate shall not do either of the following:

(1) Provide psychological services to the public except as a trainee pursuant to this section.

(2) Receive payments, monetary or otherwise, directly from clients.

SEC. 12. Section 2914 of the Business and Professions Code is amended to read:

2914. (a) An applicant for licensure as a psychologist shall not be subject to denial of licensure under Division 1.5 (commencing with Section 475).

(b) (1) On and after January 1, 2020, an applicant for licensure as a psychologist shall possess an earned doctoral degree in any of the following:

(A) Psychology with the field of specialization in clinical, counseling, school, consulting, forensic, industrial, or organizational psychology.

(B) Education with the field of specialization in counseling psychology, educational psychology, or school psychology.

(C) A field of specialization designed to prepare graduates for the professional practice of psychology.

(2) (A) Except as provided in subparagraph (B), the degree or training obtained pursuant to paragraph (1) shall be obtained from a college or institution of higher education that is accredited by a regional accrediting agency recognized by the United States Department of Education.

(B) Subparagraph (A) does not apply to any student who was enrolled in a doctoral program in psychology with the field of specialization in clinical, counseling, school, consulting, forensic, industrial, or organizational psychology or in education with the field of specialization in counseling psychology, educational psychology, or school psychology at a nationally accredited or approved institution as of December 31, 2016.

(3) The board shall make the final determination as to whether a degree meets the requirements of this subdivision.

(4) Until January 1, 2020, the board may accept an applicant who possesses a doctoral degree in psychology, educational psychology, or in education with the field of specialization in counseling psychology or educational psychology from an institution that is not accredited by an accrediting agency recognized by the United States Department of Education, but is approved to operate in this state by the Bureau for Private Postsecondary Education on or before July 1, 1999, and has not, since July 1, 1999, had a new location, as described in Section 94823.5 of the Education Code.

(5) An applicant for licensure as a psychologist trained in an educational institution outside the United States or Canada shall demonstrate to the satisfaction of the board that the applicant possesses a doctoral degree in psychology or education as specified in paragraphs (1) and (2) that is equivalent to a degree earned from a regionally accredited academic institution in the United States or Canada by providing the board with an evaluation of the degree by a foreign credential evaluation service that is a member of the National Association of Credential Evaluation Services (NACES), or by the National Register of Health Services Psychologists (NRHSP), and any other documentation the board deems necessary. The member of the NACES or the NRHSP shall submit the evaluation to the board directly and shall include in the evaluation all of the following:

(A) A transcript in English, or translated into English by the credential evaluation service, of the degree used to qualify for licensure as a psychologist.

(B) An indication that the degree used to qualify for licensure as a psychologist is verified using primary sources.

(C) A determination that the degree is equivalent to a degree that qualifies for licensure as a psychologist pursuant to paragraphs (1) and (2).

(c) (1) An applicant for licensure as a psychologist shall have engaged for at least two years in supervised professional experience under the direction of a licensed psychologist, the specific requirements of which shall be defined by the board in its regulations, or under suitable alternative supervision as determined by the board in regulations duly adopted under this chapter, at least one year of which shall have occurred after the applicant was awarded the qualifying doctoral degree. Any supervision may be provided in real time, which is defined as through in-person or synchronous audiovisual means, in compliance with federal and state laws related to patient health confidentiality. The supervisor shall submit verification of the experience to the trainee as prescribed by the board. If the supervising licensed psychologist fails to provide verification to the trainee in a timely manner, the board may establish alternative procedures for obtaining the necessary documentation. Absent good cause, the failure of a supervising licensed psychologist to provide the verification to the board upon request shall constitute unprofessional conduct.

(2) The board shall establish qualifications by regulation for supervising psychologists.

(d) An applicant for licensure as a psychologist shall take and pass the examination required by Section 2941 unless otherwise exempted by the board under this chapter. An applicant for licensure as a psychologist who has completed all academic coursework required for a doctoral degree as required by subdivision (b), as documented by a written certification from the registrar of the applicant's educational institution or program, shall be eligible to take any and all examinations required for licensure as a psychologist. 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. For purposes of this subdivision, "academic coursework" does not include participation in an internship or writing a dissertation or thesis.

(e) An applicant for licensure as a psychologist shall complete coursework or provide evidence of training in the detection and treatment of alcohol and other chemical substance dependency.

(f) An applicant for licensure as a psychologist shall complete coursework or provide evidence of training in spousal or partner abuse assessment, detection, and intervention.

SEC. 13. Section 2915.1 is added to the Business and Professions Code, to read:

2915.1. (a) Any person applying for a license as a psychologist or registration as research psychoanalyst shall, in addition to any other requirements, show by evidence satisfactory to the board that they have completed training in human sexuality as a condition of licensure. The training shall be creditable toward continuing education requirements as deemed appropriate by the board, and the course shall not exceed more than 50 contact hours.

(b) The board shall exempt from the requirements of this section any persons whose field of practice is such that they are not likely to have use for this training.

(c) “Human sexuality” as used in this section means the study of a human being as a sexual being and how a human being functions with respect thereto.

(d) The content and length of the training shall be determined by the board.

(e) If the board proposes to establish a training program in human sexuality, the board shall first consult with other licensing boards or agencies that have established or propose to establish a training program in human sexuality to ensure that the programs are compatible in scope and content.

SEC. 14. Section 2915.2 is added to the Business and Professions Code, to read:

2915.2. (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 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 or initial registration or renewal of registration as a research psychoanalyst. This training shall be required one time only for all persons applying for initial licensure or registration or for license or registration renewal.

(c) All persons applying for initial licensure or renewal of a license as a psychologist or initial registration or renewal of 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, including extension courses offered by those institutions.

(B) A continuing education provider, as specified by the 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 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 board with documentation of completion of the required child abuse training.

(d) The board 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 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 is 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. 15. Section 2915.3 is added to the Business and Professions Code, to read:

2915.3. (a) The board shall consider adoption of continuing education requirements, including training in the area of recognizing chemical dependency and early intervention, for all persons applying for renewal of a license as a psychologist or registration as a research psychoanalyst.

(b) Prior to the adoption of any regulations imposing continuing education relating to alcohol and other chemical dependency, the board is urged to consider coursework to include, but not necessarily be limited to, the following topics:

(1) Historical and contemporary perspectives on alcohol and other drug abuse.

(2) Extent of the alcohol and drug abuse epidemic and its effects on the individual, family, and community.

(3) Recognizing the symptoms of alcoholism and drug addiction.

(4) Making appropriate interpretations, interventions, and referrals.

(5) Recognizing and intervening with affected family members.

(6) Learning about current programs of recovery, such as 12-step programs, and how therapists can effectively utilize these programs.

SEC. 16. Section 2915.5 of the Business and Professions Code is amended to read:

2915.5. (a) Any applicant for licensure as a psychologist, as a condition of licensure, shall complete a minimum of six contact hours of coursework or applied experience in aging and long-term care, which may include, but need not be limited to, the biological, social, and psychological aspects of aging. This coursework shall include instruction on the assessment and reporting of, as well as treatment related to, elder and dependent adult abuse and neglect.

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

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

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

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

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

SEC. 17. 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. 18. 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. 19. Section 2934.1 of the Business and Professions Code is amended to read:

2934.1. The board may post on its internet website information on all current and former licensees and registrants, including the following:

- (a) Any record of a disciplinary action.
- (b) Any of the following actions or proceedings against the licensee or registrant:
 - (1) Temporary restraining orders.
 - (2) Interim suspension orders.
 - (3) Orders restricting licensed activity pursuant to Section 23 of the Penal Code.
 - (4) Revocations, suspensions, probations, public letters of reproof, or limitations on practice ordered by the board or by a court with jurisdiction in the state, including those made part of a probationary order, cease practice order, or stipulated settlement.
 - (5) Accusations or petitions to revoke filed by the board, including those accusations that are on appeal, excluding ones that have been dismissed or withdrawn where the action is no longer pending.
 - (6) Decisions by the board on petitions for early termination or modification of probation and petitions for reinstatement.
 - (7) Citations issued by the board, unless withdrawn, for five years from the date of issuance.
 - (8) All of the following historical information in its possession, custody, or control regarding all current and former licensees and registrants:
 - (9) Institutions that awarded the qualifying educational degree and type of degree awarded.
 - (10) A link to the licensee's or registrant's professional internet website. Any link that provides access to a licensee's or registrant's professional internet website, once clicked, shall be accompanied by a notification that informs the internet website viewer that they are no longer on the board's internet website.
 - (11) Other information designated by the board in regulation.

SEC. 20. Section 2936 of the Business and Professions Code is amended to read:

2936. The board shall adopt a program of consumer and professional education in matters relevant to the ethical practice of psychology. The board shall establish as its standards of ethical conduct relating to the practice of psychology, the "Ethical Principles of Psychologists and Code of Conduct" published by the American Psychological Association (APA). The board shall apply those standards as the accepted standard of care in all licensing examination development and in all board enforcement policies and disciplinary case evaluations.

To help consumers receive appropriate psychological services, all licensed psychologists shall post, in a conspicuous location in their principal psychological business office, if any, and in their informed consent agreement a notice that reads as follows:

“NOTICE TO CONSUMERS: The Department of Consumer Affairs Board of Psychology receives and responds to questions and complaints regarding the practice of psychology. If you have questions or complaints, you may contact the board by email at bopmail@dca.ca.gov, on the Internet at www.psychology.ca.gov, by calling 1-866-503-3221, or by writing to the following address:

Board of Psychology
1625 North Market Boulevard, N-215
Sacramento, California 95834”

SEC. 21. Section 2950 of the Business and Professions Code is amended to read:

2950. (a) Graduates of the Psychoanalytic Center of California, the Los Angeles Institute and Society for Psychoanalytic Studies, the San Francisco Center for Psychoanalysis, the San Diego Psychoanalytic Center, or institutes deemed equivalent by the board who have completed clinical training in psychoanalysis may engage in psychoanalysis as an adjunct to teaching, training, or research and hold themselves out to the public as psychoanalysts, and students in those institutes may engage in psychoanalysis under supervision, if the students and graduates do not hold themselves out to the public by any title or description of services incorporating the words “psychological,” “psychologist,” “psychology,” “psychometrists,” “psychometrics,” or “psychometry,” or that they do not state or imply that they are licensed to practice psychology.

(b) Those students and graduates seeking to engage in psychoanalysis under this article shall register with the board, presenting evidence of their student or graduate status. The board may suspend or revoke the exemption of those persons for unprofessional conduct as defined in Sections 28, 490, 726, 729, 2936, 2960, 2960.1, 2960.6, 2963, 2966, 2969, and 2996.

(c) Each application for registration as a research psychoanalyst or student research psychoanalyst shall be made upon an online electronic form, or other form, provided by the board, and each application form shall contain a legal verification by the applicant certifying under penalty of perjury that the information provided by the applicant is true and correct and that any information in supporting documents provided by the applicant is true and correct.

SEC. 22. Section 2952 of the Business and Professions Code is amended to read:

2952. (a) Each person to whom registration is granted under the provisions of this article shall pay into the Psychology Fund a fee to be fixed by the board at a sum of one hundred fifty dollars (\$150).

(b) The registration shall expire after two years. The registration may be renewed biennially at a fee fixed by the board at a sum not in excess of seventy-five dollars (\$75). Students seeking to renew their registration shall present to the board evidence of their continuing student status.

(c) The fee for fingerprint hard card processing for out-of-state applicants shall be one hundred eighty-four dollars (\$184). Applicants shall also pay the actual cost to the board of processing the fingerprint hard card with the Department of Justice and Federal Bureau of Investigation.

(d) The money in the Psychology Fund shall be used for the administration of this chapter. Any moneys within the Contingent Fund of the Medical Board of California collected pursuant to Section 2529.5 as it read before the enactment of the statute that added this section shall be deposited in the Psychology Fund.

(e) The board may employ, subject to civil service regulations, whatever additional clerical assistance is necessary for the administration of this article.

SEC. 23. Section 2953 of the Business and Professions Code is repealed.

SEC. 24. Section 2954.1 is added to the Business and Professions Code, to read:

2954.1. (a) An applicant for registration as a research psychoanalyst shall not be subject to denial of registration under Division 1.5 (commencing with Section 475).

(b) An applicant for registration as a research psychoanalyst shall complete coursework or provide evidence of training in the detection and treatment of alcohol and other chemical substance dependency.

(c) An applicant for registration as a research psychoanalyst shall complete coursework or provide evidence of training in spousal or partner abuse assessment, detection, and intervention.

SEC. 25. Section 2954.2 is added to the Business and Professions Code, to read:

2954.2. (a) Except as provided in this section, the board shall renew the registration of a research psychoanalyst only if the research psychoanalyst has completed 36 hours of approved continuing professional development in the preceding two years.

(b) A registered research psychoanalyst who renews or applies to reinstate their registration pursuant to this chapter shall certify under penalty of perjury that they are in compliance with this section and shall retain proof of this compliance for submission to the board upon request. False statements submitted pursuant to this section shall be a violation of Section 2970.

(c) Continuing professional development means certain learning activities approved in three different categories:

- (1) Professional activities.
- (2) Academic activities.
- (3) Sponsored continuing education coursework.

(d) The board may develop regulations further defining acceptable continuing professional development activities.

(e) Continuing education courses approved to meet the requirements of this section shall be approved for credit by organizations approved by the board. An organization previously approved by the board to provide or approve continuing education is deemed approved under this section.

(f) The board may accept continuing education courses approved by an entity that has demonstrated to the board in writing that it has, at a minimum, a 10-year history of providing educational programming for research psychoanalysts and has documented procedures for maintaining a continuing education approval program. The board shall adopt regulations necessary for implementing this section.

(g) The administration of this section may be funded through professional registration fees and continuing education provider and course approval fees, or both. The fees related to the administration of this section shall not exceed the costs of administering the corresponding provisions of this section.

SEC. 26. Section 2954.4 is added to the Business and Professions Code, to read:

2954.4. (a) Effective January 1, 2026, an applicant for registration as a research psychoanalyst shall show, as part of the application, that they have completed a minimum of six hours of coursework or applied experience under supervision in suicide risk assessment and intervention. This requirement shall be met in one of the following ways:

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

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

(3) By taking a continuing education course that meets the requirements of subdivision (e) or (f) of Section 2954.2 and that qualifies as a continuing education learning activity category specified in paragraph (2) or (3) of subdivision (c) of Section 2954.2. To satisfy this requirement, the applicant shall submit to the board a certification of completion.

(b) Effective January 1, 2020, as a one-time requirement, a registrant, prior to the time of their first renewal after the operative date of this section, or an applicant for reactivation or reinstatement to an active registration status, shall have completed a minimum of six hours of coursework or

applied experience under supervision in suicide risk assessment and intervention, as specified in subdivision (a). Proof of compliance with this section shall be certified under penalty of perjury that they are in compliance with this section and shall be retained for submission to the board upon request.

SEC. 27. Section 2954.5 is added to the Business and Professions Code, to read:

2954.5. (a) Effective January 1, 2026, an applicant for registration as a research psychoanalyst, as a condition of licensure, shall complete a minimum of six contact hours of coursework or applied experience in aging and long-term care, which may include, but is not limited to, the biological, social, and psychological aspects of aging. This coursework shall include instruction on the assessment and reporting of, as well as treatment related to, elder and dependent adult abuse and neglect.

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

(c) (1) If an applicant does not have coursework pursuant to this section, the applicant may obtain evidence of compliance as part of their applied experience in a practicum, internship, or 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 2954.2 and that qualifies as a learning activity category specified in paragraph (2) or (3) of subdivision (c) of Section 2954.2. 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. 28. Section 2954.6 is added to the Business and Professions Code, to read:

2954.6. (a) The board shall adopt a program of consumer and professional education in matters relevant to the ethical practice of psychoanalysis. The board shall establish as its standards of ethical conduct relating to the practice of psychoanalysis, the "APsA Code of Ethics"

published by the American Psychoanalytic Association. Those standards shall be applied by the board as the accepted standard of care in all registration examination development and in all board enforcement policies and disciplinary case evaluations.

(b) To facilitate consumers in receiving appropriate psychoanalysis services, all registrants shall be required to post, in a conspicuous location in their principal psychoanalysis business office, a notice that reads as follows:

“NOTICE TO CONSUMERS: The Department of Consumer Affairs Board of Psychology receives and responds to questions and complaints regarding the practice of psychoanalysis. If you have questions or complaints, you may contact the board by email at bopmail@dca.ca.gov, on the internet at www.psychology.ca.gov, by calling 1-866-503-3221, or by writing to the following address:

Board of Psychology
1625 North Market Boulevard, Suite N-215
Sacramento, California 95834”

SEC. 29. Section 2960.2 of the Business and Professions Code is amended to read:

2960.2. A licensed psychologist shall meet the requirements set forth in subparagraph (B) of paragraph (2) of subdivision (f) of Section 1031 of the Government Code prior to performing either of the following:

(a) An evaluation of an individual’s emotional and mental condition pursuant to Section 1031 of the Government Code.

(b) An evaluation of a public officer or peace officer’s fitness for duty.

SEC. 30. Section 2960.5 of the Business and Professions Code is amended to read:

2960.5. The board may refuse to issue any registration or license whenever it appears that an applicant may be unable to practice their profession safely due to mental illness or chemical dependency. The procedures set forth in Article 12.5 (commencing with Section 820) of Chapter 1 shall apply to any denial of a license or registration pursuant to this section.

SEC. 31. Section 2960.6 of the Business and Professions Code is amended to read:

2960.6. The board may deny any application for, or may suspend or revoke a license or registration issued under this chapter for, either of the following:

(a) The revocation, suspension, or other disciplinary action, including the equivalent action of another jurisdiction’s licensing agency, on a license, certificate, or registration issued by that jurisdiction to practice psychology shall constitute grounds for disciplinary action for unprofessional conduct against that licensee or registrant in this state. A certified copy of the decision or judgment of the other jurisdiction shall be conclusive evidence of that action.

(b) The revocation, suspension, or other disciplinary action by any board established in this division, or the equivalent action of another jurisdiction’s

licensing agency, of the license of a healing arts practitioner shall constitute grounds for disciplinary action against that licensee or registrant under this chapter. The grounds for the action shall be substantially related to the qualifications, functions, or duties of a licensee or registrant. A certified copy of the decision or judgment shall be conclusive evidence of that action.

SEC. 32. Section 2961 of the Business and Professions Code is amended to read:

2961. After a hearing pursuant to Section 2965, the board may deny an application for a license or registration, issue a license or registration subject to terms and conditions, or suspend, revoke, or impose probationary conditions upon, a license or registration.

SEC. 33. Section 2962 of the Business and Professions Code is amended to read:

2962. (a) A person whose license or registration has been revoked, suspended, or surrendered, or who has been placed on probation, may petition the board for reinstatement or modification of the penalty, including modification or termination of probation. The petition shall be on a form provided by the board and shall state any facts or information as may be required by the board, including, but not limited to, proof of compliance with the terms and conditions of the underlying disciplinary order.

(b) The petitioner may file the petition on or after the expiration of the following timeframes, each of which commences on the effective date of the decision ordering that disciplinary action, or from the date the disciplinary action is actually implemented in its entirety if the order, or any portion of it, is stayed by the board or by the superior court:

(1) Three years for reinstatement of a license or registration revoked or surrendered.

(2) Two years for early termination of probation of three years or more.

(3) Two years for modification of a condition of probation.

(4) One year for early termination of probation of less than three years.

(c) Notwithstanding Section 489, a person whose application for a license or registration has been denied by the board, for violations of Division 1.5 (commencing with Section 475) of this chapter, may reapply to the board for a license or registration only after a period of three years has elapsed from the date of the denial.

(d) The petitioner shall at all times have the burden of production of proof to establish by clear and convincing evidence that they are entitled to the relief sought in the petition.

(e) The board, when it is hearing the petition, or an administrative law judge sitting for the board, may consider all factors presented, including, but not limited to, the following:

(1) The offense for which the petitioner was disciplined.

(2) The petitioner's activities during the time their license or registration was in good standing.

(3) The petitioner's activities since the disciplinary action was taken.

(4) The petitioner's rehabilitative efforts, general reputation for truth, and professional ability.

(f) The board may, without a hearing, deny a petition for early termination of probation or modification of penalty for any of the following reasons:

(1) The petitioner has failed to comply with the terms and conditions of the disciplinary order.

(2) The board is conducting an investigation of the petitioner while they are on probation.

(3) The petitioner has a subsequent arrest that is substantially related to the qualifications, functions, or duties of the licensee and this arrest occurred while on probation.

(4) The petitioner's probation with the board is currently tolled.

(g) For reinstatements, the board may require that the petitioner execute a form authorizing release to the board, or its designee, of all information concerning the petitioner's current physical and mental condition. Information provided to the board pursuant to the release shall be confidential and shall not be subject to discovery or subpoena in any other proceeding, and shall not be admissible in any action, other than before the board, to determine the petitioner's fitness to practice as required by Section 822.

(h) If the board issues an order to reinstate a license or registration, the petitioner shall comply with all of the following:

(1) Fingerprint submission requirements published by the board.

(2) Provisions set forth in Section 2985.

(3) All terms and conditions as specified by the order.

SEC. 34. Section 2963 of the Business and Professions Code is amended to read:

2963. A plea or verdict of guilty or a conviction following a plea of nolo contendere made to a charge which is substantially related to the qualifications, functions and duties of a psychologist, psychological associate, psychological testing technician, research psychoanalyst, or student research psychoanalyst is deemed to be a conviction within the meaning of this article. The board may order the 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, irrespective of a subsequent order under Section 1203.4 of the Penal Code allowing the person to withdraw their plea of guilty and to enter a plea of not guilty, or setting aside the verdict of guilty, or dismissing the accusation, information or indictment.

SEC. 35. Section 2964 of the Business and Professions Code is amended to read:

2964. Whenever the board revokes a license, it shall report the action to the National Practitioner Data Bank.

SEC. 36. Section 2964.3 of the Business and Professions Code is amended to read:

2964.3. Any person required to register as a sex offender pursuant to Section 290 of the Penal Code, is not eligible for a license or registration by the board.

SEC. 37. Section 2964.5 of the Business and Professions Code is repealed.

SEC. 38. Section 2964.5 is added to the Business and Professions Code, to read:

2964.5. The board may require any licensee or registrant it places on probation or whose license or registration it suspends to obtain additional continuing professional development, to pass an examination as specified in Section 2941, or both.

SEC. 39. Section 2964.6 of the Business and Professions Code is repealed.

SEC. 40. Section 2964.6 is added to the Business and Professions Code, to read:

2964.6. The board may require any licensee or registrant it places on probation to pay the monetary costs associated with probation.

SEC. 41. Section 2966 of the Business and Professions Code is repealed.

SEC. 42. Section 2966 is added to the Business and Professions Code, to read:

2966. (a) Notwithstanding any other law, if a licensee or registrant is incarcerated due to conviction of a felony, regardless of whether the conviction has been appealed, their license or registration is automatically suspended during the period of incarceration.

(b) The board shall, immediately upon receipt of a certified copy of the licensee's or registrant's conviction, determine whether their license or registration has been automatically suspended due to incarceration, and notify the licensee or registrant of the suspension and of their right to a hearing on any board order of discipline or denial, as described in subdivision (e).

(c) Unless the conviction is for an offense specified in subdivision (d), the board shall hold a hearing to determine if the felony conviction is substantially related to the qualifications, functions, or duties of a licensee or registrant. At the discretion of the board, the hearing shall be held by an administrative law judge sitting alone or with a panel of the board. The record of the proceedings resulting in the conviction, including a transcript of the testimony, shall be received in evidence.

(d) A conviction of any crime specified in Section 187, 261, or 288 of, or former Section 262 of, the Penal Code shall be conclusively presumed to be substantially related to the qualifications, functions, or duties of a licensee or registrant and a hearing shall not be held pursuant to subdivision (c).

(e) If the hearing in subdivision (c) determines that the conviction is substantially related to the qualifications, functions, or duties of the licensee or registrant, then the license or registration shall remain suspended until either the time for appeal has elapsed if no appeal has been taken, or the judgment of conviction has been affirmed on appeal or has otherwise become final, and until further order of the board.

(f) The board may order discipline or deny a license or registration in accordance with Section 2961 if any of the following occur:

- (1) The time for appeal has elapsed.
- (2) The judgment of conviction has been affirmed on appeal.
- (3) A court order granting probation suspends the sentence, regardless of a subsequent order under Section 1203.4 of the Penal Code allowing the person to withdraw a plea of guilty and to enter a plea of not guilty, setting aside the verdict of guilty, or dismissing the accusation, complaint, information, or indictment.
- (4) The licensee or registrant elects to have the issue heard before any of the events specified in paragraphs (1), (2), or (3) occur. If the licensee or registrant elects to have the issue heard, the issue of penalty shall be heard at the hearing specified in 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 psychoanalysis profession.

SEC. 43. Section 2971 of the Business and Professions Code is amended to read:

2971. Whenever any person other than a licensed psychologist, registered psychological associate, psychological testing technician, research psychoanalyst, or student research psychoanalyst 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 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. 44. Section 2985 of the Business and Professions Code is repealed.

SEC. 45. Section 2985 is added to the Business and Professions Code, to read:

2985. (a) A suspended license or registration is subject to expiration and shall be renewed as provided in this article. While the license or registration remains suspended, renewal does not entitle the licensee or registrant to engage in the practice of psychology or any activity authorized by registration.

(b) A revoked or surrendered license or registration is not subject to expiration and may not be renewed. If the license or registration is reinstated, the licensee or registrant shall pay the renewal fee in effect on the date on which the license or registration is reinstated, plus the delinquency fee, if any, accrued at the time the license or registration was revoked.

SEC. 46. Section 2986 of the Business and Professions Code is repealed.

SEC. 47. 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. 48. 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 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. 49. 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, professional clinical counselors, clinical social workers, chiropractors, acupuncturists, physicians and surgeons, naturopathic doctors, or midwives are in compliance with the Moscone-Knox Professional Corporation Act, this article, and all other statutes and regulations now or hereafter enacted or adopted pertaining to that corporation and the conduct of its affairs.

SEC. 50. Section 2999.101 of the Business and Professions Code is amended to read:

2999.101. To register as a psychological testing technician, a person shall submit the following to the board:

(a) An application that includes the following information:

(1) The applicant's name, identification, and contact information.

(2) The applicant's supervisor's name, license number, and contact information.

(3) Attestation under penalty of perjury that the information provided on the application is true and correct.

(b) (1) Proof of completion of a bachelor's degree or graduate degree, or proof of current enrollment in a graduate degree program, from a regionally accredited university, college, or professional school, in any of the following areas:

(A) Psychology, including any field of specialization.

(B) Education, with the field of specialization in educational psychology, counseling psychology, or school psychology.

(C) Neuroscience, cognitive science, or behavioral science, including any field of specialization.

(2) The board shall make the final determination as to whether a degree or degree program meets the requirements of this subdivision.

(c) (1) Proof of completion of a minimum of 80 hours total of education and training relating to psychological or neuropsychological test administration and scoring that includes the following:

(A) At least 20 hours of direct observation, including at least 10 hours of direct observation of a licensed psychologist administering and scoring tests, and at least 10 hours of direct observation of either a licensed psychologist or registered psychological testing technician administering and scoring tests.

(B) At least 40 hours of administering and scoring tests in the presence of a licensed psychologist.

(C) At least 20 hours of education on topics including law and ethics, confidentiality, and best practices for test administration and scoring.

(2) Education and training may be obtained by doing any combination of the following:

(A) Participating in individual or group instruction provided by a licensed psychologist.

(B) Engaging in independent learning directed by a licensed psychologist.

(C) Completing graduate-level coursework at a regionally accredited university, college, or professional school.

(D) Taking continuing education courses from organizations with board approval pursuant to Section 2915.

(3) Nothing in this chapter shall prevent a person engaged in gaining the experience required by this subdivision from administering and scoring psychological and neuropsychological tests.

(d) The registration fee for a psychological testing technician as specified in Section 2987.

(e) Electronic fingerprint image scans for a state- and federal-level criminal offender record information search conducted through the Department of Justice.

SEC. 51. Section 4980.01 of the Business and Professions Code is amended to read:

4980.01. (a) This chapter shall not be construed to constrict, limit, or withdraw the Medical Practice Act, the Clinical Social Worker Practice Act, the Nursing Practice Act, the Licensed Professional Clinical Counselor Act, or the Psychology Licensing Law.

(b) This chapter shall not apply to any priest, rabbi, or minister of the gospel of any religious denomination when performing counseling services as part of their pastoral or professional duties, or to any person who is admitted to practice law in the state, or a physician and surgeon who provides counseling services as part of their professional practice.

(c) This chapter shall not apply to an unlicensed or unregistered employee or volunteer working in a governmental entity, a school, a college, a university, or an institution that is both nonprofit and charitable if both of the following apply:

(1) The work of the employee or volunteer is performed under the oversight and direction of the entity.

(2) (A) On and after July 1, 2020, the employee or volunteer provides a client, prior to initiating psychotherapy services or as soon as practicably possible thereafter, a notice written in at least 12-point type that is in substantially the following form:

NOTICE TO CLIENTS

The (name of office or unit) of the (name of agency) receives and responds to complaints regarding the practice of psychotherapy by any unlicensed or unregistered practitioner providing services at (name of agency). To file a complaint, contact (telephone number, email address, internet website, or mailing address of agency).

The Board of Behavioral Sciences receives and responds to complaints regarding services provided by individuals licensed and registered by the board. If you have a complaint and are unsure if your practitioner is licensed or registered, please contact the Board of Behavioral Sciences at 916-574-7830 for assistance or utilize the board's online license verification feature by visiting www.bbs.ca.gov.

(B) The delivery of the notice described in subparagraph (A) to the client shall be documented.

(d) A marriage and family therapist licensed under this chapter is a licentiate for purposes of paragraph (2) of subdivision (a) of Section 805, and thus is a health care provider subject to the provisions of Section 2290.5 pursuant to subdivision (b) of that section.

(e) Notwithstanding subdivisions (b) and (c), all persons registered as associates or licensed under this chapter shall not be exempt from this chapter or the jurisdiction of the board.

SEC. 52. Section 4980.03 of the Business and Professions Code is amended to read:

4980.03. (a) "Board," as used in this chapter, means the Board of Behavioral Sciences.

(b) "Associate," as used in this chapter, means an unlicensed person who has earned a master's or doctoral degree qualifying the person for licensure and is registered with the board as an associate.

(c) "Trainee," as used in this chapter, means an unlicensed person who is currently enrolled in a master's or doctoral degree program, as specified in Sections 4980.36 and 4980.37, that is designed to qualify the person for licensure under this chapter, and who has completed no less than 12 semester units or 18 quarter units of coursework in any qualifying degree program.

(d) "Applicant for licensure," as used in this chapter, means an unlicensed person who has completed the required education and required hours of supervised experience for licensure.

(e) "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, 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.

(f) “Experience,” as used in this chapter, means experience in interpersonal relationships, psychotherapy, marriage and family therapy, direct clinical counseling, and nonclinical practice that satisfies the requirements for licensure as a marriage and family therapist.

(g) “Supervisor,” as used in this chapter, means an individual who meets all of the following requirements:

(1) Has held an active license for at least two years within the five-year period immediately preceding any supervision as any of the following:

(A) A licensed professional clinical counselor, licensed marriage and family therapist, psychologist licensed pursuant to Chapter 6.6 (commencing with Section 2900), licensed clinical social worker, licensed educational psychologist, or equivalent out-of-state license. A licensed educational psychologist may only supervise the provision of educationally related mental health services that are consistent with the scope of practice of an educational psychologist, as specified in Section 4989.14.

(B) A physician and surgeon who is certified in psychiatry by the American Board of Psychiatry and Neurology or an out-of-state licensed physician and surgeon who is certified in psychiatry by 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.

(h) “Client centered advocacy,” as used in this chapter, 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.

(i) “Accredited,” as used in this chapter, means a school, college, or university accredited by either the Commission on Accreditation for Marriage and Family Therapy Education or a regional or national institutional accrediting agency that is recognized by the 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. 53. 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 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. 54. 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. 55. 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.

(b) Upon registration with the board, an associate marriage and family therapist shall, within the first year of registration, take an examination on California law and ethics.

(c) A registrant or an applicant for licensure may take the clinical examination only upon meeting all of the following requirements:

(1) Completion of all required supervised work experience.

(2) Completion of all education requirements.

(3) Passage of the California law and ethics examination.

SEC. 56. Section 4980.40 of the Business and Professions Code is amended to read:

4980.40. An applicant for licensure shall satisfy all of the following qualifications:

(a) Meet the educational requirements of Section 4980.36 or both Sections 4980.37 and 4980.41, as applicable.

(b) Be at least 18 years of age.

(c) Have at least two years of supervised experience as specified in this chapter and its corresponding regulations.

(d) Successfully pass a California law and ethics examination and a clinical examination, as specified in Section 4980.397. An applicant who has successfully passed a previously administered written examination may be subsequently required to take and pass another written examination.

(e) Not be subject to denial of licensure under Section 480. The board shall not issue a registration or license to any person who has been convicted of a crime in this or another state or in a territory of the United States that involves sexual abuse of children or who is required to register pursuant to Section 290 of the Penal Code or the equivalent in another state or territory, in accordance with Section 480.

SEC. 57. Section 4980.41 of the Business and Professions Code is amended to read:

4980.41. (a) An applicant for licensure whose education qualifies them under Section 4980.37 shall complete the following coursework or training in order to be eligible to sit for the licensing examinations as specified in Section 4980.397:

(1) A two semester or three quarter unit course in California law and professional ethics for marriage and family therapists, which shall include, but not be limited to, the following areas of study:

(A) Contemporary professional ethics and statutory, regulatory, and decisional laws that delineate the profession's scope of practice.

(B) The therapeutic, clinical, and practical considerations involved in the legal and ethical practice of marriage and family therapy, including family law.

(C) The current legal patterns and trends in the mental health profession.

(D) The psychotherapist-patient privilege, confidentiality, the patient dangerous to self or others, and the treatment of minors with and without parental consent.

(E) A recognition and exploration of the relationship between a practitioner's sense of self and human values and their professional behavior and ethics.

This course may be considered as part of the 48 semester or 72 quarter unit requirements contained in Section 4980.37.

(2) A minimum of seven contact hours of training or coursework in child abuse assessment and reporting as specified in Section 28 and any regulations promulgated thereunder.

(3) A minimum of 10 contact hours of training or coursework in human sexuality as specified in Section 25, and any regulations promulgated thereunder. When coursework in a master's or doctor's degree program is acquired to satisfy this requirement, it shall be considered as part of the 48 semester or 72 quarter unit requirement contained in Section 4980.37.

(4) For persons who began graduate study on or after January 1, 1986, a master's or doctor's degree qualifying for licensure shall include specific instruction in alcoholism and other chemical substance dependency as specified by regulation. When coursework in a master's or doctor's degree program is acquired to satisfy this requirement, it shall be considered as part of the 48 semester or 72 quarter unit requirement contained in Section 4980.37. 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.

(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.

SEC. 58. Section 4980.43.2 of the Business and Professions Code, as amended by Section 3 of Chapter 160 of the Statutes of 2024, is amended to read:

4980.43.2. (a) Except for experience gained by attending workshops, seminars, training sessions, or conferences, as described in paragraph (10) of subdivision (c) of Section 4980.43, direct supervisor contact shall occur as follows:

(1) Supervision shall include at least one hour of direct supervisor contact in each week for which experience is credited in each work setting.

(2) A trainee shall receive an average of at least one hour of direct supervisor contact for every five hours of direct clinical counseling performed each week in each setting. For experience gained on or after January 1, 2009, no more than six hours of supervision, whether individual, triadic, or group, shall be credited during any single week.

(3) An associate gaining experience who performs more than 10 hours of direct clinical counseling in a week in any setting shall receive at least one additional hour of direct supervisor contact for that setting. For experience gained on or after January 1, 2009, no more than six hours of supervision, whether individual, triadic, or group, shall be credited during any single week.

(4) Of the 104 weeks of required supervision, 52 weeks shall be individual supervision, triadic supervision, or a combination of both.

(b) (1) For purposes of this chapter, “one hour of direct supervisor contact” means any of the following:

(A) Individual supervision, which means one hour of face-to-face contact between one supervisor and one person receiving supervision for providing clinical mental health services.

(B) Triadic supervision, which means one hour of face-to-face contact between one supervisor and two persons receiving supervision for providing clinical mental health services.

(C) Group supervision, which means two hours of face-to-face contact between one supervisor and no more than eight persons receiving supervision for providing clinical mental health services. Segments of group supervision may be split into no less than one continuous hour. A supervisor shall ensure that the amount and 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. 59. 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. 60. Section 4980.43.3 of the Business and Professions Code is amended to read:

4980.43.3. (a) A 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 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 4980.02, 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 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 the associate's employer verifying the associate's status as a volunteer during the dates the experience was gained.

(b) (1) A trainee shall not perform services in a private practice or a professional corporation. A trainee may be credited with supervised experience completed in a setting that meets all of the following:

(A) Is not a private practice or professional corporation.

(B) Lawfully and regularly provides mental health counseling or psychotherapy.

(C) Provides oversight to ensure that the trainee's work at the 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 trainee volunteers or is employed shall qualify as supervised experience.

(c) (1) An associate may be credited with supervised experience completed in any setting that meets both of the following:

(A) Lawfully and regularly provides mental health counseling or psychotherapy.

(B) Provides oversight to ensure that the associate's work at the 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.

(i) An associate or a trainee may provide services via telehealth that are in the scope of practice outlined in this chapter.

(j) 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 the supervisor's associates and trainees 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. 61. Section 4980.50 of the Business and Professions Code is amended to read:

4980.50. (a) Every applicant who meets the educational and experience requirements and applies for a license as a marriage and family therapist shall be examined by the board. The examinations shall be as set forth in Section 4980.397. The examinations shall be given at least twice a year at a time and place and under supervision as the board may determine. The board shall examine the candidate with regard to the candidate's knowledge and professional skills and judgment in the utilization of appropriate techniques and methods.

(b) The board shall not deny any applicant who has submitted a complete application for examination, admission to the licensure examinations required by this section if the applicant meets the educational and experience requirements of this chapter, and has not committed any acts or engaged in any conduct that would constitute grounds to deny licensure.

(c) The board shall not deny any applicant, whose application for licensure is complete, admission to the clinical examination, nor shall the board postpone or delay any applicant's clinical examination, solely upon the receipt by the board of a complaint alleging acts or conduct that would constitute grounds to deny licensure.

(d) If an applicant for examination who has passed the California law and ethics examination is the subject of a complaint or is under board investigation for acts or conduct that, if proven to be true, would constitute grounds for the board to deny licensure, the board shall permit the applicant to take the clinical examination for licensure, but may notify the applicant that licensure will not be granted pending completion of the investigation.

(e) Notwithstanding Section 135, the board may deny any applicant who has previously failed either the California law and ethics examination or the clinical examination permission to retake either examination pending completion of the investigation of any complaints against the applicant. Nothing in this section shall prohibit the board from denying an applicant admission to any examination or refusing to issue a license to any applicant when an accusation or statement of issues has been filed against the applicant pursuant to Sections 11503 and 11504 of the Government Code, respectively, or the applicant has been denied in accordance with subdivision (b) of Section 485.

(f) Notwithstanding any other provision of law, the board may destroy all examination materials two years following the date of an examination.

(g) An applicant for licensure shall not be eligible to participate in the clinical examination if the applicant fails to obtain a passing score on the

clinical examination within seven years from their initial attempt, unless the applicant takes and obtains a passing score on the current version of the California law and ethics examination.

(h) A passing score on the clinical examination shall be accepted by the board for a period of seven years from the date the examination was taken.

(i) An applicant for licensure who has qualified pursuant to this chapter shall be issued a license as a marriage and family therapist in the form that the board deems appropriate.

SEC. 62. Section 4980.54 of the Business and Professions Code is amended to read:

4980.54. (a) The Legislature recognizes that the education and experience requirements in this chapter constitute only minimal requirements to ensure that an applicant is prepared and qualified to take the licensure examinations as specified in Section 4980.397 and, if an applicant passes those examinations, to begin practice.

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

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

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

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

(e) (1) In determining its continuing education requirements, the board shall consider including a course in menopausal mental health.

(2) In determining its continuing education requirements, the board shall consider including a course in maternal mental health.

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

(g) The continuing education shall be obtained from one of the following sources:

(1) A school, college, or university that is accredited or approved, as defined in Section 4980.03. Nothing in this paragraph shall be construed as requiring coursework to be offered as part of a regular degree program.

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

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

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

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

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

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

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

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

SEC. 63. Section 4980.72 of the Business and Professions Code is amended to read:

4980.72. The board may issue a license to a person who, at the time of submitting an application for a license pursuant to this chapter, holds a license in another jurisdiction of the United States as a marriage and family therapist at the highest level for independent clinical practice if all of the following requirements are met:

(a) The applicant's license in the other jurisdiction has been current, active, and unrestricted in that jurisdiction for at least two years immediately before the date the application was received by the board. The applicant shall disclose to the board for review any past restrictions or disciplinary action on an out-of-state license, and the board shall consider these actions in determining whether to issue a license to the applicant.

(b) The applicant's degree that qualified the person for the out-of-state license is a master's or doctoral degree that was obtained from an accredited or approved institution.

(c) The applicant complies with the fingerprint requirements established by Section 144.

(d) The applicant completes the coursework specified in paragraphs (1) and (2) from an accredited institution or an approved institution or from an acceptable provider of continuing education as specified in Section 4980.54. Undergraduate coursework shall not satisfy these requirements.

(1) A minimum of 12 hours of coursework in California law and professional ethics that includes, but is not limited to, instruction in

advertising, scope of practice, scope of competence, treatment of minors, confidentiality, dangerous clients, psychotherapist-client privilege, recordkeeping, client access to records, state and federal laws relating to confidentiality of patient health information, dual relationships, child abuse, elder and dependent adult abuse, online therapy, insurance reimbursement, civil liability, disciplinary actions and unprofessional conduct, ethics complaints and ethical standards, termination of therapy, standards of care, relevant family law, therapist disclosures to clients, the application of legal and ethical standards in different types of work settings, and licensing law and the licensing process.

(2) At least one semester unit, or 15 hours, of instruction that includes an understanding of various California cultures and the social and psychological implications of socioeconomic position.

(e) The applicant obtains a minimum of seven contact hours of training or coursework in child abuse assessment and reporting, as specified in Section 28, and any regulations promulgated pursuant to that section.

(f) On or after January 1, 2021, the applicant shall show proof of completion of at least six hours of coursework or applied experience under supervision in suicide risk assessment and intervention using one of the methods specified in Section 4980.396.

(g) The applicant passes the board-administered California law and ethics examination specified in Section 4980.397. The clinical examination specified in Section 4980.397 shall be waived for an applicant qualifying under this section.

(h) This section was developed based on an examination of the licensure requirements for marriage and family therapists on a national level. This section shall not be construed to apply to any provisions under this division or Division 3 (commencing with Section 5000) other than this act.

SEC. 64. Section 4980.74 of the Business and Professions Code is amended to read:

4980.74. (a) This section applies to persons with education gained from an out-of-state school or experience gained outside of California who apply for licensure or registration and who do not qualify for a license under Section 4980.72.

(b) The board shall accept education gained from an out-of-state school for purposes of satisfying licensure or registration requirements if the education is substantially equivalent, as defined in Section 4980.78, and the applicant complies with Section 4980.76, if applicable. The applicant's degree title need not be identical to that required by Section 4980.36 or 4980.37.

(c) The board shall accept experience gained outside of California for purposes of satisfying licensure or registration requirements if the experience is substantially equivalent to the experience required by this chapter. If the applicant has fewer than 3,000 hours of qualifying supervised experience, the board shall accept as qualifying supervised experience the amount of time the applicant held an active license in good standing in another state or country as a marriage and family therapist at the highest level for

independent clinical practice at a rate of 100 hours per month, up to a maximum of 1,200 hours.

(d) An applicant who obtained a license or registration in another state or country may qualify for licensure with the board without taking the clinical examination specified in Section 4980.397 if both of the following conditions are met:

(1) The applicant obtained a passing score on the clinical licensing examination set forth in regulation as accepted by the board.

(2) The applicant's license or registration in that state or country is active, in good standing at the time of the application, and is not revoked, suspended, surrendered, denied, or otherwise restricted or encumbered.

SEC. 65. Section 4982 of the Business and Professions Code is amended to read:

4982. The board may deny a license or 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 license or registration, or by a licensee in support of any application for licensure or registration.

(c) Administering to themselves any controlled substance or using of any of the dangerous drugs specified in Section 4022, or of any alcoholic beverage to the extent, or in a manner, as to be dangerous or injurious to the person applying for a registration or license or holding a registration or license under this chapter, or to any other person, or to the public, or, to the extent that the use impairs the ability of the person applying for or holding a registration or license to conduct with safety to the public the practice authorized by the registration or license. The board shall deny an application for a registration or license or revoke the license or registration of any person, other than one who is licensed as a physician and surgeon, who uses or offers to use drugs in the course of performing marriage and family therapy services.

(d) Gross negligence or incompetence in the performance of marriage and family therapy.

(e) Violating, attempting to violate, or conspiring to violate any of the provisions of this chapter or any regulation adopted by the board.

(f) Misrepresentation as to the type or status of a license or registration held by the licensee or registrant or otherwise misrepresenting or permitting misrepresentation of the licensee's or registrant's education, professional qualifications, or professional affiliations to any person or entity.

(g) Impersonation of another by any licensee, registrant, or applicant for a license or registration, or, in the case of a licensee or registrant, allowing any other person to use the licensee's or registrant's license or registration.

(h) Aiding or abetting, or employing, directly or indirectly, any unlicensed or unregistered person to engage in conduct for which a license or registration is required under this chapter.

(i) Intentionally or recklessly causing physical or emotional harm to any client.

(j) The commission of any dishonest, corrupt, or fraudulent act substantially related to the qualifications, functions, or duties of a licensee or registrant.

(k) Engaging in sexual relations with a client, or a former client within two years following termination of therapy, soliciting sexual relations with a client, or committing an act of sexual abuse, or sexual misconduct with a client, or committing an act punishable as a sexually related crime, if that act or solicitation is substantially related to the qualifications, functions, or duties of a marriage and family therapist.

(l) Performing, or holding oneself out as being able to perform, or offering to perform, or permitting any trainee, registered associate, or applicant for licensure under supervision to perform, any professional services beyond the scope of the license authorized by this chapter.

(m) Failure to maintain confidentiality, except as otherwise required or permitted by law, of all information that has been received from a client in confidence during the course of treatment and all information about the client that is obtained from tests or other means.

(n) Prior to the commencement of treatment, failing to disclose to the client or prospective client the fee to be charged for the professional services, or the basis upon which that fee will be computed.

(o) Paying, accepting, or soliciting any consideration, compensation, or remuneration, whether monetary or otherwise, for the referral of professional clients. All consideration, compensation, or remuneration shall be in relation to professional counseling services actually provided by the licensee. This subdivision does not prevent collaboration among two or more licensees in a case or cases. However, a fee shall not be charged for that collaboration, except when disclosure of the fee has been made in compliance with subdivision (n).

(p) Advertising in a manner that is false, fraudulent, misleading, or deceptive, as defined in Section 651.

(q) Reproduction or description in public, or in any publication subject to general public distribution, of any psychological test or other assessment device, the value of which depends in whole or in part on the naivete of the subject, in ways that might invalidate the test or device.

(r) Any conduct in the supervision of any registered associate, trainee, or applicant for licensure by any licensee that violates this chapter or any rules or regulations adopted by the board.

(s) Performing or holding oneself out as being able to perform mental health services beyond the scope of one's competence, as established by one's education, training, or experience. This subdivision shall not be construed to expand the scope of the license authorized by this chapter.

(t) Permitting a trainee, registered associate, or applicant for licensure under one's supervision or control to perform, or permitting the trainee, registered associate, or applicant for licensure to hold themselves out as competent to perform, mental health services beyond the trainee's, registered associate's, or applicant for licensure's level of education, training, or experience.

(u) The violation of any statute or regulation governing the 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. 66. Section 4982.05 of the Business and Professions Code is repealed.

SEC. 67. 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 of the fee fixed by this chapter, a retired license to a marriage and family therapist 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 marriage and family therapist 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 both 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) Full name as filed with the board.

(2) Board license type, license number, and expiration date.

(3) Date of birth.

(4) Social security number or individual taxpayer identification number.

(5) A statement signed under penalty of perjury that the information provided on the application is true and correct, that the applicant understands that the holder of a retired license may not engage in any activity for which the active license was issued, and that the applicant hereby requests their license to be changed to retired status.

(c) The holder of a retired license issued pursuant to this section shall not engage in any activity for which an active marriage and family therapist license is required.

(d) The holder of a retired license shall utilize their professional title only with the unabbreviated word "retired" directly preceding or directly following the professional title.

(e) The holder of a retired license shall not be required to renew that license.

(f) The holder of a retired license may apply to restore to active status their license to practice marriage and family therapy if that retired license was issued less than three years prior to the date the application to restore the retired license is received by the board. A retired license may be restored

to active status one time only. To restore a retired license to active status, the applicant shall meet all of the following requirements:

(1) Submit a completed application to the board containing all of the following information:

(A) Full name as filed with the board.

(B) Original board license type and original license number and expiration date.

(C) Date of birth.

(D) Social security number or individual taxpayer identification number.

(E) Whether they have been convicted, as defined in Section 490, of a misdemeanor or felony, or whether any disciplinary action has been taken by any regulatory or licensing board in this or any other state subsequent to the issuance of the retired license.

(F) A statement signed under penalty of perjury that the information provided on the application is true and correct, that the applicant did not engage in any activity for which an active license is required while the license was in retired status, and that the applicant hereby requests their license to be changed to “active” status.

(2) Has not committed an act or crime constituting grounds for denial of licensure.

(3) Pays the renewal fee required by this chapter.

(4) Completes the required continuing education as specified in Section 4980.54.

(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 fee required by this chapter.

(3) Passes the examinations required for licensure.

(4) Complies with the fingerprint submission requirements established in Section 144.

SEC. 68. Section 4984.7 of the Business and Professions Code is amended to read:

4984.7. (a) The board shall assess the following fees relating to the licensure of marriage and family therapists:

(1) The application fee for an associate registration shall be one hundred fifty dollars (\$150). The board may adopt regulations to set the fee at a higher amount, up to a maximum of three hundred dollars (\$300).

(2) The annual renewal fee for an associate registration shall be one hundred fifty dollars (\$150). The board may adopt regulations to set the fee at a higher amount, up to a maximum of three hundred dollars (\$300).

(3) The fee for the application for licensure shall be two hundred fifty dollars (\$250). The board may adopt regulations to set the fee at a higher amount, up to a maximum of five hundred dollars (\$500).

(4) (A) (i) The fee for the board-administered clinical examination, if the board chooses to adopt this examination in regulations, shall be two hundred fifty dollars (\$250). The board may adopt regulations to set the fee at a higher amount, up to a maximum of five hundred dollars (\$500). If the board chooses to adopt an examination administered by a public or private organization, as specified by the board in regulations, then the examination fee shall be determined by, and paid directly to, that organization.

(ii) The fee for the California law and ethics examination shall be one hundred fifty dollars (\$150). The board may adopt regulations to set the fee at a higher amount, up to a maximum of three hundred dollars (\$300).

(B) An applicant who fails to appear for an examination, after having been scheduled to take the examination, shall forfeit the examination fee.

(C) The amount of the examination fees shall be based on the actual cost to the board of developing, purchasing, and grading each examination and the actual cost to the board of administering each examination. The examination fees shall be adjusted periodically by regulation to reflect the actual costs incurred by the board.

(5) The fee for rescoring an examination shall be twenty dollars (\$20).

(6) The fee for the issuance of an initial license shall be two hundred dollars (\$200). The board may adopt regulations to set the fee at a higher amount, up to a maximum of four hundred dollars (\$400).

(7) The fee for the two-year license renewal shall be two hundred dollars (\$200). The board may adopt regulations to set the fee at a higher amount, up to a maximum of four hundred dollars (\$400).

(8) The renewal delinquency fee shall be one-half of the fee for license renewal. A person who permits their license to expire is subject to the delinquency fee.

(9) The fee for issuance of a replacement registration, license, or certificate shall be twenty dollars (\$20).

(10) The fee for issuance of a certificate or letter of good standing shall be twenty-five dollars (\$25).

(11) The fee for issuance of a retired license shall be forty dollars (\$40).

(b) This section shall become operative on January 1, 2021.

SEC. 69. Section 4989.20 of the Business and Professions Code is amended to read:

4989.20. (a) The board may issue a license as an educational psychologist if the applicant satisfies, with proof satisfactory to the board, the following requirements:

(1) Possession of, at minimum, a master's degree in psychology, educational psychology, school psychology, counseling and guidance, or a degree deemed equivalent by the board. This degree shall be obtained from an educational institution approved by the board according to the regulations adopted under this chapter.

(2) Attainment of 18 years of age.

(3) Is not subject to denial of licensure pursuant to Section 480.

(4) Successful completion of 60 semester units or 90 quarter units of postgraduate study in pupil personnel services.

(5) Two school terms of full-time, or the equivalent to full-time, experience as a licensed or credentialed school psychologist in the public schools or in another school setting as specified in regulations. The experience shall be gained over a period of at least two school terms. The applicant shall not be credited with experience obtained more than six years immediately preceding the date on which the application for licensure was received by the board.

(6) If the experience required by paragraph (5) was completed while holding a California credential in a school located in California, completion of one of the following:

(A) A minimum of 1,200 hours of supervised professional experience in an accredited school psychology program.

(B) One school term of full-time, or the equivalent to full-time, experience as a California credentialed school psychologist in the California public schools, or in another school setting as specified in regulations, obtained under the direction of a California-licensed educational psychologist. The experience shall be gained over a period of at least one school term. The applicant shall not be credited with experience obtained more than six years immediately preceding the date on which the application for licensure was received by the board.

(7) If the experience required by paragraph (5) was not completed while holding a California credential in a school located in California, completion of one of the following:

(A) A minimum of 1,200 hours of supervised professional experience gained in California in an accredited school psychology program, gained no more than six years immediately preceding the date on which the application for licensure was received by the board.

(B) One school term of full-time, or the equivalent to full-time, experience as a California credentialed school psychologist in the California public schools, or in another school setting as specified in regulations, obtained under the direction of a California licensed educational psychologist. The experience shall be gained over a period of at least one school term. The

applicant shall not be credited with experience obtained more than six years immediately preceding the date on which the application for licensure was received by the board.

(8) Passage of the licensed educational psychologist written examination administered by the board. A passing score on this examination shall be accepted by the board for a period of seven years from the date the examination was taken.

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

(1) “Full time” means the days or hours of creditable service the employer requires to be performed by the employee in a school term under their collective bargaining agreement or employment agreement. It shall consist of a minimum of 175 days, or 1,050 hours, per school term.

(2) “Equivalent to full time” means the days or hours of creditable service that a person who is employed on a part-time basis would be required to perform in a school term if they were employed full time in that part-time position.

(3) “School term” means a minimum period of 35 weeks beginning the first day and ending the last day creditable service is required to be performed by a member employed on a full-time basis, excluding any period that has been excluded pursuant to a publicly available written contractual agreement. The school term shall also be the same for an individual who is not employed on a full-time basis who is performing the same duties as a member employed on a full-time basis.

SEC. 70. Section 4989.45 of the Business and Professions Code is amended to read:

4989.45. (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 educational psychologist 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 licensed educational psychologist 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) Full name as filed with the board.
- (2) Board license type, license number, and expiration date.
- (3) Date of birth.
- (4) Social security number or individual taxpayer identification number.
- (5) A statement signed under penalty of perjury that the information provided on the application is true and correct, that the applicant understands that the holder of a retired license may not engage in any activity for which the active license was issued, and that the applicant hereby requests their license to be changed to retired status.

(c) The holder of a retired license issued pursuant to this section shall not engage in any activity for which an active educational psychologist license is required.

(d) The holder of a retired license shall utilize their professional title only with the unabbreviated word “retired” directly preceding or directly following the professional title.

(e) The holder of a retired license shall not be required to renew that license.

(f) The holder of a retired license may apply to restore to active status their license to practice educational psychology if that retired license was issued less than three years prior to the date the application to restore the retired license is received by the board. A retired license may be restored to active status one time only. To restore a retired license to active status, the applicant shall meet all of the following requirements:

(1) Submit a completed application to the board containing all of the following information:

- (A) Full name as filed with the board.
- (B) Original board license type and original license number and expiration date.
- (C) Date of birth.
- (D) Social security number or individual taxpayer identification number.
- (E) Whether they have been convicted, as defined in Section 490, of a misdemeanor or felony, or whether any disciplinary action has been taken by any regulatory or licensing board in this or any other state subsequent to the issuance of the retired license.
- (F) A statement signed under penalty of perjury that the information provided on the application is true and correct, that the applicant did not engage in any activity for which an active license is required while the license was in retired status, and that the applicant hereby requests their license to be changed to “active” status.

(2) Has not committed an act or crime constituting grounds for denial of licensure.

(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. 71. 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 religious buildings or notices in bulletins from a religious organization mailed to a congregation are not advertising within the meaning of this chapter.

SEC. 72. Section 4989.54 of the Business and Professions Code is amended to read:

4989.54. The board may deny a license or may suspend or revoke the license of a licensee if the person has been guilty of unprofessional conduct. Unprofessional conduct includes, but is not limited to, the following:

(a) Conviction of a crime substantially related to the qualifications, functions, and duties of an educational psychologist.

(1) The record of conviction shall be conclusive evidence only of the fact that the conviction occurred.

(2) 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 under this chapter.

(3) A conviction has the same meaning as defined in Section 7.5.

(4) The board may order a license suspended or revoked, or may decline to issue a license 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 by fraud, deceit, or misrepresentation on an application for licensure submitted to the board, whether engaged in by an applicant for a license or by a licensee in support of an application for licensure.

(c) Administering to themselves a controlled substance or using any of the dangerous drugs specified in Section 4022 or an alcoholic beverage to the extent, or in a manner, as to be dangerous or injurious to themselves or to any other person or to the public or to the extent that the use impairs their ability to safely perform the functions authorized by the license. The board shall deny an application for a license or revoke the license of any person, other than one who is licensed as a physician and surgeon, who uses or offers to use drugs in the course of performing educational psychology.

(d) Failure to comply with the procedures set forth in Section 2290.5 when delivering health care via telehealth.

(e) Advertising in a manner that is false, fraudulent, misleading, or deceptive, as defined in Section 651.

(f) Violating, attempting to violate, or conspiring to violate any of the provisions of this chapter or any regulation adopted by the board.

(g) Commission of any dishonest, corrupt, or fraudulent act substantially related to the qualifications, functions, or duties of a licensee.

(h) Denial of licensure, revocation, suspension, restriction, or any other disciplinary action imposed by another state or territory or possession of the United States or by any other governmental agency, on a license, certificate, or registration to practice educational psychology or any other healing art. A certified copy of the disciplinary action, decision, or judgment shall be conclusive evidence of that action.

(i) Revocation, suspension, or restriction by the board of a license, certificate, or registration to practice as an educational psychologist, a clinical social worker, professional clinical counselor, or marriage and family therapist.

(j) Failure to keep records consistent with sound clinical judgment, the standards of the profession, and the nature of the services being rendered.

(k) Gross negligence or incompetence in the practice of educational psychology.

(l) Misrepresentation as to the type or status of a license held by the licensee or otherwise misrepresenting or permitting misrepresentation of the licensee's education, professional qualifications, or professional affiliations to any person or entity.

(m) Intentionally or recklessly causing physical or emotional harm to any client.

(n) Engaging in sexual relations with a client or a former client within two years following termination of professional services, soliciting sexual relations with a client, or committing an act of sexual abuse or sexual misconduct with a client or committing an act punishable as a sexually related crime, if that act or solicitation is substantially related to the qualifications, functions, or duties of a licensed educational psychologist.

(o) Before the commencement of treatment, failing to disclose to the client or prospective client the fee to be charged for the professional services or the basis upon which that fee will be computed.

(p) Paying, accepting, or soliciting any consideration, compensation, or remuneration, whether monetary or otherwise, for the referral of professional clients.

(q) Failing to maintain confidentiality, except as otherwise required or permitted by law, of all information that has been received from a client in confidence during the course of treatment and all information about the client that is obtained from tests or other means.

(r) Performing, holding oneself out as being able to perform, offering to perform, or permitting any unlicensed person under supervision to perform, any professional services beyond the scope of the license authorized by this chapter or beyond the person's field or fields of competence as established by the person's education, training, or experience. For purposes of this subdivision, "unlicensed person" includes, but is not limited to, an applicant for licensure, an associate, an intern, or a trainee under 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)).

(s) Reproducing or describing in public, or in any publication subject to general public distribution, any psychological test or other assessment device the value of which depends in whole or in part on the naivete of the subject in ways that might invalidate the test or device. An educational psychologist shall limit access to the test or device to persons with professional interests who can be expected to safeguard its use.

(t) Aiding or abetting an unlicensed person to engage in conduct requiring a license under this chapter.

(u) When employed by another person or agency, encouraging, either orally or in writing, the employer's or agency's clientele to utilize the person's private practice for further counseling without the approval of the employing agency or administration.

(v) Failing to comply with the child abuse reporting requirements of Section 11166 of the Penal Code.

(w) Failing to comply with the elder and adult dependent abuse reporting requirements of Section 15630 of the Welfare and Institutions Code.

(x) Willful violation of Chapter 1 (commencing with Section 123100) of Part 1 of Division 106 of the Health and Safety Code.

(y) (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.

(z) Engaging in any conduct that subverts or attempts to subvert any licensing examination or the administration of the examination as described in Section 123.

(aa) Impersonation of another by any licensee or applicant for a license, or, in the case of a licensee, allowing any other person to use the person's license.

(ab) Permitting an unlicensed person under the licensee's supervision or control to perform, or permitting that person to hold themselves out as competent to perform, mental health services beyond the unlicensed person's level of education, training, or experience. For purposes of this subdivision, "unlicensed person" is defined in subdivision (r).

(ac) The violation of any statute or regulation governing the gaining and supervision of experience of an unlicensed person, including an unlicensed person identified in subdivision (ab), by 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. 73. 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 days from the expiration date of the term for which they were appointed, whichever first occurs.
- (f) A vacancy on the board shall be filled by appointment for the unexpired term by the authority who appointed the member whose membership was vacated.
- (g) Not later than the first of June of each calendar year, the board shall elect a chairperson and a vice chairperson from its membership.
- (h) Each member of the board shall receive a per diem and reimbursement of expenses as provided in Section 103.
- (i) This section shall remain in effect only until January 1, 2030, and as of that date is repealed.

SEC. 74. Section 4990.01 is added to the Business and Professions Code, to read:

4990.01. Notwithstanding any other provision of law, the repeal of Section 4990 renders the board subject to review by the appropriate policy committees of the Legislature.

SEC. 75. Section 4990.04 of the Business and Professions Code is amended to read:

4990.04. (a) The board shall appoint an executive officer. This position is designated as a confidential position and is exempt from civil service under subdivision (e) of Section 4 of Article VII of the California Constitution.

- (b) The executive officer serves at the pleasure of the board.
- (c) The executive officer shall exercise the powers and perform the duties delegated by the board and vested in them by this chapter.
- (d) With the approval of the director, the board shall fix the salary of the executive officer.
- (e) The chairperson and executive officer may call meetings of the board and any duly appointed committee at a specified time and place. For purposes of this section, “call meetings” means setting the agenda, time, date, or place for any meeting of the board or any committee.

(f) This section shall remain in effect only until January 1, 2030, and as of that date is repealed.

SEC. 76. Section 4990.26.1 is added to the Business and Professions Code, immediately following Section 4990.26, to read:

4990.26.1. (a) Any person applying for a license or registration as a marriage and family therapist, clinical social worker, or professional clinical counselor shall, in addition to any other requirements, show by evidence satisfactory to the board that they have completed training in human sexuality as a condition of licensure.

(b) “Human sexuality” as used in this section means the study of a human being as a sexual being and how a human being functions with respect thereto.

(c) The content and length of the training shall be determined by the board.

(d) If the board proposes to establish a training program in human sexuality, the board shall first consult with other licensing boards or agencies that have established or propose to establish a training program in human sexuality to ensure that the programs are compatible in scope and content.

SEC. 77. Section 4990.26.2 is added to the Business and Professions Code, to read:

4990.26.2. (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 shall establish required training in the area of child abuse assessment and reporting for all persons applying for initial licensure and renewal of licensure as a clinical social worker, professional clinical counselor, or marriage and family therapist. This training shall be required one time only for all persons applying for initial licensure or for licensure renewal.

(c) All persons applying for initial licensure or renewal of a license as a clinical social worker, professional clinical counselor, or marriage and family therapist 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 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 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 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 board with documentation of completion of the required child abuse training.

(d) The board 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 clinical social worker, professional clinical counselor, or marriage and family therapist 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 is 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 license renewal.

SEC. 78. Section 4990.26.3 is added to the Business and Professions Code, to read:

4990.26.3. (a) The board shall consider adoption of continuing education requirements including training in the area of recognizing chemical dependency and early intervention for all persons applying for renewal of a license as a clinical social worker, marriage and family therapist, or professional clinical counselor.

(b) Prior to the adoption of any regulations imposing continuing education relating to alcohol and other chemical dependency, the board is urged to consider coursework to include, but not necessarily be limited to, the following topics:

(1) Historical and contemporary perspectives on alcohol and other drug abuse.

(2) Extent of the alcohol and drug abuse epidemic and its effects on the individual, family, and community.

- (3) Recognizing the symptoms of alcoholism and drug addiction.
- (4) Making appropriate interpretations, interventions, and referrals.
- (5) Recognizing and intervening with affected family members.
- (6) Learning about current programs of recovery, such as 12-step programs, and how therapists can effectively utilize these programs.

SEC. 79. 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. 80. 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 license or registration, or by a licensee in support of any application for licensure or registration.

(c) Administering to themselves any controlled substance or using any of the dangerous drugs specified in Section 4022 or any alcoholic beverage to the extent, or in a manner, as to be dangerous or injurious to the person applying for a registration or license or holding a registration or license under this chapter, or to any other person, or to the public, or, to the extent that the use impairs the ability of the person applying for or holding a registration or license to conduct with safety to the public the practice authorized by the registration or license. The board shall deny an application

for a registration or license or revoke the license or registration of any person who uses or offers to use drugs in the course of performing clinical social work. This provision does not apply to any person also licensed as a physician and surgeon under Chapter 5 (commencing with Section 2000) or the Osteopathic Act who lawfully prescribes drugs to a patient under the person's care.

(d) Incompetence in the performance of clinical social work.

(e) An act or omission that falls sufficiently below the standard of conduct of the profession as to constitute an act of gross negligence.

(f) Violating, attempting to violate, or conspiring to violate this chapter or any regulation adopted by the board.

(g) Misrepresentation as to the type or status of a license or registration held by the licensee or registrant or otherwise misrepresenting or permitting misrepresentation of the licensee's or registrant's education, professional qualifications, or professional affiliations to any person or entity. For purposes of this subdivision, this misrepresentation includes, but is not limited to, misrepresentation of the person's qualifications as an adoption service provider pursuant to Section 8502 of the Family Code.

(h) Impersonation of another by any licensee, registrant, or applicant for a license or registration, or, in the case of a licensee or registrant, allowing any other person to use the licensee's or registrant's license or registration.

(i) Aiding or abetting, or employing, directly or indirectly, any unlicensed or unregistered person to engage in conduct for which a license or registration is required under this chapter.

(j) Intentionally or recklessly causing physical or emotional harm to any client.

(k) The commission of any dishonest, corrupt, or fraudulent act substantially related to the qualifications, functions, or duties of a licensee or registrant.

(l) Engaging in sexual relations with a client or with a former client within two years from the termination date of therapy with the client, soliciting sexual relations with a client, or committing an act of sexual abuse, or sexual misconduct with a client, or committing an act punishable as a sexually related crime, if that act or solicitation is substantially related to the qualifications, functions, or duties of a clinical social worker.

(m) Performing, or holding oneself out as being able to perform, or offering to perform or permitting, any registered associate, trainee, or applicant for licensure under supervision to perform any professional services beyond the scope of the license authorized by this chapter.

(n) Failure to maintain confidentiality, except as otherwise required or permitted by law, of all information that has been received from a client in confidence during the course of treatment and all information about the client that is obtained from tests or other means.

(o) Prior to the commencement of treatment, failing to disclose to the client or prospective client the fee to be charged for the professional services, or the basis upon which that fee will be computed.

(p) Paying, accepting, or soliciting any consideration, compensation, or remuneration, whether monetary or otherwise, for the referral of professional clients. All consideration, compensation, or remuneration shall be in relation to professional counseling services actually provided by the licensee. This subdivision does not prevent collaboration among two or more licensees in a case or cases. However, no fee shall be charged for that collaboration, except when disclosure of the fee has been made in compliance with subdivision (o).

(q) Advertising in a manner that is false, fraudulent, misleading, or deceptive, as defined in Section 651.

(r) Reproduction or description in public, or in any publication subject to general public distribution, of any psychological test or other assessment device, the value of which depends in whole or in part on the naivete of the subject, in ways that might invalidate the test or device. A licensee shall limit access to that test or device to persons with professional interest who are expected to safeguard its use.

(s) Any conduct in the supervision of any registered associate, trainee, or applicant for licensure by any licensee that violates this chapter or any rules or regulations adopted by the board.

(t) Performing or holding oneself out as being able to perform mental health services beyond the scope of one's competence, as established by one's education, training, or experience. This subdivision shall not be construed to expand the scope of the license authorized by this chapter.

(u) Permitting an applicant for licensure, trainee, or registrant under one's supervision or control to perform, or permitting the supervisee to hold themselves out as competent to perform, mental health services beyond the supervisee's level of education, training, or experience.

(v) The violation of any law governing the gaining or supervision of experience required by this chapter.

(w) Failure to keep records consistent with sound clinical judgment, the standards of the profession, and the nature of the services being rendered.

(x) Failure to comply with the child abuse reporting requirements of Section 11166 of the Penal Code.

(y) Failure to comply with the elder and dependent adult abuse reporting requirements of Section 15630 of the Welfare and Institutions Code.

(z) Willful violation of Chapter 1 (commencing with Section 123100) of Part 1 of Division 106 of the Health and Safety Code.

(aa) Failure to comply with the procedures set forth in Section 2290.5 when delivering health care via telehealth.

(ab) (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.

(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. 81. 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 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 clinical social work services to the person's client in California.

(c) A person who provides services pursuant to this section 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. 82. Section 4996.23.1 of the Business and Professions Code, as amended by Section 8 of Chapter 160 of the Statutes of 2024, is amended to read:

4996.23.1. (a) Except for experience gained by attending workshops, seminars, training sessions, or conferences, as described in paragraph (3) of subdivision (d) of Section 4996.23, direct supervisor contact shall occur as follows:

(1) Supervision shall include at least one hour of direct supervisor contact each week for which experience is credited in each work setting.

(2) An associate gaining experience who performs more than 10 hours of services pursuant to paragraph (2) of subdivision (d) of Section 4996.23 in a week in any setting shall receive at least one additional hour of direct supervisor contact for that setting.

(b) (1) For purposes of this chapter, “one hour of direct supervisor contact” means any of the following:

(A) Individual supervision, which means one hour of face-to-face contact between one supervisor and one person receiving supervision for providing clinical mental health services.

(B) Triadic supervision, which means one hour of face-to-face contact between one supervisor and two persons receiving supervision for providing clinical mental health services.

(C) Group supervision, which means two hours of face-to-face contact between one supervisor and no more than eight persons receiving supervision for providing clinical mental health services. Segments of group supervision may be split into no less than one continuous hour. A supervisor shall ensure that the amount and 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) Of the 104 weeks of required supervision, 52 weeks shall be individual supervision, triadic supervision, or a combination of both.

(g) Of the 52 weeks of required individual or triadic supervision, no less than 13 weeks shall be supervised by a licensed clinical social worker.

(h) Alternative supervision may be arranged during a supervisor's vacation or sick leave if the alternative supervision meets the requirements of this chapter.

(i) Notwithstanding any other law, once the required number of experience hours are gained, an associate clinical social worker or applicant 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 described in paragraph (3) of subdivision (d) of Section 4996.23, shall be at the supervisor's discretion.

SEC. 83. Section 4996.23.1 of the Business and Professions Code, as amended by Section 9 of Chapter 160 of the Statutes of 2024, is repealed.

SEC. 84. Section 4996.23.2 of the Business and Professions Code is amended to read:

4996.23.2. (a) An associate clinical social worker or applicant for licensure shall only perform mental health and related services as an employee or as a volunteer, not as an independent contractor. The requirements of this chapter regarding hours of experience and supervision shall apply equally to employees and volunteers. An 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 4996.9, 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.

(b) Employment in a private practice or professional corporation shall not commence until the applicant has been registered as an associate clinical social worker.

(c) Experience shall only be gained in a setting that meets both of the following:

(1) Lawfully and regularly provides clinical social work, mental health counseling, or psychotherapy.

(2) Provides oversight to ensure that the associate's work at the setting meets the experience and supervision requirements set forth in this chapter and is within the scope of practice for the profession as defined in Section 4996.9.

(d) Only experience gained in the position for which the associate clinical social worker volunteers or is employed shall qualify as supervised experience.

(e) Any experience obtained under the supervision of a spouse or relative by blood or marriage 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.

(f) An associate clinical social worker 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 shall have the burden of demonstrating that the payments received were for reimbursement of expenses actually incurred.

(g) An associate clinical social worker 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 payments received were for the specified purposes.

(h) An 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.

(i) An 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.

(j) An associate may provide services via telehealth that are in 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. 85. 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) Full name as filed with the board.

(2) Board license type, license number, and expiration date.

(3) Date of birth.

(4) Social security number or individual taxpayer identification number.

(5) A statement signed under penalty of perjury that the information provided on the application is true and correct, that the applicant understands that the holder of a retired license may not engage in any activity for which the active license was issued, and that the applicant hereby requests their license to be changed to retired status.

(c) The holder of a retired license issued pursuant to this section shall not engage in any activity for which an active clinical social worker license is required.

(d) The holder of a retired license shall utilize their professional title only with the unabbreviated word "retired" directly preceding or directly following the professional title.

(e) The holder of a retired license shall not be required to renew that license.

(f) The holder of a retired license may apply to restore to active status their license to practice clinical social work if that retired license was issued

less than three years prior to the date the application to restore the retired license is received by the board. A retired license may be restored to active status one time only. To restore a retired license to active status, the applicant shall meet all of the following requirements:

(1) Submits a completed application to the board containing all of the following information:

(A) Full name as filed with the board.

(B) Original board license type and original license number and expiration date.

(C) Date of birth.

(D) Social security number or individual taxpayer identification number.

(E) Whether they have been convicted, as defined in Section 490, of a misdemeanor or felony, or whether any disciplinary action has been taken by any regulatory or licensing board in this or any other state, subsequent to the issuance of the retired license.

(F) A statement signed under penalty of perjury that the information provided on the application is true and correct, that the applicant did not engage in any activity for which an active license is required while the license was in retired status, and that the applicant hereby requests their license to be changed to “active” status.

(2) Has not committed an act or crime constituting grounds for denial of licensure.

(3) Pays the required renewal fee.

(4) Completes the required continuing education as specified in Section 4996.22.

(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. The 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 fees.

- (3) Passes the examinations required for licensure.
- (4) Complies with the fingerprint submission requirements established in Section 144.

SEC. 86. Section 4999.12 of the Business and Professions Code is amended to read:

4999.12. For purposes of this chapter, the following terms have the following meanings:

- (a) “Board” means the Board of Behavioral Sciences.
- (b) “Accredited” means a school, college, or university accredited by a regional or national institutional accrediting agency that is recognized by the United States Department of Education.
- (c) “Approved” 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.
- (d) “Applicant for licensure” means an unlicensed person who has completed the required education and required hours of supervised experience for licensure.
- (e) “Licensed professional clinical counselor” or “LPCC” means a person licensed under this chapter to practice professional clinical counseling, as defined in Section 4999.20.
- (f) “Associate” means an unlicensed person who meets the requirements of Section 4999.42 and is registered with the board.
- (g) “Clinical counselor trainee” means an unlicensed person who is currently enrolled in a master’s or doctoral degree program, as specified in Section 4999.32 or 4999.33, that is designed to qualify the person for licensure and who has completed no less than 12 semester units or 18 quarter units of coursework in any qualifying degree program.
- (h) “Supervisor” means an individual who meets all of the following requirements:
 - (1) Has held an active license for at least two years within the five-year period immediately preceding any supervision as either:
 - (A) A licensed professional clinical counselor, licensed marriage and family therapist, psychologist licensed pursuant to Chapter 6.6 (commencing with Section 2900), licensed clinical social worker, licensed educational psychologist, or equivalent out-of-state license. A licensed educational psychologist may only supervise the provision of educationally related mental health services that are consistent with the scope of practice of an educational psychologist, as specified in Section 4989.14.
 - (B) A physician and surgeon who is certified in psychiatry by the American Board of Psychiatry and Neurology, or an out-of-state licensed physician and surgeon who is certified in psychiatry by 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 or notices in bulletins from a religious organization mailed to a congregation are not advertising within the meaning of this chapter.

(k) “Referral” means evaluating and identifying the needs of a client to determine whether it is advisable to refer the client to other specialists, informing the client of that judgment, and communicating that determination as requested or deemed appropriate to referral sources.

(l) “Research” means a systematic effort to collect, analyze, and interpret quantitative and qualitative data that describes how social characteristics, behavior, emotion, cognitions, disabilities, mental disorders, and interpersonal transactions among individuals and organizations interact.

(m) “Supervision” means responsibility for, and control of, the quality of mental health and related services provided by the supervisee. Consultation or peer discussion shall not be considered supervision and shall not qualify as supervised experience. Supervision includes, but is not limited to, all of the following:

(1) Ensuring the extent, kind, and quality of counseling performed is consistent with the education, training, and experience of the supervisee.

(2) Monitoring and evaluating the supervisee's assessment, diagnosis, and treatment decisions and providing regular feedback.

(3) Monitoring and evaluating the supervisee's ability to provide services at the site or sites where the supervisee is practicing and to the particular clientele being served.

(4) Monitoring and addressing clinical dynamics, including, but not limited to, countertransference-, intrapsychic-, interpersonal-, or trauma-related issues that may affect the supervisory or the practitioner-patient relationship.

(5) Ensuring the supervisee's compliance with laws and regulations governing the practice of licensed professional clinical counseling.

(6) Reviewing the supervisee's progress notes, process notes, and other patient treatment records, as deemed appropriate by the supervisor.

(7) With the client's written consent, providing direct observation or review of audio or video recordings of the supervisee's counseling or therapy, as deemed appropriate by the 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. 87. 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 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 professional clinical counseling services to the person's client in California.

(c) A person who provides services pursuant to this section 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. 88. Section 4999.46.2 of the Business and Professions Code, as amended by Section 14 of Chapter 160 of the Statutes of 2024, is amended to read:

4999.46.2. (a) Except for experience gained by attending workshops, seminars, training sessions, or conferences, as described in paragraph (4) of subdivision (c) of Section 4999.46, direct supervisor contact shall occur as follows:

(1) Supervision shall include at least one hour of direct supervisor contact in each week for which experience is credited in each work setting.

(2) A trainee shall receive an average of at least one hour of direct supervisor contact for every five hours of direct clinical counseling performed each week in each setting.

(3) An associate gaining experience who performs more than 10 hours of direct clinical counseling in a week in any setting shall receive at least one additional hour of direct supervisor contact for that setting. For experience gained after January 1, 2009, no more than six hours of supervision, whether individual supervision, triadic supervision, or group supervision, shall be credited during any single week.

(4) Of the 104 weeks of required supervision, 52 weeks shall be individual supervision, triadic supervision, or a combination of both.

(b) (1) For purposes of this chapter, "one hour of direct supervisor contact" means any of the following:

(A) Individual supervision, which means one hour of face-to-face contact between one supervisor and one person receiving supervision for providing clinical mental health services.

(B) Triadic supervision, which means one hour of face-to-face contact between one supervisor and two persons receiving supervision for providing clinical mental health services.

(C) Group supervision, which means two hours of face-to-face contact between one supervisor and no more than eight persons receiving supervision for providing clinical mental health services. Segments of group supervision may be split into no less than one continuous hour. The supervisor shall ensure that the amount and 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 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. 89. 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. 90. 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.

(b) A clinical counselor trainee shall not perform services in a private practice or professional corporation.

(c) A trainee shall complete the required predegree supervised practicum or field study experience in a setting that meets all of the following requirements:

(1) Is not a private practice or a professional corporation.

(2) Lawfully and regularly provides mental health counseling or psychotherapy.

(3) Provides oversight to ensure that the clinical counselor trainee's work at the setting meets the experience and supervision requirements in this chapter and is within the scope of practice of the profession, as defined in Section 4999.20.

(4) Only experience gained in the position for which the clinical counselor trainee volunteers or is employed shall qualify as supervised practicum or field study experience.

(d) (1) An associate may be credited with supervised experience completed in any setting that meets both of the following:

(A) Lawfully and regularly provides mental health counseling or psychotherapy.

(B) Provides oversight to ensure that the associate's work at the setting meets the experience and supervision requirements in this chapter and is within the scope of practice for the profession, as defined in Section 4999.20.

(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 they have been issued an associate registration by the board.

(e) 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.

(f) A clinical counselor 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.

(g) A clinical counselor 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.

(h) A clinical counselor 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 payments received were for reimbursement of expenses actually incurred.

(i) A clinical counselor 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 payments were for the specified purposes.

(j) A clinical counselor trainee or associate may provide services via telehealth that are in the scope of practice 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 associates and trainees 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 that counseling or psychotherapy at a reasonable cost.

SEC. 91. Section 4999.90 of the Business and Professions Code is amended to read:

4999.90. The board may refuse to issue any registration or license, or may suspend or revoke the registration or license of any associate or licensed professional clinical counselor, if the applicant, 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 license or registration, or by a licensee in support of any application for licensure or registration.

(c) Administering to himself any controlled substance or using any of the dangerous drugs specified in Section 4022, or any alcoholic beverage to the extent, or in a manner, as to be dangerous or injurious to the person applying for a registration or license or holding a registration or license under this chapter, or to any other person, or to the public, or, to the extent that the use impairs the ability of the person applying for or holding a registration or license to conduct with safety to the public the practice authorized by the registration or license. The board shall deny an application for a registration or license or revoke the license or registration of any person, other than one who is licensed as a physician and surgeon, who uses or offers to use drugs in the course of performing licensed professional clinical counseling services.

(d) Gross negligence or incompetence in the performance of licensed professional clinical counseling services.

(e) Violating, attempting to violate, or conspiring to violate any of the provisions of this chapter or any regulation adopted by the board.

(f) Misrepresentation as to the type or status of a license or registration held by the person, or otherwise misrepresenting or permitting misrepresentation of the licensee's or registrant's education, professional qualifications, or professional affiliations to any person or entity.

(g) Impersonation of another by any licensee, registrant, or applicant for a license or registration, or, in the case of a licensee or registrant, allowing any other person to use the licensee's or registrant's license or registration.

(h) Aiding or abetting, or employing, directly or indirectly, any unlicensed or unregistered person to engage in conduct for which a license or registration is required under this chapter.

(i) Intentionally or recklessly causing physical or emotional harm to any client.

(j) The commission of any dishonest, corrupt, or fraudulent act substantially related to the qualifications, functions, or duties of a licensee or registrant.

(k) Engaging in sexual relations with a client, or a former client within two years following termination of therapy, soliciting sexual relations with

a client, or committing an act of sexual abuse, or sexual misconduct with a client, or committing an act punishable as a sexually related crime, if that act or solicitation is substantially related to the qualifications, functions, or duties of a licensed professional clinical counselor.

(l) Performing, or holding oneself out as being able to perform, or offering to perform, or permitting any trainee, applicant, or registrant under supervision to perform, any professional services beyond the scope of the license authorized by this chapter.

(m) Failure to maintain confidentiality, except as otherwise required or permitted by law, of all information that has been received from a client in confidence during the course of treatment and all information about the client which is obtained from tests or other means.

(n) Prior to the commencement of treatment, failing to disclose to the client or prospective client the fee to be charged for the professional services, or the basis upon which that fee will be computed.

(o) Paying, accepting, or soliciting any consideration, compensation, or remuneration, whether monetary or otherwise, for the referral of professional clients. All consideration, compensation, or remuneration shall be in relation to professional clinical counseling services actually provided by the licensee. This subdivision does not prevent collaboration among two or more licensees in a case or cases. However, no fee shall be charged for that collaboration, except when disclosure of the fee has been made in compliance with subdivision (n).

(p) Advertising in a manner that is false, fraudulent, misleading, or deceptive, as defined in Section 651.

(q) Reproduction or description in public, or in any publication subject to general public distribution, of any psychological test or other assessment device, the value of which depends in whole or in part on the naivete of the subject, in ways that might invalidate the test or device.

(r) Any conduct in the supervision of a registered associate, trainee, or applicant by any licensee that violates this chapter or any rules or regulations adopted by the board.

(s) Performing or holding oneself out as being able to perform mental health services beyond the scope of one's competence, as established by one's education, training, or experience. This subdivision shall not be construed to expand the scope of the license authorized by this chapter.

(t) Permitting a trainee, associate, or applicant under one's supervision or control to perform, or permitting the trainee, associate, or applicant to hold themselves out as competent to perform, mental health services beyond the trainee's, associate's, or applicant's level of education, training, or experience.

(u) The violation of any statute or regulation governing the 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) Failing to comply with the elder and dependent adult abuse reporting requirements of Section 15630 of the Welfare and Institutions Code.

(y) Repeated acts of negligence.

(z) (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.

(aa) Engaging in any conduct that subverts or attempts to subvert any licensing examination or the administration of an examination as described in Section 123.

(ab) Revocation, suspension, or restriction by the board of a license, certificate, or registration to practice as a professional clinical counselor, clinical social worker, educational psychologist, or marriage and family therapist.

(ac) Failure to comply with the procedures set forth in Section 2290.5 when delivering health care via telehealth.

(ad) Willful violation of Chapter 1 (commencing with Section 123100) of Part 1 of Division 106 of the Health and Safety Code.

SEC. 92. Section 4999.113 of the Business and Professions Code is amended to read:

4999.113. (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 professional clinical counselor 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 professional clinical counselor 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 both 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) Full name as filed with the board.
- (2) Board license type, license number, and expiration date.
- (3) Date of birth.
- (4) Social security number or individual taxpayer identification number.
- (5) A statement signed under penalty of perjury that the information provided on the application is true and correct, that the applicant understands that the holder of a retired license may not engage in any activity for which the active license was issued, and that the applicant hereby requests their license to be changed to retired status.

(c) The holder of a retired license issued pursuant to this section shall not engage in any activity for which an active professional clinical counselor license is required.

(d) The holder of a retired license shall utilize their professional title only with the unabbreviated word “retired” directly preceding or directly following the professional title.

(e) The holder of a retired license shall not be required to renew that license.

(f) The holder of a retired license may apply to restore to active status their license to practice professional clinical counseling if that retired license was issued less than three years prior to the date the application to restore the retired license is received by the board. A retired license may be restored to active status one time only. To restore a retired license to active status, the applicant shall meet all of the following requirements:

(1) Submit a completed application to the board containing all of the following information:

- (A) Full name as filed with the board.
- (B) Original board license type and original license number and expiration date.
- (C) Date of birth.
- (D) Social security number or individual taxpayer identification number.
- (E) Whether they have been convicted, as defined in Section 490, of a misdemeanor or felony, or whether any disciplinary action has been taken by any regulatory or licensing board in this or any other state subsequent to the issuance of the retired license.

(F) A statement signed under penalty of perjury that the information provided on the application is true and correct, that the applicant did not engage in any activity for which an active license is required while the license was in retired status, and that the applicant hereby requests their license to be changed to “active” status.

(2) Has not committed an act or crime constituting grounds for denial of licensure.

(3) Pays the required renewal fee.

(4) Completes the required continuing education as specified in Section 4999.76.

(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 fees.

(3) Passes the examinations required for licensure.

(4) Complies with the fingerprint submission requirements established in Section 144.

SEC. 93. Section 2.5 of this bill incorporates amendments to Section 27 of the Business and Professions Code proposed by both this bill and Senate Bill 861. That section of this bill shall only become operative if (1) both bills are enacted and become effective on or before January 1, 2026, (2) each bill amends Section 27 of the Business and Professions Code, and (3) this bill is enacted after Senate Bill 861, in which case Section 2 of this bill shall not become operative.

SEC. 94. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.

September 2, 2025

The Honorable Assembly Member Marc Berman
Chair, Assembly Committee on Business and Professions
State Capitol, Room 379
Sacramento, CA 95814

RE: SB 775 (Ashby) – Board of Psychology and Board of Behavioral Sciences – Support

Dear Assembly Member Berman:

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

The Board Supports the following proposed provisions in Senate Bill 775 (Ashby). This bill extends the Board's statutory authorization through January 1, 2030, and incorporates several provisions recommended in 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 enforcement provisions to strengthen consumer protection.
- New training mandates for Research Psychoanalysts (RPs) e.g., substance abuse, suicide intervention, aging.
- Continuing professional development (CPD) requirements for RPs;
- Fingerprinting fees and alignment with other behavioral health professions for RPs;
- A public education program on ethical psychoanalytic practice for RPs; and
- Technical updates to the Psychology Licensing Law.

While these changes advance consumer protection, the bill does not yet include the Board's requested updates regarding explicit fingerprinting authority.

The Board respectfully requests that SB 775 be amended to include statutory fingerprinting authority, as outlined in the Business and Professions Code, for the following license types:

- **BPC §2960.01** – Psychologists
- **BPC §2960.02** – Psychological Associates
- **BPC §2999.106** – Psychological Testing Technicians
- **BPC §2953.1** – Research Psychoanalysts and Student Research Psychoanalysts

By extending the Board's authority and adopting these updates, SB 775 will maintain strong oversight of licensed psychologists, reinforce consumer protection, and improve accountability in California's mental health system.

The Board appreciates your leadership in advancing this important legislation and looks forward to continued collaboration as SB 775 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,

A handwritten signature in black ink, appearing to read "Lea Tate PsyD". The signature is fluid and cursive, with the "D" being particularly large and stylized.

Lea Tate, PsyD
President, Board of Psychology

cc: Heath Flora (Vice-Chair)
Senator Angelique Ashby
Members of the Assembly Committee on Business and Professions

September 15, 2025

The Honorable Gavin Newsom
Governor of California
1021 O Street, Suite 9000
Sacramento, CA 95814

**RE: SB 775 (Ashby) – Board of Psychology and Board of Behavioral Sciences –
Signature Requested**

Dear Governor Newsom:

On behalf of the Board of Psychology, I respectfully urge your signature on Senate Bill 775 (Ashby), which extends the Board's statutory authorization through January 1, 2030, and incorporates several provisions recommended in the Board's 2025 Sunset Review Report to strengthen consumer protection and improve oversight.

Specifically, SB 775 advances the Board's mission by:

- Reinstating the \$25 fee for supervisor changes;
- Expanding qualifying academic disciplines for psychological testing technicians to include neuroscience, cognitive science, and behavioral science;
- Updating enforcement provisions to enhance consumer protection;
- Establishing new training mandates for Research Psychoanalysts (RPs), including substance abuse, suicide intervention, and aging;
- Requiring continuing professional development (CPD) for RPs;
- Creating a public education program on ethical psychoanalytic practice for RPs; and

By extending the Board's authority and adopting these provisions, SB 775 ensures continued oversight of licensed psychologists, enhances accountability, and reinforces consumer protection in California's mental health system. For these reasons, the Board strongly supports SB 775 and respectfully requests your signature on this important measure.

Thank you for your leadership and ongoing commitment to safeguarding consumers. If you have any questions, 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

MEMORANDUM

DATE	October 13, 2025
TO	Psychology Board Members
FROM	Jacklyn Mancilla, Legislative and Regulatory Affairs Analyst
SUBJECT	Agenda Item 20(a)(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.

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 that “reports and assessments” be included in the bill.

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 July 16, 2025, AB 489 was referred to the Appropriations Committee.

On August 29, 2025, AB 489 passed the Appropriations Committee.

On September 8, 2025, AB 489 was ordered to engrossing and enrolling.

On September 12, 2025, the Board submitted a letter to the Governor requesting his signature on AB 489.

On September 15, 2025, AB 489 was enrolled and presented to the Governor.

On October 11, 2025, AB 489 was approved by the Governor.

Action Requested

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

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

Attachment #2: Support Position Letter for Senate Committee on Business, Professions, and Economic Development

Attachment #3: Request for Signature Letter

Assembly Bill No. 489

CHAPTER 615

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.

[Approved by Governor October 11, 2025. Filed with Secretary
of State October 11, 2025.]

LEGISLATIVE COUNSEL'S DIGEST

AB 489, 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.

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

SECTION 1. Chapter 15.5 (commencing with Section 4999.8) is added to Division 2 of the Business and Professions Code, to 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.

(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.

(d) Each use of a prohibited term, letter, or phrase shall constitute a separate violation of this chapter.

SEC. 2. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.

September 4, 2025

The Honorable Senator Angelique Ashby
Chair, Senate Committee on Business, Professions and Economic
Development
State Capitol, Room 3320
Sacramento, CA 95814

RE: AB 489 (Bonta) – Healthcare professions: deceptive terms or letters: artificial intelligence – Support if Amended

Dear Senator Angelique Ashby:

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

The Board **Supports** AB 489 (Bonta) and agrees with the author's intent in protecting consumers from dishonest or negligent use of AI technology that could mislead them. The Board submitted a position of **Support** to the Assembly Committee on Business and Professions and the Assembly Committee on Public and Consumer Safety, and 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.

The Board recognizes that the 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 was 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.

The amendments requested by the Board were incorporated into AB 489 on April 10, 2025. This addition ensures that consumers are not misled into believing that reports and assessments generated by AI are administered by a licensed professional.

For these reasons, the Board supports AB 489 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, reading "Lea Tate PsyD". The signature is fluid and cursive, with the first name "Lea" being the most prominent.

Lea Tate, PsyD
President, Board of Psychology

cc: Senator Steven "Steve" Choi, Vice Chair
Assembly Member Mia Bonta
Members of the Senate Committee on Business, Professions and
Economic Development

September 9, 2025

The Honorable Gavin Newsom
Governor of California
1021 O Street, Suite 9000
Sacramento, CA 95814

RE: AB 489 (Bonta) – Healthcare professions: deceptive terms or letters: artificial intelligence – Signature Requested

Dear Governor Newsom:

On behalf of the Board of Psychology, I respectfully urge your signature on Assembly Bill 489 (Bonta), which protects consumers from being misled or deceived by artificial intelligence (AI) technology in the care or advice they receive.

The Board strongly supports AB 489 and agrees with the author's intent to protect consumers from dishonest or negligent uses of AI that could misrepresent professional qualifications. The Board previously submitted a Support position to the Assembly Committees on Business and Professions and Public and Consumer Safety, while also requesting amendments to strengthen the bill. Specifically, the Board recommended including language prohibiting AI technology from using terms, letters, or phrases that imply reports or assessments generated by AI are produced by a licensed professional. These amendments were incorporated into AB 489 on April 10, 2025, ensuring consumers are not misled into believing that AI-generated reports or assessments are administered by licensed providers.

The Board's highest priority is consumer protection. AB 489 directly advances this mission by:

- Prohibiting the use of AI to advertise or imply possession of a professional psychology license when none exists.
- Clarifying enforcement authority so that each violation constitutes a separate offense, strengthening deterrence and accountability.
- Safeguarding Californians from misleading claims that could cause them to seek psychological services from unqualified or unlicensed providers.

The rise of AI-generated tools poses new and unique risks to the public. Without AB 489, the Board's ability to respond swiftly and effectively to these violations would remain limited. This bill ensures California continues to lead in protecting public safety in the digital age.

For these reasons, we respectfully request your signature on AB 489. Thank you for your leadership and your continued commitment to consumer protection.

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, reading "Lea Tate PsyD". The signature is written in a cursive, flowing style.

Lea Tate, PsyD
President, Board of Psychology

MEMORANDUM

DATE	October 13, 2025
TO	Psychology Board Members
FROM	Jacklyn Mancilla, Legislative and Regulatory Affairs Analyst
SUBJECT	Agenda Item 20(a)(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.

On August 20, 2025, SB 470 passed the Appropriations Committee.

On September 8, 2025, SB 470 was ordered to engrossing and enrolling.

On September 15, 2025, the Board submitted a letter to the Governor requesting his signature on SB 470.

On September 16, 2025, SB 470 was enrolled and presented to the Governor.

On October 1, 2025, SB 470 was approved by the Governor.

Action Requested

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

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

Attachment #2: Position Letter of Support to the Assembly Governmental Organizations Committee

Attachment #3: Request for Signature Letter

Senate Bill No. 470

CHAPTER 222

An act to amend Sections 11123.2 and 11123.5 of, the Government Code, relating to state government.

[Approved by Governor October 1, 2025. Filed with Secretary
of State October 1, 2025.]

LEGISLATIVE COUNSEL'S DIGEST

SB 470, 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 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 and participate.

Until January 1, 2026, the act requires that at least one staff member of the state body is 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.

The act, beginning January 1, 2026, instead requires that a quorum of the members of the state body be in attendance at the primary physical meeting location, as described above, and that all decisions taken during the teleconference be by rollcall, and modifies certain of the above requirements related to the primary physical meeting location.

This bill would extend the former provisions to January 1, 2030, and would make the latter 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.

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

SECTION 1. Section 11123.2 of the Government Code is amended to read:

11123.2. (a) For purposes of this section, the following definitions apply:

(1) “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.

(2) “Teleconference location” means a physical location that is accessible to the public and from which members of the public may participate in the meeting.

(3) “Remote location” means a location from which a member of a state body participates in a meeting other than a teleconference location.

(4) “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.

(b) (1) In addition to the authorization to hold a meeting by teleconference pursuant to subdivision (b) of Section 11123 and Section 11123.5, a state body may hold an open or closed meeting by teleconference as described in this section, provided the meeting complies with all of this section’s requirements and, except as set forth in this section, it also complies with all other applicable requirements of this article relating to the specific type of meeting.

(2) This section does not limit or affect the ability of a state body to hold a teleconference meeting under another provision of this article, including Sections 11123 and 11123.5.

(c) The portion of the teleconferenced meeting that is required to be open to the public shall be visible and audible to the public at each teleconference location.

(d) (1) The state body shall provide 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 shall be equivalent to the telephonic or online means provided to a member of the state body participating remotely.

(2) The applicable teleconference telephone number, internet website or other online platform, and physical address of each teleconference location, as well as any other information indicating how the public can access the meeting remotely and in person, shall be specified in any notice required by this article.

(3) If the state body allows members of the public to observe and address the meeting telephonically or otherwise electronically, the state body shall do both of the following:

(A) Implement a procedure for receiving and swiftly resolving requests for reasonable modification or accommodation from individuals with disabilities, consistent with the federal Americans with Disabilities Act of 1990 (42 U.S.C. Sec. 12101 et seq.), and resolving any doubt whatsoever in favor of accessibility.

(B) Advertise that procedure each time notice is given of the means by which members of the public may observe the meeting and offer public comment.

(e) This section does not prohibit a state body from providing members of the public with additional locations from which the public may observe or address the state body by electronic means, through either audio or both audio and video.

(f) (1) The agenda shall provide an opportunity for members of the public to address the state body directly pursuant to Section 11125.7.

(2) Members of the public shall 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.

(g) The state body shall post the agenda on its internet website and, on the day of the meeting, at each teleconference location.

(h) This section does not affect the requirement prescribed by this article that the state body post an agenda of a meeting in accordance with the applicable notice requirements of this article, including Section 11125, requiring the state body to post an agenda of a meeting at least 10 days in advance of the meeting, Section 11125.4, applicable to special meetings, and Sections 11125.5 and 11125.6, applicable to emergency meetings.

(i) At least one member of the state body shall be physically present at each teleconference location.

(j) (1) Except as provided in paragraph (2), a majority of the members of the state body shall be physically present at the same teleconference location. Additional members of the state body in excess of a majority of the members may attend and participate in the meeting from a remote location. A remote location is not required to be accessible to the public. The notice and agenda shall not disclose information regarding a remote location.

(2) 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:

(A) The member has a need related to a physical or mental disability, as those terms are defined in Sections 12926 and 12926.1, that is not otherwise reasonably accommodated pursuant to the federal Americans with Disability Act of 1990 (42 U.S.C. Sec. 12101 et seq.).

(B) 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.

(3) If a member notifies the body of the member's need to attend and participate remotely pursuant to paragraph (2), the body shall take action to approve the exception and shall request a general description of the circumstances relating to the member's need to participate remotely at the meeting, for each meeting in which the member seeks to participate remotely. The body shall not require the member to provide a general description that exceeds 20 words or to disclose any medical diagnosis or disability, or any personal medical information that is already exempt under existing law, such as the Confidentiality of Medical Information Act (Part 2.6 (commencing with Section 56) of Division 1 of the Civil Code).

(4) If a member of the state body attends the meeting by teleconference from a remote location, the member shall 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.

(k) (1) Except as provided in paragraph (2), the 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.

(2) The visual appearance of a member of the state body on camera may cease only when the appearance would be technologically impracticable, including, but not limited to, when the member experiences a lack of reliable broadband or internet connectivity that would be remedied by joining without video, or when the visual display of meeting materials, information, or speakers on the internet or other online platform requires the visual appearance of a member of a state body on camera to cease.

(3) If a member of the state body does not appear on camera due to challenges with internet connectivity, the member shall announce the reason for their nonappearance when they turn off their camera.

(l) All votes taken during the teleconferenced meeting shall be by rollcall.

(m) The state body shall publicly report any action taken and the vote or abstention on that action of each member present for the action.

(n) The portion of the teleconferenced meeting that is closed to the public shall not include the consideration of any agenda item being heard pursuant to Section 11125.5.

(o) Upon discovering that a means of remote public access and participation required by subdivision (d) has failed during a meeting and cannot be restored, the state body shall end or adjourn the meeting in accordance with Section 11128.5. In addition to any other requirements that may apply, the state body shall provide notice of the meeting's end or adjournment on the state body's internet website and by email to any person who has requested notice of meetings of the state body by email under this article. If the meeting will be adjourned and reconvened on the same day, further notice shall 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.

(p) This section shall remain in effect only until January 1, 2030, and as of that date is repealed.

SEC. 2. Section 11123.5 of the Government Code, as amended by Section 2 of Chapter 216 of the Statutes of 2023, is amended to read:

11123.5. (a) For purposes of this section, the following definitions apply:

(1) "Participate remotely" means participation in a meeting at a location other than the physical location designated in the agenda of the meeting.

(2) "Remote location" means a location other than the primary physical location designated in the agenda of a meeting.

(3) "Teleconference" has the same meaning as in Section 11123.

(b) In addition to the authorization to hold a meeting by teleconference pursuant to subdivision (b) of Section 11123 or Section 11123.2, any state body that is an advisory board, advisory commission, advisory committee, advisory subcommittee, or similar multimember advisory body may hold an open meeting by teleconference as described in this section, provided the meeting complies with all of the section's requirements and, except as set forth in this section, it also complies with all other applicable requirements of this article.

(c) A member of a state body as described in subdivision (b) who participates in a teleconference meeting from a remote location subject to this section's requirements shall be listed in the minutes of the meeting.

(d) The state body shall provide notice to the public at least 24 hours before the meeting that identifies any member who will participate remotely by posting the notice on its internet 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. The notice of the meeting shall also

identify the primary physical meeting location designated pursuant to subdivision (f).

(e) This section does not affect the requirement prescribed by this article that the state body post an agenda of a meeting at least 10 days in advance of the meeting. The agenda shall include information regarding the physical meeting location designated pursuant to subdivision (f), but is not required to disclose information regarding any remote location.

(f) A state body described in subdivision (b) shall designate 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. At least one staff member of the state body shall be present at the primary physical meeting location during the meeting. The state body shall post the agenda at the primary physical meeting location, but need not post the agenda at a remote location.

(g) When a member of a state body described in subdivision (b) participates remotely in a meeting subject to this section's requirements, the state body shall provide a means by which the public may remotely hear audio of the meeting or remotely observe the meeting, including, if available, equal access equivalent to members of the state body participating remotely. The applicable teleconference phone number or internet website, or other information indicating how the public can access the meeting remotely, shall be in the 24-hour notice described in subdivision (b) that is available to the public.

(h) (1) Except as provided in paragraph (2), the 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.

(2) The visual appearance of a member of a state body on camera may cease only when the appearance would be technologically impracticable, including, but not limited to, when the member experiences a lack of reliable broadband or internet connectivity that would be remedied by joining without video, or when the visual display of meeting materials, information, or speakers on the internet or other online platform requires the visual appearance of a member of a state body on camera to cease.

(3) If a member of the body does not appear on camera due to challenges with internet connectivity, the member shall announce the reason for their nonappearance when they turn off their camera.

(i) Upon discovering that a means of remote access required by subdivision (g) has failed during a meeting, the state body described in subdivision (b) shall end or adjourn the meeting in accordance with Section 11128.5. In addition to any other requirements that may apply, the state body shall provide notice of the meeting's end or adjournment on its internet website and by email to any person who has requested notice of meetings of the state body under this article. If the meeting will be adjourned and reconvened on the same day, further notice shall be provided by an automated message on a telephone line posted on the state body's agenda, 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.

(j) This section does not limit or affect the ability of a state body to hold a teleconference meeting under another provision of this article.

(k) This section shall remain in effect only until January 1, 2030, and as of that date is repealed.

SEC. 3. Section 11123.5 of the Government Code, as added by Section 3 of Chapter 216 of the Statutes of 2023, is amended to read:

11123.5. (a) In addition to the authorization to hold a meeting by teleconference pursuant to subdivision (b) of Section 11123, any state body that is an advisory board, advisory commission, advisory committee, advisory subcommittee, or similar multimember advisory body may hold an open meeting by teleconference as described in this section, provided the meeting complies with all of the section's requirements and, except as set forth in this section, it also complies with all other applicable requirements of this article.

(b) A member of a state body as described in subdivision (a) who participates in a teleconference meeting from a remote location subject to this section's requirements shall be listed in the minutes of the meeting.

(c) The state body shall provide notice to the public at least 24 hours before the meeting that identifies any member who will participate remotely by posting the notice on its internet 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. The notice of the meeting shall also identify the primary physical meeting location designated pursuant to subdivision (e).

(d) This section does not affect the requirement prescribed by this article that the state body post an agenda of a meeting at least 10 days in advance of the meeting. The agenda shall include information regarding the physical meeting location designated pursuant to subdivision (e), but is not required to disclose information regarding any remote location.

(e) A state body described in subdivision (a) shall designate the primary physical meeting location in the notice of the meeting where members of the public may physically attend the meeting and participate. A quorum of the members of the state body shall be in attendance at the primary physical meeting location, and members of the state body participating remotely shall not count towards establishing a quorum. All decisions taken during a meeting by teleconference shall be by rollcall vote. The state body shall post the agenda at the primary physical meeting location, but need not post the agenda at a remote location.

(f) When a member of a state body described in subdivision (a) participates remotely in a meeting subject to this section's requirements, the state body shall provide a means by which the public may remotely hear audio of the meeting or remotely observe the meeting, including, if available, equal access equivalent to members of the state body participating remotely.

The applicable teleconference phone number or internet website, or other information indicating how the public can access the meeting remotely, shall be in the 24-hour notice described in subdivision (a) that is available to the public.

(g) Upon discovering that a means of remote access required by subdivision (f) has failed during a meeting, the state body described in subdivision (a) shall end or adjourn the meeting in accordance with Section 11128.5. In addition to any other requirements that may apply, the state body shall provide notice of the meeting's end or adjournment on its internet website and by email to any person who has requested notice of meetings of the state body under this article. If the meeting will be adjourned and reconvened on the same day, further notice shall be provided by an automated message on a telephone line posted on the state body's agenda, 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.

(h) For purposes of this section:

(1) "Participate remotely" means participation in a meeting at a location other than the physical location designated in the agenda of the meeting.

(2) "Remote location" means a location other than the primary physical location designated in the agenda of a meeting.

(3) "Teleconference" has the same meaning as in Section 11123.

(i) This section does not limit or affect the ability of a state body to hold a teleconference meeting under another provision of this article.

(j) This section shall become operative on January 1, 2030.

SEC. 4. The Legislature finds and declares that Section 1 of this act, which amends Section 11123.2 of the Government Code, and Sections 2 and 3 of this act, which amend and repeal Section 11123.5 of the Government Code, modify the public's right of access to the meetings of public bodies or the writings of public officials and agencies within the meaning of Section 3 of Article I of the California Constitution. Pursuant to that constitutional provision, the Legislature makes the following findings to demonstrate the interest protected by this limitation and the need for protecting that interest:

(a) By continuing to ensure that agendas are not required to be posted at, and that agendas and notices do not disclose information regarding, 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.

(b) 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.

(c) 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.

September 4, 2025

The Honorable Assembly Member Blanca E. Rubio
Chair, Assembly Committee on Governmental Organization
State Capitol, Room 360A
Sacramento, CA 95814

RE: SB 470 (Laird) – Bagley-Keene Open Meeting Act: teleconferencing – Support

Dear Assembly Member Rubio:

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

The Board supports Senate Bill 470 (Laird), which extends key provisions of the Bagley-Keene Open Meeting Act—originally established under SB 544 and set to sunset on January 1, 2026—through January 1, 2030. These provisions allow state bodies and advisory boards to hold meetings via teleconference under defined conditions that preserve transparency, public engagement, and accountability. Teleconferencing has greatly expanded access to the Board's meetings, particularly for stakeholders and licensees in remote areas or those with limited mobility, and it provides valuable opportunities for licensees to earn continuing professional development hours through public participation. Beyond accessibility and flexibility, teleconferencing has also produced measurable cost savings. 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, the Board estimates annual savings of approximately \$7,600 in travel costs and \$3,600 in meeting expenses.

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, appearing to read "Lea Tate PsyD". The signature is fluid and cursive, with the "Lea" and "Tate" parts being more legible than the "PsyD" which is more stylized.

Lea Tate, PsyD
President, Board of Psychology

cc: Assembly Member Laurie Davis (Vice-Chair)
Senator John Laird
Members of the Assembly Governmental Organization Committee

September 10, 2025

The Honorable Gavin Newsom
Governor of California
1021 O Street, Suite 9000
Sacramento, CA 95814

RE: SB 470 (Laird) – Bagley-Keene Open Meeting Act: teleconferencing – Signature Requested

Dear Governor Newsom:

On behalf of the Board of Psychology, I respectfully urge your signature on Senate Bill 470 (Laird), which extends key provisions of the Bagley-Keene Open Meeting Act—originally established under SB 544 and set to sunset on January 1, 2026—through January 1, 2030.

The Board strongly supports SB 470 and agrees with the author's intent to allow state bodies and advisory boards to hold meetings via teleconference under defined conditions that preserve transparency, public engagement, and accountability. Teleconferencing has greatly expanded access to the Board's meetings, particularly for stakeholders and licensees in remote areas or those with limited mobility, and it provides valuable opportunities for licensees to earn continuing professional development hours through public participation. Beyond accessibility and flexibility, teleconferencing has also produced measurable cost savings. 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, the Board estimates annual savings of approximately \$7,600 in travel costs and \$3,600 in meeting expenses.

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, we respectfully request your signature on SB 470. Thank you for your leadership and your continued commitment to consumer protection.

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

MEMORANDUM

DATE	October 14, 2025
TO	Psychology Board Members
FROM	Jacklyn Mancilla, Legislative and Regulatory Affairs Analyst
SUBJECT	Agenda Item 20(a)(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.

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 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 Appropriations Committee.

On May 9, 2025, SB 641 was presented to the Board for possible position recommendation. The Board determined to **Support** SB 641.

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.

On August 29, 2025, SB 641 passed the Appropriations Committee.

On September 13, 2025, SB 641 was ordered to engrossing and enrolling.

On September 15, 2025, the Board submitted a letter to the Governor requesting his signature on SB 641.

On September 23, 2025, SB 641 was enrolled and presented to the Governor.

On October 13, 2025, SB 641 was vetoed by the Governor.

Action Requested

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

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

Attachment #2: Position Letter to Assembly Business and Professions Committee

Attachment #3: Request for Signature Letter

Senate Bill No. 641

Passed the Senate September 13, 2025

Secretary of the Senate

Passed the Assembly September 12, 2025

Chief Clerk of the Assembly

This bill was received by the Governor this _____ day
of _____, 2025, at _____ o'clock ____M.

Private Secretary of the Governor

CHAPTER _____

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, 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 who reside in or whose primary place of business is in a location damaged by a natural disaster for which a state of emergency is proclaimed by the Governor, as specified, or for which an emergency or major disaster is declared by the President of the United States, including certain examination, fee, and continuing education requirements. The bill would require a board to notify the director of the Department of Consumer Affairs in writing of any waiver approved by that board, and would prohibit the waiver from taking effect for a period of 5 business days after the director receives the notification from the board. The bill would authorize the director to approve or disapprove a waiver within the 5 business days described above, and require the director to notify the board of any decision to approve or disapprove a waiver within those 5 business days. The bill would prohibit a waiver from taking effect if the director disapproves the waiver, and require a waiver that is approved by the director, or that fails to be approved or disapproved by the director within the 5 business days described above, to take effect

the following day. The bill would require the Department of Consumer Affairs to, among other things, post each waiver that takes effect on its website.

The bill would exempt the above-described licensees of boards from, among other requirements, the payment of duplicate license fees. The bill would require all applicants and licensees of the boards under the Department of Consumer Affairs to provide the board with an email address. The bill would prohibit a contractor licensed pursuant to the Contractors State License Law from engaging in debris removal unless the contractor has one of specified license qualifications or has been authorized by the registrar of contractors during a declared state of emergency or for a declared disaster area due to a natural disaster. The bill would require a licensee authorized to perform debris removal to pass an approved hazardous substance certification examination, and comply with certain occupational safety and health requirements concerning hazardous waste operations and emergency response, as specified. The bill would require the Real Estate Commissioner, immediately upon the declaration of a natural disaster for which a state of emergency, emergency, or major disaster is proclaimed or declared as described above, 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, until one year following the declaration of a natural disaster for which a state of emergency, emergency, or major disaster is proclaimed or declared as described above, makes an unsolicited offer to an owner of real property to purchase or acquire an interest in the real property, when that property is located in an area included in a declared federal, state, or local emergency or disaster, for an amount less than the fair market value, as defined, of the property or interest of the property, as specified.

This bill would declare that it is to take effect immediately as an urgency statute.

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

SECTION 1. It is the intent of the Legislature to provide boards, bureaus, commissions, and regulatory entities within the

jurisdiction of the Department of Consumer Affairs and the Department of Real Estate with authority to address licensing and enforcement concerns in real time after an emergency is declared.

SEC. 2. Section 108.1 is added to the Business and Professions Code, to read:

108.1. (a) To aid in the protection of the public health, the provision of patient care, the continuity of services, and to support impacted individuals, the Department of Real Estate or any board under the jurisdiction of the Department of Consumer Affairs, as specified in Section 101, may waive the application of any provision of law that the board or department is charged with enforcing for licensees and applicants who reside in or whose primary place of business is in a location damaged by a natural disaster for which a state of emergency is proclaimed by the Governor pursuant to Section 8625 of the Government Code or for which an emergency or major disaster is declared by the President of the United States, that is related to any of the following:

- (1) Requirements related to timing for taking examinations.
- (2) Extending licensure renewal deadlines.
- (3) Permitting license renewal without completing continuing education and postponing continuing education deadlines to a time after renewal.
- (4) Permitting license display requirements to include displaying a license verification printout from the boards' websites during declared emergencies.
- (5) Permitting license renewal without paying the renewal fee and postponing payment of the renewal fee to a time after renewal.
- (6) Requirements to pay delinquency fees.
- (7) Extending the time for applicants to complete their applications before the application is considered abandoned.

(b) (1) A board shall notify the director of the Department of Consumer Affairs in writing of any waiver approved by that board, and the waiver shall not take effect for a period of five business days after the director receives the notification from the board.

(2) The director may approve or disapprove a waiver within five business days of receiving the notification from the board. The director shall notify the board of any decision to approve or disapprove a waiver within five business days of receiving the notification.

(3) If the director disapproves a waiver, it shall not take effect. If the director approves a waiver, or the director fails to approve or disapprove a waiver within five business days of receiving the notification, the waiver shall take effect the following day.

(4) The Department of Consumer Affairs shall post each waiver that takes effect on its website and notify the appropriate legislative committees of each effective waiver issued by a board within the department.

(c) (1) The authority specified in subdivision (a) shall extend through the duration of a declared federal, state, or local emergency or disaster and for either of the following, as determined by the board or the Department of Real Estate, if the extension will aid in the protection of the public health, the provision of patient care, the continuity of services, or the support of impacted individuals:

(A) One year after the end of the declared emergency or disaster.

(B) An additional period of time beyond one year after the end of the declared emergency or disaster, as determined by the board or the Department of Real Estate.

(2) A waiver extension approved by a board is subject to notification and approval of the director, as specified in subdivision (b).

SEC. 3. Section 122 of the Business and Professions Code is amended to read:

122. (a) Except as specified in subdivision (b) or otherwise provided by law, the department and each of the boards, bureaus, committees, and commissions within the department may 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. The fee shall be in an amount sufficient to cover all costs incident to the issuance of the duplicate certificate or other form but shall not exceed twenty-five dollars (\$25).

(b) This section shall not apply to a licensee who resides in or whose primary place of business is in a location damaged by a natural disaster for which a state of emergency is proclaimed by the Governor pursuant to Section 8625 of the Government Code or for which an emergency or major disaster is declared by the President of the United States.

SEC. 4. Section 136 of the Business and Professions Code is amended to read:

136. (a) Each person holding a license, certificate, registration, permit, or other authority to engage in a profession or occupation issued by a board within the department shall notify the issuing board at its principal office 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.

(b) (1) Except as otherwise provided by law, failure of a licensee to comply with the requirement in subdivision (a) constitutes grounds for the issuance of a citation and administrative fine, if the board has the authority to issue citations and administrative fines.

(2) This section shall not apply to a licensee whose home or business mailing address is located in a location damaged by a natural disaster for which a state of emergency is proclaimed by the Governor pursuant to Section 8625 of the Government Code or for which an emergency or major disaster is declared by the President of the United States.

SEC. 5. Section 136.5 is added to the Business and Professions Code, to read:

136.5. Every applicant for licensure and every licensee of a board under the jurisdiction of the Department of Consumer Affairs, as specified in Section 101, shall provide the board with an email address.

SEC. 6. Section 7058.9 is added to the Business and Professions Code, to read:

7058.9. (a) Notwithstanding Section 40520 of the Public Resources Code, a contractor shall not engage in debris removal unless the contractor has one of the following licenses or classifications:

- (1) A - General Engineering Contractor.
- (2) B - General Building Contractor.
- (3) C-12 Earthwork and Paving and C-21 Building Moving/Demolition.

(b) During a declared federal, state, or local emergency or for a declared disaster area due to a natural disaster, the registrar may authorize additional classifications to perform debris removal, including muck out services, based on the needs of the declared emergency or disaster. The registrar may make the determination on a case-by-case basis and without requiring regulations.

(c) Any licensee authorized to perform debris removal pursuant to this section shall have passed an approved hazardous substance certification examination and shall comply with the hazardous waste operations and emergency response requirements pursuant to Section 5192 of Title 8 of the California Code of Regulations.

SEC. 7. Section 10089 is added to the Business and Professions Code, to read:

10089. Immediately upon the declaration of a natural disaster for which a state of emergency is proclaimed by the Governor pursuant to Section 8625 of the Government Code or for which an emergency or major disaster is declared by the President of the United States, the commissioner, in consultation with other agencies and departments, as appropriate, shall do the following:

(a) Expeditiously, and until one year following the end of the 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.

(b) 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.

SEC. 8. Section 10176 of the Business and Professions Code is amended to read:

10176. The commissioner may, upon their own motion, and shall, upon the verified complaint in writing of any person, investigate the actions of any person engaged in the business or acting in the capacity of a real estate licensee within this state, and the commissioner may temporarily suspend or permanently revoke a real estate license at any time where the licensee, while a real estate licensee, in performing or attempting to perform any of the acts within the scope of this chapter has been guilty of any of the following:

(a) Making any substantial misrepresentation.

(b) Making any false promises of a character likely to influence, persuade, or induce.

(c) A continued and flagrant course of misrepresentation or making of false promises through licensees.

(d) Acting for more than one party in a transaction without the knowledge or consent of all parties thereto.

(e) Commingling with their own money or property the money or other property of others that is received and held by the licensee.

(f) Claiming, demanding, or receiving a fee, compensation, or commission under any exclusive agreement authorizing a licensee to perform any acts set forth in Section 10131 for compensation or commission where the agreement does not contain a definite, specified date of final and complete termination.

(g) The claiming or taking by a licensee of any secret or undisclosed amount of compensation, commission, or profit or the failure of a licensee to reveal to the buyer or seller contracting with the licensee the full amount of the licensee's compensation, commission, or profit under any agreement authorizing the licensee to do any acts for which a license is required under this chapter for compensation or commission prior to or coincident with the signing of an agreement evidencing the meeting of the minds of the contracting parties, regardless of the form of the agreement, whether evidenced by documents in an escrow or by any other or different procedure.

(h) The use by a licensee of any provision, which allows the licensee an option to purchase, in an agreement with a buyer or seller that authorizes the licensee to sell, buy, or exchange real estate or a business opportunity for compensation or commission, except when the licensee, prior to or coincident with election to exercise the option to purchase, reveals in writing to the buyer or seller the full amount of the licensee's profit and obtains the written consent of the buyer or seller approving the amount of the profit.

(i) Any other conduct, whether of the same or of a different character than specified in this section, which constitutes fraud or dishonest dealing.

(j) Obtaining the signature of a prospective buyer to an agreement which provides that the prospective buyer shall either transact the purchasing, leasing, renting, or exchanging of a business opportunity property through the broker obtaining the signature, or pay a compensation to the broker if the property is purchased, leased, rented, or exchanged without the broker first having obtained the written authorization of the owner of the property concerned to offer the property for sale, lease, exchange, or rent.

(k) Failing to disburse funds in accordance with a commitment to make a mortgage loan that is accepted by the applicant when

the real estate broker represents to the applicant that the broker is either of the following:

- (1) The lender.
- (2) Authorized to issue the commitment on behalf of the lender or lenders in the mortgage loan transaction.
 - (l) Intentionally delaying the closing of a mortgage loan for the sole purpose of increasing interest, costs, fees, or charges payable by the borrower.
 - (m) Violating any section, division, or article of law which provides that a violation of that section, division, or article of law by a licensed person is a violation of that person's licensing law, if it occurs within the scope of that person's duties as a licensee.
 - (n) (1) Until one year following the declaration of a natural disaster for which a state of emergency is proclaimed by the Governor pursuant to Section 8625 of the Government Code or for which an emergency or major disaster is declared by the President of the United States, making an unsolicited offer to an owner of real property, on their own behalf or on behalf of another, to purchase or otherwise acquire any interest in the real property, when that property is located in an area included in a declared federal, state, or local emergency or disaster, for an amount less than the fair market value of the property or interest in the property, as that value was the calendar day before the emergency or disaster.
 - (2) The commissioner may extend the applicability of this subdivision for one additional year, for a total of two years following the declaration of a federal, state, or local emergency or disaster, if the commissioner deems it necessary for the protection of property owners and consumers.
 - (3) For purposes of this subdivision, "fair market value" has the same meaning as defined in Section 1263.320 of the Code of Civil Procedure.

SEC. 9. This act is an urgency statute necessary for the immediate preservation of the public peace, health, or safety within the meaning of Article IV of the California Constitution and shall go into immediate effect. The facts constituting the necessity are:

In order to support licensed professionals impacted by the disasters caused by the Palisades and Eaton wildfires, it is necessary that this act take effect immediately.

Approved _____, 2025

Governor

September 4, 2025

The Honorable Assembly Member Marc Berman
Chair, Assembly Committee on Business and Professions
State Capitol, Room 379
Sacramento, CA 95814

RE: SB 641 (Ashby) – Department of Consumer Affairs and Department of Real Estate: states of emergency: waivers and exemptions – Support

Dear Assembly Member Berman:

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

The Board **Supports** Senate Bill 641 (Ashby), which 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. 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.

For these reasons, the Board supports SB 641 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,



Lea Tate, PsyD
President, Board of Psychology

cc: Heath Flora (Vice-Chair)
Senator Angelique Ashby
Members of the Assembly Committee on Business and Professions

September 15, 2025

The Honorable Gavin Newsom
Governor of California
1021 O Street, Suite 9000
Sacramento, CA 95814

RE: SB 641 (Ashby) – Department of Consumer Affairs and Department of Real Estate: states of emergency: waivers and exemptions – Signature Requested

Dear Governor Newsom:

On behalf of the Board of Psychology, I respectfully urge your signature on Senate Bill 641 (Ashby), which provides essential flexibility to protect consumers and support licensees during declared emergencies and disasters.

SB 641 authorizes 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 impacted by federal, state, or local emergencies. For the Board of Psychology, this authority is critical to supporting licensees facing significant hardship while ensuring continuity of psychological services for California consumers, particularly when access to care is most urgent. By allowing regulatory bodies to provide immediate and meaningful relief without the need for an executive order, SB 641 ensures agencies can respond quickly to the needs of professionals and the communities they serve. In doing so, the bill enhances regulatory responsiveness, strengthens consumer protection, and bolsters the state's overall resilience during crises.

The Board strongly supports SB 641 and appreciates Senator Ashby's leadership in advancing this measure. For these reasons, we respectfully request your signature on SB 641 and thank you for your leadership and your ongoing commitment to consumer protection.

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

MEMORANDUM

DATE	October 13, 2025
TO	Psychology Board Members
FROM	Jacklyn Mancilla, Legislative and Regulatory Affairs Analyst
SUBJECT	Agenda Item 20(a)(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 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, 2025, 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 May 9, 2025, SB 579 was presented to the Board for possible position recommendation. The Board determined to **Support if Amended**, with the recommendation that at least one of the four appointees who are behavioral health professionals selected in consultation with mental health provider professional organizations be a licensed psychologist.

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: 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.*

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" being the most prominent.

Lea Tate, PsyD
President, Board of Psychology

cc: Suzette Martinez Valladares (Vice-Chair)
Members of the Senate Governmental Organization Committee

MEMORANDUM

DATE	October 14, 2025
TO	Psychology Board Members
FROM	Jacklyn Mancilla, Legislative and Regulatory Affairs Analyst
SUBJECT	Agenda Item 20(a)(6) Bills with Active Positions Taken by 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 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 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 July 9, 2025, AB 82 passed the Appropriations Committee.

On August 22, 2025, AB 82 was presented to the Board for possible position recommendation. The Board determined to **Support**.

On September 12, 2025, the Board submitted a **Support** position letter for AB 82, to the Senate Public Safety Committee and Senate Judiciary Committee.

On September 9, 2025, AB 82 passed the Senate and was ordered to the Assembly.

On September 10, 2025, AB 82 was ordered to engrossing and enrolling.

On September 15, 2025, the Board submitted a letter to the Governor requesting his signature on AB 82.

On September 22, 2025, AB 82 was enrolled and presented to the Governor.

On October 13, 2025, AB 82 was approved by the Governor.

Action Requested

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

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

Attachment #2: Letter of Support for the Senate Public Safety Committee

Attachment #3: Letter of Support for the Senate Judiciary Committee

Attachment #4: Request for Signature Letter

Assembly Bill No. 82

CHAPTER 679

An act to amend Sections 6215, 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.

[Approved by Governor October 13, 2025. Filed with Secretary
of State October 13, 2025.]

LEGISLATIVE COUNSEL'S DIGEST

AB 82, 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. The bill would also make conforming changes. 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 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 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. 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) This bill would incorporate additional changes to Section 11165 of the Health and Safety Code proposed by SB 497 to be operative only if this bill and SB 497 are enacted and this bill is enacted last.

(10) The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that 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.

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

SECTION 1. Section 6215 of the Government Code is amended to read: 6215. The Legislature finds and declares the following:

(a) Persons working in the reproductive health care field, specifically the provision of terminating a pregnancy, are often subject to harassment, threats, and acts of violence by persons or groups.

(1) In 2000, 30 percent of respondents to a Senate Office of Research survey of 172 California reproductive health care providers reported they or their families had been targets of acts of violence by groups that oppose reproductive rights at locations away from their clinics or offices.

(2) Persons and groups that oppose reproductive rights attempt to stop the provision of legal reproductive health care services by threatening reproductive health care service providers, clinics, employees, volunteers, and patients. The names, photographs, spouses' names, and home addresses

of these providers, employees, volunteers, and patients have been posted on Internet Web sites. From one website list that includes personal information of reproductive health care service providers, seven persons have been murdered and 14 have been injured. As of August 5, 2002, there are 78 Californians listed on this site. The threat of violence toward reproductive health care service providers and those who assist them has clearly extended beyond the clinic and into the home.

(3) Nationally, between 1992 and 1996, the number of reproductive health care service providers declined by 14 percent. Nearly one out of every four women must travel more than 50 miles to obtain reproductive health care services dealing with the termination of a pregnancy. There exists a fear on the part of physicians to enter the reproductive health care field and to provide reproductive health care services.

(4) Reproductive health care services are legal medical procedures. In order to prevent potential acts of violence from being committed against providers, employees, and volunteers who assist in the provision of reproductive health care services and the patients seeking those services, it is necessary for the Legislature to ensure that the home address information of these individuals is kept confidential.

(b) Other individuals are also subject to harassment, threats, and acts of violence from the public because of their work with the public, which have become more frequent and serious since the start of the COVID-19 pandemic. They include, but are not limited to, public health officers and public health workers, election workers, school board members, and code enforcement officers.

(1) For example, persons working in the elections field are often subject to harassment, threats, and acts of violence by persons or groups. Violent threats and harassment of election workers reached alarming levels in the 2020 general election and continued into 2021. A survey of election officials in 2021 found that one in three election officials feel unsafe because of their job, and nearly one in five listed threats to their lives as a job-related concern.

(2) The names, photographs, and home addresses of these public servants have been posted on internet websites. While performing election-related duties, election officials were subjected to explicit death threats, anger-laden language and demoralizing behavior, statements that threatened their own and their family's safety and well-being, and statements that interfered with their ability to do their job. The threat of violence toward election workers has extended beyond the polling place and into the home.

(3) Experts predict a massive departure from the profession of election administration if protective measures are not implemented. In California, 15 percent of election officials have retired since the 2020 election. Elections play a vital role in a free and fair society and are a cornerstone of American democracy, but those charged with administering elections are increasingly subjected to violent threats, harassment, and intimidation. In order to prevent acts of violence from being committed against employees who assist in the administration of elections, it is necessary for the Legislature to ensure that the home addresses of these individuals are kept confidential.

(4) While many of these individuals wish to protect the confidentiality of their home addresses by means of address confidentiality programs operated by the Secretary of State, they may not be eligible to do so under current law. It is the intent of the Legislature in this chapter to offer address protection services to persons whose work for a public entity exposes them to violent threats, harassment, and intimidation from the public that are equivalent to what is experienced by those now eligible for the address confidentiality program pursuant to this chapter.

(c) The purpose of this chapter is to enable state and local agencies to respond to requests for public records without disclosing the residential location of a designated health care services provider, employee, volunteer, or patient, as defined in Section 6215.1, or other individual who faces threats of violence or violence from the public because of their work for a public entity, to enable interagency cooperation with the Secretary of State in providing address confidentiality for program participants, and to enable state and local agencies to accept a program participant's use of an address designated by the Secretary of State as a substitute mailing address.

SEC. 2. Section 6215.1 of the Government Code is amended to read:

6215.1. Unless the context clearly requires otherwise, the definitions in this section apply throughout this chapter.

(a) "Address" means a residential street address, school address, or work address of an individual, as specified on the individual's application to be a program participant under this chapter.

(b) "Designated health care services" means gender-affirming health care services or reproductive health care services.

(c) "Designated 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.

(d) "Designated health care services facility" means a gender-affirming health care services facility or a reproductive health care services facility.

(e) "Domicile" means a place of habitation as defined in Section 349 of the Elections Code.

(f) "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.

(g) "Gender-affirming health care and gender-affirming mental health care provider, employee, volunteer, or patient" means a person who obtains, provides, or assists, at the request of another person, in obtaining or providing gender-affirming health care services, or a person who owns or operates a gender-affirming health care services facility.

(h) "Gender-affirming health care services facility" includes a hospital, an office operated by a licensed health care provider, a licensed clinic, or other licensed health care facility that provides gender-affirming health care services.

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

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

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

SEC. 3. Section 6215.2 of the Government Code is amended to read:

6215.2. (a) 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 a designated health care provider, employee, or volunteer, who is fearful for their safety or the safety of their family because of their affiliation with a designated health care services facility, the application shall be accompanied by all of the following:

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

(B) One of the following:

(i) A certified statement signed by a person authorized by the designated health care services facility stating that the facility or any of its providers, employees, volunteers, or patients is or was the target of threats, harassment, or acts of violence or harassment within one year of the date of the application. A person who willfully certifies as true any material matter pursuant to this section that the person knows to be false is guilty of a misdemeanor.

(ii) A certified statement signed by the employee or patient of, or volunteer for, the designated health care services facility stating that they have been the target of threats, harassment, or acts of violence within one year of the date of the application because of their association with the designated health care services facility. A person who willfully certifies as

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

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

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

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

(3) If the applicant alleges that the basis of the application is that the applicant, or the minor or incapacitated person on whose behalf the application is made, is a person who is or has been the target of threats or acts of violence because the applicant is obtaining or seeking to obtain services at a designated health care services facility within one year of the date of the application, the application shall be accompanied by the following:

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

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

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

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

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

(C) The Secretary of State shall keep a record of all summonses, writs, notices, demands, and processes served upon the Secretary of State under

this section and shall record the time of that service and the Secretary of State's action.

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

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

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

(7) The signature of the applicant and of any individual or representative of any office designated in writing who assisted in the preparation of the application, and the date on which the 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 true any material matter pursuant to this section that the person knows to be false is guilty of a misdemeanor.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(f) Upon filing a properly completed application, the Secretary of State shall certify the applicant as a program participant. Applicants, with the exception of designated health care services facilities volunteers, shall be certified for four years following the date of filing unless the certification is withdrawn, or invalidated before that date. Designated health care services facility volunteers shall be certified until six months from the last date of volunteering with the facility. The Secretary of State shall by rule establish a renewal procedure. A minor program participant, who reaches 18 years of age, may renew as an adult following the renewal procedures established by the Secretary of State.

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

(h) For purposes of this section:

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

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

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

SEC. 4. Section 6218 of the Government Code is amended to read:

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

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

(B) Threaten the designated health care services provider, employee, volunteer, or patient, identified in the posting or display, or a coresident of that person, in a manner that places the person identified or the coresident in objectively reasonable fear for their personal safety.

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

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

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

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

(2) A designated health care services provider, employee, volunteer, or patient whose personal information or image is made public as a result of a failure to honor a demand made pursuant to paragraph (1), or any individual, entity, or organization authorized to act on their behalf, may bring an action seeking injunctive or declarative relief in any court of competent jurisdiction. If a jury or court finds that a violation has occurred,

it may grant injunctive or declarative relief and shall award the successful plaintiff court costs and reasonable attorney's fees.

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

(c) (1) A person, business, or association shall not solicit, sell, or trade on the internet or social media the personal information or image of a designated health care services provider, employee, volunteer, or patient with the intent to do either of the following:

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

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

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

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

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

SEC. 5. Section 6218.01 of the Government Code is amended 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 designated health care services provider, employee, volunteer, or patient, or other individuals residing at the same home address, the personal information or image of a designated 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 designated health care services 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. 6. Section 6218.05 of the Government Code is amended to read: 6218.05. For purposes of this chapter, the following definitions apply:

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

(b) “Designated 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) “Designated 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.

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

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

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

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

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

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

(k) “Reproductive health care services patient, provider, or assistant” means a person or entity, including, but not limited to, employees, staff, volunteers, and third-party vendors, that is or was involved in obtaining, seeking to obtain, providing, seeking to provide, or assisting or seeking to assist another person, at that person’s request, to obtain or provide any

services in a reproductive health care services facility, or a person or entity that is or was involved in owning or operating or seeking to own or operate a reproductive health care services facility.

(l) “Reproductive health care services facility” includes a hospital, clinic, physician’s office, or other facility that provides or seeks to provide reproductive health care services and includes the building or structure in which the facility is located.

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

SEC. 7. Section 11165 of the Health and Safety Code is amended to read:

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

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

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

(2) (A) CURES shall operate under existing provisions of law to safeguard the privacy and confidentiality of patients. Data obtained from CURES shall only be provided to appropriate state, local, and federal public agencies for disciplinary, civil, or criminal purposes and to other agencies or entities, as determined by the department, for the purpose of educating practitioners and others in lieu of disciplinary, civil, or criminal actions. Data may be provided to public or private entities, as approved by the department, for educational, peer review, statistical, or research purposes, if patient information, including information that may identify the patient, is not compromised. The University of California shall be provided access to identifiable data for research purposes if the requirements of subdivision (t) of Section 1798.24 of the Civil Code are satisfied. Further, data disclosed to an individual or agency as described in this subdivision shall not be disclosed, sold, or transferred to a third party, unless authorized by, or pursuant to, state and federal privacy and security laws and regulations. The department shall establish policies, procedures, and regulations regarding

the use, access, evaluation, management, implementation, operation, storage, disclosure, and security of the information within CURES, consistent with this subdivision.

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

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

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

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

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

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

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

(d) Except as provided in subdivision (k), for each prescription for a Schedule II, Schedule III, Schedule IV, or Schedule V controlled substance, as defined in the controlled substances schedules in federal law and regulations, specifically Sections 1308.12, 1308.13, 1308.14, and 1308.15, respectively, of Title 21 of the Code of Federal Regulations, the dispensing pharmacy, clinic, or other dispenser shall report the following information to the department or contracted prescription data processing vendor as soon as reasonably possible, but not more than one working day after the date a controlled substance is released to the patient or patient's representative, in a format specified by the department:

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

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

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

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

(5) Quantity of the controlled substance dispensed.

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

(7) Number of refills ordered.

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

(9) Prescribing date of the prescription.

(10) Date of dispensing of the prescription.

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

(e) The department may invite stakeholders to assist, advise, and make recommendations on the establishment of rules and regulations necessary to ensure the proper administration and enforcement of the CURES database. A prescriber or dispenser invitee shall be licensed by one of the boards or committees identified in subdivision (d) of Section 208 of the Business and Professions Code, in active practice in California, and a regular user of CURES.

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

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

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

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

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

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

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

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

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

(k) (1) Notwithstanding subdivision (d), a prescription for or the dispensing of testosterone or mifepristone shall not be reported to the department, CURES, or a contracted prescription data processing vendor.

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

SEC. 7.5. Section 11165 of the Health and Safety Code is amended to read:

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

(b) The department may seek and use grant funds to pay the costs incurred by the operation and maintenance of CURES. The department shall annually

report to the Legislature and make available to the public the amount and source of funds it receives for support of CURES.

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

(2) (A) CURES shall operate under existing provisions of law to safeguard the privacy and confidentiality of patients. Data obtained from CURES shall only be provided to appropriate state, local, and federal public agencies for disciplinary, civil, or criminal purposes and to other agencies or entities, as determined by the department, for the purpose of educating practitioners and others in lieu of disciplinary, civil, or criminal actions. Data may be provided to public or private entities, as approved by the department, for educational, peer review, statistical, or research purposes, if patient information, including information that may identify the patient, is not compromised. The University of California shall be provided access to identifiable data for research purposes if the requirements of subdivision (t) of Section 1798.24 of the Civil Code are satisfied. Further, data disclosed to an individual or agency as described in this subdivision shall not be disclosed, sold, or transferred to a third party, unless authorized by, or pursuant to, state and federal privacy and security laws and regulations. The department shall establish policies, procedures, and regulations regarding the use, access, evaluation, management, implementation, operation, storage, disclosure, and security of the information within CURES, consistent with this subdivision.

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

(C) (i) Notwithstanding subparagraph (A) or any other law, a state or local agency or employee, appointee, officer, contractor, or official or any other person acting on behalf of a public agency shall not knowingly provide any CURES data or knowingly expend or use time, money, facilities, property, equipment, personnel, or other resources in furtherance of any interstate investigation or proceeding seeking to impose civil, criminal, or disciplinary liability based on another state's laws for the provision or receipt of legally protected health care activity, as defined in Section 1798.300 of the Civil Code.

(ii) This section does not prohibit the investigation of any activity that is punishable as a crime under the laws of this state so long as CURES data related to any legally protected health care activity, as defined in Section 1798.300 of the Civil Code, is not knowingly shared with any individual or entity from another state.

(iii) This section does not prohibit compliance with an audit or investigation of activity that is unlawful under the laws of this state or federal law, or with an audit, review, or investigation conducted for purposes of licensure, registration, accreditation, or certification under the laws of this state or federal law or pursuant to an accrediting organization recognized by the State Department of Public Health or the federal Centers for Medicare and Medicaid Services.

(3) The department may adopt regulations regarding the access and use of the information within CURES. The department shall consult with all stakeholders identified by the department during the rulemaking process. The regulations shall, at a minimum, address all of the following in a manner consistent with this chapter:

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

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

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

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

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

(d) Except as provided in subdivision (k), for each prescription for a Schedule II, Schedule III, Schedule IV, or Schedule V controlled substance, as defined in the controlled substances schedules in federal law and regulations, specifically Sections 1308.12, 1308.13, 1308.14, and 1308.15, respectively, of Title 21 of the Code of Federal Regulations, the dispensing pharmacy, clinic, or other dispenser shall report the following information to the department or contracted prescription data processing vendor as soon as reasonably possible, but not more than one working day after the date a controlled substance is released to the patient or patient's representative, in a format specified by the department:

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

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

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

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

(5) Quantity of the controlled substance dispensed.

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

- (7) Number of refills ordered.
 - (8) Whether the drug was dispensed as a refill of a prescription or as a first-time request.
 - (9) Prescribing date of the prescription.
 - (10) Date of dispensing of the prescription.
 - (11) The serial number for the corresponding prescription form, if applicable.
- (e) The department may invite stakeholders to assist, advise, and make recommendations on the establishment of rules and regulations necessary to ensure the proper administration and enforcement of the CURES database. A prescriber or dispenser invitee shall be licensed by one of the boards or committees identified in subdivision (d) of Section 208 of the Business and Professions Code, in active practice in California, and a regular user of CURES.
- (f) The department shall, prior to upgrading CURES, consult with prescribers licensed by one of the boards or committees identified in subdivision (d) of Section 208 of the Business and Professions Code, one or more of the boards or committees identified in subdivision (d) of Section 208 of the Business and Professions Code, and any other stakeholder identified by the department, for the purpose of identifying desirable capabilities and upgrades to the CURES Prescription Drug Monitoring Program (PDMP).
- (g) The department may establish a process to educate authorized subscribers of the CURES PDMP on how to access and use the CURES PDMP.
- (h) (1) The department may enter into an agreement with an entity operating an interstate data sharing hub, or an agency operating a prescription drug monitoring program in another state, for purposes of interstate data sharing of prescription drug monitoring program information. An out-of-state authorized user who obtains CURES data through the interstate data sharing hub shall not provide any CURES data in furtherance of any investigation or proceeding seeking to impose civil, criminal, or disciplinary liability based on another state's laws for the provision or receipt of legally protected health care activity, as defined in Section 1798.300 of the Civil Code.
- (2) Data obtained from CURES may be provided to authorized users of another state's prescription drug monitoring program, as determined by the department pursuant to subdivision (c), if the entity operating the interstate data sharing hub, and the prescription drug monitoring program of that state, as applicable, have entered into an agreement with the department for interstate data sharing of prescription drug monitoring program information.
- (3) An agreement entered into by the department for purposes of interstate data sharing of prescription drug monitoring program information shall ensure that all access to data obtained from CURES and the handling of data contained within CURES comply with California law, including regulations, and meet the same patient privacy, audit, and data security standards employed and required for direct access to CURES.

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

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

(6) Notwithstanding subdivision (c), the department shall not provide CURES data to out-of-state law enforcement absent a warrant, subpoena, or court order, issued pursuant to Section 2029.300 or 2029.350 of the Code of Civil Procedure, or Section 1326 of the Penal Code.

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

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

(k) (1) Notwithstanding subdivision (d), a prescription for or the dispensing of testosterone or mifepristone shall not be reported to the department, CURES, or a contracted prescription data processing vendor.

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

(l) (1) Any person who accesses the CURES database and who is not authorized by law to do so is guilty of a misdemeanor.

(2) Any person authorized by law to access the CURES database and who knowingly furnishes the information from the CURES database to a person who is not authorized by law to receive that information is guilty of a misdemeanor.

(3) This subdivision does not apply to a provider of health care as defined in Section 56.06 of the Civil Code that is subject to applicable state and federal medical privacy laws.

SEC. 8. Section 11190 of the Health and Safety Code is amended to read:

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

- (1) The name and address of the patient.
- (2) The date.
- (3) The character, including the name and strength, and quantity of controlled substances involved.

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

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

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

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

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

(D) Quantity of the controlled substance dispensed.

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

(F) Number of refills ordered.

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

(H) Date of origin of the prescription.

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

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

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

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

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

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

(f) Notwithstanding paragraph (2) of subdivision (c), the reporting requirement of the information required by this section for a Schedule II or

Schedule III controlled substance, in a format set by the Department of Justice pursuant to regulation, shall be on a monthly basis for all of the following:

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

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

SEC. 9. Section 629.51 of the Penal Code is amended to read:

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

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

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

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

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

(C) Any communication from a tracking device.

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

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

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

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

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

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

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

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

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

SEC. 10. Section 1269b of the Penal Code is amended to read:

1269b. (a) The officer in charge of a jail in which an arrested person is held in custody, an officer of a sheriff's department or police department of a city who is in charge of a jail or is employed at a fixed police or sheriff's facility and is acting under an agreement with the agency that keeps the jail in which an arrested person is held in custody, an employee of a sheriff's department or police department of a city who is assigned by the department to collect bail, the clerk of the superior court of the county in which the offense was alleged to have been committed, and the clerk of the superior court in which the case against the defendant is pending may approve and accept bail in the amount fixed by the warrant of arrest, schedule of bail, or order admitting to bail in cash or surety bond executed by a certified, admitted surety insurer as provided in the Insurance Code, to issue and sign an order for the release of the arrested person, and to set a time and place for the appearance of the arrested person before the appropriate court 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 determine to be appropriate. If the schedule does not list all offenses specifically, it shall contain a general clause for designated amounts of bail as the judges of the county determine to be appropriate for all the offenses not specifically listed in the schedule. A copy of the countywide bail schedule shall be sent to the officer in charge of the county jail, to the officer in charge of each city jail within the county, to each superior court judge and commissioner in the county, and to the Judicial Council.

(2) The countywide bail schedule shall set zero dollars (\$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, as defined in Section 1549.15, in this state, or an individual obtaining a legally protected health care activity, as defined in Section 1549.15, in this state, if the legally protected health care activity is lawful under the laws of this state.

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

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

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

SEC. 11. Section 13778.2 of the Penal Code is amended to read:

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

(b) A state or local public agency, or any employee thereof acting in their official capacity, shall not cooperate with or provide information to any individual or agency or department from another state or, to the extent permitted by federal law, to a federal law enforcement agency regarding a legally protected health care activity, as defined in Section 1549.15, that is lawful under the laws of this state and that is performed in this state.

(c) (1) A law of another state that authorizes the imposition of civil or criminal penalties related to an individual performing, supporting, or aiding

in the performance of a legally protected health care activity, as defined in Section 1549.15, in this state, or an individual obtaining a legally protected health care activity, as defined in Section 1549.15, in this state, if the legally protected health care activity is lawful under the laws of this state, is against the public policy of this state.

(2) No state court, judicial officer, or court employee or clerk, or authorized attorney shall issue a subpoena pursuant to any state law 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, as defined in Section 1549.15, in this state, or an individual obtaining a legally protected health care activity, as defined in Section 1549.15, in this state, if the legally protected health care activity is lawful under the laws of this state.

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

SEC. 12. Section 13778.3 of the Penal Code is amended to read:

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

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

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

(3) "Reproductive health care services" shall have the same meaning as in Section 1549.15.

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

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

(c) This section does not prohibit compliance with a valid, court-issued subpoena, warrant, wiretap order, pen register trap and trace order, or other

legal process which does not relate to a law seeking to impose civil or criminal liability or professional sanctions for a legally protected health care activity, or in response to the written request of a person who is the subject of such an investigation or proceeding, to the extent necessary, in each case, to fulfill such request.

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

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

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

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

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

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

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

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

SEC. 13. The provisions of this act are severable. If any provision of this act or its application is held invalid, that invalidity shall not affect other provisions or applications that can be given effect without the invalid provision or application.

SEC. 14. The Legislature finds and declares that this act imposes a limitation on the public's right of access to the meetings of public bodies or the writings of public officials and agencies within the meaning of Section 3 of Article I of the California Constitution. Pursuant to that constitutional provision, the Legislature makes the following findings to demonstrate the interest protected by this limitation and the need for protecting that interest:

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

SEC. 15. Section 7.5 of this bill incorporates amendments to Section 11165 of the Health and Safety Code proposed by this bill and Senate Bill 497. That section of this bill shall only become operative if (1) both bills are enacted and become effective on or before January 1, 2026, (2) each bill amends Section 11165 of the Health and Safety Code, and (3) this bill is enacted after Senate Bill 497, in which case Section 11165 of the Health and Safety Code, as amended by Senate Bill 497, shall remain operative only until the operative date of this bill, at which time Section 7.5 of this bill shall become operative, and Section 7 of this bill shall not become operative.

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

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

September 4, 2025

The Honorable Senator Jesse Arreguin
Chair, Senate Committee on Public Safety
State Capitol, Room 545
Sacramento, CA 95814

RE: AB 82 (Ward) – Health care: legally protected health care activity – 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 August 22, 2025, meeting, the Board adopted a **Support** position on Assembly Bill 82 (Ward). AB 82 expands California's existing address confidentiality program—which currently protects reproductive health care providers, employees, volunteers, and patients—to also include gender-affirming health care providers, employees, and volunteers who face threats of violence or harassment because of their affiliation with a gender-affirming health care services facility.

The Board supports AB 82 because it strengthens the safety of health care providers and staff serving vulnerable populations. Psychologists and other behavioral health professionals frequently collaborate with both reproductive and gender-affirming health care providers. Ensuring their safety is essential to maintaining access to care, safeguarding public health, and protecting the rights of Californians to receive necessary and affirming health services without fear or intimidation.

For these reasons, the Board supports AB 82 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,



Lea Tate, PsyD
President, Board of Psychology

cc: Senator Kelly Seyarto (Vice-Chair)
Assembly Member Christopher Ward
Members of the Senate Public Safety Committee

September 4, 2025

The Honorable Senator Thomas Umberg
Chair, Senate Committee on Judiciary
State Capitol, Room 3240
Sacramento, CA 95814

RE: AB 82 (Ward) – Health care: legally protected health care activity – 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 August 22, 2025, meeting, the Board adopted a **Support** position on Assembly Bill 82 (Ward). AB 82 expands California's existing address confidentiality program—which currently protects reproductive health care providers, employees, volunteers, and patients—to also include gender-affirming health care providers, employees, and volunteers who face threats of violence or harassment because of their affiliation with a gender-affirming health care services facility.

The Board supports AB 82 because it strengthens the safety of health care providers and staff serving vulnerable populations. Psychologists and other behavioral health professionals frequently collaborate with both reproductive and gender-affirming health care providers. Ensuring their safety is essential to maintaining access to care, safeguarding public health, and protecting the rights of Californians to receive necessary and affirming health services without fear or intimidation.

For these reasons, the Board supports AB 82 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,



Lea Tate, PsyD
President, Board of Psychology

cc: Senator Roger Niello (Vice-Chair)
Assembly Member Christopher Ward
Members of the Senate Judiciary Committee

September 10, 2025

The Honorable Gavin Newsom
Governor of California
1021 O Street, Suite 9000
Sacramento, CA 95814

RE: AB 82 (Ward) – Health care: legally protected health care activity – Signature Requested

Dear Governor Newsom:

On behalf of the Board of Psychology, I respectfully urge your signature on Assembly Bill 82 (Ward), which expands California's existing address confidentiality program—that currently protects reproductive health care providers, employees, volunteers, and patients—to also include gender-affirming health care providers, employees, and volunteers who face threats of violence or harassment because of their affiliation with a gender-affirming health care services facility.

The Board strongly supports AB 82 because it strengthens the safety of health care providers and staff serving vulnerable populations. Psychologists and other behavioral health professionals frequently collaborate with both reproductive and gender-affirming health care providers. Ensuring their safety is essential to maintaining access to care, safeguarding public health, and protecting the rights of Californians to receive necessary and affirming health services without fear or intimidation.

For these reasons, we respectfully request your signature on AB 82. Thank you for your leadership and your continued commitment to consumer protection.

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

MEMORANDUM

DATE	October 13, 2025
TO	Psychology Board Members
FROM	Jacklyn Mancilla, Legislative and Regulatory Affairs Analyst
SUBJECT	Agenda Item 20(a)(7) Bills with Active Positions Taken by 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 August 22, 2025, SB 402 was presented to the Board for possible position recommendation. The Board determined to **Support**.

On September 12, 2025, the Board submitted a **Support** position letter for SB 402, to the Senate Business, Professions and Economic Development Committee.

On September 9, 2025, SB 402 passed the Assembly and was ordered to the Senate.

On September 11, 2025, SB 402 was ordered to engrossing and enrolling.

On September 15, 2025, the Board submitted a letter to the Governor requesting his signature on SB 402.

On September 22, 2025, SB 402 was enrolled and presented to the Governor.

On October 6, 2025, SB 402 was approved by the Governor.

Action Requested

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

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

Attachment #2: Position Letter of Support to Senate Business, Professions and Economic Development Committee

Attachment #3: Position Letter of Support to Assembly Business and Professions Committee

Attachment #4: Request for Signature Letter

Senate Bill No. 402

CHAPTER 413

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.

[Approved by Governor October 6, 2025. Filed with Secretary
of State October 6, 2025.]

LEGISLATIVE COUNSEL'S DIGEST

SB 402, 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.

This bill would incorporate additional changes to Section 1367.27 of the Health and Safety Code and Section 10133.15 of the Insurance Code proposed by AB 280 to be operative only if this bill and AB 280 are enacted and this bill is enacted last.

This bill would incorporate additional changes to Section 1374.73 of the Health and Safety Code and Section 10144.51 of the Insurance Code proposed by AB 951 to be operative only if this bill and AB 951 are enacted and this bill is enacted last.

This bill would incorporate additional changes to Section 11165.7 of the Penal Code proposed by AB 653 and SB 848, to be operative only if this bill and either or both of those bills are enacted and this bill is enacted last.

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

SECTION 1. Section 2290.5 of the Business and Professions Code is amended to read:

2290.5. (a) For purposes of this division, the following definitions apply:

(1) “Asynchronous store and forward” means the transmission of a patient’s medical information from an originating site to the health care provider at a distant site.

(2) “Distant site” means a site where a health care provider who provides health care services is located while providing these services via a telecommunications system.

(3) “Health care provider” means any of the following:

(A) A person who is licensed under this division.

(B) An associate marriage and family therapist or marriage and family therapist trainee functioning pursuant to Section 4980.43.3.

(C) A qualified autism service provider certified by a national entity as defined in Section 4999.200 or a qualified autism service professional as defined in Section 4999.201.

(D) An associate clinical social worker functioning pursuant to Section 4996.23.2.

(E) An associate professional clinical counselor or clinical counselor trainee functioning pursuant to Section 4999.46.3.

(4) “Originating site” means a site where a patient is located at the time health care services are provided via a telecommunications system or where the asynchronous store and forward service originates.

(5) “Synchronous interaction” means a real-time interaction between a patient and a health care provider located at a distant site.

(6) “Telehealth” means the mode of delivering health care services and public health via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management, and self-management of a patient’s health care. Telehealth facilitates patient self-management and caregiver support for patients and includes synchronous interactions and asynchronous store and forward transfers.

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

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

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

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

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

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

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

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

(2) By enacting this subdivision, it is the intent of the Legislature to authorize a hospital to grant privileges to, and verify and approve credentials for, providers of telehealth services as described in paragraph (1).

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

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

CHAPTER 17. QUALIFIED AUTISM SERVICE PROVIDERS

4999.200. "Qualified autism service provider" means an individual who meets either of the following criteria:

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

(b) Is 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), and who designs, supervises, or provides treatment for pervasive developmental disorder or autism, provided the services are within the experience and competence of the licensee.

4999.201. "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:

(1) 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.

(2) (A) 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.

(B) If an individual meets the requirement described in subparagraph (A), they 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.

(e) (1) 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.

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

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

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

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

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

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

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

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

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

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

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

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

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

(d) (1) A health care service plan shall allow enrollees, potential enrollees, providers, and members of the public to request a printed copy of the provider directory or directories by contacting the plan through the plan's toll-free telephone number, electronically, or in writing. A printed copy of the provider directory or directories shall include the information required in subdivisions (h) and (i). The printed copy of the provider directory or directories shall be provided to the requester by mail postmarked no later than five business days following the date of the request and may be limited to the geographic region in which the requester resides or works or intends to reside or work.

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

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

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

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

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

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

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

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

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

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

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

(f) The provider directory or directories shall include both an email address and a telephone number for members of the public and providers to notify the plan if the provider directory information appears to be inaccurate. This information shall be disclosed prominently in the directory or directories and on the plan's internet website.

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

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

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

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

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

(2) Type of practitioner.

(3) National Provider Identifier number.

(4) California license number and type of license.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(2) Type of practitioner.

(3) National Provider Identifier number.

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

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

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

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

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

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

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

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

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

(A) The provider is not accepting new patients.

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

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

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

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

(2) In developing the standards under this subdivision, the department shall seek input from interested parties throughout the process of developing the standards and shall hold at least one 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 or not the provider or provider group is accepting new patients for each plan product.

(4) If the plan does not receive an affirmative response and confirmation from the provider that the information is current and accurate or, as an alternative, updates any information required to be in the directory or directories pursuant to this section, within 30 business days, the plan shall take no more than 15 business days to verify whether the provider's information is correct or requires updates. The plan shall document the receipt and outcome of each attempt to verify the information. If the plan is unable to verify whether the provider's information is correct or requires updates, the plan shall notify the provider 10 business days in advance of removal that the provider will be removed from the provider directory or

directories. The provider shall be removed from the provider directory or directories at the next required update of the provider directory or directories after the 10-business-day notice period. A provider shall not be removed from the provider directory or directories if they respond before the end of the 10-business-day notice period.

(5) General acute care hospitals shall be exempt from the requirements in paragraphs (3) and (4).

(m) A plan shall establish policies and procedures with regard to the regular updating of its provider directory or directories, including the weekly, quarterly, and annual updates required pursuant to this section, or more frequently, if required by federal law or guidance.

(1) The policies and procedures described under this subdivision shall be submitted by a plan annually to the department for approval and in a format described by the department pursuant to Section 1367.035.

(2) Every health care service plan shall ensure processes are in place to allow 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 health care service plan. 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 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 website linking to a form where the information can be reported directly to the plan through its 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 the 10-business day notice period described in paragraph (4) of subdivision (l) has lapsed.

(A) For a provider or provider group that receives compensation on a capitated or prepaid basis, the plan may delay no more than 50 percent of the next scheduled capitation payment for up to one calendar month.

(B) For any claims payment made to a provider or provider group, the plan may delay the claims payment for up to one calendar month beginning on the first day of the following month.

(2) A plan shall notify the provider or provider group 10 business days before it seeks to delay payment or reimbursement to a provider or provider group pursuant to this subdivision. If the plan delays a payment or reimbursement pursuant to this subdivision, the plan 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 plan 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 subparagraph (A) or (B) of paragraph (1), as applicable, if the provider or provider group fails to provide the information required to be submitted to the plan pursuant to subdivision (l).

(3) A plan may terminate a contract for a pattern or repeated failure of the provider or provider group to alert the plan to a change in the information required to be in the directory or directories pursuant to this section.

(4) A plan 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 pursuant to Section 1367.035. 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).

(5) With respect to plans with Medi-Cal managed care contracts with the State Department of Health Care Services pursuant to Chapter 7 (commencing with Section 14000), Chapter 8 (commencing with Section 14200), or Chapter 8.75 (commencing with Section 14591) of Part 3 of Division 9 of the Welfare and Institutions Code, this subdivision shall be implemented only to the extent consistent with federal law and guidance.

(q) In circumstances where the department finds that an enrollee reasonably relied upon materially inaccurate, incomplete, or misleading information contained in a health plan's provider directory or directories, the department may require the health plan to provide coverage for all covered health care services provided to the enrollee and to reimburse the enrollee for any amount beyond what the enrollee would have paid, had the services been delivered by an in-network provider under the enrollee's plan contract. Prior to requiring reimbursement in these circumstances, the department shall conclude that the services received by the enrollee were covered services under the enrollee's plan contract. In those circumstances, the fact that the services were rendered or delivered by a noncontracting or out-of-plan provider shall not be used as a basis to deny reimbursement to the enrollee.

(r) Whenever a plan determines as a result of this section that there has been a 10 percent change in the network for a product in a region, the plan

shall file an amendment to the plan application with the department consistent with subdivision (f) of Section 1300.52 of Title 28 of the California Code of Regulations.

(s) This section applies to plans with Medi-Cal managed care contracts with the State Department of Health Care Services pursuant to Chapter 7 (commencing with Section 14000), Chapter 8 (commencing with Section 14200), or Chapter 8.75 (commencing with Section 14591) of Part 3 of Division 9 of the Welfare and Institutions Code to the extent consistent with federal law and guidance and state law guidance issued after January 1, 2016. Notwithstanding any other provision to the contrary in a plan contract with the State Department of Health Care Services, and to the extent consistent with federal law and guidance and state guidance issued after January 1, 2016, a Medi-Cal managed care plan that complies with the requirements of this section shall not be required to distribute a printed provider directory or directories, except as required by paragraph (1) of subdivision (d).

(t) A health plan that contracts with multiple employer welfare agreements regulated pursuant to Article 4.7 (commencing with Section 742.20) of Chapter 1 of Part 2 of Division 1 of the Insurance Code shall meet the requirements of this section.

(u) This section shall not be construed to alter a provider's obligation to provide health care services to an enrollee pursuant to the provider's contract with the plan.

(v) As part of the department's routine examination of the fiscal and administrative affairs of a health care service plan pursuant to Section 1382, the department shall include a review of the health care service plan's compliance with subdivision (p).

(w) For purposes of this section, "provider group" means a medical group, independent practice association, or other similar group of providers.

SEC. 3.5. Section 1367.27 of the Health and Safety Code is amended to read:

1367.27. (a) A health care service plan shall publish and maintain a provider directory or directories with information on contracting providers that deliver health care services to the plan's enrollees, including those that accept new patients. A provider directory shall not list or include information on a provider that is not currently under contract with the plan. Commencing July 1, 2026, a health care service plan shall comply with this section as it read on January 1, 2026.

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

shall use the naming, numbering, or classification method developed by the department pursuant to subdivision (k).

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

(2) The online provider directory or directories shall be accessible on the plan's public internet website through an identifiable link or tab and in a manner that is accessible and searchable by enrollees, potential enrollees, the public, and providers. By July 31, 2017, or 12 months after the date provider directory standards are developed under subdivision (k), whichever occurs later, the plan's public internet website shall allow provider searches by, at a minimum, name, practice address, city, ZIP Code, California license number, National Provider Identifier number, admitting privileges to an identified hospital, product, tier, provider language or languages, provider group, hospital name, facility name, or clinic name, as appropriate, and the information provided shall be verified and accurate, consistent with this section.

(d) (1) A health care service plan shall allow enrollees, potential enrollees, providers, and members of the public to request a printed copy of the provider directory or directories by contacting the plan through the plan's toll-free telephone number, electronically, or in writing. A printed copy of the provider directory or directories shall include the information required in subdivisions (h) and (i). The printed copy of the provider directory or directories shall be provided to the requester by mail postmarked no later than five business days following the date of the request and may be limited to the geographic region in which the requester resides or works or intends to reside or work.

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

(3) A printed provider directory shall be dated with the date of its last update.

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

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

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

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

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

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

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

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

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

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

(f) (1) The provider directory or directories shall display the date of the most recent update. The provider directory or directories shall also display a dedicated email address, telephone number, and reporting hyperlink for members of the public and providers to report possible inaccurate, incomplete, or misleading directory information. The provider directory or directories shall also state that the enrollee may submit a complaint if the enrollee believes they reasonably relied upon inaccurate, incomplete, or misleading directory information. This information shall be disclosed prominently in the directory or directories and on the plan's internet website.

(2) A health care service plan shall include prominent disclosure on its print and online provider directories of its duty to arrange coverage when behavioral health benefits are not available in-network within applicable geographic and timely access standards. The disclosure shall be included within the "Timely Access to Care" section of the directory that is required by Section 1367.031 and shall also include the geographic accessibility standards.

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

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

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

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

(1) The provider's name, practice location or locations, and contact information, including telephone number.

(2) Type of practitioner.

(3) National Provider Identifier number.

(4) California license number and type of license.

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

(6) The provider's office email address, if available to an enrollee or the public.

(7) The population served, meaning adult, pediatric, or both.

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

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

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

(B) Nurse practitioners, physician assistants, psychologists, acupuncturists, optometrists, dispensing optometrists and opticians, podiatrists, chiropractors, licensed clinical social workers, marriage and family therapists, professional clinical counselors, qualified autism service providers, as defined in Section 4999.200 of the Business and Professions Code, nurse-midwives, and dentists.

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

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

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

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

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

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

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

(13) Whether or not the provider is in the lowest cost-sharing tier, if the product has more than one cost-sharing tier, and the network tier to which the provider is assigned, if the provider is not in the lowest tier, as applicable. This section does not require the use of network tiers other than contract and noncontracting tiers.

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

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

- (1) The provider's name, practice location or locations, and contact information, including telephone number.
 - (2) Type of practitioner.
 - (3) National Provider Identifier number.
 - (4) California license number and type of license, if applicable.
 - (5) The area of specialty, including board certification, or other accreditation, if any.
 - (6) The provider's office email address, if available to an enrollee or the public.
 - (7) The population served, meaning adult, pediatric, or both.
 - (8) The name of each affiliated provider group or specialty plan practice group currently under contract with the plan through which the provider sees enrollees.
 - (9) The names of each allied health care professional to the extent there is a direct contract for those services covered through a contract with the plan.
 - (10) The non-English language, if any, spoken by a health care provider or other medical professional as well as non-English language spoken by a qualified medical interpreter, in accordance with Section 1367.04, if any, on the provider's staff.
 - (11) Identification of providers who no longer accept new patients for some or all of the plan's products.
 - (12) All other applicable information necessary to conduct a provider search pursuant to paragraph (2) of subdivision (c).
- (j) (1) The contract between the plan and a provider shall include a requirement that the provider inform the plan within five business days when either of the following occurs:
- (A) The provider is not accepting new patients.
 - (B) If the provider had previously not accepted new patients, the provider is currently accepting new patients.
- (2) If a provider who is not accepting new patients is contacted by an enrollee or potential enrollee seeking to become a new patient, the provider shall direct the enrollee or potential enrollee to both the plan for additional assistance in finding a provider and to the department to report any inaccuracy with the plan's directory or directories.
- (3) If an enrollee or potential enrollee informs a plan of a possible inaccuracy in the provider directory or directories, the plan shall promptly investigate and, if necessary, undertake corrective action within 30 business days to ensure the accuracy of the directory or directories.
- (k) (1) On or before December 31, 2016, the department shall develop uniform provider directory standards to permit consistency in accordance with subdivision (b) and paragraph (2) of subdivision (c) and development of a central utility by another entity. Those standards shall not be subject to the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code), until January 1, 2021. No more than two revisions of those standards shall be exempt from the Administrative Procedure Act (Chapter 3.5 (commencing

with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code) pursuant to this subdivision.

(2) In developing the standards under this subdivision, the department shall seek input from interested parties throughout the process of developing the standards and shall hold at least one 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.

(4) On or before January 1, 2026, the department may update a uniform format with standardized naming conventions and other aspects for each plan to use to request directory information from its providers, consistent with current law.

(5) (A) On or before January 1, 2026, the department may establish a methodology and processes to ensure accuracy of provider directories and consistency with other state or federal laws, regulations, or standards. The department shall take into account existing methods, including surveys, plan-reported information, and benchmarks or submission information from a central utility by another entity.

(B) The department may require a health care service plan to use or designate a central utility or central utilities for those providers included in the directory and may take into consideration impact on provider financial interests, enrollee access to providers, and health care service plans. If the department requires or designates a central utility or central utilities, in developing the methodology under this section, the department shall seek input from interested parties, including providers, health care service plans, consumers, and consumer advocates, and may hold one or more public meetings. Standards developed pursuant to paragraph (4) and this paragraph shall not be subject to the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code) until January 1, 2029.

(i) If the department designates or requires a health care service plan to use a central utility or central utilities, the health care service plan's contract with the utility shall require that incomplete or incorrect information submitted to the central utility shall not be conveyed to the health care service plan. The contract shall also require that the central utility notify the submitter of incomplete or inaccurate information.

(ii) If the department determines that a central utility designated or required pursuant to this subparagraph is frequently failing to provide accurate information to health care service plans, the department may consider no longer requiring or designating that central utility for use.

(iii) A health care service plan may require providers to update their information through the central utility to update the health care service plan's provider directory. However, if the department requires a health care

service plan to use or designate a central utility or central utilities, the health care service plan shall require providers to update their information through the central utility to update the health care service plan's provider directory.

(C) If the plan can demonstrate it will meet the benchmarks required in paragraph (2) of subdivision (n) without using the central utility designated in subparagraph (B), the department may allow the plan to not use the central utility. If the plan fails to meet the benchmark in the future, the department may require the plan to use the central utility as a method to achieve higher accuracy of provider directory listings to comply with paragraph (2) of subdivision (n).

(I) (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 (q).

(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).

(D) A statement that failure to respond to the notification within five calendar days may result in a notice in their provider listing that states: "As of the last directory update, this provider is actively contracting with the plan. However, the provider has not responded to verify their listing information in the last update, so information may not be up to date."

(3) The plan shall require an affirmative response from the provider or provider group acknowledging that the notification was received. Within 30 calendar days of receiving the notification, 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 or not the provider or provider group is accepting new patients for each plan product.

(4) If the plan does not receive an affirmative response and confirmation from the provider that the information is current and accurate or, as an alternative, updates any information required to be in the directory or directories pursuant to this section, within 30 business days, the plan shall take no more than 15 business days to verify whether the provider's information is correct or requires updates. The plan shall document the receipt and outcome of each attempt to verify the information. If the plan is unable to verify whether the provider's information is correct or requires updates, the plan shall notify the provider 10 business days in advance of removal that the provider will be removed from the provider directory or directories. The provider shall be removed from the provider directory or directories at the next required update of the provider directory or directories after the 10-business-day notice period. A provider shall not be removed from the provider directory or directories if the provider responds before the end of the 10-business-day notice period.

(5) If a provider that was previously removed from the provider directory or directories requests to be added back to the provider directory or directories, or if a plan requests that a provider that was previously removed from the provider directory or directories be added back to the provider directory or directories, the health care service plan shall ensure the accuracy of the information required under this section and approve the request within 10 business days of receipt if accurate.

(6) If a provider does not respond within five calendar days, a health care service plan may include the following statement in the provider listing before removing the provider from the directory: "As of the last directory update, this provider is actively contracting with the plan. However, the provider has not responded to verify their listing information in the last update, so information may not be up to date."

(7) General acute care hospitals shall be exempt from the requirements in paragraphs (3) to (5), inclusive.

(m) A plan shall establish policies and procedures with regard to the regular updating of its provider directory or directories, including the weekly, quarterly, and annual updates required pursuant to this section, or more frequently, if required by federal law or guidance. Providers shall submit any changes to the information required to be in the directory within 30 calendar days of any change.

(1) The policies and procedures described under this subdivision shall be submitted by a plan annually to the department for approval and in a format described by the department pursuant to Section 1367.035.

(2) Every health care service plan shall ensure processes are in place to allow 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 health care service plan. 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 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 website linking to a form where the information can be reported directly to the plan through its internet website.

(n) A plan shall be responsible for maintaining an accurate provider directory.

(1) An accurate provider directory maintains accurate information for all information to be included in the directories pursuant to subdivisions (h) and (i).

(2) The accuracy percentage of a directory shall be determined by the percentage of providers for which all information required in subdivision (h) or (i) is accurate. If there is one error that would impact a patient's access to care on a listing for a provider, that listing is considered inaccurate.

(A) On July 1, 2026, a plan's directories shall be at least 60 percent accurate.

(B) On or before July 1, 2027, a plan's directories shall be at least 80 percent accurate.

(C) On or before July 1, 2028, a plan's directories shall be at least 90 percent accurate.

(D) On or before July 1, 2029, a plan's directories shall be at least 95 percent accurate.

(3) A plan shall annually verify its provider directories for accuracy of all of the information required pursuant to subdivisions (h) and (i). If the department develops a methodology and standards that permit the use of a central utility or central utilities, and if a health care service plan uses a central utility for some or all of the plan's provider directory, the plan shall ensure that information derived from the central utility is incorporated in the plan's provider directory unless the plan can demonstrate that the information from the central utility is inaccurate. The plan using a central utility shall continue to retain responsibility for ensuring that the requirements of this section are satisfied, including in any contract or other agreement with the central utility. The department shall develop procedures and policies on how a plan shall conduct the verifications. In addition to verifying the information required under subdivisions (h) and (i), the plan shall do all of the following:

(A) In verifying the accuracy of information in the provider directory or directories, determine if a provider is actively contracting, as defined by the department pursuant to subdivision (s).

(B) Annually submit its accuracy verification reports and a declaration that the accuracy verification report is true and correct to the department to ensure compliance with this section.

(C) Publicly post its accuracy verification reports annually on its internet website.

(D) Verification of the accuracy of the printed directory shall be based on the date of printing, which shall be provided on each page of the printed directory.

(4) Failure by a health care service plan to comply with this section, including failure to meet the required benchmarks for accuracy, shall result in an administrative penalty consistent with this section and this chapter. In determining the appropriate amount of an administrative penalty, a listing inaccuracy that would impact a patient's access to care shall be treated as a denial of access to care for covered benefits.

(5) When assessing administrative penalties against a health care service plan, the director shall determine the appropriate penalty amount for each violation based on one or more factors as applicable, including the factors outlined in subdivision (d) of Section 1386. The director shall take into consideration evidence provided by the plan of the plan's policies and procedures to obtain accurate provider information pursuant to this section and the plan's use of a central utility in assessing penalties pursuant to this section.

(6) Beginning January 1, 2029, and every five years thereafter, the penalty amounts specified in this section shall be adjusted based on the average rate of change in premium rates for the individual and small group markets, and weighted by enrollment, since the previous adjustment.

(o) (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 (q) 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.

(p) (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.

(q) (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 the 10-business-day notice period described in paragraph (4) of subdivision (l) has lapsed.

(A) For a provider or provider group that receives compensation on a capitated or prepaid basis, the plan may delay no more than 50 percent of the next scheduled capitation payment for up to one calendar month.

(B) For any claims payment made to a provider or provider group, the plan may delay the claims payment for up to one calendar month beginning on the first day of the following month.

(2) A plan shall notify the provider or provider group 10 business days before it seeks to delay payment or reimbursement to a provider or provider group pursuant to this subdivision. If the plan delays a payment or reimbursement pursuant to this subdivision, the plan 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 plan 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 subparagraph (A) or (B) of paragraph (1), as applicable, if the provider or provider group fails to provide the information required to be submitted to the plan pursuant to subdivision (l).

(3) A plan may terminate a contract for a pattern or repeated failure of the provider or provider group to alert the plan to a change in the information required to be in the directory or directories pursuant to this section.

(4) A plan 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 pursuant to Section 1367.035. 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).

(5) With respect to plans with Medi-Cal managed care contracts with the State Department of Health Care Services pursuant to Chapter 7 (commencing with Section 14000), Chapter 8 (commencing with Section 14200), or Chapter 8.75 (commencing with Section 14591) of Part 3 of Division 9 of the Welfare and Institutions Code, this subdivision shall be implemented only to the extent consistent with federal law and guidance.

(r) (1) In circumstances where the department finds that an enrollee reasonably relied upon inaccurate, incomplete, or misleading information contained in a health care service plan's provider directory or directories, the health care service plan shall arrange care and provide coverage for all covered health care services provided to the enrollee, hold the enrollee harmless for any amount beyond what the enrollee would have paid, had the services been delivered by an in-network provider under the enrollee's plan contract, and reimburse the provider the out-of-network amount. The provider shall not collect any additional amount from the enrollee other than the applicable in-network cost sharing, which shall count toward any in-network deductible and the out-of-pocket maximum. Before requiring reimbursement in these circumstances, the department shall conclude that the services received by the enrollee were covered services under the enrollee's plan contract. In those circumstances, the fact that the services were rendered or delivered by a noncontracting or out-of-plan provider shall not be used as a basis to deny reimbursement to the enrollee.

(2) If an enrollee, by telephone call or electronic means, requests information on whether or not a provider is contracted as an in-network provider to provide covered benefits, the health care service plan shall, if the request is by telephone, tell the enrollee verbally and follow up in writing or electronic format no later than two business days after receiving the request. If the request is by electronic means, the plan shall respond in writing or electronic format no later than one business day after receiving

the request. The plan shall also check if the provider is accepting new patients at the time and inform the enrollee. The plan shall retain a record of the request and the plan's response in the enrollee's file for at least two years after the date of the request.

(3) If an enrollee obtained information through the plan's online directory or a request consistent with paragraph (2) that a provider was an in-network provider, subsequently receives covered benefits from that provider, and the enrollee receives a bill for an amount exceeding in-network cost sharing, the enrollee shall pay no more than in-network cost sharing if any of the following apply:

(A) The provider is not contracting with the health care service plan as an in-network provider for that product at the time the enrollee receives otherwise covered benefits from that provider.

(B) The information provided regarding the provider's network status is otherwise inaccurate, misleading, or incomplete.

(C) The online provider directory of the health care service plan is not accessible to enrollees at the time the enrollee seeks information and the enrollee requests information consistent with paragraph (2).

(4) If the health care service plan contract uses a tiered network with two or more in-network tiers with differential cost sharing, the plan shall document the cost-sharing tier that the provider is contracted to accept and shall provide that information to the enrollee when the enrollee seeks information about the provider. If the plan provides information indicating that a provider is on a lower cost-sharing tier and that information is not accurate, then the enrollee shall owe no more than the cost sharing for the lower cost-sharing tier.

(5) For purposes of this subdivision, the in-network cost sharing amount for a contracted provider includes copayments, deductibles, coinsurance, and any other form of cost sharing.

(6) For purposes of this subdivision, "information" is inaccurate, incomplete, or misleading if any information in subdivision (h) or (i) regarding the provider's network status is inaccurate, incomplete, or misleading.

(s) (1) Whenever a plan determines as a result of this section that there has been a 10-percent change in the network for a product in a region, the plan shall file an amendment to the plan application with the department consistent with subdivision (f) of Section 1300.52 of Title 28 of the California Code of Regulations.

(2) For a health care service plan issued, amended, or renewed on or after July 1, 2026, if the number of providers who are not actively contracting pursuant to this section and have not responded to a plan's notifications pursuant to subdivision (l) for at least 18 months amounts to 10 percent or greater of the providers in the network for a product in a region, then the plan shall file an amendment to the plan application consistent with subdivision (f) of Section 1300.52 of Title 28 of the California Code of Regulations.

(3) A plan shall not use information about a provider for purposes of compliance with timely access requirements, network adequacy determination, or compliance with any other provision of this chapter if the plan cannot demonstrate to the department that the provider is actively contracting as determined by the department.

(4) (A) The department shall determine the definition of “actively contracting,” and consider the degree of utilization for that provider by considering if the provider has one or more claims or encounters for covered benefits to enrollees in the relevant network, unless a special circumstance applies. In determining the utilization threshold for these purposes, the department shall not set a threshold greater than at least one claim or encounter for covered benefits for an enrollee every three calendar years.

(B) A special circumstance may include a provider in a rural area, a highly specialized specialist who did not provide covered benefits for an enrollee in the prior three calendar years, or other circumstances as determined by the department through the regulatory or other rulemaking process. The department may issue guidance to implement, interpret, or make specific the requirements under this subparagraph. The guidance shall be subject to the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code).

(5) Consistent with Section 1360, a plan shall not advertise or otherwise represent the extent of its network, including the number or type of contracting providers, unless it is able to demonstrate that each provider is contracting.

(t) (1) This section applies to plans with Medi-Cal managed care contracts with the State Department of Health Care Services pursuant to Chapter 7 (commencing with Section 14000), Chapter 8 (commencing with Section 14200), or Chapter 8.75 (commencing with Section 14591) of the Welfare and Institutions Code to the extent consistent with federal law, rules, guidance, and regulations and state law and guidance issued after January 1, 2016, and not prohibited or otherwise contrary to federal law, rules, guidance, and regulations.

(2) Notwithstanding any other provision to the contrary in a plan contract with the State Department of Health Care Services, and to the extent consistent with federal law and guidance and state guidance issued after January 1, 2016, a Medi-Cal managed care plan that complies with the requirements of this section shall not be required to distribute a printed provider directory or directories, except as required by paragraph (1) of subdivision (d). All other provisions of this section apply to plans with Medi-Cal managed care contracts.

(u) A health care service plan that contracts with multiple employer welfare agreements regulated pursuant to Article 4.7 (commencing with Section 742.20) of Chapter 1 of Part 2 of Division 1 of the Insurance Code shall meet the requirements of this section.

(v) This section shall not be construed to alter a provider's obligation to provide health care services to an enrollee pursuant to the provider's contract with the plan.

(w) As part of the department's routine examination of the fiscal and administrative affairs of a health care service plan pursuant to Section 1382, the department shall include a review of the health care service plan's compliance with subdivision (q).

(x) For purposes of this section, "provider group" means a medical group, independent practice association, or other similar group of providers.

(y) Paragraphs (2), (4), (5), (6), (7), and (8) of subdivision (n) of this section do not apply to a Medi-Cal managed care plan that contracts with the State Department of Health Care Services pursuant to Chapter 7 (commencing with Section 14000) or Chapter 8 (commencing with Section 14200) of Part 3 of Division 9 of the Welfare and Institutions Code.

SEC. 4. Section 1374.72 of the Health and Safety Code is amended to read:

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

(2) For purposes of this section, "mental health and substance use disorders" means a mental health condition or substance use disorder that falls under any of the diagnostic categories listed in the mental and behavioral disorders chapter of the most recent edition of the International Classification of Diseases or that is listed in the most recent version of the 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 that 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 health care service plan and subscribers 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 enrollee or subscriber under this chapter.

(4) For purposes of this section, “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 certified by a national entity 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.

(D) An associate clinical social worker functioning pursuant to Section 4996.23.2 of the Business and Professions Code.

(E) An associate professional clinical counselor or professional clinical counselor trainee functioning pursuant to Section 4999.46.3 of the Business and Professions Code.

(F) A registered psychologist, as described in Section 2909.5 of the Business and Professions Code.

(G) A registered psychological associate, as described in Section 2913 of the Business and Professions Code.

(H) A psychology trainee or person supervised as set forth in Section 2910 or 2911 of, or subdivision (d) of Section 2914 of, the Business and Professions Code.

(5) For purposes of this section, “generally accepted standards of mental health and substance use disorder care” has the same meaning as defined in paragraph (1) of subdivision (f) of Section 1374.721.

(6) A health care service plan shall not limit benefits or coverage for mental health and substance use disorders to short-term or acute treatment.

(7) All medical necessity determinations by the health care service plan concerning service intensity, level of care placement, continued stay, and transfer or discharge of enrollees diagnosed with mental health and substance use disorders shall be conducted in accordance with the requirements of Section 1374.721. This paragraph does not deprive an enrollee of the other protections of this chapter, including, but not limited to, grievances, appeals, independent medical review, discharge, transfer, and continuity of care.

(8) A health care service plan that authorizes a specific type of treatment by a provider pursuant to this section shall not rescind or modify the authorization after the provider renders the health care service in good faith and pursuant to this authorization for any reason, including, but not limited to, the plan’s subsequent rescission, cancellation, or modification of the enrollee’s or subscriber’s contract, or the plan’s subsequent determination that it did not make an accurate determination of the enrollee’s or

subscriber's eligibility. This section shall not be construed to expand or alter the benefits available to the enrollee or subscriber under a plan.

(b) The benefits that shall be covered pursuant to this section shall include, but not be limited to, the following:

(1) Basic health care services, as defined in subdivision (b) of Section 1345.

(2) Intermediate services, including the full range of levels of care, including, but not limited to, residential treatment, partial hospitalization, and intensive outpatient treatment.

(3) Prescription drugs, if the plan contract includes coverage for prescription drugs.

(c) The terms and conditions applied to the benefits required by this section, that shall be applied equally to all benefits under the plan contract, shall include, but not be limited to, all of the following patient financial responsibilities:

(1) Maximum annual and lifetime benefits, if not prohibited by applicable law.

(2) Copayments and coinsurance.

(3) Individual and family deductibles.

(4) Out-of-pocket maximums.

(d) If services for the medically necessary treatment of a mental health or substance use disorder are not available in network within the geographic and timely access standards set by law or regulation, the health care service plan shall arrange coverage to ensure the delivery of medically necessary out-of-network services and any medically necessary followup services that, to the maximum extent possible, meet those geographic and timely access standards. As used in this subdivision, to "arrange coverage to ensure the delivery of medically necessary out-of-network services" includes, but is not limited to, providing services to secure medically necessary out-of-network options that are available to the enrollee within geographic and timely access standards. The enrollee shall pay no more than the same cost sharing that the enrollee would pay for the same covered services received from an in-network provider.

(e) This section shall not apply to contracts entered into pursuant to Chapter 7 (commencing with Section 14000) or Chapter 8 (commencing with Section 14200) of Part 3 of Division 9 of the Welfare and Institutions Code, between the State Department of Health Care Services and a health care service plan for enrolled Medi-Cal beneficiaries.

(f) (1) For the purpose of compliance with this section, a health care service plan may provide coverage for all or part of the mental health and substance use disorder services required by this section through a separate specialized health care service plan or mental health plan, and shall not be required to obtain an additional or specialized license for this purpose.

(2) A health care service plan shall provide the mental health and substance use disorder coverage required by this section in its entire service area and in emergency situations as may be required by applicable laws and regulations. For purposes of this section, health care service plan contracts

that provide benefits to enrollees through preferred provider contracting arrangements are not precluded from requiring enrollees who reside or work in geographic areas served by specialized health care service plans or mental health plans to secure all or part of their mental health services within those geographic areas served by specialized health care service plans or mental health plans, provided that all appropriate mental health or substance use disorder services are actually available within those geographic service areas within timeliness standards.

(3) Notwithstanding any other law, in the provision of benefits required by this section, a health care service plan may utilize case management, network providers, utilization review techniques, prior authorization, copayments, or other cost sharing, provided that these practices are consistent with Section 1374.76 of this code, and Section 2052 of the Business and Professions Code.

(g) This section shall not be construed to deny or restrict in any way the department's authority to ensure plan compliance with this chapter.

(h) A health care service plan shall not limit benefits or coverage for medically necessary services on the basis that those services should be or could be covered by a public entitlement program, including, but not limited to, special education or an individualized education program, Medicaid, Medicare, Supplemental Security Income, or Social Security Disability Insurance, and shall not include or enforce a contract term that excludes otherwise covered benefits on the basis that those services should be or could be covered by a public entitlement program.

(i) A health care service plan shall not adopt, impose, or enforce terms in its plan contracts or provider agreements, in writing or in operation, that undermine, alter, or conflict with the requirements of this section.

SEC. 5. Section 1374.73 of the Health and Safety Code is amended to read:

1374.73. (a) (1) Every health care service plan contract that provides hospital, medical, or surgical coverage shall also provide coverage for behavioral health treatment for pervasive developmental disorder or autism no later than July 1, 2012. The coverage shall be provided in the same manner and is subject to the same requirements as provided in Section 1374.72.

(2) Notwithstanding paragraph (1), as of the date that proposed final rulemaking for essential health benefits is issued, this section does not require any benefits to be provided that exceed the essential health benefits that all health plans will be required by federal regulations to provide under Section 1302(b) of the federal Patient Protection and Affordable Care Act (Public Law 111-148), as amended by the federal Health Care and Education Reconciliation Act of 2010 (Public Law 111-152).

(3) This section does not affect services for which an individual is eligible 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.

(4) This section does not affect or reduce any obligation to provide services under an individualized education program, as defined in Section 56032 of the Education Code, or an individual service plan, as described in Section 5600.4 of the Welfare and Institutions Code, or under the federal Individuals with Disabilities Education Act (20 U.S.C. Sec. 1400 et seq.) and its implementing regulations.

(b) Every health care service plan subject to this section shall maintain an adequate network that includes qualified autism service providers who supervise or employ qualified autism service professionals or paraprofessionals who provide and administer behavioral health treatment. A health care service plan is not prevented from selectively contracting with providers within these requirements.

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

(1) “Behavioral health treatment” means professional services and treatment programs, including applied behavior analysis and evidence-based behavior intervention programs, that develop or restore, to the maximum extent practicable, the functioning of an individual with pervasive developmental disorder or autism and that meet all of the following criteria:

(A) The treatment is prescribed by a physician and surgeon licensed pursuant to Chapter 5 (commencing with Section 2000) of, or is developed by a psychologist licensed pursuant to Chapter 6.6 (commencing with Section 2900) of, Division 2 of the Business and Professions Code.

(B) The treatment is provided under a treatment plan prescribed by a qualified autism service provider and is administered by one of the following:

(i) A qualified autism service provider.

(ii) A qualified autism service professional supervised by the qualified autism service provider.

(iii) A qualified autism service paraprofessional supervised by a qualified autism service provider or qualified autism service professional.

(C) The treatment plan has measurable goals over a specific timeline that is developed and approved by the qualified autism service provider for the specific patient being treated. The treatment plan shall be reviewed no less than once every six months by the qualified autism service provider and modified whenever appropriate, and shall be consistent with Section 4686.2 of the Welfare and Institutions Code pursuant to which the qualified autism service provider does all of the following:

(i) Describes the patient’s behavioral health impairments or developmental challenges that are to be treated.

(ii) Designs an intervention plan that includes the service type, number of hours, and parent participation needed to achieve the plan’s goal and objectives, and the frequency at which the patient’s progress is evaluated and reported.

(iii) Provides intervention plans that utilize evidence-based practices, with demonstrated clinical efficacy in treating pervasive developmental disorder or autism.

(iv) Discontinues intensive behavioral intervention services when the treatment goals and objectives are achieved or no longer appropriate.

(D) The treatment plan is not used for purposes of providing or for the reimbursement of respite, day care, or educational services and is not used to reimburse a parent for participating in the treatment program. The treatment plan shall be made available to the health care service plan upon request.

(2) “Qualified autism service provider” means an individual described in Section 4999.200 of the Business and Professions Code.

(3) “Qualified autism service professional” means an individual who meets all of the criteria set forth in Section 4999.201 of the Business and Professions Code.

(4) “Qualified autism service paraprofessional” means an unlicensed and uncertified individual who meets all of the criteria set forth in Section 4999.202 of the Business and Professions Code.

(d) This section does not apply to any of the following:

(1) A specialized health care service plan that does not deliver mental health or behavioral health services to enrollees.

(2) A health care service plan contract in the Medi-Cal program (Chapter 7 (commencing with Section 14000) of Part 3 of Division 9 of the Welfare and Institutions Code).

(e) This section does not limit the obligation to provide services under Section 1374.72.

(f) As provided in Section 1374.72 and in paragraph (1) of subdivision (a), in the provision of benefits required by this section, a health care service plan may utilize case management, network providers, utilization review techniques, prior authorization, copayments, or other cost sharing.

SEC. 5.5. Section 1374.73 of the Health and Safety Code is amended to read:

1374.73. (a) (1) Every health care service plan contract that provides hospital, medical, or surgical coverage shall also provide coverage for behavioral health treatment for pervasive developmental disorder or autism no later than July 1, 2012. The coverage shall be provided in the same manner and is subject to the same requirements as provided in Section 1374.72.

(2) Notwithstanding paragraph (1), as of the date that the proposed final rulemaking for essential health benefits is issued, this section does not require any benefits to be provided that exceed the essential health benefits that all health plans will be required by federal regulations to provide under Section 1302(b) of the federal Patient Protection and Affordable Care Act (Public Law 111-148), as amended by the federal Health Care and Education Reconciliation Act of 2010 (Public Law 111-152).

(3) This section does not affect services for which an individual is eligible 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.

(4) This section does not affect or reduce any obligation to provide services under an individualized education program, as defined in Section 56032 of the Education Code, or an individual service plan, as described in

Section 5600.4 of the Welfare and Institutions Code, or under the federal Individuals with Disabilities Education Act (20 U.S.C. Sec. 1400 et seq.) and its implementing regulations.

(b) Every health care service plan subject to this section shall maintain an adequate network that includes qualified autism service providers who supervise or employ qualified autism service professionals or paraprofessionals who provide and administer behavioral health treatment. A health care service plan is not prevented from selectively contracting with providers within these requirements.

(c) (1) A health care service plan contract issued, amended, or renewed on or after January 1, 2026, shall not require an enrollee previously diagnosed with pervasive developmental disorder or autism to receive a rediagnosis to maintain coverage for behavioral health treatment for pervasive developmental disorder or autism.

(2) This subdivision does not prohibit or restrict a treating provider from reevaluating an enrollee for purposes of determining the appropriate treatment. The treatment plan shall be made available to the health care service plan upon request.

(3) This subdivision does not prohibit a treating provider from prescribing a rediagnosis at the discretion of the physician licensed pursuant to Chapter 5 (commencing with Section 2000) of Division 2 of the Business and Professions Code or a psychologist licensed pursuant to Chapter 6.6 (commencing with Section 2900) of Division 2 of the Business and Professions Code.

(4) A health care service plan shall not discontinue or delay existing treatment while waiting for a rediagnosis to be completed.

(5) This subdivision does not prohibit a health care service plan from requiring utilization review. For the purpose of this section, utilization review is distinct from a rediagnosis.

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

(1) “Behavioral health treatment” means professional services and treatment programs, including applied behavior analysis and evidence-based behavior intervention programs, that develop or restore, to the maximum extent practicable, the functioning of an individual with pervasive developmental disorder or autism and that meet all of the following criteria:

(A) The treatment is prescribed by a physician and surgeon licensed pursuant to Chapter 5 (commencing with Section 2000) of, or is developed by a psychologist licensed pursuant to Chapter 6.6 (commencing with Section 2900) of, Division 2 of the Business and Professions Code.

(B) The treatment is provided under a treatment plan prescribed by a qualified autism service provider and is administered by one of the following:

(i) A qualified autism service provider.

(ii) A qualified autism service professional supervised by the qualified autism service provider.

(iii) A qualified autism service paraprofessional supervised by a qualified autism service provider or qualified autism service professional.

(C) The treatment plan has measurable goals over a specific timeline that is developed and approved by the qualified autism service provider for the specific patient being treated. The treatment plan shall be reviewed no less than once every six months by the qualified autism service provider and modified whenever appropriate, and shall be consistent with Section 4686.2 of the Welfare and Institutions Code pursuant to which the qualified autism service provider does all of the following:

(i) Describes the patient's behavioral health impairments or developmental challenges that are to be treated.

(ii) Designs an intervention plan that includes the service type, number of hours, and parent participation needed to achieve the plan's goal and objectives, and the frequency at which the patient's progress is evaluated and reported.

(iii) Provides intervention plans that utilize evidence-based practices, with demonstrated clinical efficacy in treating pervasive developmental disorder or autism.

(iv) Discontinues intensive behavioral intervention services when the treatment goals and objectives are achieved or no longer appropriate.

(D) The treatment plan is not used for purposes of providing or for the reimbursement of respite, daycare, or educational services and is not used to reimburse a parent for participating in the treatment program. The treatment plan shall be made available to the health care service plan upon request.

(2) "Qualified autism service provider" means an individual described in Section 4999.200 of the Business and Professions Code.

(3) "Qualified autism service professional" means an individual who meets all of the criteria set forth in Section 4999.201 of the Business and Professions Code.

(4) "Qualified autism service paraprofessional" means an unlicensed and uncertified individual who meets all of the criteria set forth in Section 4999.202 of the Business and Professions Code.

(5) "Rediagnosis" means a subsequent undertaking by any method, device, or procedure, whether gratuitous or not, to ascertain or establish if a person is suffering from a physical or mental health disorder, pursuant to Section 2038 of the Business and Professions Code. "Rediagnosis" also means prescription of a subsequent diagnosis of pervasive developmental disorders or autism to ascertain or establish if a person is suffering from a pervasive developmental disorder or autism.

(6) "Utilization review" means utilization review or utilization management functions that prospectively, retrospectively, or concurrently review and approve, modify, or deny, based in whole or in part on medical necessity to cure and relieve, treatment recommendations by physicians licensed pursuant to Chapter 5 (commencing with Section 2000) of Division 2 of the Business and Professions Code before, after, or concurrent with the provision of medical treatment services. "Utilization review" refers to an evaluation of existing treatment to ensure an enrollee receives the proper care at the proper time.

(e) This section does not apply to either of the following:

(1) A specialized health care service plan that does not deliver mental health or behavioral health services to enrollees.

(2) A health care service plan contract in the Medi-Cal program (Chapter 7 (commencing with Section 14000) of Part 3 of Division 9 of the Welfare and Institutions Code).

(f) This section does not limit the obligation to provide services under Section 1374.72.

(g) As provided in Section 1374.72 and in paragraph (1) of subdivision (a), in the provision of benefits required by this section, a health care service plan may utilize case management, network providers, utilization review techniques, prior authorization, copayments, or other cost sharing.

SEC. 6. Section 10133.15 of the Insurance Code is amended to read:

10133.15. (a) Commencing July 1, 2016, a health insurer that contracts with providers for alternative rates of payment pursuant to Section 10133 shall publish and maintain provider directory or directories with information on contracting providers that deliver health care services to the insurer's insureds, including those that accept new patients. A provider directory shall not list or include information on a provider that is not currently under contract with the insurer.

(b) An insurer shall provide the online directory or directories for the specific network offered for each product using a consistent method of network and product naming, numbering, or other classification method that ensures the public, insureds, potential insureds, the department, and other state or federal agencies can easily identify the networks and insurer products in which a provider participates. By July 31, 2017, or 12 months after the date provider directory standards are developed under subdivision (k), whichever occurs later, an insurer shall use the naming, numbering, or classification method developed by the department pursuant to subdivision (k).

(c) (1) An online provider directory or directories shall be available on the insurer's internet website to the public, potential insureds, insureds, and providers without any restrictions or limitations. The directory or directories shall be accessible without any requirement that an individual seeking the directory information demonstrate coverage with the insurer, indicate interest in obtaining coverage with the insurer, provide a member identification or policy number, provide any other identifying information, or create or access an account.

(2) The online provider directory or directories shall be accessible on the insurer's public internet website through an identifiable link or tab and in a manner that is accessible and searchable by insureds, potential insureds, the public, and providers. By July 1, 2017, or 12 months after the date provider directory standards are developed under subdivision (k), whichever occurs later, the insurer's public internet website shall allow provider searches by, at a minimum, name, practice address, city, ZIP Code, California license number, National Provider Identifier number, admitting privileges

to an identified hospital, product, tier, provider language or languages, provider group, hospital name, facility name, or clinic name, as appropriate.

(d) (1) An insurer shall allow insureds, potential insureds, providers, and members of the public to request a printed copy of the provider directory or directories by contacting the insurer through the insurer's toll-free telephone number, electronically, or in writing. A printed copy of the provider directory or directories shall include the information required in subdivisions (h) and (i). The printed copy of the provider directory or directories shall be provided to the requester by mail postmarked no later than five business days following the date of the request and may be limited to the geographic region in which the requester resides or works or intends to reside or work.

(2) An insurer shall update its printed provider directory or directories at least quarterly, or more frequently, if required by federal law.

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

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

(B) A contracted provider is no longer under contract for a particular product.

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

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

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

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

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

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

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

(f) The provider directory or directories shall include both an email address and a telephone number for members of the public and providers to notify the insurer if the provider directory information appears to be inaccurate. This information shall be disclosed prominently in the directory or directories and on the insurer's internet website.

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

(1) Language interpreter services, at no cost to the insured, including how to obtain interpretation services in accordance with Section 10133.8.

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

(h) The insurer and a specialized mental health insurer shall include all of the following information in the provider directory or directories:

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

(2) Type of practitioner.

(3) National Provider Identifier number.

(4) California license number and type of license.

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

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

(7) The name of each affiliated provider group currently under contract with the insurer through which the provider sees insureds.

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

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

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

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

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

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

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

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

(10) Non-English language, if any, spoken by a health care provider or other medical professional as well as non-English language spoken by a qualified medical interpreter, in accordance with Section 10133.8, if any, on the provider's staff.

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

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

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

(i) A vision, dental, or other specialized insurer, except for a specialized mental health insurer, shall include all of the following information for each provider directory or directories used by the insurer for its networks:

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

(2) Type of practitioner.

(3) National Provider Identifier number.

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

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

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

(7) The name of each affiliated provider group or specialty insurer practice group currently under contract with the insurer through which the provider sees insureds.

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

(9) The non-English language, if any, spoken by a health care provider or other medical professional as well as non-English language spoken by a qualified medical interpreter, in accordance with Section 10133.8, if any, on the provider's staff.

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

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

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

(A) The provider is not accepting new patients.

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

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

(3) If an insured or potential insured informs an insurer of a possible inaccuracy in the provider directory or directories, the insurer shall promptly investigate and, if necessary, undertake corrective action within 30 business days to ensure the accuracy of the directory or directories.

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

(2) In developing the standards under this subdivision, the department shall seek input from interested parties throughout the process of developing the standards and shall hold at least one 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, an insurer shall use the standards developed by the department for each product offered by the insurer.

(l) (1) An insurer shall take appropriate steps to ensure the accuracy of the information concerning each provider listed in the insurer'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 insurer 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 insurer 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 insurer shall notify its contracted providers to ensure that all of the providers are contacted by the insurer at least once annually.

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

(A) The information the insurer has in its directory or directories regarding the provider or provider group, including a list of networks and 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 insurer 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 or not the provider group is accepting new patients for each product.

(4) If the insurer does not receive an affirmative response and confirmation from the provider that the information is current and accurate or, as an alternative, updates any information required to be in the directory or directories pursuant to this section, within 30 business days, the insurer shall take no more than 15 business days to verify whether the provider's information is correct or requires updates. The insurer shall document the receipt and outcome of each attempt to verify the information. If the insurer is unable to verify whether the provider's information is correct or requires updates, the insurer shall notify the provider 10 business days in advance of removal that the provider will be removed from the directory or directories. The provider shall be removed from the directory or directories at the next required update of the provider directory or directories after the 10-business day notice period. A provider shall not be removed from the provider directory or directories if they respond before the end of the 10-business day notice period.

(5) General acute care hospitals shall be exempt from the requirements in paragraphs (3) and (4).

(m) An insurer shall establish policies and procedures with regard to the regular updating of its provider directory or directories, including the weekly, quarterly, and annual updates required pursuant to this section, or more frequently, if required by federal law or guidance.

(1) The policies and procedures described under this subdivision shall be submitted by an insurer annually to the department for approval and in a format described by the department.

(2) Every insurer shall ensure processes are in place to allow 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 website linking to a form where the information can be reported directly to the insurer through its 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, 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 insurer that the provider should be deleted from the provider group in the insurer's provider directory or directories.

(5) Section 10133.65, 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 an insurer receives a report indicating that information listed in its provider directory or directories is inaccurate, the insurer 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 insurer 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 insurer's investigation, the outcome of the investigation, and any changes or updates made to its provider directory or directories.

(C) If changes to an insurer's provider directory or directories are required as a result of the insurer'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 10123.13 and 10123.147, an insurer may delay payment or reimbursement owed to a provider or provider group for any claims payment made to a provider or provider group for up to one calendar month beginning on the first day of the following month, if the provider or provider group fails 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 and to reimburse the insured for any amount beyond what the insured would have paid, had the services been delivered by an in-network provider under the insured's health insurance policy. Prior to requiring reimbursement in these circumstances, the department shall conclude that the services received by the insured were covered services under the insured's health insurance policy. In those

circumstances, the fact that the services were rendered or delivered by a noncontracting or out-of-network provider shall not be used as a basis to deny reimbursement to the insured.

(r) Whenever an insurer determines as a result of this section that there has been a 10-percent change in the network for a product in a region, the insurer shall file a statement with the commissioner.

(s) An insurer that contracts with multiple employer welfare agreements regulated pursuant to Article 4.7 (commencing with Section 742.20) of Chapter 1 of Part 2 of Division 1 shall meet the requirements of this section.

(t) This section shall not be construed to alter a provider's obligation to provide health care services to an insured pursuant to the provider's contract with the insurer.

(u) As part of the department's routine examination of a health insurer pursuant to Section 730, the department shall include a review of the health insurer's compliance with subdivision (p).

(v) For purposes of this section, "provider group" means a medical group, independent practice association, or other similar group of providers.

SEC. 6.5. Section 10133.15 of the Insurance Code is amended to read:

10133.15. (a) A health insurer that contracts with providers for alternative rates of payment pursuant to Section 10133 shall publish and maintain a provider directory or directories with information on contracting providers that deliver health care services to the insurer's insureds, including those that accept new patients. A provider directory shall not list or include information on a provider that is not currently under contract with the insurer. Commencing July 1, 2026, a health insurer shall comply with this section as it read on January 1, 2026.

(b) An insurer shall provide the online directory or directories for the specific network offered for each product using a consistent method of network and product naming, numbering, or other classification method that ensures the public, insureds, potential insureds, contracting providers, the department, and other state or federal agencies can easily identify the networks and insurer products in which a provider participates. By July 31, 2017, or 12 months after the date provider directory standards are developed under subdivision (k), whichever occurs later, an insurer shall use the naming, numbering, or classification method developed by the department pursuant to subdivision (k).

(c) (1) An online provider directory or directories shall be available on the insurer's internet website to the public, potential insureds, insureds, and providers without any restrictions or limitations. The directory or directories shall be accessible without any requirement that an individual seeking the directory information demonstrate coverage with the insurer, indicate interest in obtaining coverage with the insurer, provide a member identification or policy number, provide any other identifying information, or create or access an account.

(2) The online provider directory or directories shall be accessible on the insurer's public internet website through an identifiable link or tab and in a manner that is accessible and searchable by insureds, potential insureds,

the public, and providers. By July 1, 2017, or 12 months after the date provider directory standards are developed under subdivision (k), whichever occurs later, the insurer's public internet website shall allow provider searches by, at a minimum, name, practice address, city, ZIP Code, California license number, National Provider Identifier number, admitting privileges to an identified hospital, product, tier, provider language or languages, provider group, hospital name, facility name, or clinic name, as appropriate, and the information provided shall be verified and accurate, consistent with this section.

(d) (1) An insurer shall allow insureds, potential insureds, providers, and members of the public to request a printed copy of the provider directory or directories by contacting the insurer through the insurer's toll-free telephone number, electronically, or in writing. A printed copy of the provider directory or directories shall include the information required in subdivisions (h) and (i). The printed copy of the provider directory or directories shall be provided to the requester by mail postmarked no later than five business days following the date of the request and may be limited to the geographic region in which the requester resides or works or intends to reside or work.

(2) An insurer shall update its printed provider directory or directories at least quarterly, or more frequently, if required by federal law.

(3) A printed directory shall be dated with the date of its last update.

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

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

(B) A contracted provider is no longer under contract for a particular product.

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

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

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

(2) Upon confirmation of any of the following, the insurer shall delete and remove a provider from the directory or directories when:

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

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

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

(f) (1) The provider directory or directories shall display the date of the most recent update. The provider directory or directories shall also display a dedicated email address, telephone number, and reporting hyperlink for members of the public and providers to report possible inaccurate, incomplete, or misleading directory information. The provider directory or directories shall also state that the insured may submit a complaint if the insured believes they reasonably relied upon inaccurate, incomplete, or misleading directory information. This information shall be disclosed prominently in the directory or directories and on the insurer's internet website.

(2) An insurer shall include a prominent disclosure on its print and online provider directories of its duty to arrange coverage when behavioral health benefits are not available in-network within applicable geographic and timely access standards. The disclosure shall be included within the directory and shall also include the geographic accessibility standards.

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

(1) Language interpreter services, at no cost to the insured, including how to obtain interpretation services in accordance with Section 10133.8.

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

(h) The insurer and a specialized mental health insurer shall include all of the following information in the provider directory or directories:

(1) The provider's name, practice location or locations, and contact information, including telephone number.

(2) Type of practitioner.

(3) National Provider Identifier number.

(4) California license number and type of license.

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

(6) The provider's office email address, if available to an insured or the public.

(7) The population served, meaning adult, pediatric, or both.

(8) The name of each affiliated provider group currently under contract with the insurer through which the provider sees insureds.

(9) A listing for each of the following providers that are under contract with the insurer:

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

(B) Nurse practitioners, physician assistants, psychologists, acupuncturists, optometrists, dispensing optometrists and opticians, podiatrists, chiropractors, licensed clinical social workers, marriage and family therapists, professional clinical counselors, qualified autism service providers, as defined in Section 4999.200 of the Business and Professions Code, nurse-midwives, and dentists.

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

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

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

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

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

(11) Non-English language, if any, spoken by a health care provider or other medical professional as well as non-English language spoken by a qualified medical interpreter, in accordance with Section 10133.8, if any, on the provider's staff.

(12) Identification of providers who no longer accept new patients for some or all of the insurer's products.

(13) Whether or not the provider is in the lowest cost-sharing tier, if the product has more than one cost-sharing tier, and the network tier to which the provider is assigned, if the provider is not in the lowest tier, as applicable. Nothing in this section shall be construed to require the use of network tiers other than contract and noncontracting tiers.

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

(i) A vision, dental, or other specialized insurer, except for a specialized mental health insurer, shall include all of the following information for each provider directory or directories used by the insurer for its networks:

(1) The provider's name, practice location or locations, and contact information, including telephone number.

(2) Type of practitioner.

(3) National Provider Identifier number.

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

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

(6) The provider's office email address, if available to an insured or the public.

(7) The population served, meaning adult, pediatric, or both.

(8) The name of each affiliated provider group or specialty insurer practice group currently under contract with the insurer through which the provider sees insureds.

(9) The names of each allied health care professional to the extent there is a direct contract for those services covered through a contract with the insurer.

(10) The non-English language, if any, spoken by a health care provider or other medical professional as well as non-English language spoken by a

qualified medical interpreter, in accordance with Section 10133.8, if any, on the provider's staff.

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

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

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

(A) The provider is not accepting new patients.

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

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

(3) If an insured or potential insured informs an insurer of a possible inaccuracy in the provider directory or directories, the insurer shall promptly investigate and, if necessary, undertake corrective action within 30 business days to ensure the accuracy of the directory or directories.

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

(2) In developing the standards under this subdivision, the department shall seek input from interested parties throughout the process of developing the standards and shall hold at least one 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, an insurer shall use the standards developed by the department for each product offered by the insurer.

(4) On or before January 1, 2026, the department may update a uniform format with standardized naming conventions and other aspects for each insurer to use to request directory information from its providers, consistent with current law.

(5) (A) On or before January 1, 2026, the department may establish a methodology and processes to ensure accuracy of provider directories and

consistency with other state or federal laws, regulations, or standards. The department shall take into account existing methods, including surveys, insurer-reported information, and benchmarks or submission information from a central utility by another entity.

(B) The department may require an insurer to use or designate a central utility or central utilities for those providers included in the directory and may take into consideration impact on provider financial interests, insured access to providers, and health insurers. If the department requires or designates a central utility or central utilities, in developing the methodology under this section, the department shall seek input from interested parties, including providers, health insurers, consumers, and consumer advocates, and may hold one or more public meetings. Standards developed pursuant to paragraph (4) and this paragraph shall not be subject to the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code) until January 1, 2029.

(i) If the department designates or requires an insurer to use a central utility or central utilities, the insurer's contract with the utility shall require that incomplete or incorrect information submitted to the central utility shall not be conveyed to the insurer. The contract shall also require that the central utility notify the submitter of incomplete or inaccurate information.

(ii) If the department determines that a central utility designated or required pursuant to this subparagraph is frequently failing to provide accurate information to insurers, the department may consider no longer requiring or designating that central utility for use.

(iii) A health insurer may require providers to update their information through the central utility to update the health insurer's provider directory. However, if the department requires a health insurer to use or designate a central utility or central utilities, the health insurer shall require providers to update their information through the central utility to update the health insurer's provider directory.

(C) If the insurer can demonstrate it will meet the benchmarks required in paragraph (2) of subdivision (n) without using the central utility designated in subparagraph (B), the department may allow the insurer to not use the central utility. If the insurer fails to meet the benchmark in the future, the department may require the insurer to use the central utility as a method to achieve higher accuracy of provider directory listings to comply with paragraph (2) of subdivision (n).

(I) (1) An insurer shall take appropriate steps to ensure the accuracy of the information concerning each provider listed in the insurer'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 insurer 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 insurer 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 insurer shall notify its contracted providers to ensure that all of the providers are contacted by the insurer at least once annually.

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

(A) The information the insurer has in its directory or directories regarding the provider or provider group, including a list of networks and 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 (q).

(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).

(D) A statement that failure to respond to the notification within five calendar days may result in a notice in their provider listing that states: “As of the last directory update, this provider is actively participating with the insurer. However, the provider has not responded to verify their listing information in the last update, so information may not be up to date.”

(3) The insurer shall require an affirmative response from the provider or provider group acknowledging that the notification was received. Within 30 calendar days of receiving the notification, 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 or not the provider group is accepting new patients for each product.

(4) If the insurer does not receive an affirmative response and confirmation from the provider that the information is current and accurate or, as an alternative, updates any information required to be in the directory or directories pursuant to this section, within 30 business days, the insurer shall take no more than 15 business days to verify whether the provider’s information is correct or requires updates. The insurer shall document the receipt and outcome of each attempt to verify the information. If the insurer is unable to verify whether the provider’s information is correct or requires updates, the insurer shall notify the provider 10 business days in advance of removal that the provider will be removed from the directory or directories. The provider shall be removed from the directory or directories at the next required update of the provider directory or directories after the 10-business-day notice period. A provider shall not be removed from the provider directory or directories if the provider responds before the end of the 10-business-day notice period.

(5) If a provider that was previously removed from the provider directory or directories requests to be added back to the provider directory or directories, or if an insurer requests that a provider that was previously removed from the provider directory or directories be added back to the provider directory or directories, the insurer shall ensure the accuracy of

the request and approve the request within 10 business days of receipt if accurate.

(6) If a provider does not respond within five calendar days, a health insurer may include the following statement in the provider listing before removing the provider from the directory: “As of the last directory update, this provider is actively participating with the insurer. However, the provider has not responded to verify their listing information in the last update, so information may not be up to date.”

(7) General acute care hospitals shall be exempt from the requirements in paragraphs (3) to (5), inclusive.

(m) An insurer shall establish policies and procedures with regard to the regular updating of its provider directory or directories, including the weekly, quarterly, and annual updates required pursuant to this section, or more frequently, if required by federal law or guidance. Providers shall submit any changes to the information required to be in the directory within 30 calendar days of any change.

(1) The policies and procedures described under this subdivision shall be submitted by an insurer annually to the department for approval and in a format described by the department.

(2) Every insurer shall ensure processes are in place to allow 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 website linking to a form where the information can be reported directly to the insurer through its internet website.

(n) An insurer shall be responsible for maintaining an accurate provider directory.

(1) An accurate provider directory maintains accurate information for all information to be included in the directories pursuant to subdivisions (h) and (i).

(2) The accuracy percentage of a directory shall be determined by the percentage of providers for which all information required in subdivision (h) or (i) is accurate. If there is one error that would impact a patient’s access to care on a listing for a provider, that listing is considered inaccurate.

(A) On July 1, 2026, an insurer’s directories shall be at least 60 percent accurate.

(B) On or before July 1, 2027, an insurer's directories shall be at least 80 percent accurate.

(C) On or before July 1, 2028, an insurer's directories shall be at least 90 percent accurate.

(D) On or before July 1, 2029, an insurer's directories shall be at least 95 percent accurate.

(3) An insurer shall annually verify its provider directories for accuracy of all of the information required pursuant to subdivisions (h) and (i). If the department develops a methodology and standards that permit the use of a central utility or central utilities, and if an insurer uses a central utility for some or all of the insurer's provider directory, the insurer shall ensure that information derived from the central utility is incorporated in the insurer's provider directory unless the insurer can demonstrate that the information from the central utility is inaccurate. The insurer using a central utility shall continue to retain responsibility for ensuring that the requirements of this section are satisfied, including in any contract or other agreement with the central utility. The department shall develop procedures and policies on how an insurer shall conduct the verifications. In addition to verifying the information required under subdivisions (h) and (i), the insurer shall do all of the following:

(A) In verifying the accuracy of information in the provider directory or directories, determine if a provider is actively participating, as defined by the department pursuant to subdivision (s).

(B) Annually submit its accuracy verification reports and a declaration that the accuracy verification report is true and correct to the department to ensure compliance with this section.

(C) Publicly post its accuracy verification reports annually on its internet website.

(D) Verification of the accuracy of the printed directory shall be based on the date of printing, which shall be provided on each page of the printed directory.

(4) Failure by an insurer to comply with this section, including failure to meet the required benchmarks for accuracy, shall result in an administrative penalty consistent with this section and this chapter. In determining the appropriate amount of an administrative penalty, a listing inaccuracy that would impact a patient's access to care shall be treated as a denial of access to care for covered benefits.

(5) When assessing administrative penalties against a health insurer, the department shall determine the appropriate penalty amount for each violation based on one or more factors as applicable. The department shall take into consideration evidence provided by the insurer of the insurer's policies and procedures to obtain accurate provider information pursuant to this section, and the insurer's use of a central utility, in assessing penalties pursuant to this section.

(6) Beginning January 1, 2030, and every five years thereafter, the penalty amounts specified in this section shall be adjusted based on the average rate

of change in premium rates for the individual and small group markets, and weighted by enrollment, since the previous adjustment.

(o) (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 (q) 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 insurer that the provider should be deleted from the provider group in the insurer's provider directory or directories.

(5) Section 10133.65, known as the Health Care Providers' Bill of Rights, applies to any material change to a provider contract pursuant to this section.

(p) (1) Whenever an insurer receives a report indicating that information listed in its provider directory or directories is inaccurate, the insurer 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 insurer 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 insurer's investigation, the outcome of the investigation, and any changes or updates made to its provider directory or directories.

(C) If changes to an insurer's provider directory or directories are required as a result of the insurer'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.

(q) (1) Notwithstanding Sections 10123.13 and 10123.147, an insurer may delay payment or reimbursement owed to a provider or provider group for any claims payment made to a provider or provider group for up to one calendar month beginning on the first day of the following month, if the provider or provider group fails 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).

(r) (1) In circumstances where the department finds that an insured reasonably relied upon inaccurate, incomplete, or misleading information contained in an insurer's provider directory or directories, the insurer shall arrange care and provide coverage for all covered health care services provided to the insured, hold the insured harmless for any amount beyond what the insured would have paid, had the services been delivered by an in-network provider under the insured's health insurance policy, and

reimburse the provider the out-of-network amount. The provider shall not collect any additional amount from the insured other than the applicable in-network cost sharing, which shall count toward any in-network deductible and the out-of-pocket maximum. Before requiring reimbursement in these circumstances, the department shall conclude that the services received by the insured were covered services under the insured's health insurance policy. In those circumstances, the fact that the services were rendered or delivered by a noncontracting or out-of-network provider shall not be used as a basis to deny reimbursement to the insured.

(2) If an insured, by telephone call or electronic means, requests information on whether or not a provider is contracted as an in-network provider to provide covered benefits, the insurer shall, if the request is by telephone, tell the insured verbally and follow up in writing or electronic format no later than one business day after receiving the request. If the request is by electronic means, the insurer shall respond in writing or electronic format no later than two business days after receiving the request. The insurer shall also check if the provider is accepting new patients at the time and inform the insured. The insurer shall retain a record of the request and the insurer's response in the insured's file for at least two years after the date of the request.

(3) If an insured obtained information through the insurer's online directory or a request consistent with paragraph (2) that a provider was an in-network provider, subsequently receives covered benefits from that provider, and the insured receives a bill for an amount exceeding in-network cost sharing, the group insured shall pay no more than in-network cost sharing if any of the following apply:

(A) The provider is not contracting with the insurer as an in-network provider for that product at the time the insured receives otherwise covered benefits from that provider.

(B) The information provided regarding the provider's network status is otherwise inaccurate, misleading, or incomplete.

(C) The online provider directory of the insurer is not accessible to insureds at the time the insured seeks information and the insured requests information consistent with paragraph (2).

(4) If the health insurance policy uses a tiered network with two or more in-network tiers with differential cost sharing, the insurer shall document the cost-sharing tier that the provider is contracted to accept and shall provide that information to the insured when the insured seeks information about the provider. If the insurer provides information indicating that a provider is on a lower cost-sharing tier and that information is not accurate, then the insured shall owe no more than the cost sharing for the lower cost-sharing tier.

(5) For purposes of this subdivision, the in-network cost-sharing amount for a contracted provider includes copayments, deductibles, coinsurance, and any other form of cost sharing.

(6) For purposes of this subdivision, "information" is inaccurate, incomplete, or misleading if any information in subdivision (h) or (i)

regarding the provider's network status is inaccurate, incomplete, or misleading.

(s) (1) Whenever an insurer determines as a result of this section that there has been a 10-percent change in the network for a product in a region, the insurer shall file a statement with the commissioner.

(2) For an insurance policy issued, amended, or renewed on or after July 1, 2026, if the number of providers who are not actively participating pursuant to this section and have not responded to an insurer's notifications pursuant to subdivision (l) for at least 18 months amount to 10 percent or greater of the providers in the network for a product in a region, which is considered material consistent with subdivision (f) of Section 2240.5 of Title 10 of the California Code of Regulations, then the insurer shall file a corrective action plan consistent with that regulation.

(3) An insurer shall not use information about a provider for purposes of compliance with timely access requirements, network adequacy determination, or compliance with any other provision of this chapter if the insurer cannot demonstrate to the department that the provider is actively participating as determined by the department.

(4) (A) The department shall determine the definition of "actively participating," and consider the degree of utilization for that provider by considering if the provider has one or more claims or encounters for covered benefits to insureds in the relevant network, unless a special circumstance applies. In determining the utilization threshold for these purposes, the department shall not set a threshold greater than at least one claim or encounter for covered benefits for an insured every three calendar years.

(B) A special circumstance may include a provider in a rural area, a highly specialized specialist who did not provide covered benefits for an insured in the prior three calendar years, or other circumstances as determined by the department through the regulatory or other rulemaking process. The department may issue guidance to implement, interpret, or make specific the requirements under this subparagraph. The guidance shall be subject to the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code).

(5) An insurer shall not advertise or otherwise represent the extent of its network, including the number or type of contracting providers, unless it is able to demonstrate that each provider is contracting.

(t) An insurer that contracts with multiple employer welfare agreements regulated pursuant to Article 4.7 (commencing with Section 742.20) of Chapter 1 of Part 2 of Division 1 shall meet the requirements of this section.

(u) This section shall not be construed to alter a provider's obligation to provide health care services to an insured pursuant to the provider's contract with the insurer.

(v) As part of the department's routine examination of a health insurer pursuant to Section 730, the department shall include a review of the health insurer's compliance with subdivision (q).

(w) For purposes of this section, “provider group” means a medical group, independent practice association, or other similar group of providers.

SEC. 7. Section 10144.5 of the Insurance Code is amended to read:

10144.5. (a) (1) Every disability insurance policy issued, amended, or renewed on or after January 1, 2021, that provides hospital, medical, or surgical coverage shall provide coverage for medically necessary treatment of mental health and substance use disorders, under the same terms and conditions applied to other medical conditions as specified in subdivision (c).

(2) For purposes of this section, “mental health and substance use disorders” means a mental health condition or substance use disorder that falls under any of the diagnostic categories listed in the mental and behavioral disorders chapter of the most recent edition of the World Health Organization’s International Statistical Classification of Diseases and Related Health Problems, or that is 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 certified by a national entity 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.

(D) An associate clinical social worker functioning pursuant to Section 4996.23.2 of the Business and Professions Code.

(E) An associate professional clinical counselor or professional clinical counselor trainee functioning pursuant to Section 4999.46.3 of the Business and Professions Code.

(F) A registered psychologist, as described in Section 2909.5 of the Business and Professions Code.

(G) A registered psychological assistant, as described in Section 2913 of the Business and Professions Code.

(H) A psychology trainee or person supervised as set forth in Section 2910 or 2911 of, or subdivision (d) of Section 2914 of, the Business and Professions Code.

(5) For purposes of this section, “generally accepted standards of mental health and substance use disorder care” has the same meaning as defined in paragraph (1) of subdivision (f) of Section 10144.52.

(6) A disability insurer shall not limit benefits or coverage for mental health and substance use disorders to short-term or acute treatment.

(7) All medical necessity determinations made by the disability insurer concerning service intensity, level of care placement, continued stay, and transfer or discharge of insureds diagnosed with mental health and substance use disorders shall be conducted in accordance with the requirements of Section 10144.52.

(8) A disability insurer that authorizes a specific type of treatment by a provider pursuant to this section shall not rescind or modify the authorization after the provider renders the health care service in good faith and pursuant to this authorization for any reason, including, but not limited to, the insurer’s subsequent rescission, cancellation, or modification of the insured’s or policyholder’s contract, or the insurer’s subsequent determination that it did not make an accurate determination of the insured’s or policyholder’s eligibility. This section shall not be construed to expand or alter the benefits available to the insured or policyholder under an insurance policy.

(b) The benefits that shall be covered pursuant to this section shall include, but not be limited to, the following:

(1) Basic health care services, as defined in subdivision (b) of Section 1345 of the Health and Safety Code.

(2) Intermediate services, including the full range of levels of care, including, but not limited to, residential treatment, partial hospitalization, and intensive outpatient treatment.

(3) Prescription drugs, if the policy includes coverage for prescription drugs.

(c) The terms and conditions applied to the benefits required by this section, that shall be applied equally to all benefits under the disability insurance policy shall include, but not be limited to, all of the following patient financial responsibilities:

(1) Maximum and annual lifetime benefits, if not prohibited by applicable law.

(2) Copayments and coinsurance.

(3) Individual and family deductibles.

(4) Out-of-pocket maximums.

(d) If services for the medically necessary treatment of a mental health or substance use disorder are not available in network within the geographic and timely access standards set by law or regulation, the disability insurer shall arrange coverage to ensure the delivery of medically necessary out-of-network services and any medically necessary followup services that, to the maximum extent possible, meet those geographic and timely access standards. As used in this subdivision, to “arrange coverage to ensure the delivery of medically necessary out-of-network services” includes, but is not limited to, providing services to secure medically necessary out-of-network options that are available to the insured within geographic and timely access standards. The insured shall pay no more than the same cost sharing that the insured would pay for the same covered services received from an in-network provider.

(e) This section shall not apply to accident-only, specified disease, hospital indemnity, Medicare supplement, dental-only, or vision-only insurance policies.

(f) (1) For the purpose of compliance with this section, a disability insurer may provide coverage for all or part of the mental health and substance use disorder services required by this section through a separate specialized health insurance policy or mental health policy. This paragraph shall not apply to policies that are subject to Section 10112.27.

(2) A disability insurer shall provide the mental health and substance use disorder coverage required by this section in its entire service area and in emergency situations as may be required by applicable laws and regulations. For purposes of this section, disability insurance policies that provide benefits to insureds through preferred provider contracting arrangements are not precluded from requiring insureds who reside or work in geographic areas served by specialized health insurance policies or mental health insurance policies to secure all or part of their mental health services within those geographic areas served by specialized health insurance policies or mental health insurance policies, provided that all appropriate mental health or substance use disorder services are actually available within those geographic service areas within timeliness standards.

(3) Notwithstanding any other law, in the provision of benefits required by this section, a disability insurer may utilize case management, network providers, utilization review techniques, prior authorization, copayments, or other cost sharing, provided that these practices are consistent with Section 10144.4 of this code, and Section 2052 of the Business and Professions Code.

(g) This section shall not be construed to deny or restrict in any way the department’s authority to ensure a disability insurer’s compliance with this code.

(h) A disability insurer shall not limit benefits or coverage for medically necessary services on the basis that those services should be or could be covered by a public entitlement program, including, but not limited to, special education or an individualized education program, Medicaid, Medicare, Supplemental Security Income, or Social Security Disability Insurance, and shall not include or enforce a contract term that excludes otherwise covered benefits on the basis that those services should be or could be covered by a public entitlement program.

(i) A disability insurer shall not adopt, impose, or enforce terms in its policies or provider agreements, in writing or in operation, that undermine, alter, or conflict with the requirements of this section.

(j) If the commissioner determines that a disability insurer has violated this section, the commissioner may, after appropriate notice and opportunity for hearing in accordance with the Administrative Procedure Act (Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code), by order, assess a civil penalty not to exceed five thousand dollars (\$5,000) for each violation, or, if a violation was willful, a civil penalty not to exceed ten thousand dollars (\$10,000) for each violation.

SEC. 8. Section 10144.51 of the Insurance Code is amended to read:

10144.51. (a) (1) Every health insurance policy shall also provide coverage for behavioral health treatment for pervasive developmental disorder or autism no later than July 1, 2012. The coverage shall be provided in the same manner and is subject to the same requirements as provided in Section 10144.5.

(2) Notwithstanding paragraph (1), as of the date that proposed final rulemaking for essential health benefits is issued, this section does not require any benefits to be provided that exceed the essential health benefits that all health insurers will be required by federal regulations to provide under Section 1302(b) of the federal Patient Protection and Affordable Care Act (Public Law 111-148), as amended by the federal Health Care and Education Reconciliation Act of 2010 (Public Law 111-152).

(3) This section does not affect services for which an individual is eligible 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.

(4) This section does not affect or reduce any obligation to provide services under an individualized education program, as defined in Section 56032 of the Education Code, or an individual service plan, as described in Section 5600.4 of the Welfare and Institutions Code, or under the federal Individuals with Disabilities Education Act (20 U.S.C. Sec. 1400 et seq.) and its implementing regulations.

(b) Pursuant to Article 6 (commencing with Section 2240) of Subchapter 2 of Chapter 5 of Title 10 of the California Code of Regulations, every health insurer subject to this section shall maintain an adequate network that includes qualified autism service providers who supervise or employ qualified autism service professionals or paraprofessionals who provide and

administer behavioral health treatment. A health insurer is not prevented from selectively contracting with providers within these requirements.

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

(1) “Behavioral health treatment” means professional services and treatment programs, including applied behavior analysis and evidence-based behavior intervention programs, that develop or restore, to the maximum extent practicable, the functioning of an individual with pervasive developmental disorder or autism, and that meet all of the following criteria:

(A) The treatment is prescribed by a physician and surgeon licensed pursuant to Chapter 5 (commencing with Section 2000) of, or is developed by a psychologist licensed pursuant to Chapter 6.6 (commencing with Section 2900) of, Division 2 of the Business and Professions Code.

(B) The treatment is provided under a treatment plan prescribed by a qualified autism service provider and is administered by one of the following:

(i) A qualified autism service provider.

(ii) A qualified autism service professional supervised by the qualified autism service provider.

(iii) A qualified autism service paraprofessional supervised by a qualified autism service provider or qualified autism service professional.

(C) The treatment plan has measurable goals over a specific timeline that is developed and approved by the qualified autism service provider for the specific patient being treated. The treatment plan shall be reviewed no less than once every six months by the qualified autism service provider and modified whenever appropriate, and shall be consistent with Section 4686.2 of the Welfare and Institutions Code pursuant to which the qualified autism service provider does all of the following:

(i) Describes the patient’s behavioral health impairments or developmental challenges that are to be treated.

(ii) Designs an intervention plan that includes the service type, number of hours, and parent participation needed to achieve the plan’s goal and objectives, and the frequency at which the patient’s progress is evaluated and reported.

(iii) Provides intervention plans that utilize evidence-based practices, with demonstrated clinical efficacy in treating pervasive developmental disorder or autism.

(iv) Discontinues intensive behavioral intervention services when the treatment goals and objectives are achieved or no longer appropriate.

(D) The treatment plan is not used for purposes of providing or for the reimbursement of respite, day care, or educational services and is not used to reimburse a parent for participating in the treatment program. The treatment plan shall be made available to the insurer upon request.

(2) “Qualified autism service provider” means an individual described in Section 4999.200 of the Business and Professions Code.

(3) “Qualified autism service professional” means an individual who meets all of the criteria set forth in Section 4999.201 of the Business and Professions Code.

(4) “Qualified autism service paraprofessional” means an unlicensed and uncertified individual who meets all of the criteria set forth in Section 4999.202 of the Business and Professions Code.

(d) This section does not apply to any the following:

(1) A specialized health insurance policy that does not cover mental health or behavioral health services or an accident only, specified disease, hospital indemnity, or Medicare supplement policy.

(2) A health insurance policy in the Medi-Cal program (Chapter 7 (commencing with Section 14000) of Part 3 of Division 9 of the Welfare and Institutions Code).

(e) This section does not limit the obligation to provide services under Section 10144.5.

(f) As provided in Section 10144.5 and in paragraph (1) of subdivision (a), in the provision of benefits required by this section, a health insurer may utilize case management, network providers, utilization review techniques, prior authorization, copayments, or other cost sharing.

SEC. 8.5. Section 10144.51 of the Insurance Code is amended to read:

10144.51. (a) (1) Every health insurance policy shall also provide coverage for behavioral health treatment for pervasive developmental disorder or autism no later than July 1, 2012. The coverage shall be provided in the same manner and is subject to the same requirements as provided in Section 10144.5.

(2) Notwithstanding paragraph (1), as of the date that the proposed final rulemaking for essential health benefits is issued, this section does not require any benefits to be provided that exceed the essential health benefits that all health insurers will be required by federal regulations to provide under Section 1302(b) of the federal Patient Protection and Affordable Care Act (Public Law 111-148), as amended by the federal Health Care and Education Reconciliation Act of 2010 (Public Law 111-152).

(3) This section does not affect services for which an individual is eligible 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.

(4) This section does not affect or reduce any obligation to provide services under an individualized education program, as defined in Section 56032 of the Education Code, or an individual service plan, as described in Section 5600.4 of the Welfare and Institutions Code, or under the federal Individuals with Disabilities Education Act (20 U.S.C. Sec. 1400 et seq.) and its implementing regulations.

(b) Pursuant to Article 6 (commencing with Section 2240) of Subchapter 2 of Chapter 5 of Title 10 of the California Code of Regulations, every health insurer subject to this section shall maintain an adequate network that includes qualified autism service providers who supervise or employ qualified autism service professionals or paraprofessionals who provide and administer behavioral health treatment. A health insurer is not prevented from selectively contracting with providers within these requirements.

(c) (1) A health insurance policy issued, amended, or renewed on or after January 1, 2026, shall not require an insured previously diagnosed with pervasive developmental disorder or autism to receive a rediagnosis to maintain coverage for behavioral health treatment for pervasive developmental disorder or autism.

(2) This subdivision does not prohibit or restrict a treating provider from reevaluating an insured for purposes of determining the appropriate treatment. The treatment plan shall be made available to the insurer upon request.

(3) This subdivision does not prohibit a treating provider from prescribing a rediagnosis at the discretion of the physician licensed pursuant to Chapter 5 (commencing with Section 2000) of Division 2 of the Business and Professions Code or a psychologist licensed pursuant to Chapter 6.6 (commencing with Section 2900) of Division 2 of the Business and Professions Code.

(4) A health insurer shall not discontinue or delay existing treatment while waiting for a rediagnosis to be completed.

(5) This subdivision does not prohibit a health insurer from requiring utilization review. For the purpose of this section, utilization review is distinct from a rediagnosis.

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

(1) “Behavioral health treatment” means professional services and treatment programs, including applied behavior analysis and evidence-based behavior intervention programs, that develop or restore, to the maximum extent practicable, the functioning of an individual with pervasive developmental disorder or autism, and that meet all of the following criteria:

(A) The treatment is prescribed by a physician and surgeon licensed pursuant to Chapter 5 (commencing with Section 2000) of, or is developed by a psychologist licensed pursuant to Chapter 6.6 (commencing with Section 2900) of, Division 2 of the Business and Professions Code.

(B) The treatment is provided under a treatment plan prescribed by a qualified autism service provider and is administered by one of the following:

(i) A qualified autism service provider.

(ii) A qualified autism service professional supervised by the qualified autism service provider.

(iii) A qualified autism service paraprofessional supervised by a qualified autism service provider or qualified autism service professional.

(C) The treatment plan has measurable goals over a specific timeline that is developed and approved by the qualified autism service provider for the specific patient being treated. The treatment plan shall be reviewed no less than once every six months by the qualified autism service provider and modified whenever appropriate, and shall be consistent with Section 4686.2 of the Welfare and Institutions Code pursuant to which the qualified autism service provider does all of the following:

(i) Describes the patient’s behavioral health impairments or developmental challenges that are to be treated.

(ii) Designs an intervention plan that includes the service type, number of hours, and parent participation needed to achieve the plan's goal and objectives, and the frequency at which the patient's progress is evaluated and reported.

(iii) Provides intervention plans that utilize evidence-based practices, with demonstrated clinical efficacy in treating pervasive developmental disorder or autism.

(iv) Discontinues intensive behavioral intervention services when the treatment goals and objectives are achieved or no longer appropriate.

(D) The treatment plan is not used for purposes of providing or for the reimbursement of respite, daycare, or educational services and is not used to reimburse a parent for participating in the treatment program. The treatment plan shall be made available to the insurer upon request.

(2) "Qualified autism service provider" means an individual described in Section 4999.200 of the Business and Professions Code.

(3) "Qualified autism service professional" means an individual who meets all of the criteria set forth in Section 4999.201 of the Business and Professions Code.

(4) "Qualified autism service paraprofessional" means an unlicensed and uncertified individual who meets all of the criteria set forth in Section 4999.202 of the Business and Professions Code.

(5) "Rediagnosis" means a subsequent undertaking by any method, device, or procedure, whether gratuitous or not, to ascertain or establish if a person is suffering from a physical or mental health disorder, pursuant to Section 2038 of the Business and Professions Code. "Rediagnosis" also means prescription of a subsequent diagnosis of pervasive developmental disorders or autism to ascertain or establish if a person is suffering from a pervasive developmental disorder or autism.

(6) "Utilization review" means utilization review or utilization management functions that prospectively, retrospectively, or concurrently review and approve, modify, or deny, based in whole or in part on medical necessity to cure and relieve, treatment recommendations by physicians licensed pursuant to Chapter 5 (commencing with Section 2000) of Division 2 of the Business and Professions Code before, after, or concurrent with the provision of medical treatment services. "Utilization review" refers to an evaluation of existing treatment to ensure the insured receives the proper care at the proper time.

(e) This section does not apply to either of the following:

(1) A specialized health insurance policy that does not cover mental health or behavioral health services or an accident-only, specified disease, hospital indemnity, or Medicare supplement policy.

(2) A health insurance policy in the Medi-Cal program (Chapter 7 (commencing with Section 14000) of Part 3 of Division 9 of the Welfare and Institutions Code).

(f) This section does not limit the obligation to provide services under Section 10144.5.

(g) As provided in Section 10144.5 and in paragraph (1) of subdivision (a), in the provision of benefits required by this section, a health insurer may utilize case management, network providers, utilization review techniques, prior authorization, copayments, or other cost sharing.

SEC. 9. Section 11165.7 of the Penal Code is amended to read:

11165.7. (a) As used in this article, “mandated reporter” is defined as any of the following:

- (1) A teacher.
- (2) An instructional aide.
- (3) A teacher’s aide or teacher’s assistant employed by a public or private school.
- (4) A classified employee of a public school.
- (5) An administrative officer or supervisor of child welfare and attendance, or a certificated pupil personnel employee of a public or private school.
- (6) An administrator of a public or private day camp.
- (7) An administrator or employee of a public or private youth center, youth recreation program, or youth organization.
- (8) An administrator, board member, or employee of a public or private organization whose duties require direct contact and supervision of children, including a foster family agency.
- (9) An employee of a county office of education or the State Department of Education whose duties bring the employee into contact with children on a regular basis.
- (10) A licensee, an administrator, or an employee of a licensed child daycare facility or community care facility, except those licensed community care facilities exclusively serving adults and seniors.
- (11) A Head Start program teacher.
- (12) A licensing worker or licensing evaluator employed by a licensing agency, as defined in Section 11165.11.
- (13) A public assistance worker.
- (14) An employee of a childcare institution, including, but not limited to, foster parents, group home personnel, and personnel of residential care facilities.
- (15) A social worker, probation officer, or parole officer.
- (16) An employee of a school district police or security department.
- (17) A person who is an administrator or presenter of, or a counselor in, a child abuse prevention program in a public or private school.
- (18) A district attorney investigator, inspector, or local child support agency caseworker, unless the investigator, inspector, or caseworker is working with an attorney appointed pursuant to Section 317 of the Welfare and Institutions Code to represent a minor.
- (19) A peace officer, as defined in Chapter 4.5 (commencing with Section 830) of Title 3 of Part 2, who is not otherwise described in this section.
- (20) A firefighter, except for volunteer firefighters.
- (21) A physician and surgeon, psychiatrist, psychologist, dentist, resident, intern, podiatrist, chiropractor, licensed nurse, dental hygienist, optometrist,

marriage and family therapist, clinical social worker, professional clinical counselor, or any other person who is currently licensed under Division 2 (commencing with Section 500) of the Business and Professions Code.

(22) An emergency medical technician I or II, paramedic, or other person certified pursuant to Division 2.5 (commencing with Section 1797) of the Health and Safety Code.

(23) A psychological assistant registered pursuant to Section 2913 of the Business and Professions Code.

(24) A marriage and family therapist trainee, as defined in subdivision (c) of Section 4980.03 of the Business and Professions Code.

(25) An unlicensed associate marriage and family therapist registered under Section 4980.44 of the Business and Professions Code.

(26) A state or county public health employee who treats a minor for venereal disease or any other condition.

(27) A coroner.

(28) A medical examiner or other person who performs autopsies.

(29) A commercial film and photographic print or image processor as specified in subdivision (e) of Section 11166. As used in this article, “commercial film and photographic print or image processor” means a person who develops exposed photographic film into negatives, slides, or prints, or who makes prints from negatives or slides, or who prepares, publishes, produces, develops, duplicates, or prints any representation of information, data, or an image, including, but not limited to, any film, filmstrip, photograph, negative, slide, photocopy, videotape, video laser disc, computer hardware, computer software, computer floppy disk, data storage medium, CD-ROM, computer-generated equipment, or computer-generated image, for compensation. The term includes any employee of that person; it does not include a person who develops film or makes prints or images for a public agency.

(30) A child visitation monitor. As used in this article, “child visitation monitor” means a person who, for financial compensation, acts as a monitor of a visit between a child and another person when the monitoring of that visit has been ordered by a court of law.

(31) An animal control officer or humane society officer. For the purposes of this article, the following terms have the following meanings:

(A) “Animal control officer” means a person employed by a city, county, or city and county for the purpose of enforcing animal control laws or regulations.

(B) “Humane society officer” means a person appointed or employed by a public or private entity as a humane officer who is qualified pursuant to Section 14502 or 14503 of the Corporations Code.

(32) A clergy member, as specified in subdivision (d) of Section 11166. As used in this article, “clergy member” means a priest, minister, rabbi, religious practitioner, or similar functionary of a church, temple, or recognized denomination or organization.

(33) Any custodian of records of a clergy member, as specified in this section and subdivision (d) of Section 11166.

(34) An employee of any police department, county sheriff's department, county probation department, or county welfare department.

(35) An employee or volunteer of a Court Appointed Special Advocate program, as defined in Rule 5.655 of the California Rules of Court.

(36) A custodial officer, as defined in Section 831.5.

(37) A person providing services to a minor child under Section 12300 or 12300.1 of the Welfare and Institutions Code.

(38) An alcohol and drug counselor. As used in this article, an "alcohol and drug counselor" is a person providing counseling, therapy, or other clinical services for a state licensed or certified drug, alcohol, or drug and alcohol treatment program. However, alcohol or drug abuse, or both alcohol and drug abuse, is not, in and of itself, a sufficient basis for reporting child abuse or neglect.

(39) A clinical counselor trainee, as defined in subdivision (g) of Section 4999.12 of the Business and Professions Code.

(40) An associate professional clinical counselor registered under Section 4999.42 of the Business and Professions Code.

(41) An employee or administrator of a public or private postsecondary educational institution, whose duties bring the administrator or employee into contact with children on a regular basis, or who supervises those whose duties bring the administrator or employee into contact with children on a regular basis, as to child abuse or neglect occurring on that institution's premises or at an official activity of, or program conducted by, the institution. Nothing in this paragraph shall be construed as altering the lawyer-client privilege as set forth in Article 3 (commencing with Section 950) of Chapter 4 of Division 8 of the Evidence Code.

(42) An athletic coach, athletic administrator, or athletic director employed by any public or private school that provides any combination of instruction for kindergarten, or grades 1 to 12, inclusive.

(43) (A) A commercial computer technician as specified in subdivision (e) of Section 11166. As used in this article, "commercial computer technician" means a person who works for a company that is in the business of repairing, installing, or otherwise servicing a computer or computer component, including, but not limited to, a computer part, device, memory storage or 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 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 12940) of Part 2.8 of Division 3 of Title 2 of the Government Code.

(49) An adult person whose duties require direct contact with and supervision of minors in the performance of the minors’ duties in the workplace of a business subject to Part 2.8 (commencing with Section 12900) of Division 3 of Title 2 of the Government Code is a mandated reporter of sexual abuse, as defined in Section 11165.1. Nothing in this paragraph shall be construed to modify or limit the person’s duty to report known or suspected child abuse or neglect when the person is acting in some other capacity that would otherwise make the person a mandated reporter.

(b) Except as provided in paragraph (35) of subdivision (a), volunteers of public or private organizations whose duties require direct contact with and supervision of children are not mandated reporters but are encouraged to obtain training in the identification and reporting of child abuse and neglect and are further encouraged to report known or suspected instances of child abuse or neglect to an agency specified in Section 11165.9.

(c) (1) Except as provided in subdivision (d) and paragraph (2), employers are strongly encouraged to provide their employees who are mandated reporters with training in the duties imposed by this article. This training shall include training in child abuse and neglect identification and training in child abuse and neglect reporting. Whether or not employers provide their employees with training in child abuse and neglect identification and reporting, the employers shall provide their employees

who are mandated reporters with the statement required pursuant to subdivision (a) of Section 11166.5.

(2) Employers subject to paragraphs (48) and (49) of subdivision (a) shall provide their employees who are mandated reporters with training in the duties imposed by this article. This training shall include training in child abuse and neglect identification and training in child abuse and neglect reporting. The training requirement may be met by completing the general online training for mandated reporters offered by the Office of Child Abuse Prevention in the State Department of Social Services.

(d) Pursuant to Section 44691 of the Education Code, school districts, county offices of education, state special schools and diagnostic centers operated by the State Department of Education, and charter schools shall annually train their employees and persons working on their behalf specified in subdivision (a) in the duties of mandated reporters under the child abuse reporting laws. The training shall include, but not necessarily be limited to, training in child abuse and neglect identification and child abuse and neglect reporting.

(e) (1) On and after January 1, 2018, pursuant to Section 1596.8662 of the Health and Safety Code, a childcare licensee applicant shall take training in the duties of mandated reporters under the child abuse reporting laws as a condition of licensure, and a childcare administrator or an employee of a licensed child daycare facility shall take training in the duties of mandated reporters during the first 90 days when that administrator or employee is employed by the facility.

(2) A person specified in paragraph (1) who becomes a licensee, administrator, or employee of a licensed child daycare facility shall take renewal mandated reporter training every two years following the date on which that person completed the initial mandated reporter training. The training shall include, but not necessarily be limited to, training in child abuse and neglect identification and child abuse and neglect reporting.

(f) Unless otherwise specifically provided, the absence of training shall not excuse a mandated reporter from the duties imposed by this article.

(g) Public and private organizations are encouraged to provide their volunteers whose duties require direct contact with and supervision of children with training in the identification and reporting of child abuse and neglect.

SEC. 9.1. Section 11165.7 of the Penal Code is amended to read:

11165.7. (a) As used in this article, “mandated reporter” is defined as any of the following:

- (1) A teacher.
- (2) An instructional aide.
- (3) A teacher’s aide or teacher’s assistant employed by a public or private school.
- (4) A classified employee of a public school.
- (5) An administrative officer or supervisor of child welfare and attendance, or a certificated pupil personnel employee of a public or private school.

- (6) An administrator of a public or private day camp.
- (7) An administrator or employee of a public or private youth center, youth recreation program, or youth organization.
- (8) An administrator, board member, or employee of a public or private organization whose duties require direct contact and supervision of children, including a foster family agency.
- (9) An employee of a county office of education or the State Department of Education whose duties bring the employee into contact with children on a regular basis.
- (10) A licensee, an administrator, or an employee of a licensed child daycare facility or community care facility, except those licensed community care facilities exclusively serving adults and seniors.
- (11) A Head Start program teacher.
- (12) A licensing worker or licensing evaluator employed by a licensing agency, as defined in Section 11165.11.
- (13) A public assistance worker.
- (14) An employee of a childcare institution, including, but not limited to, foster parents, group home personnel, and personnel of residential care facilities.
- (15) A social worker, probation officer, or parole officer.
- (16) An employee of a school district police or security department.
- (17) A person who is an administrator or presenter of, or a counselor in, a child abuse prevention program in a public or private school.
- (18) A district attorney investigator, inspector, or local child support agency caseworker, unless the investigator, inspector, or caseworker is working with an attorney appointed pursuant to Section 317 of the Welfare and Institutions Code to represent a minor.
- (19) A peace officer, as defined in Chapter 4.5 (commencing with Section 830) of Title 3 of Part 2, who is not otherwise described in this section.
- (20) A firefighter, except for volunteer firefighters.
- (21) A physician and surgeon, psychiatrist, psychologist, dentist, resident, intern, podiatrist, chiropractor, licensed nurse, dental hygienist, optometrist, marriage and family therapist, clinical social worker, professional clinical counselor, or any other person who is currently licensed under Division 2 (commencing with Section 500) of the Business and Professions Code.
- (22) An emergency medical technician I or II, paramedic, or other person certified pursuant to Division 2.5 (commencing with Section 1797) of the Health and Safety Code.
- (23) A psychological assistant registered pursuant to Section 2913 of the Business and Professions Code.
- (24) A marriage and family therapist trainee, as defined in subdivision (c) of Section 4980.03 of the Business and Professions Code.
- (25) An unlicensed associate marriage and family therapist registered under Section 4980.44 of the Business and Professions Code.
- (26) A state or county public health employee who treats a minor for venereal disease or any other condition.
- (27) A coroner.

(28) A medical examiner or other person who performs autopsies.

(29) A commercial film and photographic print or image processor as specified in subdivision (e) of Section 11166. As used in this article, “commercial film and photographic print or image processor” means a person who develops exposed photographic film into negatives, slides, or prints, or who makes prints from negatives or slides, or who prepares, publishes, produces, develops, duplicates, or prints any representation of information, data, or an image, including, but not limited to, any film, filmstrip, photograph, negative, slide, photocopy, videotape, video laser disc, computer hardware, computer software, computer floppy disk, data storage medium, CD-ROM, computer-generated equipment, or computer-generated image, for compensation. The term includes any employee of that person; it does not include a person who develops film or makes prints or images for a public agency.

(30) A child visitation monitor. As used in this article, “child visitation monitor” means a person who, for financial compensation, acts as a monitor of a visit between a child and another person when the monitoring of that visit has been ordered by a court of law.

(31) An animal control officer or humane society officer. For the purposes of this article, the following terms have the following meanings:

(A) “Animal control officer” means a person employed by a city, county, or city and county for the purpose of enforcing animal control laws or regulations.

(B) “Humane society officer” means a person appointed or employed by a public or private entity as a humane officer who is qualified pursuant to Section 14502 or 14503 of the Corporations Code.

(32) A clergy member, as specified in subdivision (d) of Section 11166. As used in this article, “clergy member” means a priest, minister, rabbi, religious practitioner, or similar functionary of a church, temple, or recognized denomination or organization.

(33) Any custodian of records of a clergy member, as specified in this section and subdivision (d) of Section 11166.

(34) An employee of any police department, county sheriff’s department, county probation department, or county welfare department.

(35) An employee or volunteer of a Court Appointed Special Advocate program, as defined in Rule 5.655 of the California Rules of Court.

(36) A custodial officer, as defined in Section 831.5.

(37) A person providing services to a minor child under Section 12300 or 12300.1 of the Welfare and Institutions Code.

(38) An alcohol and drug counselor. As used in this article, an “alcohol and drug counselor” is a person providing counseling, therapy, or other clinical services for a state licensed or certified drug, alcohol, or drug and alcohol treatment program. However, alcohol or drug abuse, or both alcohol and drug abuse, is not, in and of itself, a sufficient basis for reporting child abuse or neglect.

(39) A clinical counselor trainee, as defined in subdivision (g) of Section 4999.12 of the Business and Professions Code.

(40) An associate professional clinical counselor registered under Section 4999.42 of the Business and Professions Code.

(41) An employee or administrator of a public or private postsecondary educational institution, whose duties bring the administrator or employee into contact with children on a regular basis, or who supervises those whose duties bring the administrator or employee into contact with children on a regular basis, as to child abuse or neglect occurring on that institution's premises or at an official activity of, or program conducted by, the institution. Nothing in this paragraph shall be construed as altering the lawyer-client privilege as set forth in Article 3 (commencing with Section 950) of Chapter 4 of Division 8 of the Evidence Code.

(42) An athletic coach, athletic administrator, or athletic director employed by any public or private school that provides any combination of instruction for kindergarten, or grades 1 to 12, inclusive.

(43) (A) A commercial computer technician as specified in subdivision (e) of Section 11166. As used in this article, "commercial computer technician" means a person who works for a company that is in the business of repairing, installing, or otherwise servicing a computer or computer component, including, but not limited to, a computer part, device, memory storage or 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 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 12940) of Part 2.8 of Division 3 of Title 2 of the Government Code.

(49) An adult person whose duties require direct contact with and supervision of minors in the performance of the minors’ duties in the workplace of a business subject to Part 2.8 (commencing with Section 12900) of Division 3 of Title 2 of the Government Code is a mandated reporter of sexual abuse, as defined in Section 11165.1. Nothing in this paragraph shall be construed to modify or limit the person’s duty to report known or suspected child abuse or neglect when the person is acting in some other capacity that would otherwise make the person a mandated reporter.

(50) An individual employed as a talent agent, talent manager, or talent coach, who provides services to a minor.

(b) Except as provided in paragraph (35) of subdivision (a), volunteers of public or private organizations whose duties require direct contact with and supervision of children are not mandated reporters but are encouraged to obtain training in the identification and reporting of child abuse and neglect and are further encouraged to report known or suspected instances of child abuse or neglect to an agency specified in Section 11165.9.

(c) (1) Except as provided in subdivision (d) and paragraph (2), employers are strongly encouraged to provide their employees who are mandated reporters with training in the duties imposed by this article. This training shall include training in child abuse and neglect identification and training in child abuse and neglect reporting. Whether or not employers provide their employees with training in child abuse and neglect identification and reporting, the employers shall provide their employees who are mandated reporters with the statement required pursuant to subdivision (a) of Section 11166.5.

(2) Employers subject to paragraphs (48) and (49) of subdivision (a) shall provide their employees who are mandated reporters with training in the duties imposed by this article. This training shall include training in child abuse and neglect identification and training in child abuse and neglect reporting. The training requirement may be met by completing the general online training for mandated reporters offered by the Office of Child Abuse Prevention in the State Department of Social Services.

(d) Pursuant to Section 44691 of the Education Code, school districts, county offices of education, state special schools and diagnostic centers operated by the State Department of Education, and charter schools shall annually train their employees and persons working on their behalf specified

in subdivision (a) in the duties of mandated reporters under the child abuse reporting laws. The training shall include, but not necessarily be limited to, training in child abuse and neglect identification and child abuse and neglect reporting.

(e) (1) On and after January 1, 2018, pursuant to Section 1596.8662 of the Health and Safety Code, a childcare licensee applicant shall take training in the duties of mandated reporters under the child abuse reporting laws as a condition of licensure, and a childcare administrator or an employee of a licensed child daycare facility shall take training in the duties of mandated reporters during the first 90 days when that administrator or employee is employed by the facility.

(2) A person specified in paragraph (1) who becomes a licensee, administrator, or employee of a licensed child daycare facility shall take renewal mandated reporter training every two years following the date on which that person completed the initial mandated reporter training. The training shall include, but not necessarily be limited to, training in child abuse and neglect identification and child abuse and neglect reporting.

(f) Unless otherwise specifically provided, the absence of training shall not excuse a mandated reporter from the duties imposed by this article.

(g) Public and private organizations are encouraged to provide their volunteers whose duties require direct contact with and supervision of children with training in the identification and reporting of child abuse and neglect.

SEC. 9.2. Section 11165.7 of the Penal Code is amended to read:

11165.7. (a) As used in this article, “mandated reporter” is defined as any of the following:

(1) An employee, volunteer, or governing board or body member of a school district, county office of education, charter school, or private school. For purposes of this paragraph, a volunteer is a person who is over 18 years of age and who interacts with pupils outside of the immediate supervision and control of the pupil’s parent or guardian or a school employee.

(2) An employee, volunteer, or board member of a public or private school, contractor to a school district, county office of education, charter school, state special school or diagnostic center operated by the State Department of Education, or private school whose duties require contact with or supervision of pupils at that school district, county office of education, charter school, state special school or diagnostic center operated by the State Department of Education, or private school. For purposes of this paragraph, a volunteer is a person who is over 18 years of age and who interacts with pupils outside of the immediate supervision and control of the pupil’s parent or guardian or a school employee.

(3) An employee or volunteer assigned to a state special school or diagnostic center operated by the State Department of Education. For purposes of this paragraph, a volunteer is a person who is over 18 years of age and who interacts with pupils outside of the immediate supervision and control of the pupil’s parent or guardian or a school employee.

(4) [Reserved]

- (5) [Reserved]
- (6) An administrator of a public or private day camp.
- (7) An administrator or employee of a public or private youth center, youth recreation program, or youth organization.
- (8) An administrator, board member, or employee of a public or private organization whose duties require direct contact and supervision of children, including a foster family agency.
- (9) [Reserved]
- (10) A licensee, an administrator, or an employee of a licensed child daycare facility or community care facility, except those licensed community care facilities exclusively serving adults and seniors.
- (11) A Head Start program teacher.
- (12) A licensing worker or licensing evaluator employed by a licensing agency, as defined in Section 11165.11.
- (13) A public assistance worker.
- (14) An employee of a childcare institution, including, but not limited to, foster parents, group home personnel, and personnel of residential care facilities.
- (15) A social worker, probation officer, or parole officer.
- (16) [Reserved]
- (17) A person who is an administrator or presenter of, or a counselor in, a child abuse prevention program in a public or private school.
- (18) A district attorney investigator, inspector, or local child support agency caseworker, unless the investigator, inspector, or caseworker is working with an attorney appointed pursuant to Section 317 of the Welfare and Institutions Code to represent a minor.
- (19) A peace officer, as defined in Chapter 4.5 (commencing with Section 830) of Title 3 of Part 2, who is not otherwise described in this section.
- (20) A firefighter, except for volunteer firefighters.
- (21) A physician and surgeon, psychiatrist, psychologist, dentist, resident, intern, podiatrist, chiropractor, licensed nurse, dental hygienist, optometrist, marriage and family therapist, clinical social worker, professional clinical counselor, or any other person who is currently licensed under Division 2 (commencing with Section 500) of the Business and Professions Code.
- (22) An emergency medical technician I or II, paramedic, or other person certified pursuant to Division 2.5 (commencing with Section 1797) of the Health and Safety Code.
- (23) A psychological assistant registered pursuant to Section 2913 of the Business and Professions Code.
- (24) A marriage and family therapist trainee, as defined in subdivision (c) of Section 4980.03 of the Business and Professions Code.
- (25) An unlicensed associate marriage and family therapist registered under Section 4980.44 of the Business and Professions Code.
- (26) A state or county public health employee who treats a minor for venereal disease or any other condition.
- (27) A coroner.
- (28) A medical examiner or other person who performs autopsies.

(29) A commercial film and photographic print or image processor as specified in subdivision (e) of Section 11166. As used in this article, “commercial film and photographic print or image processor” means a person who develops exposed photographic film into negatives, slides, or prints, or who makes prints from negatives or slides, or who prepares, publishes, produces, develops, duplicates, or prints any representation of information, data, or an image, including, but not limited to, any film, filmstrip, photograph, negative, slide, photocopy, videotape, video laser disc, computer hardware, computer software, computer floppy disk, data storage medium, CD-ROM, computer-generated equipment, or computer-generated image, for compensation. The term includes any employee of that person; it does not include a person who develops film or makes prints or images for a public agency.

(30) A child visitation monitor. As used in this article, “child visitation monitor” means a person who, for financial compensation, acts as a monitor of a visit between a child and another person when the monitoring of that visit has been ordered by a court of law.

(31) An animal control officer or humane society officer. For the purposes of this article, the following terms have the following meanings:

(A) “Animal control officer” means a person employed by a city, county, or city and county for the purpose of enforcing animal control laws or regulations.

(B) “Humane society officer” means a person appointed or employed by a public or private entity as a humane officer who is qualified pursuant to Section 14502 or 14503 of the Corporations Code.

(32) A clergy member, as specified in subdivision (d) of Section 11166. As used in this article, “clergy member” means a priest, minister, rabbi, religious practitioner, or similar functionary of a church, temple, or recognized denomination or organization.

(33) Any custodian of records of a clergy member, as specified in this section and subdivision (d) of Section 11166.

(34) An employee of any police department, county sheriff’s department, county probation department, or county welfare department.

(35) An employee or volunteer of a Court Appointed Special Advocate program, as defined in Rule 5.655 of the California Rules of Court.

(36) A custodial officer, as defined in Section 831.5.

(37) A person providing services to a minor child under Section 12300 or 12300.1 of the Welfare and Institutions Code.

(38) An alcohol and drug counselor. As used in this article, an “alcohol and drug counselor” is a person providing counseling, therapy, or other clinical services for a state licensed or certified drug, alcohol, or drug and alcohol treatment program. However, alcohol or drug abuse, or both alcohol and drug abuse, is not, in and of itself, a sufficient basis for reporting child abuse or neglect.

(39) A clinical counselor trainee, as defined in subdivision (g) of Section 4999.12 of the Business and Professions Code.

(40) An associate professional clinical counselor registered under Section 4999.42 of the Business and Professions Code.

(41) An employee or administrator of a public or private postsecondary educational institution, whose duties bring the administrator or employee into contact with children on a regular basis, or who supervises those whose duties bring the administrator or employee into contact with children on a regular basis, as to child abuse or neglect occurring on that institution's premises or at an official activity of, or program conducted by, the institution. Nothing in this paragraph shall be construed as altering the lawyer-client privilege as set forth in Article 3 (commencing with Section 950) of Chapter 4 of Division 8 of the Evidence Code.

(42) An athletic coach, athletic administrator, or athletic director employed by any public or private school that provides any combination of instruction for kindergarten, or grades 1 to 12, inclusive.

(43) (A) A commercial computer technician as specified in subdivision (e) of Section 11166. As used in this article, "commercial computer technician" means a person who works for a company that is in the business of repairing, installing, or otherwise servicing a computer or computer component, including, but not limited to, a computer part, device, memory storage or 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 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 12940) of Part 2.8 of Division 3 of Title 2 of the Government Code.

(49) An adult person whose duties require direct contact with and supervision of minors in the performance of the minors’ duties in the workplace of a business subject to Part 2.8 (commencing with Section 12900) of Division 3 of Title 2 of the Government Code is a mandated reporter of sexual abuse, as defined in Section 11165.1. Nothing in this paragraph shall be construed to modify or limit the person’s duty to report known or suspected child abuse or neglect when the person is acting in some other capacity that would otherwise make the person a mandated reporter.

(b) Except as provided in paragraphs (1), (2), (3), and (35) of subdivision (a), volunteers of public or private organizations whose duties require direct contact with and supervision of children are not mandated reporters but are encouraged to obtain training in the identification and reporting of child abuse and neglect and are further encouraged to report known or suspected instances of child abuse or neglect to an agency specified in Section 11165.9.

(c) (1) Except as provided in subdivision (d) and paragraph (2), employers are strongly encouraged to provide their employees who are mandated reporters with training in the duties imposed by this article. This training shall include training in child abuse and neglect identification and training in child abuse and neglect reporting. Whether or not employers provide their employees with training in child abuse and neglect identification and reporting, the employers shall provide their employees who are mandated reporters with the statement required pursuant to subdivision (a) of Section 11166.5.

(2) Employers subject to paragraphs (48) and (49) of subdivision (a) shall provide their employees who are mandated reporters with training in the duties imposed by this article. This training shall include training in child abuse and neglect identification and training in child abuse and neglect reporting. The training requirement may be met by completing the general online training for mandated reporters offered by the Office of Child Abuse Prevention in the State Department of Social Services.

(d) Pursuant to Section 44691 of the Education Code, school districts, county offices of education, state special schools and diagnostic centers operated by the State Department of Education, charter schools, and, commencing July 1, 2026, private schools, shall annually train their employees and persons working on their behalf specified in subdivision (a) in the duties of mandated reporters under the child abuse reporting laws.

The training shall include, but not necessarily be limited to, training in child abuse and neglect identification and child abuse and neglect reporting.

(e) (1) On and after January 1, 2018, pursuant to Section 1596.8662 of the Health and Safety Code, a childcare licensee applicant shall take training in the duties of mandated reporters under the child abuse reporting laws as a condition of licensure, and a childcare administrator or an employee of a licensed child daycare facility shall take training in the duties of mandated reporters during the first 90 days when that administrator or employee is employed by the facility.

(2) A person specified in paragraph (1) who becomes a licensee, administrator, or employee of a licensed child daycare facility shall take renewal mandated reporter training every two years following the date on which that person completed the initial mandated reporter training. The training shall include, but not necessarily be limited to, training in child abuse and neglect identification and child abuse and neglect reporting.

(f) Unless otherwise specifically provided, the absence of training shall not excuse a mandated reporter from the duties imposed by this article.

(g) Public and private organizations are encouraged to provide their volunteers whose duties require direct contact with and supervision of children with training in the identification and reporting of child abuse and neglect.

SEC. 9.3. Section 11165.7 of the Penal Code is amended to read:

11165.7. (a) As used in this article, “mandated reporter” is defined as any of the following:

(1) An employee, volunteer, or governing board or body member of a school district, county office of education, charter school, or private school. For purposes of this paragraph, a volunteer is a person who is over 18 years of age and who interacts with pupils outside of the immediate supervision and control of the pupil’s parent or guardian or a school employee.

(2) An employee, volunteer, or board member of a public or private school, contractor to a school district, county office of education, charter school, state special school or diagnostic center operated by the State Department of Education, or private school whose duties require contact with or supervision of pupils at that school district, county office of education, charter school, state special school or diagnostic center operated by the State Department of Education, or private school. For purposes of this paragraph, a volunteer is a person who is over 18 years of age and who interacts with pupils outside of the immediate supervision and control of the pupil’s parent or guardian or a school employee.

(3) An employee or volunteer assigned to a state special school or diagnostic center operated by the State Department of Education. For purposes of this paragraph, a volunteer is a person who is over 18 years of age and who interacts with pupils outside of the immediate supervision and control of the pupil’s parent or guardian or a school employee.

(4) [Reserved]

(5) [Reserved]

(6) An administrator of a public or private day camp.

- (7) An administrator or employee of a public or private youth center, youth recreation program, or youth organization.
- (8) An administrator, board member, or employee of a public or private organization whose duties require direct contact and supervision of children, including a foster family agency.
- (9) [Reserved]
- (10) A licensee, an administrator, or an employee of a licensed child daycare facility or community care facility, except those licensed community care facilities exclusively serving adults and seniors.
- (11) A Head Start program teacher.
- (12) A licensing worker or licensing evaluator employed by a licensing agency, as defined in Section 11165.11.
- (13) A public assistance worker.
- (14) An employee of a childcare institution, including, but not limited to, foster parents, group home personnel, and personnel of residential care facilities.
- (15) A social worker, probation officer, or parole officer.
- (16) [Reserved]
- (17) A person who is an administrator or presenter of, or a counselor in, a child abuse prevention program in a public or private school.
- (18) A district attorney investigator, inspector, or local child support agency caseworker, unless the investigator, inspector, or caseworker is working with an attorney appointed pursuant to Section 317 of the Welfare and Institutions Code to represent a minor.
- (19) A peace officer, as defined in Chapter 4.5 (commencing with Section 830) of Title 3 of Part 2, who is not otherwise described in this section.
- (20) A firefighter, except for volunteer firefighters.
- (21) A physician and surgeon, psychiatrist, psychologist, dentist, resident, intern, podiatrist, chiropractor, licensed nurse, dental hygienist, optometrist, marriage and family therapist, clinical social worker, professional clinical counselor, or any other person who is currently licensed under Division 2 (commencing with Section 500) of the Business and Professions Code.
- (22) An emergency medical technician I or II, paramedic, or other person certified pursuant to Division 2.5 (commencing with Section 1797) of the Health and Safety Code.
- (23) A psychological assistant registered pursuant to Section 2913 of the Business and Professions Code.
- (24) A marriage and family therapist trainee, as defined in subdivision (c) of Section 4980.03 of the Business and Professions Code.
- (25) An unlicensed associate marriage and family therapist registered under Section 4980.44 of the Business and Professions Code.
- (26) A state or county public health employee who treats a minor for venereal disease or any other condition.
- (27) A coroner.
- (28) A medical examiner or other person who performs autopsies.
- (29) A commercial film and photographic print or image processor as specified in subdivision (e) of Section 11166. As used in this article,

“commercial film and photographic print or image processor” means a person who develops exposed photographic film into negatives, slides, or prints, or who makes prints from negatives or slides, or who prepares, publishes, produces, develops, duplicates, or prints any representation of information, data, or an image, including, but not limited to, any film, filmstrip, photograph, negative, slide, photocopy, videotape, video laser disc, computer hardware, computer software, computer floppy disk, data storage medium, CD-ROM, computer-generated equipment, or computer-generated image, for compensation. The term includes any employee of that person; it does not include a person who develops film or makes prints or images for a public agency.

(30) A child visitation monitor. As used in this article, “child visitation monitor” means a person who, for financial compensation, acts as a monitor of a visit between a child and another person when the monitoring of that visit has been ordered by a court of law.

(31) An animal control officer or humane society officer. For the purposes of this article, the following terms have the following meanings:

(A) “Animal control officer” means a person employed by a city, county, or city and county for the purpose of enforcing animal control laws or regulations.

(B) “Humane society officer” means a person appointed or employed by a public or private entity as a humane officer who is qualified pursuant to Section 14502 or 14503 of the Corporations Code.

(32) A clergy member, as specified in subdivision (d) of Section 11166. As used in this article, “clergy member” means a priest, minister, rabbi, religious practitioner, or similar functionary of a church, temple, or recognized denomination or organization.

(33) Any custodian of records of a clergy member, as specified in this section and subdivision (d) of Section 11166.

(34) An employee of any police department, county sheriff’s department, county probation department, or county welfare department.

(35) An employee or volunteer of a Court Appointed Special Advocate program, as defined in Rule 5.655 of the California Rules of Court.

(36) A custodial officer, as defined in Section 831.5.

(37) A person providing services to a minor child under Section 12300 or 12300.1 of the Welfare and Institutions Code.

(38) An alcohol and drug counselor. As used in this article, an “alcohol and drug counselor” is a person providing counseling, therapy, or other clinical services for a state licensed or certified drug, alcohol, or drug and alcohol treatment program. However, alcohol or drug abuse, or both alcohol and drug abuse, is not, in and of itself, a sufficient basis for reporting child abuse or neglect.

(39) A clinical counselor trainee, as defined in subdivision (g) of Section 4999.12 of the Business and Professions Code.

(40) An associate professional clinical counselor registered under Section 4999.42 of the Business and Professions Code.

(41) An employee or administrator of a public or private postsecondary educational institution, whose duties bring the administrator or employee into contact with children on a regular basis, or who supervises those whose duties bring the administrator or employee into contact with children on a regular basis, as to child abuse or neglect occurring on that institution's premises or at an official activity of, or program conducted by, the institution. Nothing in this paragraph shall be construed as altering the lawyer-client privilege as set forth in Article 3 (commencing with Section 950) of Chapter 4 of Division 8 of the Evidence Code.

(42) An athletic coach, athletic administrator, or athletic director employed by any public or private school that provides any combination of instruction for kindergarten, or grades 1 to 12, inclusive.

(43) (A) A commercial computer technician as specified in subdivision (e) of Section 11166. As used in this article, "commercial computer technician" means a person who works for a company that is in the business of repairing, installing, or otherwise servicing a computer or computer component, including, but not limited to, a computer part, device, memory storage or 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

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 12940) of Part 2.8 of Division 3 of Title 2 of the Government Code.

(49) An adult person whose duties require direct contact with and supervision of minors in the performance of the minors’ duties in the workplace of a business subject to Part 2.8 (commencing with Section 12900) of Division 3 of Title 2 of the Government Code is a mandated reporter of sexual abuse, as defined in Section 11165.1. Nothing in this paragraph shall be construed to modify or limit the person’s duty to report known or suspected child abuse or neglect when the person is acting in some other capacity that would otherwise make the person a mandated reporter.

(50) An individual employed as a talent agent, talent manager, or talent coach, who provides services to a minor.

(b) Except as provided in paragraphs (1), (2), (3), and (35) of subdivision (a), volunteers of public or private organizations whose duties require direct contact with and supervision of children are not mandated reporters but are encouraged to obtain training in the identification and reporting of child abuse and neglect and are further encouraged to report known or suspected instances of child abuse or neglect to an agency specified in Section 11165.9.

(c) (1) Except as provided in subdivision (d) and paragraph (2), employers are strongly encouraged to provide their employees who are mandated reporters with training in the duties imposed by this article. This training shall include training in child abuse and neglect identification and training in child abuse and neglect reporting. Whether or not employers provide their employees with training in child abuse and neglect identification and reporting, the employers shall provide their employees who are mandated reporters with the statement required pursuant to subdivision (a) of Section 11166.5.

(2) Employers subject to paragraphs (48) and (49) of subdivision (a) shall provide their employees who are mandated reporters with training in the duties imposed by this article. This training shall include training in child abuse and neglect identification and training in child abuse and neglect reporting. The training requirement may be met by completing the general online training for mandated reporters offered by the Office of Child Abuse Prevention in the State Department of Social Services.

(d) Pursuant to Section 44691 of the Education Code, school districts, county offices of education, state special schools and diagnostic centers operated by the State Department of Education, charter schools, and, commencing July 1, 2026, private schools, shall annually train their employees and persons working on their behalf specified in subdivision (a) in the duties of mandated reporters under the child abuse reporting laws.

The training shall include, but not necessarily be limited to, training in child abuse and neglect identification and child abuse and neglect reporting.

(e) (1) On and after January 1, 2018, pursuant to Section 1596.8662 of the Health and Safety Code, a childcare licensee applicant shall take training in the duties of mandated reporters under the child abuse reporting laws as a condition of licensure, and a childcare administrator or an employee of a licensed child daycare facility shall take training in the duties of mandated reporters during the first 90 days when that administrator or employee is employed by the facility.

(2) A person specified in paragraph (1) who becomes a licensee, administrator, or employee of a licensed child daycare facility shall take renewal mandated reporter training every two years following the date on which that person completed the initial mandated reporter training. The training shall include, but not necessarily be limited to, training in child abuse and neglect identification and child abuse and neglect reporting.

(f) Unless otherwise specifically provided, the absence of training shall not excuse a mandated reporter from the duties imposed by this article.

(g) Public and private organizations are encouraged to provide their volunteers whose duties require direct contact with and supervision of children with training in the identification and reporting of child abuse and neglect.

SEC. 10. Section 3.5 of this bill incorporates amendments to Section 1367.27 of the Health and Safety Code proposed by both this bill and Assembly Bill 280. That section of this bill shall only become operative if (1) both bills are enacted and become effective on or before January 1, 2026, (2) each bill amends Section 1367.27 of the Health and Safety Code, and (3) this bill is enacted after Assembly Bill 280, in which case Section 3 of this bill shall not become operative.

SEC. 11. Section 5.5 of this bill incorporates amendments to Section 1374.73 of the Health and Safety Code proposed by both this bill and AB 951. That section of this bill shall only become operative if (1) both bills are enacted and become effective on or before January 1, 2026, (2) each bill amends Section 1374.73 of the Health and Safety Code, and (3) this bill is enacted after AB 951, in which case Section 5 of this bill shall not become operative.

SEC. 12. Section 6.5 of this bill incorporates amendments to Section 10133.15 of the Insurance Code proposed by both this bill and Assembly Bill 280. That section of this bill shall only become operative if (1) both bills are enacted and become effective on or before January 1, 2026, (2) each bill amends Section 10133.15 of the Insurance Code, and (3) this bill is enacted after Assembly Bill 280, in which case Section 6 of this bill shall not become operative.

SEC. 13. Section 8.5 of this bill incorporates amendments to Section 10144.51 of the Insurance Code proposed by both this bill and AB 951. That section of this bill shall only become operative if (1) both bills are enacted and become effective on or before January 1, 2026, (2) each bill

amends Section 10144.51 of the Insurance Code, and (3) this bill is enacted after AB 951, in which case Section 8 of this bill shall not become operative.

SEC. 14. (a) Section 9.1 of this bill incorporates amendments to Section 11165.7 of the Penal Code proposed by both this bill and Assembly Bill 653. That section of this bill shall only become operative if (1) both bills are enacted and become effective on or before January 1, 2026, (2) each bill amends Section 11165.7 of the Penal Code, (3) Senate Bill 848 is not enacted or as enacted does not amend that section, and (4) this bill is enacted after Assembly Bill 653, in which case Sections 9, 9.2, and 9.3 of this bill shall not become operative.

(b) Section 9.2 of this bill incorporates amendments to Section 11165.7 of the Penal Code proposed by both this bill and Senate Bill 848. That section of this bill shall only become operative if (1) both bills are enacted and become effective on or before January 1, 2026, (2) each bill amends Section 11165.7 of the Penal Code, (3) Assembly Bill 653 is not enacted or as enacted does not amend that section, and (4) this bill is enacted after Senate Bill 848, in which case Sections 9, 9.1, and 9.3 of this bill shall not become operative.

(c) Section 9.3 of this bill incorporates amendments to Section 11165.7 of the Penal Code proposed by this bill, Assembly Bill 653, and Senate Bill 848. That section of this bill shall only become operative if (1) all three bills are enacted and become effective on or before January 1, 2026, (2) all three bills amend Section 11165.7 of the Penal Code, and (3) this bill is enacted after Assembly Bill 653 and Senate Bill 848, in which case Sections 9, 9.1, and 9.2 of this bill shall not become operative.

September 10, 2025

The Honorable Senator Angelique Ashby
Chair, Senate Committee on Business, Professions and Economic
Development
State Capitol, Room 3320
Sacramento, CA 95814

RE: SB 402 (Valladares) – Health care coverage: autism – 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 August 22, 2025, meeting, the Board adopted a **Support** position on Senate Bill 402 (Valladares). SB 402 makes technical but important statutory changes by relocating the definitions of “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. These definitions are central to ensuring that behavioral health treatment for autism is provided by qualified and properly trained professionals pursuant to a treatment plan.

The Board supports SB 402 because aligning these definitions within the Business and Professions Code enhances regulatory clarity and reinforces public protection in the provision of autism-related behavioral health treatment. These changes strengthen oversight, reduce ambiguity for consumers and providers, and ensure continuity of care within California’s behavioral health system.

For these reasons, the Board supports SB 402 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,



Lea Tate, PsyD
President, Board of Psychology

cc: Steven "Steve" Choi (Vice-Chair)
Senator Suzette Martinez Valladares
Members of the Senate Committee on Business, Professions and
Economic Development

September 4, 2025

The Honorable Assembly Member Mia Bonta
Chair, Assembly Committee on Health
State Capitol, Room 390
Sacramento, CA 95814

RE: SB 402 (Valladares) – Health care coverage: autism – Support

Dear Assembly Member Bonta:

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 August 22, 2025, meeting, the Board adopted a **Support** position on Senate Bill 402 (Valladares). SB 402 makes technical but important statutory changes by relocating the definitions of “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. These definitions are central to ensuring that behavioral health treatment for autism is provided by qualified and properly trained professionals pursuant to a treatment plan.

The Board supports SB 402 because aligning these definitions within the Business and Professions Code enhances regulatory clarity and reinforces public protection in the provision of autism-related behavioral health treatment. These changes strengthen oversight, reduce ambiguity for consumers and providers, and ensure continuity of care within California’s behavioral health system.

For these reasons, the Board supports SB 402 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,



Lea Tate, PsyD
President, Board of Psychology

cc: Assembly Member Phillip Chen (Vice-Chair)
Senator Suzette Martinez Valladares
Members of the Assembly Health Committee

September 12, 2025

The Honorable Gavin Newsom
Governor of California
1021 O Street, Suite 9000
Sacramento, CA 95814

RE: SB 402 (Valladares) – Health care coverage: autism – Signature Requested

Dear Governor Newsom:

On behalf of the Board of Psychology, I respectfully urge your signature on Senate Bill 402 (Valladares), which makes technical but important statutory changes by relocating the definitions of “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.

The Board strongly supports SB 402 and agrees with the author’s intent to align these definitions within the Business and Professions Code. Doing so enhances regulatory clarity and reinforces public protection in the provision of autism-related behavioral health treatment. These changes strengthen oversight, reduce ambiguity for consumers and providers, and ensure continuity of care within California’s behavioral health system.

For these reasons, we respectfully request your signature on SB 402. Thank you for your leadership and your continued commitment to consumer protection.

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

MEMORANDUM

DATE	October 13, 2025
TO	Psychology Board Members
FROM	Jacklyn Mancilla, Legislative and Regulatory Affairs Analyst
SUBJECT	Agenda Item 20(a)(8) – Bills with Active Position Taken by the Board– SB 160 (Committee on Budget and Fiscal Review) Background checks

Background

SB 160 was introduced on January 23, 2025, by the Committee on Budget and Fiscal Review. SB 160 would require Boards such as the Board of Psychology to require each applicant to furnish a full set of fingerprints for purposes of conducting criminal history record checks. The bill would require the board to submit those fingerprint images and related information to the Department of Justice (DOJ) and would require the DOJ to charge a fee for those costs.

On February 5, 2025, SB 160 was referred to the Senate Budgets and Fiscal Review Committee.

On March 20, 2025, SB 160 passed the Senate and was ordered to the Assembly.

On March 24, 2025, SB 160 was referred to the Assembly Committee on Budget.

On August 22, 2025, the Board reviewed the Fingerprinting Authority language, now incorporated into SB 160, for a possible position recommendation. The Board voted to adopt the language with the understanding that it will be included in SB 160 moving forward.

On September 12, 2025, SB 160 was ordered to engrossing and enrolling. The Board submitted a letter to the Governor requesting his signature on AB 82.

On September 15, 2025, SB 160 was presented to the Governor.

On September 17, 2025, SB 160 was approved by the Governor and chartered.

Action Requested

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

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

Senate Bill No. 160

CHAPTER 113

An act to amend Sections 2064.5, 2082, 2111, 2112, 2113, 2125, 2168.2, 3575, and 19239 of, and to add Sections 2042, 2513.5, 2953.1, 2960.01, 2960.02, 2999.106, 4982.01, 4989.55, 4992.31, 4999.92, 7503.05, and 7525.3 to, the Business and Professions Code, to add Sections 33113.5, 59009, 59105, 59206, 66611, and 92612.3 to the Education Code, to repeal and add Section 1030 of the Government Code, to add Section 733.5 to the Harbors and Navigation Code, to add Sections 53.5 and 90.1 to the Military and Veterans Code, and to amend Section 11105 of, and to add Sections 11105.001, 11105.002, 11105.05, 11105.2, 11107.6, and 26330 to, the Penal Code, relating to background checks, and making an appropriation therefor, to take effect immediately, bill related to the budget.

[Approved by Governor September 17, 2025. Filed with
Secretary of State September 17, 2025.]

LEGISLATIVE COUNSEL'S DIGEST

SB 160, Committee on Budget and Fiscal Review. Background checks.

(1) Existing law, the Medical Practice Act, establishes the Medical Board of California and sets forth its powers and duties relating to the licensure and regulation of physicians and surgeons. Existing law establishes the Osteopathic Medical Board of California and sets forth its powers and duties relating to the licensure and regulation of osteopathic physicians and surgeons consistent with the Osteopathic Act, as specified.

This bill would require those boards to require each applicant to furnish a full set of fingerprints for purposes of conducting criminal history record checks. The bill would require the board to submit those fingerprint images and related information to the Department of Justice (DOJ) and would require the DOJ to charge a fee for those costs, as prescribed.

Existing law requires medical school graduates, within 180 days after beginning a board-approved postgraduate program, to obtain a physician's and surgeon's postgraduate training license. Existing law requires each application to include either fingerprint cards or a copy of a completed Live Scan form from the applicant in order to establish the identity of the applicant and whether the applicant has a criminal conviction, in accordance with specified provisions.

This bill would delete the above provisions on using that information in order to establish the applicant's identity and criminal conviction records. The bill would instead require those boards to submit to the DOJ fingerprint images and related information required by the DOJ of all applicants to determine whether the applicant has a criminal conviction record, as

specified. The bill would require the DOJ to provide a state- and federal-level response, as described.

Existing law requires each application for a medical license to contain specified information including either fingerprint cards or a copy of a completed Live Scan form from the applicant in order to establish the applicant's identity and criminal conviction records.

This bill would delete the above provisions on using that information in order to establish the applicant's identity and criminal conviction records. The bill would instead require those boards to submit to the DOJ fingerprint images and related information required by the DOJ of all applicants to determine whether the applicant has a criminal conviction record, as specified. The bill would require the DOJ to provide a state- and federal-level response, as described.

Existing law establishes a process for physicians who are not citizens but who meet certain postgraduate requirements to participate in professional activities of approved medical schools or academic medical centers, subject to completing an application process and submitting the requisite fees established by the board.

This bill would require the board to submit to the DOJ fingerprint images and related information to determine if an applicant has a criminal conviction record, as specified. The bill would require the DOJ to provide a state- and federal-level response, as described.

Existing law establishes a process for a person who does not immediately qualify for a physician's and surgeon's certificate and who is offered a full-time faculty position at a medical school or academic medical center to be granted a certificate to engage in the practice of medicine. Existing law requires an applicant to submit specified information to the board to qualify for the certificate.

This bill would require the board to submit to the DOJ fingerprint images and related information to determine whether an applicant has a criminal conviction record, as specified. The bill would require the DOJ to provide a specified response, as described.

Existing law establishes the Licensed Physicians from Mexico Program under which the Medical Board of California is required to issue a 3-year physician and surgeon's license to each licensed physician from Mexico who, among other requirements, passes a board review course with a score equivalent to that registered by United States applicants when passing a board review course for the United States certification examination in each of the physician's specialty areas.

This bill would delete that requirement. The bill would also require the board to submit to the DOJ fingerprint images and related information to determine whether an applicant has a criminal conviction record, as specified. The bill would require the DOJ to provide a specified state- and federal-level response, as described.

Existing law authorizes a person who meets specified eligibility requirements to apply for a special faculty permit to practice medicine only within a medical school or certain affiliated institution. Existing law requires

the application for a special faculty permit to be on a form prescribed by the board and to include specified information regarding the applicant's qualifications.

This bill would require the board to submit to the DOJ fingerprint images and related information to determine whether an applicant has a criminal conviction record, as specified. The bill would require the DOJ to provide a specified state- and federal-level response, as described.

(2) Existing law, the Licensed Midwifery Practice Act of 1993, provides for the licensure and regulation of midwives by the Medical Board of California in accordance with specified procedures.

This bill would require the board to submit to the DOJ fingerprint images and related information to determine whether an applicant has a criminal conviction record, as specified. The bill would require the DOJ to provide a specified state and federal response, as described.

(3) Existing law, the Psychology Licensing Law, provides for the licensure and regulation of psychologists by the Board of Psychology. Existing law also establishes a process whereby a person who is registered with the board as a psychological associate may perform psychological functions in preparation for licensure as a psychologist. Existing law further establishes procedures for graduates and students who have completed certain psychoanalysis training to engage in psychoanalysis as an adjunct to teaching, training, or research, subject to meeting certain requirements. Existing law authorizes a person who is registered with the board as a psychological testing technician to administer and score standardized objective psychological and related tests, upon meeting specified application requirements.

This bill would require the board to require the above-described applicants for licensure or registration under that law to undergo a fingerprint-based state and national criminal history background check. The bill would require the board to submit to the DOJ fingerprint images and related information for those individuals and would require the department to provide a state- and federal-level response, as described.

(4) Existing law requires the Medical Board of California to promulgate regulations regarding qualifications for the registration of individuals as certified polysomnographic technologists, polysomnographic technicians, and polysomnographic trainees, in accordance with certain procedures. Under existing law, an individual seeking registration from the board under these provisions is subject to a state- and federal-level criminal offender record information search conducted through the DOJ, as specified.

This bill would revise and recast the above-described criminal information requirements. The bill would require the board to submit to the DOJ fingerprint images and related information to determine whether an applicant has a criminal conviction record, as specified. The bill would also require the department to provide a state- and federal-level response, as described.

(5) Existing law establishes the Board of Behavioral Sciences to license and regulate specified professionals, including marriage and family therapists and educational psychologists, among others. Existing law requires the

board to keep an accurate record of all applicants for licensure and all individuals to whom it has issued a license.

This bill would require the board to require an applicant for a marriage and family therapist licensure, registration as an associate marriage and family therapist, and other specified behavioral sciences professionals to undergo a fingerprint-based state and national criminal history background check. The bill would require the board to submit to the DOJ fingerprint images and related information to determine whether an applicant has a criminal conviction record, as specified. The bill would require the DOJ to provide a state- and federal-level response, as described.

(6) Existing law, the Collateral Recovery Act, provides for the licensure and regulation of repossession agencies by the Bureau of Security and Investigative Services.

This bill would require the bureau to require each applicant as a repossession agency licensee, qualified certificate holder, or registrant, as defined, to undergo a fingerprint-based state and national criminal history background check. The bill would require the bureau to submit to the DOJ fingerprint images and related information on applicants. The bill would require the DOJ to provide a state- and federal-level response, as prescribed.

(7) Existing law, the Private Investigator Act, provides for the licensure and regulation of private investigators by the Bureau of Security and Investigative Services.

This bill would require the bureau to require each applicant for a private investigator license and qualified manager, as defined, to undergo a fingerprint-based state and national criminal history background check. The bill would require the bureau to submit to the DOJ fingerprint images and related information on applicants. The bill would require the DOJ to provide a state- and federal-level response, as described.

(8) Existing law, the Household Movers Act, provides for the licensure and regulation of household movers, including corporations and persons, as defined, by the Division of Household Movers established within the Bureau of Household Goods and Services. Existing law establishes a process for each applicant under that act to submit to the DOJ fingerprint images and related information as a prerequisite to the issuance of a permit to operate as a household mover.

This bill would revise and recast those provisions. The bill would require the bureau to require each applicant for a permit as a household mover, as defined, to undergo a fingerprint-based state and national criminal history background check. The bill would require the bureau to submit to the DOJ fingerprint images and related information for the purposes of obtaining information as to state and federal convictions and arrests, as prescribed.

(9) Existing law requires a fingerprint-based criminal history information check that is required pursuant to any statute to be requested from the DOJ. When a government agency or other entity requests such a criminal history check for purposes of employment, licensing, or certification, existing law requires the DOJ to disseminate specified information in response to the

request, including information regarding convictions and arrests for which the applicant is presently awaiting trial.

Existing law establishes the State Department of Education, under the administration of the Superintendent of Public Instruction, and assigns to it numerous duties relating to the governance and financing of the public elementary and secondary schools of this state. Existing law establishes the California School for the Deaf, Northern California, the California School for the Deaf, Southern California, and the California School for the Blind, known as the state special schools, under the administration of the department, and 3 related diagnostic centers under the administration of the Superintendent, as provided.

This bill would authorize the department to require employees, prospective employees, volunteers, contractors, and subcontractors of the department, the state special schools, or the diagnostic centers to undergo a fingerprint-based state and national criminal history background check, as provided.

(10) Existing law establishes the California State University, under the administration of the Trustees of the California State University, as one of the segments of public postsecondary education in the state.

This bill would authorize the California State University to require employees, prospective employees, volunteers, contractors to undergo a fingerprint-based state and national criminal history background check, as provided.

(11) The California Constitution provides that the University of California constitutes a public trust administered by the Regents of the University of California, a corporation in the form of a board, with full powers of organization and government, subject to legislative control only for specified purposes, including, among others, as may be necessary to ensure the security of its funds.

This bill would expressly authorize the University of California to require background checks, to be completed by the DOJ as specified, during the final stages of the recruitment process for prospective staff employees, contractors, and volunteers.

(12) Existing law requires the sheriff or other specified agency to furnish a classifiable set of fingerprints to the DOJ and to the Federal Bureau of Investigation (FBI) for every peace officer employed, except as provided.

This bill would require a law enforcement agency, as defined, to require peace officers and prospective peace officers to undergo a criminal history background check and to submit fingerprint images and related information to the DOJ, as specified. The bill would require the DOJ to provide a state- or federal-level response, as described. By increasing the duties of local law enforcement agencies, this bill would impose a state-mandated local program.

(13) Under the Yacht and Ship Brokers Act, the Division of Boating and Waterways in the Department of Parks and Recreation licenses the activities of brokers and salespersons engaged in the buying and selling of yachts and ships, as specified. The act authorizes the division to deny an application or suspend or revoke the license of a yacht broker or yacht salesperson who,

within 4 years immediately preceding, has committed any of certain specified acts, including, among others, having been convicted of a felony or any crime involving moral turpitude or withholding information from the department that they at any time have been convicted of a felony or any crime involving moral turpitude.

This bill would require the division to require an applicant for a yacht and ship broker or salesperson license to undergo a fingerprint-based state and national criminal history background check, as provided.

(14) Existing law requires the DOJ to maintain state summary criminal history information, as defined, and to furnish this information to various state and local government officers, officials, and other prescribed entities, if needed in the course of their duties. Existing law makes it a crime for a person authorized by law to receive state summary criminal history information to knowingly furnish that information to a person who is not authorized to receive it.

This bill would require the DOJ to inform the Joint Legislative Budget Committee, the Senate Standing Committee on Public Safety, and the Assembly Public Safety Committee, as specified, within 30 days of determining that a legislative enactment is likely to be needed, for an entity that is authorized to receive criminal history information, to reestablish or retain proper authorization for an applicant population. The bill would additionally prohibit the department from disseminating criminal history information, as specified. By expanding the scope of an existing crime, this bill would impose a state-mandated local program.

This bill would require a criminal justice agency to submit fingerprint images and related information for a specified individual to the department if the individual is subject to a state or national criminal history 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.

This bill would require certain government entities, including, among others, the California State Summer School for the Arts and the Department of Fish and Wildlife, to submit fingerprint images and related information for various persons, including employees or prospective employees, to the DOJ, if the employees are subject to a state and national criminal history background check, as specified. The bill would also require a law enforcement agency, if it performs a background check, to submit fingerprint images and related information for a retiring or retired peace officer seeking an endorsement for the officer to carry a concealed and loaded firearm.

(15) Existing law requires the DOJ to provide subsequent state or federal arrest or disposition notification to the State Department of Social Services, the Medical Board of California, the Osteopathic Medical Board of California, and other authorized entities to assist in, among other things, fulfilling employment, licensing, or certification duties. Existing law requires an entity, other than a law enforcement agency, as defined, to enter into a contract with the DOJ in order to receive notification of subsequent state

or federal arrests or dispositions for licensing, employment, or certification purposes.

Commencing January 1, 2028, this bill would no longer exempt law enforcement agencies from the contract requirement. Commencing January 1, 2028, the bill would also require authorized entities for each volunteer, as specified, to verify no less than every 6 months that the person is still a volunteer with the entity.

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.

(17) This bill would, for the 2025–26 fiscal year, appropriate the sum of \$10,000 to the DOJ for purposes of administering the above-described fingerprint requirements.

(18) This bill would declare that it is to take effect immediately as a bill providing for appropriations related to the Budget Bill.

Appropriation: yes.

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

SECTION 1. Section 2042 is added to the Business and Professions Code, to read:

2042. Notwithstanding any other law, the Medical Board of California and the Osteopathic Medical Board of California shall require each applicant to furnish to the board a full set of fingerprints for purposes of conducting criminal history record checks. The board shall submit to the Department of Justice fingerprint images and related information required by the Department of Justice of all applicants, pursuant to subdivision (u) of Section 11105 of the Penal Code. The Department of Justice shall provide a state and federal response to the board pursuant to subdivision (p) of Section 11105 of the Penal Code. The Department of Justice shall charge a fee sufficient to cover the cost of processing the fingerprints and response required by this section. The applicant shall be responsible for this cost.

SEC. 2. Section 2064.5 of the Business and Professions Code is amended to read:

2064.5. (a) Within 180 days after beginning a board-approved postgraduate training program pursuant to Section 2065, medical school graduates shall obtain a physician's and surgeon's postgraduate training license. To be considered for a postgraduate training license, the applicant shall submit the application forms and primary source documents required by the board, shall successfully pass all required licensing examinations,

shall pay a nonrefundable application and processing fee, and shall not have committed any act that would be grounds for denial.

(1) Each application submitted pursuant to this section shall be made upon an online electronic form, or another form provided by the board, and each application form shall contain a legal verification by the applicant certifying under penalty of perjury that the information provided by the applicant is true and correct and that any information in supporting documents provided by the applicant is true and correct.

(2) Each application shall include the following:

(A) A diploma issued by a board-approved medical school. The requirements of the school shall not have been less than those required under this chapter at the time the diploma was granted or by any preceding medical practice act at the time that the diploma was granted. In lieu of a diploma, the applicant may submit evidence satisfactory to the board of having possessed the same.

(B) An official transcript or other official evidence satisfactory to the board showing each approved medical school in which a resident course of professional instruction was pursued covering the minimum requirements for certification as a physician and surgeon, and that a diploma and degree were granted by the school.

(C) Other information concerning the professional instruction and preliminary education of the applicant as the board may require.

(D) An affidavit showing to the satisfaction of the board that the applicant is the person named in each diploma and transcript that the applicant submits, that the applicant is the lawful holder thereof, and that the diploma or transcript was procured in the regular course of professional instruction and examination without fraud or misrepresentation.

(E) Either fingerprint cards or a copy of a completed Live Scan form from the applicant.

(F) If the medical school graduate graduated from a foreign medical school approved by the board pursuant to Section 2084, an official Educational Commission for Foreign Medical Graduates (ECFMG) Certification Status Report confirming the graduate is ECFMG certified.

(b) Any physician's and surgeon's postgraduate training license in an active status issued on or after January 1, 2020, shall be valid for a period of 36 months. The physician's and surgeon's postgraduate training licensee may engage in the practice of medicine only in connection with the licensee's duties as an intern or resident physician in a board-approved program, including its affiliated sites, or under those conditions as are approved in writing and maintained in the postgraduate licensee's file by the director of the program.

(c) The postgraduate training licensee may engage in the practice of medicine in locations authorized by subdivision (b), and as permitted by the Medical Practice Act and other applicable statutes and regulations, including, but not limited to, the following:

(1) Diagnose and treat patients.

(2) Prescribe medications without a cosigner, including prescriptions for controlled substances, if the licensee has the appropriate Drug Enforcement Agency registration or permit and is registered with the Department of Justice CURES program.

(3) Sign birth certificates without a cosigner.

(4) Sign death certificates without a cosigner.

(5) Sign any other forms a physician and surgeon is authorized to sign.

(d) The postgraduate training licensee may be disciplined by the board at any time for any of the grounds that would subject the holder of a physician's and surgeon's certificate to discipline.

(e) If the medical school graduate fails to obtain a postgraduate license within 180 days after beginning a board-approved postgraduate training program or if the board denies the graduate's application for a postgraduate license, all privileges and exemptions under this section shall automatically cease.

(f) Each medical school graduate who was issued a postgraduate training authorization letter by the board prior to January 1, 2020, and is enrolled in a board-approved postgraduate training program by April 30, 2025, will be issued a postgraduate training license automatically by June 30, 2020, or by June 30 of the year following initial enrollment into a board-approved postgraduate training program, whichever is earlier, upon proof of enrollment in the postgraduate training program.

(g) The board shall confidentially destroy the file of each medical school graduate who was issued a postgraduate training authorization letter by the board prior to January 1, 2020, who did not enroll in a postgraduate training program by April 30, 2025.

(h) The Medical Board of California and the Osteopathic Medical Board of California shall submit to the Department of Justice fingerprint images and related information required by the Department of Justice of all applicants for the postgraduate training license, as defined in this section, to determine whether the applicant has a criminal conviction record in this state or in any other jurisdiction, including foreign countries, pursuant to Section 2042. The Department of Justice shall provide a state- and federal-level response in accordance with subdivision (p) of Section 11105 of the Penal Code for the board to determine whether the applicant is subject to denial of licensure under the provisions of Division 1.5 (commencing with Section 475) and Section 2221.

SEC. 3. Section 2082 of the Business and Professions Code is amended to read:

2082. (a) Each application shall include the following:

(1) A diploma issued by an approved medical school. The requirements of the school shall have been at the time of granting the diploma in no degree less than those required under this chapter or by any preceding medical practice act at the time that the diploma was granted. In lieu of a diploma, the applicant may submit evidence satisfactory to the board of having possessed the same.

(2) An official transcript or other official evidence satisfactory to the board showing each approved medical school in which a resident course of professional instruction was pursued covering the minimum requirements for certification as a physician and surgeon, and that a diploma and degree were granted by the school.

(3) Other information concerning the professional instruction and preliminary education of the applicant as the board may require.

(4) Proof of passage of the written examinations as provided under Article 9 (commencing with Section 2170) with a score acceptable to the board.

(5) Proof of satisfactory completion of the postgraduate training required under Section 2096 on a form approved by the board.

(6) An affidavit showing to the satisfaction of the board that the applicant is the person named in each diploma and transcript that they have submitted, that they are the lawful holder thereof, and that the diploma or transcript was procured in the regular course of professional instruction and examination without fraud or misrepresentation.

(7) Either fingerprint cards or a copy of a completed Live Scan form from the applicant.

(8) Beginning January 1, 2020, if the applicant attended a foreign medical school approved by the board pursuant to Section 2084, an official Educational Commission for Foreign Medical Graduates (ECFMG) Certification Status Report submitted by the Educational Commission for Foreign Medical Graduates confirming the graduate is ECFMG certified.

(9) Beginning January 1, 2020, if the applicant attended a foreign medical school approved by the board pursuant to Section 2084, official evidence satisfactory to the board of completion of all formal requirements of the medical school for graduation, except the applicant shall not be required to have completed an internship or social service or be admitted or licensed to practice medicine in the country in which the professional instruction was completed.

(b) The Medical Board of California and the Osteopathic Medical Board of California shall submit to the Department of Justice fingerprint images and related information required by the Department of Justice of all applicants for the physician's and surgeon's certificate, as defined by Section 2050, to determine whether the applicant has a criminal conviction record in this state or in any other jurisdiction, including foreign countries, pursuant to Section 2042. The Department of Justice shall provide a state- and federal-level response in accordance with subdivision (p) of Section 11105 of the Penal Code for the board to determine whether the applicant is subject to denial of licensure under the provisions of Division 1.5 (commencing with Section 475) and Section 2221.

SEC. 4. Section 2111 of the Business and Professions Code is amended to read:

2111. (a) Physicians who are not citizens but who meet the requirements of subdivision (b) and who seek postgraduate study in an approved medical school or academic medical center may, after receipt of an appointment from the dean of the California medical school, or dean or chief medical

officer of an academic medical center, and application to and approval by the board, be permitted to participate in the professional activities of the department or division in the medical school or academic medical center to which they are appointed. The physician shall be under the direction of the head of the department to which the physician is appointed, supervised by the medical center staff of the medical school or academic medical center, and known for these purposes as a “visiting fellow.” The visiting fellow shall wear a visible name tag containing the title “visiting fellow” when the visiting fellow provides clinical services.

(b) (1) Application for approval shall be made on a form prescribed by the division and shall be accompanied by a fee fixed by the board in an amount necessary to recover the actual application processing costs of the program. The application shall show that the person does not immediately qualify for a physician’s and surgeon’s certificate under this chapter and that the person has completed at least three years of postgraduate basic residency requirements. The application shall include a written statement of the recruitment procedures followed by the medical school or academic medical center before offering the appointment to the applicant.

(2) The board shall submit to the Department of Justice fingerprint images and related information required by the Department of Justice of all applicants for Section 2111 permits, as defined by this section, to determine whether the applicant has a criminal conviction record in this state or in any other jurisdiction, including foreign countries, pursuant to Section 2042. The Department of Justice shall provide a state- and federal-level response in accordance with subdivision (p) of Section 11105 of the Penal Code for the board to determine whether the applicant is subject to denial of licensure under the provisions of Division 1.5 (commencing with Section 475).

(3) Approval shall be granted only for appointment to one medical school or academic medical center, and a physician shall not be granted more than one approval for the same period of time.

(4) Approval may be granted for a maximum of three years and shall be renewed annually. The medical school or academic medical center shall submit a request for renewal on a form prescribed by the board, which shall be accompanied by a renewal fee fixed by the board in an amount necessary to recover the actual application processing costs of the program.

(c) Except to the extent authorized by this section, the visiting fellow may not engage in the practice of medicine. The visiting fellow or the medical school or academic medical center shall not assess any charge for the medical services provided by the visiting fellow, and the visiting fellow shall not receive any other compensation therefor.

(d) The time spent under appointment in a medical school or academic medical center pursuant to this section shall not be used to meet the requirements for licensure.

(e) (1) The board shall notify both the visiting fellow and the dean of the appointing medical school or the dean or chief medical officer of the academic medical center of any complaint made about the visiting fellow.

(2) The board may terminate its approval of an appointment for any act that would be grounds for discipline if done by a licensee. The board shall provide both the visiting fellow and the dean of the medical school or dean or chief medical officer of the academic medical center with a written notice of termination including the basis for that termination. The visiting fellow may, within 30 days after the date of the notice of termination, file a written appeal to the board. The appeal shall include any documentation the visiting fellow wishes to present to the board.

(f) This section shall not preclude any United States citizen who has received a medical degree from a medical school located in a foreign country and recognized by the board from participating in any program established pursuant to this section.

(g) A visiting fellow approved pursuant to this section before January 1, 2021, who participates in the professional activities of the department or division in an academic medical center shall be deemed to be appointed to that academic medical center as though the initial application had been sponsored by the academic medical center.

(h) As used in this section, “academic medical center” has the same meaning as defined in subdivision (a) of Section 2168.

(i) The permit authorized by this section may be canceled in any of the following circumstances:

(1) Upon request by the permit holder.

(2) Upon request by an authorized representative of the sponsoring facility or institution.

(3) By the board after the permit has expired and is no longer eligible for renewal.

SEC. 5. Section 2112 of the Business and Professions Code is amended to read:

2112. (a) Physicians who are not citizens and who seek postgraduate study, may, after application to and approval by the board, be permitted to participate in a fellowship program in a specialty or subspecialty field, providing the fellowship program is given in a hospital in this state which is approved by the Joint Commission and providing the service is satisfactory to the board. Such physicians shall at all times be under the direction and supervision of a licensed, board-certified physician and surgeon who is recognized as a clearly outstanding specialist in the field in which the foreign fellow is to be trained. The supervisor, as part of the application process, shall submit the supervisor’s curriculum vitae and a protocol of the fellowship program to be completed by the foreign fellow. Approval of the program and supervisor is for a period of one year, but may be renewed annually upon application to and approval by the board. The approval may not be renewed more than four times. The board may determine a fee, based on the cost of operating this program, which shall be paid by the applicant at the time the application is filed.

(b) The board shall submit to the Department of Justice fingerprint images and related information required by the Department of Justice of all applicants for Section 2112 permits, as defined by this section, to determine

whether the applicant has a criminal conviction record in this state or in any other jurisdiction, including foreign countries, pursuant to Section 2042. The Department of Justice shall provide a state- and federal-level response in accordance with subdivision (p) of Section 11105 of the Penal Code for the board to determine whether the applicant is subject to denial of licensure under the provisions of Division 1.5 (commencing with Section 475).

(c) Except to the extent authorized by this section, no such visiting physician may engage in the practice of medicine or receive compensation therefor. The time spent under appointment in a medical school pursuant to this section may not be used to meet the requirements for licensure.

(d) Nothing in this section shall preclude any United States citizen who has received their medical degree from a medical school located in a foreign country from participating in any program established pursuant to this section.

(e) The permit authorized by this section may be canceled in the following circumstances:

- (1) Upon request by the permit holder.
- (2) Upon request by an authorized representative of the sponsoring facility or institution.
- (3) By the board after the permit has expired and is no longer eligible for renewal.

SEC. 6. Section 2113 of the Business and Professions Code is amended to read:

2113. (a) Any person who does not immediately qualify for a physician's and surgeon's certificate under this chapter and who is offered by the dean of an approved medical school, or dean or chief medical officer of an academic medical center, in this state a full-time faculty position may, after application to and approval by the board, be granted a certificate of registration to engage in the practice of medicine only to the extent that the practice is incident to and a necessary part of that person's duties as approved by the board in connection with the faculty position. A certificate of registration does not authorize a registrant to admit patients to a nursing or a skilled or assisted living facility unless that facility is formally affiliated with the sponsoring medical school. A clinical fellowship shall not be submitted as a faculty service appointment.

(b) Application for a certificate of registration shall be made on a form prescribed by the board and shall be accompanied by a registration fee fixed by the board in an amount necessary to recover the actual application processing costs of the program. To qualify for the certificate, an applicant shall submit all of the following:

- (1) If the applicant is a graduate of a medical school other than in the United States or Canada, documentary evidence satisfactory to the board that the applicant has been licensed to practice medicine and surgery for not less than four years in another state or country whose requirements for licensure are satisfactory to the board, or has been engaged in the practice of medicine in the United States for at least four years in approved facilities, or has completed a combination of that licensure and training.

(2) If the applicant is a graduate of a medical school in the United States or Canada, documentary evidence that the medical school is approved by the board.

(3) Written certification by the head of the department in which the applicant is to be appointed of all of the following:

(A) The applicant will be under the head of the department's direction.

(B) The applicant will not be permitted to practice medicine unless incident to and a necessary part of the applicant's duties as approved by the board in subdivision (a).

(C) The applicant will be accountable to the medical school's or academic medical center's chair or division chief for the specialty in which the applicant will practice.

(D) The applicant will be proctored in the same manner as other new faculty members, including, as appropriate, review by the medical staff of the sponsoring medical school or academic medical center.

(E) The applicant will not be appointed to a supervisory position at the level of a medical school or academic medical center's department chair or division chief.

(4) Demonstration by the dean of the medical school, or dean or chief medical officer or an academic medical center, that the applicant has the requisite qualifications to assume the position to which the applicant is to be appointed and that shall include a written statement of the recruitment procedures followed by the medical school or academic medical center before offering the faculty position to the applicant.

(5) The board shall submit to the Department of Justice fingerprint images and related information required by the Department of Justice of all applicants for Section 2113 registration, as defined by this section, to determine whether the applicant has a criminal conviction record in this state or in any other jurisdiction, including foreign countries, pursuant to Section 2042. The Department of Justice shall provide a state- and federal-level response in accordance with subdivision (p) of Section 11105 of the Penal Code for the board to determine whether the applicant is subject to denial of licensure under the provisions of Division 1.5 (commencing with Section 475).

(c) A certificate of registration shall be issued only for a faculty position at one approved medical school, or academic medical center, and a person shall not be issued more than one certificate of registration for the same period of time.

(d) (1) A certificate of registration is valid for one year from its date of issuance and may be renewed twice.

A request for renewal shall be submitted on a form prescribed by the board and shall be accompanied by a renewal fee fixed by the board in an amount necessary to recover the actual application processing costs of the program.

(2) The dean of the medical school, or the dean or chief medical officer of an academic medical center, may request renewal of the registration by submitting a plan at the beginning of the third year of the registrant's

appointment demonstrating the registrant's continued progress toward licensure and, if the registrant is a graduate of a medical school other than in the United States or Canada, that the registrant has been issued a certificate by the Educational Commission for Foreign Medical Graduates. The board may, in its discretion, extend the registration for a two-year period to facilitate the registrant's completion of the licensure process.

(e) If the registrant is a graduate of a medical school other than in the United States or Canada, the registrant shall meet the requirements of Section 2065 or 2135, as appropriate, in order to obtain a physician's and surgeon's certificate. Notwithstanding any other provision of law, the board may accept clinical practice in an appointment pursuant to this section as qualifying time to meet the postgraduate training requirements in Section 2065, and, in its discretion, waive the examination and the Educational Commission for Foreign Medical Graduates certification requirements specified in paragraph (2) of subdivision (a) of Section 2065 in the event the registrant applies for a physician's and surgeon's certificate. As a condition to waiving any examination or the Educational Commission for Foreign Medical Graduates certification requirement, the board in its discretion, may require an applicant to pass a clinical competency examination approved by the board. The board shall not waive any examination for an applicant who has not completed at least one year in the faculty position.

(f) Except to the extent authorized by this section, the registrant shall not engage in the practice of medicine, bill individually for medical services provided by the registrant, or receive compensation therefor, unless the registrant is issued a physician's and surgeon's certificate.

(g) When providing clinical services, the registrant shall wear a visible name tag containing the title "visiting professor" or "visiting faculty member," as appropriate, and the institution at which the services are provided shall obtain a signed statement from each patient to whom the registrant provides services acknowledging that the patient understands that the services are provided by a person who does not hold a physician's and surgeon's certificate but who is qualified to participate in a special program as a visiting professor or faculty member.

(h) The board shall notify both the registrant and the dean of the medical school, or the dean or chief medical officer of an academic medical center, of a complaint made about the registrant. The board may terminate a registration for any act that would be grounds for discipline if done by a licensee. The board shall provide both the registrant and the dean of the medical school, or the dean or chief medical officer of an academic medical center, with written notice of the termination and the basis for that termination. The registrant may, within 30 days after the date of the notice of termination, file a written appeal to the board. The appeal shall include any documentation the registrant wishes to present to the board.

(i) A registrant granted a certificate of registration before January 1, 2021, to engage in the practice of medicine pursuant to this section at an academic medical center shall be deemed to be authorized at that academic

medical center as though the initial application had been sponsored by the academic medical center.

(j) As used in this section, “academic medical center” has the same meaning as defined in subdivision (a) of Section 2168.

(k) The certificate of registration authorized by this section may be canceled in the following circumstances:

- (1) Upon request by the certificate holder.
- (2) Upon request by an authorized representative of the sponsoring facility or institution.
- (3) By the board after the certificate has expired and is no longer eligible for renewal.

SEC. 7. Section 2125 of the Business and Professions Code is amended to read:

2125. (a) For purposes of this article, the following definitions apply:

(1) “Board” means the Medical Board of California.

(2) “Program” means the Licensed Physicians from Mexico Program.

(b) (1) The Licensed Physicians from Mexico Program is hereby created.

(2) The board shall approve physician candidates from Mexico for program participation.

(c) (1) This program extends the physician component of the Licensed Physicians and Dentists from Mexico Pilot Program, as established in former Section 853, which authorized up to 30 licensed physicians specializing in family practice, internal medicine, pediatrics, and obstetrics and gynecology from Mexico to practice medicine in California for a period not to exceed three years.

(2) The program shall also maintain an alternate list of program participants.

(d) The board shall issue a nonrenewable three-year physician’s and surgeon’s license to each licensed physician from Mexico who meets the criteria set forth in this section.

(e) Each physician from Mexico, to be eligible to participate in this program, shall comply with all of the following:

(1) Be licensed, certified or recertified, and in good standing in their medical specialty in Mexico. This certification or recertification shall be performed, as appropriate, by the Consejo Mexicano de Ginecología y Obstetricia, A.C., the Consejo Mexicano de Certificación en Medicina Familiar, A.C., the Consejo Mexicano de Medicina Interna, A.C., the Consejo Mexicano de Certificación en Pediatría, A.C., or the Consejo Mexicano de Psiquiatría, A.C.

(2) The board shall submit to the Department of Justice fingerprint images and related information required by the Department of Justice of all applicants for a physician’s and surgeon’s license, as defined by this section, to determine whether the applicant has a criminal conviction record in this state or in any other jurisdiction, including foreign countries, pursuant to Section 2042. The Department of Justice shall provide a state- and federal-level response in accordance with subdivision (p) of Section 11105 of the Penal Code for the board to determine whether the applicant is subject

to denial of licensure under the provisions of Division 1.5 (commencing with Section 475) and Section 2221.

(3) Before leaving Mexico, have completed all of the following requirements:

(A) Passed an interview examination developed by the National Autonomous University of Mexico (UNAM) for each specialty area. Each family practitioner who includes obstetrics and gynecology in their practice and shall not perform deliveries in California unless they have performed 50 live birth deliveries, as required by United States standards, confirmed by written documentation by the supervising department chair, hospital administrator, or hospital chief medical officer. Each obstetrician and gynecologist from Mexico shall be a fellow in good standing of the American College of Obstetricians and Gynecologists.

(B) (i) Satisfactorily completed an orientation program approved by the board in connection with the Licensed Physicians and Dentists from Mexico Pilot Program, as established in former Section 853, and that includes medical protocol, community clinic history and operations, medical administration, hospital operations and protocol, medical ethics, the California medical delivery system, health maintenance organizations and managed care practices, medication documentation and reconciliation, the electronic medical records system utilized by federally qualified health centers, and standards for medical record documentation to support medical decisionmaking and quality care. This orientation program may be changed by a committee of at least five chief medical officers at federally qualified health centers employing program licensees to ensure that the orientation program contains the requisite subject matter and meets appropriate California law and medical standards where applicable.

(ii) Satisfactorily completed the Test of English as a Foreign Language by scoring a minimum of 85 percent or the Occupational English Test with a minimum score of 350, and provided written documentation of their completion to the board.

(C) Representatives from California and the UNAM in Mexico that executed and implemented the provisions of the former Physicians and Dentists from Mexico Pilot Program shall be the points of contact involved in securing required documents, recruiting and vetting candidates, assisting candidates for this program in Mexico to meet all program requirements, selecting appropriate federally qualified health centers throughout California, ensuring compliance with program provisions, developing policy and clinical workshops, monitoring productivity and increased access to medical care, and assessing the necessity of policy and programmatic improvements.

(4) Upon satisfactory completion of the requirements in paragraphs (1) to (3), inclusive, and after having received their nonrenewable three-year physician's and surgeon's license, each licensee shall be required to obtain continuing education pursuant to Section 2190. Each physician shall obtain 25 continuing education units per year for three years of program participation, which shall be subject to random audits by the board to ensure

compliance. The board may issue a citation and administrative fine against a licensee who fails to comply with the requirements of this paragraph.

(5) The federally qualified health centers employing physicians from Mexico shall continue the peer review protocols and procedures as required by the federal government. The federally qualified health centers shall work with a California medical school approved by the board pursuant to Section 2084 or a residency program approved by the Accreditation Council for Graduate Medical Education to conduct 10 secondary reviews of randomly selected patient encounters with each licensee per six-month period, and the reviews shall be transmitted to the approved medical school or medical institution with an approved residency program in PDF format. The secondary reviews shall be undertaken every six months of each year for the three years that the physicians from Mexico are employed by federally qualified health centers. The faculty reviewers in family medicine, pediatrics, internal medicine, psychiatry, and obstetrics and gynecology from the California medical school approved by the board pursuant to Section 2084 or the residency program approved by the Accreditation Council for Graduate Medical Education shall provide feedback to the federally qualified health centers of the findings of their secondary reviews. The faculty and federally qualified health center chief medical officers shall jointly develop no less than two quality assurance (QA) seminars for all physicians from Mexico to attend during the six months of secondary reviews conducted. The purpose of the approved medical school or medical institution with an approved residency program secondary peer reviews shall be to provide feedback on compliance with medical standards, protocols, and procedures required by the federal government and assessed by the monthly or quarterly peer reviews conducted by federally qualified health centers. The associated costs for the secondary reviews and QA seminars shall be the responsibility of the federally qualified health centers on a pro rata basis.

(6) The federally qualified health centers employing physicians in the program shall be required to have medical quality assurance protocols and be accredited by The Joint Commission, National Committee for Quality Assurance, or Accreditation Association for Ambulatory Health Care.

(7) Participating hospitals shall have the authority to establish criteria necessary to allow individuals participating in this program to be granted hospital privileges in their facilities, taking into consideration the need and concerns for access to patient populations served by federally qualified health centers and attending doctors from Mexico, especially in rural areas that do not have hospitals staffed to provide deliveries of newborns.

(8) A licensee shall practice only in the nonprofit community health center that offered the licensee employment and the corresponding hospital. This three-year physician's and surgeon's license shall be deemed to be a license in good standing pursuant to the provisions of this chapter for the purpose of participation and reimbursement in all federal, state, and local health programs. These programs shall include the Medicare Program, the fee-for-service and managed care delivery systems of the Medi-Cal program, and private insurance. A physician from Mexico shall not be denied

credentials by a health plan because the physician is a participant in this state program and did not receive their medical education and training in the United States. The nonrenewable three-year physician's and surgeon's license issued pursuant to this program shall be referred to as a Physician's and Surgeon's from Mexico License and shall not include any additional notations beyond the current numerical identifiers that the board applies.

(f) (1) Notwithstanding subdivisions (a) to (d), inclusive, of Section 30, the board shall issue a nonrenewable three-year physician's and surgeon's license pursuant to this section to an applicant who has not provided an individual taxpayer identification number or social security number if the board staff determines the applicant is otherwise eligible for a license only under the program pursuant to this section, subject to the following conditions:

(A) The applicant shall immediately seek both an appropriate three-year visa and the accompanying social security number from the United States government within 14 days of being issued a medical license under this section.

(B) The applicant shall immediately provide to the board a social security number obtained in accordance with subparagraph (A) within 10 days of the federal government issuing the social security card related to the issued visa.

(C) The applicant shall not engage in the practice of medicine pursuant to this section until the board determines that the conditions in subparagraphs (A) and (B) have been met.

(2) The board, if it determines that an applicant has met the conditions in paragraph (1), shall notify the applicant that the applicant may engage in the practice of medicine under the license in accordance with this section.

(g) (1) (A) Between January 1, 2025, and January 1, 2029, the board shall coordinate with the representatives described in subparagraph (C) of paragraph (2) of subdivision (e) to ensure that no more than 155 program participants have a current and active license at the same time.

(B) During the time period described in subparagraph (A), no more than 30 of the 155 licenses may be issued to physicians whose primary area of practice is psychiatry.

(C) During the time period described in subparagraph (A), an applicant shall submit an application to the board between October 1, 2025, and December 31, 2025, except that the board may accept up to 15 applications after December 31, 2025, and before January 1, 2028.

(2) (A) Between January 1, 2029, and January 1, 2033, the board shall coordinate with the representatives described in subparagraph (C) of paragraph (2) of subdivision (e) to ensure that no more than 195 program participants have a current and active license at the same time.

(B) During the time period described in subparagraph (A), no more than 40 of the 195 licenses may be issued to physicians whose primary area of practice is psychiatry.

(C) During the time period described in subparagraph (A), an applicant shall submit an application to the board between October 1, 2029, and

December 31, 2029, except that the board may accept up to 19 applications after December 31, 2029, and before January 1, 2032.

(3) (A) Between January 1, 2033, and January 1, 2037, the board shall coordinate with the representatives described in subparagraph (C) of paragraph (2) of subdivision (e) to ensure that no more than 225 program participants have a current and active license at the same time.

(B) During the time period described in subparagraph (A), no more than 40 of the 225 licenses may be issued to physicians whose primary area of practice is psychiatry.

(C) During the time period described in subparagraph (A), an applicant shall submit an application to the board between October 1, 2033, and December 31, 2033, except that the board may accept up to 22 applications after December 31, 2033, and before January 1, 2036.

(4) (A) Between January 1, 2037, and January 1, 2041, the board shall coordinate with the representatives described in subparagraph (C) of paragraph (2) of subdivision (e) to ensure that no more than 255 program participants have a current and active license at the same time.

(B) During the time period described in subparagraph (A), no more than 40 of the 255 licenses may be issued to physicians whose primary area of practice is psychiatry.

(C) During the time period described in subparagraph (A), an applicant shall submit an application to the board between October 1, 2037, and December 31, 2037, except that the board may accept up to 25 applications after December 31, 2037, and before January 1, 2040.

(5) (A) Between January 1, 2041, and January 1, 2045, the board shall coordinate with the representatives described in subparagraph (C) of paragraph (2) of subdivision (e) to ensure that no more than 275 program participants have a current and active license at the same time.

(B) During the time period described in subparagraph (A), no more than 40 of the 275 licenses may be issued to physicians whose primary area of practice is psychiatry.

(C) During the time period described in subparagraph (A), an applicant shall submit an application to the board between October 1, 2041, and December 31, 2041, except that the board may accept up to 27 applications after December 31, 2041, and before January 1, 2044.

(6) A physician's eligibility pursuant to this subdivision is subject to the physician complying with all of the requirements set forth in this section.

(h) All applicable employment benefits, salary, and policies provided by nonprofit community health centers to their current employees shall be provided to medical practitioners from Mexico participating in this program. This shall include nonprofit community health centers providing malpractice insurance coverage.

(i) Each program applicant shall be responsible for working with the governments of Mexico and the United States in order to obtain the necessary three-year visa required for program participation.

SEC. 8. Section 2168.2 of the Business and Professions Code is amended to read:

2168.2. An application for a special faculty permit shall be made on a form prescribed by the board and shall include any information that the board may prescribe to establish an applicant's eligibility for a permit. This information shall include, but is not limited to, the following:

(a) A statement from the dean of the medical school or dean or chief medical officer at an academic medical center at which the applicant will be employed describing the applicant's qualifications and justifying the dean's or chief medical officer's determination that the applicant satisfies the requirements of paragraph (1) of subdivision (a) of Section 2168.1.

(b) A statement by the dean of the medical school or dean or chief medical officer of the academic medical center listing every affiliated institution in which the applicant will be providing instruction as part of the medical school's or academic medical center's educational program and justifying any clinical activities at each of the institutions listed by the dean or chief medical officer.

(c) The board shall submit to the Department of Justice fingerprint images and related information required by the Department of Justice of all applicants for special faculty permits, as defined by Section 2168, to determine whether the applicant has a criminal conviction record in this state or in any other jurisdiction, including foreign countries, pursuant to Section 2042. The Department of Justice shall provide a state- and federal-level response in accordance with subdivision (p) of Section 11105 of the Penal Code for the board to determine whether the applicant is subject to denial of licensure under the provisions of Division 1.5 (commencing with Section 475).

SEC. 9. Section 2513.5 is added to the Business and Professions Code, to read:

2513.5. The Medical Board of California shall submit to the Department of Justice fingerprint images and related information required by the Department of Justice of all applicants for a midwife license, as defined by Section 2507, to determine whether the applicant has a criminal conviction record in this state or in any other jurisdiction, including foreign countries, pursuant to Section 2042. The Department of Justice shall provide a state- and federal-level response pursuant to subdivision (p) of Section 11105 of the Penal Code for the board to determine whether the applicant is subject to denial of licensure under the provisions of Division 1.5 (commencing with Section 475).

SEC. 10. Section 2953.1 is added to the Business and Professions Code, to read:

2953.1. (a) The board 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.

SEC. 11. Section 2960.01 is added to the Business and Professions Code, to read:

2960.01. (a) The board 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.

SEC. 12. Section 2960.02 is added to the Business and Professions Code, to read:

2960.02. (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.

SEC. 13. Section 2999.106 is added to the Business and Professions Code, to read:

2999.106. (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.

SEC. 14. Section 3575 of the Business and Professions Code is amended to read:

3575. (a) For the purposes of this chapter, the following definitions shall apply:

(1) “Board” means the Medical Board of California.

(2) “Polysomnography” means the treatment, management, diagnostic testing, control, education, and care of patients with sleep and wake disorders. Polysomnography shall include, but not be limited to, the process

of analysis, monitoring, and recording of physiologic data during sleep and wakefulness to assist in the treatment of disorders, syndromes, and dysfunctions that are sleep-related, manifest during sleep, or disrupt normal sleep activities. Polysomnography shall also include, but not be limited to, the therapeutic and diagnostic use of oxygen, the use of positive airway pressure including continuous positive airway pressure (CPAP) and bilevel modalities, adaptive servo-ventilation, and maintenance of nasal and oral airways that do not extend into the trachea.

(3) “Supervision” means that the supervising physician and surgeon shall remain available, either in person or through telephonic or electronic means, at the time that the polysomnographic services are provided.

(b) (1) Within one year after the effective date of this chapter, the board shall promulgate regulations relative to the qualifications for the registration of individuals as certified polysomnographic technologists, polysomnographic technicians, and polysomnographic trainees. The qualifications for a certified polysomnographic technologist shall include all of the following:

(A) The applicant shall have valid, current credentials as a polysomnographic technologist issued by a national accrediting agency approved by the board.

(B) The applicant shall have graduated from a polysomnographic educational program that has been approved by the board.

(C) The applicant shall have passed a national certifying examination that has been approved by the board.

(2) An applicant for registration as a certified polysomnographic technologist may satisfy the qualifications described in paragraph (1) by submitting proof to the board that they have been practicing polysomnography for at least five years in a manner that is acceptable to the board. However, beginning three years after the effective date of this chapter, all individuals seeking to obtain certification as a polysomnographic technologist shall have passed a national certifying examination that has been approved by the board.

(c) (1) In accordance with Section 2042, any person seeking registration from the board as a certified polysomnographic technologist, a polysomnographic technician, or a polysomnographic trainee shall be subject to a state- and federal-level criminal offender record information search conducted through the Department of Justice as specified in paragraph (2).

(2) The board shall submit to the Department of Justice fingerprint images and related information required by the Department of Justice of all applicants for registration as a certified polysomnographic technologist, a polysomnographic technician, or a polysomnographic trainee, as defined by this section, to determine whether the applicant has a criminal conviction record in this state or in any other jurisdiction, including foreign countries, pursuant to Section 2042. The Department of Justice shall provide a state- and federal-level response pursuant to subdivision (p) of Section 11105 of the Penal Code for the board to determine whether the applicant is subject

to denial of licensure under the provisions of Division 1.5 (commencing with Section 475).

(d) An individual may use the title “certified polysomnographic technologist” and may engage in the practice of polysomnography only under the following circumstances:

(1) The individual is registered with the board and has successfully undergone a state- and federal-level criminal offender record information search pursuant to subdivision (c).

(2) The individual works under the supervision and direction of a licensed physician and surgeon.

(3) The individual meets the requirements of this chapter.

(e) Within one year after the effective date of this chapter, the board shall adopt regulations that establish the means and circumstances in which a licensed physician and surgeon may employ polysomnographic technicians and polysomnographic trainees. The board may also adopt regulations specifying the scope of services that may be provided by a polysomnographic technician or polysomnographic trainee. Any regulation adopted pursuant to this section may specify the level of supervision that polysomnographic technicians and trainees are required to have when working under the supervision of a certified polysomnographic technologist or licensed health care professional.

(f) This section shall not apply to California licensed allied health professionals, including, but not limited to, respiratory care practitioners, working within the scope of practice of their license.

(g) Nothing in this chapter shall be interpreted to authorize a polysomnographic technologist, technician, or trainee to treat, manage, control, educate, or care for patients other than those with sleep disorders or to provide diagnostic testing for patients other than those with suspected sleep disorders.

SEC. 15. Section 4982.01 is added to the Business and Professions Code, to read:

4982.01. (a) The Board of Behavioral Sciences shall require an applicant for marriage and family therapist licensure or registration as an associate marriage and family therapist, as defined in Sections 4980, 4980.02, and 4980.03, 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.

SEC. 16. Section 4989.55 is added to the Business and Professions Code, to read:

4989.55. (a) The Board of Behavioral Sciences shall require an applicant for licensure as an educational psychologist, as defined in Sections 4989.14

and 4989.20, 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.

SEC. 17. Section 4992.31 is added to the Business and Professions Code, to read:

4992.31. (a) The Board of Behavioral Sciences shall require an applicant for clinical social work licensure or registration as an associate clinical social worker, as defined in Sections 4996, 4996.9, and 4996.18, 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.

SEC. 18. Section 4999.92 is added to the Business and Professions Code, to read:

4999.92. (a) The Board of Behavioral Sciences shall require an applicant for professional clinical counselor licensure or registration as an associate professional clinical counselor, as defined in Sections 4999.12, 4999.20, and 4999.30, 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.

SEC. 19. Section 7503.05 is added to the Business and Professions Code, immediately following Section 7503, to read:

7503.05. (a) The bureau shall require each applicant as a repossession agency licensee, qualified certificate holder, or registrant, as defined in Sections 7500.1 and 7500.2, to undergo a fingerprint-based state and national criminal history background check.

(b) Pursuant to subdivision (u) of Section 11105 of the Penal Code, the bureau shall submit to the Department of Justice fingerprint images and related information for each individual applicant, if the applicant is an individual, each partner described in Section 7503.3, if the applicant is a partnership, each officer and owner described in Section 7503.4, if the applicant is a corporation or limited liability company, and each qualified certificate holder described in Section 7500.1.

(c) The Department of Justice shall provide a state- and federal-level response pursuant to subdivision (p) of Section 11105 of the Penal Code.

SEC. 20. Section 7525.3 is added to the Business and Professions Code, to read:

7525.3. (a) The bureau shall require each applicant for a private investigator license and qualified manager, as defined in Sections 7512.6, 7512.7, and 7521, to undergo a fingerprint-based state and national criminal history background check.

(b) Pursuant to subdivision (u) of Section 11105 of the Penal Code, the bureau shall submit to the Department of Justice fingerprint images and related information for each individual applicant, if the applicant is an individual, each partner, if the applicant is a partnership, each officer, if the applicant is a corporation, each member and manager, if the applicant is a limited liability company, and each qualified manager, as defined in Sections 7512.7, 7512.14, 7512.15, and 7525.1.

(c) The Department of Justice shall provide a state- and federal-level response pursuant to subdivision (p) of Section 11105 of the Penal Code.

SEC. 21. Section 19239 of the Business and Professions Code is amended to read:

19239. (a) Before a permit is issued, the bureau shall require the applicant to establish ability and reasonable financial responsibility to initiate the proposed operations. The bureau shall require the applicant to establish their knowledge and ability to engage in business as a household mover by examination. The examination may be written or oral, or in the form of a demonstration of skill, or any combination of these, and any investigation of character, experience, and any tests of technical knowledge and manual skill that the bureau determines to be appropriate may be employed. In any examination, the qualification of the applicant shall be determined by an appraisal made by a member of the bureau's staff. The criteria used by the bureau staff in making the required appraisal to determine whether the applicant has met the qualifications shall be established by the bureau by rule or regulation, in accordance with the provisions of Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code. An applicant who has been determined to be unqualified may establish their qualifications through a subsequent examination, but no subsequent examination shall be taken prior to 30 days from the date when the applicant was found to be unqualified. If the staff member determines that the applicant is not qualified and denies the application, the bureau shall notify the applicant in writing. Within 30 days of service of the notice, the applicant may file a written request with the bureau for a hearing on the denial. Upon receipt of a timely filed request, the bureau shall request that the matter be set for a hearing. The hearing shall be conducted in accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code, and the director shall have all the powers granted therein. If the staff member determines that the applicant is qualified, the bureau may issue a permit without a hearing.

(b) An applicant may qualify in one of the following ways:

(1) If an individual, they may qualify by personal examination or by examination of their responsible managing employee.

(2) If a partnership or corporation, or any other type of business organization, it may qualify by examination of the responsible managing officer, an employee who works at least 32 hours per week, or a partner of the applicant firm.

(c) If the individual qualified by examination ceases to be connected with the permitholder, the permitholder shall notify the bureau in writing within 30 days after the cessation. If notice is given, the permit shall remain in force a reasonable length of time in order that another representative of the applicant may be qualified before the bureau. If the permitholder fails to notify the bureau of the cessation within a 30-day period, at the end of that period the permit shall be automatically suspended.

(d) The bureau shall require each applicant for a permit as a household mover, as defined in Section 19225.5, to undergo a fingerprint-based state and national criminal history background check.

(1) The bureau shall submit to the Department of Justice fingerprint images and related information for each individual owner of an applicant, if the applicant is an individual or sole proprietorship, each partner, if the applicant is a partnership, each officer and director, if the applicant is a corporation, or each member and manager, if the applicant is a limited liability company, pursuant to subdivision (u) of Section 11105 of the Penal Code. The fingerprint images and related information shall be submitted for the purpose of obtaining information as to the existence and content of a record of state and federal convictions and arrests, and information as to the existence and content of a record of state and federal convictions and arrests for which the Department of Justice establishes that the person is free on bail or on their own recognizance, pending trial or appeal.

(2) The Department of Justice shall provide a response to the bureau pursuant to subdivision (p) of Section 11105 of the Penal Code.

(3) The bureau shall request from the Department of Justice subsequent notification service, as provided pursuant to Section 11105.2 of the Penal Code, for applicants.

(4) The Department of Justice shall charge the applicant a fee sufficient to cover the reasonable cost of processing the requests described in this subdivision.

(e) The bureau may require, as a precondition to the issuance of a permit, the procurement of a performance bond sufficient to facilitate the collection of fines, penalties, and restitution related to enforcement actions that can be taken against the applicant.

(f) The bureau may refuse to issue a permit if it is shown that an applicant or an officer, director, partner, or associate of an applicant has committed any act constituting dishonesty or fraud; committed any act that, if committed by a permitholder, would be grounds for a suspension or revocation of the permit; misrepresented any material fact on the application; or, was convicted of an offense that is substantially related to the qualifications, functions, or

duties of the business or profession, except that if the bureau determines that the applicant is otherwise suitable to be issued a permit, and granting the permit would not compromise public safety, the bureau shall conduct a thorough review of the nature of the crime, conviction, circumstances, and evidence of rehabilitation of the applicant, and shall evaluate the suitability of the applicant to be issued a permit based on the evidence found through the review.

(g) A permit shall not be issued unless it has been shown that the applicant meets one of the following residence requirements:

(1) For an individual, the applicant shall have resided in the State of California for not less than 90 days next preceding the filing of the application.

(2) For a partnership, the partner having the largest percentage interest in the partnership shall have resided in the State of California continuously for not less than 90 days next preceding the filing of the application.

(3) For a limited liability company or a corporation, the applicant shall be a domestic limited liability company or a domestic corporation or shall be qualified to transact business in the State of California as a foreign limited liability company or a foreign corporation at the time of filing the application.

(h) The bureau shall prescribe, amend, and repeal rules in accordance with law for the administration of this section.

(i) If the bureau denies an application, the bureau shall notify the applicant in writing. Within 30 days of service of the notice, the applicant may file a written request with the bureau for a hearing on the denial. Upon receipt of a timely filed request, the bureau shall request that the matter be set for hearing. The hearing shall be conducted in accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code, and the director shall have all the powers granted therein.

SEC. 22. Section 33113.5 is added to the Education Code, to read:

33113.5. (a) The department may require employees, prospective employees, volunteers, contractors, and subcontractors to undergo a fingerprint-based state and national criminal history background check.

(b) The department shall electronically 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.

SEC. 23. Section 59009 is added to the Education Code, immediately following Section 59008, to read:

59009. (a) The department may require employees, prospective employees, volunteers, contractors, and subcontractors for the California School for the Deaf, as defined in Section 59000, to undergo a fingerprint-based state and national criminal history background check.

(b) The department shall electronically 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.

SEC. 24. Section 59105 is added to the Education Code, immediately following Section 59104, to read:

59105. (a) The department may require employees, prospective employees, volunteers, contractors, and subcontractors for the California School for the Blind, as defined in Section 59100, to undergo a fingerprint-based state and national criminal history background check.

(b) The department shall electronically 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.

SEC. 25. Section 59206 is added to the Education Code, immediately following Section 59205, to read:

59206. (a) The department may require employees, prospective employees, volunteers, contractors, and subcontractors for the diagnostic centers, as defined in Section 59200, to undergo a fingerprint-based state and national criminal history background check.

(b) The department shall electronically 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.

SEC. 26. Section 66611 is added to the Education Code, immediately following Section 66610, to read:

66611. (a) The California State University may require employees, prospective employees, volunteers, contractors, and subcontractors, to undergo a fingerprint-based state and national criminal history background check.

(b) The California State University shall electronically 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.

SEC. 27. Section 92612.3 is added to the Education Code, immediately following Section 92612.2, to read:

92612.3. (a) The University of California may require background checks, to be completed by the Department of Justice pursuant to subdivision (b), during the final stages of the recruitment process for a prospective staff employee, contractor, or volunteer.

(b) (1) The University of California shall submit to the Department of Justice fingerprint images of a prospective staff employee, contractor, or volunteer, that the University of California obtains pursuant to subdivision (a), and related information required by the Department of Justice, for purposes of a state- and federal-level criminal history background check in accordance with subdivision (u) of Section 11105 of the Penal Code.

(2) The Department of Justice shall provide a state or federal response, or both if applicable, to the University of California pursuant to subdivision (p) of Section 11105 of the Penal Code.

(c) This section does not authorize hiring practices that are inconsistent with the requirements of Section 12952 of the Government Code.

SEC. 28. Section 1030 of the Government Code is repealed.

SEC. 29. Section 1030 is added to the Government Code, to read:

1030. (a) A law enforcement agency shall require a peace officer or a prospective peace officer, as designated under Chapter 4.5 (commencing with Section 830) of Title 3 of Part 2 of the Penal Code, to undergo a fingerprint-based state and national criminal history background check.

(b) A law enforcement agency shall submit to the Department of Justice fingerprint images and related information for an individual specified in subdivision (a) who is 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- or federal-level response pursuant to subdivision (k) of Section 11105 of the Penal Code.

(c) As used in this section, “law enforcement agency” means a police or sheriff’s department, or any department or agency of the state or any political subdivision thereof that employs any peace officer, as designated as designated under Chapter 4.5 (commencing with Section 830) of Title 3 of Part 2 of the Penal Code.

SEC. 30. Section 733.5 is added to the Harbors and Navigation Code, to read:

733.5. (a) The division shall require an applicant for a yacht and ship broker or salesperson license, as those terms are defined in Section 701, to undergo a fingerprint-based state and national criminal history background check.

(b) The division 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.

SEC. 31. Section 53.5 is added to the Military and Veterans Code, to read:

53.5. (a) The Military Department may require service members, employees, volunteers, contractors, and subcontractors to undergo a fingerprint-based state and national criminal history background check.

(b) The Military Department 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- or federal-level response pursuant to subdivision (p) of Section 11105 of the Penal Code.

(c) As used in this section, “service member” means a member of the active militia as defined in Section 120 of the Military and Veterans Code.

SEC. 32. Section 90.1 is added to the Military and Veterans Code, to read:

90.1. (a) The Department of Veterans Affairs may require employees, prospective employees, volunteers, contractors, and subcontractors to undergo a fingerprint-based state and national criminal history background check.

(b) The Department of Veterans Affairs 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- or federal-level response pursuant to subdivision (p) of Section 11105 of the Penal Code.

SEC. 33. Section 11105 of the Penal Code is amended to read:

11105. (a) (1) The Department of Justice shall maintain state summary criminal history information.

(2) As used in this section:

(A) “State summary criminal history information” means the master record of information compiled by the Attorney General pertaining to the identification and criminal history of a person, such as name, date of birth, physical description, fingerprints, photographs, dates of arrests, arresting agencies and booking numbers, charges, dispositions, sentencing information, and similar data about the person.

(B) “State summary criminal history information” does not refer to records and data compiled by criminal justice agencies other than the Attorney General, nor does it refer to records of complaints to or investigations conducted by, or records of intelligence information or security procedures of, the office of the Attorney General and the Department of Justice.

(b) The Attorney General shall furnish state summary criminal history information to the following, if needed in the course of their duties, provided that when information is furnished to assist an agency, officer, or official of state or local government, a public utility, or any other entity, in fulfilling employment, certification, or licensing duties, Chapter 1321 of the Statutes of 1974 and Section 432.7 of the Labor Code shall apply:

(1) The courts of the state.

(2) Peace officers of the state, as defined in Section 830.1, subdivisions (a) and (e) of Section 830.2, subdivision (a) of Section 830.3, subdivision (a) of Section 830.31, and subdivisions (a) and (b) of Section 830.5.

(3) District attorneys of the state.

(4) Prosecuting city attorneys or city prosecutors of a city within the state.

(5) City attorneys pursuing civil gang injunctions pursuant to Section 186.22a, drug abatement actions pursuant to Section 3479 or 3480 of the Civil Code or Section 11571 of the Health and Safety Code, or a city attorney or county counsel pursuing gun violence restraining orders pursuant to Division 3.2 (commencing with Section 18100) of Title 2 of Part 6.

(6) Probation officers of the state.

(7) Parole officers of the state.

(8) A public defender or attorney of record when representing a person in proceedings upon a petition for a certificate of rehabilitation and pardon pursuant to Section 4852.08.

(9) A public defender or attorney of record when representing a person in a criminal case or a juvenile delinquency proceeding, including all appeals and postconviction motions, or a parole, mandatory supervision pursuant to paragraph (5) of subdivision (h) of Section 1170, or postrelease community supervision revocation or revocation extension proceeding, if the information is requested in the course of representation.

(10) An agency, officer, or official of the state if the state summary criminal history information is required to implement a statute or regulation that expressly refers to specific criminal conduct applicable to the subject person of the state summary criminal history information, and contains requirements or exclusions, or both, expressly based upon that specified criminal conduct. The agency, officer, or official of the state authorized by this paragraph to receive state summary criminal history information may perform state and federal criminal history information checks as provided for in subdivision (u). The Department of Justice shall provide a state or federal response to the agency, officer, or official pursuant to subdivision (p).

(11) A city, county, city and county, or district, if access is needed in order to assist that agency in fulfilling employment, certification, or licensing duties, and if the access is specifically authorized by the city council, board of supervisors, or governing board of the city, county, or district if the state summary criminal history information is required to implement a statute, ordinance, or regulation that expressly refers to specific criminal conduct applicable to the subject person of the state summary criminal history information, and contains requirements or exclusions, or both, expressly based upon that specified criminal conduct. The city, county, city and county, or district authorized by this paragraph may also transmit fingerprint images and related information to the Department of Justice to be transmitted to the Federal Bureau of Investigation.

(12) The subject of the state summary criminal history information under procedures established under Article 5 (commencing with Section 11120).

(13) A person or entity when access is expressly authorized by statute if the criminal history information is required to implement a statute or regulation that expressly refers to specific criminal conduct applicable to the subject person of the state summary criminal history information, and contains requirements or exclusions, or both, expressly based upon that specified criminal conduct.

(14) Health officers of a city, county, city and county, or district when in the performance of their official duties enforcing Section 120175 of the Health and Safety Code.

(15) A managing or supervising correctional officer of a county jail or other county correctional facility.

(16) A humane society, or society for the prevention of cruelty to animals, for the specific purpose of complying with Section 14502 of the Corporations Code for the appointment of humane officers.

(17) Local child support agencies established by Section 17304 of the Family Code. When a local child support agency closes a support enforcement case containing state summary criminal history information, the agency shall delete or purge from the file and destroy documents or information concerning or arising from offenses for or of which the parent has been arrested, charged, or convicted, other than for offenses related to the parent's having failed to provide support for minor children, consistent with the requirements of Section 17531 of the Family Code.

(18) County child welfare agency personnel who have been delegated the authority of county probation officers to access state summary criminal history information pursuant to Section 272 of the Welfare and Institutions Code for the purposes specified in Section 16504.5 of the Welfare and Institutions Code. Information from criminal history records provided pursuant to this subdivision shall not be used for a purpose other than those specified in this section and Section 16504.5 of the Welfare and Institutions Code. When an agency obtains records both on the basis of name checks and fingerprint checks, final placement decisions shall be based only on the records obtained pursuant to the fingerprint check.

(19) The court of a tribe, or court of a consortium of tribes, that has entered into an agreement with the state pursuant to Section 10553.1 of the Welfare and Institutions Code. This information may be used only for the purposes specified in Section 16504.5 of the Welfare and Institutions Code and for tribal approval or tribal licensing of foster care or adoptive homes. Article 6 (commencing with Section 11140) shall apply to officers, members, and employees of a tribal court receiving state summary criminal history information pursuant to this section.

(20) Child welfare agency personnel of a tribe or consortium of tribes that has entered into an agreement with the state pursuant to Section 10553.1 of the Welfare and Institutions Code and to whom the state has delegated duties under paragraph (2) of subdivision (a) of Section 272 of the Welfare and Institutions Code. The purposes for use of the information shall be for the purposes specified in Section 16504.5 of the Welfare and Institutions Code and for tribal approval or tribal licensing of foster care or adoptive homes. When an agency obtains records on the basis of name checks and fingerprint checks, final placement decisions shall be based only on the records obtained pursuant to the fingerprint check. Article 6 (commencing with Section 11140) shall apply to child welfare agency personnel receiving criminal record offender information pursuant to this section.

(21) An officer providing conservatorship investigations pursuant to Sections 5351, 5354, and 5356 of the Welfare and Institutions Code.

(22) A court investigator providing investigations or reviews in conservatorships pursuant to Section 1826, 1850, 1851, or 2250.6 of the Probate Code.

(23) A person authorized to conduct a guardianship investigation pursuant to Section 1513 of the Probate Code.

(24) A humane officer pursuant to Section 14502 of the Corporations Code for the purposes of performing the officer's duties.

(25) A public agency described in subdivision (b) of Section 15975 of the Government Code, for the purpose of oversight and enforcement policies with respect to its contracted providers.

(26) (A) A state entity, or its designee, that receives federal tax information. A state entity or its designee that is authorized by this paragraph to receive state summary criminal history information also may transmit fingerprint images and related information to the Department of Justice to be transmitted to the Federal Bureau of Investigation for the purpose of the state entity or its designee obtaining federal-level criminal offender record information from the Department of Justice. This information shall be used only for the purposes set forth in Section 1044 of the Government Code.

(B) For purposes of this paragraph, "federal tax information," "state entity" and "designee" are as defined in paragraphs (1), (2), and (3), respectively, of subdivision (f) of Section 1044 of the Government Code.

(27) The director of the State Department of State Hospitals, or their designee, for use related to research and evaluation studies described in Section 4046 of the Welfare and Institutions Code, and subject to the limitations described in that section.

(c) The Attorney General may furnish state summary criminal history information and, when specifically authorized by this subdivision, federal-level criminal history information upon a showing of a compelling need to any of the following, provided that when information is furnished to assist an agency, officer, or official of state or local government, a public utility, or any other entity in fulfilling employment, certification, or licensing duties, Chapter 1321 of the Statutes of 1974 and Section 432.7 of the Labor Code shall apply:

(1) A public utility, as defined in Section 216 of the Public Utilities Code, that operates a nuclear energy facility when access is needed in order to assist in employing persons to work at the facility, provided that, if the Attorney General supplies the data, the Attorney General shall furnish a copy of the data to the person to whom the data relates.

(2) A peace officer of the state other than those included in subdivision (b).

(3) An illegal dumping enforcement officer as defined in subdivision (i) of Section 830.7.

(4) A peace officer of another country.

(5) Public officers, other than peace officers, of the United States, other states, or possessions or territories of the United States, provided that access

to records similar to state summary criminal history information is expressly authorized by a statute of the United States, other states, or possessions or territories of the United States if the information is needed for the performance of their official duties.

(6) A person when disclosure is requested by a probation, parole, or peace officer with the consent of the subject of the state summary criminal history information and for purposes of furthering the rehabilitation of the subject.

(7) The courts of the United States, other states, or territories or possessions of the United States.

(8) Peace officers of the United States, other states, or territories or possessions of the United States.

(9) An individual who is the subject of the record requested if needed in conjunction with an application to enter the United States or a foreign nation.

(10) (A) (i) A public utility, as defined in Section 216 of the Public Utilities Code, or a cable corporation as defined in subparagraph (B), if receipt of criminal history information is needed in order to assist in employing current or prospective employees, contract employees, or subcontract employees who, in the course of their employment, may be seeking entrance to private residences or adjacent grounds. The information provided shall be limited to the record of convictions and arrests for which the person is released on bail or on their own recognizance pending trial.

(ii) If the Attorney General supplies the data pursuant to this paragraph, the Attorney General shall furnish a copy of the data to the current or prospective employee to whom the data relates.

(iii) State summary criminal history information is confidential and the receiving public utility or cable corporation shall not disclose its contents, other than for the purpose for which it was acquired. The state summary criminal history information in the possession of the public utility or cable corporation and all copies made from it shall be destroyed not more than 30 days after employment or promotion or transfer is denied or granted, except for those cases where a current or prospective employee is out on bail or on their own recognizance pending trial, in which case the state summary criminal history information and all copies shall be destroyed not more than 30 days after the case is resolved.

(iv) A violation of this paragraph is a misdemeanor, and shall give the current or prospective employee who is injured by the violation a cause of action against the public utility or cable corporation to recover damages proximately caused by the violations. A public utility's or cable corporation's request for state summary criminal history information for purposes of employing current or prospective employees who may be seeking entrance to private residences or adjacent grounds in the course of their employment shall be deemed a "compelling need" as required to be shown in this subdivision.

(v) This section shall not be construed as imposing a duty upon public utilities or cable corporations to request state summary criminal history information on current or prospective employees.

(B) For purposes of this paragraph, “cable corporation” means a corporation or firm that transmits or provides television, computer, or telephone services by cable, digital, fiber optic, satellite, or comparable technology to subscribers for a fee.

(C) Requests for federal-level criminal history information received by the Department of Justice from entities authorized pursuant to subparagraph (A) shall be forwarded to the Federal Bureau of Investigation by the Department of Justice. Federal-level criminal history information received or compiled by the Department of Justice may then be disseminated to the entities referenced in subparagraph (A), as authorized by law.

(11) A campus of the California State University or the University of California, or a four-year college or university accredited by a regional accreditation organization approved by the United States Department of Education, if needed in conjunction with an application for admission by a convicted felon to a special education program for convicted felons, including, but not limited to, university alternatives and halfway houses. Only conviction information shall be furnished. The college or university may require the convicted felon to be fingerprinted, and any inquiry to the department under this section shall include the convicted felon’s fingerprints and any other information specified by the department.

(12) A foreign government, if requested by the individual who is the subject of the record requested, if needed in conjunction with the individual’s application to adopt a minor child who is a citizen of that foreign nation. Requests for information pursuant to this paragraph shall be in accordance with the process described in Sections 11122 to 11124, inclusive. The response shall be provided to the foreign government or its designee and to the individual who requested the information.

(d) Whenever an authorized request for state summary criminal history information pertains to a person whose fingerprints are on file with the Department of Justice and the department has no criminal history of that person, and the information is to be used for employment, licensing, or certification purposes, the fingerprint card accompanying the request for information, if any, may be stamped “no criminal record” and returned to the person or entity making the request.

(e) Whenever state summary criminal history information is furnished as the result of an application and is to be used for employment, licensing, or certification purposes, the Department of Justice may charge the person or entity making the request a fee that it determines to be sufficient to reimburse the department for the cost of furnishing the information. In addition, the Department of Justice may add a surcharge to the fee to fund maintenance and improvements to the systems from which the information is obtained. Notwithstanding any other law, a person or entity required to pay a fee to the department for information received under this section may charge the applicant a fee sufficient to reimburse the person or entity for this expense. All moneys received by the department pursuant to this section, Sections 11105.3 and 26190, and former Section 13588 of the Education Code shall be deposited in a special account in the General Fund to be

available for expenditure by the department to offset costs incurred pursuant to those sections and for maintenance and improvements to the systems from which the information is obtained upon appropriation by the Legislature.

(f) Whenever there is a conflict, the processing of criminal fingerprints and fingerprints of applicants for security guard or alarm agent registrations or firearms qualification permits submitted pursuant to Section 7583.9, 7583.23, 7596.3, or 7598.4 of the Business and Professions Code shall take priority over the processing of other applicant fingerprints.

(g) It is not a violation of this section to disseminate statistical or research information obtained from a record, provided that the identity of the subject of the record is not disclosed.

(h) It is not a violation of this section to include information obtained from a record in (1) a transcript or record of a judicial or administrative proceeding or (2) any other public record if the inclusion of the information in the public record is authorized by a court, statute, or decisional law.

(i) Notwithstanding any other law, the Department of Justice or a state or local law enforcement agency may require the submission of fingerprints for the purpose of conducting state summary criminal history information checks that are authorized by law.

(j) The state summary criminal history information shall include any finding of mental incompetence pursuant to Chapter 6 (commencing with Section 1367) of Title 10 of Part 2 arising out of a complaint charging a felony offense specified in Section 290.

(k) (1) This subdivision shall apply whenever state or federal summary criminal history information is furnished by the Department of Justice in accordance with federal law and as the result of an application by an authorized agency or organization and the information is to be used for peace officer employment or certification purposes. As used in this subdivision, a peace officer is defined in Chapter 4.5 (commencing with Section 830) of Title 3 of Part 2.

(2) Notwithstanding any other law, whenever state or federal summary criminal history information is initially furnished pursuant to paragraph (1), the Department of Justice shall disseminate the following information:

(A) Every conviction rendered against the applicant.

(B) Every arrest for an offense for which the applicant is presently awaiting trial, whether the applicant is incarcerated or has been released on bail or on their own recognizance pending trial.

(C) Every arrest or detention, except for an arrest or detention resulting in an exoneration, provided, however, that where the records of the Department of Justice do not contain a disposition for the arrest, the Department of Justice first makes a genuine effort to determine the disposition of the arrest.

(D) Every successful diversion.

(E) Every date and agency name associated with all retained peace officer or nonsworn law enforcement agency employee preemployment criminal offender record information search requests.

(F) Sex offender registration status of the applicant.

(G) Sentencing information, if present in the department's records at the time of the response.

(l) (1) This subdivision shall apply whenever state or federal summary criminal history information is furnished by the Department of Justice in accordance with federal law and as the result of an application by a criminal justice agency or organization as defined in Section 13101, and the information is to be used for criminal justice employment, licensing, or certification purposes.

(2) Notwithstanding any other law, whenever state or federal summary criminal history information is initially furnished pursuant to paragraph (1), the Department of Justice shall disseminate the following information:

(A) Every conviction rendered against the applicant.

(B) Every arrest for an offense for which the applicant is presently awaiting trial, whether the applicant is incarcerated or has been released on bail or on their own recognizance pending trial.

(C) Every arrest for an offense for which the records of the Department of Justice do not contain a disposition or that did not result in a conviction, provided that the Department of Justice first makes a genuine effort to determine the disposition of the arrest. However, information concerning an arrest shall not be disclosed if the records of the Department of Justice indicate or if the genuine effort reveals that the subject was exonerated, successfully completed a diversion or deferred entry of judgment program, or the arrest was deemed a detention, or the subject was granted relief pursuant to Section 851.91.

(D) Every date and agency name associated with all retained peace officer or nonsworn law enforcement agency employee preemployment criminal offender record information search requests.

(E) Sex offender registration status of the applicant.

(F) Sentencing information, if present in the department's records at the time of the response.

(m) (1) This subdivision shall apply whenever state or federal summary criminal history information is furnished by the Department of Justice in accordance with federal law and as the result of an application by an authorized agency or organization pursuant to Section 1522, 1568.09, 1569.17, or 1596.871 of the Health and Safety Code, or a statute that incorporates the criteria of any of those sections or this subdivision by reference, and the information is to be used for employment, licensing, or certification purposes.

(2) Notwithstanding any other law, whenever state or federal summary criminal history information is initially furnished pursuant to paragraph (1), the Department of Justice shall disseminate the following information:

(A) Every conviction of an offense rendered against the applicant, except a conviction for which relief has been granted pursuant to Section 1203.49.

(B) Every arrest for an offense for which the applicant is presently awaiting trial, whether the applicant is incarcerated or has been released on bail or on their own recognizance pending trial.

(C) Every arrest for an offense for which the State Department of Social Services is required by paragraph (1) of subdivision (a) of Section 1522 of the Health and Safety Code to determine if an applicant has been arrested. However, if the records of the Department of Justice do not contain a disposition for an arrest, the Department of Justice shall first make a genuine effort to determine the disposition of the arrest.

(D) Sex offender registration status of the applicant.

(E) Sentencing information, if present in the department's records at the time of the response.

(3) Notwithstanding the requirements of the sections referenced in paragraph (1) of this subdivision, the Department of Justice shall not disseminate information about an arrest subsequently deemed a detention or an arrest that resulted in the successful completion of a diversion program, exoneration, or a grant of relief pursuant to Section 851.91.

(n) (1) This subdivision shall apply whenever state or federal summary criminal history information, to be used for employment, licensing, or certification purposes, is furnished by the Department of Justice in accordance with federal law and as the result of an application by an authorized agency, organization, or individual pursuant to any of the following:

(A) Paragraph (10) of subdivision (c), when the information is to be used by a cable corporation.

(B) Section 11105.3 or 11105.4.

(C) Section 15660 of the Welfare and Institutions Code.

(D) A statute that incorporates the criteria of any of the statutory provisions listed in subparagraph (A), (B), or (C), or of this subdivision, by reference.

(2) Notwithstanding any other law, whenever state or federal summary criminal history information is initially furnished pursuant to paragraph (1), the Department of Justice shall disseminate the following information:

(A) Every conviction, except a conviction for which relief has been granted pursuant to Section 1203.49, rendered against the applicant for a violation or attempted violation of an offense specified in subdivision (a) of Section 15660 of the Welfare and Institutions Code. However, with the exception of those offenses for which registration is required pursuant to Section 290, the Department of Justice shall not disseminate information pursuant to this subdivision unless the conviction occurred within 10 years of the date of the agency's request for information or the conviction is over 10 years old but the subject of the request was incarcerated within 10 years of the agency's request for information.

(B) Every arrest for a violation or attempted violation of an offense specified in subdivision (a) of Section 15660 of the Welfare and Institutions Code for which the applicant is presently awaiting trial, whether the applicant is incarcerated or has been released on bail or on their own recognizance pending trial.

(C) Sex offender registration status of the applicant.

(D) Sentencing information, if present in the department's records at the time of the response.

(o) (1) This subdivision shall apply whenever state or federal summary criminal history information is furnished by the Department of Justice in accordance with federal law and as the result of an application by an authorized agency or organization pursuant to Section 379 or 1300 of the Financial Code or a statute that incorporates the criteria of either of those sections or this subdivision by reference, and the information is to be used for employment, licensing, or certification purposes.

(2) Notwithstanding any other law, whenever state or federal summary criminal history information is initially furnished pursuant to paragraph (1), the Department of Justice shall disseminate the following information:

(A) Every conviction rendered against the applicant for a violation or attempted violation of an offense specified in Section 1300 of the Financial Code, except a conviction for which relief has been granted pursuant to Section 1203.49.

(B) Every arrest for a violation or attempted violation of an offense specified in Section 1300 of the Financial Code for which the applicant is presently awaiting trial, whether the applicant is incarcerated or has been released on bail or on their own recognizance pending trial.

(C) Sentencing information, if present in the department's records at the time of the response.

(p) (1) This subdivision shall apply whenever state or federal criminal history information is furnished by the Department of Justice in accordance with federal law and as the result of an application by an agency, organization, or individual not defined in subdivision (k), (l), (m), (n), or (o), or a statute that incorporates the criteria of that section or this subdivision by reference, and the information is to be used for employment, licensing, or certification purposes.

(2) Notwithstanding any other law, whenever state or federal summary criminal history information is initially furnished pursuant to paragraph (1), the Department of Justice shall disseminate the following information:

(A) Every conviction rendered against the applicant, except a conviction for which relief has been granted pursuant to Section 1203.4, 1203.4a, 1203.41, 1203.42, 1203.425, 1203.44, or 1203.49. The Commission on Teacher Credentialing, school districts, county offices of education, charter schools, private schools, state special schools for the blind and deaf, or any other entity required to have a background check because of a contract with a school district, county office of education, charter school, private school, or state special school for the blind and deaf, shall receive every conviction rendered against an applicant, retroactive to January 1, 2020, regardless of relief granted pursuant to Section 1203.4, 1203.4a, 1203.41, 1203.42, 1203.425, or 1203.49.

(B) Notwithstanding subparagraph (A) or any other law, information for a conviction for a controlled substance offense listed in Section 11350 or 11377, or former Section 11500 or 11500.5, of the Health and Safety Code that is more than five years old, for which relief is granted pursuant to

Section 1203.4, 1203.4a, 1203.41, 1203.42, 1203.425, or 1203.49, shall not be disseminated.

(C) Every arrest for an offense for which the applicant is presently awaiting trial, whether the applicant is incarcerated or has been released on bail or on their own recognizance pending trial.

(D) Sex offender registration status of the applicant.

(E) Sentencing information, if present in the department's records at the time of the response.

(q) All agencies, organizations, or individuals defined in subdivisions (k), (l), (m), (n), (o), and (p) may contract with the Department of Justice for subsequent notification pursuant to Section 11105.2. This subdivision shall not supersede sections that mandate an agency, organization, or individual to contract with the Department of Justice for subsequent notification pursuant to Section 11105.2.

(r) This section does not require the Department of Justice to cease compliance with any other statutory notification requirements.

(s) The provisions of Section 50.12 of Title 28 of the Code of Federal Regulations are to be followed in processing federal criminal history information.

(t) Whenever state or federal summary criminal history information is furnished by the Department of Justice as the result of an application by an authorized agency, organization, or individual defined in subdivisions (k) to (p), inclusive, and the information is to be used for employment, licensing, or certification purposes, the authorized agency, organization, or individual shall expeditiously furnish a copy of the information to the person to whom the information relates if the information is a basis for an adverse employment, licensing, or certification decision. When furnished other than in person, the copy shall be delivered to the last contact information provided by the applicant.

(u) (1) If a fingerprint-based criminal history information check is required pursuant to any statute, that check shall be requested from the Department of Justice and shall be applicable to the person identified in the referencing statute. The agency or entity identified in the statute shall submit to the Department of Justice fingerprint images and related information required by the Department of Justice of the types of applicants identified in the referencing statute, for the purpose of obtaining information as to the existence and content of a record of state or federal convictions and state or federal arrests and also information as to the existence and content of a record of the state or federal arrests for which the Department of Justice establishes that the person is free on bail or on their own recognizance pending trial or appeal.

(2) If requested, the Department of Justice shall transmit fingerprint images and related information received pursuant to this section to the Federal Bureau of Investigation for the purpose of obtaining a federal criminal history information check. The Department of Justice shall review the information returned from the Federal Bureau of Investigation, and compile and disseminate a response to the agency or entity identified in the

referencing statute, pursuant to the identified subdivision. The Department of Justice shall not disseminate federal criminal history information to a private entity that is unauthorized to receive it under federal law.

(3) The Department of Justice shall provide a state response to the agency or entity identified in the referencing statute, pursuant to the identified subdivision.

(4) The agency or entity identified in the referencing statute shall request from the Department of Justice subsequent notification service, as provided pursuant to Section 11105.2, for persons described in the referencing statute.

(5) The Department of Justice shall charge a fee sufficient to cover the reasonable cost of processing the request described in this subdivision.

SEC. 34. Section 11105.001 is added to the Penal Code, to read:

11105.001. (a) A government entity specified in subdivision (c) may require employees, prospective employees, volunteers, contractors, and subcontractors to undergo a fingerprint-based state and national criminal history background check.

(b) A government entity specified in subdivision (c) 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. The Department of Justice shall provide a state- and federal-level response pursuant to subdivision (p) of Section 11105.

(c) The following government entities are authorized pursuant to this section:

(1) The University of California, as defined in Section 9 of Article IX of the Constitution.

(2) The California State Summer School for the Arts, as defined in Section 8950 of the Education Code.

(3) The State Department of Education, for the following entities:

(A) The State Department of Education, as defined in Section 33300 of the Education Code.

(B) The California School for the Deaf, as defined in Section 59000 of the Education Code.

(C) The California School for the Blind, as defined in Section 59100 of the Education Code.

(D) Diagnostic centers, as defined in Section 59200 of the Education Code.

(4) Commission on Teacher Credentialing, as defined in Section 44210 of the Education Code.

(5) The California State University, as defined in Chapter 1 (commencing with Section 89000) of Part 55 of Division 8 of Title 3 of the Education Code.

(6) The Department of Fish and Wildlife, as defined in Section 700 of the Fish and Game Code.

(7) California Exposition and State Fair, as defined in Section 3301 of the Food and Agriculture Code.

(8) Exposition Park, as defined in Section 4101 of the Food and Agriculture Code.

(9) The Office of Emergency Services, as defined in Section 8585 of the Government Code.

(10) The Department of FISCal, as defined in Section 11890 of the Government Code.

(11) The Secretary of State's Office, as defined in Section 12172.5 of the Government Code.

(12) The State Treasurer's Office, as defined in Chapter 4 (commencing with Section 12302) of Part 2 of Division 3 of Title 2 of the Government Code.

(13) The State Controller's Office, as defined in Section 12402 of the Government Code.

(14) The California Health and Human Services Agency, as defined in Section 12800 of the Government Code.

(15) The California Department of Tax and Fee Administration, as defined in Chapter 1 (commencing with Section 15570) of Part 8.7 of Division 3 of Title 2 of the Government Code.

(16) Emergency Medical Services Authority, as defined in Section 1797.100 of the Health and Safety Code.

(17) The State Department of Health Care Services, as defined in Section 100100 of the Health and Safety Code.

(18) The State Department of Public Health, as defined in Section 131050 of the Health and Safety Code.

(19) The Military Department, as defined in Section 50 of the Military and Veterans Code. The Military Department may require service members to undergo a fingerprint-based state and national criminal history background check, pursuant to subdivision (a). For purposes of this section, "service member" means a member of the active militia as defined in Section 120 of the Military and Veterans Code.

(20) The Department of Veterans Affairs, as defined in Section 63 of the Military and Veterans Code.

(21) The Department of Parks and Recreation, as defined in Section 501 of the Public Resources Code.

(22) The Employment Development Department, as defined in Section 301 of the Unemployment Insurance Code.

(23) The California Department of Aging, as defined in Section 9100 of the Welfare and Institutions Code.

(d) The provisions of this section are severable. If any provision of this section or its application is held invalid pursuant to state or federal law, that invalidity shall not affect other provisions or applications that can be given effect without the invalid provision or application.

SEC. 35. Section 11105.002 is added to the Penal Code, to read:

11105.002. (a) A government entity specified in subdivision (c) shall require specified applicants to undergo a fingerprint-based state and national criminal history background check.

(b) The government entities specified in this section 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.

(c) The following government entities are authorized pursuant to this section:

(1) (A) Law enforcement agencies for peace officers and prospective peace officers, as designated in Chapter 4.5 (commencing with Section 830) of Title 3 of Part 2. The Department of Justice shall provide a state- and federal-level response pursuant to subdivision (k) of Section 11105.

(B) As used in this subdivision, “law enforcement agencies” means a police or sheriff’s department, or any department or agency of the state or any political subdivision thereof that employs any peace officer, as designated in Chapter 4.5 (commencing with Section 830) of Title 3 of Part 2.

(2) Criminal justice agencies, as defined in Section 13101, for employees, prospective employees, volunteers, contractors, and subcontractors. The Department of Justice shall provide a state- and federal-level response pursuant to subdivision (l) of Section 11105.

(d) The provisions of this section are severable. If any provision of this section or its application is held invalid pursuant to state or federal law, that invalidity shall not affect other provisions or applications that can be given effect without the invalid provision or application.

SEC. 36. Section 11105.05 is added to the Penal Code, to read:

11105.05. (a) Criminal justice agencies, as defined in Section 13101, shall require employees, prospective employees, volunteers, contractors, and subcontractors, to undergo a fingerprint-based state and national criminal history background check.

(b) Criminal justice agencies 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. The Department of Justice shall provide a state- or federal-level response pursuant to subdivision (l) of Section 11105.

SEC. 37. Section 11105.2 is added to the Penal Code, to read:

11105.2. (a) (1) The Department of Justice may provide to any entity authorized by state or federal law to receive state or federal summary criminal history information, subsequent state or federal arrest or disposition notification to assist in fulfilling employment, licensing, or certification duties, or the duties of approving relative caregivers, nonrelative extended family members, and resource families upon the arrest or disposition of any person whose fingerprints are maintained on file at the Department of Justice or the Federal Bureau of Investigation as the result of an application for licensing, employment, certification, or approval. The Department of Justice is authorized to submit fingerprints to the Federal Bureau of Investigation where the fingerprints will be retained for the purpose of being searched by

future submissions to the Federal Bureau of Investigation, including latent fingerprint searches. The Department of Justice is authorized to search latent print images against all retained fingerprint submissions. This section does not authorize the notification of a subsequent disposition pertaining to a disposition that does not result in a conviction, unless the department has previously received notification of the arrest and has previously lawfully notified a receiving entity of the pending status of that arrest. If the department supplies subsequent arrest or disposition notification to a receiving entity, the entity shall, at the same time, expeditiously furnish a copy of the information to the person to whom it relates if the information is a basis for an adverse employment, licensing, or certification decision. If the copy is not furnished in person, the copy shall be delivered to the last contact information provided by the applicant.

(2) The Department of Justice is authorized to collect all fees related to subsequent notification services from eligible entities who may participate and remit collected fees to the Federal Bureau of Investigations.

(3) An entity that submits the fingerprints of applicants for licensing, employment, or certification, or approval to the Department of Justice for the purpose of establishing a record of the applicant to receive notification of subsequent state or federal arrests or dispositions pursuant to paragraph (1) shall comply with subdivision (d).

(4) The Department of Justice shall provide to the State Department of Social Services, the Medical Board of California, and the Osteopathic Medical Board of California, pursuant to state or federal law authorizing those departments to receive state or federal summary criminal history information subsequent state or federal arrest or disposition notification to assist in fulfilling employment, licensing, or certification duties, or the duties of approving relative caregivers, nonrelative extended family members, and resource families upon the arrest or disposition of any person whose fingerprints are maintained on file at the Department of Justice or the Federal Bureau of Investigation as the result of an application for licensing, employment, certification, or approval.

(b) For purposes of this section, “approval” means those duties described in subdivision (d) of Section 309 of the Welfare and Institutions Code for approving the home of a relative caregiver or of a nonrelative extended family member for placement of a child supervised by the juvenile court, and those duties in Section 16519.5 of the Welfare and Institutions Code for resource families.

(c) An entity shall enter into a contract with the Department of Justice in order to receive notification of subsequent state or federal arrests or dispositions for licensing, employment, or certification purposes.

(d) An entity that submits the fingerprints of applicants for licensing, employment, certification, or approval to the Department of Justice for the purpose of establishing a record of the applicant to receive notification of subsequent state or federal arrests or dispositions shall immediately notify the department when the employment of the applicant is terminated, when the applicant’s license or certificate is revoked, when the applicant may no

longer renew or reinstate the license or certificate, or when a relative caregiver's or nonrelative extended family member's approval is terminated. For each volunteer for whom an entity requests notification of subsequent state or federal arrests or dispositions, the entity shall, not less than every six months, verify that each individual for whom the service has not been terminated is still a volunteer with the entity. The Department of Justice shall terminate state or federal subsequent notification on any applicant upon the request of the licensing, employment, certifying, or approving authority.

(e) An entity that receives a notification of a state or federal subsequent arrest or disposition for a person unknown to the entity, or for a person no longer employed by the entity, or no longer eligible to renew the certificate or license for which subsequent notification service was established shall immediately inform the department that the entity is no longer interested in the applicant. The entity shall not record or otherwise retain any information received as a result of the subsequent notice.

(f) An entity that submits the fingerprints of an applicant for employment, licensing, certification, or approval to the Department of Justice for the purpose of establishing a record at the department or the Federal Bureau of Investigation to receive notification of subsequent arrest or disposition shall immediately notify the department if the applicant is not subsequently employed, or if the applicant is denied licensing certification, or approval.

(g) An entity that fails to provide the Department of Justice with notification as set forth in subdivisions (c), (d), and (e) may be denied further subsequent notification service.

(h) Notwithstanding subdivisions (c), (d), and (f), subsequent notification by the Department of Justice and retention by the employing agency shall continue as to retired peace officers listed in subdivision (c) of Section 830.5.

(i) For purposes of this section, "employment" shall include contract employment and volunteer service.

(j) This section shall become operative on January 1, 2028.

SEC. 38. Section 11107.6 is added to the Penal Code, to read:

11107.6. The Department of Justice shall inform the Joint Legislative Budget Committee, the Senate Standing Committee on Public Safety, and the Assembly Committee on Public Safety within 30 days of determining that a legislative enactment is likely to be needed for an entity that is authorized to receive criminal history information pursuant to state or federal law to reestablish or retain proper authorization for an applicant population.

SEC. 39. Section 26330 is added to the Penal Code, to read:

26330. (a) A law enforcement agency may require a retiring or a retired peace officer seeking an endorsement on the officer's identification certificate stating that the issuing agency approves the officer's carrying of a concealed firearm, as described in Chapter 2 (commencing with Section 25400) and Chapter 5 (commencing with Section 26300) of Division 4 of Title 4, to undergo a fingerprint-based state and national criminal history background check.

(b) A law enforcement agency shall submit to the Department of Justice fingerprint images and related information for an individual specified in subdivision (a) who is subject to a state and national criminal history background check, pursuant to subdivision (u) of Section 11105. The Department of Justice shall provide a state- or federal-level response pursuant to subdivision (k) of Section 11105.

(c) (1) The Department of Justice shall notify a law enforcement agency as to whether an individual specified in subdivision (a) is prohibited from possessing, receiving, owning, or purchasing a firearm pursuant to state or federal law. If the prohibition is temporary, the notice shall indicate the date that the prohibition expires. However, the notice shall not provide any other information with respect to the basis for the prohibition. The Department of Justice may charge the applicant a fee sufficient to reimburse its costs for furnishing this information.

(2) If the department is unable to ascertain the final disposition of an arrest or criminal charge, the outcome of the mental health treatment or evaluation, or the applicant's eligibility to possess, receive, own, or purchase a firearm, the department shall notify the law enforcement agency.

(3) No endorsement shall be issued by any law enforcement agency unless the information described in paragraph (1) confirms the applicant's eligibility to possess, receive, own, or purchase a firearm.

(d) As used in this section, "law enforcement agency" means a police or sheriff's department, any department or agency of the state, or any political subdivision thereof that employs any peace officer, as designated under Chapter 4.5 (commencing with Section 830) of Title 3 of Part 2.

SEC. 40. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution for certain costs that may be incurred by a local agency or school district because, in that regard, this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.

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

SEC. 41. For the 2025–26 fiscal year, the sum of ten thousand dollars (\$10,000) is hereby appropriated from the General Fund to the Department of Justice for purposes of administering the fingerprint requirements added by this act.

SEC. 42. This act is a bill providing for appropriations related to the Budget Bill within the meaning of subdivision (e) of Section 12 of Article IV of the California Constitution, has been identified as related to the budget in the Budget Bill, and shall take effect immediately.

MEMORANDUM

DATE	October 13, 2025
TO	Psychology Board Members
FROM	Jacklyn Mancilla, Legislative and Regulatory Affairs Analyst
SUBJECT	Agenda Item 20(b)(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.

On August 29, 2025, AB 81 passed the Appropriations Committee.

On September 4, 2025, AB 81 passed the Senate and was ordered to engrossing and enrolling.

On September 11, 2025, AB 81 was enrolled and presented to the Governor.

On October 11, 2025, AB 81 was vetoed by the Governor.

ACTION REQUESTED

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

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

Assembly Bill No. 81

Passed the Assembly June 4, 2025

Chief Clerk of the Assembly

Passed the Senate September 4, 2025

Secretary of the Senate

This bill was received by the Governor this _____ day
of _____, 2025, at _____ o'clock ____M.

Private Secretary of the Governor

CHAPTER _____

An act to add and repeal Section 716 of the Military and Veterans Code, relating to veterans.

LEGISLATIVE COUNSEL'S DIGEST

AB 81, 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.

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

SECTION 1. Section 716 is added to the Military and Veterans Code, to read:

716. (a) Upon appropriation by the Legislature, the department shall establish a program to fund an academic study of mental health among women veterans in California, to include demographics and an analysis of the stressors, risk factors, treatment modalities, barriers to access, suicide rate, and other information deemed relevant.

(b) The department shall prepare and submit a report to the Legislature, no later than June 30, 2029, that summarizes the findings and recommendations of the study pursuant to subdivision (a). The report shall be submitted in compliance with Section 9795 of the Government Code.

(c) This section shall remain in effect only until January 1, 2030, and as of that date is repealed.

Approved _____, 2025

Governor

MEMORANDUM

DATE	October 13, 2025
TO	Psychology Board Members
FROM	Jacklyn Mancilla, Legislative and Regulatory Affairs Analyst
SUBJECT	Agenda Item 20(b)(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.

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](#)

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.~~

MEMORANDUM

DATE	October 13, 2025
TO	Psychology Board Members
FROM	Jacklyn Mancilla, Legislative and Regulatory Affairs Analyst
SUBJECT	Agenda Item 20(b)(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](#)

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

MEMORANDUM

DATE	October 13, 2025
TO	Psychology Board Members
FROM	Jacklyn Mancilla, Legislative and Regulatory Affairs Analyst
SUBJECT	Agenda Item 20(b)(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.

On August 19, 2025, AB 346 was held in committee and failed to meet deadline pursuant to Rule 61(a)(11). AB 346 is now a two-year bill and can be acted upon on January 1, 2026.

ACTION REQUESTED

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

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

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.

MEMORANDUM

DATE	October 13, 2025
TO	Psychology Board Members
FROM	Jacklyn Mancilla, Legislative and Regulatory Affairs Analyst
SUBJECT	Agenda Item 20(b)(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 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 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 August 29, 2025, SB 518 passed the Appropriations Committee.

On September 9, 2025, SB 518 passed the Assembly and was ordered to the Senate.

On September 10, 2025, SB 518 was ordered to engrossing and enrolling.

On September 22, 2025, SB 518 was enrolled and presented to the Governor.

On October 10, 2025, SB 518 was approved by the Governor.

ACTION REQUESTED

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

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

Senate Bill No. 518

CHAPTER 586

An act to add Chapter 2 (commencing with Section 12910) to Part 2.8 of Division 3 of Title 2 of the Government Code, relating to state government.

[Approved by Governor October 10, 2025. Filed with Secretary
of State October 10, 2025.]

LEGISLATIVE COUNSEL'S DIGEST

SB 518, 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.

Existing law, the California Fair Employment and Housing Act, establishes the Civil Rights Department and sets forth its powers and duties, including, among others, receiving, investigating, and prosecuting complaints alleging violations of civil rights, as specified.

This bill would establish the Bureau for Descendants of American Slavery within the department, under the control of the deputy director, who would be appointed by the Governor and confirmed by the Senate. The bill would require the bureau to create a Genealogy Division, as specified, and 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. The bill would also require the bureau to create 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 authorize the bureau to receive moneys from any federal, state, or local grant and from any nongovernmental entity, as specified.

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 people of the State of California do enact as follows:

SECTION 1. Chapter 2 (commencing with Section 12910) is added to Part 2.8 of Division 3 of Title 2 of the Government Code, to read:

CHAPTER 2. BUREAU FOR DESCENDANTS OF AMERICAN SLAVERY

Article 1. General

12910. (a) It is the intent of the Legislature in establishing the bureau to establish an initial framework and it is the intent of the Legislature that the scope and responsibilities of the bureau may expand as necessary to fulfill its mission and address additional harms as identified.

(b) It is the intent of the Legislature that, as the bureau expands its scope in the future, it shall do both of the following:

(1) Address the lasting harms of disenfranchisement, segregation, discrimination, exclusion neglect, and violence impacting both descendants and communities harmed as described 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.

12911. For purposes of this chapter:

(a) "Bureau" means the Bureau for Descendants of American Slavery.

(b) "Deputy director" means the Deputy Director of the Bureau for Descendants of American Slavery.

(c) "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, executive or 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.

12912. (a) The Bureau for Descendants of American Slavery is hereby established within the department. The bureau shall be under the direct control of a deputy director who shall be responsible to the Director of Civil Rights.

(b) The deputy director shall be appointed by the Governor 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.

(c) The bureau shall establish a mission statement consistent with the recommendations from the former reparations task force established pursuant to Chapter 319 of the Statutes of 2020.

12913. (a) As part of its duties, the bureau shall verify an individual's status as a descendant. Proof of an individual's descendant status shall be a qualifying criterion for benefits authorized by the state for descendants. The bureau shall create a Genealogy Division.

(b) Following the establishment of a process for conducting or verifying genealogical research for the purpose of confirming an individual's status as a descendant of an enslaved person as provided by Chapter 4.8 (commencing with Section 8308) of Division 1, as added by Senate Bill 437 of the 2025–26 Regular Session, the Genealogy Division shall do all of the following:

(1) Establish a process for individuals to request certification as a descendant of American slaves informed by the process created pursuant to Chapter 4.8 (commencing with Section 8308) of Division 1, as added by Senate Bill 437 of the 2025–26 Regular Session.

(2) Review and determine requests for certification as a descendant.

(3) Establish a process for individuals to appeal a determination made pursuant to paragraph (2).

(c) Subdivision (b) shall become operative only if Senate Bill 437 of the 2025–26 Regular Session is enacted and takes effect on or before January 1, 2026.

12914. (a) The bureau shall create an Education and Outreach Division to develop and implement a public education campaign regarding all of the following:

(1) The cycle of gentrification, displacement, and exclusion.

(2) The connection between redlining and gentrification.

(3) The history of discriminatory urban planning in California.

(4) Other findings presented in the California Reparations Report.

(b) To accomplish the goals of this section, the division may collaborate with colleges and universities, community organizations, and individuals, including, but not limited to, the entities included in Item 6610-001-0001 of the Budget Act of 2025.

(c) The entities supported with funds provided for the purpose of education and outreach in Item 6610-001-0001 of the Budget Act of 2025 shall coordinate and implement education and outreach activities in consultation with the division. Upon the bureau's request, the entities shall regularly report to the division on these activities and provide guidance to ensure alignment with the bureau's objectives.

12915. The bureau shall create a Legal Affairs Division to do all of the following:

(a) Provide legal advice, counsel, and services to the bureau and its officials.

(b) Ensure that the bureau's programs are administered in accordance with applicable legislative authority.

(c) Advise the head of the bureau on legislative, legal, and regulatory initiatives.

(d) Serve as an external liaison on legal matters with other state agencies and other entities.

12916. (a) Nonpublic personal and genetic information held under the bureau's authority shall be collected, held, and disclosed only as relevant and necessary to accomplish the purposes set forth in this chapter and in a manner permitted by and consistent with federal and California data privacy laws.

(b) Before asking individuals to supply information for its system of records, the bureau shall inform each individual of all of the following:

(1) The authority that authorizes the solicitation of the information and whether disclosure of that information is mandatory or voluntary.

(2) The principal purpose or purposes for which the information is intended to be used.

(3) The routine uses that may be made of the information.

(4) The effects on the individual, if any, of not providing all or any part of the requested information.

(c) The bureau shall not disclose any data contained in its system of records by any means of communication to any person except as necessary to fulfill the purposes of this chapter and pursuant to either a written request by, or the written consent of, the individual to whom the record pertains. Intra-agency, interagency, or public disclosure shall not be permitted without that written authorization.

12917. The Civil Rights Department may adopt, promulgate, amend, and rescind suitable rules and regulations to implement this chapter.

12918. (a) Notwithstanding any other law, the bureau may receive moneys from any federal, state, or local grant and from any nongovernmental entity, including from any private donation or grant, for the purposes of this chapter.

(b) Receipt of funds pursuant to this section shall not confer any right or authority on a donor or grantor to direct, control, or influence the division's programs, operations, or policy decisions.

12919. If any clause, sentence, paragraph, provision, part, or section of this chapter, or the application thereof, for any reason, is adjudged by a court of competent jurisdiction to be invalid, that judgment shall not affect, impair, or invalidate the remainder of this chapter and the application thereof, but shall be confined in its operation to the clause, sentence, paragraph, or part thereof directly involved in the controversy in which the judgment shall have been rendered and to the circumstances involved.

SEC. 2. The Legislature finds and declares that the addition of Chapter 2 (commencing with Section 12910) to Part 2.8 of Division 3 of Title 2 of the Government Code by this act serves a public purpose and does not

constitute a gift of public funds within the meaning of Section 6 of Article XVI of the California Constitution by redressing past acts of government-sponsored harm preventing future acts of government-sponsored harm, and benefitting the whole of the community and its general welfare.

SEC. 3. The Legislature finds and declares that Section 1 of this act, which adds Chapter 2 (commencing with Section 12910) to Part 2.8 of Division 3 of Title 2 of the Government Code, imposes a limitation on the public's right of access to the meetings of public bodies or the writings of public officials and agencies within the meaning of Section 3 of Article I of the California Constitution. Pursuant to that constitutional provision, the Legislature makes the following findings to demonstrate the interest protected by this limitation and the need for protecting that interest:

In order to protect the personal and genetic information of individuals, it is necessary to limit disclosure of that information to only the limited purpose for which it is collected.

MEMORANDUM

DATE	October 14, 2025
TO	Psychology Board Members
FROM	Jacklyn Mancilla, Legislative and Regulatory Affairs Analyst
SUBJECT	Agenda Item 20(b)(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 7, 2025, AB 742 passed the Business, Professions, and Economic Development Committee and referred to the Judiciary Committee.

On July 16, 2025, AB 742 passed the Judiciary Committee and referred to the Appropriations Committee.

On August 29, 2025, AB 742 passed the Appropriations Committee.

On September 9, 2025, AB 742 passed the Senate and was ordered to the Assembly.

On September 10, 2025, AB 742 was ordered to engrossing and enrolling.

On September 22, 2025, AB 742 was enrolled and presented to the Governor.

On October 13, 2025, AB 742 was vetoed by the Governor.

ACTION REQUESTED

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

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

Assembly Bill No. 742

Passed the Assembly September 10, 2025

Chief Clerk of the Assembly

Passed the Senate September 9, 2025

Secretary of the Senate

This bill was received by the Governor this _____ day
of _____, 2025, at _____ o'clock ____M.

Private Secretary of the Governor

CHAPTER _____

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, 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 expedite applications for applicants seeking licensure who are descendants of American slaves once a process to certify descendants of American slaves is implemented, as specified.

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 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.

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

SECTION 1. Section 115.7 is added to the Business and Professions Code, to read:

115.7. (a) Notwithstanding any other law, once the process to certify descendants of American slaves is implemented by the Bureau for Descendants of American Slavery pursuant to Chapter 4 (commencing with Section 15210) of Part 6 of Division 3 of Title 2 of the Government Code that confirms an individual's status

as a descendant of an American slave, each board shall expedite applications for applicants seeking licensure who are descendants of American slaves.

(b) This section shall become operative on the date that the certification process for the descendants of American Slaves is implemented by the Bureau for Descendants of American Slavery pursuant to Chapter 4 (commencing with Section 15210) of Part 6 of Division 3 of Title 2 of the Government Code.

(c) This section shall remain in effect only for four years from the date on which this section became operative, or until January 1, 2032, whichever is earlier, and as of that date is repealed.

(d) This section shall become operative only if Senate Bill 518 of the 2025–26 Regular Session is enacted establishing the Bureau for Descendants of American Slavery.

Approved _____, 2025

Governor

MEMORANDUM

DATE	October 13, 2025
TO	Psychology Board Members
FROM	Jacklyn Mancilla, Legislative and Regulatory Affairs Analyst
SUBJECT	Agenda Item 20(b)(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](#)

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~~ *entity, 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.*

O

MEMORANDUM

DATE	October 13, 2025
TO	Psychology Board Members
FROM	Jacklyn Mancilla, Legislative and Regulatory Affairs Analyst
SUBJECT	Agenda Item 20(b)(8) Watch Bills – AB 667 (Solache) Professions and vocations: license examinations: interpreters

Background

On February 14, 2025, AB 677 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).

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 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.

On August 29, 2025, AB 667 passed the Appropriations Committee.

On September 11, 2025, AB 667 failed to meet committee hearing deadline pursuant to Rule 61(a)(14). AB 667 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](#)

AMENDED IN SENATE SEPTEMBER 5, 2025

AMENDED IN SENATE AUGUST 29, 2025

AMENDED IN SENATE AUGUST 18, 2025

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 require various boards under the jurisdiction of the Department of Consumer Affairs, by ~~July 1, 2026~~, *January 1, 2027*, to include an additional section in a license application *for an applicant* to identify their preferred written, spoken, and signed languages. The bill would require each board, beginning on July 1, 2027, to conduct an annual review of applicants' language preferences, and, ~~on~~ *by* July 1, 2027, to also determine whether there is a substantial number of

non-English-speaking applicants, as defined, who require the services of an interpreter. The bill would require each board to report the determinations to the Legislature by January 1, 2028, and, beginning January 1, 2029, to annually report to specified legislative committees on the language preference data collected from license applications.

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 a person who is fluent in English and
9 in the necessary second language and who can accurately speak,
10 read, and readily interpret the necessary second language, or a
11 person who can accurately sign and read sign language.

12 (3) “Substantial number of non-English-speaking applicants”
13 means applicants who either do not speak English or who are
14 unable to effectively communicate in English because it is not
15 their native language, and who comprise 5 percent or more of the
16 total number of applicants.

17 (b) By ~~July 1, 2026~~, January 1, 2027, each board shall include
18 an additional section in a license application that asks an applicant
19 to identify their preferred written, spoken, and signed languages.

20 (c) Beginning July 1, 2027, each board shall conduct an annual
21 review of applicants’ language preferences that are collected from
22 license applications.

23 (d) (1) By July 1, 2027, each board shall determine whether
24 there is a substantial number of non-English-speaking applicants
25 who require the services of an interpreter. Each board shall report
26 the determinations to the Legislature by January 1, 2028.

27 (2) The report shall be submitted in compliance with Section
28 9795 of the Government Code.

29 (3) Pursuant to Section 10231.5 of the Government Code, this
30 subdivision shall become inoperative on January 1, 2030.

1 (e) (1) Beginning January 1, 2029, each board shall annually
2 report to the Senate Business, Professions, and Economic
3 Development and the Assembly Business and Professions
4 Committees on language preference data collected from license
5 applications.

6 (2) The report shall be submitted in compliance with Section
7 9795 of the Government Code.

8 (3) Pursuant to Section 10231.5 of the Government Code, this
9 subdivision shall become inoperative on January 1, 2033.

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MEMORANDUM

DATE	October 16, 2025
TO	Psychology Board Members
FROM	Jacklyn Mancilla, Legislative and Regulatory Affairs Analyst
SUBJECT	Agenda Item 22(b) – Discussion and Possible Action on Comments Received (if any) on Standards of Practice for Telehealth Services

Background

In August 2021, the Board adopted its Standards of Practice for Telehealth Services, codified in Title 16, California Code of Regulations (CCR), Section 1396.8. This regulation establishes the Board's authority over licensed psychologists, registrants, psychology trainees, and supervised individuals who provide psychological services via telehealth under the Psychology Licensing Law.

Section 1396.8 requires licensees and registrants to comply with all applicable laws and regulations of both California and any jurisdiction where either the provider or the client is located, including when either party is temporarily out of state. The regulation further outlines requirements for providing telehealth services, including maintaining a valid license, obtaining informed consent that addresses telehealth-specific risks, evaluating the clinical appropriateness of telehealth, ensuring provider and supervisee competency, safeguarding electronic data, and adhering to all applicable legal and professional standards.

In 2023, the Board conducted a Barriers to Telehealth Survey of licensees providing telehealth services and consumers receiving them. In response to survey findings, the Board reviewed the Health Insurance Portability and Accountability Act (HIPAA), Business and Professions Code section 2290.5, and CCR Section 1396.8 to assess alignment between current telehealth practices and applicable laws. Based on this review, the Board determined that amendments to Section 1396.8 were necessary to ensure compliance and to modernize outdated language.

At its February 2025 meeting, the Board approved proposed amendments to CCR Section 1396.8 to update and clarify the regulation of psychological services provided

via telehealth. The amendments remove outdated language, align the regulation with current laws and technological standards, and provide clearer guidance to licensees, registrants, psychology trainees, and supervised individuals regarding legal compliance, clinical appropriateness, supervision, and data security. Additionally, the amendments reinforce the Board's authority to regulate all psychological services provided by individuals under its jurisdiction—whether delivered in person or via telehealth—clarify criteria for determining when telehealth is clinically appropriate, and emphasize that all practitioners must comply with applicable federal and state laws, the Psychology Licensing Law, and relevant standards of care in any jurisdiction where services are rendered.

The regulatory package is currently in the Initial Stage, which includes submission to the Office of Administrative Law (OAL) and completion of the required public comment period(s). The regulatory documents—reviewed and approved by legal counsel, Budget staff, the Executive Director, and Agency—were submitted to the OAL for publication. The OAL approved and published the proposed amendments on October 17, 2025. The Board concurrently published the Notice of Proposed Action (NOPA), Initial Statement of Reasons, and Proposed Text on its Regulations webpage on October 15, 2025. The Board also disseminated the NOPA through social media, email notifications to interested parties, and hard copies mailed upon request.

Action Requested

Attachment #1: Notice of Proposed Action
Attachment #2: Initial Statement of Reasons
Attachment #3: Proposed Text

DEPARTMENT OF CONSUMER AFFAIRS
TITLE 16. PROFESSIONAL AND VOCATIONAL REGULATIONS
DIVISION 13.1.

BOARD OF PSYCHOLOGY

NOTICE OF PROPOSED REGULATORY ACTION CONCERNING:
Standards of Practice for Telehealth Services

NOTICE IS HEREBY GIVEN that the Board of Psychology (hereafter “Board”) is proposing to take the action described in the Informative Digest below, after considering all comments, objections, and recommendations regarding the proposed action.

PUBLIC HEARING

The Board has not scheduled a public hearing on this proposed action. However, the Board will hold a hearing if it receives a written request for a public hearing from any interested person, or his or her authorized representative, no later than 15 days prior to the close of the written comment period. A hearing may be requested by making such request in writing addressed to the individuals listed under “Contact Person” in this notice.

WRITTEN COMMENT PERIOD

Written comments relevant to the action proposed, including those sent by mail, facsimile, or e-mail to the addresses listed under “Contact Person” in this Notice, must be **received by the Board at its office no later than December 4, 2025** or must be received by the Board at the hearing, should one be scheduled.

AUTHORITY AND REFERENCE

Pursuant to the authority vested by section 2930 of the Business and Professions Code (BPC), and to implement, interpret, or make specific BPC Section(s) 686, 2290.5, 2904.5, 2960 and 2960.6. the Board of Psychology is considering amending section 1396.8 of Article 8 of Division 13.1 of Title 16 of the California Code of Regulations (CCR).

INFORMATIVE DIGEST / POLICY STATEMENT OVERVIEW

The Psychology Licensing Law establishes the Board’s oversight of licensed psychologists, registrants, psychology trainees, and supervised individuals who provide psychological services. The Board adopted the Standards of Practice for Telehealth Services in August 2021, set forth in Title 16 CCR Section 1396.8. Under CCR Section 1396.8, licensed psychologists, registrants, psychology trainees, and supervised individuals who are permitted to provide psychological health care services via telehealth must comply with the laws and regulations of both California and any jurisdiction where either the licensee or client is located, including when either party is temporarily out of state. The regulation establishes specific requirements for providing

telehealth services, including: holding a valid license, obtaining informed consent that addresses telehealth-specific risks, evaluating whether telehealth is clinically appropriate, ensuring provider and supervisee competency, safeguarding electronic data, and adhering to all applicable legal and professional standards.

The Board has determined amendments to CCR Section 1396.8 are necessary to ensure full compliance. This regulatory proposal will clarify the Board's authority to regulate all psychological services provided by individuals under its jurisdiction, whether delivered in person or via telehealth. The amendments remove outdated language and clarify the criteria for determining when telehealth is clinically appropriate. The amendments reinforce that all practitioners must adhere to relevant federal laws and regulations, Psychology Licensing Law, and all other applicable laws and standards of care in California and any other jurisdiction where either the provider or the client is located.

A summary of proposed changes include:

- Adds the statement "All psychological services offered by Board licensees and registrants via telehealth fall within the jurisdiction of the Board just as traditional face-to-face services do."
- Removes the terms "health care" throughout.
- Adds semicolon after the term "State" in subsection (1) and (2) of subdivision (a).
- Adds the term "or" in subsection (2) of subdivision (a).
- Removes the term "temporarily" in subsection (3) of subdivision (a).
- Adds the terms and comma "medical, and" to section (3)(A) of subdivision (c).
- Adds the terms "choice" and "to receive" and removes the statement "preference for receiving" to section (3)(B) of subdivision (c).
- Removes the statement "the availability of" and "the receipt of".
- Adds the statement "a safe and private" and "client's access to technological resources, and the client's ability to use the chosen technology." To subsection 3(D) of subdivision (c).
- Removes period and adds comma after the term "located" to subsection 6 of subdivision (c).
- Adds the statement "including all relevant Federal laws and regulations related to telehealth." to subsection 4 of subdivision (c).

Anticipated Benefits of Proposal

The Board has determined that this regulatory proposal will have the following benefits to the health and welfare of California residents:

The proposed amendments to CCR Section 1396.8 strengthen public protection by ensuring that telehealth services meet the same professional and ethical standards as in-person care, in line with the Board's mandate under BPC 2920.1. The amendments also clarify the Board's jurisdiction over all psychological services delivered via

telehealth, including services provided across state lines or by supervised individuals, eliminating ambiguity and reinforcing regulatory oversight. By aligning with federal laws such as Health Insurance Portability and Accountability Act (HIPAA) the changes improve legal clarity and reduce liability risks for practitioners. The amendments also remove outdated language to ensure the regulation reflects current telehealth technologies and practices. Further, the amendments refine the criteria for determining when telehealth is clinically appropriate, helping ensure services are tailored to individual client needs and delivered ethically. Collectively, these benefits promote ethical standards, compliance, and client-centered telehealth practices within the profession.

This regulatory proposal does not affect worker safety or the state's environment.

Evaluation of Consistency and Compatibility with Existing State Regulations

During the process of developing this regulatory proposal, the Board has conducted a search of any similar regulations on these topics and has concluded that these regulations are neither inconsistent nor incompatible with existing state regulations.

INCORPORATION BY REFERENCE: None.

DISCLOSURES REGARDING THIS PROPOSED ACTION

FISCAL IMPACT ESTIMATES

Fiscal Impact on Public Agencies Including Costs or Savings to State Agencies or Costs/Savings in Federal Funding to the State: None.

The proposed regulations do not result in a fiscal impact to the state. This proposal strengthens public protection by ensuring that telehealth services meet the same professional and ethical standards as in-person care, in line with the Board's mandate under BPC 2920.1. The Board does not anticipate additional workload or costs resulting from the proposed regulations. Any workload and costs of implementation are a result of current law.

The regulations do not result in costs or savings in federal funding to the state.

Nondiscretionary Costs/Savings to Local Agencies: None.

Cost to any Local Agency or School District for which Government Code Sections 17500 - 17630 Require Reimbursement: None.

Mandate Imposed on Local Agencies or School Districts: None.

Significant Effect on Housing Costs (and, if applicable, including any estimated costs of compliance or potential benefits of a building standard): None.

BUSINESS IMPACT ESTIMATES

The Board has made the initial determination that the proposed regulatory action would have no significant statewide adverse economic impact directly affecting business, including the ability of California businesses to compete with businesses in other states.

This initial determination is based on the following facts and relevant data:

The Board currently regulates approximately 22,707 licensed psychologists and 1,834 psychological associate registrants, and 2,290 applicants who are in the process of meeting examination and licensure requirements. The proposed regulatory action only impacts licensed psychologists, registrants, psychology trainees, and supervised individuals who provide psychological services via telehealth in compliance with relevant federal laws and regulations, Psychology Licensing Law, and all other applicable laws and standards of care in California and any other jurisdiction where the provider or client is located.

Cost Impact on Representative Private Person or Business

The Board is not aware of any cost impacts that a representative private person or business would necessarily incur in reasonable compliance with the proposed action.

RESULTS OF ECONOMIC IMPACT ASSESSMENT / ANALYSIS

Impact on Jobs / Businesses

The proposed amendments to CCR Section 1396.8 will not create or eliminate jobs in the State of California. The changes are limited to clarifying and updating the Standards of Practice for Telehealth Services and do not affect employment conditions. Any compliance-related costs—such as updating informed consent procedures, securing data transmission, or verifying legal obligations across jurisdictions—are expected to be minimal and aligned with existing telehealth practices.

The proposed regulatory action will not create new businesses or eliminate existing ones in California. The amendments primarily clarify existing requirements and align telehealth regulations with current laws, technologies, and professional standards.

There will be no significant effect on the expansion of businesses operating in California. The proposal solely affects licensed psychologists and psychological associate registrants regulated by the Board who provide services via telehealth. Businesses operated by or employing such licensees will not incur additional fiscal impacts, nor will their ability to expand be hindered. Therefore, the proposal is not expected to have a significant impact on existing or new businesses.

Benefits of Regulation:

The Board has determined that this regulatory proposal will have the following benefits to the health and welfare of California residents:

The regulation ensures telehealth services uphold the same ethical and clinical standards as in-person care while expanding access to mental health services by permitting the remote delivery of both supervised and licensed care. Telehealth services help to reach underserved, rural, and mobility-limited populations by reducing barriers related to transportation, geography, and scheduling. Additionally, telehealth services help to support continuity of care during emergencies, such as pandemics or natural disasters.

This regulation promotes accountability by requiring clinicians to assess the clinical appropriateness of telehealth, maintain proficiency in using secure, HIPAA-compliant technology, and comply with professional standards and applicable laws across jurisdictions. This proposal also reinforces ethical and legal compliance by mandating documentation of informed consent and adherence to both state and federal regulations, including cross-jurisdictional practice limitations.

This regulatory proposal will have no impact on worker safety or the state's environment, as it does not involve provisions related to any of those issues.

Business Reporting Requirements

The regulatory action does not require businesses to file a report with the Board.

Effect on Small Business

The Board has determined that the proposed regulations may affect small businesses. Any small businesses owned by licensees of the Board may be impacted, but any costs to comply with the regulations are anticipated to be incurred within normal business operations.

CONSIDERATION OF ALTERNATIVES

No reasonable alternative to the regulatory proposal would be more cost-effective to affected private persons and equally effective in implementing the statutory policy or other provision of law or would be either more effective in carrying out the purpose for which the action is proposed or would be as effective or less burdensome to affected private persons and equally effective in achieving the purposes of the regulation in a manner that ensures full compliance with the law being implemented or made specific.

Any interested person may submit comments to the Board in writing relevant to the above determinations at 1625 North Market Blvd., Suite N-215, Sacramento, CA 95834 during the written comment period, or at the hearing if one is scheduled or requested.

AVAILABILITY OF STATEMENT OF REASONS AND RULEMAKING FILE

The Board has compiled a record for this regulatory action, which includes the Initial

Statement of Reasons (ISOR), proposed regulatory text, and all the information on

which this proposal is based. This material is contained in the rulemaking file and is available for public inspection upon request to the contact persons named in this notice.

TEXT OF PROPOSAL

Copies of the exact language of the proposed regulations, and any document incorporated by reference, and of the initial statement of reasons, and all of the information upon which the proposal is based, may be obtained upon request from the Board of Psychology, at 1625 North Market Blvd., Suite N-215, Sacramento, CA 95834.

AVAILABILITY OF CHANGED OR MODIFIED TEXT

After considering all timely and relevant comments, the Board, upon its own motion or at the request of any interested party, may thereafter adopt the proposals substantially as described or may modify such proposals if such modifications are sufficiently related to the original text. With the exception of technical or grammatical changes, the full text of any modified proposal, with the modifications clearly indicated, will be available for review and written comment for 15 days prior to its adoption from the persons designated in this Notice as the Contact Persons and will be mailed to those persons who submit written comments or oral testimony related to this proposal or who have requested notification of any changes to the proposal.

AVAILABILITY AND LOCATION OF THE FINAL STATEMENT OF REASONS AND RULEMAKING FILE

All the information upon which the proposed regulations are based is contained in the rulemaking file which is available for public inspection by contacting the person named below.

You may obtain a copy of the Final Statement of Reasons once it has been prepared by making a written request to the Contact Persons named below or by accessing the website listed below.

CONTACT PERSONS

Inquiries or comments concerning the proposed rulemaking action may be addressed to:

Name:	Jacklyn Mancilla
Address:	Board of Psychology 1625 North Market Blvd., Suite N-215, Sacramento, CA 95834
Telephone No.:	(916) 574-8938
Fax No.:	(916) 574-8671
E-Mail Address:	jacklyn.mancilla@dca.ca.gov

The backup contact person is:

Name:	Cynthia Whitney

Address: Board of Psychology
1625 North Market Blvd., Suite N-215
Sacramento, CA 95834
Telephone No.: (916) 905-5408
Fax No.: (916) 574-8671
E-Mail Address: cynthia.whitney@dca.ca.gov

AVAILABILITY OF DOCUMENTS ON THE INTERNET: Copies of the Notice of Proposed Action, the Initial Statement of Reasons, and the text of the regulations with modifications noted, as well as the Final Statement of Reasons when completed, and modified text ,if any, can be accessed through the Board's website at https://www.psychology.ca.gov/laws_regs/regulations.shtml.

**TITLE 16 BOARD OF PSYCHOLOGY
DEPARTMENT OF CONSUMER AFFAIRS**

INITIAL STATEMENT OF REASONS

Hearing Date: The California Board of Psychology (Board) has not scheduled a hearing on the proposed changes. However, a hearing will be scheduled upon request by any interested party if the request is received no later than 15 days prior to the close of the written comment period.

Subject Matter of Proposed Regulations: Standards of Practice for Telehealth Services.

Section(s) Affected: Section 1396.8 of Article 8 of Division 13.1 of Title 16 of the California Code of Regulations (CCR)¹.

Background and Statement of the Problem:

The Board of Psychology (Board) licenses, regulates, and investigates complaints against psychologists and psychological associate registrants which are separate license categories in California, totaling approximately 21, 876 licensees. The Board is responsible for discipline and enforcement of Chapter 6.6 of Division 2 of the Business and Professions Code which regulates the profession. Business and Professions Code (BPC) Section 2920.1 mandates that the protection of the public shall be the highest priority of the Board in exercising its licensing, regulatory, and disciplinary functions. Whenever the protection of the public is inconsistent with other interests sought to be promoted, the protection of the public shall be paramount.

In August 2021, the Board adopted its Standards of Practice for Telehealth Services, set forth in Title 16 CCR Section 1396.8. This regulation establishes the Board's oversight of licensed psychologists, registrants, psychology trainees, and supervised individuals who provide psychological services via telehealth under the Psychology Licensing Law.

Under CCR Section 1396.8, licensed psychologists, registrants, psychology trainees, and supervised individuals permitted to provide psychological health care services via telehealth must comply with the laws and regulations of both California and any jurisdiction where either the licensee or client is located, including when either party is temporarily out of state. The regulation establishes specific requirements for providing telehealth services, including holding a valid license, obtaining informed consent that addresses telehealth-specific risks, evaluating whether telehealth is clinically appropriate, ensuring provider and supervisee competency, safeguarding electronic data, and adhering to all applicable legal and professional standards.

¹ All CCR references are to title 16 unless otherwise noted.

In 2023, the Board conducted a Barriers to Telehealth Survey targeting licensees who provide telehealth services, as well as consumers. In response to the survey results, the Board reviewed the Health Insurance Portability and Accountability Act (HIPAA), Business Professions Code (the Code) 2290.5, and the telehealth requirements under CCR Section 1396.8 to evaluate whether current telehealth practices are in compliance with applicable laws. The Board determined amendments to CCR Section 1396.8 were necessary to ensure full compliance.

At its February 2025 Board meeting, the Board approved amendments to CCR Section 1396.8 to ensure compliance as well as update outdated language. Proposed changes include clarifying the Board's authority to regulate all psychological services provided by individuals under its jurisdiction, whether delivered in person or via telehealth. The amendments also seek to remove outdated language and provide clearer criteria for determining when telehealth is clinically appropriate. The amendments reinforce that all practitioners must comply with relevant federal laws and regulations in addition to the Psychology Licensing Law and all other applicable laws and standards of care in California and any other jurisdiction where the provider or client is located.

The Board has developed a proposal outlining these recommended updates to the Standards of Practice for Telehealth Services, with supporting rationale detailed below.

Anticipated benefits from this regulatory action:

The proposed amendments to CCR Section 1396.8 strengthen public protection by ensuring that telehealth services meet the same professional and ethical standards as in-person care, in line with the Board's mandate under BPC 2920.1. The amendments also clarify the Board's jurisdiction over all psychological services delivered via telehealth, including services provided across state lines or by supervised individuals, eliminating ambiguity and reinforcing regulatory oversight. By aligning with federal laws such as HIPAA, the changes improve legal clarity and reduce liability risks for practitioners.

The amendments underscore the importance of maintaining data privacy and security, requiring providers to protect client information and report any breaches. The amendments also support the appropriate use of supervised individuals and trainees in telehealth settings, providing clear expectations for supervision and competency while expanding access to care. The amendments remove outdated language and ensures the regulation reflects current telehealth technologies and practices. They also refine the criteria for determining when telehealth is clinically appropriate, helping ensure services are tailored to individual client needs and delivered ethically.

Collectively, these benefits promote ethical standards, compliance, and client-centered telehealth practices within the profession which will ultimately benefit the health and welfare of California residents.

Specific purpose of, and rationale for, each adoption, amendment, or repeal:

Amend Section 1396.8 of Article 8 of Division 13.1 of Title 16 of the CCR

Purpose: The purpose of this regulatory proposal is to amend CCR Section 1396.8 to update and clarify the Board’s regulation of psychological services via telehealth. The amendments seek to remove outdated language, align the regulation with current laws and technology, and provide clearer guidance for licensees, registrants, psychology trainees, and supervised individuals on legal compliance, clinical appropriateness, supervision, and data security.

- Adds the statement “All psychological services offered by Board licensees and registrants via telehealth fall within the jurisdiction of the Board just as traditional face-to-face services do.”
- Removes the terms “health care” throughout.
- Adds semicolon after the term “State” in subsection (1) and (2) of subdivision (a).
- Adds the term “or” in subsection (2) of subdivision (a).
- Removes the term “temporarily” in subsection (3) of subdivision (a).
- Adds the terms and comma “medical, and” to section (3)(A) of subdivision (c).
- Adds the terms “choice” and “to receive” and removes the statement “preference for receiving” to section (3)(B) of subdivision (c).
- Removes the statement “the availability of” and “the receipt of”.
- Adds the statement “a safe and private” and “client’s access to technological resources, and the client’s ability to use the chosen technology.” To subsection 3(D) of subdivision (c).
- Removes period and adds comma after the term “located” to subsection 6 of subdivision (c).
- Adds the statement “including all relevant Federal laws and regulations related to telehealth.” to subsection 4 of subdivision (c).

Rationale: The proposed amendments to CCR Section 1396.8 are necessary to ensure the regulation remains current, enforceable, and aligned with evolving standards of care, technological advancements, and the legal landscape surrounding telehealth. Since the adoption of the regulation in 2021, the use of telehealth has continued to expand, making it essential for the Board to clarify its authority to regulate all psychological services delivered via telehealth—regardless of the provider’s or client’s location. Clearer language is needed to affirm that services provided by licensed psychologists, registrants, psychology trainees, and supervised individuals are subject to the same oversight and ethical standards as in-person services.

Additionally, the 2023 Barriers to Telehealth Survey identified areas of confusion among licensees regarding informed consent, legal compliance, scope of supervision, and jurisdictional requirements. These amendments address those concerns by explicitly requiring compliance with relevant federal laws (such as HIPAA), the Psychology Licensing Law, and applicable laws in any jurisdiction where services are delivered. The regulation also needs to be updated to remove outdated language, incorporate clearer criteria for assessing the clinical appropriateness of telehealth, and better reflect the

responsibilities of supervisors overseeing trainees and supervised individuals in remote settings.

The proposed changes to Section 1396.8 clarify and streamline the regulatory standards governing telehealth services provided by Board licensees and registrants. The addition of the statement, “All psychological services offered by Board licensees and registrants via telehealth fall within the jurisdiction of the Board just as traditional face-to-face services do,” affirms that remote services are subject to the same oversight and consumer protection standards as in-person care. This provides regulatory clarity in light of the growing use of telehealth in psychological practice. Throughout the regulation, the term “health care” has been removed to more accurately reflect the Board’s jurisdiction, which is limited to psychological services, thereby improving consistency and legal precision.

Several formatting and grammatical changes were also made to enhance clarity and readability. Semicolons were added after the term “State” in subsections (1) and (2) of subdivision (a) to correctly separate independent clauses. Additionally, the word “or” was added to subsection (2) to distinguish it clearly as an alternative condition. The removal of the word “temporarily” from subsection (3) acknowledges the increasing trend of long-term or permanent remote work arrangements among licensees and clients, allowing for more flexibility while still upholding jurisdictional oversight.

In subdivision (c), further refinements were made to strengthen informed consent and the assessment of telehealth appropriateness. The inclusion of “medical” in subsection (3)(A) ensures that licensees consider a client’s full clinical background—including medical history—when determining if telehealth is suitable. In subsection (3)(B), the phrasing was revised to reflect that a client makes an informed “choice to receive” services via telehealth, rather than merely stating a “preference,” thus emphasizing client autonomy and alignment with ethical standards for consent. To streamline the language, phrases such as “the availability of” and “the receipt of” were removed without altering substantive meaning.

Subsection (3)(D) was expanded to include the requirement that licensees assess whether the client has “a safe and private” space for receiving services, as well as access to and ability to use the chosen telehealth technology. These additions reflect real-world barriers that may affect the quality and accessibility of remote care, especially for vulnerable populations. This phrase, “including all relevant Federal laws and regulations related to telehealth,” was added to ensure licensees remain compliant with federal statutes such as HIPAA.

The proposed amendments aim to strengthen public protection, reduce regulatory ambiguity for licensees, and ensure consistent application of standards across all psychological services, regardless of delivery method.

Underlying Data

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- **Board Meeting Agenda from February 27, 2025.**

- Board Meeting Item 14 Memo – Enforcement Committee Report and Attachments from February 27, 2025.
- Board Meeting Item 14 Attachment 1 – BPC 2290.5 from February 27, 2025.
- Board Meeting Item 14 Attachment 2 – Telehealth Regs – 16 CCR 1396.8 from February 27, 2025.
- Board Meeting Minutes from February 27, 2025.
- Sunset Report Section 11 – Attachment 2 – Telehealth Barriers Survey Questions

Business Impact:

The Board has made an initial determination that the proposed regulatory action would have no significant statewide adverse economic impact directly affecting business, including the ability of California businesses to compete with businesses in other states. The Board currently regulates approximately 22,707 licensed psychologists and 1,834 psychological associate registrants, and 2,290 applicants who are in the process of meeting examination and licensure requirements. The proposed regulatory action only impacts licensed psychologist and psychological associate registrants who provide psychological services via telehealth in compliance with relevant federal laws and regulations in addition to the Psychology Licensing Law and all other applicable laws and standards of care in California and any other jurisdiction where the provider or client is located.

Economic Impact Assessment:

The Board has determined this regulatory proposal will have the following effects:

The proposed amendments to CCR Section 1396.8 will not create or eliminate jobs in the State of California because the changes are limited to clarifying and updating the Standards of Practice for Telehealth Services and do not specifically affect employment conditions. Any compliance-related costs—such as updating informed consent procedures, securing data transmission, or verifying legal obligations across jurisdictions—are expected to be minimal and aligned with existing telehealth practices. As such, the impact on job creation or elimination is considered insignificant.

The proposed regulatory action will not create new businesses or eliminate existing businesses in California because the amendments primarily clarify existing requirements and align telehealth regulations with current laws, technologies, and professional standards.

There will be no effect on the expansion of businesses operating in California because the proposal solely affects licensed psychologists and psychological associate registrants regulated by the Board who provide services via telehealth. Businesses operated by or employing such licensees will not specifically incur additional fiscal impacts, nor will their ability to expand be hindered.

This proposal benefits the health, safety, and welfare of California residents by enhancing regulatory clarity and ensuring consistent oversight of psychological services delivered via telehealth.

This regulatory proposal does not affect worker safety because it does not involve worker safety.

This regulatory proposal does not affect the state's environment because it does not involve the environment .

Specific Technologies or Equipment:

This regulation does not mandate the use of specific technologies or equipment.

Consideration of Alternatives:

No reasonable alternative to the regulatory proposal would be either more effective in carrying out the purpose for which the action is proposed or would be as effective or less burdensome to affected private persons and equally effective in achieving the purposes of the regulation in a manner that ensures full compliance with the law being implemented or made specific.

Any interested person may submit comments to the Board in writing relevant to the above determinations at 1625 North Market Blvd., Suite N-215, Sacramento, CA 95834 during the written comment period, or at the hearing if one is scheduled or requested.

Description of reasonable alternatives to the regulation that would lessen any adverse impact on small business:

No such alternatives have been proposed, however, the Board welcomes comments from the public.

DEPARTMENT OF CONSUMER AFFAIRS
TITLE 16. BOARD OF PSYCHOLOGY

PROPOSED REGULATORY LANGUAGE
Standards of Practice for Telehealth Services

Legend:	Added text is indicated with an <u>underline</u> . Omitted text is indicated by (* * * *) Deleted text is indicated by ~~strikeout~~ .

Amend section 1396.8 of Article 8 of Division 13.1 of Title 16 of the California Code of Regulations to read as follows:

§ 1396.8. Standards of Practice for Telehealth Services.

All psychological services offered by Board licensees and registrants via telehealth fall within the jurisdiction of the Board just as traditional face-to-face services do.

(a) A licensee is permitted to provide psychological ~~health-care~~ services via telehealth subject to the laws and regulations of the other jurisdiction where either the licensee and/or the client is located, including, but not limited to, the following circumstances:

- (1) To a client at an originating site in this State, as defined in section 2290.5 of the Code, when a licensee is located at a distant site within this State~~;~~;
- (2) To a client who has received services in this State, and who is temporarily located outside of this State~~;~~; ~~or~~
- (3) To a client who is located in this State when a licensee is ~~temporarily~~ located outside of this State.

(b) As used in this section, a licensee shall include a licensee, registrant, psychology trainee, or other supervised individual permitted to provide psychological services under the Psychology Licensing Law, beginning with section 2900 of the Code.

(c) The provision of psychological ~~health-care~~ services under subdivision (a) are subject to the following conditions:

- (1) The licensee holds a valid and current license issued by the Board or is otherwise allowed to practice under this section.
- (2) The licensee obtains and documents informed consent for the provision of psychological ~~health-care~~ services via telehealth from the client. Such consent shall cover concerns unique to the receipt of psychological ~~health-care~~ services via telehealth, including risks to confidentiality and security,

- data storage policies and procedures specific to telehealth, the possibility of disruption and/or interruption of service due to technological failure, insurance coverage considerations, and other issues that the licensee can reasonably anticipate regarding the non-comparability between psychological ~~health care~~ services delivered in person and those delivered via telehealth.
- (3) The licensee determines that delivery of psychological ~~health care~~ services via telehealth is appropriate after considering at least the following factors:
- (A) The client's diagnosis, symptoms, medical, and psychological history;
 - (B) The client's choice ~~preference for receiving to receive~~ psychological ~~health care~~ services via telehealth;
 - (C) The nature of the psychological ~~health care~~ services to be provided, including anticipated benefits, risks, and constraints resulting from their delivery via telehealth;
 - (D) The benefits, risks, or constraints posed by the client's physical location. These include the availability of a safe and private physical space for the receipt of psychological ~~health care~~ services via telehealth, accessibility of local emergency psychological ~~health care~~ services, other considerations related to the client's diagnosis, symptoms, or condition, the client's access to technological resources, and the client's ability to use the chosen technology.
 - (E) The provision of telehealth services is within the scope of competency of a psychology trainee, or other supervised individuals as specified in (b) above, who provides psychological ~~health care~~ services under the supervision of the licensee.
- (4) The licensee is competent to deliver such services based upon whether the licensee possesses the appropriate knowledge, skills, and abilities relating to delivery of psychological ~~health care~~ services via telehealth, the information technology chosen for the delivery of telehealth services, and how such services might differ from those delivered in person.
- (5) The licensee takes reasonable steps to ensure that electronic data is transmitted securely, and informs the client immediately of any known data breach or unauthorized dissemination of data.
- (6) The licensee complies with all other provisions of the Psychology Licensing Law and its attendant regulations, and all other applicable provisions of law and standards of care in this State and the other jurisdiction, if any, where either the licensee or the client is located-, including all relevant Federal laws and

regulations related to telehealth.

Credits

NOTE: Authority cited: Section 2930, Business and Professions Code. Reference: Sections 686, 2290.5, 2904.5, 2960 and 2960.6, Business and Professions Code.

MEMORANDUM

DATE	October 13, 2025
TO	Psychology Board Members
FROM	Jacklyn Mancilla, Legislative and Regulatory Affairs Analyst
SUBJECT	Agenda Item 22(c)-(g) – 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:

- c) **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. This package streamlines the licensing process and removes unnecessary barriers for applicants and the supervisors who support their training. This package is on hold pending approval from the Board for the text of the Implementation of AB 282 regulatory package.

- d) **Update on 16 CCR sections 1380.6, 1393, 1396, 1396.1, 1396.2, 1396.4, 1396.5, 1397, 1397.1, 1397.2, 1397.35, 1397.37, 1397.39, 1397.50, 1397.51, 1397.52, 1397.53, 1397.54, 1397.55 - Enforcement Provisions**

Preparing Regulatory Package	Initial Departmental Review	Notice with OAL and Hearing	Notice of Modified Text and Hearing	Preparation of Final Documentation	Final Departmental Review	Submission to OAL for Review	OAL Approval and Board Implementation

Production Phase. This phase includes preparation of the regulatory package for submission to the Office of Administrative Law (OAL), including Department and

Business, Consumer Services and Housing Agency (Agency) approvals. The proposed statutory changes have been included in the Boards sunset review. This regulatory package would update the Board's enforcement provisions.

e) Update on 16 CCR sections 1397.35 – 1397.40 - Corporations

Preparing Regulatory Package	Initial Departmental Review	Notice with OAL and Hearing	Notice of Modified Text and Hearing	Preparation of Final Documentation	Final Departmental Review	Submission to OAL for Review	OAL Approval and Board Implementation

Drafting Phase. This phase includes preparation of the regulatory package and collaborative reviews by Board staff and legal counsel. The proposed statutory changes have been included in the Boards sunset review. This regulatory package would update the Board's requirements for professional corporations' provisions.

f) 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 regulatory package is in the Drafting Phase. This phase includes preparation of the regulatory package and collaborative reviews by Board staff and legal counsel. The package has been reviewed by legal counsel and Budget staff. Board staff is making the recommended changes to the proposed text.

This regulatory package was originally designed to accomplish two changes: updates the statutory and regulatory sections needed to implement the EPPP-2 and implement the mandates of AB 282.

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.

Board staff is currently working on making changes to regulations to implement the mandates of AB 282 and bring it to the Board for review and discussion in future Board meetings. With this change, the anticipated implementation date would be tentatively postponed to 2027.

g) 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 regulatory package is in the 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.

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.

Action Requested:

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