

NOTICE OF IN-PERSON BOARD MEETING AND AGENDA

Friday, May 15, 2026
9:00 a.m. – Completion of Business

Wright Institute
2728 Durant Avenue, Room 109/110
Berkeley, CA 94704
(510) 841-9230

Board Members

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

Board Staff

Jonathan Burke, Executive Officer
Cynthia Whitney, Central Services Manager
Daniel Phillips, Enforcement Manager
Troy Polk, CPD/Renewals Coordinator
Mai Xiong, BreEZe Coordinator

Legal Counsel

Shelley Ganaway, Board Counsel

The Board will meet in-person in accordance with Government Code section 11123.
The public may participate in-person.

Due to potential technical difficulties, please consider submitting written comments by
May 8, 2026, to bopmail@dca.ca.gov for consideration.

FOR OBSERVATION ONLY

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

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.

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 request, members of the public should feel free to request an opportunity to comment.

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

For further information about the meeting, please contact the Board Contact listed above.

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.

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 webcasting is for streaming purposes only and will not be interactive. CPD credit will not be credited for viewing the meeting through the webcast, 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.

AGENDA

Discussion may be had and action may be taken on any item listed in the Agenda

9:00 a.m. – OPEN SESSION

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 Action to Approve the Board Meeting Minutes: February 13, 2026 (C. Whitney)
5. President's Report (L. Tate)
 - a) Meeting Calendar
6. Executive Officer's Report (J. Burke)
 - a) Personnel Updates
 - b) Communications with Other Jurisdictions Regarding Examination Development
 - c) Legislative Analyst's Office February 23, 2026 Publication *Addressing Chronic Vacancies In Prison Mental Health Care*
7. DCA Update (Board and Bureau Relations)
8. Budget Report (C. Whitney)
9. Enforcement Report (D. Phillips)
10. Licensing Report (M. Xiong)
 - a) Examination Report
11. Continuing Professional Development and Renewals Report (T. Polk)
12. Enforcement Committee Report

13. Legislative and Regulatory Affairs Committee Update (Casuga – Chairperson, Cervantes, Rodgers)
 - a) Two-Year Bills on Watch Status
 - 1) AB 277 (Alanis) Behavioral health centers, facilities, and programs: background checks
 - 2) AB 346 (Nguyen) In-home support services: licensed healthcare professional certification
 - 3) AB 667 (Solache) Professions and vocations: license examinations: interpreters
 - b) Bills with an Active Board Position – Introduced 2026
 - 1) SB 903 (Padilla) Mental health professionals: artificial intelligence
 - c) Bills for Board Discussion and Possible Action to Approve the Committee’s Recommended Support Position – Introduced 2026
 - 1) AB 2140 (Johnson) Healing arts: reports: claims against licensees
 - 2) AB 2164 (Bauer-Kahan) Legally protected activities
 - 3) SB 1391 (Wahab) Department of Consumer Affairs: retired category licenses
 - 4) AB 1558 (Arambula) Uniform Emergency Volunteer Health Practitioners Act
 - d) Bills Recommended for Board Watch Status – Introduced 2026
 - 1) AB 1568 (Alanis) Sex offenses: registration
 - 2) AB 1775 (Ward) Veterans
 - 3) AB 2366 (Avila Farias) Administrative Procedure Act: proposed regulations: cost-of-living impact on residents of the state
 - 4) SB 934 (Wiener) Sexual orientation or gender identity change efforts: actions for recovery of damages; statute of limitations
 - 5) SB 1146 (Gonzalez) Advertisement claims; health-related consumer products and services: artificial intelligence
 - 6) SB 1159 (Cabaldon) Artificial intelligence: transparency and governance
 - 7) AB 1598 (Quirk-Silva) Behavioral sciences
 - e) Bills for Discussion and Consideration for Possible Action for a Board Position
 - 1) AB 2575 (Ortega) Health care services: artificial intelligence
 - 2) AB 1979 (Bonta) Healing arts, reports, claims against licensees
14. Legislative Items for Future Meeting. The Board May Discuss Other Items of Legislation in Sufficient Detail to Determine Whether Such Items Should be on a Future 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

15. Status Review of Regulations in Development (S. Casuga)
 - a) 16 CCR section 1395.2 – Disciplinary Guidelines and Uniform Standards Related to Substance-Abusing Licensees
 - b) 16 CCR section 1396.8 – Standards of Practice for Telehealth Services
 - 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 1381, 1387, 1387.10, 1388, 1388.6, 1389, and 1389.1 – Implementation of AB 282
 - e) 16 CCR sections 1382, 1382.3-1382.5, and 1397.60.1-1397.70 of Division 13.1 of Title 16 of the California Code of Regulations – Research Psychoanalyst Regulation
 - f) 16 CCR section 1388 – Examinations (TOEFL)
 - g) 16 CCR section 1397.5 – Citations and Fines for Probation Violations
16. Update and Discussion on the American Psychological Association (APA) Model Act
17. Update and Discussion on the Development of the Integrated Examination for Professional Practice in Psychology
18. 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

19. The Board will Meet in Closed Session Pursuant to Government Code Section 11126(c)(3) to Discuss and Decide Disciplinary Matters Including Petitions for Reinstatement, Modification, or Early Termination; Proposed Decisions and Stipulations; Petitions for Reconsideration; and Remands.
20. Reconvene in Open Session to Adjourn the Meeting
Adjournment will immediately follow closed session, and there will be no other items of business discussed. Meeting adjournment may not be viewable on livestream.
21. Adjournment

MEMORANDUM

DATE	April 24, 2026
TO	Psychology Board Members
FROM	Cynthia Whitney Central Services Manager
SUBJECT	Agenda Item # 4 – Discussion and Possible Approval of the Board Meeting Minutes: February 13, 2026

Background:

Attached are the draft minutes of the February 13, 2026, Board Meeting.

Action Requested:

Review and approve the minutes of the February 13, 2026, Board Meeting.

MINUTES OF BOARD MEETING

February 13, 2026

Department of Consumer Affairs

1625 N. Market Blvd., 1st Floor Hearing Room

Sacramento, CA 95834

Board Members Present

Shacunda Rodgers, PhD, Vice President

Sheryll Casuga, PsyD, CMPC

Marisela Cervantes, EdD, MPA

Seyron Foo

Mary Harb Sheets, PhD

Ana Rescate

Board Members Absent

Lea Tate, PsyD, President

Julie Nystrom

Board Staff

Jonathan Burke, Executive Officer

Sandra Monterrubio, Assistant Executive Officer

Stephanie Cheung, Licensing Manager

Daniel Phillips, Enforcement Manager

Cynthia Whitney, Central Services Manager

Jacklyn Mancilla, Legislative and Regulatory Affairs Analyst

Troy Polk, Continuing Professional Development / Renewals Coordinator

Mai Xiong, BreEZe Coordinator

Susan Hansen, Exams Coordinator

Shelley Ganaway, Legal Counsel

Sam Singh, Regulatory Counsel

Friday, February 13, 2026

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

Dr. Rodgers called the meeting to order at 9:00 a.m. A quorum was present, and due notice had been sent to all interested parties.

Agenda Item #2: President's Welcome

Dr. Rodgers made opening remarks and led a mindfulness exercise.

Mr. Foo arrived and joined the meeting at 9:15 a.m.

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

46
47 Dr. Rodgers called for public comment.

48
49 No public comment was offered.

50
51 **Agenda Item #4: Discussion and Possible Approval of the Board Meeting**
52 **Minutes: November 6-7, 2025**

53
54 Dr. Rodgers introduced this item, starting on page 14 of the meeting materials.

55
56 Dr. Rodgers called for Board comment.

57
58 Dr. Harb Sheets called for a correction regarding the acronym for the Integrated
59 Examination for Professional Practice of Psychology (IEPPP).

60
61 No further Board comment was offered.

62
63 It was (M)Foo(S)Casuga(C) to approve as amended, the November 6-7, 2025, Board
64 Meeting minutes.

65
66 Dr. Rodgers called for public comment.

67
68 No public comment was offered.

69
70 Votes
71 6 ayes (Casuga, Cervantes, Foo, Harb Sheets, Rescate, Rodgers), 0 noes

72
73 **Agenda Item #5: President's Report**

74
75 a) Meeting Calendar

76
77 Dr. Rodgers provided an update on this item, found on page 31 of the meeting
78 materials.

79
80 Dr. Rodgers called for Board comment.

81
82 Dr. Casuga questioned whether future Board meetings would be kept to a single day.

83
84 Dr. Rodgers replied that this would be the case unless a single day was insufficient for
85 completing the Board's business.

86
87 No further Board comment was offered.

88

89 Dr. Rodgers called for public comment.

90
91 No public comment was offered.

92
93 **Agenda Item #6: Executive Officer's Report**

94
95 Mr. Burke provided the update on this item, starting on page one of the first hand-carry
96 packet.

97
98 a) Personnel Updates

99
100 Mr. Burke commented that the board was seeking to fill two positions in the
101 Enforcement Unit.

102
103 b) Communications with Other Jurisdictions Regarding Examination Development

104
105 Mr. Burke called for Board questions.

106
107 Dr. Harb Sheets asked whether it was the intention of the Texas Board to offer both
108 examinations as options for licensees there.

109
110 Mr. Burke confirmed that this was the case.

111
112 Dr. Rodgers called for Board comment.

113
114 No further Board comment was offered.

115
116 Dr. Rodgers called for public comment.

117
118 The first commenter asked whether California would accept the alternative examination
119 offered by Texas for licensure here.

120
121 Mr. Burke commented that the Board had not yet discussed that. He explained that
122 statutory changes would be necessary for California to accept any alternative
123 examination, as would be the case even to admit the IEPPP.

124
125 No further public comment was offered.

126
127 **Agenda Item #7: DCA Update**

128
129 Lucia Saldivar, Deputy Director of Board and Bureau Relations at Department of
130 Consumer Affairs (DCA) presented this item.

131

Ms. Saldivar commented that Chief Deputy Director Christine Lally was named the Acting Director of DCA following the retirement of Director Kimberly Kirchmeyer.

Ms. Saldivar commented that DCA sent out renewal notices to licensees advising them to renew following the one-year postponement in place as a response to the fires in Southern California.

Ms. Saldivar commented on the July 1, 2026, effective date for the Business, Consumer Services, and Housing Agency to be split into two new agencies, namely the California Housing and Homelessness Agency, and the Business and Consumer Services Agency.

Dr. Rodgers called for public comment.

No public comment was offered.

Agenda Item #8: Budget Report

Emily Molino, Budget Analyst with the DCA Budget Office, along with Suzanne Balkis, Budget Manager, provided the update on this item, starting on page 32 of the meeting materials.

Mr. Foo asked about the possibility that the Board would have to revert money to the general fund, given the state's current deficit outlook.

Ms. Balkis commented that there was currently no discussion about this possibility.

Mr. Foo asked for an update on Fi\$Cal.

Ms. Balkis confirmed that prior issues with the accounting system had been resolved.

No further Board comments were offered.

Dr. Rodgers called for public comment.

The commenter asked whether the general fund tapping into the Board's special fund would lead to increases to fees.

Mr. Foo commented that any licensing increase would have to go through the statutory process.

No further public comment was offered.

Agenda Item #9: Health Care Access and Information (HCAI) Presentation – Loan Repayment Program Update, Update Related to Education Capacity Expansion

177 **Programs, and Updates on Social Work Initiatives and Funding Sources Not**
178 **Available to Psychologists**
179

180 Dr. Rodgers introduced Michelle Crouch and Nadia Leslie from HCAI to present this
181 item, found in the second set of hand-carry materials.

182
183 Dr. Harb Sheets asked for confirmation that the fees the Board of Psychology and the
184 Board of Behavioral Sciences (BBS) pay into the HCAI program are kept separate.

185
186 Dr. Casuga asked whether adjustments might be made to a psychologist's service
187 period to accommodate life changes or other commitments.

188
189 Ms. Crouch confirmed that this was the case.

190
191 Dr. Casuga asked whether feedback is provided to applicants who were not approved
192 for the program as to why they were not selected.

193
194 Ms. Crouch explained that normally the applicant receives a notification and added that
195 applicants are welcome to call and discuss any deficiencies.

196
197 Dr. Rodgers called for public comment.

198
199 No public comment was offered.

200
201 Dr. Casuga asked whether HCAI seeks out additional funding beyond what the Board
202 and BBS pay into it, and whatever other funds might be donated or provided through
203 grants.

204
205 Ms. Crouch confirmed that this was the case.

206
207 Dr. Rodgers asked whether HCAI has relationships with other professional
208 organizations such that they could help get the word out about this program.

209
210 Ms. Crouch replied that HCAI has a marketing team, and that she could provide more
211 information at a later date.

212
213 **Agenda Item #15: Update and Discussion on the Development of the Integrated**
214 **Examination for Professional Practice in Psychology**

215
216 *[This item was taken out of order]*

217
218 Dr. Rodgers introduced Dr. Hao Song, Associate Executive Officer of Examination
219 Services from the Association for State and Provincial Psychology Boards (ASPPB) to
220 present this item, found in the third set of hand-carry materials.
221

Dr. Harb Sheets asked for an explanation as to why passing rates have dropped off dramatically over the past twenty years and raised the concern that the IEPPP could potentially contribute to further declines.

Dr. Song replied that scores dropped off during the COVID years, and other contributing factors might include an increase in credit vs. no-credit examinations, as well as examinees not availing themselves of the sample examinations.

Dr. Harb Sheets asked for Dr. Song's impression of how the questions might have changed and noted her personal experience taking a mock version of the examination with other licensees, in which many of the participants received surprisingly poor scores.

Dr. Jacqueline Horn commented that, from 2002 to 2015, a different test vendor developed the test with graduate students in mind, and the questions therefore fell outside of what an examinee might expect to encounter. When ASPPB chose Pearson VUE as the new vendor, the quality of the questions increased, though not necessarily their difficulty.

Dr. Cervantes asked Dr. Horn to clarify her use of the term 'pretest'.

Dr. Horn explained that the examinations included operational and 'pretest' items, with the latter being included in the test, but not counting towards the final score.

Dr. Cervantes asked how news of the availability of the sample test was shared, because to her view, not many educators in the psychology field were aware of this.

Dr. Horn said there was information on the ASPPB website, if only people would look for it there.

Dr. Song commented that ASPPB, through its town halls, and by appearing at Association conventions, does try to connect with the community and to spread the word about what to expect to see in the future.

Dr. Casuga asked whether there were plans to translate the examination to languages beyond English and French, namely into Spanish.

Dr. Song replied that other languages could be served as needed.

Dr. Casuga asked how the increased complexity of questions on the IEPPP might impact the length of time needed to complete the examination.

Dr. Song explained that the average time to answer each question is calculated to prevent an examinee from feeling hurried, while giving them ample time to demonstrate their competencies.

Dr. Casuga commented that a projected implementation date of 2027 was extremely fast, and that the regulatory process would need more time, closer to three years, to properly implement the IEPPP.

Dr. Song replied that the EPPP is still current, and that to call it the 'IEPPP' is to acknowledge that there is overlap between the old and new examinations.

Dr. Casuga asked how many questions are on the sample examination.

Dr. Song replied that there are typically about half as many questions as the actual test, so around a hundred questions.

Dr. Casuga commented that more people might access the sample examination if it were free, thus resulting in a higher passing rate across diverse socioeconomic populations.

Dr. Song commented that the sample examination is provided at cost, but that she would take Dr. Casuga's comments back with her.

Dr. Harb Sheets commented that the Board has been working toward making it possible for applicants to take the examination as soon as they had completed their coursework; however, with the addition of a skills portion in the IEPPP, there is concern about the impact it would have on examinees if they had to wait until after accruing their postdoctoral hours before they could take the test.

Dr. Song replied that it is ASPPB's recommendation to follow this timeline, but that it is ultimately up to the states or provinces to decide.

Mr. Foo asked when the cost information would be available to share with the public.

Dr. Song replied that it would be shared in about a month.

Mr. Foo asked for a breakdown of the demographics of the test writers, namely as accredited vs. non-accredited.

Dr. Horn replied that when ASPPB issues a call for volunteers, there is a survey to get a sense of individual backgrounds and competencies.

Mr. Foo read a question submitted in writing regarding the amount of time a test taker would typically need to prepare for the examination.

Dr. Song commented that test takers can answer a post-examination survey question about how long they prepared before they sat for the examination, and added that she would need to go back and look at the responses to be able to answer this question.

Mr. Foo shared his impression that the questions ASPPB chose to address during the town hall tended to be on the simpler side, and that there should have been the option for additional questions to be answered offline and shared later.

Dr. Song replied that the hour-long town hall format was simply inadequate to answer everyone's questions, but that all questions were recorded and would form the basis of an FAQ.

Mr. Foo asked whether ASPPB would consider having a transition year to enable applicants currently in their coursework to take the old EPPP while putting the IEPPP out for the next crop of applicants.

Dr. Song confirmed that ASPPB was planning a transitional year as described.

Mr. Foo commented to Mr. Burke that the Board should consider an action item at a future meeting to discuss the Board's expectations of what such a transitional period should look like.

Dr. Rodgers asked Dr. Horn to describe the type of training the test writers receive.

Dr. Song replied that test writers receive training in writing style, and for the recognition of unconscious bias, and then everyone gathers together to "group-review" all submissions for adherence to the style manual.

Dr. Rodgers asked how one applied to become a test writer, namely, what were the selection criteria.

Dr. Song replied that interested individuals submit a Curriculum Vitae, and may be asked to write a short paragraph describing their interest in participating in the program. Writers commit to a three-year term, and committee members commit to a four-year term.

Dr. Casuga commented that the sooner ASPPB could release an implementation plan, the sooner the Board could start preparing a transition overlap plan.

Dr. Rodgers called for Board comment.

No further Board comment was offered.

Dr. Rodgers called for public comment.

Dr. Jack Aamot expressed his concern on behalf of colleagues who were highly competent, but were not strong test-takers, and conversely that he knew several less-accomplished clinicians who were very successful test-takers. He added that the examination seems to use quantitative measures on qualitative things, and that this application does not assess real-world knowledge.

Dr. Jeff Cass commented that maybe the time had come for supervisors to take more of a role in assessing clinical ability, and to not rely as much on standardized tests.

No more public comment was offered.

364
365 **Agenda Item #10: Enforcement Report**
366

367 Mr. Phillips provided the update on this item, starting on page 36 of the meeting
368 materials.

369
370 Dr. Harb Sheets asked for clarification on whether violations reported in the materials
371 refer to the initial allegations, or rather to findings made through the Office of the
372 Attorney General.

373
374 Mr. Phillips confirmed that the data in the report reflects cases that have gone through
375 the entire disciplinary process and received this final disposition.

376
377 Dr. Rodgers asked for a definition of a 'tolled probationer', for the benefit of the
378 audience.

379
380 Mr. Phillips explained that this term referred to a probationer who had not resumed
381 practice under the conditions of their probation, and therefore time was not elapsing
382 towards the end of their probationary term.

383
384 Mr. Foo asked Mr. Phillips whether it would be possible at the May Board meeting for
385 the Enforcement Committee to address comments received by the Board that were
386 included in today's materials, regarding the enforcement process. He asked whether
387 this could be presented in flowchart format.

388
389 Mr. Phillips replied that this could be done.

390
391 Dr. Rodgers called for public comment.

392
393 No public comment was offered.

394
395 **Agenda Item #11: Licensure Committee Report**
396

397 Dr. Harb Sheets introduced Ms. Xiong to provide an update on this item, starting on
398 page 62 of the meeting materials.

399
400 a) Licensing Report
401

402 Ms. Cheung commented on factors that contribute to delays in processing applications,
403 especially errors and omissions in the submitted paperwork.

404
405 Dr. Harb Sheets commented that there was discussion in the psychological community
406 about the growing restrictions on out-of-state practice. She added that the Board's
407 regulations were now consistent with those of BBS. She clarified that the intent was not
408 to have people seeing out-of-state clients indefinitely.

409
410 Dr. Harb Sheets called for public comment.
411

412 No public comment was offered.

413

414 b) Examination Report

415

416 Ms. Hansen provided an update on this item, starting on page 74 of the meeting
417 materials.

418

419 Dr. Harb Sheets called for Board comment.

420

421 Dr. Casuga asked about additional accommodations that might be available to test
422 takers, beyond English as a second language.

423

424 Dr. Harb Sheets commented that it was unclear as to whether accommodation requests
425 should be made to the Board or to ASPPB.

426

427 Ms. Hansen confirmed that accommodation requests are sent directly to the Board.

428

429 No further Board comment was offered.

430

431 Dr. Harb Sheets called for public comment.

432

433 No public comment was offered.

434

435 c) Continuing Professional Development and Renewals Report

436

437 Mr. Polk provided the update on this item, starting on page 77 of the meeting materials.

438

439 Dr. Harb Sheets called for Board comment.

440

441 Mr. Foo asked Mr. Polk about whether feedback about the additional CPD categories
442 has been favorable or not.

443

444 Mr. Polk commented that the feedback had been mostly positive.

445

446 Mr. Foo added that he was encouraged to see an increase in the numbers of licensees
447 passing their audits, and attributed this to the flexibility in establishing qualified types of
448 experience.

449

450 No further Board comments were offered.

451

452 Dr. Harb Sheets called for public comment.

453

454 No public comment was offered.

455

456 d) EPPP Update

457

458 Mr. Burke provided the update on this item, starting on page three of the first hand-carry
459 packet.

Mr. Burke called for Board comment.

Dr. Harb Sheets asked whether the Board's contract with ASPPB would be renewed specifying IEPPP, and also other services, like PsyPact.

Mr. Burke confirmed that the contract renewal would be specific to the IEPPP.

No further Board comments were offered.

Dr. Harb Sheets called for public comment.

No public comment was offered.

e) Stakeholder Meeting Preparation

Ms. Cheung provided the update on this item, starting on page 15 of the first hand-carry packet.

Dr. Harb Sheets called for Board comment.

Dr. Casuga commented that California Psychological Association (CPA) should always be included in the stakeholder meeting discussion, along with the different Association of Regional Center Agencies (ARCA) ARCA groups, and other professional associations.

Mr. Foo commented that there should be a way to involve consumer advocacy groups that represent, for example, parents and school personnel unions, as well as those representing disability advocates.

It was (M)Harb Sheets(S)Casuga(C) to direct staff to proceed with the survey at the earliest possible time and to further authorize the Executive Officer to make any non-substantive changes.

Dr. Harb Sheets called for Board discussion.

No Board discussion was offered.

Dr. Harb Sheets called for public comment.

No public comment was offered.

Votes

6 ayes (Casuga, Cervantes, Foo, Harb Sheets, Rescate, Rodgers), 0 noes

Agenda Item #12: Legislative and Regulatory Affairs Committee Update

507 Dr. Casuga introduced Ms. Mancilla to provide the update on this item, starting on page
508 84 of the meeting materials.

509
510 *[This item was taken out of order]*

511
512 d) Bills for Board Review and Consideration of a Recommended Position

513
514 1) SB 903 (Padilla) Mental health professionals: artificial intelligence (AI).

515
516 Dr. Casuga called for Board discussion.

517
518 Mr. Foo asked whether there had been discussions about how long an AI agent would
519 retain recordings of patient interactions in terms of consent and health privacy laws.

520
521 Ms. Mancilla replied that the current bill language does not specify the retention
522 timelines for recordings.

523
524 Mr. Foo asked whether staff had received any complaints regarding the use of AI by a
525 licensee in a way that was inconsistent with best practice.

526
527 Ms. Mancilla replied that legislation passed last year did anticipate the possibility of this
528 being an area of concern but did not have statistics on whether any such complaints
529 had been received.

530
531 Dr. Casuga commented that it was routine practice for providers to want to record
532 sessions, and that clients should provide informed consent before any recording takes
533 place. She added that, since this was already common in the professional community,
534 that it made sense to apply this same transparency with AI tools.

535
536 No further Board comments were offered.

537
538 It was (M)Harb Sheets(S)Rodgers(C) that the Board take a support position on SB 903.

539
540 Dr. Casuga called for Board comment.

541
542 Dr. Cervantes commented that this bill should continue to be reviewed at subsequent
543 Committee meetings.

544
545 No further Board comments were offered.

546
547 Dr. Casuga called for public comment.

548
549 Tyler Rinde, of the California Psychological Association (CPA), expressed appreciation
550 for the Board's support position on SB 903.

No further public comment was offered.

Votes

6 ayes (Casuga, Cervantes, Foo, Harb Sheets, Rescate, Rodgers), 0 noes

a) Bills Implemented in 2026 with Adopted Board Position

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

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

3) AB 82 (Ward) Health care: legally protected health care activity

4) SB 402 (Valladares) Health care coverage: autism

5) SB 160 (Committee on Budget and Fiscal Review) Background checks

b) Two-Year Bills with Adopted Board Position

1) SB 579 (Padilla) Mental health and artificial intelligence working group

c) Two-Year Bills on Watch Status

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

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

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

4) AB 479 (Tangipa) Criminal procedure: vacatur relief

5) AB 667 (Solache) Professions and vocations: license examinations: interpreters

e) Bills for Board Review and Consideration of a Watch Position

1) AB 1568 (Alanis) Sex offenses: registration

Dr. Casuga called for Board comment.

No Board comment was offered.

Dr. Casuga called for public comment.

No public comment was offered.

Agenda Item #13: Legislative Items for Future Meeting

Dr. Casuga asked for an explanation for the benefit of the public as to what sorts of legislation the Board would typically track.

Dr. Rodgers explained that staff frequently prioritize bills that would impact board operations, especially staffing or the Members themselves, as well as anything that might affect the board's ability to license people or regulate its licensees.

No further Board comments were offered.

Dr. Casuga called for public comment.

No public comment was offered.

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

- a) 16 CCR section 1395.2 – Disciplinary Guidelines and Uniform Standards Related to Substance-Abusing Licensees
- b) 16 CCR section 1396.8 – Standards of Practice for Telehealth Services
- 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 1381, 1387, 1387.10, 1388, 1388.6, 1389, and 1389.1 – Implementation of AB 282 5
- e) 16 CCR sections 1382, 1382.3-1382.5, and 1397.60.1-1397.70 of Division 13.1 of Title 16 of the California Code of Regulations – Research Psychoanalyst Regulation
- f) 16 CCR section 1388 – Examinations (TOEFL)
- g) 16 CCR section 1397.5 – Citations and Fines for Probation Violations

Dr. Casuga called for Board comment.

No Board comment was offered.

Dr. Casuga called for public comment.

No public comment was offered.

Agenda Item #16: Update, Discussion, and Possible Action on Psychological Interjurisdictional Compact (PSYPACT)

Mr. Burke provided the update on this item, starting on page 122 of the meeting materials.

Mr. Foo asked what might happen if an individual took the Texas examination instead of the IEPPP, whether that would complicate the process of getting licensed in California.

Mr. Burke commented that the IEPPP is still the only examination under discussion at this point in the process, and that it might be a different situation years from now.

Mr. Foo asked whether any complaints had been received regarding individuals from PsyPact states misrepresenting themselves as having the e-passport.

Mr. Burke replied that such violations would be under the purview of ASPPB.

Dr. Casuga asked Mr. Foo to clarify whether he was asking for license verification for the e-passport.

Mr. Foo replied that he was.

Mr. Burke commented that Janet Orwig, of PsyPact, would be willing to present at a future Board meeting to address many of these questions.

Mr. Foo commented that he would like to know whether there are mechanisms in place for ensuring that a licensee who surrendered their license in another jurisdiction for serious violations would not be able to use PsyPact to become licensed in California.

Dr. Harb Sheets expressed an interest in serving on the Telepsychology Committee if Dr. Tate decided to start it up again.

No further Board comment was offered.

Dr. Rodgers called for public comment.

Dr. Winkelman, of CPA, commented that CPA has formed a PsyPact committee to research the expected impacts if it were to be adopted in California. She added that she appreciates that the Board is talking about restarting the Telepsychology Committee.

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

Dr. Rodgers called for Board comment.

Dr. Casuga would like the mindfulness exercise to be continued at the next meeting and added that she would be interested in serving on the Telepsychology Committee.

Mr. Foo suggested that the Board might tap professors to speak on the evolution of the profession in terms of the proliferation of AI.

Dr. Rodgers called for public comment.

No public comment was offered.

CPD Credit for Attendance at Today's Meeting

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

Agenda Item #18: The Board will Meet in Closed Session Pursuant to Government Code Section 11126(c)(3) to Discuss Disciplinary Matters Including Petitions for Reinstatement, Modification, or Early Termination; Proposed Decisions and Stipulations; Petitions for Reconsideration; and Remands.

CLOSED SESSION

Agenda Item #19: The Board will Meet in Closed Session Pursuant to Government Code Section 11126(a)(1) to Conduct its Annual Evaluation of its Executive Officer.

This item was taken up in Closed Session.

Agenda Item #20: Reconvene in Open Session to Adjourn the Meeting

No new business was taken up in Open Session.

ADJOURNMENT

The meeting adjourned at 3:06 p.m.

2026 Board Meeting/Event Calendar

Board Meetings - In-Person Only

Event	Date	Location	Agenda/Materials	Minutes	Webcast
Board Meeting	February 13, 2026	Sacramento, CA	Agenda Materials Hand Carry #1 Hand Carry #2 Hand Carry #3 Hand Carry #4		Webcast
Board Meeting	May 15, 2026	Berkeley, CA			
Board Meeting	August 14, 2026	San Diego, CA			
Board Meeting	November 12–13, 2026	So. Cal			

Licensure Committee

Event	Date	Location	Agenda/Materials	Minutes	Webcast
Licensure Committee Meeting	January 30, 2026	Webex	Agenda Materials Hand Carry		Webcast
Licensure Committee Meeting	July 10, 2026	Webex			

Legislative and Regulatory Affairs Committee

Event	Date	Location	Agenda/Materials	Minutes	Webcast
Legislative and Regulatory Affairs Committee	April 24, 2026	Webex	Agenda		Webcast
Legislative and Regulatory Affairs Committee	June 4, 2026	Webex			

Outreach and Communications Committee

Event	Date	Location	Agenda/Materials	Minutes	Webcast
Outreach and Communications Committee Meeting	October 9, 2026	Webex			

[Previous Years Board Meeting/Event Calendars](#)

MEMORANDUM

DATE	April 24, 2026
TO	Psychology Board Members
FROM	Jonathan Burke, Executive Officer
SUBJECT	Executive Officer's Report: Agenda Item 6

Background:

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

- 1) Personnel Update
- 2) Communications with Other Jurisdictions

Personnel Update

Authorized Positions: 27.30

Temp Help: 1.0

Staff Vacancies: 3.0

Board Member Vacancy: 1.0 Licensed Member, Governor Appointee

The Enforcement Unit has two vacant positions, one Analyst II and one Analyst I. A conditional offer has been made for the Analyst II position. Interviews for the Analyst I position will be scheduled later in May.

The Licensing Unit is fully staffed with two Office Technicians, one Retired Annuitant, four Analyst I positions, and two Analyst II positions.

The Central Services Unit has one vacant Analyst II (Legislative and Regulatory Analyst) position. The position has posted and management is reviewing the applications prior to scheduling interviews.

Communications with Other Jurisdictions Regarding Examination Development

The Board's Executive Officer (EO) and the Enforcement Unit have been in direct contact with counterpart agencies in Illinois, Texas, Nevada, and Utah to discuss how each state is approaching enforcement under its respective AI mental health legislation. These conversations are ongoing and have provided valuable insight into how other jurisdictions are preparing for this new category of enforcement work.

The EO will meet with the Executive Director of the Texas State Board of Examiners of Psychologists to discuss the development of their licensing examination and provide an

update on their May 7 Board meeting.

Action Requested:

This item is for informational purposes only.

MEMORANDUM

DATE	May 1, 2026
TO	Psychology Board Members
FROM	Cynthia Whitney, Central Services Manager
SUBJECT	Agenda Item 8 – Budget Report

Background

The current projections below are based on Fiscal Month (FM) 9 totals for the 2025-26 fiscal year.

For Fiscal Year 2025-26, the Board is projected to collect \$10.246 million in revenue. As of April 2026, the Board collected \$8.530 million in revenue.

For Fiscal Year 2025-26, the Board's budgeted expenditures are \$8.181 million. The Board is projected to expend \$8.008 million, leaving a projected balance of approximately \$122 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 9.

Attachment #2: Fund Condition

Attachment #3: Revenue Projection Report FY 2025-26 through Fiscal Month 9

Attachment #4: Expenditure and Revenue Comparison

Department of Consumer Affairs
Expenditure Projection Report
Board of Psychology
Reporting Structure(s): 11112100 Support
Fiscal Month: 9
Fiscal Year: 2025 - 2026
Run Date: 04/15/2026

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	\$1,980,000	\$1,360,844	\$0	\$1,360,844	\$1,829,260	\$2,026,000	\$158,322	\$1,379,875	\$0	\$1,379,875	\$1,877,756	\$148,244
5100	TEMPORARY POSITIONS	\$47,000	\$23,860	\$0	\$23,860	\$49,857	\$47,000	\$7,543	\$54,200	\$0	\$28,103	\$39,518	\$7,482
5105-5108	PER DIEM, OVERTIME, & LUMP SUM	\$22,000	\$50,432	\$0	\$50,432	\$58,871	\$22,000	\$322	\$10,370	\$0	\$51,076	\$94,004	-\$72,004
5150	STAFF BENEFITS	\$1,202,000	\$824,244	\$0	\$824,244	\$1,098,516	\$1,275,000	\$102,815	\$894,350	\$0	\$894,350	\$1,217,855	\$57,145
PERSONAL SERVICES		\$3,251,000	\$2,259,380	\$0	\$2,259,380	\$3,036,504	\$3,370,000	\$269,003	\$2,338,794	\$0	\$2,338,794	\$3,229,133	\$140,867

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	\$24,906	\$27,829	\$52,735	\$78,142	\$33,000	\$2,449	\$31,695	\$27,964	\$59,659	\$98,578	-\$65,578
5302	PRINTING	\$53,000	\$3,569	\$42,497	\$46,065	\$46,046	\$53,000	\$327	\$2,711	\$15,438	\$18,149	\$20,149	\$32,851
5304	COMMUNICATIONS	\$29,000	\$3,195	\$0	\$3,195	\$4,607	\$29,000	\$473	\$4,808	\$343	\$5,150	\$8,131	\$20,869
5306	POSTAGE	\$17,000	\$5,586	\$0	\$5,586	\$9,842	\$17,000	\$0	\$4,103	\$0	\$4,103	\$8,285	\$8,715
53202-204	IN STATE TRAVEL	\$23,000	\$14,185	\$0	\$14,185	\$23,392	\$23,000	\$4,025	\$24,560	\$0	\$24,560	\$40,000	-\$17,000
5322	TRAINING	\$15,000	\$0	\$0	\$0	\$0	\$15,000	\$0	\$0	\$0	\$0	\$0	\$15,000
5324	FACILITIES	\$203,000	\$173,816	\$56,740	\$230,556	\$234,244	\$203,000	\$19,686	\$176,526	\$56,836	\$233,362	\$236,337	-\$33,337
53402-53403	C/P SERVICES (INTERNAL)	\$1,274,000	\$719,703	\$10,207	\$729,910	\$1,170,392	\$1,274,000	\$142,980	\$808,871	\$9,808	\$818,680	\$1,279,590	-\$5,590
53404-53405	C/P SERVICES (EXTERNAL)	\$636,000	\$290,968	\$46,709	\$337,676	\$452,227	\$636,000	\$34,117	\$233,851	\$38,371	\$272,222	\$419,711	\$216,289
5342	DEPARTMENT PRORATA	\$2,174,000	\$1,921,667	\$0	\$1,921,667	\$1,965,201	\$2,453,000	\$0	\$1,768,500	\$0	\$1,768,500	\$2,453,000	\$0
5342	DEPARTMENTAL SERVICES	\$53,000	\$29,706	\$0	\$29,706	\$50,843	\$53,000	\$12	\$69,241	\$0	\$69,241	\$143,645	-\$90,645
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	\$2,384	\$1,192	\$3,576	\$3,576	\$7,000	\$298	\$4,651	\$4,879	\$9,530	\$55,862	-\$48,862
5362-5368	EQUIPMENT	\$0	\$2,060	\$3,297	\$5,357	\$7,057	\$0	\$0	\$1,767	\$3,301	\$5,067	\$32,203	-\$32,203
5390	OTHER ITEMS OF EXPENSE	\$0	\$974	\$0	\$974	\$1,128	\$0	\$543	\$2,099	\$2,685	\$4,784	\$5,758	-\$5,758
54	SPECIAL ITEMS OF EXPENSE	\$0	\$112,712	\$0	\$112,712	\$115,449	\$0	\$0	\$3,201	\$0	\$3,201	\$9,712	-\$9,712
OPERATING EXPENSES & EQUIPMENT		\$4,580,000	\$3,305,429	\$188,470	\$3,493,899	\$4,180,876	\$4,811,000	\$204,911	\$3,136,583	\$159,624	\$3,296,207	\$4,829,693	-\$18,693

OVERALL TOTALS	\$7,831,000	\$5,564,809	\$188,470	\$5,753,280	\$7,217,380	\$8,181,000	\$473,914	\$5,475,378	\$159,624	\$5,635,001	\$8,058,825	\$122,175

REIMBURSMENTS	-\$51,000				-\$185,533	-\$51,000					-\$51,000	
OVERALL NET TOTALS	\$7,780,000	\$5,564,809	\$188,470	\$5,753,280	\$7,031,847	\$8,130,000	\$473,914	\$5,475,378	\$159,624	\$5,635,001	\$8,007,825	\$122,175

1.50%

0310 - Board of Psychology Fund
Analysis of Fund Condition
(Dollars in Thousands)
2026-27 Governor's Budget With FM 9 Projections

Prepared 4.22.2026

	Actuals 2024-25	CY 2025-26	BY 2026-27	BY +1 2027-28	BY +2 2028-29
BEGINNING BALANCE					
Prior Year Adjustment	\$ 5,405	\$ 7,913	\$ 9,609	\$ 10,912	\$ 11,891
Adjusted Beginning Balance	\$ 1	\$ -	\$ -	\$ -	\$ -
	\$ 5,406	\$ 7,913	\$ 9,609	\$ 10,912	\$ 11,891
REVENUES, TRANSFERS AND OTHER ADJUSTMENTS					
Revenues					
4121200 - Delinquent fees	\$ 116	\$ 111	\$ 141	\$ 141	\$ 141
4127400 - Renewal fees	\$ 8,315	\$ 8,462	\$ 8,142	\$ 8,142	\$ 8,142
4129200 - Other regulatory fees	\$ 262	\$ 253	\$ 238	\$ 238	\$ 238
4129400 - Other regulatory licenses and permits	\$ 1,049	\$ 1,028	\$ 1,034	\$ 1,034	\$ 1,034
4143500 - Miscellaneous Services to the Public	\$ -	\$ 2	\$ -	\$ -	\$ -
4163000 - Income from surplus money investments	\$ 352	\$ 387	\$ 263	\$ 176	\$ 187
4171400 - Escheat of unclaimed checks and warrants	\$ 12	\$ 2	\$ -	\$ -	\$ -
4172500 - Miscellaneous revenues	\$ 1	\$ 1	\$ -	\$ -	\$ -
Totals, Revenues	\$ 10,107	\$ 10,246	\$ 9,818	\$ 9,731	\$ 9,742
TOTALS, REVENUES, TRANSFERS AND OTHER ADJUSTMENTS	\$ 10,107	\$ 10,246	\$ 9,818	\$ 9,731	\$ 9,742
TOTAL RESOURCES	\$ 15,513	\$ 18,159	\$ 19,427	\$ 20,643	\$ 21,633
Expenditures:					
1111 Department of Consumer Affairs (State Operations)	\$ 7,032	\$ 7,907	\$ 7,895	\$ 8,132	\$ 8,376
9892 Supplemental Pension Payments (State Operations)	\$ 23	\$ -	\$ -	\$ -	\$ -
9900 Statewide General Administrative Expenditures (Pro Rata) (State Operations)	\$ 545	\$ 643	\$ 620	\$ 620	\$ 620
TOTALS, EXPENDITURES AND EXPENDITURE ADJUSTMENTS	\$ 7,600	\$ 8,550	\$ 8,515	\$ 8,752	\$ 8,996
FUND BALANCE					
Reserve for economic uncertainties	\$ 7,913	\$ 9,609	\$ 10,912	\$ 11,891	\$ 12,637
Months in Reserve	11.1	13.5	15.0	15.9	16.9

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

Department of Consumer Affairs
Revenue Projection Report

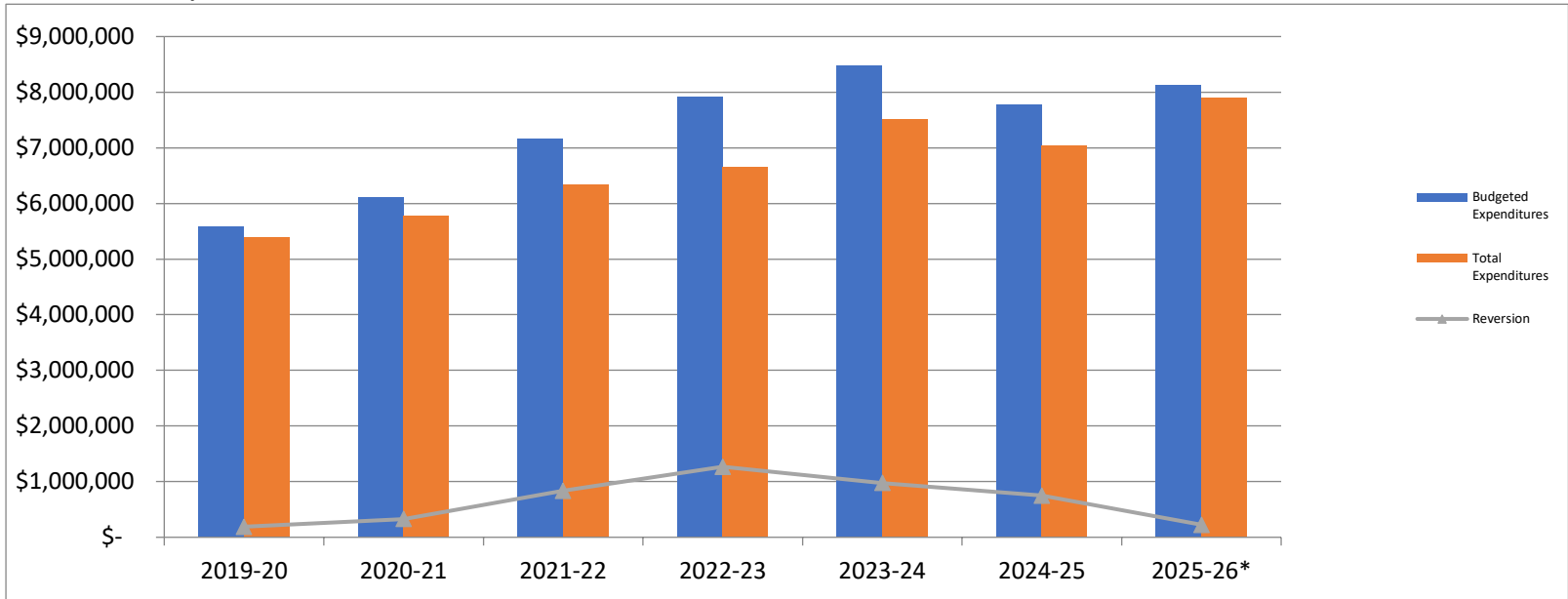
Reporting Structure(s): 11112100 Support
Fiscal Month:
Fiscal Year: 2025 - 2026
Run Date: 04/15/2026

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
	Delinquent Fees	\$140,000	\$8,552	\$7,559	\$9,498	\$7,814	\$10,536	\$9,014	\$6,404	\$11,591	\$11,092	\$11,581	\$10,747	\$6,912	\$82,058	\$111,296
	Other Regulatory Fees	\$238,000	\$24,545	\$21,947	\$32,058	\$24,400	\$20,670	\$17,895	\$15,700	\$14,165	\$21,220	\$28,220	\$19,000	\$13,595	\$192,600	\$253,415
	Other Regulatory License and Permits	\$1,023,000	\$111,780	\$113,244	\$107,646	\$99,504	\$58,785	\$64,748	\$72,384	\$62,538	\$75,316	\$87,537	\$86,875	\$87,315	\$765,943	\$1,027,670
	Other Revenue	\$263,000	\$1,514	\$536	\$336	\$96,552	\$7,071	\$51	\$107,220	(\$550)	\$125	\$89,188	\$0	\$89,572	\$212,856	\$391,616
	Renewal Fees	\$8,115,000	\$769,963	\$702,713	\$1,150,208	\$1,277,602	\$596,808	\$689,710	\$673,341	\$680,567	\$736,549	\$588,752	\$435,617	\$159,879	\$7,277,461	\$8,461,708
	Revenue	\$9,779,000	\$916,353	\$846,000	\$1,299,745	\$1,505,872	\$693,870	\$781,417	\$875,048	\$768,310	\$844,302	\$805,278	\$552,238	\$357,272	\$8,530,917	\$10,245,706

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
	Scheduled Reimbursements	\$51,000	\$784	\$637	\$294	\$784	\$441	\$490	\$931	\$588	\$588	\$588	\$441	\$662	\$5,537	\$7,228
	Unscheduled Reimbursements	\$0	\$22,716	\$12,654	\$6,406	\$34,276	\$6,511	\$9,589	\$16,626	\$5,808	\$6,159	\$7,966	\$7,966	\$7,966	\$120,744	\$144,642
	Reimbursements	\$51,000	\$23,500	\$13,291	\$6,700	\$35,060	\$6,952	\$10,079	\$17,557	\$6,396	\$6,747	\$8,554	\$8,407	\$8,628	\$126,281	\$151,869

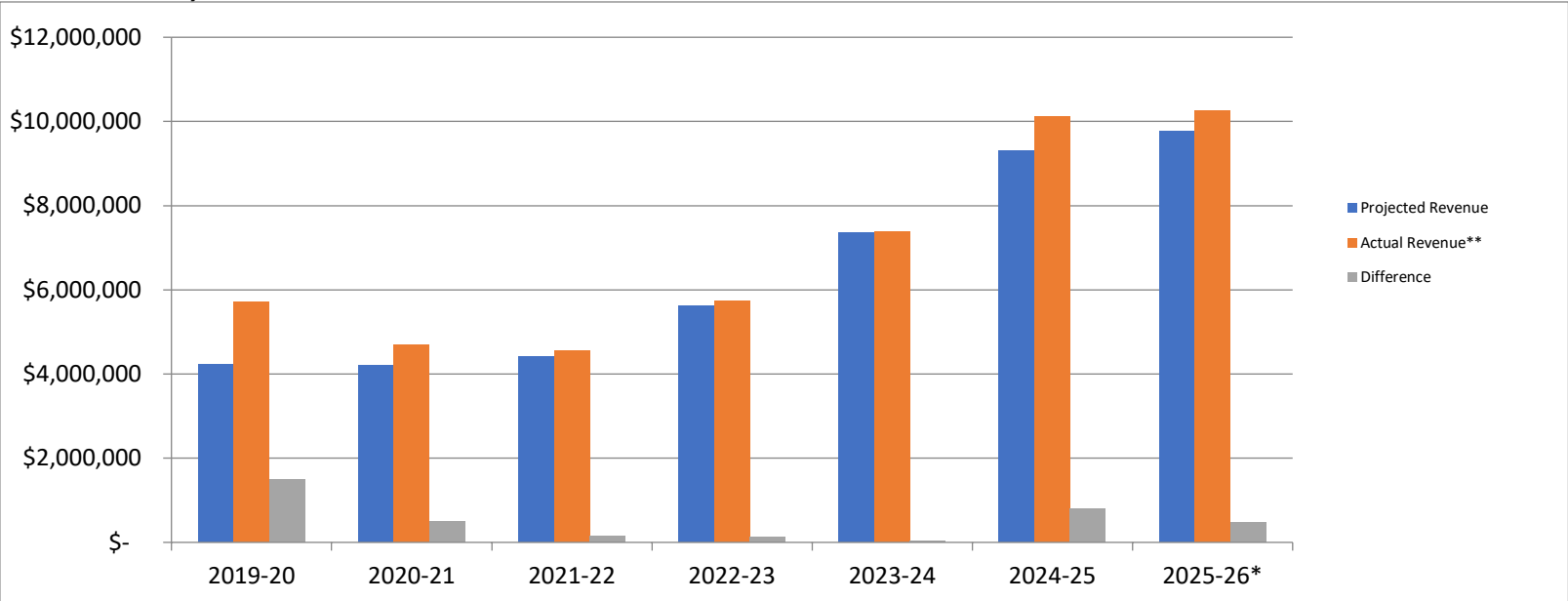
Psychology Expenditure Comparison (Budgeted vs. Actual)							
	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26*
Budgeted Expenditures	\$ 5,586,000	\$ 6,111,000	\$ 7,171,000	\$ 7,919,000	\$ 8,481,000	\$ 7,780,000	\$ 8,130,000
Total Expenditures	\$ 5,396,000	\$ 5,783,000	\$ 6,334,000	\$ 6,651,000	\$ 7,505,000	\$ 7,032,000	\$ 7,907,000
Reversion	\$ 190,000	\$ 328,000	\$ 837,000	\$ 1,268,000	\$ 976,000	\$ 748,000	\$ 223,000

*Based on FM 9 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	\$ 9,779,000
Actual Revenue**	\$ 5,716,000	\$ 4,690,000	\$ 4,565,000	\$ 5,742,000	\$ 7,378,000	\$ 10,107,000	\$ 10,246,000
Difference	\$ 1,497,000	\$ 488,311	\$ 154,000	\$ 119,000	\$ 34,000	\$ 793,000	\$ 467,000

*Based on FM 9 Projections



MEMORANDUM

DATE	April 21, 2026
TO	Psychology Board Members
FROM	Daniel Phillips, Enforcement Program Manager Board of Psychology
SUBJECT	Agenda Item 9, Enforcement Report

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

The Enforcement Unit has two vacant positions. Interviews for the Analyst II position were conducted on April 20, 2026. Interviews for the Analyst I position are pending.

Complaint Program

Since July 1, 2025, the Board has received 975 complaints. All complaints received are opened and assigned to an enforcement analyst.

Citation Program

Since July 1, 2025, the Board has issued four (4) enforcement citations. Citations and fines are issued for minor violations.

Discipline Program

Since July 1, 2025, the Board has referred 29 cases to the Office of the Attorney General for formal discipline.

Probation Program

Enforcement staff is currently monitoring 19 active probationers. There are currently 9 tolled probationers.

Attachment 1:

Attachment #1: Overview of Enforcement Activity.

Performance Measures were not available at the time of this report.

Action Requested

This item is for informational purposes only.

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	24,354
Psychological Associates	1,450	1,701	1,791	1,810	1916
COMPLAINTS					
Complaints Received ¹	742	820	1,157	1,252	975
Arrest Reports Received	34	14	31	21	21
Investigations Opened ²	761	610	877	905	808
ENFORCEMENT OUTCOMES					
Total Citations Issued	31	30	29	32	4
Total Cases Referred to AG	52	29	29	54	29
Accusations	29	17	10	16	14
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	3
Total Filings	28	24	17	20	18
Accusations Withdrawn/Dismissed	3	1	3	7	3
Statement of Issues Withdrawn	0	0	1	0	1
Total Filings Withdrawn/Dismissed	3	1	4	7	4
Revocations	4	1	2	4	2
Probation	12	5	10	5	3
Surrender	7	9	7	12	5
Reprovals	7	3	2	2	1
Interim Orders	1	0	0	0	0
Statement of Issues-License Denied	1	0	1	1	0
Total Disciplinary Decisions	32	18	22	24	11
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	1
Petition for Reinstatement Denied	3	1	2	0	2
Total Other Decisions	7	4	6	3	3
VIOLATION TYPES					
Gross Negligence/Incompetence	24	18	19	33	23
Repeated Negligent Acts	17	17	25	32	10
Self-Abuse of Drugs or Alcohol	7	2	3	4	7
Dishonest/Corrupt/Fraudulent Act	7	9	17	12	4
Mental Illness	2	1	1	3	2
Aiding Unlicensed Practice	3	2	0	2	8
General Unprofessional Conduct	25	16	21	33	30
Probation Violation	5	0	5	3	1
Sexual Misconduct	8	4	6	7	7
Conviction of a Crime	8	1	8	9	7
Discipline by Another State Board	2	3	0	4	3
Misrepresentation of License Status	3	0	2	3	2

**Enforcement data pulled on 4/17/26

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.

MEMORANDUM

DATE	April 15, 2026
TO	Board Members
FROM	Mai Xiong Licensing/BreEZe Coordinator
SUBJECT	Agenda Item 10 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	23,948
Psychological Associate***	1,446	1,446	1,361	1,344	1,348	1,450	1,744	1,827	1,810	1,868
Psychological Testing Technician****	N/A	N/A	N/A	N/A	N/A	N/A	N/A	24	107	131
Research Psychoanalyst*****	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	74	46
Student Research Psychoanalyst*****	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	22	23

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

**As of April 15, 2026

***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:

The Licensing Population Report (Attachment A) provides a snapshot of the number of psychologists, psychological associates, psychological testing technicians, research psychoanalysts, student research psychoanalysts, and temporary out-of-state psychologists in each status at the time it was generated.

As of April 15, 2026, there are 23,948 licensed psychologists, 1,868 registered psychological associates, 131 registered psychological testing technicians, 46 research psychoanalysts, 23 student research psychoanalysts, and 51 temporary out-of-state psychologists that are overseen by the Board.

Application Workload Reports:

The attached reports provide statistics from October 2025 through March 2026 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 2024-2025, there is an increase of 9 psychologist applications, 1 psychological associate notification, 9 psychological testing technician applications, and 22 psychological testing technician notifications, and the same volume of psychological associate applications of 736.

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 April 15, 2026
- B. Application Workload Reports October 2025 – March 2026 as of April 15, 2026
- C. Applications and Notifications Received April 2025 – March 2026 as of April 15, 2026
- D. Average Application Processing Timeframes – November 2025 to April 2026 as of April 15, 2026

Action:

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



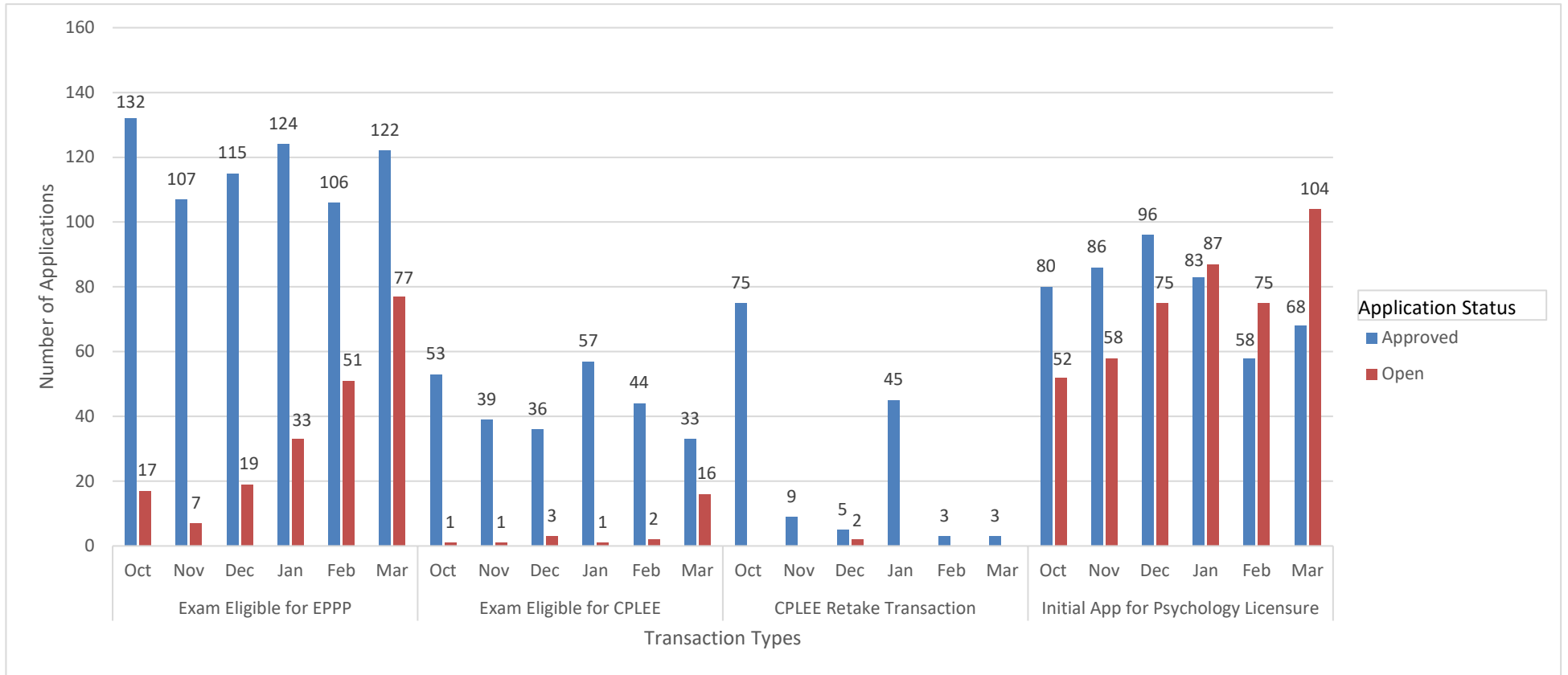
STATE DEPARTMENT OF CONSUMER AFFAIRS
BREEZE SYSTEM



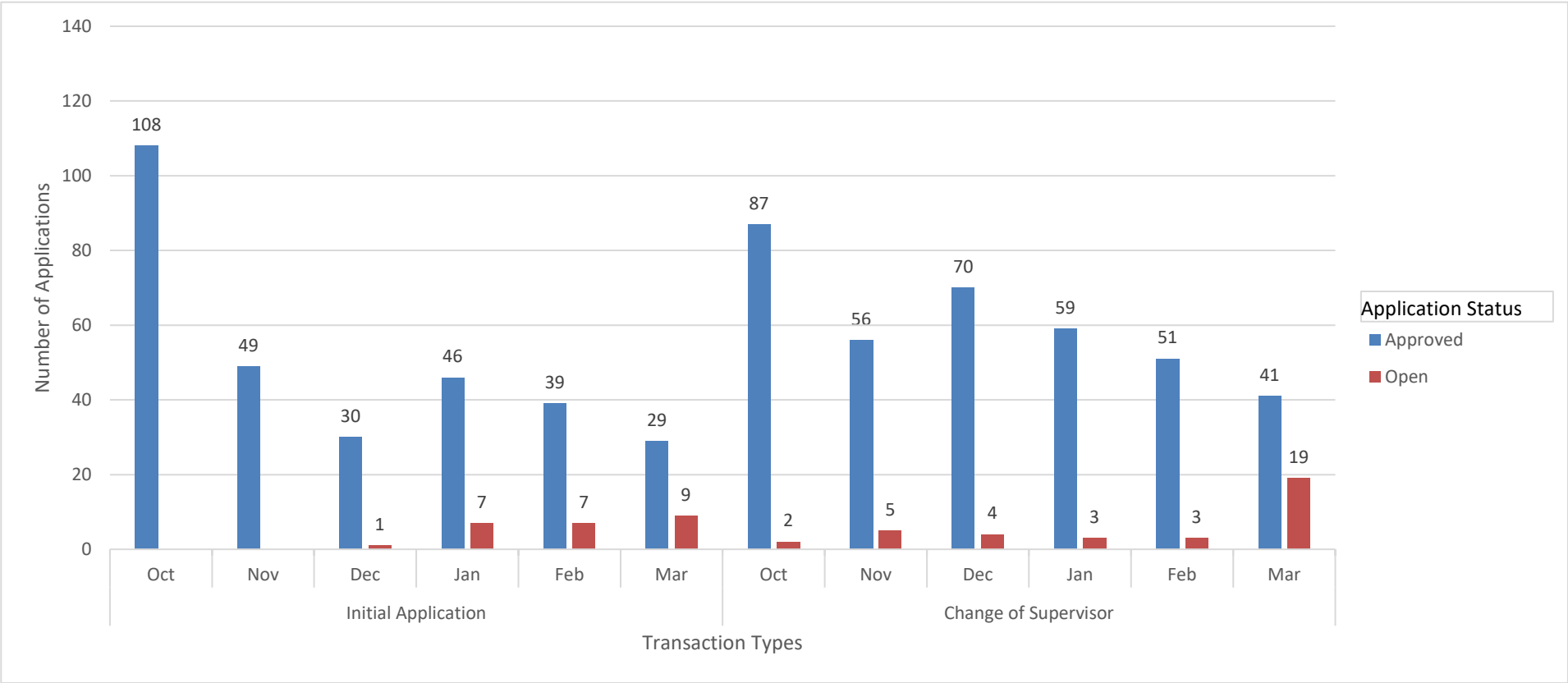
LICENSING POPULATION REPORT
BOARD OF PSYCHOLOGY
AS OF 4/15/2026

License Type	License Status											Total
	Licensing								Enforcement			
	Current	Inactive	Military Inactive	Military Active	Delinquent	Cancelled	Retired	Deceased	Surrendered	Revoked	Revoked, Stayed, Probation	
Psychologist	21,215	1,757	1	0	1,377	9,077	975	1,100	286	169	130	36,087
Psychological Associate	1,797	71	0	0	56	25,344	0	8	16	8	20	27,320
Psychological Testing Technician	131	0	0	0	5	44	0	0	0	0	0	180
Research Psychoanalyst	46	0	0	0	45	29	0	5	0	1	0	126
Student Research Psychoanalyst	23	0	0	0	10	39	0	0	0	0	0	72
Temporary Out-of-State Psychologist	51	0	0	0	0	1	0	0	0	0	0	52
Total	23,263	1,828	1	0	1,493	34,534	975	1,113	302	178	150	63,837

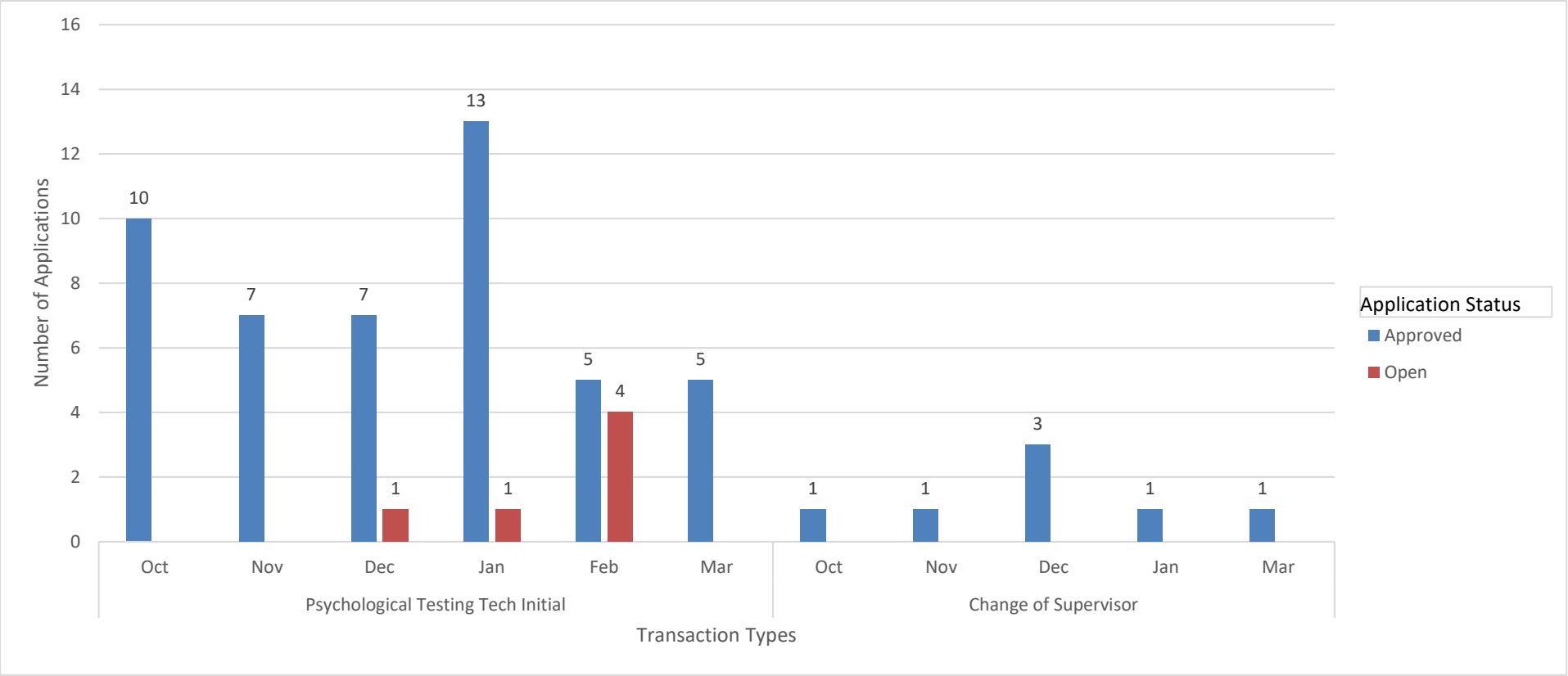
Psychologist Application Workload Report
October 1, 2025 to March 31, 2026
As of April 15, 2026



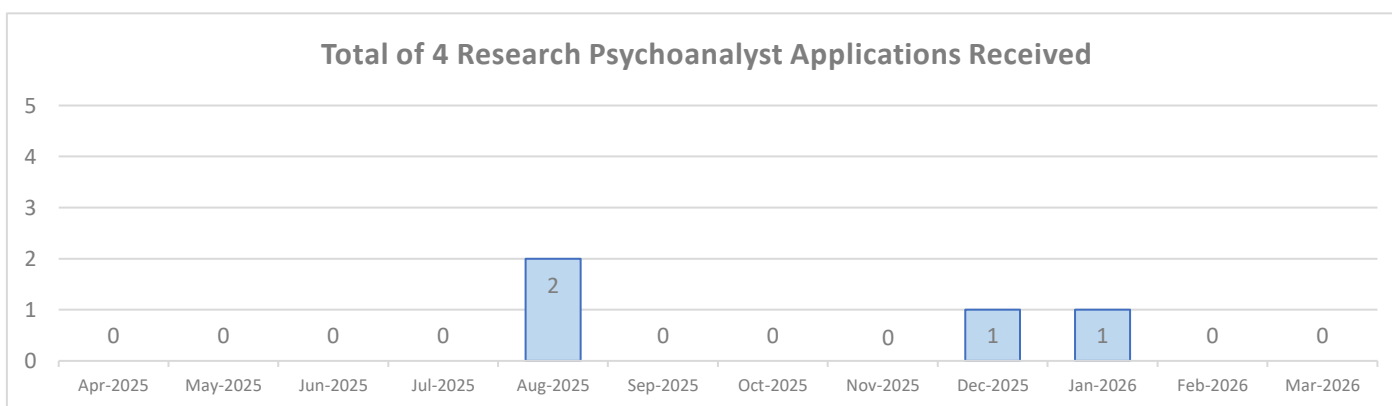
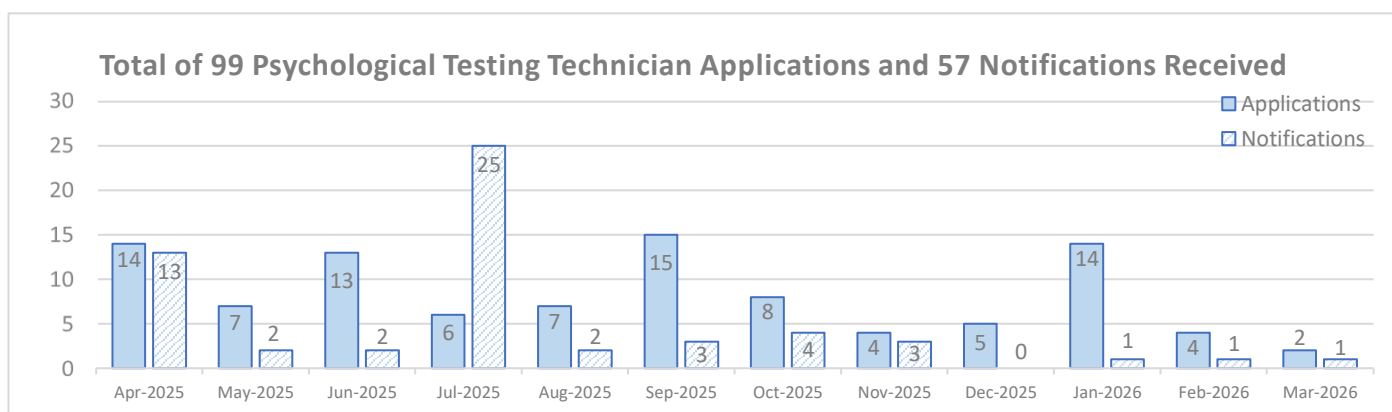
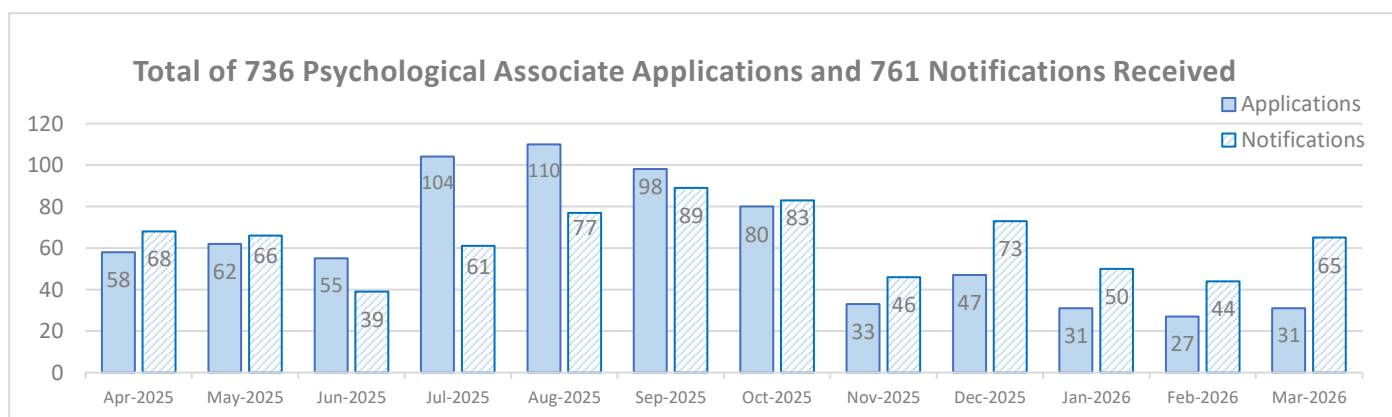
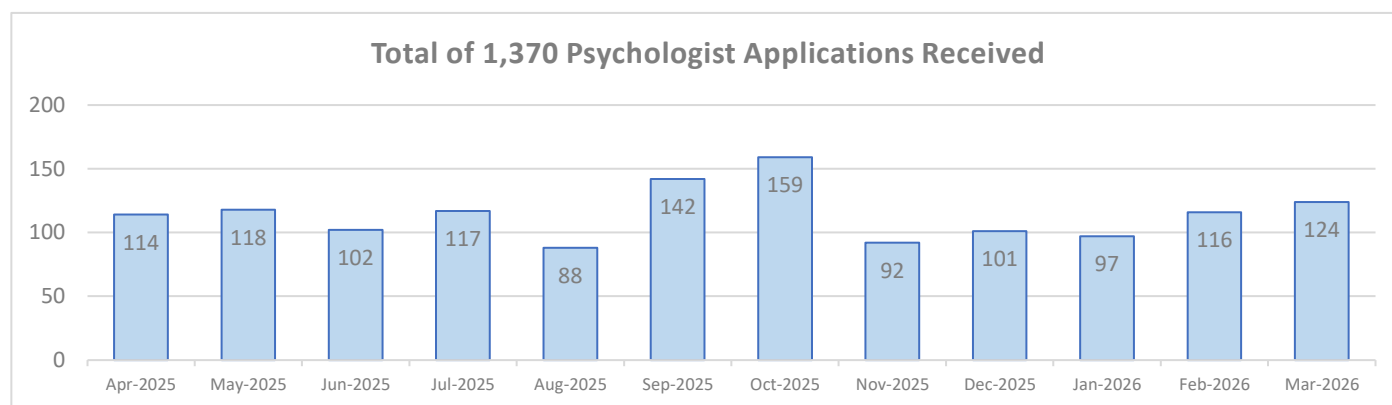
Psychological Associate Application Workload Report
October 1, 2025 to March 31, 2026
As of April 15, 2026



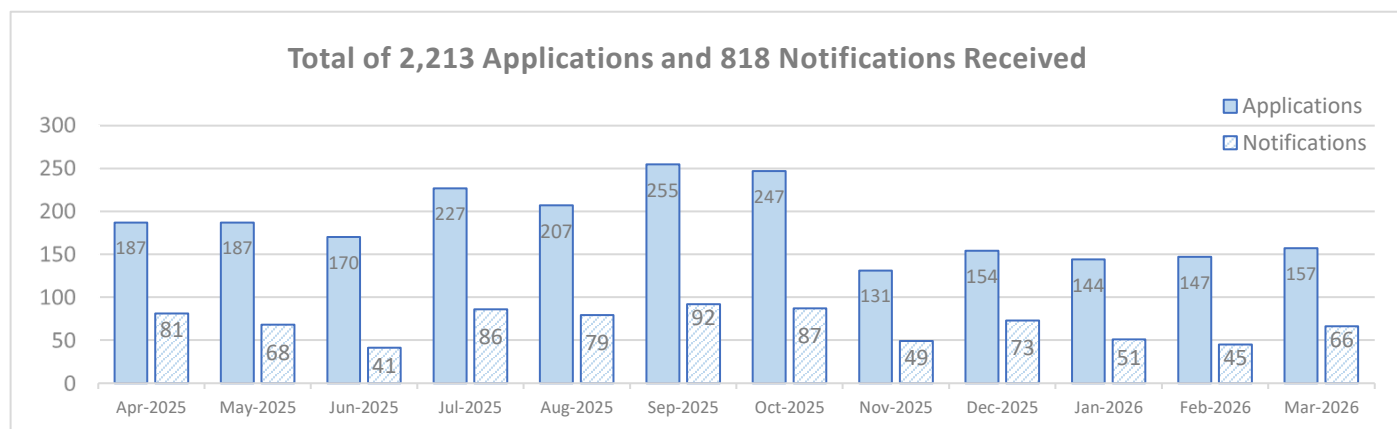
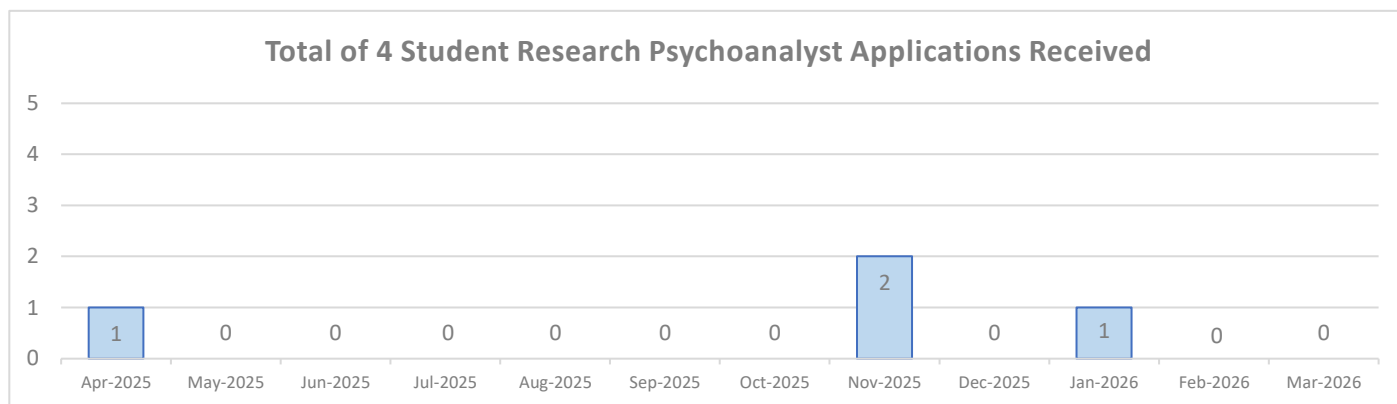
Psychological Testing Technician Application Workload Report
October 1, 2025 to March 31, 2026
As of April 15, 2026



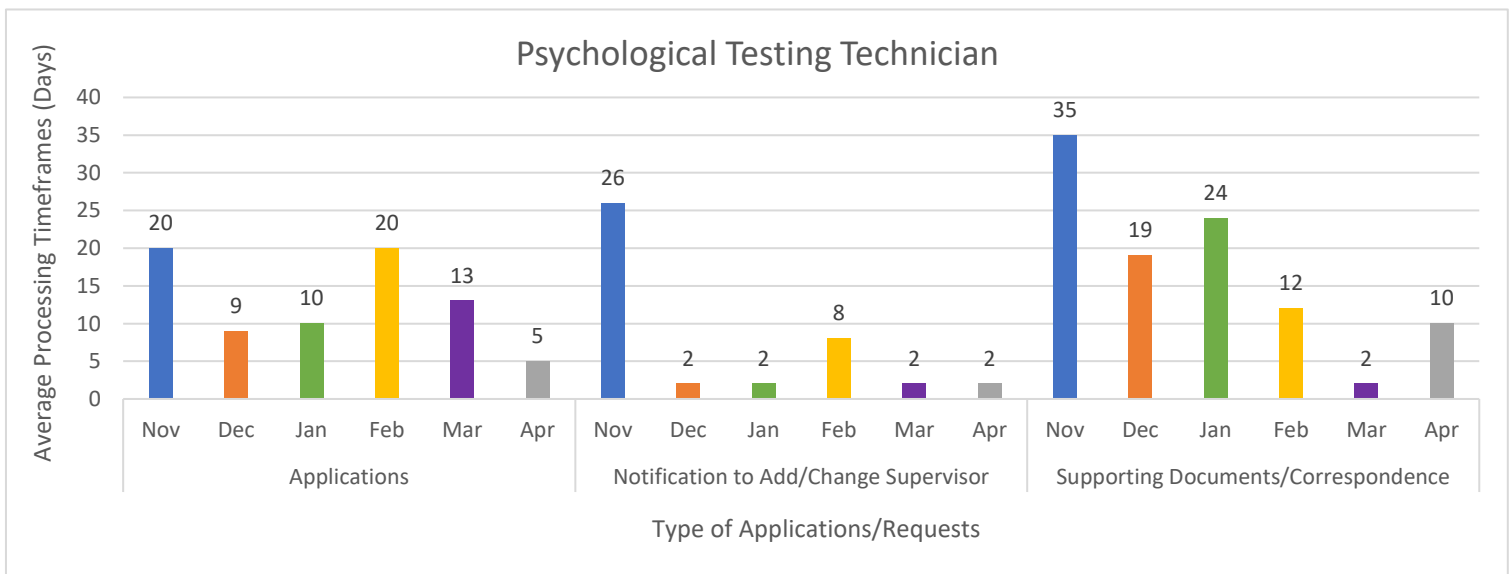
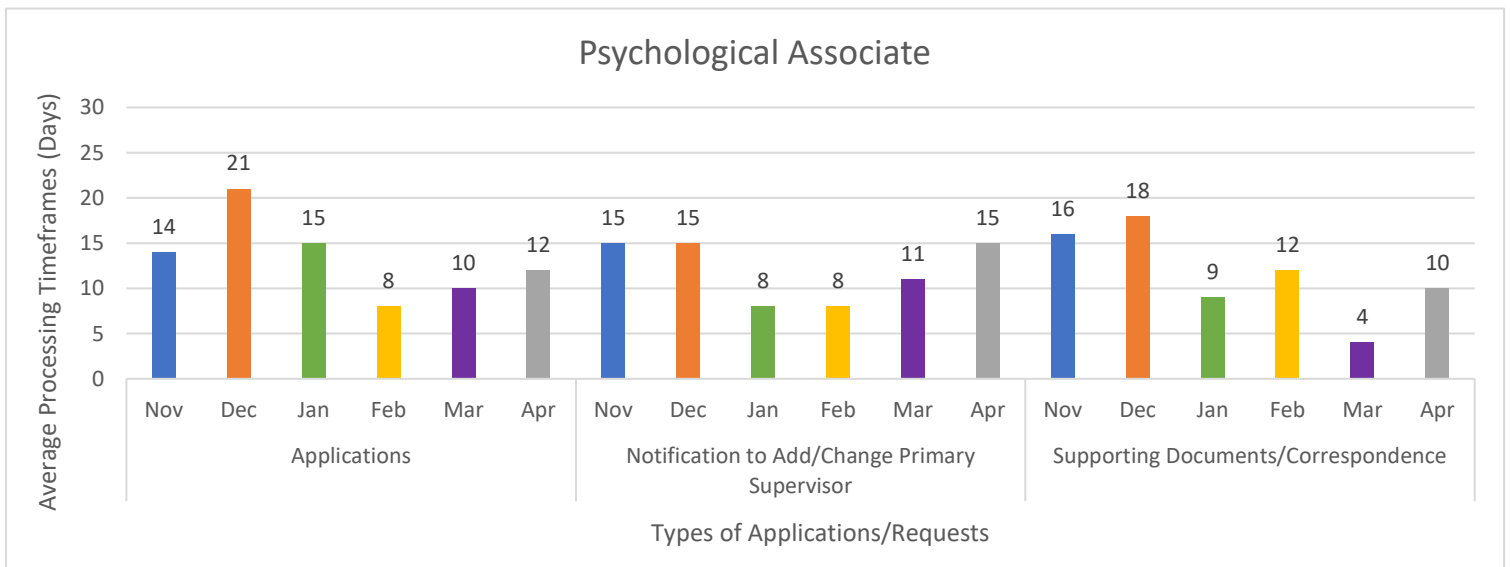
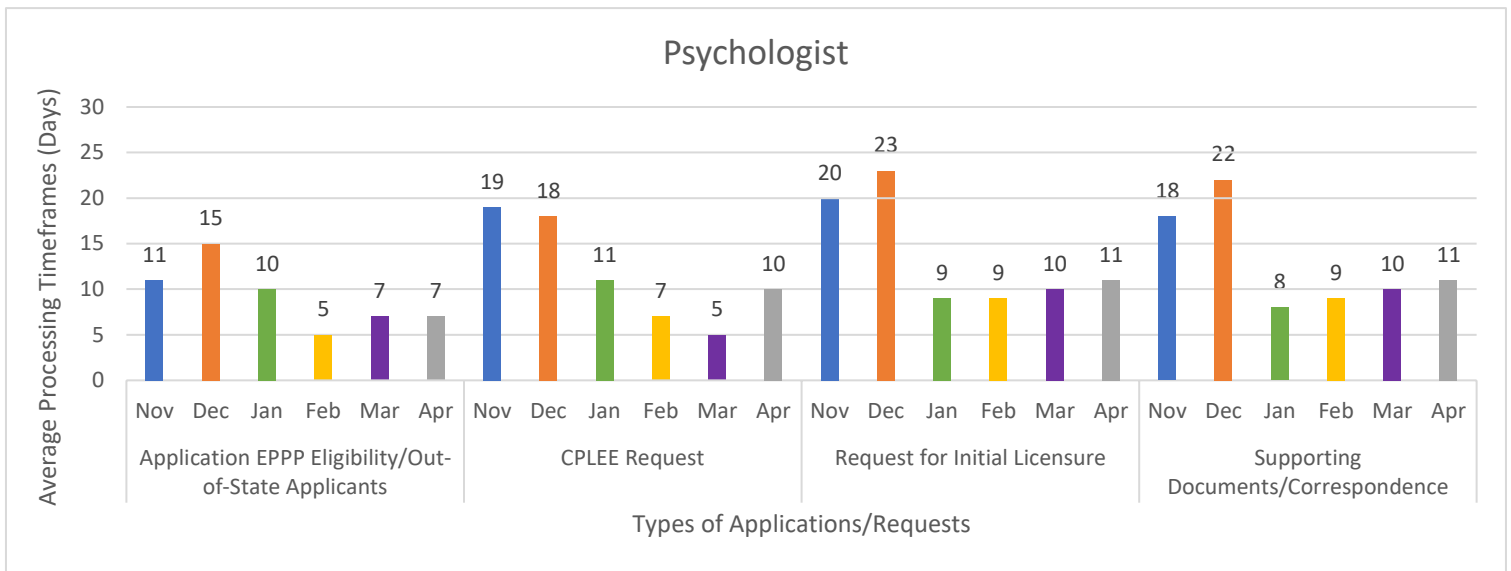
Applications and Notifications Received from April 2025 to March 2026
As of April 15, 2026



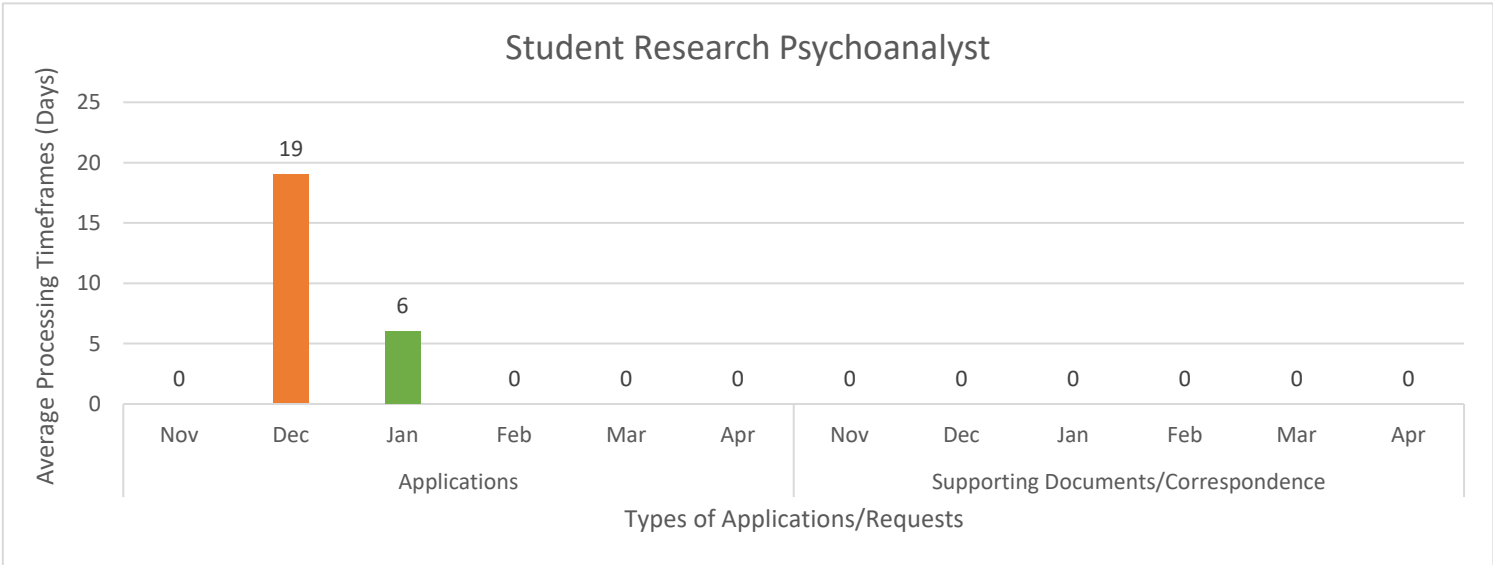
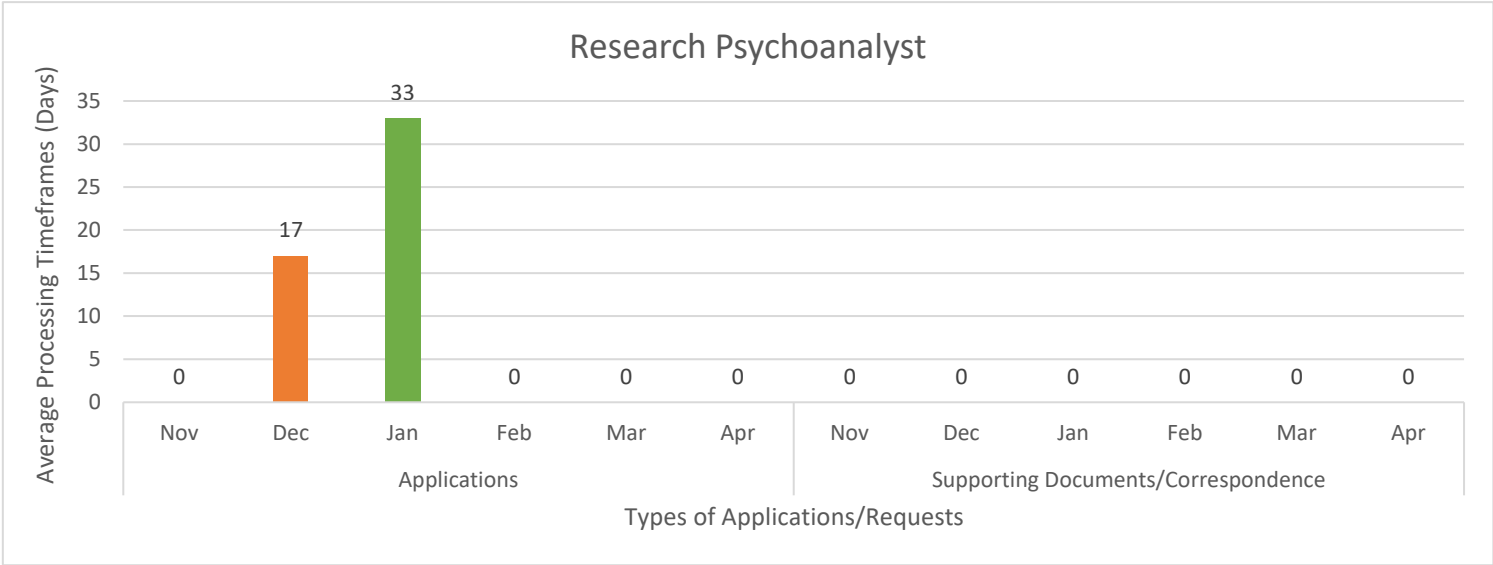
**Applications and Notifications Received from April 2025 to March 2026
As of April 15, 2026**



**Average Application Processing Timeframes from November 2025 to April 2026
As of April 15, 2026**



Average Application Processing Timeframes from November 2025 to April 2026
As of April 15, 2026



MEMORANDUM

DATE	April 23, 2026
TO	Board Members
FROM	Susan Hansen Examinations Coordinator
SUBJECT	Agenda Item 10a Examinations Report

Examination Statistics

California EPPP Monthly Examination Statistics for January through March 2026

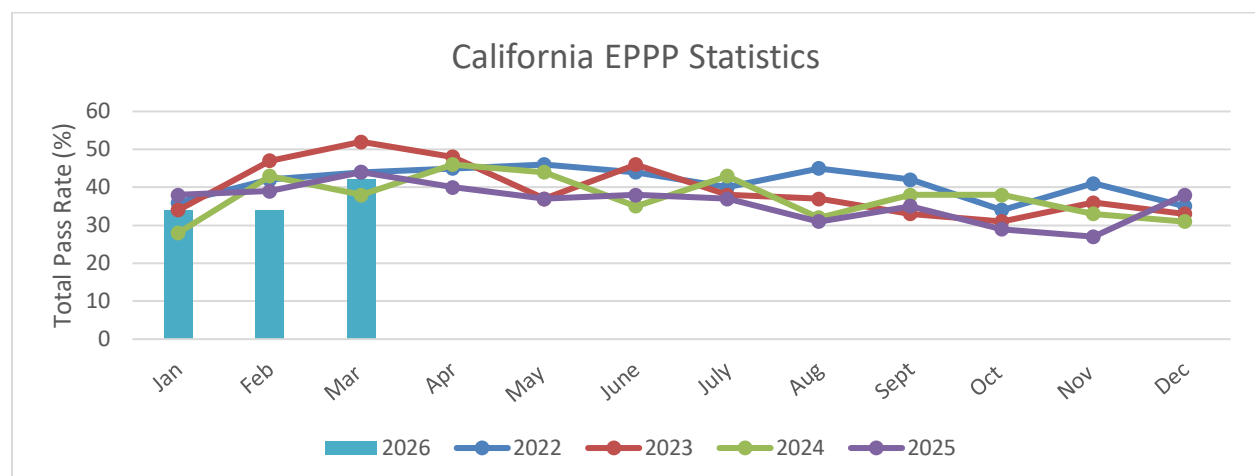
The Examination for Professional Practice in Psychology (EPPP) is the national exam developed by the Association for Provincial and Psychology Boards (ASPPB) and administered by Pearson Vue. The exam tests candidate's general knowledge in psychology. The EPPP is one of the required exams for licensure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

Pass rates averaged 37.53% in 2026 so far, with an overall first-time pass rate of 60.54%. First time pass rates tend to be higher than overall pass rates.

2026 Monthly California EPPP Examination Statistics

Month	# of Candidates	# Passed	% Passed	Total First Timers	First Time Passed	% First Time Passed
January	123	42	34.15%	43	24	55.81%
February	153	52	33.99%	66	34	51.52%
March	193	82	42.49%	76	54	71.05%
Overall - Total	469	176	37.53%	185	112	60.54%

The chart below depicts California EPPP pass rate statistics for the past four years compared with the statistics for January through March 2026. The pass rates for 2026 are trending lower than most previous years.



CPLEE Monthly Examination Statistics for January through March 2026

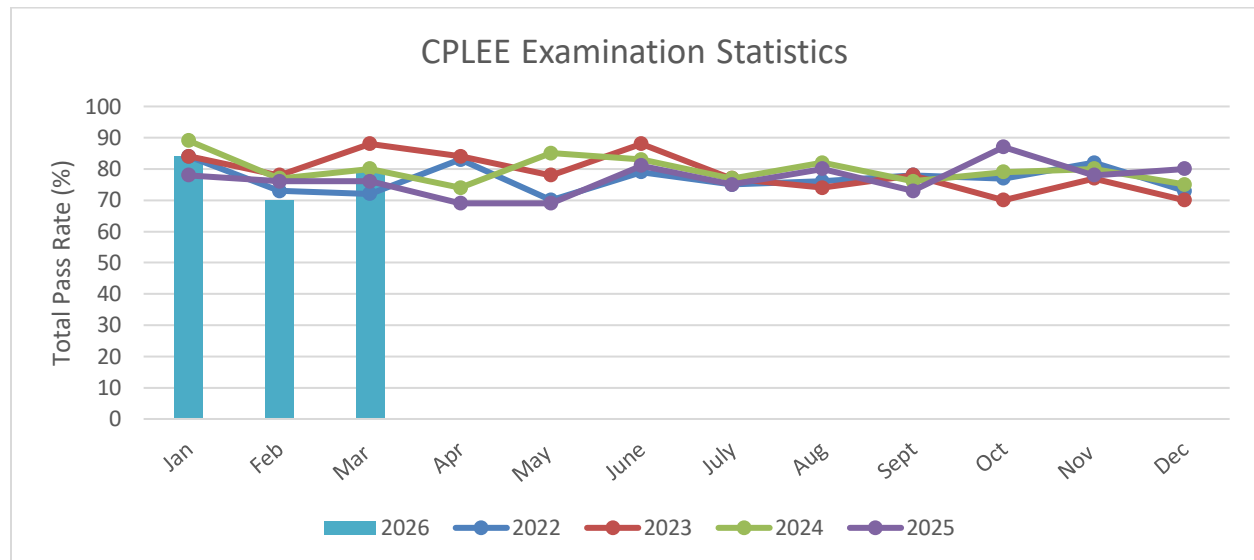
The California Psychology Laws and Ethics Exam (CPLEE) is a state-owned exam developed by the Department of Consumer Affairs, Office of Professional Examination Services (OPES) and administered by PSI, Inc. The exam tests candidates on their knowledge of APA Code of Conduct and the Board's laws and regulations.

Pass rates averaged 77.35% in 2026 so far, with the overall first-time pass rate of 79.31%.

2026 Monthly CPLEE Examination Statistics

Month	# of Candidates	# Passed	% Passed	Total First Timers	First Time Passed	% First Time Passed
January	57	48	84.21%	34	28	82.35%
February	90	63	70.00%	69	50	72.46%
March	87	70	80.46%	71	60	84.51%
Overall - Total	234	181	77.35%	174	138	79.31%

The chart below depicts pass rate statistics of the CPLEE for the past four years compared with the statistics for January through March 2026. The CPLEE pass rates in 2026 are relatively consistent with previous years.



Action:

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

MEMORANDUM

DATE	May 15, 2026
TO	Psychology Board Members
FROM	Troy Polk, CPD/Renewals Coordinator
SUBJECT	Agenda Item 11– Continuing Professional Development (CPD) and Renewals Report

Between January 2026 through March 2026, approximately 93 percent of Psychologists and Registered Psychological Associates renewed online using the online application through the BreEZe system. Approximately 80 percent of Psychologists renewed as Active. Retirements account for approximately 2 percent of the monthly applications processed. Registered Psychological Associates account for 9 percent of the monthly applications. Psychological Testing Technicians, Research Psychoanalysts and Student Research Psychoanalysts account for approximately 1 percent of renewals.

A total of 233 CPD audits were sent out for April 2025 through March 2026. . The current pass rate is 73 percent with 18 percent of those audits still waiting on submission of CPD documentation, and 7 percent are pending review of CPD documentation. Currently, 1 percent of the audits have failed.

In reviewing the completed and passed audits for April 2025 through January 2026, the most used activities to complete the CPD requirements are Sponsored Continued Education and Peer Consultation, followed by Self-Directed Learning.

On March 27, 2026, the Board held an informational webinar on CPD. The webinar included a detailed overview of the general requirements, CPD categories and activities, CPD reporting, and audit process. The webinar had approximately 600 viewers in attendance.

Action Requested

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

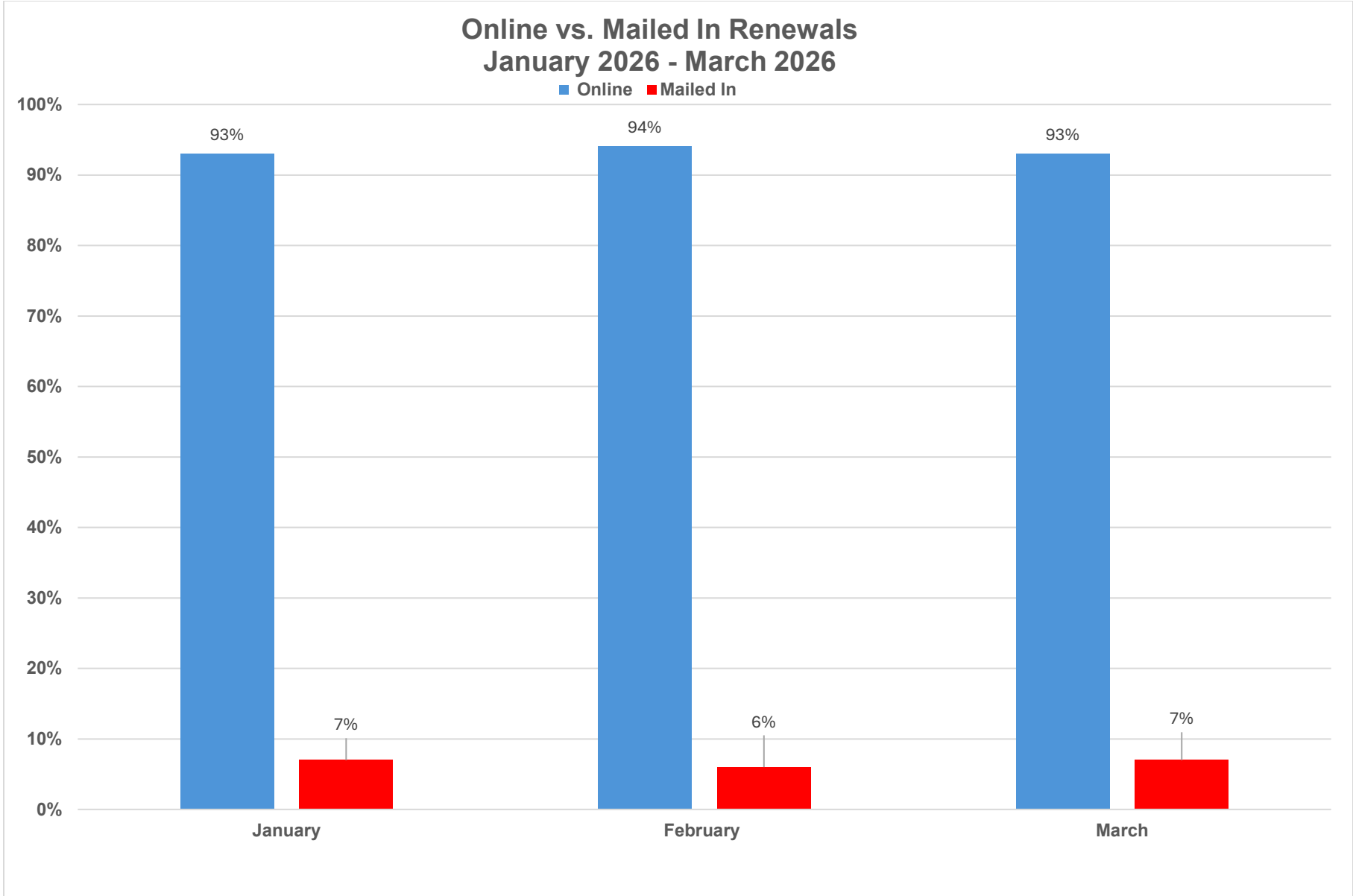
Attachment A: Online vs. Mailed in Renewals Processed (January 2026 – March 2026)

Attachment B: Psychologist Renewal Applications Processed: (January 2026– March 2026)

Attachment C: Registration Applications Processed: (January 2026-March 2026)

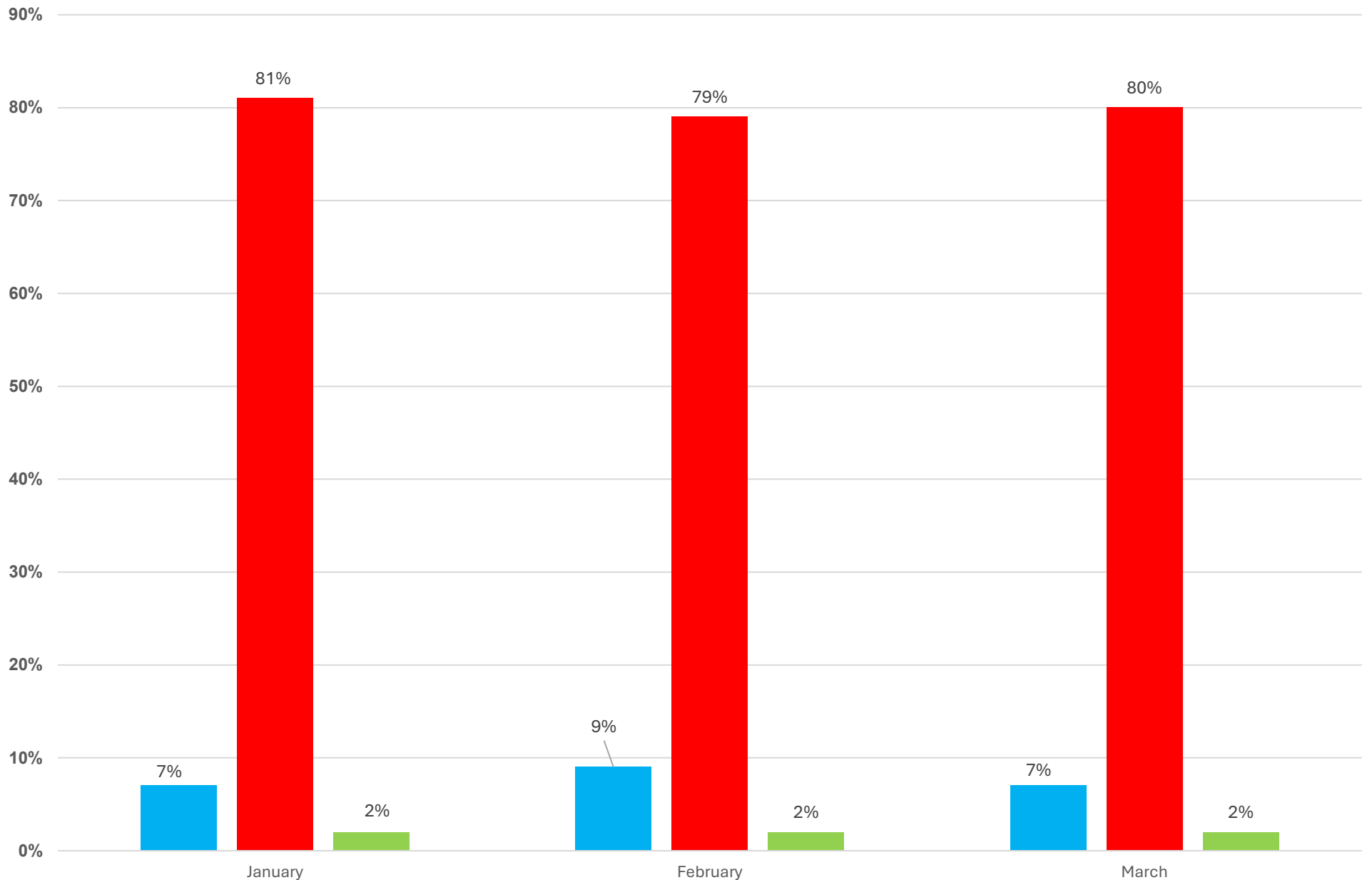
Attachment D: Continuing Professional Development Audits: (April 2025– March 2026)

Attachment E: Passed audits Categories: (April 2025 – January 2026)

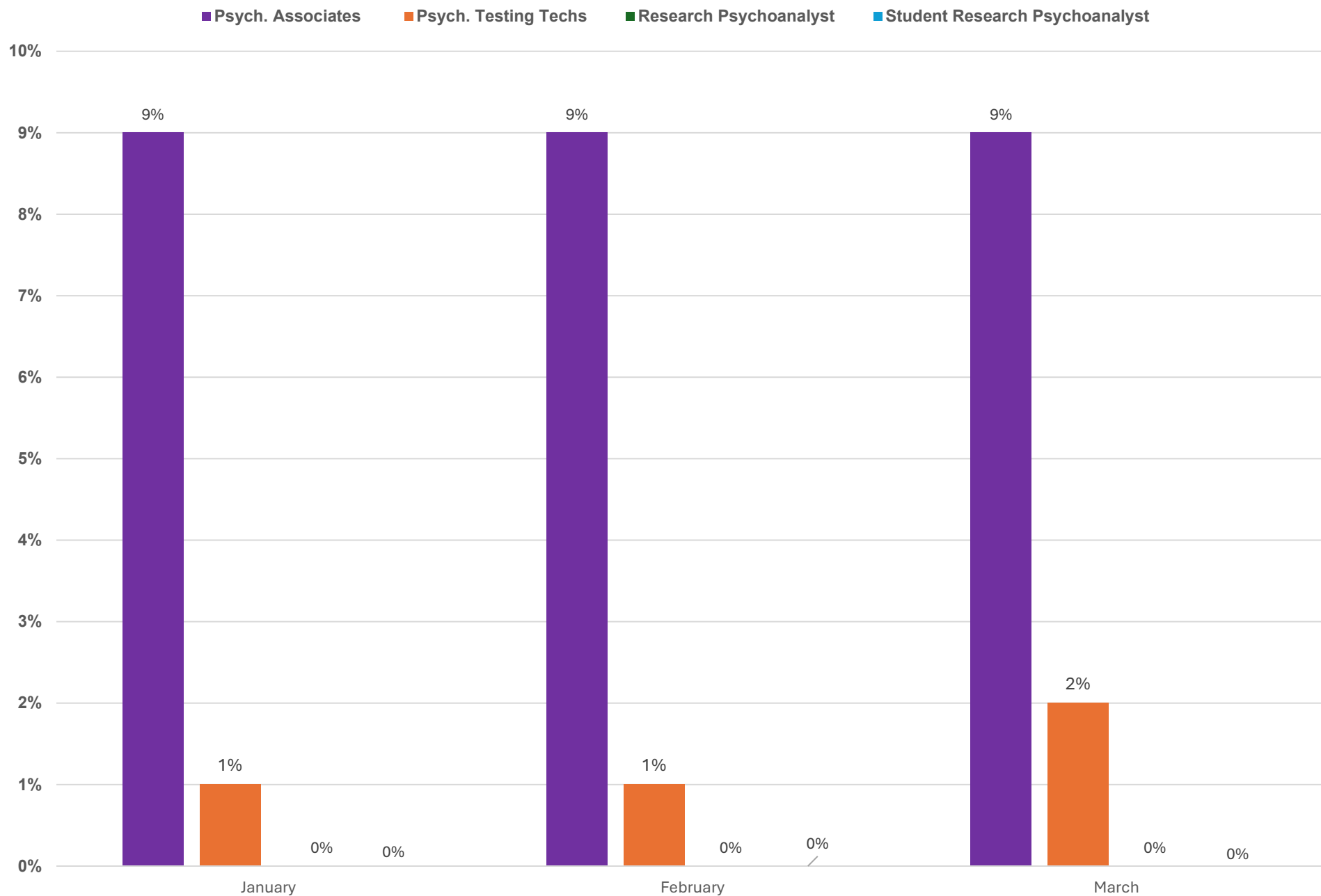


Psychologist Renewal Applications Processed January 2026 - March 2026

Inactive Active Retired



Registration Applications Processed January 2026 - March 2026



**Continuing Professional Development Audits
April 2025 – March 2026**

Month	Total # of Licensees Selected for Audit:	% Passed:	% Deficient	% Pending Review:	% Not Yet Received	% Failed:
April	23	95%	0%	0%	0%	5%
May	27	100%	0%	0%	0%	0%
June	19	100%	0%	0%	0%	0%
July	21	100%	0%	0%	0%	0%
August	15	95%	0%	0%	0%	5%
September	15	100%	0%	0%	0%	0%
October	17	100%	0%	0%	0%	0%
November	15	95%	5%	0%	0%	0%
December	19	53%	0%	47%	0%	0%
January (2026)	17	24%	0%	35%	41%	0%
February (2026)	19	0%	0%	0%	100%	0%
March (2026)	26	0%	0%	0%	100%	0%
Totals:	233	73%	1%	7%	18%	1%

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

Of the of 233 audits sent out; the current pass rate is 73%. 7% of the audits are pending review of the documentation received. 18% of the audits have not been received, and 1% of the audits have failed after the full review was completed.

Passed CPD Audits April 2025- January 2026 - Categories



MEMORANDUM

DATE	April 24, 2026
TO	Psychology Board Members
FROM	Cynthia Whitney, Central Services Manager
SUBJECT	Agenda Item 13(a)(1-3) Two-Year Bills on Watch Status

Background

For the 2025-2026 legislative cycle, three bills on the Board's Watch list for 2025 became two-year bills after failing to meet the legislative deadlines. Board staff will continue to monitor the following bills and provide any updates during the 2026 legislative cycle.

1. Assembly Bill 277 (Alanis, R) – Behavioral health centers, facilities, and programs: background checks

Would require individuals providing behavioral health treatment at behavioral health centers, facilities, or programs to undergo a criminal background check.

2. Assembly Bill 346 (Nguyen, D) – In-home supportive services: licensed healthcare professional certification

Would revise the definition of "licensed health care professional" for purposes of In-Home Support Services certification and paramedical services, adding that the licensed individual must have primary responsibility for diagnosing or treating the physical or mental impairments contributing to the applicant's functional limitations.

3. Assembly Bill 667 (Solache, D) – Professions and vocations: license examinations: interpreters Would require Department of Consumer Affairs boards to collect applicants preferred written, spoken, and signed languages by January 1, 2027, assess interpreter needs, and begin reporting language-preference data annually to the Legislature beginning in 2029.

Action Requested

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

MEMORANDUM

DATE	April 27, 20206
TO	Psychology Board Members
FROM	Cynthia Whitney, Central Services Manager
SUBJECT	Agenda Item 13(b)(1) - SB 903 (Padilla) Mental health professionals: artificial intelligence

Background

On January 21, 2026, Senate Bill 903 (SB 903) was introduced by Senator Stephen Padilla.

SB 903 would establish new statutes to regulate how artificial intelligence (AI) may be used in therapy and psychotherapy services. The bill is intended to protect consumers by prohibiting unlicensed individuals or entities from offering therapy or psychotherapy services through artificial intelligence. For licensed professionals, the bill would require clear patient consent when AI is used to support recorded or transcribed therapy sessions and would ensure that AI does not make independent therapeutic decisions or replace professional clinical judgment. The bill also authorizes the Department of Consumer Affairs to investigate violations and impose civil penalties.

On February 13, 2026, the Board of Psychology (Board) adopted a Support position on this bill. Board staff prepared and submitted letters of support to the Senate Business, Professions, and Economic Development Committee and the Senate Privacy, Digital Technologies, and Consumer Protection Committee on March 13, 2026.

On April 7, 2026, the bill was amended to include the following summary of amendments:

- Removes the Department's investigation and enforcement authority related to this bill and place that authority with the appropriate healing arts boards. Also gives these boards explicit authority to develop regulations to implement the provisions of this bill.
- Defines a licensed professional as equivalent to the definition in Evidence Code section 1010.
- Clarifies the definition of consent for the purposes of using AI in a supplementary support capacity, and expand the definition of supplementary support.
- Prohibits an individual, corporation, or entity from using artificial intelligence to record or transcribe psychotherapeutic communications, psychotherapy sessions, or triage or screen patients unless the specified conditions are met, and would state that a patient does not surrender any rights to care if they or their representative do not consent to the use of AI.
- Expands and clarifies the prohibited uses of AI during psychotherapeutic sessions or when conducting screening or triage.
- Establishes the responsibilities of a licensed professional when using AI for psychotherapeutic or triage/screening purposes when the use has not been selected, provided, directed, or mandated by their employer or contracting entity.
- Establishes the responsibilities of a licensed professional and their employer or contracting entity when use of AI has been selected, provided, directed, or mandated by the employer or contracting entity

These amendments clarified any remaining ambiguity in the bill's enforcement model.

On April 8, 2026, SB 903 was re-referred to the Committee of Business, Professions, and Economic Development. A hearing was set for April 13, 2026.

On April 10, 2026, SB 903 was re-referred to Senate Privacy, Digital Technologies, and Consumer Protection Committee with a hearing scheduled for April 20, 2026.

On April 20, 2026, SB 903 was re-referred to the Appropriations Committee. A hearing is scheduled for May 4, 2026.

Action Requested

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

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

Attachment #2: Bill Analysis

Attachment #3: Letter of Support Senate Business, Professions, and Economic Development Committee

Attachment #4: Letter of Support Senate Privacy, Digital Technologies, and
Consumer Protection Committee

AMENDED IN SENATE APRIL 7, 2026

SENATE BILL

No. 903

**Introduced by Senator Padilla
(Coauthor: Senator Rubio)**

January 21, 2026

An act to add Chapter 13.6 (commencing with Section 4989.80) to Division 2 of the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

SB 903, as amended, Padilla. Mental health professionals: artificial intelligence.

Existing law establishes ~~the Board of Behavioral Sciences in the Department of Consumer Affairs to regulate licensees under various healing arts boards within the Department of Consumer Affairs that license and regulate various healing arts licensees. Existing laws, including 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, make a violation of those acts a crime.~~

Existing law regulates the use of artificial intelligence, as defined. Existing law requires a health facility, clinic, physician's office, or office of a group practice that uses generative artificial intelligence to generate written or verbal patient communications pertaining to patient clinical information to ensure those communications include a disclaimer that indicates to the patient that a communication was generated by artificial intelligence and instructions describing how a patient may contact a human health care provider, employee, or other appropriate person.

~~This bill would prohibit a licensed professional, as defined, from engaging in the use of artificial intelligence to assist in providing supplementary support in therapy or psychotherapy where the client's therapeutic session is recorded or transcribed unless the patient or their authorized representative is informed that artificial intelligence will be used and provides consent, as specified. The bill would also prohibit an individual, corporation, or entity from providing, advertising, or otherwise offering therapy or psychotherapy, including through the use of internet-based artificial intelligence, to the public in this state unless the therapy or psychotherapy services are conducted by an individual who is a licensed professional. The bill would additionally prohibit a licensed professional from allowing artificial intelligence to make independent therapeutic decisions or take other specified actions related to communications with clients, as specified. The bill would authorize the department to investigate actual, alleged, or suspected violations of these provisions and impose civil penalties, as prescribed.~~ *regulate the use of artificial intelligence by licensed professionals providing psychotherapy services, as defined. The bill, among other things, would prohibit an individual, corporation, or entity from using artificial intelligence to record or transcribe psychotherapeutic communications or sessions or to triage or screen a person for the need for psychotherapy services unless the patient or their authorized representative is informed that artificial intelligence will be used and provides consent, as specified. The bill would prohibit a licensed professional from allowing artificial intelligence to perform certain acts, including making independent therapeutic decisions or detecting emotions or mental states. The bill would make a violation of the bill's provisions subject to the jurisdiction of the appropriate health care professional licensing board or enforcement agency, as specified, and would authorize those boards and enforcement entities to pursue any remedies authorized by law.*

Existing law, the Confidentiality of Medical Information Act, generally restricts the persons and entities to whom, and the purposes for which, a health care provider, health care service plan, or contractor may release a patient's medical information. The Confidentiality of Medical Information Act additionally imposes certain disclosure requirements for the release of medical information that specifically relates to the patient's participation in outpatient treatment with a psychotherapist. In this regard, the act prohibits a health care provider, health care service plan, or contractor from releasing that information to persons

or entities who have requested that information and who are otherwise authorized by specified laws to receive that information, unless the requester makes certain written disclosures to the patient and to the provider of health care, health care service plan, or contractor, as specified. Those disclosures include, among other things, the specific intended uses of the information, and the length of time during which the information will be kept before being destroyed or disposed of, as specified. Existing law makes a violation of those provisions that result in economic loss or personal injury to a patient punishable as a misdemeanor.

This bill would require the use of artificial intelligence in psychotherapy records to comply with the confidentiality requirements of the above-described provision of the Confidentiality of Medical Information Act.

By expanding the scope of existing crimes, the bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

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

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

- 1 SECTION 1. Chapter 13.6 (commencing with Section 4989.80)
- 2 is added to Division 2 of the Business and Professions Code, to
- 3 read
- 4
- 5 CHAPTER 13.6. WELLNESS AND OVERSIGHT FOR
- 6 PSYCHOLOGICAL RESOURCES ACT
- 7
- 8 4989.80. This chapter may be cited as the Wellness and
- 9 Oversight for Psychological Resources Act.
- 10 4989.81. The purpose of this chapter is to safeguard individuals
- 11 seeking ~~therapy or~~ psychotherapy services by ensuring these
- 12 services are delivered by ~~qualified, licensed, or certified~~ *licensed*
- 13 professionals. This chapter is intended to protect consumers from

1 unlicensed or unqualified providers, including unregulated artificial
2 intelligence systems, while respecting individual choice and access
3 to community-based and faith-based mental health ~~support~~. *support*
4 *and recognizing that artificial intelligence technology has the*
5 *potential to expand clinical capacity if used in a safe, ethical, and*
6 *legal manner.*

7 4989.82. For purposes of this chapter, the following definitions
8 apply:

9 (a) “Administrative support” means tasks performed to assist a
10 licensed professional in the delivery of ~~therapy or psychotherapy~~
11 services that do not involve ~~therapeutic psychotherapeutic~~
12 communication. “Administrative support” includes, but is not
13 limited to, all of the following:

- 14 (1) Managing appointment scheduling and reminders.
15 (2) Processing billing and insurance claims.
16 (3) Drafting general communications related to therapy logistics
17 that do not include therapeutic advice.

18 (b) “Artificial intelligence” means an engineered or
19 machine-based system that varies in its level of autonomy and that
20 can, for explicit or implicit objectives, infer from the input it
21 receives how to generate outputs that can influence physical or
22 virtual environments.

23 (c) (1) “Consent” means a clear, explicit affirmative act by an
24 individual *that* meets both of the following requirements:

25 (A) Unambiguously communicates the individual’s express,
26 freely given, informed, voluntary, specific, and unambiguous
27 ~~written agreement, including a written agreement provided by~~
28 ~~electronic means.~~ *agreement, either written or verbally, and*
29 *documented in the record.*

30 (B) Is revocable by the individual.

31 (2) “Consent” does not include an agreement that is obtained
32 by any of the following:

33 (A) The acceptance of a general or broad terms of use agreement
34 or a similar document that contains descriptions of artificial
35 intelligence along with other unrelated information.

36 (B) An individual hovering over, muting, pausing, or closing a
37 given piece of digital content.

38 (C) An agreement obtained through the use of deceptive actions.

39 (d) ~~“Department” means the Department of Consumer Affairs.~~

1 ~~(e) “Licensed professional” means an individual who holds a~~
2 ~~valid license issued by this state to provide therapy or~~
3 ~~psychotherapy services, including, but not limited to, the following:~~

- 4 ~~(1) A licensed clinical psychologist.~~
5 ~~(2) A licensed clinical social worker.~~
6 ~~(3) A licensed professional clinical counselor.~~
7 ~~(4) A licensed marriage and family therapist.~~
8 ~~(5) A registered or certified alcohol or other drug counselor.~~
9 ~~(6) A psychiatric mental health nurse practitioner.~~
10 ~~(7) Any other professional authorized by this state to provide~~
11 ~~therapy or psychotherapy services.~~

12 *(d) “Licensed professional” has the same meaning as*
13 *“psychotherapist” as defined in Section 1010 of the Evidence*
14 *Code.*

15 ~~(f)~~

16 *(e) “Peer support” means services provided by individuals with*
17 *lived experience of mental health conditions or recovery from*
18 *substance use that are intended to offer encouragement,*
19 *understanding, and guidance without clinical intervention.*

20 *(f) (1) “Psychotherapeutic communication” means any verbal,*
21 *nonverbal, or written interaction conducted in a clinical or*
22 *professional setting that is intended to diagnose, treat, or address*
23 *an individual’s mental, emotional, or behavioral health concerns.*
24 *“Psychotherapeutic communication” includes, but is not limited*
25 *to, any of the following:*

26 *(A) Direct interactions with clients for the purpose of*
27 *understanding or reflecting their thoughts, emotions, or*
28 *experiences.*

29 *(B) Providing guidance, therapeutic strategies, or interventions*
30 *designed to achieve mental health outcomes.*

31 *(C) Offering emotional support, reassurance, or empathy in*
32 *response to psychological or emotional distress.*

33 *(D) Collaborating with clients to develop or modify therapeutic*
34 *goals or treatment plans.*

35 *(E) Offering behavioral feedback intended to promote*
36 *psychological growth or address mental health conditions.*

37 *(2) “Psychotherapeutic communication” does not include the*
38 *discussion of a patient’s use of artificial intelligence in a clinical*
39 *setting.*

1 (g) “Psychotherapy services” means services provided to
2 diagnose, treat, or improve an individual’s mental health or
3 substance use disorder condition. “Psychotherapy services” does
4 not include religious counseling or peer support.

5 ~~(g)~~

6 (h) “Religious counseling” means counseling provided by clergy
7 members, pastoral counselors, or other religious leaders acting
8 within the scope of their religious duties if the services are
9 explicitly faith based and are not represented as clinical mental
10 health services or ~~therapy or psychotherapy services.~~

11 ~~(h)~~

12 (i) “Supplementary support” means tasks performed to assist a
13 licensed professional in the delivery of ~~therapy or psychotherapy~~
14 services that do not involve ~~therapeutic psychotherapeutic~~
15 communication and that are not administrative support.
16 “Supplementary support” includes, but is not limited to, any of the
17 following:

18 (1) Preparing and maintaining client records, including ~~therapy~~
19 ~~psychotherapy and progress~~ notes.

20 (2) Analyzing anonymized data to track client progress or
21 identify trends, subject to review by a licensed professional.

22 (3) Identifying and organizing external resources or referrals
23 for client use.

24 (4) *Using artificial intelligence tools that assist licensed*
25 *professionals with documentation, workflow management, or other*
26 *functions that enhance clinical capacity, provided the licensed*
27 *professional maintains responsibility for all clinical decisions and*
28 *communications.*

29 ~~(i) (1) “Therapeutic communication” means any verbal,~~
30 ~~nonverbal, or written interaction conducted in a clinical or~~
31 ~~professional setting that is intended to diagnose, treat, or address~~
32 ~~an individual’s mental, emotional, or behavioral health concerns.~~
33 ~~“Therapeutic communication” includes, but is not limited to, any~~
34 ~~of the following:~~

35 ~~(A) Direct interactions with clients for the purpose of~~
36 ~~understanding or reflecting their thoughts, emotions, or~~
37 ~~experiences.~~

38 ~~(B) Providing guidance, therapeutic strategies, or interventions~~
39 ~~designed to achieve mental health outcomes.~~

1 ~~(C) Offering emotional support, reassurance, or empathy in~~
2 ~~response to psychological or emotional distress.~~

3 ~~(D) Collaborating with clients to develop or modify therapeutic~~
4 ~~goals or treatment plans.~~

5 ~~(E) Offering behavioral feedback intended to promote~~
6 ~~psychological growth or address mental health conditions.~~

7 ~~(2) “Therapeutic communication” does not include the~~
8 ~~discussion of a patient’s use of artificial intelligence in a clinical~~
9 ~~setting.~~

10 ~~(j) “Therapy or psychotherapy services” means services provided~~
11 ~~to diagnose, treat, or improve an individual’s mental health or~~
12 ~~substance use disorder condition. “Therapy or psychotherapy~~
13 ~~services” does not include religious counseling or peer support.~~

14 ~~(j) “Triage or screening” means the assessment of an~~
15 ~~individual’s health concerns and symptoms for the purpose of~~
16 ~~determining the urgency, clinical nature, or appropriate level of~~
17 ~~the individual’s need for psychotherapy services.~~

18 ~~(k)~~

19 ~~(k) “Use of artificial intelligence” means the use of artificial~~
20 ~~intelligence tools or systems by a licensed professional to assist~~
21 ~~in providing administrative support or supplementary support in~~
22 ~~therapy or psychotherapy services where the licensed professional~~
23 ~~maintains full responsibility for all interactions, outputs, and data~~
24 ~~use associated with the system and satisfies the requirements of~~
25 ~~Section 4989.83: psychotherapy services.~~

26 ~~4989.83. A licensed professional shall not engage in the use~~
27 ~~of artificial intelligence to assist in providing supplementary~~
28 ~~support in therapy or psychotherapy where the client’s therapeutic~~
29 ~~session is recorded or transcribed unless both of the following~~
30 ~~conditions are satisfied:~~

31 ~~4989.83. (a) An individual, corporation, or entity shall not~~
32 ~~use artificial intelligence to record or transcribe psychotherapeutic~~
33 ~~communications, psychotherapy sessions, or triage or screening~~
34 ~~unless both of the following conditions are satisfied:~~

35 ~~(a)~~

36 ~~(1) The patient or the patient’s legally authorized representative~~
37 ~~is informed verbally or in writing of both of the following:~~

38 ~~(1)~~

39 ~~(A) That artificial intelligence will be used.~~

40 ~~(2)~~

1 (B) The specific purpose of the artificial intelligence tool or
2 system that will be used.

3 ~~(b)~~

4 (2) The patient or the patient's legally authorized representative
5 provides consent to the use of artificial intelligence.

6 *(b) A patient does not surrender any of their rights to care if*
7 *the patient or their legally authorized representative does not*
8 *provide consent to the use of artificial intelligence.*

9 4989.84. (a) An individual, corporation, or entity shall not
10 provide, advertise, or otherwise offer ~~therapy or~~ psychotherapy
11 services, including through the use of ~~internet-based~~ artificial
12 intelligence, to the public in this state unless the ~~therapy or~~
13 psychotherapy services are conducted by an individual who is a
14 licensed professional.

15 ~~(b) A licensed professional may use artificial intelligence only~~
16 ~~to the extent the use meets the requirements this chapter. A licensed~~
17 ~~professional shall not allow artificial intelligence to do any of the~~
18 ~~following:~~

19 *(b) When providing psychotherapy services or conducting triage*
20 *or screening, an individual, corporation, or entity may use artificial*
21 *intelligence only to the extent the use meets the requirements of*
22 *this chapter and shall not allow artificial intelligence to do any of*
23 *the following:*

24 (1) Make independent therapeutic decisions.

25 (2) Directly interact with clients in any form of ~~therapeutic~~
26 ~~psychotherapeutic~~ communication, unless they are using a product
27 ~~that is approved by the tool or system is consistent with the United~~
28 ~~States Food and Drug Administration guidance for low-risk general~~
29 ~~wellness products or clinical support software, and is compliant~~
30 ~~with the federal Health Insurance Portability and Accountability~~
31 ~~Act of 1996 (Public Law 104-191).~~

32 (3) Generate therapeutic ~~recommendations~~ recommendations,
33 assessment results, diagnoses, or treatment plans without review
34 and approval by the licensed professional.

35 (4) Detect emotions or mental states.

36 (5) *Assess an individual's health concerns or symptoms for the*
37 *purpose of determining the urgency, clinical nature, or appropriate*
38 *level of the individual's need for psychotherapy services.*

39 (c) *If a licensed professional uses artificial intelligence in*
40 *connection with psychotherapy services or triage or screening and*

1 *the use has not been selected, provided, directed, or mandated by*
2 *an employing or contracting entity, the licensed professional shall*
3 *be responsible for both of the following:*

4 *(1) Ensuring the artificial intelligence is deployed in compliance*
5 *with this chapter.*

6 *(2) Ensuring the artificial intelligence is used in a clinically*
7 *appropriate manner.*

8 *(d) If a licensed professional uses artificial intelligence required*
9 *or authorized by their employer or contracting entity, the following*
10 *shall apply:*

11 *(1) The employer or contracting entity shall be responsible for*
12 *both of the following:*

13 *(A) Ensuring the artificial intelligence is deployed in compliance*
14 *with this chapter.*

15 *(B) Directing the licensed professional to use the artificial*
16 *intelligence in compliance with this chapter.*

17 *(2) The licensed professional shall use artificial intelligence in*
18 *a clinically appropriate manner.*

19 ~~4989.85.— All records kept by a licensed professional and all~~
20 ~~communications between an individual seeking therapy or~~
21 ~~psychotherapy services and a licensed professional shall be~~
22 ~~confidential and shall not be disclosed except as otherwise required~~
23 ~~by law.~~

24 ~~4989.86.— (a) The department shall have the authority to~~
25 ~~investigate any actual, alleged, or suspected violation of this~~
26 ~~chapter.~~

27 ~~(b) Any individual, corporation, or entity found in violation of~~
28 ~~this chapter shall pay a civil penalty to the department in an amount~~
29 ~~not to exceed ten thousand dollars (\$10,000) per violation, as~~
30 ~~determined by the department, with penalties assessed based on~~
31 ~~the degree of harm and the circumstances of the violation. Before~~
32 ~~the civil penalty is levied, the individual, corporation, or entity~~
33 ~~shall be given a written notice of the proposed action, including~~
34 ~~the nature of the violation and the amount of the proposed penalty,~~
35 ~~and shall have the right to request a hearing, which shall be held~~
36 ~~pursuant to the Administrative Procedure Act (Chapter 5~~
37 ~~(commencing with Section 11500) of Part 1 of Division 3 of Title~~
38 ~~2 of the Government Code). An individual, corporation, or entity~~
39 ~~found in violation of this chapter shall pay the civil penalty within~~
40 ~~60 days after the date of the order by the department imposing the~~

1 civil penalty. The order shall constitute a judgment and may be
2 filed and executed in the same manner as any judgment from the
3 appropriate court.

4 4989.85. *Use of artificial intelligence in psychotherapy records*
5 *shall comply with the confidentiality required in Section 56.104*
6 *of the Civil Code. A company or entity shall not share, sell, store,*
7 *or train their models on any data obtained from psychotherapy.*

8 4989.86. (a) *A violation of this chapter is subject to the*
9 *jurisdiction of the appropriate health care professional licensing*
10 *board or enforcement agency.*

11 (b) *The appropriate health care professional licensing board*
12 *may pursue an injunction or restraining order to enforce the*
13 *provisions of this chapter, as authorized by Section 125.5.*

14 (c) *This section does not limit the authority of a health care*
15 *professional licensing board or enforcement agency to pursue any*
16 *remedy otherwise authorized by law.*

17 (d) *The appropriate health care professional licensing boards*
18 *may adopt rules and regulations necessary to implement this*
19 *chapter.*

20 4989.87. *This chapter does not apply to any of the following:*

21 (a) *Religious counseling.*

22 (b) *Peer support.*

23 (c) *Self-help materials and educational resources that are*
24 *available to the public and do not purport to offer therapy or*
25 *psychotherapy services.*

26 (d) *Artificial intelligence used solely for training or simulation*
27 *purposes.*

28 SEC. 2. *No reimbursement is required by this act pursuant to*
29 *Section 6 of Article XIII B of the California Constitution because*
30 *the only costs that may be incurred by a local agency or school*
31 *district will be incurred because this act creates a new crime or*
32 *infraction, eliminates a crime or infraction, or changes the penalty*
33 *for a crime or infraction, within the meaning of Section 17556 of*
34 *the Government Code, or changes the definition of a crime within*
35 *the meaning of Section 6 of Article XIII B of the California*
36 *Constitution.*

2026 Bill Analysis

Bill Author: Senator Stephen Padilla	Bill Number: SB 903	Related Bills: AB 489
Sponsor:	Version: Introduced	
Subject: Mental health professionals: artificial intelligence		

SUMMARY

Senate Bill 903 (SB 903) establishes new statutory restrictions on the use of artificial intelligence (AI) in therapy and psychotherapy services. The bill requires informed patient consent when AI is used for certain supportive functions in recorded or transcribed therapy sessions, prohibits unlicensed AI-based therapy services, limits the scope of permissible AI use by licensed professionals, and authorizes the Department of Consumer Affairs (DCA) to investigate violations and impose civil penalties

RECOMMENDATION

Staff Recommendation: Board of Psychology (Board) staff recommends the Board take a position of **SUPPORT**:

Other Boards/Departments that may be affected:			
☐ Change in Fee(s)	☐ Affects Licensing Processes	☒ Affects Enforcement Processes	
☐ Urgency Clause	☐ Regulations Required	☐ Legislative Reporting	☐ New Appointment Required
Legislative & Regulatory Affairs Committee Position:		Full Board Position:	
☐ Support	☐ Support if Amended	☒ Support	☐ Support if Amended
☐ Oppose	☐ Oppose Unless Amended	☐ Oppose	☐ Oppose Unless Amended
☐ Neutral	☐ Watch	☐ Neutral	☐ Watch
Date: _____		Date: <u>2/13/2026</u>	
Vote: _____		Vote: _____	

REASON FOR THE BILL

The proposed bill's intent is to protect individuals seeking therapy or psychotherapy services from unlicensed or unqualified providers, including unregulated AI systems. The author expresses concern that AI-based tools are increasingly marketed as therapeutic services without appropriate licensure, oversight, or safeguards, potentially placing consumers at risk. The bill seeks to ensure that therapy and psychotherapy services are delivered by licensed professionals, that AI is not used to replace clinical judgment, and that consumers are informed and provide consent when AI is used in their care.

ANALYSIS

SB 903 adds a new chapter to the Business and Professions Code establishing statewide requirements for the use of AI in therapy and psychotherapy services. Although the bill primarily impacts licensees regulated by the Board of Behavioral Sciences, it also expressly includes licensed psychologists within its definition of "licensed professional" and authorizes DCA to enforce violations through civil penalties.

Current law regulates the use of generative AI in health care communications by requiring disclosure when AI is used to generate patient clinical communications. SB 903 expands protections for the use of AI beyond communications and addresses AI use within therapy and psychotherapy services themselves.

Under the bill, a licensed professional may not use AI to assist with "supplementary support" in therapy or psychotherapy when a session is recorded or transcribed unless the patient (or authorized representative) is informed in writing that AI will be used, is told the specific purpose of the AI tool, and provides explicit, revocable consent. This provision is intended to promote transparency and patient autonomy but may require licensees to modify documentation and consent practices.

SB 903 also prohibits any individual, corporation, or entity from providing, advertising, or offering therapy or psychotherapy services to the public in California—including through internet-based AI—unless the services are conducted by a licensed professional. This provision targets AI platforms or applications that market themselves as providing therapy without licensed oversight. Additionally, the bill prohibits licensed professionals from allowing AI to:

- Make independent therapeutic decisions;
- Engage in therapeutic communication with clients;
- Generate therapeutic recommendations or treatment plans without professional review and approval; or
- Detect emotions or mental states.

These restrictions reinforce that clinical judgment must remain with the licensed professional and that AI tools may only be used in a limited, supportive capacity. And to

ensure consumer protections, SB 903 authorizes DCA to investigate actual, alleged, or suspected violations and to impose civil penalties of up to \$10,000 per violation.

Impact on the Board of Psychology

If enacted, SB 903 may:

- Result in increased complaints and enforcement matters related to AI-based therapy and alleged unlicensed practice, as the bill establishes explicit authority to investigate and enforce violations involving the use of artificial intelligence in therapy and psychotherapy services. Although the bill expressly references the Board of Behavioral Sciences, licensed psychologists are included within the bill's scope, and similar enforcement considerations would apply to the Board of Psychology.
- Necessitate the development of consumer and licensee guidance clarifying permissible and prohibited uses of artificial intelligence in psychological practice to support compliance and consumer protection.

LEGISLATIVE HISTORY

In 2025 California Governor Newsom signed Assembly Bill 489 (AB 489) (Bonta, Chapter 615, Statutes of 2025) into law. AB 489 prohibits deceptive or misleading uses of AI that could cause a consumer to believe an AI system is a licensed health care professional. AB 489 was enacted to strengthen consumer protections related to AI-generated representations and advertising.

SB 903 relates to AB 489 by expanding state oversight of artificial intelligence from professional representations and advertising to the use of AI within the delivery of therapy and psychotherapy services, including consent requirements, restrictions on AI functionality, and enforcement provisions related to unlicensed practice.

OTHER STATES' INFORMATION

Several states have enacted or proposed laws addressing the use of artificial intelligence in mental and behavioral health services. These approaches vary in scope, but generally focus on consumer protection, disclosure, and limits on AI substituting for licensed professionals.

Utah – Mental Health Chatbot Disclosures (Enacted)

Utah enacted legislation establishing disclosure requirements for “mental health chatbots,” including clear notice that the chatbot is not human and limitations on representations made to consumers.

Illinois – AI Restrictions in Therapy and Psychotherapy (Enacted)

Illinois enacted legislation restricting the use of artificial intelligence in therapy and psychotherapy, including prohibiting AI from making independent therapeutic decisions or replacing professional judgment.

Nevada – Limits on AI in Mental and Behavioral Health Care (Enacted)

Nevada enacted legislation regulating AI systems in mental and behavioral health contexts, including restrictions on representations that AI can provide professional mental health care.

Colorado – Broad Consumer AI Protections (Enacted)

Colorado enacted a comprehensive consumer protection framework regulating “high-risk” AI systems and requiring risk mitigation and accountability measures, which may apply to health-related AI systems depending on use.

New Jersey – AI Advertising as Mental Health Services (Proposed)

New Jersey has considered legislation prohibiting the advertising of AI systems as licensed mental health professionals.

PROGRAM BACKGROUND

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

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

FISCAL IMPACT

The bill contains no appropriation. While enforcement authority is assigned to DCA, potential indirect costs to the Board of Psychology may include staff time related to complaint intake, referrals, coordination with DCA, and development of guidance which can be absorbed by the Board.

ECONOMIC IMPACT

The bill has limited economic impact on licensees and registrants using AI-based therapy services. It may increase compliance costs for licensees who use AI tools in practice. Alternatively, it promotes consumer protection and may reduce economic harm associated with unregulated or misleading services.

LEGAL IMPACT

The federal government has issued executive actions to curb state-level AI regulations. The order seeks to establish a unified national approach by directing federal agencies to challenge or preempt state laws, particularly targeting regulations in states like California and Colorado. These federal actions are generally focused on national security, innovation, interstate commerce, and federal agency use of AI, rather than the regulation of professional licensure or the practice of health care.

Professional licensure, scope of practice, and consumer protection related to mental health services have historically been regulated by states under their police powers. SB 903 regulates the conduct of licensed professionals and prohibits unlicensed individuals or entities from offering therapy or psychotherapy services in California. As drafted, SB

903 does not regulate the development of artificial intelligence technology itself, but rather the use of such tools within the delivery of regulated mental health services.

At this time, federal legislation or regulations do not impact state-level AI regulations addressing mental health practice, mental health care, and professional licensure. However, SB 903 is currently structured as a professional practice and consumer protection bill. Continued monitoring of federal AI policy developments is necessary to assess potential impacts on implementation or enforcement.

APPOINTMENTS

Not applicable at this time.

SUPPORT/OPPOSITION

Not applicable at this time.

Support:

Opposition:

ARGUMENTS

Not applicable at this time.

Proponents:

Opponents:

AMENDMENTS

April 7, 2026, amendments are discussed in the April 24, 2026 Legislative and Regulatory Affairs Item 5(b)(1) memo.

March 3, 2026

The Honorable Senator Aisha Wahab
Chair, Senate Committee on Business, Professions, and Economic Development
1021 O Street, Suite 3320
Sacramento, CA 95814

RE: SB 903 (Padilla) – Mental health professionals: artificial intelligence – Letter of Support

Dear Senator Wahab:

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 February 13, 2026, meeting, the Board adopted a **Support** position on Senate Bill 903 (Padilla).

SB 903 is intended to ensure that therapy in California continues to be delivered by licensed professionals who are responsible for the services they provide. As artificial intelligence (AI) tools become more common in health care, SB 903 establishes clear expectations for transparency when those tools are used in therapy settings. The bill requires disclosure and patient consent when AI is used in connection with recorded or transcribed sessions and reinforces that therapy services offered to the public in California must be provided by licensed professionals.

For psychologists, the bill provides clear, practical requirements regarding disclosure and consent when using AI-supported tools in practice. These standards help licensees understand their responsibilities and promote consistent compliance across practice settings.

For consumers, SB 903 ensures they are informed when AI tools are involved in their care and confirms that therapy services are provided by licensed professionals. This strengthens transparency and consumer protection as technology continues to evolve in health care.

For these reasons, the Board supports SB 903.

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

Sincerely,

A handwritten signature in black ink that reads "Lea Tate PsyD". The signature is written in a cursive, flowing style.

Lea Tate, PsyD
President, Board of Psychology

cc: Steven "Steve" Choi (Vice-Chair)
Members of the Senate Business, Professions, and Economic Development
Committee

March 3, 2026

The Honorable Senator Christopher Cabaldon
Chair, Senate Committee on Privacy, Digital Technologies, and Consumer
Protection
1020 N Street, Suite 568
Sacramento, CA 95814

RE: SB 903 (Padilla) – Mental health professionals: artificial intelligence – Letter of Support

Dear Senator Cabaldon:

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 February 13, 2026, meeting, the Board adopted a **Support** position on Senate Bill 903 (Padilla).

SB 903 is intended to ensure that therapy in California continues to be delivered by licensed professionals who are responsible for the services they provide. As artificial intelligence (AI) tools become more common in health care, SB 903 establishes clear expectations for transparency when those tools are used in therapy settings. The bill requires disclosure and patient consent when AI is used in connection with recorded or transcribed sessions and reinforces that therapy services offered to the public in California must be provided by licensed professionals.

For psychologists, the bill provides clear, practical requirements regarding disclosure and consent when using AI-supported tools in practice. These standards help licensees understand their responsibilities and promote consistent compliance across practice settings.

For consumers, SB 903 ensures they are informed when AI tools are involved in their care and confirms that therapy services are provided by licensed professionals. This strengthens transparency and consumer protection as technology continues to evolve in health care.

For these reasons, the Board supports SB 903.

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

Sincerely,

A handwritten signature in black ink that reads "Lea Tate PsyD". The signature is written in a cursive, flowing style.

Lea Tate, PsyD
President, Board of Psychology

cc: Brian W. Jones (Vice-Chair)
Members of the Senate Privacy, Digital Technologies, and Consumer Protection
Committee

MEMORANDUM

DATE	April 27, 2026
TO	Psychology Board Members
FROM	Cynthia Whitney, Central Services Manager
SUBJECT	Agenda Item 13(c)(1) - AB 2140 (Johnson) Healing arts: reports: claims against licensees

Background

Assembly Bill 2140 (AB 2140) was introduced February 18, 2026, by Assembly Member Natasha Johnson.

This bill increases the minimum fine for failure to report certain malpractice-related settlements, judgments, or arbitration awards involving licensed health care professionals who do not carry professional liability insurance. Specifically, it raises the minimum fine from \$50 to \$100 for licensees, claimants, or their counsel who fail to report qualifying claims within the required timeframe to the appropriate licensing board. The bill maintains existing reporting thresholds and requirements but strengthens enforcement by increasing penalties for noncompliance.

This bill is relevant to the Board of Psychology (Board) enforcement and disciplinary functions, as it increases the minimum fine for required reporting of malpractice claims and supports improved compliance with existing reporting obligations.

On March 2, 2026, AB 2140 was referred to the Assembly Committee on Business and Professions.

On April 10, 2026, the hearing was canceled at the request of author.

Action Requested

The Legislative and Regulatory Affairs Committee recommends a **SUPPORT** position to the Board on AB 2140.

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

Attachment #2: Bill Analysis

ASSEMBLY BILL

No. 2140

Introduced by Assembly Member Johnson

February 18, 2026

An act to amend Section 802 of the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

AB 2140, as introduced, Johnson. Healing arts: reports: claims against licensees.

Existing law makes failure of a licensee of the Medical Board of California, the Podiatric Medical Board of California, the Board of Psychology, the Dental Board of California, the Dental Hygiene Board of California, the Osteopathic Medical Board of California, the State Board of Chiropractic Examiners, the Board of Registered Nursing, the Board of Vocational Nursing and Psychiatric Technicians of the State of California, the State Board of Optometry, the Veterinary Medical Board, the Board of Behavioral Sciences, the Physical Therapy Board of California, the California State Board of Pharmacy, the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board, the California Board of Occupational Therapy, the Acupuncture Board, or the Physician Assistant Board, a claimant, or their counsel to report a settlement, judgment, or arbitration award over \$3,000 of a claim or action for damages for death or personal injury caused by negligence, error or omission in practice, or by the unauthorized rendering of professional services, by a person who holds a license, certificate, or other similar authority from one of those boards, who does not possess professional liability insurance as to the claim, within 30 days to the agency that issued the license, certificate, or similar

authority, punishable by a fine of not less than \$50 or more than \$500, as specified.

This bill would increase the minimum fine for a violation of that provision to \$100.

Existing law makes failure of a marriage and family therapist, clinical social worker, professional clinical counselor, a claimant, or their counsel to report a settlement, judgment, or arbitration award over \$10,000 of a claim or action for damages for death or personal injury caused by negligence, error or omission in practice, or by the unauthorized rendering of professional services, by a marriage and family therapist, a clinical social worker, or a professional clinical counselor who does not possess professional liability insurance as to that claim, within 30 days to the agency that issued the license, certificate, or similar authority, punishable by a fine of not less than \$50 nor more than \$500, as specified.

This bill would increase the minimum fine for a violation of that provision to \$100.

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 802 of the Business and Professions Code
2 is amended to read:
3 802. (a) Every settlement, judgment, or arbitration award over
4 three thousand dollars (\$3,000) of a claim or action for damages
5 for death or personal injury caused by negligence, error or omission
6 in practice, or by the unauthorized rendering of professional
7 services, by a person who holds a license, certificate, or other
8 similar authority from an agency specified in subdivision (a) of
9 Section 800 (except a person licensed pursuant to Chapter 3
10 (commencing with Section 1200) or Chapter 5 (commencing with
11 Section 2000) or the Osteopathic Initiative Act) who does not
12 possess professional liability insurance as to that claim shall, within
13 30 days after the written settlement agreement has been reduced
14 to writing and signed by all the parties thereto or 30 days after
15 service of the judgment or arbitration award on the parties, be
16 reported to the agency that issued the license, certificate, or similar
17 authority. A complete report shall be made by appropriate means
18 by the person or ~~his or her~~ *their* counsel, with a copy of the

1 communication to be sent to the claimant through ~~his or her~~ *their*
2 counsel if the person is so represented, or directly if ~~he or she is~~
3 *they are* not. If, within 45 days of the conclusion of the written
4 settlement agreement or service of the judgment or arbitration
5 award on the parties, counsel for the claimant (or if the claimant
6 is not represented by counsel, the ~~claimant himself or herself~~
7 *claimant*) has not received a copy of the report, ~~he or she shall~~
8 ~~himself or herself~~ *they shall* make the complete report. Failure of
9 the licensee or claimant (or, if represented by counsel, their
10 counsel) to comply with this section is a public offense punishable
11 by a fine of not less than ~~fifty dollars (\$50)~~ *one hundred dollars*
12 *(\$100)* or more than five hundred dollars (\$500). Knowing and
13 intentional failure to comply with this section or conspiracy or
14 collusion not to comply with this section, or to hinder or impede
15 any other person in the compliance, is a public offense punishable
16 by a fine of not less than five thousand dollars (\$5,000) nor more
17 than fifty thousand dollars (\$50,000).

18 (b) Every settlement, judgment, or arbitration award over ten
19 thousand dollars (\$10,000) of a claim or action for damages for
20 death or personal injury caused by negligence, error or omission
21 in practice, or by the unauthorized rendering of professional
22 services, by a marriage and family therapist, a clinical social
23 worker, or a professional clinical counselor licensed pursuant to
24 Chapter 13 (commencing with Section 4980), Chapter 14
25 (commencing with Section 4990), or Chapter 16 (commencing
26 with Section 4999.10), respectively, who does not possess
27 professional liability insurance as to that claim shall within 30
28 days after the written settlement agreement has been reduced to
29 writing and signed by all the parties thereto or 30 days after service
30 of the judgment or arbitration award on the parties be reported to
31 the agency that issued the license, certificate, or similar authority.
32 A complete report shall be made by appropriate means by the
33 person or ~~his or her~~ *their* counsel, with a copy of the
34 communication to be sent to the claimant through ~~his or her~~ *their*
35 counsel if ~~he or she is~~ *they are* so represented, or directly if ~~he or~~
36 ~~she is~~ *they are* not. If, within 45 days of the conclusion of the
37 written settlement agreement or service of the judgment or
38 arbitration award on the parties, counsel for the claimant (or if ~~he~~
39 ~~or she is~~ *they are* not represented by counsel, the ~~claimant himself~~
40 ~~or herself~~ *claimant*) has not received a copy of the report, ~~he or~~

1 ~~she shall himself or herself~~ *they shall* make a complete report.
2 Failure of the marriage and family therapist, clinical social worker,
3 or professional clinical counselor or claimant (or, if represented
4 by counsel, ~~his or her~~ *their* counsel) to comply with this section
5 is a public offense punishable by a fine of not less than ~~fifty dollars~~
6 ~~(\$50)~~ *one hundred dollars (\$100)* nor more than five hundred
7 dollars (\$500). Knowing and intentional failure to comply with
8 this section, or conspiracy or collusion not to comply with this
9 section or to hinder or impede any other person in that compliance,
10 is a public offense punishable by a fine of not less than five
11 thousand dollars (\$5,000) nor more than fifty thousand dollars
12 (\$50,000).

2026 Bill Analysis

Author: Assembly Member Natasha Johnson	Bill Number: AB 2140	Related Bills:
Sponsor:	Version: Introduced	
Subject: Healing arts: reports: claims against licensees		

SUMMARY

This bill would increase the minimum fine for failing to report certain settlements, judgments, or arbitration awards involving licensed healing arts professionals. Existing law requires licensees without professional liability insurance, claimants, or their counsel to report settlements, judgments, or arbitration awards exceeding specified thresholds to the relevant licensing board within 30 days. This bill would increase the minimum fine for failure to report from \$50 to \$100 while maintaining the existing maximum fine of \$500.

RECOMMENDATION

Staff Recommendation: Board of Psychology (Board) staff recommends the Board take the position of **SUPPORT**.

REASON FOR THE BILL

According to the author, reporting settlements, judgments, and arbitration awards involving licensed health care professionals allows licensing boards to identify potential misconduct or negligence and take appropriate action when necessary. Increasing the minimum fine for failing to report these events may improve compliance with reporting requirements and help ensure boards receive important information needed to protect consumers.

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

ANALYSIS

Existing law requires individuals licensed or registered by the Board who do not maintain professional liability insurance to report certain claims to the Board. Specifically, within 30 days, they must report any settlement, judgment, or arbitration award exceeding \$3,000 involving negligence, error, or omission in practice. AB 2140 would increase the minimum fine for failure to report these events from \$50 to \$100 while maintaining the existing maximum fine of \$500. The reporting requirement applies to individuals regulated by the Board, including licensed psychologists and registrants such as research psychoanalysts.

Although the increase in the minimum fine is modest, it strengthens the existing statutory penalty for failing to comply with reporting requirements. The Board issues a small number of citations each year for failure to report qualifying settlements, and timely reporting ensures the Board receives information necessary to evaluate potential risks to the public and determine whether enforcement action is appropriate. Strengthening the penalty provision supports the Board's enforcement authority and its mission to protect consumers through oversight of licensee conduct.

LEGISLATIVE HISTORY

Staff have not identified recent legislation specifically modifying the fine provisions in Business and Professions Code section 802. This bill makes a narrow adjustment to the existing enforcement penalty for failure to report qualifying settlements, judgments, or arbitration awards.

OTHER STATES' INFORMATION

Many states address malpractice settlement and judgment tracking through a combination of federal and state reporting systems. At the federal level, medical malpractice payments and certain licensure actions are reportable to the National Practitioner Data Bank, which serves as a nationwide repository for these events. States also vary in how they require reporting at the state level. For example, Pennsylvania establishes a civil penalty schedule that includes a \$1,000 penalty per offense for failure to report specified events to the state medical board within required timelines. Virginia requires licensees to report certain medical malpractice judgments and settlements under board regulations. Texas uses a reporting framework that includes insurer reporting to the medical board regarding claims and board collection of malpractice-related information for oversight and public profile purposes.

PROGRAM BACKGROUND

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

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

FISCAL IMPACT

AB 2140 increases the minimum fine for failure to report certain settlements, judgments, or arbitration awards from \$50 to \$100. The bill is not expected to have a significant fiscal impact on the Board. The Board typically fines an average of one to two licensees per year for failing to report a settlement of \$3,000 or more, resulting in only a minimal increase in revenue. Any additional enforcement workload is expected to be minor and absorbable within existing resources.

ECONOMIC IMPACT

Not applicable at this time.

LEGAL IMPACT

Not applicable at this time.

APPOINTMENTS

Not applicable at this time.

SUPPORT/OPPOSITION

Not applicable at this time.

Support:

Opposition:

ARGUMENTS

Not applicable at this time.

Proponents:

Opponents:

AMENDMENTS

Not applicable at this time.

MEMORANDUM

DATE	April 27, 2026
TO	Psychology Board Members
FROM	Cynthia Whitney, Central Services Manager
SUBJECT	Agenda Item 13(c)(2) - AB 2164 (Bauer-Kahan) Legally protected activities

Background

Assembly Bill 2164 (AB 2164) was introduced by Assembly Member Rebecca Bauer-Kahan.

This bill expands California's protections for individuals engaged in legally protected health care activities, including reproductive and gender-affirming care. It extends existing safeguards to individuals who provided or supported these services while in another jurisdiction, so long as the conduct was lawful in that jurisdiction and would be protected in California. The bill also limits the circumstances under which the Governor may authorize extradition related to such activities and prohibits recognition of certain out-of-state criminal liability tied to legally protected health care services.

This bill is relevant to licensees who may provide or support legally protected health care services across jurisdictions.

On March 9, 2026, AB 2164 was referred to the Assembly Committee on Public Safety.

A hearing was set, however, on March 23, 2026, the hearing was canceled at the request of the author.

On April 15, 2026, the coauthors revised this bill and re-referred the bill to the Committee on Judiciary.

On April 21, 2026, the bill was amended and re-referred to the Appropriations Committee,

Action Requested

The Legislative and Regulatory Affairs Committee recommends a **SUPPORT** position to the Board on AB 2164.

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

Attachment #2: Bill Analysis

ASSEMBLY BILL

No. 2164

Introduced by Assembly Member Bauer-Kahan

(Principal coauthor: Senator Rubio)

(Coauthors: Assembly Members Addis, Aguiar-Curry, Ávila Farías, Bonta, Calderon, Elhawary, Irwin, McKinnor, Nguyen, Ortega, Papan, Patel, Pellerin, Quirk-Silva, Celeste Rodriguez, Schiavo, Stefani, and Wilson)

(Coauthors: Senators Menjivar, Pérez, and Reyes)

February 18, 2026

An act to add Section 123469.5 to the Health and Safety Code, and to amend Section 1549.1 of, and to add Section 1549.13 to, the Penal Code, relating to legally protected activities.

LEGISLATIVE COUNSEL'S DIGEST

AB 2164, as introduced, Bauer-Kahan. Legally protected activities.

Existing law, the Reproductive Privacy Act, declares as contrary to the public policy of this state a law of another state that authorizes a person to bring a civil action against a person or entity that engages in certain activities relating to obtaining or performing an abortion. Existing law prohibits the state from applying an out-of-state law to a case or controversy in state court or enforcing or satisfying a civil judgment under the out-of-state law.

This bill would specify that the protections applicable to persons who engage in legally protected health care activity, as defined, apply to a person who previously has undertaken one or more acts or omissions while in another United States jurisdiction to aid or encourage, or attempt to aid or encourage, any person in the exercise and enjoyment, or attempted exercise and enjoyment, of rights to reproductive health

care services or gender affirming health care services that would have been protected if undertaken in this state and the acts or omissions were permissible under the laws of the jurisdiction in which the person was located at the time of the acts or omissions.

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 legally protected health care activity, if the health care activity 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 legally protected health care activity that is lawful in this state. Under existing law, the Governor may surrender, on demand of executive authority of any other state, any person in this state charged in the other state, as specified, with committing an act in this state, or in a 3rd state, intentionally resulting in a crime in the state whose executive authority is making the demand.

This bill would authorize the Governor to extradite any person in this state and who is charged in another state only if the acts for which extradition is sought would be punishable by the laws of this state if the consequences claimed to have resulted therefrom in the demanding state had taken effect in this state. The bill would prohibit the Governor from recognizing a request for extradition of a person subject to criminal liability based on the alleged provision or receipt of, assistance in the provision or receipt of, material support for, or in any theory of vicarious, joint, several, or conspiracy liability for any legally protected health care activity, except as specified.

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 123469.5 is added to the Health and
- 2 Safety Code, to read:
- 3 123469.5. (a) The protections applicable to persons who
- 4 engage in legally protected health care activity, as defined in
- 5 Section 1798.300 of the Civil Code, shall also apply to a person
- 6 who has previously undertaken one or more acts or omissions
- 7 while in another United States jurisdiction to aid or encourage, or
- 8 attempt to aid or encourage, any person in the exercise and

1 enjoyment, or attempted exercise and enjoyment, of rights to
2 reproductive health care services or gender affirming health care
3 services that would have been protected by this state if they had
4 been undertaken in this state, if the acts or omissions were
5 permissible under the laws of the jurisdiction in which the person
6 was located at the time of the acts or omissions.

7 (b) “Reproductive health care services” has the same meaning
8 as set forth in Section 1798.300 of the Civil Code.

9 (c) “Gender affirming health care services” and “gender
10 affirming mental health care services” have the same meanings as
11 defined in paragraph (3) of subdivision (b) of Section 16010.2 of
12 the Welfare and Institutions Code.

13 SEC. 2. Section 1549.1 of the Penal Code is amended to read:

14 1549.1. The Governor of this state may also surrender, on
15 demand of the executive authority of any other state, any person
16 in this state charged in the other state in the manner provided in
17 Section 1548.2 with committing an act in this state, or in a third
18 state, intentionally resulting in a crime in the state whose executive
19 authority is making the ~~demand~~. *demand when the acts for which*
20 *extradition is sought would be punishable by the laws of this state*
21 *if the consequences claimed to have resulted therefrom in the*
22 *demanding state had taken effect in this state.* The provisions of
23 this chapter, not otherwise inconsistent, shall apply to those cases,
24 even though the accused was not in the demanding state at the time
25 of the commission of the crime, and has not fled therefrom. Neither
26 the demand, the oath, nor any proceedings under this chapter
27 pursuant to this section need state or show that the accused has
28 fled from justice from, or at the time of the commission of the
29 crime was in, the demanding or other state.

30 SEC. 3. Section 1549.13 is added to the Penal Code, to read:

31 1549.13. Except as required by federal law, no demand for the
32 extradition of a person subject to criminal liability that is in whole
33 or in part based on the alleged provision or receipt of, assistance
34 in the provision or receipt of, material support for, or any theory
35 of vicarious, joint, several, or conspiracy liability for any legally
36 protected health care activity, as defined in Section 1549.15, shall
37 be recognized by the Governor unless the executive authority of
38 the demanding state alleges in writing that the accused was
39 physically present in the demanding state at the time of the

- 1 commission of the alleged crime, and that thereafter such accused
- 2 fled from that state.

O

2026 Bill Analysis

Author: Assembly Member Rebecca Bauer-Kahan	Bill Number: AB 2164	Related Bills: AB 82 SB 497
Sponsor:	Version: Introduced	
Subject: Legally protected activities		

SUMMARY

This bill would expand California's protections for individuals involved in legally protected health care activities, including reproductive and gender-affirming health care services. It would extend these protections to individuals who engaged in such activities in other states, provided those actions were lawful in that jurisdiction and would have been lawful in California. The bill would also restrict the Governor's authority to extradite individuals for conduct related to legally protected health care services and prohibit recognition of certain out-of-state criminal liability related to those activities.

RECOMMENDATION

Staff Recommendation: Board of Psychology (Board) staff recommends the Board take the position of **SUPPORT** for AB 2164.

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

REASON FOR THE BILL

According to the author, individuals who provide or support reproductive and gender-affirming health care services are increasingly subject to legal risk from other states with more restrictive laws. The author asserts that California must strengthen its protections to ensure that individuals are not penalized for engaging in lawful health care activities. The bill is intended to prevent the enforcement of out-of-state laws that conflict with California's public policy and to protect access to essential health care services.

ANALYSIS

This bill expands California's legal protections related to health care activities by:

- Extending protection to individuals who engaged in legally protected health care activities in other states, if those actions were lawful in that jurisdiction and would be lawful in California.
- Limiting the Governor's authority to extradite individuals for conduct related to protected health care services unless specific conditions are met.
- Prohibiting recognition of extradition requests tied to legally protected health care activities unless the individual was physically present in the requesting state and fled from that state.

Impact on Licensed Psychologists and Scope of Practice

The bill explicitly includes gender-affirming mental health care services within its scope of protection.

For psychologists, this means:

- Services provided in compliance with California law would be protected from certain out-of-state legal actions.
- Psychologists who support patients across state lines may have increased legal protection when engaging in activities that are lawful in California.

The bill does not expand or restrict scope of practice but reinforces protection for services already permitted under California law.

Impact on Board Authority and Enforcement

The bill does not create new licensing requirements, disciplinary authority, or enforcement obligations for the Board.

However, it may have indirect implications:

- The Board may encounter situations where licensees are involved in interstate care or subject to out-of-state complaints.
- The bill provides a legal framework that may limit the relevance or enforceability of certain out-of-state actions.

Overall, the bill does not significantly alter Board processes or authority.

Access to Care

The bill promotes access to reproductive and gender-affirming care by protecting providers and individuals involved in delivering or supporting these services.

This is particularly significant for:

- LGBTQ+ individuals seeking gender-affirming care
- Individuals in states with restricted access to reproductive health services

By reducing legal risk for providers, the bill may help maintain or expand access to care for vulnerable populations, consistent with California's health equity goals.

Legal and Interstate Considerations

The bill raises important interstate legal considerations by:

- Limiting extradition based on conduct that is lawful in California
- Reinforcing California's refusal to enforce certain out-of-state laws

These provisions may create tension with other states' laws but are consistent with California's existing policy framework protecting reproductive and gender-affirming health care.

Given the evolving legal landscape across states, particularly regarding reproductive and gender-affirming care, legislative action appears necessary to clarify and strengthen California's protections. Existing law provides some protection, but this bill expands those protections to address interstate activity and legal exposure.

LEGISLATIVE HISTORY

This bill builds on prior California legislation such as Assembly Bill 82 and Senate Bill 497, establishing protections for reproductive health care services, including laws prohibiting enforcement of certain out-of-state civil actions related to abortion services.

OTHER STATES' INFORMATION

Several states have enacted laws restricting reproductive and gender-affirming health care, while others, including California, have enacted "shield laws" to protect providers and patients. This bill aligns California with other states that have expanded protections for health care providers operating across state lines.

PROGRAM BACKGROUND

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

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

FISCAL IMPACT

This bill is not expected to have a fiscal impact on the Board, as it does not create new regulatory, licensing, or enforcement responsibilities. Any indirect impact related to inquiries or complaints involving interstate practice is expected to be minor and absorbable within existing resources.

ECONOMIC IMPACT

The bill may have a positive economic impact by supporting continued provision of reproductive and gender-affirming health care services in California. By reducing legal risks for providers, the bill may help sustain health care access and associated economic activity.

LEGAL IMPACT

The bill strengthens California's legal position in declining to enforce certain out-of-state laws and limits extradition in specified circumstances. It may be subject to legal challenges related to interstate enforcement or constitutional considerations but is consistent with California's existing policy direction.

APPOINTMENTS

Not applicable at this time.

SUPPORT/OPPOSITION

Not applicable at this time.

Support:**Opposition:****ARGUMENTS**

Not applicable at this time.

Proponents:**Opponents:**

AMENDMENTS

Not applicable at this time.

MEMORANDUM

DATE	April 27, 2026
TO	Psychology Board Members
FROM	Cynthia Whitney, Central Services Manager
SUBJECT	Agenda Item 13(c)(3) - SB 1391 (Wahab) Department of Consumer Affairs: retired category licenses

Background

Senate Bill 1391 (SB 1391) was introduced on February 20, 2026, by Senator Aisha Wahab.

This bill requires boards, bureaus, and commissions within the Department of Consumer Affairs that offer a retired category of licensure to disclose that information on their internet websites. While existing law authorizes boards to establish retired license categories by regulation, this bill adds a transparency requirement to ensure that information about such licensure options is publicly accessible.

The Board of Psychology (Board) currently maintains information on its website to ensure compliance with disclosure requirements, including notice of the availability of a retired license category.

On March 4, 2026, SB 1391 was referred to the Senate Committee on Business, Professions, and Economic Development.

A hearing was set for March 23, 2026, where recommendations were made.

On March 23, 2026, SB 1391 was re-referred to the Committee on Appropriations. A hearing was set for April 13, 2026.

On April 13, 2026, SB 1391 was ordered to the consent calendar.

On April 16, 2026, SB was ordered to the Assembly where it was read for the first time and held at the desk.

Action Requested

The Legislative and Regulatory Affairs Committee recommends a **SUPPORT** position to the Board on SB 1391.

Attachment #1: Bill Text – [Webmail](#)

Attachment #2: Bill Analysis

Introduced by Senator WahabFebruary 20, 2026

An act to amend Section 464 of the Business and Professions Code, relating to professions and vocations.

LEGISLATIVE COUNSEL'S DIGEST

SB 1391, as introduced, Wahab. Department of Consumer Affairs: retired category licenses.

Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs. Existing law authorizes any of the boards within the department, except as specified, to establish by regulation a system for a retired category of license for persons who are not actively engaged in the practice of their profession or vocation.

This bill would additionally require a board that offers a retired category of licensure to disclose that information on its internet website.

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 464 of the Business and Professions Code
- 2 is amended to read:
- 3 464. (a) (1) Any of the ~~boards~~ boards, bureaus, or
- 4 commissions within the department may establish, by regulation,
- 5 a system for a retired category of licensure for persons who are
- 6 not actively engaged in the practice of their profession or vocation.
- 7 (2) A board that offers a retired category of licensure shall
- 8 disclose that information on its internet website.

1 (b) The regulation shall contain the following:

2 (1) A retired license shall be issued to a person with either an
3 active license or an inactive license that was not placed on inactive
4 status for disciplinary reasons.

5 (2) The holder of a retired license issued pursuant to this section
6 shall not engage in any activity for which a license is required,
7 unless the board, by regulation, specifies the criteria for a retired
8 licensee to practice ~~his or her~~ *their* profession or vocation.

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

11 (4) The board shall establish an appropriate application fee for
12 a retired license to cover the reasonable regulatory cost of issuing
13 a retired license.

14 (5) In order for the holder of a retired license issued pursuant
15 to this section to restore ~~his or her~~ *their* license to an active status,
16 the holder of that license shall meet all the following:

17 (A) Pay a fee established by statute or regulation.

18 (B) Certify, in a manner satisfactory to the board, that ~~he or she~~
19 *the holder of the license* has not committed an act or crime
20 constituting grounds for denial of licensure.

21 (C) Comply with the fingerprint submission requirements
22 established by regulation.

23 (D) If the board requires completion of continuing education
24 for renewal of an active license, complete continuing education
25 equivalent to that required for renewal of an active license, unless
26 a different requirement is specified by the board.

27 (E) Complete any other requirements as specified by the board
28 by regulation.

29 (c) A board may upon its own determination, and shall upon
30 receipt of a complaint from any person, investigate the actions of
31 any licensee, including a person with a license that either restricts
32 or prohibits the practice of that person in ~~his or her~~ *their* profession
33 or vocation, including, but not limited to, a license that is retired,
34 inactive, canceled, revoked, or suspended.

35 (d) Subdivisions (a) and (b) shall not apply to a board that has
36 other statutory authority to establish a retired license.

2026 Bill Analysis

Author: Senator Aisha Wahab	Bill Number: SB 1391	Related Bills:
Sponsor:	Version: Introduced	
Subject: Department of Consumer Affairs: retired category licenses		

SUMMARY

This bill would require boards, bureaus, or commissions within the Department of Consumer Affairs (DCA) that offer a retired category of licensure to disclose that information on their internet website. Existing law authorizes boards to establish a retired license category for individuals not actively practicing their profession. This bill adds a transparency requirement to ensure that information about retired licensure options is publicly available.

RECOMMENDATION

Staff Recommendation: Board of Psychology (Board) staff recommends the Board take a position of **SUPPORT**.

REASON FOR THE BILL

According to the author, individuals may be unaware of the availability of a retired license option, which can allow them to maintain a connection to their profession without actively practicing. The bill is intended to improve transparency and ensure that licensees have access to clear information about licensure options.

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

ANALYSIS

This bill requires any DCA board that offers a retired license category to disclose that information on its website. Existing law already allows boards to establish retired licensure categories by regulation, including requirements related to eligibility, fees, and restoration to active status.

Impact on the Board of Psychology

The bill does not change eligibility criteria, application requirements, or conditions for retired licensure. Instead, it requires boards to make existing information more accessible. No regulatory changes appear necessary.

For the Board of Psychology, implementation would likely involve:

- Reviewing current website content
- Ensuring retired license information is clearly displayed and accessible

Improved transparency may:

- Help licensees make informed decisions about transitioning to retired status
- Reduce confusion regarding licensure options
- Support compliance by clarifying that retired licensees are not permitted to practice unless specifically authorized

The Board already maintains information on its website regarding the availability of a retired license category and is in compliance with existing disclosure requirements.

LEGISLATIVE HISTORY

The bill builds upon existing statutory authority allowing boards to establish retired license categories.

OTHER STATES' INFORMATION

Not applicable at this time.

PROGRAM BACKGROUND

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

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

FISCAL IMPACT

This bill is not expected to have fiscal impact. Any costs associated with updating website content or providing additional information can be absorbed within the Board's existing resources.

ECONOMIC IMPACT

The bill is not expected to have a significant economic impact. It may provide minor benefits by helping licensees make informed decisions about licensure status, potentially reducing administrative inquiries.

LEGAL IMPACT

The bill does not raise significant legal concerns. It adds a disclosure requirement but does not alter substantive licensing or enforcement provisions.

APPOINTMENTS

Not applicable at this time.

SUPPORT/OPPOSITION

Not applicable at this time.

Support:

Opposition:

ARGUMENTS

Not applicable at this time.

Proponents:

Opponents:

AMENDMENTS

Not applicable at this time.

MEMORANDUM

DATE	April 27, 2026
TO	Psychology Board Members
FROM	Cynthia Whitney, Central Services Manager
SUBJECT	Agenda Item 13(c)(4) - AB 1558 (Arambula) Uniform Emergency Volunteer Health Practitioners Act

Background

Assembly Bill 1558 (AB 1558) was introduced on January 8, 2026, by Assembly Member Joaquin Arambula.

AB 1558 would enact the *Uniform Emergency Volunteer Health Practitioners Act*, authorizing the establishment of additional volunteer registration systems to support emergency response efforts. The bill allows licensed health practitioners from other states who are registered through approved systems to provide health or veterinary services in California during a declared emergency, subject to oversight by the Emergency Medical Services Authority (EMSA). It also establishes standards for scope of practice, credential verification, administrative discipline authority for licensing boards, and workers' compensation coverage for volunteer practitioners responding to emergencies.

This bill is relevant to the Board of Psychology (Board) because it authorizes out-of-state health practitioners to provide services in California during declared emergencies and allows the Board to impose administrative sanctions for conduct occurring during emergency response activities.

AB 1558 was referred to the Assembly Health Committee on March 16, 2026.

On April 22, 2026, AB 1558 was re-referred to the Appropriations Committee.

Action Requested

Board staff recommends the Board take a position of **SUPPORT IF AMENDED** and request the following amendments for AB 1558:

- Clarify whether EMSA and/or licensees and registrants regulated by a Board are required to apply for Out of State Temporary Practice or notify the Board when practicing out of state as a volunteer during a declared emergency.
- Clarify the extent of Board responsibility for verifying licensure and monitoring volunteers during declared emergencies.
- Clarify the duration of practice for volunteers during a declared emergency.

The bill may impact the Board's licensing and enforcement oversight of out-of-state practitioners, as well as its disciplinary authority during declared emergency conditions. Clarifying amendments are needed to specify whether volunteers or the Emergency Medical Services Authority (EMSA) will be required to notify the Board of participating licensees or registered volunteers during an emergency, the extent of Board responsibility of licensure verification, and the duration of practice for volunteers.

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

Attachment #2: Bill Analysis

ASSEMBLY BILL

No. 1558

Introduced by Assembly Member Arambula

January 8, 2026

An act to add Article 7.7 (commencing with Section 8599.5) to Chapter 7 of Division 1 of Title 2 of the Government Code, relating to volunteer emergency services.

LEGISLATIVE COUNSEL'S DIGEST

AB 1558, as introduced, Arambula. Uniform Emergency Volunteer Health Practitioners Act.

Existing law establishes the Emergency Medical Services Authority (EMSA) in the California Health and Human Services Agency to establish planning and implementation guidelines for emergency medical service systems, as specified. The guidelines are required to address, among other things, disaster response, and the authority is required to provide technical assistance to existing agencies, counties, and cities for the purpose of developing the components of emergency medical services systems. The EMSA is required to adopt rules and regulations, approved by the Commission on Emergency Medical Services, in order to carry out its duties.

Existing law ratifies, approves, and sets forth the provisions of the Emergency Management Assistance Compact, an interstate agreement that provides for mutual assistance between states responding to emergencies and disasters. Under the compact, a person who holds a professional license, certificate, or other permit issued by a state party to the compact is deemed licensed, certified, or permitted by a state requesting assistance to render aid involving that skill to meet a declared emergency or disaster, as specified.

Existing federal law establishes the Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) program to support states and territories in establishing volunteer registration programs for disasters and public health and medical emergencies. Pursuant to the ESAR-VHP program, the EMSA established the Disaster Healthcare Volunteers program to register volunteers in California. Existing federal law also establishes the Medical Reserve Corps to provide for an adequate supply of volunteers in the case of a federal, state, local, or tribal public health emergency, as specified.

This bill would enact the Uniform Emergency Volunteer Health Practitioners Act, which would authorize the establishment of additional volunteer registration systems by additional entities. In this regard, the bill would require a registration system to be an ESAR-VHP program or a local unit of the Medical Reserve Corps, as specified, to be designated by the EMSA as a registration system, or to be operated by one of specified types of entities, including, among others, a disaster relief organization, as defined. The bill would require that a registration system be capable of supplying the EMSA with sufficient information concerning whether a volunteer is licensed to provide specified health or veterinary services in another state or territory of the United States and in good standing before that volunteer provides those services in this state while an emergency declaration is in effect, as specified. The bill would establish scope-of-practice standards for a registered volunteer health practitioner. The bill would authorize the EMSA to limit, restrict, or otherwise regulate, among other things, the duration of practice, the geographical areas in which volunteer health practitioners may practice, and any other matters necessary to coordinate the provision of health or veterinary services during the emergency. The bill would authorize the applicable licensing board and the host entity, as defined, to restrict or modify the health or veterinary services that a volunteer health practitioner may provide. The bill would require the EMSA and host entities to coordinate their activities with the Office of Emergency Services, as specified.

This bill would exempt a registered volunteer health practitioner from the unauthorized practice provisions for a health or veterinary service unless they have reason to know of an applicable limitation, modification, or restriction or that a similarly licensed practitioner in this state would not be permitted to provide that service. The bill would authorize a health care licensing board to impose administrative sanctions upon a health practitioner licensed in this state for conduct

outside of this state in response to an out-of-state emergency, and to impose administrative sanctions upon a practitioner not licensed in this state for conduct in this state in response to an in-state emergency, if certain conditions are met. The bill would also provide that volunteer health practitioners providing services in California shall be considered agents or employees of the state for the purpose of workers' compensation coverage while performing services in this state or traveling to or from this state for that purpose. The bill would authorize the authority to promulgate rules, after approval by the Commission on Emergency Medical Services, in order to implement the provisions of the Uniform Emergency Volunteer Health Practitioners Act.

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. Article 7.7 (commencing with Section 8599.5)
2 is added to Chapter 7 of Division 1 of Title 2 of the Government
3 Code, to read:

4
5 Article 7.7. Uniform Emergency Volunteer Health Practitioners
6 Act
7

8 8599.5. This article may be cited as the Uniform Emergency
9 Volunteer Health Practitioners Act.

10 8599.51. For the purposes of this article, the following terms
11 have the following meanings:

12 (a) "Disaster relief organization" means an entity that provides
13 emergency or disaster relief services that include health or
14 veterinary services provided by volunteer health practitioners and
15 that meets either of the following requirements:

16 (1) It is designated or recognized as a provider of those services
17 pursuant to a disaster response and recovery plan adopted by an
18 agency of the federal government or the Emergency Medical
19 Services Authority.

20 (2) It regularly plans and conducts its activities in coordination
21 with an agency of the federal government or the Emergency
22 Medical Services Authority.

23 (b) "Emergency" means an event or condition that is a state of
24 emergency proclaimed pursuant to Section 8588 or 8625, a local

1 emergency proclaimed pursuant to Section 8630, a health
2 emergency proclaimed pursuant to Section 101080 of the Health
3 and Safety Code, or a state of war.

4 (c) “Emergency declaration” means a proclamation of
5 emergency issued pursuant to Section 8588, 8625, or 8630, a
6 declaration of health emergency pursuant to Section 101080 of
7 the Health and Safety Code, or a declaration of war by the United
8 States.

9 (d) “Emergency Management Assistance Compact” means the
10 interstate compact approved by Congress by Public Law No.
11 104-321 and ratified in Article 3.7 (commencing with Section 179)
12 of Chapter 1 of Division 1 of Title 1.

13 (e) “Entity” means a person other than an individual.

14 (f) “Health facility” means an entity licensed under the laws of
15 this or another state to provide health or veterinary services.

16 (g) “Health practitioner” means an individual licensed under
17 the laws of this or another state to provide health or veterinary
18 services.

19 (h) “Health services” means the provision of treatment, care,
20 advice, or guidance, or other services, or supplies, related to the
21 health or death of individuals or human populations, to the extent
22 necessary to respond to an emergency, including all of the
23 following:

24 (1) Services or supplies concerning the physical or mental
25 condition or functional status of an individual or affecting the
26 structure or function of the body, including the following:

27 (A) Preventive, diagnostic, therapeutic, rehabilitative,
28 maintenance, or palliative care.

29 (B) Counseling, assessment, procedures, or other services.

30 (2) The sale or dispensing of a drug, a device, equipment, or
31 another item to an individual in accordance with a prescription.

32 (3) Funeral, cremation, cemetery, or other mortuary services.

33 (i) “Host entity” means an entity operating in this state that uses
34 volunteer health practitioners to respond to an emergency.

35 (j) “License” means authorization by a state to engage in health
36 or veterinary services that are unlawful without the authorization.
37 The term includes authorization under the laws of California to
38 provide health or veterinary services based upon a national
39 certification issued by a public or private entity.

1 (k) “Person” means an individual, corporation, business trust,
2 trust, partnership, limited liability company, association, joint
3 venture, public corporation, government or governmental
4 subdivision, agency, or instrumentality, or any other legal or
5 commercial entity.

6 (l) “Scope of practice” means the extent of the authorization to
7 provide health or veterinary services granted to a health practitioner
8 by a license issued to the practitioner in the state in which the
9 principal part of the practitioner’s services is rendered, including
10 any conditions imposed by the licensing authority in that state.

11 (m) “State” means a state of the United States, the District of
12 Columbia, Puerto Rico, the United States Virgin Islands, or any
13 territory or insular possession subject to the jurisdiction of the
14 United States.

15 (n) “Veterinary services” means the provision of treatment,
16 care, advice or guidance, or other services or supplies, related to
17 the health or death of an animal or to animal populations, to the
18 extent necessary to respond to an emergency, including all of the
19 following:

20 (1) Diagnosis, treatment, or prevention of an animal disease,
21 injury, or other physical or mental condition by the prescription,
22 administration, or dispensing of vaccine, medicine, surgery, or
23 therapy.

24 (2) Use of a procedure for reproductive management.

25 (3) Monitoring and treatment of animal populations for diseases
26 that have spread or demonstrate the potential to spread to humans.

27 (o) “Volunteer health practitioner” means a health practitioner
28 who provides health or veterinary services, whether or not the
29 practitioner receives compensation for those services. “Volunteer
30 health practitioner” does not include a practitioner who receives
31 compensation pursuant to a preexisting employment relationship
32 with a host entity or affiliate that requires the practitioner to provide
33 health services in this state, unless the practitioner is not a resident
34 of this state and is employed by a disaster relief organization
35 providing services in this state while an emergency declaration is
36 in effect.

37 8599.52. This article applies to volunteer health practitioners
38 registered with a registration system that complies with Section
39 8599.54 and who provide health or veterinary services in this state
40 for a host entity while an emergency declaration is in effect.

1 8599.53. (a) While an emergency declaration is in effect, the
2 Emergency Medical Services Authority may limit, restrict, or
3 otherwise regulate all of the following:

4 (1) The duration of practice by volunteer health practitioners.

5 (2) The geographical areas in which volunteer health
6 practitioners may practice.

7 (3) The types of volunteer health practitioners who may practice.

8 (4) Any other matters necessary to coordinate effectively the
9 provision of health or veterinary services during the emergency.

10 (b) An order issued pursuant to subdivision (a) may take effect
11 immediately, without prior notice or comment, and is not a
12 regulation within the meaning of the Administrative Procedure
13 Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of
14 Division 3).

15 (c) A host entity that uses volunteer health practitioners to
16 provide health or veterinary services in this state shall do both of
17 the following:

18 (1) Coordinate its activities with the Emergency Medical
19 Services Authority to the extent practicable to provide for the
20 efficient and effective use of volunteer health practitioners.

21 (2) Comply with any laws other than this article relating to the
22 management of emergency health or veterinary services.

23 (d) The Emergency Medical Services Authority shall coordinate
24 its activities under this section with the Office of Emergency
25 Services to ensure that any deployment of volunteer health
26 practitioners is consistent with the standardized emergency
27 management system, established pursuant to Section 8607.

28 8599.54. (a) To qualify as a volunteer health practitioner
29 registration system, a system shall do all of the following:

30 (1) Accept applications for the registration of volunteer health
31 practitioners before or during an emergency.

32 (2) Include information about the licensure and good standing
33 of health practitioners that is accessible by authorized persons.

34 (3) Be capable of supplying sufficient information about
35 registered volunteer health practitioners to the Emergency Medical
36 Services Authority, or a similar designated agency, in order to
37 allow that authority or agency to confirm the accuracy of
38 information concerning whether a health practitioner is licensed
39 and in good standing before health services or veterinary services
40 are provided under this article.

1 (4) Meet at least one of the following conditions:

2 (A) Be an emergency system for advance registration of
3 volunteer health care practitioners established by a state and funded
4 through the Health Resources and Services Administration under
5 Section 319C-2 of the Public Health Service Act (42 U.S.C. Sec.
6 247d-3b).

7 (B) Be a local unit consisting of trained and equipped emergency
8 response, public health, and medical personnel formed pursuant
9 to Section 2813 of the Public Health Service Act (42 U.S.C. Sec.
10 300hh-15).

11 (C) Be operated by one of the following:

12 (i) A disaster relief organization.

13 (ii) A licensing board or bureau established pursuant to Division
14 2 (commencing with Section 500) of, or Chapter 12 (commencing
15 with Section 7600) of Division 3 of, the Business and Professions
16 Code.

17 (iii) A national, state, or regional association of licensing boards
18 or health practitioners.

19 (iv) A health facility that provides comprehensive inpatient and
20 outpatient health care services, including a tertiary care and
21 teaching hospital.

22 (v) A governmental entity.

23 (D) Be designated by the Emergency Medical Services Authority
24 as a registration system for purposes of this article.

25 (b) While an emergency declaration is in effect, the Emergency
26 Medical Services Authority, a person authorized to act on behalf
27 of the authority, or a host entity may confirm whether volunteer
28 health practitioners utilized in this state are registered with a
29 registration system that complies with subdivision (a).
30 Confirmation is limited to obtaining identities of the practitioners
31 from the system and determining whether the system indicates that
32 the practitioners are licensed and in good standing.

33 (c) Upon request of a person in this state authorized to manage
34 the emergency response, or a similarly authorized person in another
35 state, a registration system located in this state shall notify the
36 person of the identities of volunteer health practitioners and
37 whether the practitioners are licensed and in good standing.

38 (d) A host entity is not required to use the services of a volunteer
39 health practitioner even if the practitioner is registered with a

1 registration system that indicates that the practitioner is licensed
2 and in good standing.

3 8599.55. (a) While an emergency declaration is in effect, a
4 volunteer health practitioner, registered with a registration system
5 that complies with Section 8599.54 and licensed and in good
6 standing in the state in which the practitioner's registration is based,
7 may practice in this state to the extent authorized by this article as
8 if the practitioner were licensed in this state.

9 (b) A volunteer health practitioner qualified under subdivision
10 (a) is not entitled to the protections of this article if the practitioner
11 is licensed in more than one state and any license of the practitioner
12 is suspended, revoked, or subject to an order limiting or restricting
13 practice privileges, or has been voluntarily terminated under threat
14 of sanction.

15 (c) Nothing in this article is intended to modify the licensing
16 requirements imposed on any health practitioner by licensing or
17 regulatory provisions contained in Division 2 (commencing with
18 Section 500) of the Business and Professions Code, or by any other
19 laws or regulations of this state, in the absence of an emergency
20 declaration, as that term is defined in subdivision (c) of Section
21 8599.51.

22 8599.56. (a) For purposes of this section, the following terms
23 have the following meanings:

24 (1) "Credentialing" means obtaining, verifying, and assessing
25 the qualifications of a health practitioner to provide treatment,
26 care, or services in or for a health facility.

27 (2) "Privileging" means the authorizing by an appropriate
28 authority, such as a governing body, of a health practitioner to
29 provide specific treatment, care, or services at a health facility
30 subject to limits based on factors that include license, education,
31 training, experience, competence, health status, and specialized
32 skill.

33 (b) This article does not affect credentialing or privileging
34 standards of a health facility and does not preclude a health facility
35 from waiving or modifying those standards while an emergency
36 declaration is in effect.

37 8599.57. (a) Except as further limited by subdivisions (b) and
38 (c), a volunteer health practitioner shall adhere to the scope of
39 practice for a similarly licensed practitioner established by the
40 licensing provisions, practice acts, or other laws of this state.

1 (b) Except as otherwise provided in subdivision (c), this article
2 does not authorize a volunteer health practitioner to provide
3 services that are outside the practitioner's scope of practice, even
4 if a similarly licensed practitioner in this state would be permitted
5 to provide the services.

6 (c) The applicable licensing board or bureau may restrict or
7 may, consistent with the limitations set forth in subdivision (a),
8 modify the health services or veterinary services regulated by that
9 body that volunteer health practitioners may provide pursuant to
10 this article. An order under this subdivision may take effect
11 immediately, without prior notice or comment, and is not a
12 regulation within the meaning of the Administrative Procedure
13 Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of
14 Division 3).

15 (d) A host entity may restrict the health or veterinary services
16 that a volunteer health practitioner may provide pursuant to this
17 article.

18 (e) A volunteer health practitioner shall not be found to have
19 engaged in unauthorized practice unless the practitioner has reason
20 to know of any limitation, modification, or restriction under this
21 section or that a similarly licensed practitioner in this state would
22 not be permitted to provide the services. A volunteer health
23 practitioner has reason to know of a limitation, modification, or
24 restriction or that a similarly licensed practitioner in this state
25 would not be permitted to provide a service if either:

26 (1) The practitioner knows the limitation, modification, or
27 restriction exists or that a similarly licensed practitioner in this
28 state would not be permitted to provide the service.

29 (2) From all the facts and circumstances known to the
30 practitioner at the relevant time, a reasonable person would
31 conclude that the limitation, modification, or restriction exists or
32 that a similarly licensed practitioner in this state would not be
33 permitted to provide the service.

34 (f) In addition to the authority granted by the laws of this state,
35 other than this article, to regulate the conduct of health
36 practitioners, a licensing board or other disciplinary authority in
37 this state has the following powers and duties:

38 (1) It may impose administrative sanctions upon a health
39 practitioner licensed in this state for conduct outside of this state
40 in response to an out-of-state emergency.

1 (2) It may impose administrative sanctions upon a practitioner
2 not licensed in this state for conduct in this state in response to an
3 in-state emergency.

4 (3) It shall report any administrative sanctions imposed upon a
5 practitioner licensed in another state to the appropriate licensing
6 board or other disciplinary authority in any other state in which
7 the practitioner is known to be licensed.

8 (g) In determining whether to impose administrative sanctions
9 under subdivision (f), a licensing board or other disciplinary
10 authority shall consider the circumstances in which the conduct
11 took place, including any exigent circumstances, and the
12 practitioner's scope of practice, education, training, experience,
13 and specialized skill.

14 8599.58. This article does not limit rights, privileges, or
15 immunities provided to volunteer health practitioners by laws other
16 than this article.

17 8599.59. A volunteer health practitioner who is providing
18 health or veterinary services in this state pursuant to this article,
19 or who is traveling to or from this state to provide those services,
20 shall be considered an employee of this state for purposes of
21 worker's compensation coverage concerning any injury,
22 occupational illness, or death incurred by the practitioner in
23 providing the services or in traveling to or from this state to provide
24 the services. Worker's compensation benefits for volunteer health
25 practitioners are limited to those benefits provided to state
26 employees under the laws of this state.

27 8599.60. The Emergency Medical Services Authority may
28 promulgate rules, after approval by the Commission on Emergency
29 Medical Services, to implement this article. In doing so, the
30 authority shall consult with and consider the recommendations of
31 the entity established to coordinate the implementation of the
32 Emergency Management Assistance Compact and shall also consult
33 with and consider rules promulgated by similarly empowered
34 agencies in other states to promote uniformity of application of
35 this article and make the emergency response systems in the various
36 states reasonably compatible.

1 8599.61. In applying and construing this article, consideration
2 shall be given to the need to promote uniformity of the law with
3 respect to its subject matter among states that enact it.

O

2026 Bill Analysis

Author: Assembly Member Joaquin Arambula	Bill Number: AB 1558	Related Bills:
Sponsor:	Version: Introduced	
Subject: Uniform Emergency Volunteer Health Practitioners Act		

SUMMARY

Assembly Bill 1558 (AB 1558) would establish the Uniform Emergency Volunteer Health Practitioners Act (UEVHPA), which authorizes the creation of additional volunteer health practitioner registration systems beyond those currently administered through the Emergency Medical Services Authority (EMSA). The bill allows licensed health practitioners from other states to provide health or veterinary services in California during a declared emergency, if they are registered and in good standing. It authorizes EMSA, licensing boards, and host entities to regulate, limit, or modify the services provided by these volunteers. The bill also permits licensing boards to discipline practitioners for conduct during emergency response and provides workers' compensation coverage for volunteer practitioners.

RECOMMENDATION

Staff Recommendation: Board of Psychology (Board) staff recommends the Board take a position of **SUPPORT IF AMENDED** and request the following amendments for AB 1558:

Summary of Suggested Amendments

- Clarify whether EMSA and/or licensees and registrants regulated by a Board, are required to apply for Out of State Temporary Practice or notify the Board when practicing out of state as a volunteer during a declared emergency.

The bill may impact the Board's licensing and enforcement oversight of out-of-state practitioners, as well as its disciplinary authority during declared emergency conditions. Clarifying amendments are needed to specify whether volunteers or the Emergency Medical Services Authority (EMSA) will be required to notify the Board of participating licensees or registered volunteers during an emergency.

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

REASON FOR THE BILL

According to the author, California's current emergency response system limits the ability to quickly mobilize qualified out-of-state health professionals during disasters. While programs such as ESAR-VHP and the Medical Reserve Corps exist, they may not provide sufficient flexibility or capacity to meet large-scale emergency needs. The author contends that establishing additional registration pathways and adopting a uniform process will improve coordination, increase the available workforce, and ensure that qualified practitioners can provide timely care during emergencies.

ANALYSIS

This bill creates a new statute allowing out-of-state licensed health practitioners to provide services in California during declared emergencies if they are registered through an approved system.

Key provisions include:

- Allowance for out-of-state practitioners to practice in California during emergencies if licensed and in good standing.
- Authority for EMSA, licensing boards, and host entities to regulate or restrict services.
- Expansion of disciplinary authority over both in-state and out-of-state practitioners.
- Provision of workers' compensation coverage for volunteers.

Impact on Licensing and Scope of Practice

- Under existing law, individuals must hold a California license to practice psychology in this state. Pursuant to section 2912 of the Business and Professions Code (Code), psychologists licensed in California who temporarily practice outside of California while treating California clients, as well as psychologists licensed in another jurisdiction who provide services to clients

located in California, must apply to the Board for authorization to engage in out-of-state practice for a maximum of 30 consecutive days per calendar year. This bill would create a limited exception during a declared emergency by allowing out-of-state practitioners to provide psychological services in California, provided they are registered with the Board and in good standing.

- While the bill maintains that practitioners must adhere to California scope-of-practice standards, it allows licensing boards to modify or restrict services through emergency orders. This could provide flexibility during emergencies but may also create challenges in ensuring consistent enforcement and clarity for practitioners regarding allowable activities.

Impact on Board Authority and Enforcement

The bill expands the Board's authority to discipline:

- California-licensed practitioners for conduct during out-of-state emergency response.
- Out-of-state practitioners for conduct occurring in California during emergencies.

This expanded authority supports consumer protection but may increase investigative workload and require coordination with other states' licensing agencies. Additionally, the Board must consider emergency conditions when evaluating conduct, which may introduce complexity in enforcement decisions.

Access to Care

The bill may improve access to mental health services during emergencies by expanding the pool of available practitioners, including those from out of state. This could benefit underserved or disaster-impacted communities that experience disruptions in care.

Implementation Concerns

Several provisions need clarification:

- The extent of Board responsibility for verifying licensure and monitoring volunteers during declared emergencies.
- Whether the Board will receive notification from the Emergency Medical Services Authority (EMSA), or directly from licensees, identifying which out-of-state licensees are providing volunteer services in California, and which California licensees are volunteering to provide services in other states.

Without clarification, the bill could create inconsistent implementation across boards and uncertainty regarding roles and expectations.

LEGISLATIVE HISTORY

The bill is based on the UEVHPA, which has been adopted in several other states to standardize emergency volunteer licensing practices. Similar efforts have been considered nationally to improve interstate coordination of health professionals during emergencies.

OTHER STATES' INFORMATION

Multiple states have adopted versions of the UEVHPA to facilitate cross-state practice during declared emergencies. These states include, but are not limited to, Colorado, Illinois, Indiana, Kentucky, Nevada, New Mexico, North Dakota, Tennessee, Texas, Utah, and Wisconsin. These jurisdictions allow out-of-state licensed practitioners to provide services under defined conditions, often requiring registration through a state emergency system and coordination between licensing authorities and emergency management agencies. California's adoption of a similar system would align it with these national practices and promote greater interstate consistency in emergency response.

PROGRAM BACKGROUND

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

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

FISCAL IMPACT

This bill could result in moderate fiscal impact if the Board is designated by EMSA as a volunteer health practitioner registration system. In that case, the Board may incur one-time information technology costs to develop or modify systems to process volunteer registrations and maintain related data, as well as ongoing staff workload to review registrations, maintain records, and respond to verification requests during declared emergencies.

The bill also authorizes licensing boards to issue orders by restricting or modifying the services volunteers may provide during an emergency, which could create additional workload related to drafting, issuing, and communicating such orders. If the Board is not designated as a registration system and no notification or approval process is required, the fiscal impact to the Board would likely be minimal.

ECONOMIC IMPACT

The bill may have a positive economic impact by improving emergency response capacity and reducing disruptions to health care services during disasters. This may help stabilize local economies affected by emergencies.

LEGAL IMPACT

The bill expands disciplinary authority across state lines and provides liability protections through workers' compensation coverage. These provisions appear consistent with existing emergency management systems but may require legal review to ensure alignment with due process and interstate licensure principles.

APPOINTMENTS

Not applicable at this time.

SUPPORT/OPPOSITION

Not applicable at this time.

Support:

Opposition:

ARGUMENTS

Not applicable at this time.

Proponents:

Opponents:

AMENDMENTS

SECTION 1.

Article 7.7 (commencing with Section 8599.5) is added to Chapter 7 of Division 1 of Title 2 of the Government Code, to read:

Article 7.7. Uniform Emergency Volunteer Health Practitioners Act 8599.54.

(a) To qualify as a volunteer health practitioner registration system, a system shall do all of the following:

- (1) Accept applications for the registration of volunteer health practitioners before or during an emergency.
- (2) Include information about the licensure and good standing of health practitioners that is accessible by authorized persons.
- (3) Be capable of supplying sufficient information about registered volunteer health practitioners to the Emergency Medical Services Authority, or a similar designated agency, in order to allow that authority or agency to confirm the accuracy of information concerning whether a health practitioner is licensed and in good standing before health services or veterinary services are provided under this article.
- (4) Meet at least one of the following conditions:
 - (A) Be an emergency system for advance registration of volunteer health care practitioners established by a state and funded through the Health Resources and Services Administration under Section 319C-2 of the Public Health Service Act (42 U.S.C. Sec. 247d-3b).
 - (B) Be a local unit consisting of trained and equipped emergency response, public health, and medical personnel formed pursuant to Section 2813 of the Public Health Service Act (42 U.S.C. Sec. 300hh-15).
 - (C) Be operated by one of the following:
 - (i) A disaster relief organization.
 - (ii) A licensing board or bureau established pursuant to Division 2 (commencing with Section 500) of, or Chapter 12 (commencing with Section 7600) of Division 3 of, the Business and Professions Code.
 - (iii) A national, state, or regional association of licensing boards or health practitioners.
 - (iv) A health facility that provides comprehensive inpatient and outpatient health care services, including a tertiary care and teaching hospital.
 - (v) A governmental entity.
 - (D) Be designated by the Emergency Medical Services Authority as a registration system for purposes of this article.
- (b) While an emergency declaration is in effect, the Emergency Medical Services Authority, a person authorized to act on behalf of the authority, or a host entity may confirm whether volunteer health practitioners utilized in this state are registered with a registration system that complies with subdivision (a). Confirmation is limited to obtaining identities of the practitioners from the system and determining whether the system indicates that the practitioners are licensed and in good standing.
- (c) Upon request of a person in this state authorized to manage the emergency response, or a similarly authorized person in another state, a registration system

located in this state shall notify the person of the identities of volunteer health practitioners and whether the practitioners are licensed and in good standing.

(d) A host entity is not required to use the services of a volunteer health practitioner even if the practitioner is registered with a registration system that indicates that the practitioner is licensed and in good standing.

(e) A registration system shall provide timely notification to the applicable California licensing board or bureau of any volunteer health practitioner who is registered or licensed out of state and will provide services in this state, pursuant to this article. The notification shall include, at a minimum, the practitioner's name, license type, licensing jurisdiction, and status of good standing.

(f) A registration system shall provide timely notification to the applicable California licensing board or bureau of any volunteer health practitioner who is registered or licensed in this state and will provide services in out of state, pursuant to this article. The notification shall include, at a minimum, the practitioner's name, license type, licensing jurisdiction, and status of good standing.

(g) A volunteer health practitioner licensed out of state who provides health services in this state pursuant to an emergency declaration shall notify their applicable California licensing board or bureau of such activity in a manner determined by the board.

(g) A volunteer health practitioner licensed in this state who provides health services in another state pursuant to an emergency declaration shall notify their applicable California licensing board or bureau of such activity in a manner determined by the board.

MEMORANDUM

DATE	April 27, 2026
TO	Psychology Board Members
FROM	Cynthia Whitney, Central Services Manager
SUBJECT	Agenda Item 13(d)(1) - AB 1568 (Alanis) Sex offenses: registration

Background

Assembly Bill 1568 (AB 1568) was introduced on January 12, 2026, by Assembly Member Juan Alanis.

The proposed bill would amend the *Sex Offender Registration Act* to require individuals seeking termination from the sex offender registry to provide proof of successful completion of a California Sex Offender Management Board–certified sex offender treatment program before filing a petition for removal.

Board of Psychology (Board) staff are monitoring this bill because the Board has disciplinary and enforcement statutes and regulations specific to sex-offense–related conduct. At this time, the bill does not directly amend the Board’s statutory authority, but staff will continue monitoring for potential impacts on enforcement processes.

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 5, 2026
AMENDED IN ASSEMBLY FEBRUARY 23, 2026
CALIFORNIA LEGISLATURE—2025–26 REGULAR SESSION

ASSEMBLY BILL

No. 1568

Introduced by Assembly Member Alanis

January 12, 2026

An act to amend Section 290.5 of the Penal Code, relating to sex offenses.

LEGISLATIVE COUNSEL'S DIGEST

AB 1568, as amended, Alanis. Sex offenses: registration.

Existing law, the Sex Offender Registration Act, requires a person convicted of one of certain crimes, as specified, to register with law enforcement as a sex offender while residing in California or while attending school or working in California, as specified. Existing law, on and after July 1, 2021, authorizes a person to file a petition in the superior court in the county in which they are registered for termination from the sex offender registry on or after their next birthday following the expiration of the mandated minimum registration period.

If the district attorney requests a hearing regarding the above-described petition, under existing law, the district attorney is entitled to present evidence regarding whether community safety would be significantly enhanced by requiring continued registration. Existing law requires the court, in determining whether to order continued registration pursuant to the hearing, to consider specified information, including the person's current risk of reoffense as indicated on the State-Authorized Risk Assessment Tool for Sex Offenders (SARATSO), as specified.

~~This bill would require the petitioner to personally appear at the hearing described above.~~ *authorize the court to order the petitioner to be present at the hearing described above, as specified.* The bill would additionally require the court to consider whether the offender was in a position of trust or authority in relation to the victim and proof of participation in or successful completion of sex offender-specific treatment by the offender in the above-described determination. The bill would require the court to verify, as specified, participation in or completion of treatment. The bill would authorize the court to order specified SARATSO assessments if the court is unable to verify participation in or completion of treatment, or as the court otherwise deems necessary, as specified. The bill would make other clarifying changes.

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 290.5 of the Penal Code is amended to
2 read:
3 290.5. (a) (1) A person who is required to register pursuant
4 to Section 290 and who is a tier one or tier two offender may file
5 a petition in the superior court in the county in which the person
6 is registered for termination from the sex offender registry on or
7 after their next birthday after July 1, 2021, following the expiration
8 of the person's mandated minimum registration period, or if the
9 person is required to register pursuant to Section 290.008, the
10 person may file the petition in juvenile court on or after their next
11 birthday after July 1, 2021, following the expiration of the
12 mandated minimum registration period. The petition shall contain
13 proof of the person's current registration as a sex offender.
14 (2) The petition shall be served on the registering law
15 enforcement agency and the district attorney in the county where
16 the petition is filed and on the law enforcement agency and the
17 district attorney of the county of conviction of a registerable offense
18 if different than the county where the petition is filed. The
19 registering law enforcement agency shall report receipt of service
20 of a filed petition to the Department of Justice in a manner
21 prescribed by the department. The registering law enforcement
22 agency and the law enforcement agency of the county of conviction

1 of a registerable offense if different than the county where the
2 petition is filed shall, within 60 days of receipt of the petition,
3 report to the district attorney and the superior or juvenile court in
4 which the petition is filed regarding whether the person has met
5 the requirements for termination pursuant to subdivision (e) of
6 Section 290. If an offense which may require registration pursuant
7 to Section 290.005 is identified by the registering law enforcement
8 agency which has not previously been assessed by the Department
9 of Justice, the registering law enforcement agency shall refer that
10 conviction to the department for assessment and determination of
11 whether the conviction changes the tier designation assigned by
12 the department to the offender. If the newly discovered offense
13 changes the tier designation for that person, the department shall
14 change the tier designation pursuant to subdivision (d) of Section
15 290 within three months of receipt of the request by the registering
16 law enforcement agency and notify the registering law enforcement
17 agency. If more time is required to obtain the documents needed
18 to make the assessment, the department shall notify the registering
19 law enforcement agency of the reason that an extension of time is
20 necessary to complete the tier designation. The registering law
21 enforcement agency shall report to the district attorney and the
22 court that the department has requested an extension of time to
23 determine the person's tier designation based on the newly
24 discovered offense, the reason for the request, and the estimated
25 time needed to complete the tier designation. The district attorney
26 in the county where the petition is filed may, within 60 days of
27 receipt of the report from either the registering law enforcement
28 agency, the law enforcement agency of the county of conviction
29 of a registerable offense if different than the county where the
30 petition is filed, or the district attorney of the county of conviction
31 of a registerable offense, request a hearing on the petition if the
32 petitioner has not fulfilled the requirement described in subdivision
33 (e) of Section 290, or if community safety would be significantly
34 enhanced by the person's continued registration. ~~The petitioner~~
35 ~~shall personally appear at the hearing.~~ *The court may order the*
36 *petitioner to be present at the hearing, either in person or remotely*
37 *by video.* If no hearing is requested, the petition for termination
38 shall be granted if the court finds the required proof of current
39 registration is presented in the petition, provided that the registering
40 agency reported that the person met the requirement for termination

1 pursuant to subdivision (e) of Section 290, there are no pending
2 charges against the person which could extend the time to complete
3 the registration requirements of the tier or change the person's tier
4 status, and the person is not in custody or on parole, probation, or
5 supervised release. The court may summarily deny a petition if
6 the court determines the petitioner does not meet the statutory
7 requirements for termination of sex offender registration or if the
8 petitioner has not fulfilled the filing and service requirements of
9 this section. In summarily denying a petition the court shall state
10 the reason or reasons the petition is being denied.

11 (3) If the district attorney requests a hearing, the district attorney
12 shall be entitled to present evidence regarding whether community
13 safety would be significantly enhanced by requiring continued
14 registration. In determining whether to order continued registration,
15 the court shall consider: the nature and facts of the registerable
16 offense; the age and number of victims; whether any victim was
17 a stranger to the offender at the time of the offense (known to the
18 offender for less than 24 hours); whether the offender was in a
19 position of trust or authority in relation to any victim; criminal and
20 relevant noncriminal behavior before and after conviction for the
21 registerable offense; the time period during which the person has
22 not reoffended; the person's current risk of sexual or violent
23 reoffense, including the person's risk levels on SARATSO static,
24 dynamic, and violence risk assessment instruments, if available;
25 proof of participation in or successful completion of sex
26 offender-specific treatment by the offender; and proof of successful
27 completion of a Sex Offender Management Board-certified sex
28 offender treatment program by the offender, if the offender was
29 required to complete that program. The court shall verify, in a
30 manner subject to its discretion, participation in or completion of
31 treatment by the offender as described above. The court may order
32 SARATSO static, dynamic, and violence risk assessments if the
33 court is unable to verify participation in or completion of treatment
34 as described above, or as the court otherwise deems necessary, to
35 aid in its determination of the person's current risk of sexual or
36 violent reoffense. Any judicial determination made pursuant to
37 this section may be heard and determined upon declarations,
38 affidavits, police reports, or any other evidence submitted by the
39 parties which is reliable, material, and relevant.

(4) If termination from the registry is denied, the court shall set the time period after which the person can repetition for termination, which shall be at least one year from the date of the denial, but not to exceed five years, based on facts presented at the hearing. The court shall state on the record the reason for its determination setting the time period after which the person may repetition.

(5) The court shall notify the Department of Justice, California Sex Offender Registry, when a petition for termination from the registry is granted, denied, or summarily denied, in a manner prescribed by the department. If the petition is denied, the court shall also notify the Department of Justice, California Sex Offender Registry, of the time period after which the person can file a new petition for termination.

(b) (1) A person required to register as a tier two offender, pursuant to paragraph (2) of subdivision (d) of Section 290, may petition the superior court for termination from the registry after 10 years from release from custody on the registerable offense if all of the following apply: (A) the registerable offense involved no more than one victim 14 to 17 years of age, inclusive; (B) the offender was under 21 years of age at the time of the offense; (C) the registerable offense is not specified in subdivision (c) of Section 667.5, except subdivision (a) of Section 288; and (D) the registerable offense is not specified in Section 236.1.

(2) A tier two offender described in paragraph (1) may file a petition with the superior court for termination from the registry only if the person has not been convicted of a new offense requiring sex offender registration or an offense described in subdivision (c) of Section 667.5 since the person was released from custody on the offense requiring registration pursuant to Section 290, and has registered for 10 years pursuant to subdivision (e) of Section 290. The court shall determine whether community safety would be significantly enhanced by requiring continued registration and may consider the following factors: whether the victim was a stranger (known less than 24 hours) at the time of the offense; the nature of the registerable offense, including whether the offender took advantage of a position of trust; criminal and relevant noncriminal behavior before and after the conviction for the registerable offense; whether the offender has successfully completed a Sex Offender Management Board-certified sex

1 offender treatment program; whether the offender initiated a
2 relationship for the purpose of facilitating the offense; and the
3 person's current risk of sexual or violent reoffense, including the
4 person's risk levels on SARATSO static, dynamic, and violence
5 risk assessment instruments, if known. If the petition is denied,
6 the person may not repetition for termination for at least one year.

7 (3) A person required to register as a tier three offender based
8 solely on the person's risk level, pursuant to subparagraph (D) of
9 paragraph (3) of subdivision (d) of Section 290, may petition the
10 court for termination from the registry after 20 years from release
11 from custody on the registerable offense, if the person (A) has not
12 been convicted of a new offense requiring sex offender registration
13 or an offense described in subdivision (c) of Section 667.5 since
14 the person was released from custody on the offense requiring
15 registration pursuant to Section 290, and (B) has registered for 20
16 years pursuant to subdivision (e) of Section 290; except that a
17 person required to register for a conviction pursuant to Section
18 288 or an offense listed in subdivision (c) of Section 1192.7 who
19 is a tier three offender based on the person's risk level, pursuant
20 to subparagraph (D) of paragraph (3) of subdivision (d) of Section
21 290, shall not be permitted to petition for removal from the registry.
22 The court shall determine whether community safety would be
23 significantly enhanced by requiring continued registration and may
24 consider the following factors: whether the victim was a stranger
25 (known less than 24 hours) at the time of the offense; the nature
26 of the registerable offense, including whether the offender took
27 advantage of a position of trust; criminal and relevant noncriminal
28 behavior before and after the conviction for the registerable offense;
29 whether the offender has successfully completed a Sex Offender
30 Management Board-certified sex offender treatment program;
31 whether the offender initiated a relationship for the purpose of
32 facilitating the offense; and the person's current risk of sexual or
33 violent reoffense, including the person's risk levels on SARATSO
34 static, dynamic, and violence risk assessment instruments, if
35 known. If the petition is denied, the person may not re-petition for
36 termination for at least three years.

37 (c) This section shall become operative on July 1, 2021.

MEMORANDUM

DATE	April 27, 2026
TO	Psychology Board Members
FROM	Cynthia Whitney, Central Services Manager
SUBJECT	Agenda Item 13(d)(2) - AB 1775 (Ward) Veterans

Background

Assembly Bill 1775 (AB 1775) was introduced on February 9, 2026, by Assembly Member Christopher M. Ward.

This bill amends provisions of the Business and Professions Code and Military and Veterans Code related to veterans. Specifically, it expands existing law requiring boards within the Department of Consumer Affairs (DCA) to expedite licensure applications from honorably discharged members of the Armed Forces to also include individuals who received a discharge solely because of a specified federal executive order. The bill also modifies reporting requirements related to military licensure data. In addition, it expands veteran support programs by requiring education on discharge upgrade services at no cost and establishing a new Veteran's Housing and Supportive Services Grant Program to provide housing assistance and related services to transitioning veterans.

The Board of Psychology (Board) is monitoring this bill because it amends Business and Professions Code sections applicable to boards within the Department of Consumer Affairs, including provisions related to expedited licensure for military applicants, which may affect Board licensure processes and reporting requirements.

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. 1775

Introduced by Assembly Member Ward

February 9, 2026

An act to amend Sections 115.4 and 115.8 of the Business and Professions Code, and to amend Section 885 of, and to add Section 886 to, the Military and Veterans Code, relating to veterans.

LEGISLATIVE COUNSEL'S DIGEST

AB 1775, as introduced, Ward. Veterans.

Existing law establishes the Department of Consumer Affairs under the direction of the Director of Consumer Affairs and sets forth its powers and duties relating to the administration of the various boards under its jurisdiction that license and regulate various professions and vocations. Existing law requires those boards to expedite, and authorizes them to assist, the initial licensure process for an applicant who supplies satisfactory evidence to the board that the applicant has served as an active duty member of the Armed Forces of the United States and was honorably discharged.

This bill would extend that requirement and authorization to also include members who were discharged or received a discharge solely as a result of a specified executive order. The bill would make additional conforming changes.

Existing law requires the department, subject to an appropriation by the Legislature, to establish the Veteran's Military Discharge Upgrade Grant Program to help fund service providers who, for free or at low cost, will educate veterans about discharge upgrades and assist veterans in filing discharge upgrade applications, as specified. Existing law authorizes the department to prioritize veteran recipients of the services,

such as prioritizing those who are able to demonstrate their less than honorable characterization of service was connected to a mental health condition, traumatic brain injury, sexual assault or harassment, or sexual orientation.

This bill would instead require the program to help fund service providers who will educate veterans on the above-described services at no cost. The bill would additionally require the department to prioritize veteran recipients who are able to demonstrate that their less than honorable characterization of service was connected to a mental health condition, traumatic brain injury, sexual assault or harassment, or sexual orientation or who are able to demonstrate their characterization of service was connected to gender identity.

This bill would additionally require the department, subject to an appropriation by the Legislature, to establish the Veteran's Housing and Supportive Services Grant Program to help fund service providers who, for at no cost, will provide housing supports for veterans being discharged from service. The bill would require the department to develop criteria, procedures, and accountability measures as may be necessary to implement the grant program, and to prioritize veteran recipients who are able to demonstrate their less than honorable characterization of service was connected to a mental health condition, traumatic brain injury, sexual assault or harassment, or sexual orientation or who are able to demonstrate their characterization of service was connected to gender identity.

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

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

1 SECTION 1. Section 115.4 of the Business and Professions
2 Code is amended to read:
3 115.4. (a) Notwithstanding any other law, on and after July 1,
4 2016, a board within the department shall expedite, and may assist,
5 the initial licensure process for an applicant who supplies
6 satisfactory evidence to the board that the applicant has served as
7 an active duty member of the Armed Forces of the United States
8 and was honorably ~~discharged~~. *discharged or received a discharge*
9 *solely as a result of Executive Order No. 14183 issued on January*
10 *27, 2025.*

(b) Notwithstanding any other law, on and after July 1, 2024, a board within the department shall expedite, and may assist, the initial licensure process for an applicant who supplies satisfactory evidence to the board that the applicant is an active duty member of a regular component of the Armed Forces of the United States enrolled in the United States Department of Defense SkillBridge program as authorized under Section 1143(e) of Title 10 of the United States Code.

(c) A board may adopt regulations necessary to administer this section 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.

(d) For purposes of this section, the term “applicant” refers to an applicant for an individual license and does not refer to applicants for business or entity licenses.

SEC. 2. Section 115.8 of the Business and Professions Code is amended to read:

115.8. The Department of Consumer Affairs shall compile information on military and spouse licensure into an annual report for the Legislature, which shall be submitted in conformance with Section 9795 of the Government Code. The report shall include all of the following for each license type of each board:

(a) The number of applications for a temporary license submitted by military spouses per fiscal year, pursuant to Section 115.6.

(b) The number of applications for expedited licenses received from honorably discharged military members and military ~~spouses~~ *spouses, or those who received a discharge solely as a result of Executive Order No. 14183 issued on January 27, 2025*, pursuant to Sections 115.4 and 115.5.

(c) The number of licenses issued and denied per fiscal year pursuant to Sections 115.4, 115.5, and 115.6.

(d) The number of licenses issued pursuant to Section 115.6 that were suspended or revoked per fiscal year.

(e) The number of applications for waived renewal fees received and granted pursuant to Section 114.3 per fiscal year.

(f) The average length of time between application and issuance of licenses pursuant to Sections 115.4, 115.5, and 115.6.

SEC. 3. Section 885 of the Military and Veterans Code is amended to read:

1 885. (a) The department shall establish the Veteran's Military
2 Discharge Upgrade Grant Program to help fund service providers
3 who, ~~for free or at low~~ *at no* cost, will educate veterans about
4 discharge upgrades and assist qualifying veterans in filing discharge
5 upgrade applications.

6 (b) The department shall develop criteria, procedures, and
7 accountability measures as may be necessary to implement the
8 grant program. The department ~~may~~ *shall* prioritize veteran
9 recipients ~~of the services, such as prioritizing those who are able~~
10 ~~to demonstrate their less than honorable characterization of service~~
11 ~~was connected to a mental health condition, traumatic brain injury,~~
12 ~~sexual assault or harassment, or sexual orientation.~~ *orientation or*
13 *who are able to demonstrate their characterization of service was*
14 *connected to gender identity.*

15 (c) Funding for the grant program is subject to appropriation
16 by the Legislature.

17 SEC. 4. Section 886 is added to the Military and Veterans
18 Code, to read:

19 886. (a) The department shall establish the Veteran's Housing
20 and Supportive Services Grant Program to help fund service
21 providers who, for at no cost, will provide housing supports for
22 veterans being discharged from service.

23 (b) The department shall develop criteria, procedures, and
24 accountability measures as may be necessary to implement the
25 grant program. The department shall prioritize veteran recipients
26 who are able to demonstrate their less than honorable
27 characterization of service was connected to a mental health
28 condition, traumatic brain injury, sexual assault or harassment, or
29 sexual orientation or who are able to demonstrate their
30 characterization of service was connected to gender identity.

31 (c) Funding for the grant program is subject to appropriations
32 by the Legislature.

MEMORANDUM

DATE	April 27, 2026
TO	Psychology Board Members
FROM	Cynthia Whitney, Central Services Manager
SUBJECT	Agenda Item 13(d)(3) - AB 2366 (Avila Farias) Administrative Procedure Act: proposed regulations: cost-of-living impact on residents of the state

Background

Assembly Bill 2366 (AB 2366) was introduced on February 19, 2026, by Assembly Member Cecilia M. Avila Farias.

The bill amends provisions of the Administrative Procedure Act to require state agencies, when proposing regulations, to assess and disclose the cost-of-living impacts on California residents as part of the economic impact analysis conducted during the rulemaking process. The bill requires the Legislative Analyst's Office to develop a standardized methodology for evaluating cost-of-living impacts and to conduct an independent review of certain regulatory analyses. It also requires the Department of Finance to create a regulatory economic burden tracker to analyze the cumulative economic impact of regulations by sector and post this information publicly. Additionally, the bill expands the standards used by the Office of Administrative Law when reviewing regulations to include cost-of-living impacts and extends the review timeline for major regulations.

The Board of Psychology (Board) is monitoring this bill because it modifies the Administrative Procedure Act, which governs the rulemaking process for all state agencies, including boards within the Department of Consumer Affairs. If enacted, the bill would change the requirements the Board must follow when conducting economic and cost-of-living impact assessments as part of future regulatory rulemaking.

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. 2366

Introduced by Assembly Member Ávila Farías

February 19, 2026

An act to amend Sections 11346.3, 11346.5, 11349, 11349.1, and 11349.3 of, and to add Section 11346.37 to, the Government Code, relating to state government.

LEGISLATIVE COUNSEL’S DIGEST

AB 2366, as introduced, Ávila Farías. Administrative Procedure Act: proposed regulations: cost-of-living impact on residents of the state.

Existing law, the Administrative Procedure Act, governs the procedure for the adoption, amendment, or repeal of regulations by state agencies and for the review of those regulatory actions by the Office of Administrative Law. The act requires a state agency proposing to adopt, amend, or repeal any administrative regulation to assess the potential for adverse economic impact on California business enterprises and individuals and requires the state agency to adhere to specified requirements in making that assessment.

This bill would include among those requirements for assessing the potential for adverse economic impact the consideration of the proposal’s cost-of-living impacts on residents of the state, as defined.

Existing law requires a state agency proposing to adopt, amend, or repeal a regulation that is not a major regulation to prepare an economic impact assessment that includes to what extent the regulation will affect specified factors, including the creation or elimination of jobs within the state. Existing law requires a state agency proposing to adopt, amend, or repeal a major regulation to prepare a standardized regulatory impact

analysis that addresses specified factors, including the creation or elimination of jobs within the state.

This bill would also require the assessment for nonmajor regulations to include to what extent it will affect the cost-of-living impacts on residents of the state, and would require the standardized regulatory impact analysis for major regulations to address the cost-of-living impacts on residents of the state. The bill would require an agency to notify the office when the agency determines it needs to contract for outside services to perform the analyses and would require the office to select the contractor and oversee its work. The bill would require the Legislative Analyst's Office to adopt a standardized cost-of-living methodology for use by all agencies that includes a process for determining whether those cost-of-living impacts are significant. The bill would require each state agency to submit the standardized regulatory impact analysis to the Legislative Analyst's Office, and would require the Legislative Analyst's Office to take certain actions, including conducting an independent analysis of the adequacy of an agency's economic analysis and an analysis of the cost-of-living impacts on residents of the state, and to provide its analysis to the state agency.

This bill would require the Department of Finance to develop and maintain a regulatory economic burden tracker that will gather and analyze the cumulative economic burden of regulations by sector of the economy. The bill would require the department to post the tracker on its internet website and update the tracker annually.

Existing law requires the notice of proposed adoption, amendment, or repeal of a regulation to include, among other information, a statement of the results of the economic impact assessment and a summary of any comments submitted to the agency.

This bill would instead require the notice to include a detailed statement of the results of the economic impact assessment. The bill would require the summary of comments to include the Legislative Analyst's Office comments and agency responses, as referenced above.

Existing law requires the office to review regulations and make determinations using specified standards, including, necessity, authority, and clarity.

This bill would add to those standards the cost-of-living impacts on residents of the state. The bill would require the office, in reviewing proposed regulations for cost-of-living impacts on residents of the state, to use the standardized methodology developed by the Legislative Analyst's Office.

Existing law requires the office to either approve a regulation or disapprove it within 30 working days after a regulation has been submitted to the office for review. Existing law requires the office, if it disapproves a regulation, to provide the adopting agency with a written notice detailing the reasons for disapproval.

This bill would, for major regulations, increase the period of time for approval or disapproval to 60 working days. The bill would require the office, for major regulations, to hold a public hearing within 30 working days after the regulation has been submitted to the office. If one of the reasons for disapproval includes a significant cost-of-living impact, the bill would require the agency to pursue a less costly alternative or explain why a less costly alternative is infeasible.

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 11346.3 of the Government Code is
2 amended to read:

3 11346.3. (a) A state agency proposing to adopt, amend, or
4 repeal any administrative regulation shall assess the potential for
5 adverse economic impact on California business enterprises and
6 individuals, avoiding the imposition of unnecessary or unreasonable
7 regulations or reporting, recordkeeping, or compliance
8 requirements. For purposes of this subdivision, assessing the
9 potential for adverse economic impact shall require agencies, when
10 proposing to adopt, amend, or repeal a regulation, to adhere to the
11 following requirements, to the extent that these requirements do
12 not conflict with other state or federal laws:

13 (1) The proposed adoption, amendment, or repeal of a regulation
14 shall be based on adequate information concerning the need for,
15 and consequences of, proposed governmental action.

16 (2) The state agency, before submitting a proposal to adopt,
17 amend, or repeal a regulation to the office, shall consider the
18 proposal's impact on business, with consideration of industries
19 affected including the ability of California businesses to compete
20 with businesses in other states. For purposes of evaluating the
21 impact on the ability of California businesses to compete with
22 businesses in other states, an agency shall consider, but not be
23 limited to, information supplied by interested parties.

1 (3) *The state agency, before submitting a proposal to adopt,*
2 *amend, or repeal a regulation to the office, shall consider the*
3 *proposal's cost-of-living impacts on residents of the state.*

4 ~~(3)~~

5 (4) An economic impact assessment prepared pursuant to this
6 subdivision for a proposed regulation that is not a major regulation
7 or that is a major regulation proposed before November 1, 2013,
8 shall be prepared in accordance with subdivision (b), and shall be
9 included in the initial statement of reasons as required by Section
10 11346.2. An economic assessment prepared pursuant to this
11 subdivision for a major regulation proposed on or after November
12 1, 2013, shall be prepared in accordance with subdivision (c), and
13 shall be included in the initial statement of reasons as required by
14 Section 11346.2.

15 (b) (1) A state agency proposing to adopt, amend, or repeal a
16 regulation that is not a major regulation or that is a major regulation
17 proposed before November 1, 2013, shall prepare an economic
18 impact assessment that assesses whether and to what extent it will
19 affect the following:

20 (A) The creation or elimination of jobs within the state.

21 (B) *The cost-of-living impacts on residents of the state.*

22 ~~(B)~~

23 (C) The creation of new businesses or the elimination of existing
24 businesses within the state.

25 ~~(C)~~

26 (D) The expansion of businesses currently doing business within
27 the state.

28 ~~(D)~~

29 (E) The benefits of the regulation to the health and welfare of
30 California residents, worker safety, and the state's environment.

31 (2) This subdivision does not apply to the University of
32 California, the college named in Section 92200 of the Education
33 Code, or the Fair Political Practices Commission.

34 (3) Information required from a state agency for the purpose of
35 completing the assessment may come from existing state
36 publications.

37 (4) (A) For purposes of conducting the economic impact
38 assessment pursuant to this subdivision, a state agency may use
39 the consolidated definition of small business in subparagraph (B)
40 in order to determine the number of small businesses within the

economy, a specific industry sector, or geographic region. The state agency shall clearly identify the use of the consolidated small business definition in its rulemaking package.

(B) For the exclusive purpose of undertaking the economic impact assessment, a “small business” means a business that is all of the following:

- (i) Independently owned and operated.
- (ii) Not dominant in its field of operation.
- (iii) Has fewer than 100 employees.

(C) Subparagraph (A) shall not apply to a regulation adopted by the Department of Insurance that applies to an insurance company.

(c) (1) Each state agency proposing to adopt, amend, or repeal a major regulation on or after November 1, 2013, shall prepare a standardized regulatory impact analysis in the manner prescribed by the Department of Finance pursuant to Section 11346.36. The standardized regulatory impact analysis shall address all of the following:

(A) The creation or elimination of jobs within the state.

(B) *The cost-of-living impacts on residents of the state.*

~~(B)~~

(C) The creation of new businesses or the elimination of existing businesses within the state.

~~(C)~~

(D) The competitive advantages or disadvantages for businesses currently doing business within the state.

~~(D)~~

(E) The increase or decrease of investment in the state.

~~(E)~~

(F) The incentives for innovation in products, materials, or processes.

~~(F)~~

(G) The benefits of the regulations, including, but not limited to, benefits to the health, safety, and welfare of California residents, worker safety, and the state’s environment and quality of life, among any other benefits identified by the agency.

(2) This subdivision shall not apply to the University of California, the college named in Section 92200 of the Education Code, or the Fair Political Practices Commission.

1 (3) Information required from state agencies for the purpose of
2 completing the analysis may be derived from existing state, federal,
3 or academic publications.

4 (d) Any administrative regulation adopted on or after January
5 1, 1993, that requires a report shall not apply to businesses, unless
6 the state agency adopting the regulation makes a finding that it is
7 necessary for the health, safety, or welfare of the people of the
8 state that the regulation apply to businesses.

9 (e) Analyses conducted pursuant to this section are intended to
10 provide agencies and the public with tools to determine whether
11 the regulatory proposal is an efficient and effective means of
12 implementing the policy decisions enacted in statute or by other
13 provisions of law in the least burdensome manner. Regulatory
14 impact analyses shall inform the agencies and the public of the
15 economic consequences of regulatory choices, not reassess
16 statutory policy. The baseline for the regulatory analysis shall be
17 the most cost-effective set of regulatory measures that are equally
18 effective in achieving the purpose of the regulation in a manner
19 that ensures full compliance with the authorizing statute or other
20 law being implemented or made specific by the proposed
21 regulation.

22 (f) *When a state agency determines that it needs to contract for*
23 *outside services in order to perform the analyses in this section,*
24 *the agency shall notify the office and the office shall select the*
25 *contractor and oversee its work.*

26 (g) *The Legislative Analyst's Office shall adopt a standardized*
27 *cost-of-living methodology for use by all agencies. The*
28 *methodology shall also include a process for determining whether*
29 *those cost-of-living impacts are significant.*

30 ~~(f)~~

31 (h) Each state agency proposing to adopt, amend, or repeal a
32 major regulation on or after November 1, 2013, and that has
33 prepared a standardized regulatory impact analysis pursuant to
34 subdivision (c), shall submit that analysis to the Department of
35 Finance upon completion. The department shall comment, within
36 30 days of receiving that analysis, on the extent to which the
37 analysis adheres to the regulations adopted pursuant to Section
38 11346.36. Upon receiving the comments from the department, the
39 agency may update its analysis to reflect any comments received
40 from the department and shall summarize the comments and the

response of the agency along with a statement of the results of the updated analysis for the statement required by paragraph (10) of subdivision (a) of Section 11346.5.

(i) Each state agency proposing to adopt, amend, or repeal a major regulation and that has prepared a standardized regulatory impact analysis pursuant to subdivision (c) shall submit that analysis to the Legislative Analyst's Office upon completion. The Legislative Analyst's Office shall conduct an independent analysis of the adequacy of an agency's economic analyses prepared pursuant to this section. The office shall also conduct its own analysis of the cost-of-living impacts on residents of the state of a proposed regulation. If the office finds that the cost-of-living impacts of a proposed regulation are significant, the office shall identify means by which the cost of the proposed regulation could be reduced. The Legislative Analyst's Office shall provide its analysis and comments on these items to the state agency within 60 days. Upon receiving the comments from the Legislative Analyst's Office, the agency may update its analysis to reflect any revisions or comments received and shall summarize the comments and response of the agency along with a statement of the results of the updated analysis for the statement required by paragraph (10) of subdivision (a) of Section 11346.5.

SEC. 2. Section 11346.37 is added to the Government Code, immediately following Section 11346.36, to read:

11346.37. (a) The Department of Finance shall develop and maintain a regulatory economic burden tracker that will gather and analyze the cumulative economic burden of regulations by sector of the economy. The tracker shall integrate the regulatory costs across agencies that impact each sector.

(b) The department shall post the tracker on its internet website, and shall update the tracker on an annual basis.

SEC. 3. Section 11346.5 of the Government Code is amended to read:

11346.5. (a) The notice of proposed adoption, amendment, or repeal of a regulation shall include the following:

(1) A statement of the time, place, and nature of proceedings for adoption, amendment, or repeal of the regulation.

(2) Reference to the authority under which the regulation is proposed and a reference to the particular code sections or other

1 provisions of law that are being implemented, interpreted, or made
2 specific.

3 (3) An informative digest drafted in plain English in a format
4 similar to the Legislative Counsel's digest on legislative bills. The
5 informative digest shall include the following:

6 (A) A concise and clear summary of existing laws and
7 regulations, if any, related directly to the proposed action and of
8 the effect of the proposed action.

9 (B) If the proposed action differs substantially from an existing
10 comparable federal regulation or statute, a brief description of the
11 significant differences and the full citation of the federal regulations
12 or statutes.

13 (C) A policy statement overview explaining the broad objectives
14 of the regulation and the specific benefits anticipated by the
15 proposed adoption, amendment, or repeal of a regulation, including,
16 to the extent applicable, nonmonetary benefits such as the
17 protection of public health and safety, worker safety, or the
18 environment, the prevention of discrimination, the promotion of
19 fairness or social equity, and the increase in openness and
20 transparency in business and government, among other things.

21 (D) An evaluation of whether the proposed regulation is
22 inconsistent or incompatible with existing state regulations.

23 (4) Any other matters as are prescribed by statute applicable to
24 the specific state agency or to any specific regulation or class of
25 regulations.

26 (5) A determination as to whether the regulation imposes a
27 mandate on local agencies or school districts and, if so, whether
28 the mandate requires state reimbursement pursuant to Part 7
29 (commencing with Section 17500) of Division 4.

30 (6) An estimate, prepared in accordance with instructions
31 adopted by the Department of Finance, of the cost or savings to
32 any state agency, the cost to any local agency or school district
33 that is required to be reimbursed under Part 7 (commencing with
34 Section 17500) of Division 4, other nondiscretionary cost or
35 savings imposed on local agencies, and the cost or savings in
36 federal funding to the state.

37 For purposes of this paragraph, "cost or savings" means
38 additional costs or savings, both direct and indirect, that a public
39 agency necessarily incurs in reasonable compliance with
40 regulations.

1 (7) If a state agency, in proposing to adopt, amend, or repeal
2 any administrative regulation, makes an initial determination that
3 the action may have a significant, statewide adverse economic
4 impact directly affecting business, including the ability of
5 California businesses to compete with businesses in other states,
6 it shall include the following information in the notice of proposed
7 action:

8 (A) Identification of the types of businesses that would be
9 affected.

10 (B) A description of the projected reporting, recordkeeping, and
11 other compliance requirements that would result from the proposed
12 action.

13 (C) The following statement: “The (name of agency) has made
14 an initial determination that the (adoption/amendment/repeal) of
15 this regulation may have a significant, statewide adverse economic
16 impact directly affecting business, including the ability of
17 California businesses to compete with businesses in other states.
18 The (name of agency) (has/has not) considered proposed
19 alternatives that would lessen any adverse economic impact on
20 business and invites you to submit proposals. Submissions may
21 include the following considerations:

22 (i) The establishment of differing compliance or reporting
23 requirements or timetables that take into account the resources
24 available to businesses.

25 (ii) Consolidation or simplification of compliance and reporting
26 requirements for businesses.

27 (iii) The use of performance standards rather than prescriptive
28 standards.

29 (iv) Exemption or partial exemption from the regulatory
30 requirements for businesses.”

31 (8) If a state agency, in adopting, amending, or repealing any
32 administrative regulation, makes an initial determination that the
33 action will not have a significant, statewide adverse economic
34 impact directly affecting business, including the ability of
35 California businesses to compete with businesses in other states,
36 it shall make a declaration to that effect in the notice of proposed
37 action. In making this declaration, the agency shall provide in the
38 record facts, evidence, documents, testimony, or other evidence
39 upon which the agency relies to support its initial determination.

1 An agency's initial determination and declaration that a proposed
2 adoption, amendment, or repeal of a regulation may have or will
3 not have a significant, adverse impact on businesses, including the
4 ability of California businesses to compete with businesses in other
5 states, shall not be grounds for the office to refuse to publish the
6 notice of proposed action.

7 (9) A description of all cost impacts, known to the agency at
8 the time the notice of proposed action is submitted to the office,
9 that a representative private person or business would necessarily
10 incur in reasonable compliance with the proposed action.

11 If no cost impacts are known to the agency, it shall state the
12 following:

13 "The agency is not aware of any cost impacts that a
14 representative private person or business would necessarily incur
15 in reasonable compliance with the proposed action."

16 (10) A *detailed* statement of the results of the economic impact
17 assessment required by subdivision (b) of Section 11346.3 or the
18 standardized regulatory impact analysis if required by subdivision
19 (c) of Section 11346.3, a summary of any comments submitted to
20 the agency pursuant to ~~subdivision (f)~~ subdivisions (h) and (i) of
21 Section 11346.3 and the agency's response to those comments.

22 (11) The finding prescribed by subdivision (d) of Section
23 11346.3, if required.

24 (12) (A) A statement that the action would have a significant
25 effect on housing costs, if a state agency, in adopting, amending,
26 or repealing any administrative regulation, makes an initial
27 determination that the action would have that effect.

28 (B) The agency officer designated in paragraph (14) shall make
29 available to the public, upon request, the agency's evaluation, if
30 any, of the effect of the proposed regulatory action on housing
31 costs.

32 (C) The statement described in subparagraph (A) shall also
33 include the estimated costs of compliance and potential benefits
34 of a building standard, if any, that were included in the initial
35 statement of reasons.

36 (D) For purposes of model codes adopted pursuant to Section
37 18928 of the Health and Safety Code, the agency shall comply
38 with the requirements of this paragraph only if an interested party
39 has made a request to the agency to examine a specific section for

1 purposes of estimating the costs of compliance and potential
2 benefits for that section, as described in Section 11346.2.

3 (13) A statement that the adopting agency must determine that
4 no reasonable alternative considered by the agency or that has
5 otherwise been identified and brought to the attention of the agency
6 would be more effective in carrying out the purpose for which the
7 action is proposed, would be as effective and less burdensome to
8 affected private persons than the proposed action, or would be
9 more cost effective to affected private persons and equally effective
10 in implementing the statutory policy or other provision of law. For
11 a major regulation, as defined by Section 11342.548, proposed on
12 or after November 1, 2013, the statement shall be based, in part,
13 upon the standardized regulatory impact analysis of the proposed
14 regulation, as required by Section 11346.3, as well as upon the
15 benefits of the proposed regulation identified pursuant to
16 subparagraph (C) of paragraph (3).

17 (14) The name and telephone number of the agency
18 representative and designated backup contact person to whom
19 inquiries concerning the proposed administrative action may be
20 directed.

21 (15) The date by which comments submitted in writing must
22 be received to present statements, arguments, or contentions in
23 writing relating to the proposed action in order for them to be
24 considered by the state agency before it adopts, amends, or repeals
25 a regulation.

26 (16) Reference to the fact that the agency proposing the action
27 has prepared a statement of the reasons for the proposed action,
28 has available all the information upon which its proposal is based,
29 and has available the express terms of the proposed action, pursuant
30 to subdivision (b).

31 (17) A statement that if a public hearing is not scheduled, any
32 interested person or ~~his or her~~ *their* duly authorized representative
33 may request, no later than 15 days prior to the close of the written
34 comment period, a public hearing pursuant to Section 11346.8.

35 (18) A statement indicating that the full text of a regulation
36 changed pursuant to Section 11346.8 will be available for at least
37 15 days prior to the date on which the agency adopts, amends, or
38 repeals the resulting regulation.

1 (19) A statement explaining how to obtain a copy of the final
2 statement of reasons once it has been prepared pursuant to
3 subdivision (a) of Section 11346.9.

4 (20) If the agency maintains an ~~Internet Web site~~ *internet*
5 *website* or other similar forum for the electronic publication or
6 distribution of written material, a statement explaining how
7 materials published or distributed through that forum can be
8 accessed.

9 (21) If the proposed regulation is subject to Section 11346.6, a
10 statement that the agency shall provide, upon request, a description
11 of the proposed changes included in the proposed action, in the
12 manner provided by Section 11346.6, to accommodate a person
13 with a visual or other disability for which effective communication
14 is required under state or federal law and that providing the
15 description of proposed changes may require extending the period
16 of public comment for the proposed action.

17 (b) The agency representative designated in paragraph (14) of
18 subdivision (a) shall make available to the public upon request the
19 express terms of the proposed action. The representative shall also
20 make available to the public upon request the location of public
21 records, including reports, documentation, and other materials,
22 related to the proposed action. If the representative receives an
23 inquiry regarding the proposed action that the representative cannot
24 answer, the representative shall refer the inquiry to another person
25 in the agency for a prompt response.

26 (c) This section shall not be construed in any manner that results
27 in the invalidation of a regulation because of the alleged inadequacy
28 of the notice content or the summary or cost estimates, or the
29 alleged inadequacy or inaccuracy of the housing cost estimates, if
30 there has been substantial compliance with those requirements.

31 SEC. 4. Section 11349 of the Government Code is amended
32 to read:

33 11349. The following definitions govern the interpretation of
34 this chapter:

35 (a) "Necessity" means the record of the rulemaking proceeding
36 demonstrates by substantial evidence the need for a regulation to
37 effectuate the purpose of the statute, court decision, or other
38 provision of law that the regulation implements, interprets, or
39 makes specific, taking into account the totality of the record. For

1 purposes of this standard, evidence includes, but is not limited to,
2 facts, studies, and expert opinion.

3 (b) “Authority” means the provision of law which permits or
4 obligates the agency to adopt, amend, or repeal a regulation.

5 (c) “Clarity” means written or displayed so that the meaning of
6 regulations will be easily understood by those persons directly
7 affected by them.

8 (d) “Consistency” means being in harmony with, and not in
9 conflict with or contradictory to, existing statutes, court decisions,
10 or other provisions of law.

11 (e) “Reference” means the statute, court decision, or other
12 provision of law which the agency implements, interprets, or makes
13 specific by adopting, amending, or repealing a regulation.

14 (f) “Nonduplication” means that a regulation does not serve the
15 same purpose as a state or federal statute or another regulation.
16 This standard requires that an agency proposing to amend or adopt
17 a regulation must identify any state or federal statute or regulation
18 which is overlapped or duplicated by the proposed regulation and
19 justify any overlap or duplication. This standard is not intended
20 to prohibit state agencies from printing relevant portions of
21 enabling legislation in regulations when the duplication is necessary
22 to satisfy the clarity standard in paragraph (3) of subdivision (a)
23 of Section 11349.1. This standard is intended to prevent the
24 indiscriminate incorporation of statutory language in a regulation.

25 (g) *“Cost-of-living impacts on residents of the state” means the*
26 *cost of essentials and consumer staples, including, but not limited*
27 *to, housing, transportation, food, taxes, and health care and the*
28 *increase or decrease in these costs as a result of a proposed*
29 *regulation in California both at the time of consideration and the*
30 *foreseeable future.*

31 SEC. 5. Section 11349.1 of the Government Code is amended
32 to read:

33 11349.1. (a) The office shall review all regulations adopted,
34 amended, or repealed pursuant to the procedure specified in Article
35 5 (commencing with Section 11346) and submitted to it for
36 publication in the California Code of Regulations Supplement and
37 for transmittal to the Secretary of State and make determinations
38 using all of the following standards:

39 (1) Necessity.

40 (2) Authority.

- 1 (3) Clarity.
- 2 (4) Consistency.
- 3 (5) Reference.
- 4 (6) Nonduplication.
- 5 (7) *Cost-of-living impacts on residents of the state.*

6 In reviewing regulations pursuant to this section, the office shall
7 restrict its review to the regulation and the record of the rulemaking
8 proceeding. The office shall approve the regulation or order of
9 repeal if it complies with the standards set forth in this section and
10 with this chapter.

11 (b) In reviewing proposed regulations for the criteria in
12 subdivision (a), the office may consider the clarity of the proposed
13 regulation in the context of related regulations already in existence.
14 *In addition, in reviewing the proposed regulations for cost-of-living*
15 *impacts on residents of the state, the office shall use the*
16 *standardized methodology developed by the Legislative Analyst's*
17 *Office pursuant to subdivision (g) of Section 11346.3.*

18 (c) The office shall adopt regulations governing the procedures
19 it uses in reviewing regulations submitted to it. The regulations
20 shall provide for an orderly review and shall specify the methods,
21 standards, presumptions, and principles the office uses, and the
22 limitations it observes, in reviewing regulations to establish
23 compliance with the standards specified in subdivision (a). The
24 regulations adopted by the office shall ensure that it does not
25 substitute its judgment for that of the rulemaking agency as
26 expressed in the substantive content of adopted regulations.

27 (d) The office shall return any regulation subject to this chapter
28 to the adopting agency if any of the following occur:

29 (1) The adopting agency has not prepared the estimate required
30 by paragraph (6) of subdivision (a) of Section 11346.5 and has not
31 included the data used and calculations made and the summary
32 report of the estimate in the file of the rulemaking.

33 (2) The agency has not complied with Section 11346.3.
34 "Noncompliance" means that the agency failed to complete the
35 economic impact assessment or standardized regulatory impact
36 analysis required by Section 11346.3 or failed to include the
37 assessment or analysis in the file of the rulemaking proceeding as
38 required by Section 11347.3.

39 (3) The adopting agency has prepared the estimate required by
40 paragraph (6) of subdivision (a) of Section 11346.5, the estimate

1 indicates that the regulation will result in a cost to local agencies
2 or school districts that is required to be reimbursed under Part 7
3 (commencing with Section 17500) of Division 4, and the adopting
4 agency fails to do any of the following:

5 (A) Cite an item in the Budget Act for the fiscal year in which
6 the regulation will go into effect as the source from which the
7 Controller may pay the claims of local agencies or school districts.

8 (B) Cite an accompanying bill appropriating funds as the source
9 from which the Controller may pay the claims of local agencies
10 or school districts.

11 (C) Attach a letter or other documentation from the Department
12 of Finance which states that the Department of Finance has
13 approved a request by the agency that funds be included in the
14 Budget Bill for the next following fiscal year to reimburse local
15 agencies or school districts for the costs mandated by the
16 regulation.

17 (D) Attach a letter or other documentation from the Department
18 of Finance which states that the Department of Finance has
19 authorized the augmentation of the amount available for
20 expenditure under the agency's appropriation in the Budget Act
21 which is for reimbursement pursuant to Part 7 (commencing with
22 Section 17500) of Division 4 to local agencies or school districts
23 from the unencumbered balances of other appropriations in the
24 Budget Act and that this augmentation is sufficient to reimburse
25 local agencies or school districts for their costs mandated by the
26 regulation.

27 (4) The proposed regulation conflicts with an existing state
28 regulation and the agency has not identified the manner in which
29 the conflict may be resolved.

30 (5) The agency did not make the alternatives determination as
31 required by paragraph (4) of subdivision (a) of Section 11346.9.

32 (e) The office shall notify the Department of Finance of all
33 regulations returned pursuant to subdivision (d).

34 (f) The office shall return a rulemaking file to the submitting
35 agency if the file does not comply with subdivisions (a) and (b)
36 of Section 11347.3. Within three state working days of the receipt
37 of a rulemaking file, the office shall notify the submitting agency
38 of any deficiency identified. If no notice of deficiency is mailed
39 to the adopting agency within that time, a rulemaking file shall be
40 deemed submitted as of the date of its original receipt by the office.

1 A rulemaking file shall not be deemed submitted until each
2 deficiency identified under this subdivision has been corrected.

3 (g) Notwithstanding any other law, return of the regulation to
4 the adopting agency by the office pursuant to this section is the
5 exclusive remedy for a failure to comply with subdivision (c) of
6 Section 11346.3 or paragraph (10) of subdivision (a) of Section
7 11346.5.

8 SEC. 6. Section 11349.3 of the Government Code is amended
9 to read:

10 11349.3. (a) The office shall either approve a regulation
11 submitted to it for review and transmit it to the Secretary of State
12 for filing or disapprove it within 30 working days after the
13 regulation has been submitted to the office for ~~review~~. *review or*
14 *60 working days for major regulations*. If the office fails to act
15 within ~~30 days, the~~ *the specified time*, the regulation shall be
16 deemed to have been approved and the office shall transmit it to
17 the Secretary of State for filing.

18 (b) *For major regulations, the office shall hold a public hearing*
19 *on the submitted regulation within 30 working days after the*
20 *regulation has been submitted to the office for review. The office*
21 *shall allow for public testimony and comment before the office*
22 *acts on the regulation.*

23 ~~(b)~~

24 (c) If the office disapproves a regulation, it shall return it to the
25 adopting agency within the ~~30-day period~~ *time* specified in
26 subdivision (a) accompanied by a notice specifying the reasons
27 for disapproval. Within seven calendar days of the issuance of the
28 notice, the office shall provide the adopting agency with a written
29 decision detailing the reasons for disapproval. *If one of the reasons*
30 *for disapproval includes a significant cost-of-living impact, the*
31 *office shall then require the agency to pursue a less costly*
32 *alternative or explain in detail why a less costly alternative is*
33 *infeasible*. No regulation shall be disapproved except for failure
34 to comply with the standards set forth in Section 11349.1 or for
35 failure to comply with this chapter.

36 ~~(c)~~

37 (d) If an agency determines, on its own initiative, that a
38 regulation submitted pursuant to subdivision (a) should be returned
39 by the office prior to completion of the office's review, it may
40 request the return of the regulation. All requests for the return of

1 a regulation shall be memorialized in writing by the submitting
2 agency no later than one week following the request. Any
3 regulation returned pursuant to this subdivision shall be resubmitted
4 to the office for review within the one-year period specified in
5 subdivision (b) of Section 11346.4 or shall comply with Article 5
6 (commencing with Section 11346) prior to resubmission.

7 ~~(d)~~

8 (e) The office shall not initiate the return of a regulation pursuant
9 to subdivision ~~(e)~~ (d) as an alternative to disapproval pursuant to
10 subdivision ~~(b)~~ (c).

MEMORANDUM

DATE	April 27, 2026
TO	Psychology Board Members
FROM	Cynthia Whitney, Central Services Manager
SUBJECT	Agenda Item 13(d)(5) SB 1146 (Gonzalez) Advertisement claims; health-related consumer products and services: artificial intelligence

Background

Senate Bill 1146 (SB 1146) was introduced on February 18, 2026, by Senator Lena Gonzalez.

The bill would require advertisements promoting health-related consumer products or services that use the image, audio, or video of a natural person that is generated or substantially altered using artificial intelligence (AI) or other computer technology to include a clear and conspicuous disclosure indicating that the media was generated or altered by AI. The bill establishes requirements for how disclosures must appear in visual and audio media and authorizes enforcement actions to be brought by the Attorney General or a district attorney in a civil action.

The Board of Psychology (Board) is monitoring this bill because it pertains to advertising requirements related to health-related products or services, which may intersect with advertising and public communications by healing arts licensees, including psychologists.

Action Requested

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

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

Introduced by Senator Gonzalez

February 18, 2026

An act to add Section 651.4 to the Business and Professions Code, relating to advertisements.

LEGISLATIVE COUNSEL'S DIGEST

SB 1146, as introduced, Gonzalez. Health-related consumer products and services: artificial intelligence.

Existing law makes it unlawful for any person doing business in California and advertising to consumers in California to make any false or misleading advertising claim.

Existing law makes it unlawful for healing arts licensees, as specified, to disseminate or cause to be disseminated any form of public communication containing a false, fraudulent, misleading, or deceptive statement, claim, or image in order to induce the provision of services or products in connection with their licensed professional practice or business. Existing law makes a violation of these provisions punishable as a misdemeanor.

This bill would require an advertisement that uses the image, audio, or video of a natural person that is generated or substantially altered using artificial intelligence or other computer technology to promote the sale of a health-related consumer product or service to include a clear and conspicuous disclosure that the image, audio, or video, as applicable, of the person in the advertisement was generated or substantially altered by artificial intelligence. The bill would also define terms for its purposes.

This bill would require actions for relief brought pursuant to this bill to be prosecuted exclusively by the Attorney General or a district

attorney in the name of the people of the State of California, and would provide that a violation of the bill does not constitute a misdemeanor.

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 651.4 is added to the Business and
2 Professions Code, to read:

3 651.4. (a) For purposes of this section, the following
4 definitions apply:

5 (1) “Artificial intelligence” means an engineered or
6 machine-based system that varies in its level of autonomy and that
7 can, for explicit or implicit objectives, infer from the input it
8 receives how to generate outputs that can influence physical or
9 virtual environments.

10 (2) (A) “Generated or substantially altered using artificial
11 intelligence or other computer technology” means when visual or
12 audio media of a natural person is either of the following:

13 (i) Entirely created using artificial intelligence or other computer
14 technology and would appear to a reasonable person to be
15 authentic.

16 (ii) Materially altered by artificial intelligence or other computer
17 technology and that alteration would cause a reasonable person to
18 have a fundamentally different understanding of the altered media
19 when comparing it to an unaltered version.

20 (B) Any visual or audio media of a natural person is not
21 “generated or substantially altered using artificial intelligence or
22 other computer technology” if the media is immaterially altered
23 by artificial intelligence or other computer technology, including
24 a cosmetic adjustment, color edit, cropped image, or resized image.

25 (3) “Health-related consumer product or service” means a
26 product or service that is marketed for use primarily for personal,
27 family, or household purposes, and is marketed as having a health
28 benefit. Examples include, but are not limited to, dietary
29 supplements and medical goods and services.

30 (4) “Natural person” means a natural human individual, and
31 does not include a firm, partnership, association, corporation,
32 limited liability company, or cooperative association.

(b) An advertisement that uses the image, audio, or video of a natural person that is generated or substantially altered using artificial intelligence or other computer technology to promote the sale of a health-related consumer product or service shall include a clear and conspicuous disclosure that the image, audio, or video, as applicable, of the person in the advertisement was generated or substantially altered by artificial intelligence, and shall comply with all of the following:

(1) For visual media, the text of the disclosure shall appear in a prominent location and in a size that is easily readable by the average viewer. For visual media that is video, that disclosure shall be displayed for the duration of the video.

(2) For audio-only media, the disclosure shall be read in a clearly spoken manner and in a pitch that can be easily heard by the average listener, at the beginning of the audio, at the end of the audio, and, if the audio is greater than two minutes in length, interspersed within the audio at intervals of not greater than two minutes each.

(c) Advertisements subject to this section shall comply with all other applicable state and federal laws. This section does not abrogate, narrow, or otherwise limit any other applicable state or federal law. This section does not authorize use of a person's likeness for commercial purposes without the individual's consent.

(d) (1) Actions for relief pursuant to this section may be prosecuted exclusively in a court of competent jurisdiction in a civil action brought in the name of the people of the State of California by the Attorney General or by any district attorney. This section shall not be deemed to create a private right of action, or limit any existing private right of action.

(2) A violation of this section shall not constitute a misdemeanor for purposes of this article.

(3) This section does not alter or negate any rights, obligations, or immunities of an interactive computer service provider under Section 230 of Title 47 of the United States Code.

MEMORANDUM

DATE	April 27, 2026
TO	Psychology Board Members
FROM	Cynthia Whitney, Central Services Manager
SUBJECT	Agenda Item 13(d)(6) - SB 1159 (Cabaldon) Artificial intelligence: transparency and governance

Background

Senate Bill 1159 (SB 1159) was introduced on February 18, 2026, by Senator Christopher Cabaldon.

The bill would clarify that, for purposes of several California transparency and governance laws—including the California Public Records Act, Bagley-Keene Open Meeting Act, Ralph M. Brown Act, Administrative Procedure Act, Political Reform Act of 1974, and the California Environmental Quality Act—terms such as “person,” “interested person,” “participant,” and “member of the public” do not include artificial intelligence (AI) systems, autonomous agents, robots, or other nonhuman entities. The bill states that these laws are intended to enable participation by natural persons and legally recognized entities and seeks to prevent automated AI systems from overwhelming governmental processes through mass submissions or automated engagement.

The Board of Psychology (Board) is monitoring this bill because it affects statutes governing public participation, rulemaking processes, and public records requests, including the Administrative Procedure Act and Bagley-Keene Open Meeting Act, which apply to boards within the Department of Consumer Affairs.

Action Requested

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

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

Introduced by Senator Cabaldon

February 18, 2026

An act to add Section 17.5 to the Government Code, relating to artificial intelligence.

LEGISLATIVE COUNSEL'S DIGEST

SB 1159, as introduced, Cabaldon. Artificial intelligence: transparency and governance.

The California Constitution provides that people have the right of access to information concerning the conduct of the people's business. Various provisions of existing law, including the California Public Records Act, the Bagley-Keene Open Meeting Act, and the Ralph M. Brown Act, provide, with some exceptions, for public access to government records and meetings of government bodies. Among those acts, the California Public Records Act defines "person" to include any natural person, corporation, partnership, limited liability company, firm, or association.

Existing law, the Political Reform Act of 1974, imposes various requirements and limitations with respect to the conduct of public officials, campaign expenditures and disclosures, political advertisements, lobbying, the ballot pamphlet, and other aspects of political reform. The act defines "person" to mean an individual, proprietorship, firm, partnership, joint venture, syndicate, business trust, company, corporation, limited liability company, association, committee, and any other organization or group of persons acting in concert.

Existing law, the Administrative Procedure Act, governs, among other things, the procedures for the adoption, amendment, or repeal of regulations by state agencies and for the review of those regulatory actions by the Office of Administrative Law.

Existing law, the California Environmental Quality Act (CEQA), requires a lead agency, as defined, to prepare, or cause to be prepared, and certify the completion of an environmental impact report on a project that it proposes to carry out or approve that may have a significant effect on the environment or to adopt a negative declaration if it finds that the project will not have that effect. CEQA defines “person” to include any person, firm, association, organization, partnership, business, trust, corporation, limited liability company, company, district, county, city and county, city, town, and, among other things, the state.

This bill would specify that, for purposes of the California Public Records Act, the Bagley-Keene Open Meeting Act, the Ralph M. Brown Act, the Political Reform Act of 1974, the Administrative Procedure Act, and CEQA, “person,” “interested person,” “participant,” “member of the public,” as applicable, and any other similar terms under each act referring to those who may engage with governmental agencies, do not include artificial intelligence, as defined, systems, autonomous agents, robots, or other nonhuman entities, whether physical or digital. The bill would make findings and declarations related to these provisions.

The California Constitution requires local agencies, for the purpose of ensuring public access to the meetings of public bodies and the writings of public officials and agencies, to comply with a statutory enactment that amends or enacts laws relating to public records or open meetings and contains findings demonstrating that the enactment furthers the constitutional requirements relating to this purpose.

This bill would make legislative findings to that effect.

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

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

- 1 SECTION 1. (a) (1) Subdivision (b) of Section 3 of Article
- 2 1 of the California Constitution establishes that “the people have
- 3 the right of access to information concerning the conduct of the
- 4 people’s business.” California’s transparency and governance laws,
- 5 including the Administrative Procedure Act (Chapter 3.5
- 6 (commencing with Section 11340) Chapter 4 (commencing with
- 7 Section 11370), Chapter 4.5 (commencing with Section 11400),
- 8 and Chapter 5 (commencing with Section 11500) of Part 1 of

1 Division 3 of Title 2 of the Government Code), the Bagley-Keene
 2 Open Meeting Act (Article 9 (commencing with Section 11120)
 3 of Chapter 1 of Part 1 of Division 3 of Title 2 of the Government
 4 Code), the California Environmental Quality Act (Division 13
 5 (commencing with Section 21000) of the Public Resources Code),
 6 the California Public Records Act (Division 10 (commencing with
 7 Section 7920.000) of Title 1 of the Government Code), the Political
 8 Reform Act of 1974 (Title 9 (commencing with Section 81000)
 9 of the Government Code), and the Ralph M. Brown Act (Chapter
 10 9 (commencing with Section 54950) of Part 1 of Division 2 of
 11 Title 5 of the Government Code), implement this constitutional
 12 mandate by enabling natural persons to participate in and observe
 13 governmental processes.

14 (2) Artificial intelligence (AI) systems can now be programmed
 15 to automatically and continuously engage with governmental
 16 processes at scales and speeds that far exceed human capacity. AI
 17 systems have the ability to submit thousands or millions of
 18 automated public records requests, generate mass public comments
 19 on proposed regulations, file automated petitions for rulemaking,
 20 or otherwise flood governmental agencies with interactions that
 21 simulate human participation but lack genuine human deliberation
 22 or judgment.

23 (3) Automated mass engagement would overwhelm government
 24 agencies, divert limited public resources from serving actual
 25 constituents, drown out genuine human participation, and transform
 26 deliberative processes into meaningless exchanges with machines.
 27 Public comment periods would become ineffective if agencies
 28 must process thousands of AI-generated submissions, and the
 29 administrative burden would undermine the purpose of California's
 30 transparency laws. This threat is not theoretical. In the United
 31 Kingdom, AI-powered platforms have already enabled automated
 32 generation of planning objections, prompting warnings from
 33 experts that such systems will overwhelm public agencies.

34 (4) California's transparency and governance laws referenced
 35 in paragraph (1) presuppose participants who possess
 36 consciousness, moral agency, deliberative judgment, and
 37 membership in the political community. AI systems, regardless of
 38 their sophistication, lack these essential attributes of personhood.
 39 Consistent with the United States Patent and Trademark Office's
 40 November 2025 guidance recognizing that AI systems are tools

1 to support human activity rather than independent actors, and with
2 the European Union’s AI Act adopted in 2024 protecting the
3 fundamental rights of natural persons, California law maintains
4 the distinction between human beings and artificial intelligence.

5 (b) Therefore, it is the intent of the Legislature to clarify that,
6 for purposes of California’s transparency and governance laws
7 referenced in subdivision (a), the terms “person,” “interested
8 person,” “member of the public,” and any other similar terms
9 referring to those who may engage with governmental agencies
10 under those laws, refer to natural persons and legally recognized
11 entities capable of genuine participation in democratic governance,
12 not AI systems that could be programmed to simulate participation
13 at scales that would overwhelm governmental processes.

14 SEC. 2. Section 17.5 is added to the Government Code, to read:

15 17.5. (a) For purposes of all of the following acts, the terms
16 “person,” “interested person,” “participant,” “member of the
17 public,” as applicable, and any other similar terms under each act
18 referring to those who may engage with governmental agencies,
19 do not include artificial intelligence systems, autonomous agents,
20 robots, or other nonhuman entities, whether physical or digital:

21 (1) The California Public Records Act (Division 10
22 (commencing with Section 7920.000) of Title 1).

23 (2) The Bagley-Keene Open Meeting Act (Article 9
24 (commencing with Section 11120) of Chapter 1 of Part 1 of
25 Division 3 of Title 2).

26 (3) The Administrative Procedure Act (Chapter 3.5
27 (commencing with Section 11340) Chapter 4 (commencing with
28 Section 11370), Chapter 4.5 (commencing with Section 11400),
29 and Chapter 5 (commencing with Section 11500) of Part 1 of
30 Division 3 of Title 2).

31 (4) The Ralph M. Brown Act (Chapter 9 (commencing with
32 Section 54950) of Part 1 of Division 2 of Title 5).

33 (5) The Political Reform Act of 1974 (Title 9 (commencing
34 with Section 81000)).

35 (6) The California Environmental Quality Act (Division 13
36 (commencing with Section 21000) of the Public Resources Code).

37 (b) For purposes of this section, “artificial intelligence” means
38 an engineered or machine-based system that varies in its level of
39 autonomy and that can, for explicit or implicit objectives, infer

1 from the input it receives how to generate outputs that can influence
2 physical or virtual environments.

3 SEC. 3. The Legislature finds and declares that Section 2 of
4 this act, which adds Section 17.5 to the Government Code, furthers,
5 within the meaning of paragraph (7) of subdivision (b) of Section
6 3 of Article I of the California Constitution, the purposes of that
7 constitutional section as it relates to the right of public access to
8 the meetings of local public bodies or the writings of local public
9 officials and local agencies. Pursuant to paragraph (7) of
10 subdivision (b) of Section 3 of Article I of the California
11 Constitution, the Legislature makes the following findings:

12 The clarification made by this act serves the public interest by
13 preserving the integrity and functionality of California's democratic
14 institutions, preventing automated systems from displacing genuine
15 human participation, protecting public resources from being
16 consumed by responding to machine-generated requests, and
17 ensuring that governmental decisions remain responsive to the
18 people of California.

MEMORANDUM

DATE	April 27, 2026
TO	Psychology Board Members
FROM	Cynthia Whitney, Central Services Manager
SUBJECT	Agenda Item 13(d)(7) - AB 1598 (Quirk-Silva) Behavioral sciences

Background

Assembly Bill 1598 (AB 1598) was introduced on January 16, 2026, by Assemblymember Sharon Quirk-Silva.

Existing law requires the Board of Behavioral Sciences (BBS) to regulate individuals licensed or registered under the Licensed Marriage and Family Therapist Act (LMFTA), the Clinical Social Worker Practice Act (CSWPA), and the Licensed Professional Clinical Counselor Act (LPCCA), with violations considered crimes. These acts currently have differing exemptions for certain medical professionals and other behavioral science professionals, attorneys, and certain religious personnel.

This bill would revise and recast those provisions to make them consistent across those three acts.

Specifically, the bill would provide that LMFTA, the CSWPA, and the LPCCA do not prevent qualified members of other professional groups, including those referenced above, from doing work of a psychosocial nature consistent with the standards, ethics, and scope of practice of their respective professions. The bill would prohibit those other professionals from stating or implying that they are licensed or registered under the LMFTA, the CSWPA, or the LPCCA, as specified.

The bill also exempts a religious official of any denomination, when providing faith-based counseling as part of their regular duties for a recognized faith-based organization, subject to certain criteria.

The bill includes additional related provisions.

The Board of Psychology (Board) is monitoring this bill because it pertains to “psychosocial” and “psychotherapy”. At this time, the bill does not directly impact the Board’s licensees, but staff will continue monitoring for potential impacts.

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 18, 2026

CALIFORNIA LEGISLATURE—2025–26 REGULAR SESSION

ASSEMBLY BILL

No. 1598

Introduced by Assembly Member Quirk-Silva

January 16, 2026

An act to amend Sections 4980.01, 4980.397, 4980.399, 4980.40, 4980.41, 4980.43, 4980.50, 4984.01, 4984.7, 4984.72, 4989.20, 4989.68, 4992.05, 4992.09, 4992.1, 4996.1, 4996.3, 4996.4, 4996.13, 4996.23, 4996.28, 4999.22, 4999.46, 4999.50, 4999.52, 4999.53, 4999.55, 4999.64, 4999.100, and 4999.120 of, and to repeal Sections 4980.398, 4992.07, and 4999.46.1 of, the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

AB 1598, as amended, Quirk-Silva. Behavioral sciences.

Existing law establishes the Board of Behavioral Sciences within the Department of Consumer Affairs and requires the board to regulate licensees and registrants under the Licensed Marriage and Family Therapist Act (LMFTA), the Educational Psychologist Practice Act (EPPA), the Clinical Social Worker Practice Act (CSWPA), and the Licensed Professional Clinical Counselor Act (LPCCA). Existing law makes a violation of those acts a crime.

The LMFTA, the CSWPA, and the LPCCA each contain varying provisions limiting their application to the practice of certain medical and other behavioral science professionals, attorneys, and certain religious personnel, including priests, rabbis, and ministers of the gospel of any religious denomination.

This bill would revise and recast those provisions to make them consistent across those 3 acts. Specifically, the bill would provide that

LMFTA, the CSWPA, and the LPCCA do not prevent qualified members of other professional groups, including those referenced above, from doing work of a psychosocial nature consistent with the standards, ethics, and scope of practice of their respective professions. The bill would prohibit those other professionals from stating or implying that they are licensed or registered under the LMFTA, the CSWPA, or the LPCCA, as specified. The bill would exempt a religious official of any denomination, including those specified above and imams, when providing faith-based counseling services as part of their regular professional duties for an established and legally recognizable faith-based entity if certain criteria are met.

Existing law establishes examination and experiential requirements under the LMFTA, the EPPA, the CSWPA, and the LPCCA to qualify for licensure or registration under those acts, and requires an applicant for licensure or registration to have passed certain examinations or obtain specified experience within a certain timeline for it to be accepted by the board. In this regard, existing law generally requires the applicant to gain the required experience no more than 6 years before the board receives the application. For licensed educational psychologists, the EPPA authorizes the board to accept a passing score on a written examination administered by the board for a period of 6 years from the date the examination was taken. Under the LMFTA, the CSWPA, and the LPCCA, registrants and applicants for licensure, registration, or a subsequent registration number are required to pass a California law and ethics examination. The LMFTA, the CSWPA, and the LPCCA require an applicant for licensure to pass a clinical examination within 7 years from the initial attempt, unless the applicant obtains a passing score on the current version of the California law and ethics examination.

This bill, instead, would require applicants for licensure under the LMFTA, the EPPA, the CSWPA, and the LPCCA, to obtain the relevant experience and to pass the relevant examination within 7 years preceding the date on which the board receives the application. The bill would require those applicants and registrants under the LMFTA, the CSWPA, and the LPCCA who submit applications to the board on and after January 1, 2030, to have passed the California law and ethics examination no more than 7 years before the board receives the application, as specified.

Existing law authorizes an associate marriage and family therapist registration, an associate clinical social worker registration, or an associate professional clinical counselor registration to be renewed a

maximum of 5 times and prohibits a registration from being renewed beyond 6 years from the last day of the month of issuance. Existing law authorizes an applicant to apply for a subsequent registration number when no renewals are possible if certain requirements are met. Existing law prohibits an applicant who is issued a subsequent associate registration number from being employed or volunteering in a private practice.

This bill would increase the maximum number of renewals for those registrations to 6 and would extend the renewal deadline to 7 years from the last day of the month of issuance. The bill would authorize an applicant applying for or holding a subsequent associate registration number to request a 2-year hardship extension of the subsequent associate registration number to allow them to be employed or volunteer at one private practice or professional *corporation* employer, subject to specified conditions and requirements, including signing an application under penalty of perjury. By expanding the crime of perjury, the bill would impose a state-mandated local program.

Existing law establishes a \$20 fee for rescoring a written examination under the LMFTA, the EPPA, the CSWPA, and the LPCCA.

This bill would delete that fee.

This bill would delete obsolete provisions and make other technical and nonsubstantive changes.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

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

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

- 1 SECTION 1. Section 4980.01 of the Business and Professions
- 2 Code is amended to read:
- 3 4980.01. (a) Nothing in this chapter shall prevent qualified
- 4 members of other professional groups from doing work of a
- 5 psychosocial nature consistent with the standards, ethics, and scope
- 6 of practice of their respective professions. However, ~~they~~ *these*
- 7 *qualified members* shall not hold themselves out to the public by
- 8 any title or description of services incorporating the words

1 ~~psychosocial, psychotherapy, or marriage and family therapist,~~
2 ~~“psychosocial,” “psychotherapy,” or “marriage and family~~
3 ~~therapist,”~~ and shall not state or imply that they are licensed or
4 registered to practice marriage and family therapy. These qualified
5 members of other professional groups include, but are not limited
6 to, the following:

7 (1) A physician and surgeon certified pursuant to Chapter 5
8 (commencing with Section 2000).

9 (2) A registered nurse licensed pursuant to Chapter 6
10 (commencing with Section 2700).

11 (3) A psychologist licensed pursuant to Chapter 6.6
12 (commencing with Section 2900).

13 (4) Members of the State Bar.

14 (5) Educational psychologists licensed pursuant to Chapter 13.5
15 (commencing with Section 4989.10).

16 (6) Clinical social workers licensed pursuant to Chapter 14
17 (commencing with Section 4991).

18 (7) Licensed professional clinical counselors pursuant to Chapter
19 16 (commencing with Section 4999.10).

20 (b) This chapter shall not be construed to constrict, limit, or
21 withdraw the Medical Practice Act (Chapter 5 (commencing with
22 Section 2000)), the Clinical Social Worker Practice Act (Chapter
23 14 (commencing with Section 4991)), the Nursing Practice Act
24 (Chapter 6 (commencing with Section 2700)), the Licensed
25 Professional Clinical Counselor Act (Chapter 16 (commencing
26 with Section 4999.10)), or the Psychology Licensing Law (Chapter
27 6.6 (commencing with Section 2900)).

28 (c) This chapter shall not apply to any priest, rabbi, imam, or
29 minister of the gospel, or other religious official of any
30 denomination when providing faith-based counseling services as
31 part of their regular professional duties for an established and
32 legally recognizable faith-based entity, such as a church,
33 synagogue, mosque, or other recognized religious organization,
34 provided that all of the following criteria are met.

35 (1) The services are performed solely under the direct auspices
36 of that faith-based entity.

37 (2) A separate fee, beyond their customary compensation from
38 that faith-based entity, is not charged or received.

39 (3) They do not hold themselves out to the public by any title
40 or description of services incorporating the words ~~psychosocial,~~

1 ~~psychotherapy, or marriage and family therapist,~~ “*psychosocial*,”
2 “*psychotherapy*,” or “*marriage and family therapist*,” and shall
3 not state or imply that they are licensed or registered to practice
4 marriage and family therapy.

5 (4) The services provided are limited to counseling services
6 provided in a religious or spiritual context and do not involve the
7 diagnosis or treatment of mental health disorders.

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

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

14 (2) (A) On and after July 1, 2020, the employee or volunteer
15 provides a client, prior to initiating psychotherapy services or as
16 soon as practicably possible thereafter, a notice written in at least
17 12-point type that is in substantially the following form:

18
19 NOTICE TO CLIENTS

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

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

33
34 (B) The delivery of the notice described in subparagraph (A)
35 to the client shall be documented.

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

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

SEC. 2. 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) The board shall grant eligibility to take the California law and ethics examination upon approval of an application for registration or an application for licensure, and submission of the required application and fee.

(c) The board may grant an applicant for licensure eligibility to 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. 3. Section 4980.398 of the Business and Professions Code is repealed.

SEC. 4. Section 4980.399 of the Business and Professions Code is amended to read:

4980.399. (a) Each applicant and registrant shall obtain a passing score on a board-administered California law and ethics examination in order to qualify for licensure. The California law and ethics examination shall be passed no more than seven years prior to the board's receipt of the application for initial license issuance.

(b) If an applicant fails the California law and ethics examination, they may retake the examination after any waiting period specified in regulation, upon payment of the required fees and submission of a reexamination application.

(c) The board shall not issue a subsequent associate registration number unless the applicant has passed the California law and ethics examination no more than seven years prior to the board's

1 receipt of the application for the subsequent associate registration
2 number.

3 (d) Notwithstanding any other provision of law, the seven-year
4 age limit on the California law and ethics examination shall not
5 apply to any application for initial license issuance or subsequent
6 associate registration number received by the board on or before
7 January 1, 2030.

8 (e) A registrant shall complete a minimum of three hours of
9 continuing education on the subject of California law and ethics
10 during each renewal period to be eligible to renew their registration.
11 The coursework shall be obtained from a board-accepted provider
12 of continuing education, as specified in Section 4980.54.

13 SEC. 5. Section 4980.40 of the Business and Professions Code
14 is amended to read:

15 4980.40. An applicant for licensure shall satisfy all of the
16 following qualifications:

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

19 (b) Be at least 18 years of age.

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

22 (d) Successfully pass a California law and ethics examination
23 and a clinical examination, as specified in Section 4980.397. Each
24 examination shall be passed no more than seven years prior to the
25 board's receipt of the application for initial license issuance.

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

33 SEC. 6. Section 4980.41 of the Business and Professions Code
34 is amended to read:

35 4980.41. (a) An applicant for licensure whose education
36 qualifies them under Section 4980.37 shall complete the following
37 coursework or training in order to be eligible to sit for the clinical
38 examination as specified in Section 4980.397:

39 (1) A two semester or three quarter unit course in California
40 law and professional ethics for marriage and family therapists,

1 which shall include, but not be limited to, the following areas of
2 study:

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

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

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

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

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

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

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

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

28 (4) For persons who began graduate study on or after January
29 1, 1986, a master's or doctor's degree qualifying for licensure shall
30 include specific instruction in alcoholism and other chemical
31 substance dependency as specified by regulation. When coursework
32 in a master's or doctor's degree program is acquired to satisfy this
33 requirement, it shall be considered as part of the 48 semester or
34 72 quarter unit requirement contained in Section 4980.37.
35 Coursework required under this paragraph may be satisfactory if
36 taken either in fulfillment of other educational requirements for
37 licensure or in a separate course. The applicant may satisfy this
38 requirement by successfully completing this coursework from a
39 master's or doctoral degree program at an accredited or approved
40 institution, as described in subdivision (b) of Section 4980.37, or

1 from a board-accepted provider of continuing education, as
2 described in Section 4980.54.

3 (5) For persons who began graduate study during the period
4 commencing on January 1, 1995, and ending on December 31,
5 2003, a master's or doctor's degree qualifying for licensure shall
6 include coursework in spousal or partner abuse assessment,
7 detection, and intervention. For persons who began graduate study
8 on or after January 1, 2004, a master's or doctor's degree qualifying
9 for licensure shall include a minimum of 15 contact hours of
10 coursework in spousal or partner abuse assessment, detection, and
11 intervention strategies, including knowledge of community
12 resources, cultural factors, and same gender abuse dynamics.
13 Coursework required under this paragraph may be satisfactory if
14 taken either in fulfillment of other educational requirements for
15 licensure or in a separate course. The applicant may satisfy this
16 requirement by successfully completing this coursework from a
17 master's or doctoral degree program at an accredited or approved
18 institution, as described in subdivision (b) of Section 4980.37, or
19 from a board-accepted provider of continuing education, as
20 described in Section 4980.54.

21 (6) For persons who began graduate study on or after January
22 1, 2001, an applicant shall complete a minimum of a two semester
23 or three quarter unit survey course in psychological testing. When
24 coursework in a master's or doctor's degree program is acquired
25 to satisfy this requirement, it may be considered as part of the 48
26 semester or 72 quarter unit requirement of Section 4980.37.

27 (7) For persons who began graduate study on or after January
28 1, 2001, an applicant shall complete a minimum of a two semester
29 or three quarter unit survey course in psychopharmacology. When
30 coursework in a master's or doctor's degree program is acquired
31 to satisfy this requirement, it may be considered as part of the 48
32 semester or 72 quarter unit requirement of Section 4980.37.

33 (b) The requirements added by paragraphs (6) and (7) of
34 subdivision (a) are intended to improve the educational
35 qualifications for licensure in order to better prepare future
36 licentiates for practice and are not intended in any way to expand
37 or restrict the scope of practice for licensed marriage and family
38 therapists.

39 SEC. 7. Section 4980.43 of the Business and Professions Code
40 is amended to read:

1 4980.43. (a) Except as provided in subdivision (b), all
2 applicants shall have an active associate registration with the board
3 in order to gain postdegree hours of supervised experience.

4 (b) (1) Postdegree hours of experience gained before the
5 issuance of an associate registration shall be credited toward
6 licensure if all of the following apply:

7 (A) The registration applicant applies for the associate
8 registration and the board receives the application within 90 days
9 of the granting of the qualifying master's degree or doctoral degree.

10 (B) For applicants completing graduate study on or after January
11 1, 2020, the experience is obtained at a workplace that, prior to
12 the registration applicant gaining supervised experience hours,
13 requires completed Live Scan fingerprinting. The applicant shall
14 provide the board with a copy of that completed State of California
15 "Request for Live Scan Service" form with the application for
16 licensure.

17 (C) The board subsequently grants the associate registration.

18 (2) The applicant shall not be employed or volunteer in a private
19 practice or a professional corporation until the applicant has been
20 issued an associate registration by the board.

21 (c) Supervised experience that is obtained for purposes of
22 qualifying for licensure shall be related to the practice of marriage
23 and family therapy and comply with the following:

24 (1) A minimum of 3,000 hours completed during a period of at
25 least 104 weeks.

26 (2) A maximum of 40 hours in any seven consecutive days.

27 (3) A minimum of 1,700 hours obtained after the qualifying
28 master's or doctoral degree was awarded.

29 (4) A maximum of 1,300 hours obtained prior to the award date
30 of the qualifying master's or doctoral degree.

31 (5) A maximum of 750 hours of counseling and direct supervisor
32 contact prior to the award date of the qualifying master's or
33 doctoral degree.

34 (6) Hours of experience shall not be gained prior to completing
35 either 12 semester units or 18 quarter units of graduate instruction.

36 (7) Hours of experience shall not have been gained more than
37 seven years prior to the date the application for licensure was
38 received by the board, except that up to 500 hours of clinical
39 experience gained in the supervised practicum required by
40 subdivision (c) of Section 4980.37 and subparagraph (B) of

paragraph (1) of subdivision (d) of Section 4980.36 shall be exempt from this seven-year requirement.

(8) A minimum of 1,750 hours of direct clinical counseling with individuals, groups, couples, or families, that includes not less than 500 total hours of experience in diagnosing and treating couples, families, and children.

(9) A maximum of 1,200 hours gained under the supervision of a licensed educational psychologist providing educationally related mental health services that are consistent with the scope of practice of an educational psychologist, as specified in Section 4989.14.

(10) A maximum of 1,250 hours of nonclinical practice, consisting of direct supervisor contact, administering and evaluating psychological tests, writing clinical reports, writing progress or process notes, client-centered advocacy, and workshops, seminars, training sessions, or conferences directly related to marriage and family therapy that have been approved by the applicant's supervisor.

(11) It is anticipated and encouraged that hours of experience will include working with elders and dependent adults who have physical or mental limitations that restrict their ability to carry out normal activities or protect their rights.

This subdivision shall only apply to hours gained on and after January 1, 2010.

SEC. 8. 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 and as specified in regulation. 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

1 not committed any acts or engaged in any conduct that would
2 constitute grounds to deny licensure.

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

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

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

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

30 (g) The clinical examination shall be passed no more than seven
31 years prior to the board's receipt of the application for initial
32 license issuance.

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

36 SEC. 9. Section 4984.01 of the Business and Professions Code
37 is amended to read:

38 4984.01. (a) The associate marriage and family therapist
39 registration shall expire one year from the last day of the month
40 in which it was issued.

1 (b) To renew the registration, subject to the additional limitations
2 imposed by subdivision (d), the registrant shall, on or before the
3 expiration date of the registration, complete all of the following
4 actions:

5 (1) Apply for renewal on a form prescribed by the board.

6 (2) Pay a renewal fee prescribed by the board.

7 (3) Notify the board whether they have been convicted, as
8 defined in Section 490, of a misdemeanor or felony, and whether
9 any disciplinary action has been taken against them by a regulatory
10 or licensing board in this or any other state subsequent to the last
11 renewal of the registration.

12 (4) Certify under penalty of perjury their compliance with the
13 continuing education requirements set forth in Section 4980.54.

14 (c) An expired registration may be renewed by completing all
15 of the actions described in paragraphs (1) to (4), inclusive, of
16 subdivision (b).

17 (d) The registration may be renewed a maximum of six times.
18 No registration shall be renewed or reinstated beyond seven years
19 from the last day of the month during which it was issued,
20 regardless of whether it has been revoked. When no further
21 renewals are possible, an applicant may apply for and obtain a
22 subsequent associate registration number if the applicant meets
23 the educational requirements for a subsequent associate registration
24 number and has passed the California law and ethics examination
25 no more than seven years prior to the board's receipt of the
26 application for the subsequent associate registration number.

27 (e) An applicant who is issued a subsequent associate
28 registration number pursuant to subdivision (d) shall not be
29 employed or volunteer in a private practice.

30 (f) Notwithstanding subdivision (e), an applicant applying for
31 or who currently holds a subsequent associate registration number
32 may request that the board grant them a one-time,
33 two-consecutive-year hardship extension to allow them to be
34 employed or volunteer at one private practice or professional
35 corporation employer with their subsequent associate registration
36 ~~number.~~ *number in accordance with the following:*

37 (1) An associate shall not be issued more than one extension.

38 (2) The extension is only valid for the one private practice or
39 professional corporation employer for which it is requested.

1 (3) Work for the employer shall not commence or continue until
2 the extension is approved by the board.

3 (4) The application shall be jointly signed under penalty of
4 perjury and dated by the associate, the supervisor, and, if the
5 supervisor is not employed by the supervisee's employer or is a
6 volunteer, a representative of the employer.

7 (5) The board shall grant the extension provided that the
8 application is signed, all information required is provided, and
9 good cause is demonstrated. The application shall contain all of
10 the following:

11 (A) The date the extension is needed to commence or continue
12 work for the employer.

13 (B) The name of the employer where the associate will be
14 gaining hours.

15 (C) An attestation that the employer is a private practice or a
16 professional corporation.

17 (D) The name, license type, and license number of the current
18 supervisor.

19 (E) A showing of good cause for the applicant being unable to
20 complete the licensure process within seven years. Good cause
21 may include, but is not limited to, extended medical leave, family
22 caregiving responsibilities, difficulties finding employment, or
23 circumstances beyond the applicant's control.

24 (F) A description of the plan for the associate to gain the needed
25 hours toward licensure during the two-year extension period.

26 SEC. 10. Section 4984.7 of the Business and Professions Code
27 is amended to read:

28 4984.7. The board shall assess the following fees relating to
29 the licensure of marriage and family therapists:

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

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

38 (c) The fee for the application for licensure shall be two hundred
39 fifty dollars (\$250). The board may adopt regulations to set the

1 fee at a higher amount, up to a maximum of five hundred dollars
2 (\$500).

3 (d) (1) (A) The fee for the board-administered clinical
4 examination, if the board chooses to adopt this examination in
5 regulations, shall be two hundred fifty dollars (\$250). The board
6 may adopt regulations to set the fee at a higher amount, up to a
7 maximum of five hundred dollars (\$500). If the board chooses to
8 adopt an examination administered by a public or private
9 organization, as specified by the board in regulations, then the
10 examination fee shall be determined by, and paid directly to, that
11 organization.

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

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

19 (3) The amount of the examination fees shall be based on the
20 actual cost to the board of developing, purchasing, and grading
21 each examination and the actual cost to the board of administering
22 each examination. The examination fees shall be adjusted
23 periodically by regulation to reflect the actual costs incurred by
24 the board.

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

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

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

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

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

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

1 SEC. 11. Section 4984.72 of the Business and Professions
2 Code is amended to read:

3 4984.72. An applicant who fails the clinical examination may,
4 within one year from the notification date of that failure, retake
5 the examination as regularly scheduled without further application
6 upon payment of the fee for the examination. Thereafter, the
7 applicant shall not be eligible for further examination until they
8 file a new application, meet all requirements in effect on the date
9 of application, and pay all required fees.

10 SEC. 12. Section 4989.20 of the Business and Professions
11 Code is amended to read:

12 4989.20. (a) The board may issue a license as an educational
13 psychologist if the applicant satisfies, with proof satisfactory to
14 the board, the following requirements:

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

20 (2) Attainment of 18 years of age.

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

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

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

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

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

37 (B) One school term of full-time, or the equivalent to full-time,
38 experience as a California credentialed school psychologist in the
39 California public schools, or in another school setting as specified
40 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 seven 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 seven 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 seven 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. This examination shall be passed no more than seven years prior to the board's receipt of the application for initial license issuance.

(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

1 publicly available written contractual agreement. The school term
2 shall also be the same for an individual who is not employed on a
3 full-time basis who is performing the same duties as a member
4 employed on a full-time basis.

5 SEC. 13. Section 4989.68 of the Business and Professions
6 Code is amended to read:

7 4989.68. The board shall assess the following fees relating to
8 the licensure of educational psychologists:

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

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

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

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

22 (e) The written examination fee shall be two hundred fifty
23 dollars (\$250). The board may adopt regulations to set the fee at
24 a higher amount, up to a maximum of five hundred dollars (\$500).
25 An applicant who fails to appear for an examination, once having
26 been scheduled, shall forfeit any examination fees they paid.

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

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

31 (h) The fee for issuance of a retired license shall be forty dollars
32 (\$40).

33 SEC. 14. Section 4992.05 of the Business and Professions
34 Code is amended to read:

35 4992.05. (a) A registrant or an applicant for licensure as a
36 clinical social worker shall pass the following two examinations
37 as prescribed by the board:

38 (1) A California law and ethics examination.

39 (2) A clinical examination.

1 (b) The board shall grant eligibility to take the California law
2 and ethics examination upon approval of an application for
3 registration or an application for licensure, and submission of the
4 required application and fee.

5 (c) The board may grant an applicant for licensure eligibility to
6 take the clinical examination only upon meeting all of the following
7 requirements:

- 8 (1) Completion of all education requirements.
- 9 (2) Passage of the California law and ethics examination.
- 10 (3) Completion of all required supervised work experience.

11 SEC. 15. Section 4992.07 of the Business and Professions
12 Code is repealed.

13 SEC. 16. Section 4992.09 of the Business and Professions
14 Code is amended to read:

15 4992.09. (a) Each applicant and registrant shall obtain a
16 passing score on a board-administered California law and ethics
17 examination in order to qualify for licensure. The California law
18 and ethics examination shall be passed no more than seven years
19 prior to the board's receipt of the application for initial license
20 issuance.

21 (b) If an applicant fails the California law and ethics
22 examination, they may retake the examination after any waiting
23 period as specified in regulation, upon payment of the required
24 fees and submission of a reexamination application.

25 (c) The board shall not issue a subsequent associate registration
26 number unless the applicant has passed the California law and
27 ethics examination no more than seven years prior to the board's
28 receipt of the application for the subsequent associate registration
29 number.

30 (d) Notwithstanding any other provision of law, the seven-year
31 age limit on the California law and ethics examination shall not
32 apply to any application for initial license issuance or subsequent
33 associate registration number received by the board on or before
34 January 1, 2030.

35 (e) A registrant shall complete a minimum of three hours of
36 continuing education on the subject of California law and ethics
37 during each renewal period to be eligible to renew their registration.
38 The coursework shall be obtained from a board-accepted provider
39 of continuing education, as specified in Section 4996.22.

1 SEC. 17. Section 4992.1 of the Business and Professions Code
2 is amended to read:

3 4992.1. (a) Only individuals who have the qualifications
4 prescribed by the board under this chapter are eligible to take an
5 examination under this chapter.

6 (b) Every applicant who is issued a clinical social worker license
7 shall be examined by the board.

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

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

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

24 (f) Notwithstanding Section 135, the board may deny any
25 applicant who has previously failed either the California law and
26 ethics examination or the clinical examination permission to retake
27 either examination pending completion of the investigation of any
28 complaint against the applicant. Nothing in this section shall
29 prohibit the board from denying an applicant admission to any
30 examination, or refusing to issue a license to any applicant when
31 an accusation or statement of issues has been filed against the
32 applicant pursuant to Section 11503 or 11504 of the Government
33 Code, or the applicant has been denied in accordance with
34 subdivision (b) of Section 485.

35 (g) The clinical examination shall be passed no more than seven
36 years prior to the board's receipt of the application for initial
37 license issuance.

38 SEC. 18. Section 4996.1 of the Business and Professions Code
39 is amended to read:

1 4996.1. The board shall issue a clinical social worker license
2 to each applicant who qualifies pursuant to this article and who
3 successfully passes a California law and ethics examination and
4 a clinical examination. Each examination shall be passed no more
5 than seven years prior to the board's receipt of the application for
6 initial license issuance.

7 SEC. 19. Section 4996.3 of the Business and Professions Code
8 is amended to read:

9 4996.3. The board shall assess the following fees relating to
10 the licensure of clinical social workers:

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

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

19 (c) The fee for application for licensure shall be two hundred
20 fifty dollars (\$250). The board may adopt regulations to set the
21 fee at a higher amount, up to a maximum of five hundred dollars
22 (\$500).

23 (d) (1) (A) The fee for the board-administered clinical
24 examination, if the board chooses to adopt this examination in
25 regulations, shall be two hundred fifty dollars (\$250). The board
26 may adopt regulations to set the fee at a higher amount, up to a
27 maximum of five hundred dollars (\$500).

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

32 (2) An applicant who fails to appear for an examination, after
33 having been scheduled to take the examination, shall forfeit the
34 examination fees.

35 (3) The amount of the examination fees shall be based on the
36 actual cost to the board of developing, purchasing, and grading
37 each examination and the actual cost to the board of administering
38 each examination. The written examination fees shall be adjusted
39 periodically by regulation to reflect the actual costs incurred by
40 the board.

(e) The fee for 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).

(f) 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).

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

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

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

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

SEC. 20. Section 4996.4 of the Business and Professions Code is amended to read:

4996.4. An applicant who fails the clinical examination may, within one year from the notification date of failure, retake that examination as regularly scheduled, without further application, upon payment of the required examination fees. Thereafter, the applicant shall not be eligible for further examination until they file a new application, meet all current requirements, and pay all required fees.

SEC. 21. Section 4996.13 of the Business and Professions Code is amended to read:

4996.13. (a) Nothing in this article shall prevent qualified members of other professional groups from doing work of a psychosocial nature consistent with the standards, ethics, and scope of practice of their respective professions. However, ~~they~~ *these qualified members* shall not hold themselves out to the public by any title or description of services incorporating the words ~~psychosocial, psychotherapy, or clinical social worker,~~ *“psychosocial,” “psychotherapy,” or “clinical social worker,”* and shall not state or imply that they are licensed or registered to practice clinical social work. These qualified members of other professional groups include, but are not limited to, the following:

(1) A physician and surgeon certified pursuant to Chapter 5 (commencing with Section 2000).

1 (2) A registered nurse licensed pursuant to Chapter 6
2 (commencing with Section 2700).

3 (3) A psychologist licensed pursuant to Chapter 6.6
4 (commencing with Section 2900).

5 (4) Members of the State Bar.

6 (5) Marriage and family therapists licensed pursuant to Chapter
7 13 (commencing with Section 4980).

8 (6) Educational psychologists licensed pursuant to Chapter 13.5
9 (commencing with Section 4989.10).

10 (7) Licensed professional clinical counselors pursuant to Chapter
11 16 (commencing with Section 4999.10).

12 (b) This article shall not apply to any priest, rabbi, imam,
13 minister of the gospel, or other religious official of any
14 denomination when providing faith-based counseling services as
15 part of their regular professional duties for an established and
16 legally recognizable faith-based entity, such as a church,
17 synagogue, mosque, or other recognized religious organization,
18 provided that all of the following criteria are met:

19 (1) The services are performed solely under the direct auspices
20 of that faith-based entity.

21 (2) A separate fee, beyond their customary compensation from
22 that faith-based entity, is not charged or received.

23 (3) They do not hold themselves out to the public by any title
24 or description of services incorporating the words ~~psychosocial,~~
25 ~~psychotherapy, or clinical social worker,~~ “*psychosocial,*”
26 “*psychotherapy,*” or “*clinical social worker,*” and shall not state
27 or imply that they are licensed or registered to practice clinical
28 social work.

29 (4) The services provided are limited to counseling services
30 provided in a religious or spiritual context and do not involve the
31 diagnosis or treatment of mental health disorders.

32 SEC. 22. Section 4996.23 of the Business and Professions
33 Code is amended to read:

34 4996.23. (a) To qualify for licensure, each applicant shall
35 complete 3,000 hours of post-master’s degree supervised
36 experience related to the practice of clinical social work. Except
37 as provided in subdivision (b), experience shall not be gained until
38 the applicant is registered as an associate clinical social worker.

(b) Postdegree hours of experience gained before the issuance of an associate registration shall be credited toward licensure if all of the following apply:

(1) The registration applicant applies for the associate registration and the board receives the application within 90 days of the granting of the qualifying master's or doctoral degree.

(2) For applicants completing graduate study on or after January 1, 2020, the experience is obtained at a workplace that, prior to the registration applicant gaining supervised experience hours, requires completed Live Scan fingerprinting. The applicant shall provide the board with a copy of that completed "State of California Request for Live Scan Service" form with the application for licensure.

(3) The board subsequently grants the associate registration.

(c) The applicant shall not be employed or volunteer in a private practice or a professional corporation until the applicant has been issued an associate registration by the board.

(d) The experience shall be as follows:

(1) (A) At least 1,700 hours shall be gained under the supervision of a licensed clinical social worker. The remaining required supervised experience may be gained under the supervision of a physician and surgeon who is certified in psychiatry by the American Board of Psychiatry and Neurology, licensed professional clinical counselor, licensed marriage and family therapist, psychologist licensed pursuant to Chapter 6.6 (commencing with Section 2900), licensed educational psychologist, or licensed clinical social worker.

(B) A maximum of 1,200 hours gained under the supervision of a licensed educational psychologist providing educationally related mental health services that are consistent with the scope of practice of an educational psychologist, as specified in Section 4989.14.

(2) A minimum of 2,000 hours in clinical psychosocial diagnosis, assessment, and treatment, including psychotherapy or counseling; however, at least 750 hours shall be face-to-face individual or group psychotherapy provided in the context of clinical social work services.

(3) A maximum of 1,000 hours in client-centered advocacy, consultation, evaluation, research, direct supervisor contact, and workshops, seminars, training sessions, or conferences directly

1 related to clinical social work that have been approved by the
2 applicant's supervisor.

3 (4) A minimum of two years of supervised experience is required
4 to be obtained over a period of not less than 104 weeks and shall
5 have been gained within the seven years immediately preceding
6 the date on which the application for licensure was received by
7 the board.

8 (5) No more than 40 hours of experience may be credited in
9 any seven consecutive days.

10 (6) For hours gained on or after January 1, 2010, no more than
11 six hours of supervision, whether individual, triadic, or group
12 supervision, shall be credited during any single week.

13 SEC. 23. Section 4996.28 of the Business and Professions
14 Code is amended to read:

15 4996.28. (a) Registration as an associate clinical social worker
16 shall expire one year from the last day of the month during which
17 it was issued. To renew a registration, subject to the additional
18 limitations imposed by subdivision (c), the registrant shall, on or
19 before the expiration date of the registration, complete all of the
20 following actions:

21 (1) Apply for renewal on a form prescribed by the board.

22 (2) Pay a renewal fee prescribed by the board.

23 (3) Notify the board whether they have been convicted, as
24 defined in Section 490, of a misdemeanor or felony, and whether
25 any disciplinary action has been taken by a regulatory or licensing
26 board in this or any other state, subsequent to the last renewal of
27 the registration.

28 (4) Certify under penalty of perjury their compliance with the
29 continuing education requirements set forth in Section 4996.22.

30 (b) An expired registration may be renewed by completing all
31 of the actions described in paragraphs (1) to (4), inclusive, of
32 subdivision (a).

33 (c) A registration as an associate clinical social worker may be
34 renewed a maximum of six times. No registration shall be renewed
35 or reinstated beyond seven years from the last day of the month
36 during which the registration was issued, regardless of whether
37 the registration has been revoked. When no further renewals are
38 possible, an applicant may apply for and obtain a subsequent
39 associate clinical social worker registration number if the applicant
40 meets all requirements for registration in effect at the time of their

1 application for a subsequent associate clinical social worker
2 registration number and has passed the California law and ethics
3 examination pursuant to Section 4992.09 no more than seven years
4 prior to the board's receipt of the application for the subsequent
5 associate registration number.

6 (d) An applicant issued a subsequent associate registration
7 number pursuant to subdivision ~~(d)~~ (c) shall not be employed or
8 volunteer in a private practice.

9 (e) Notwithstanding subdivision (d), an applicant applying for
10 or who currently holds a subsequent associate registration number
11 may request that the board grant them a one-time,
12 two-consecutive-year hardship extension to allow them to be
13 employed or volunteer at one private practice or professional
14 corporation employer with their subsequent associate registration
15 ~~number.~~ *number in accordance with the following:*

16 (1) An associate shall not be issued more than one extension.

17 (2) The extension is only valid for the one private practice or
18 professional corporation employer for which it is requested.

19 (3) Work for the employer shall not commence or continue until
20 the extension is approved by the board.

21 (4) The application shall be jointly signed under penalty of
22 perjury and dated by the associate, the supervisor, and, if the
23 supervisor is not employed by the supervisee's employer or is a
24 volunteer, a representative of the employer.

25 (5) The board shall grant the extension provided that the
26 application is signed, all information required is provided, and
27 good cause is demonstrated. The application shall contain all of
28 the following:

29 (A) The date the extension is needed to commence or continue
30 work for the employer.

31 (B) The name of the employer where the associate will be
32 gaining hours.

33 (C) An attestation that the employer is a private practice or a
34 professional corporation.

35 (D) The name, license type, and license number of the current
36 supervisor.

37 (E) A showing of good cause for the applicant being unable to
38 complete the licensure process within seven years. Good cause
39 may include, but is not limited to, extended medical leave, family

1 caregiving responsibilities, difficulties finding employment, or
2 circumstances beyond the applicant's control.

3 (F) A description of the plan for the associate to gain the needed
4 hours toward licensure during the two-year extension period.

5 SEC. 24. Section 4999.22 of the Business and Professions
6 Code is amended to read:

7 4999.22. (a) Nothing in this chapter shall prevent qualified
8 members of the other professional groups from doing work of a
9 psychosocial nature consistent with the standards, ethics, and scope
10 of practice of their respective professions. However, these qualified
11 ~~persons~~ *members* shall not hold themselves out to the public by
12 any title or description of services incorporating the words
13 "psychosocial," "psychotherapy," or "professional clinical
14 counselor" and shall not state that they are licensed or registered
15 to practice professional clinical counseling. ~~Qualified These~~
16 *qualified* members of other professional groups include, but are
17 not limited to, the following:

18 (1) A physician and surgeon certified pursuant to Chapter 5
19 (commencing with Section 2000).

20 (2) A registered nurse licensed pursuant to Chapter 6
21 (commencing with Section 2700).

22 (3) A psychologist licensed pursuant to Chapter 6.6
23 (commencing with Section 2900).

24 (4) Members of the State Bar.

25 (5) Marriage and family therapists licensed pursuant to Chapter
26 13 (commencing with Section 4980).

27 (6) Educational psychologists licensed pursuant to Chapter 13.5
28 (commencing with Section 4989.10).

29 (7) Clinical social workers licensed pursuant to Chapter 14
30 (commencing with Section 4991).

31 (b) This chapter shall not be construed to constrict, limit, or
32 withdraw ~~provisions of~~ the Medical Practice Act (Chapter 5
33 (commencing with Section 2000)), the Clinical Social Worker
34 Practice Act (Chapter 14 (commencing with Section 4991)), the
35 Nursing Practice Act (Chapter 6 (commencing with Section 2700)),
36 the Psychology Licensing Law (Chapter 6.6 (commencing with
37 Section 2900)), or the Licensed Marriage and Family Therapist
38 Act (Chapter 13 (commencing with Section 4980)).

39 (c) This chapter shall not apply to any priest, rabbi, imam,
40 minister of the gospel, or other religious official of any

1 denomination when providing faith-based counseling services as
2 part of their regular professional duties for an established and
3 legally recognizable faith-based entity, such as a church,
4 synagogue, mosque, or other recognized religious organization,
5 provided that all of the following criteria are met:

6 (1) The services are performed solely under the direct auspices
7 of that faith-based entity.

8 (2) A separate fee, beyond their customary compensation from
9 that faith-based entity, is not charged or received.

10 (3) They do not hold themselves out to the public by any title
11 or description of services incorporating the words ~~psychosocial,~~
12 ~~psychotherapy, or professional clinical counselor,~~ “*psychosocial,*”
13 “*psychotherapy,*” or “*professional clinical counselor,*” and shall
14 not state or imply that they are licensed or registered to practice
15 professional clinical counseling.

16 (4) The services provided are limited to counseling services
17 provided in a religious or spiritual context and do not involve the
18 diagnosis or treatment of mental health disorders.

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

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

25 (2) (A) On and after July 1, 2020, the employee or volunteer
26 provides a client, prior to initiating psychotherapy services or as
27 soon as practicably possible thereafter, a notice written in at least
28 12-point type that is in substantially the following form:

29
30 NOTICE TO CLIENTS

31 The (Name of office or unit) of the (Name of agency) receives
32 and responds to complaints regarding the practice of psychotherapy
33 by any unlicensed or unregistered practitioner providing services
34 at (Name of agency). To file a complaint, contact (Telephone
35 number, email address, internet website, or mailing address of
36 agency).

37 The Board of Behavioral Sciences receives and responds to
38 complaints regarding services provided by individuals licensed
39 and registered by the board. If you have a complaint and are unsure
40 if your practitioner is licensed or registered, please contact the

1 Board of Behavioral Sciences at 916-574-7830 for assistance or
2 utilize the board's online license verification feature by visiting
3 www.bbs.ca.gov.

4
5 (B) The delivery of the notice described in subparagraph (A)
6 to the client shall be documented.

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

10 SEC. 25. Section 4999.46 of the Business and Professions
11 Code is amended to read:

12 4999.46. (a) Except as provided in subdivision (b), all
13 applicants shall have an active associate registration with the board
14 in order to gain postdegree hours of supervised experience. An
15 associate or applicant for licensure shall be under the supervision
16 of a supervisor at all times. An associate shall inform each client,
17 before performing any professional services, that the associate is
18 unlicensed and under supervision.

19 (b) (1) Postdegree hours of experience gained before the
20 issuance of an associate registration shall be credited toward
21 licensure if all of the following apply:

22 (A) The registration applicant applies for the associate
23 registration and the board receives the application within 90 days
24 of the granting of the qualifying master's degree or doctoral degree.

25 (B) For applicants completing graduate study on or after January
26 1, 2020, the experience is obtained at a workplace that, prior to
27 the registration applicant gaining supervised experience hours,
28 requires completed Live Scan fingerprinting. The applicant shall
29 provide the board with a copy of that completed State of California
30 "Request for Live Scan Service" form with their application for
31 licensure.

32 (C) The board subsequently grants the associate registration.

33 (2) The applicant shall not be employed or volunteer in a private
34 practice or a professional corporation until they have been issued
35 an associate registration by the board.

36 (c) Supervised experience that is obtained for the purposes of
37 qualifying for licensure shall be related to the practice of
38 professional clinical counseling and comply with the following:

39 (1) A minimum of 3,000 postdegree hours performed over a
40 period of not less than two years (104 weeks).

1 (2) Not more than 40 hours in any seven consecutive days.

2 (3) Not less than 1,750 hours of direct clinical counseling with
3 individuals, groups, couples, or families using a variety of
4 psychotherapeutic techniques and recognized counseling
5 interventions.

6 (4) A maximum of 1,250 hours of nonclinical practice,
7 consisting of direct supervisor contact, administering and
8 evaluating psychological tests, writing clinical reports, writing
9 progress or process notes, client-centered advocacy, and
10 workshops, seminars, training sessions, or conferences directly
11 related to professional clinical counseling that have been approved
12 by the applicant's supervisor.

13 (5) A maximum of 1,200 hours gained under the supervision
14 of a licensed educational psychologist providing educationally
15 related mental health services that are consistent with the scope
16 of practice of an educational psychologist, as specified in Section
17 4989.14.

18 (d) Experience hours shall not have been gained more than seven
19 years prior to the date the application for licensure was received
20 by the board.

21 SEC. 26. Section 4999.46.1 of the Business and Professions
22 Code is repealed.

23 SEC. 27. Section 4999.50 of the Business and Professions
24 Code is amended to read:

25 4999.50. (a) The board may issue a professional clinical
26 counselor license to any person who meets all of the following
27 requirements:

28 (1) They have received a master's or doctoral degree described
29 in Section 4999.32 or 4999.33, as applicable.

30 (2) They have completed at least 3,000 hours of supervised
31 experience in the practice of professional clinical counseling.

32 (3) They provide evidence of a passing score, as determined by
33 the board, on the examinations designated in Section 4999.53.
34 Each examination shall be passed no more than seven years prior
35 to the board's receipt of the application for initial license issuance.

36 (b) An applicant for licensure who has satisfied the requirements
37 of this chapter shall be issued a license as a professional clinical
38 counselor.

39 SEC. 28. Section 4999.52 of the Business and Professions
40 Code is amended to read:

1 4999.52. (a) Every applicant for a license as a professional
2 clinical counselor shall take one or more examinations, as
3 determined by the board, to ascertain their knowledge, professional
4 skills, and judgment in the utilization of appropriate techniques
5 and methods of professional clinical counseling.

6 (b) The examinations shall be given at least twice a year at a
7 time and place and under supervision as the board may determine.

8 (c) The board shall not deny any applicant admission to an
9 examination who has submitted a complete application for
10 examination admission if the applicant meets the educational and
11 experience requirements of this chapter and has not committed
12 any acts or engaged in any conduct that would constitute grounds
13 to deny licensure.

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

20 (e) If an applicant for the examination specified by paragraph
21 (2) of subdivision (a) of Section 4999.53, who has passed the
22 California law and ethics examination, is the subject of a complaint
23 or is under board investigation for acts or conduct that, if proven
24 to be true, would constitute grounds for the board to deny licensure,
25 the board shall permit the applicant to take this examination, but
26 may notify the applicant that licensure will not be granted pending
27 completion of the investigation.

28 (f) Notwithstanding Section 135, the board may deny any
29 applicant who has previously failed either the California law and
30 ethics examination, or the examination specified by paragraph (2)
31 of subdivision (a) of Section 4999.53, permission to retake either
32 examination pending completion of the investigation of any
33 complaints against the applicant.

34 (g) Nothing in this section shall prohibit the board from denying
35 an applicant admission to any examination or refusing to issue a
36 license to any applicant when an accusation or statement of issues
37 has been filed against the applicant pursuant to Section 11503 or
38 11504 of the Government Code, respectively, or the application
39 has been denied in accordance with subdivision (b) of Section 485.

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

4 (i) The clinical examination shall be passed no more than seven
5 years prior to the board's receipt of the application for initial
6 license issuance.

7 SEC. 29. Section 4999.53 of the Business and Professions
8 Code is amended to read:

9 4999.53. (a) A registrant or an applicant for licensure as a
10 professional clinical counselor shall pass the following
11 examinations as prescribed by the board:

12 (1) A California law and ethics examination.

13 (2) A clinical examination administered by the board, or the
14 National Clinical Mental Health Counselor Examination if the
15 board finds that this examination meets the prevailing standards
16 for validation and use of the licensing and certification tests in
17 California.

18 ~~(3)~~

19 (b) The board shall grant eligibility to take the California law
20 and ethics examination upon approval of an application for
21 registration or an application for licensure and submission of the
22 required application and fee.

23 ~~(b)~~

24 (c) The board may grant an applicant for licensure eligibility to
25 take the clinical examination or the National Clinical Mental Health
26 Counselor Examination, as established by the board through
27 regulation, only upon meeting all of the following requirements:

28 (1) Completion of all required supervised work experience.

29 (2) Completion of all education requirements.

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

31 SEC. 30. Section 4999.55 of the Business and Professions
32 Code is amended to read:

33 4999.55. (a) Each applicant and registrant shall obtain a
34 passing score on a board-administered California law and ethics
35 examination in order to qualify for licensure. The California law
36 and ethics examination shall be passed no more than seven years
37 prior to the board's receipt of the application for initial license
38 issuance.

39 (b) If an applicant fails the California law and ethics
40 examination, they may retake the examination after any waiting

1 period as specified in regulation upon payment of the required fees
2 and submission of a reexamination application.

3 (c) The board shall not issue a subsequent associate registration
4 number unless the applicant has passed the California law and
5 ethics examination no more than seven years prior to the board's
6 receipt of the application for the subsequent associate registration
7 number.

8 (d) Notwithstanding any other provision of law, the seven-year
9 age limit on the California law and ethics examination shall not
10 apply to any application for initial license issuance or subsequent
11 associate registration number received by the board on or before
12 January 1, 2030.

13 (e) A registrant shall complete a minimum of three hours of
14 continuing education ~~in~~ on the subject of California law and ethics
15 during each renewal period in order to be eligible to renew their
16 registration. The coursework shall be obtained from a
17 board-accepted provider of continuing education, as specified in
18 Section 4999.76.

19 SEC. 31. Section 4999.64 of the Business and Professions
20 Code is amended to read:

21 4999.64. An applicant who fails the examination specified in
22 paragraph (2) of subdivision (a) of Section 4999.53 may, within
23 one year from the notification date of that failure, retake the
24 examination as regularly scheduled without further application
25 upon payment of the fee for the examination. Thereafter, the
26 applicant shall not be eligible for further examination until they
27 file a new application, meet all requirements in effect on the date
28 of application, and pay all required fees.

29 SEC. 32. Section 4999.100 of the Business and Professions
30 Code is amended to read:

31 4999.100. (a) An associate registration shall expire one year
32 from the last day of the month in which it was issued.

33 (b) To renew a registration subject to the additional limitations
34 imposed by subdivision (d), the registrant, on or before the
35 expiration date of the registration, shall do the following:

36 (1) Apply for a renewal on a form prescribed by the board.

37 (2) Pay a renewal fee prescribed by the board.

38 (3) Notify the board whether they have been convicted, as
39 defined in Section 490, of a misdemeanor or felony, or whether
40 any disciplinary action has been taken by any regulatory or

1 licensing board in this or any other state, subsequent to the
2 registrant's last renewal.

3 (4) Certify under penalty of perjury their compliance with the
4 continuing education requirements set forth in Section 4999.76.

5 (c) An expired registration may be renewed by completing all
6 of the actions described in paragraphs (1) to (4), inclusive, of
7 subdivision (b).

8 (d) The associate registration may be renewed a maximum of
9 six times. Registration shall not be renewed or reinstated beyond
10 seven years from the last day of the month during which it was
11 issued, regardless of whether it has been revoked. When no further
12 renewals are possible, an applicant may apply for and obtain a
13 subsequent associate registration number if the applicant meets
14 the educational requirements for a subsequent associate registration
15 number and has passed the California law and ethics examination
16 described in Section 4999.53 no more than seven years prior to
17 the board's receipt of the application for the subsequent registration
18 number.

19 (e) An applicant who is issued a subsequent associate
20 registration number pursuant to subdivision (d) shall not be
21 employed or volunteer in a private practice.

22 (f) Notwithstanding subdivision (e), an applicant applying for
23 or who currently holds a subsequent associate registration number
24 may request that the board grant them a one-time,
25 two-consecutive-year hardship extension to allow them to be
26 employed or volunteer at one private practice or professional
27 corporation employer with their subsequent associate registration
28 number in accordance with the following:

29 (1) An associate shall not be issued more than one extension.

30 (2) The extension is only valid for the one private practice or
31 professional corporation employer for which it is requested.

32 (3) Work for the employer shall not commence or continue until
33 the extension is approved by the board.

34 (4) The application shall be jointly signed under penalty of
35 perjury and dated by the associate, the supervisor, and, if the
36 supervisor is not employed by the supervisee's employer or is a
37 volunteer, a representative of the employer.

38 (5) The board shall grant the extension provided that the
39 application is signed, all information required is provided, and

1 good cause is demonstrated. The application shall contain all of
2 the following:

3 (A) The date the extension is needed to commence or continue
4 work for the employer.

5 (B) The name of the employer where the associate will be
6 gaining hours.

7 (C) An attestation that the employer is a private practice or a
8 professional corporation.

9 (D) The name, license type, and license number of the current
10 supervisor.

11 (E) A showing of good cause for the applicant being unable to
12 complete the licensure process within seven years. Good cause
13 may include, but is not limited to, extended medical leave, family
14 caregiving responsibilities, difficulties finding employment, or
15 circumstances beyond the applicant's control.

16 (F) A description of the plan for the associate to gain the needed
17 hours toward licensure during the two-year extension period.

18 SEC. 33. Section 4999.120 of the Business and Professions
19 Code is amended to read:

20 4999.120. The board shall assess the following fees relating
21 to the licensure of professional clinical counselors:

22 (a) The fee for the application for licensure shall be two hundred
23 fifty dollars (\$250). The board may adopt regulations to set the
24 fee at a higher amount, up to a maximum of five hundred dollars
25 (\$500).

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

30 (c) (1) (A) The fee for the board-administered clinical
31 examination, if the board chooses to adopt this examination in
32 regulations, shall be two hundred fifty dollars (\$250). The board
33 may adopt regulations to set the fee at a higher amount, up to a
34 maximum of five hundred dollars (\$500).

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

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

(3) 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 written examination fees shall be adjusted periodically by regulation to reflect the actual costs incurred by the board.

(d) The fee for the issuance of a 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).

(e) The fee for the annual renewal of 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).

(f) 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).

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

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

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

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

SEC. 34. 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.

MEMORANDUM

DATE	May 5, 2026
TO	Psychology Board Members
FROM	Cynthia Whitney, Central Services Manager
SUBJECT	Agenda Item 13(e)(1) - AB 2575 (Ortega) Health care services: artificial intelligence

Background

Assembly Bill 2575 (AB 2575) was introduced on February 20, 2026, by Assembly Member Liz Ortega.

This bill establishes new requirements governing the use of artificial intelligence (AI) and clinical decision support tools in patient care. It requires health facilities and providers to disclose detailed information about AI tools, including their development, limitations, and potential biases, and affirms that health care workers may override AI-generated output based on their professional judgment. The bill also prohibits employers from limiting clinical judgment or retaliating against workers for overriding or relying on AI tools and clarifies that developers and users of AI cannot avoid liability by attributing harm to a provider's failure to override the technology.

This bill is relevant to the Board of Psychology (Board) because it introduces new standards related to the use of artificial intelligence in clinical decision-making, professional judgment, and potential liability considerations for licensees. The Board may experience impacts on its enforcement workload, including the need to investigate complaints involving AI use and determine compliance with any new statutory or regulatory requirements.

On March 16, 2026, AB 2575 was referred to the Assembly Health Committee, Labor and Employment, and Privacy and Consumer Protection.

On April 8, 2026, AB 2575 passed the Assembly Health Committee and was re-referred to the Assembly Committee on Labor and Employment.

On April 9, 2026, AB 2575 was re-referred to the Assembly Committee on Privacy and Consumer Protection and was amended.

On April 13, 2026, AB 2575 was re-referred to the Assembly Committee on Privacy and Consumer Protection.

On April 22, 2026, AB 2575 was amended in the Assembly Committee on Privacy and Consumer Protection.

On April 27, 2026, AB 2575 was re-referred to the Committee on Appropriations

Passage of AB 2575 could warrant regulatory changes in the future. While “Informed Consent” is touched on in AB 2575, it will not change informed consent for the Board.

Action Requested

Board staff recommends the Board take the position of **SUPPORT IF AMENDED** and request the following amendment on AB 2575:

- Clarify whether a violation of this section by a licensee of the Board of Psychology is subject to enforcement.

Attachment #1: Bill Text – [Webmail](#)

Attachment #2: Bill Analysis

ASSEMBLY BILL

No. 2575

Introduced by Assembly Member Ortega

February 20, 2026

An act to add Section 1714.48 to the Civil Code, to add Section 1339.76 to the Health and Safety Code, and to add Article 2.7 (commencing with Section 2820) to Chapter 2 of Division 3 of the Labor Code, relating to health care services.

LEGISLATIVE COUNSEL'S DIGEST

AB 2575, as introduced, Ortega. Health care services: artificial intelligence.

(1) Existing law provides for the licensure and regulation of health facilities and clinics by the State Department of Public Health. Existing law generally makes a violation of these provisions a crime. Existing law, the Medical Practice Act, establishes the Medical Board of California for the licensing, regulation, and discipline of physicians and surgeons. Existing law requires a health facility, clinic, physician's office, or office of a group practice that uses generative artificial intelligence to generate written or verbal patient communications pertaining to patient clinical information, as defined, to ensure that those communications include both a disclaimer that indicates to the patient that a communication was generated by generative artificial intelligence, as specified, and clear instructions describing how a patient may contact a human health care provider, employee, or other appropriate person.

This bill would require a health facility, clinic, physician's office, or office of a group practice that uses or deploys a covered tool, as defined, for patient care to disclose required information to any licensed health care professional or other person using a covered tool or viewing outputs

from a covered tool. The bill would require, among other things, the disclosure to include a notice that a worker providing direct patient care is permitted to override the output of a covered tool if, in the judgment of the worker acting in their scope of practice, an override is appropriate for the patient, or as necessary to comply with applicable law, including civil rights law. The bill would specify the required time and manner the disclosure is to be provided pursuant to these provisions. By placing new requirements on health facilities and clinics, this bill would expand the scope of a crime and would impose a state-mandated local program.

(2) Existing law charges the Labor Commissioner with enforcement of various labor laws, including investigation of employee complaints.

This bill would declare it is the policy of the state that a worker providing direct patient care be free to use their professional judgment to make assessments and decisions within their scope of practice as appropriate for their patients and that it is public policy of the state that a worker should not be penalized for relying in good faith on technology that the licensed health care professional's employer has selected or approved for their use in patient care. The bill would prohibit an employer from using or deploying technology to replace or eliminate a worker's use of professional judgment in patient care and would prohibit an employer from retaliating or discriminating against a worker providing patient care, as specified. The bill would authorize a worker who is subject to retaliation or discrimination in violation of these provisions to file a complaint with the Labor Commissioner against an employer.

(3) Existing law provides that everyone is responsible not only for the result of their willful acts, but also for an injury occasioned to another by their want of ordinary care or skill in the management of their property or person. Existing law prohibits a defendant who developed, modified, or used artificial intelligence, as defined, from asserting a defense that the artificial intelligence autonomously caused the harm to the plaintiff.

This bill would prohibit a defendant who developed, modified, or used artificial intelligence, as defined, that is alleged to have harmed the plaintiff from asserting a defense that the failure of a licensed health care professional or other health care worker to override an output of the artificial intelligence or clinical decision support system is a superseding cause severing the defendant's liability for the alleged harm.

(4) The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes.

State-mandated local program: yes.

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

1 SECTION 1. Section 1714.48 is added to the Civil Code, to
2 read:

3 1714.48. (a) For purposes of this section, the following
4 definitions shall apply:

5 (1) “Artificial intelligence” means an engineered or
6 machine-based system that varies in its level of autonomy and that
7 can, for explicit or implicit objectives, infer from the input it
8 receives how to generate outputs that can influence physical or
9 virtual environments.

10 (2) “Clinical decision support system” means a computerized
11 system or tool that does both of the following:

12 (A) Supports decisionmaking related to patient care based on
13 algorithms, or models, based in clinical practice guidelines or that
14 derive relationships from training data, including algorithms or
15 models that are developed using unsupervised learning models.

16 (B) Produces an output that results in a prediction, classification,
17 recommendation, evaluation, or analysis.

18 (b) In an action against a defendant who developed, modified,
19 selected, or deployed artificial intelligence that is alleged to have
20 caused harm to the plaintiff, it shall not be a defense, and the
21 defendant may not assert, that the failure of a licensed health care
22 professional or other health care worker to override an output of
23 the artificial intelligence or clinical decision support system is a
24 superseding cause severing the defendant’s liability for the alleged
25 harm.

26 (c) This section does not limit or preclude a defendant from
27 presenting either of the following:

28 (1) Any other affirmative defense, including evidence relevant
29 to causation or foreseeability.

(2) Other evidence relevant to the comparative fault of any other person or entity.

SEC. 2. Section 1339.76 is added to the Health and Safety Code, to read:

1339.76. (a) A health facility, clinic, physician's office, or office of a group practice that uses or deploys a covered tool for patient care shall disclose required information, described in subdivision (b), to any licensed health care professional or other person using a covered tool or viewing outputs from a covered tool.

(b) Required information under subdivision (a) shall include all of the following:

(1) Details on the covered tool, including developer, funding source, any foundation model used, and description of output.

(2) Intended use of the covered tool, including intended patient population, intended users, and intended decisionmaking role.

(3) Cautioned out-of-scope use of the covered tool, including known risks and limitations.

(4) List of the inputs into the covered tool.

(5) Description of how the covered tool generates outputs.

(6) Development details of the covered tool, including, but not limited to, all of the following:

(A) Description of the training set or clinical research underlying recommendations, including demographic representativeness and known biases based on protected characteristics.

(B) Description of the relevance of training data to deployed setting.

(C) Process used to ensure fairness in development of the intervention.

(7) Description of the validation process.

(8) Qualitative measures of performance.

(9) Description of ongoing maintenance of intervention implementation and use.

(10) Description of updates and continued validation or fairness assessment process.

(11) Notice that health care entities and developers are liable for harm that results from the use of artificial intelligence in patient care.

(12) Notice that a worker providing direct patient care is permitted to override the output of a covered tool if, in the

1 judgment of the worker acting in their scope of practice, such an
2 override is appropriate for the patient, or as necessary to comply
3 with applicable law, including civil rights law.

4 (c) (1) A disclosure made pursuant to this section shall be
5 provided at the time the licensed health care professional or other
6 person uses the covered tool or views any recommendation or
7 output generated by the covered tool.

8 (2) The disclosure shall be provided in plain language to, and
9 linked in the health record of, any patient whose care was affected
10 by the output of the covered tool or whose health information was
11 used as an input to the covered tool.

12 (3) The disclosure shall be provided with ample time for the
13 licensed health care professional or other person to review and
14 make reasoned decisions based on their professional judgment on
15 whether and how to use the covered tool.

16 (d) (1) A violation of this section by a licensed health facility
17 is subject to the enforcement mechanisms described in Article 4
18 (commencing with Section 1290) of Chapter 2.

19 (2) A violation of this section by a licensed clinic is subject to
20 the enforcement mechanisms described in Article 4 (commencing
21 with Section 1235) of Chapter 1.

22 (3) A violation of this section by a physician is subject to the
23 jurisdiction of the Medical Board of California or the Osteopathic
24 Medical Board of California, as appropriate.

25 (4) A violation of this section constitutes “unfair competition”
26 as defined in Section 17200 of the Business and Professions Code
27 and is punishable as prescribed in Chapter 5 (commencing with
28 Section 17200) of Part 2 of Division 7 of the Business and
29 Professions Code.

30 (e) For purposes of this section, the following definitions shall
31 apply:

32 (1) “Artificial intelligence” means an engineered or
33 machine-based system that varies in its level of autonomy and that
34 can, for explicit or implicit objectives, infer from the input it
35 receives how to generate outputs that can influence physical or
36 virtual environments.

37 (2) “Clinic” has the same meaning as defined in Section 1200.

38 (3) “Clinical decision support system” means a computerized
39 system or tool that does both of the following:

(A) Supports decisionmaking related to patient care based on algorithms, or models, based in clinical practice guidelines or that derive relationships from training data, including such algorithms or models that are developed using unsupervised learning models.

(B) Produces an output that results in a prediction, classification, recommendation, evaluation, or analysis.

(4) “Covered tool” means artificial intelligence or a clinical decision support system.

(5) “Health facility” has the same meaning as defined in Section 1250.

(6) “Office of a group practice” has the same meaning as defined in Section 1339.75.

(7) “Patient clinical information” has the same meaning as defined in Section 1339.75.

(8) “Physician’s office” has the same meaning as defined in Section 1339.75.

SEC. 3. Article 2.7 (commencing with Section 2820) is added to Chapter 2 of Division 3 of the Labor Code, to read:

Article 2.7. Health Information Technology: Worker Rights

2820. For the purposes of this article, the following definitions shall apply:

(a) “Artificial intelligence” means an engineered or machine-based system that varies in its level of autonomy and that can, for explicit or implicit objectives, infer from the input it receives how to generate outputs that can influence physical or virtual environments.

(b) “Clinical decision support system” means a computerized system or tool that does both of the following:

(A) Supports decisionmaking related to patient care based on algorithms, or models, based in clinical practice guidelines or that derive relationships from training data, including such algorithms or models that are developed using unsupervised learning models.

(B) Produces an output that results in a prediction, classification, recommendation, evaluation, or analysis.

(c) “Technology” means scientific hardware or software, including artificial intelligence and clinical decision support systems, used to achieve a medical or nursing care objective at a health facility.

1 2821. (a) It is the public policy of the State of California that
2 a worker providing direct patient care be free to use their
3 professional judgment to make assessments and decisions within
4 their scope of practice as appropriate for their patients.

5 (b) It is the public policy of the State of California that a worker
6 providing direct patient care should not be penalized for relying
7 in good faith on technology that the licensed health care
8 professional's employer has selected or approved for their use in
9 patient care.

10 (c) An employer shall not use or deploy technology to replace
11 or limit a worker's use of professional judgment in patient care.

12 (d) An employer shall not retaliate or discriminate against a
13 worker providing direct patient care based on both of the following:

14 (1) The worker's override of, or request to override, the output
15 of technology if, in the judgment of the worker acting in their scope
16 of practice, such an override is appropriate for the patient, or as
17 necessary to comply with applicable law, including civil rights
18 law.

19 (2) The worker's compliance with the output of technology if
20 the technology was provided or approved by the worker's employer
21 for patient care.

22 (e) A worker who is subject to retaliation or discrimination in
23 violation of this article has the right under this article to file a
24 complaint with the Labor Commissioner against an employer who
25 retaliates or discriminates against the worker.

26 SEC. 4. No reimbursement is required by this act pursuant to
27 Section 6 of Article XIII B of the California Constitution because
28 the only costs that may be incurred by a local agency or school
29 district will be incurred because this act creates a new crime or
30 infraction, eliminates a crime or infraction, or changes the penalty
31 for a crime or infraction, within the meaning of Section 17556 of
32 the Government Code, or changes the definition of a crime within
33 the meaning of Section 6 of Article XIII B of the California
34 Constitution.

2026 Bill Analysis

Author: Assembly Member Liz Ortega	Bill Number: AB 2575	Related Bills:
Sponsor:	Version: Introduced	
Subject: Health care services: artificial intelligence		

SUMMARY

This bill would establish new requirements governing the use of artificial intelligence (AI) and clinical decision support tools in patient care. It would require health care entities to disclose detailed information about AI tools to health care professionals and ensure that workers may override AI-generated outputs based on their professional judgment. The bill would prohibit employers from limiting a worker's clinical judgment or retaliating against workers for overriding or relying on AI tools in good faith. Additionally, the bill would expand civil liability by prohibiting AI developers or users from asserting that a provider's failure to override AI output is a superseding cause of harm.

RECOMMENDATION

Staff Recommendation: Board of Psychology (Board) staff recommends the Board take the position of **SUPPORT** on AB 2575.

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

REASON FOR THE BILL

According to the author, the increasing use of artificial intelligence in health care presents risks if technology is used to replace or override professional judgment. The author asserts that health care workers must retain the ability to make independent clinical decisions and should not face retaliation for exercising that judgment. The bill is intended to promote transparency in AI use, ensure accountability for harm caused by AI systems, and protect both patients and health care workers in clinical settings.

ANALYSIS**Overview of Key Provisions**

The bill establishes a comprehensive framework regulating the use of artificial intelligence and clinical decision support systems in health care settings, including:

- Disclosure requirements for AI tools used in patient care
- Protection of clinical judgment and override authority
- Prohibition of employer retaliation
- Expansion of civil liability related to AI use

Impact on Scope of Practice and Clinical Judgment

The bill reinforces that licensed health care professionals retain authority to exercise independent clinical judgment and may override AI-generated recommendations when appropriate. For psychologists, this aligns with existing standards requiring independent assessment, diagnosis, and treatment planning. The bill supports professional autonomy but may also create expectations regarding how psychologists evaluate and document decisions when using AI-supported tools.

Disclosure and Compliance Requirements

The bill requires extensive disclosures about AI tools, including:

- Development, training data, and bias considerations
- Intended use and limitations
- Performance and validation
- Liability notices

These requirements are primarily imposed on health care entities, but licensed professionals may be indirectly impacted, particularly if they are required to interpret or rely on these disclosures in clinical decision-making.

Workforce and Employment Protections

The bill establishes worker protections, including, prohibiting employers from limiting professional judgment, prohibiting retaliation related to AI use decisions, allowing complaints to the Labor Commissioner.

Access to Care

The bill may improve patient safety and equity by requiring transparency regarding AI bias and limitations. However, the bill does not directly address access to care or workforce shortages and may increase compliance burdens on health care entities.

LEGISLATIVE HISTORY

No directly comparable legislation has been identified; however, recent legislative efforts in California have addressed AI transparency and accountability across sectors, including health care and consumer protection.

OTHER STATES' INFORMATION

Not applicable at this time.

PROGRAM BACKGROUND

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

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

FISCAL IMPACT

This bill is not expected to have a direct fiscal impact on the Board, as enforcement responsibilities are primarily assigned to health facility regulators and physician licensing boards.

ECONOMIC IMPACT

Not applicable at this time.

LEGAL IMPACT

The bill significantly impacts civil liability by limiting defenses related to AI use and may influence malpractice litigation involving health care providers. It also establishes new legal standards regarding the role of professional judgment in AI-assisted care.

APPOINTMENTS

Not applicable at this time.

SUPPORT/OPPOSITION

Not applicable at this time.

Support:**Opposition:****ARGUMENTS**

Not applicable at this time.

Proponents:**Opponents:**

AMENDMENTS

Not applicable at this time.

MEMORANDUM

DATE	May 4, 2026
TO	Psychology Board Members
FROM	Cynthia Whitney, Central Services Manager
SUBJECT	Agenda Item 13(e)(2) - AB 1979 (Bonta) Health care services: artificial intelligence

Background

Assembly Bill 1979 (AB 1979) was introduced on February 13, 2026, by Assembly Member Mia Bonta.

Existing law requires a health facility, clinic, physician's office, or office of a group practice that uses generative artificial intelligence to generate written or verbal patient communications pertaining to patient clinical information, as defined, to ensure that those communications include both a disclaimer that indicates to the patient that a communication was generated by generative artificial intelligence, as specified, and clear instructions describing how a patient may contact a human health care provider, employee, or other appropriate person, except as specified

AB 1979 would require specified health facilities, including physician's offices, to ensure that no clinical decision is based solely on the output of a clinical decision support system, as defined. These facilities would be prohibited from using artificial intelligence to guide or supervise unlicensed personnel in performing any function that requires a professional license. Licensing boards may pursue an injunction or restraining order for practicing health care without a license.

This bill is relevant to the Board of Psychology (Board) because it has the potential to increase the Board's enforcement workload by increasing complaint referrals to the Division of Investigation (DOI) and increasing use of experts.

AB 1979 will likely increase complaint volume and increase the number of cases the Board refers to the DOI to gather records, interview witnesses, and reconstruct AI-related workflows and decision points. It will also increase expert costs/time to evaluate

whether the conduct involved professional judgment or licensed functions and to interpret technical documentation.

Action Requested

Board staff recommends the Board take a position of **SUPPORT**

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

Attachment #2: Bill Analysis

AMENDED IN ASSEMBLY APRIL 23, 2026

AMENDED IN ASSEMBLY APRIL 9, 2026

AMENDED IN ASSEMBLY MARCH 19, 2026

AMENDED IN ASSEMBLY MARCH 16, 2026

CALIFORNIA LEGISLATURE—2025–26 REGULAR SESSION

ASSEMBLY BILL

No. 1979

Introduced by Assembly Member Bonta

February 13, 2026

An act to amend ~~Section~~ *Sections 56.05 and 56.06* of the Civil Code, and to add Section 1339.77 to the Health and Safety Code, relating to health care services.

LEGISLATIVE COUNSEL'S DIGEST

AB 1979, as amended, Bonta. Health care services: artificial intelligence.

(1) The Confidentiality of Medical Information Act (CMIA) prohibits a provider of health care, a health care service plan, a contractor, or a corporation and its subsidiaries and affiliates from intentionally sharing, selling, using for marketing, or otherwise using any medical information, as defined, for any purpose not necessary to provide health care services to a patient, except as provided. ~~The CMIA makes a business that offers software or hardware to consumers, including a mobile application or other related device that is designed to maintain medical information in order to make the information available to an individual or a provider of health care at the request of the individual or a provider of health care, for purposes of allowing the individual to manage the individual's information or for the diagnosis, treatment, or management of a medical~~

~~condition of the individual, a provider of health care subject to the requirements of the CMIA. Existing law deems a business that offers a mental health digital service or reproductive or sexual health digital service to a consumer for the purpose of allowing the individual to manage the individual's information, or for the diagnosis, treatment, or management of a medical condition of the individual, to be a provider of health care subject to the requirements of the CMIA.~~

~~The bill would clarify that “manage the individual's information” includes the ability to query their medical history, summarize doctor's notes, or organize lab results. additionally deem a business that offers a healthcare chatbot, as defined, to a consumer for the above-described purposes to be a provider of health care subject to the requirements of the CMIA.~~

(2) Existing law provides for the licensure and regulation of health facilities and clinics by the State Department of Public Health. Existing law generally makes a violation of these provisions a crime. Existing law requires a health facility, clinic, physician's office, or office of a group practice that uses generative artificial intelligence to generate written or verbal patient communications pertaining to patient clinical information, as defined, to ensure that those communications include both a disclaimer that indicates to the patient that a communication was generated by generative artificial intelligence, as specified, and clear instructions describing how a patient may contact a human health care provider, employee, or other appropriate person, except as specified.

~~This bill would prohibit require a health facility, clinic, physician's office, or office or a group practice from using or deploying a tool, system, or device that includes artificial intelligence to replace the use of professional judgment by a licensed health care professional, as specified, and would prohibit the use of artificial intelligence to direct, guide, supervise, or instruct unlicensed personnel in performing any function that requires a professional license. to ensure that no clinical decision, as specified, is based solely on the output of a clinical decision support system, as defined, and that a licensed health care professional exercises independent professional judgment when reviewing and approving a clinical decision that is based on the output of a clinical decision support system.~~ The bill would authorize the appropriate professional licensing board to pursue an injunction or restraining order to enforce these provisions to the extent that a violation constitutes the practice of a health care profession without a license. The bill would specify that these provisions do not prohibit the use of artificial

intelligence for documentation and communication that does not involve the application of professional judgment, including automated messages to inform patients of updates to their health records. By placing new requirements on health facilities and clinics, this bill would expand the scope of a crime and would impose a state-mandated local program.

(3) The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

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

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

1 SECTION 1. Section 56.05 of the Civil Code is amended to
2 read:
3 56.05. For purposes of this part:
4 (a) “Artificial intelligence” has the same meaning as that term
5 is defined in Section 1339.75 of the Health and Safety Code.
6 ~~(a)~~
7 (b) “Authorization” means permission granted in accordance
8 with Section 56.11 or 56.21 for the disclosure of medical
9 information.
10 ~~(b)~~
11 (c) “Authorized recipient” means a person who is authorized to
12 receive medical information pursuant to Section 56.10 or 56.20.
13 ~~(c)~~
14 (d) “Confidential communications request” means a request by
15 a subscriber or enrollee that health care service plan
16 communications containing medical information be communicated
17 to them at a specific mail or email address or specific telephone
18 number, as designated by the subscriber or enrollee.
19 ~~(d)~~
20 (e) “Contractor” means a person or entity that is a medical group,
21 independent practice association, pharmaceutical benefits manager,
22 or a medical service organization and is not a health care service
23 plan or provider of health care. “Contractor” does not include
24 insurance institutions as defined in subdivision (k) of Section
25 791.02 of the Insurance Code or pharmaceutical benefits managers

1 licensed pursuant to the Knox-Keene Health Care Service Plan
2 Act of 1975 (Chapter 2.2 (commencing with Section 1340) of
3 Division 2 of the Health and Safety Code).

4 ~~(e)~~

5 *(f) “Enrollee” has the same meaning as that term is defined in*
6 *Section 1345 of the Health and Safety Code.*

7 ~~(f)~~

8 *(g) “Expiration date or event” means a specified date or an*
9 *occurrence relating to the individual to whom the medical*
10 *information pertains or the purpose of the use or disclosure, after*
11 *which the provider of health care, health care service plan,*
12 *pharmaceutical company, or contractor is no longer authorized to*
13 *disclose the medical information.*

14 *(h) “Generative artificial intelligence” has the same meaning*
15 *as that term is defined in Section 1339.75 of the Health and Safety*
16 *Code.*

17 *(i) “Healthcare chatbot” means a generative artificial*
18 *intelligence system with a natural language interface that provides*
19 *adaptive, human-like responses to user inputs, collects healthcare*
20 *chatbot information from a consumer, is marketed as facilitating*
21 *mental or physical health services to a consumer, and uses the*
22 *information to facilitate mental or physical health services to a*
23 *consumer.*

24 *(j) “Healthcare chatbot information” means information related*
25 *to a consumer’s physical or mental health or wellness that is*
26 *provided to, inferred by, or generated by a healthcare chatbot.*

27 ~~(g)~~

28 *(k) “Health care service plan” means an entity regulated pursuant*
29 *to the Knox-Keene Health Care Service Plan Act of 1975 (Chapter*
30 *2.2 (commencing with Section 1340) of Division 2 of the Health*
31 *and Safety Code).*

32 ~~(h)~~

33 *(l) “Licensed health care professional” means a person licensed*
34 *or certified pursuant to Division 2 (commencing with Section 500)*
35 *of the Business and Professions Code, the Osteopathic Initiative*
36 *Act or the Chiropractic Initiative Act, or Division 2.5 (commencing*
37 *with Section 1797) of the Health and Safety Code.*

38 ~~(i)~~

1 (m) “Marketing” means to make a communication about a
2 product or service that encourages recipients of the communication
3 to purchase or use the product or service.

4 “Marketing” does not include any of the following:

5 (1) Communications made orally or in writing for which the
6 communicator does not receive direct or indirect remuneration,
7 including, but not limited to, gifts, fees, payments, subsidies, or
8 other economic benefits, from a third party for making the
9 communication.

10 (2) Communications made to current enrollees solely for the
11 purpose of describing a provider’s participation in an existing
12 health care provider network or health plan network of a
13 Knox-Keene licensed health plan to which the enrollees already
14 subscribe; communications made to current enrollees solely for
15 the purpose of describing if, and the extent to which, a product or
16 service, or payment for a product or service, is provided by a
17 provider, contractor, or plan or included in a plan of benefits of a
18 Knox-Keene licensed health plan to which the enrollees already
19 subscribe; or communications made to plan enrollees describing
20 the availability of more cost-effective pharmaceuticals.

21 (3) Communications that are tailored to the circumstances of a
22 particular individual to educate or advise the individual about
23 treatment options, and otherwise maintain the individual’s
24 adherence to a prescribed course of medical treatment, as provided
25 in Section 1399.901 of the Health and Safety Code, for a chronic
26 and seriously debilitating or life-threatening condition as defined
27 in subdivisions ~~(d)~~ and ~~(e)~~ (e) and (f) of Section 1367.21 of the
28 Health and Safety Code, if the health care provider, contractor, or
29 health plan receives direct or indirect remuneration, including, but
30 not limited to, gifts, fees, payments, subsidies, or other economic
31 benefits, from a third party for making the communication, if all
32 of the following apply:

33 (A) The individual receiving the communication is notified in
34 the communication in typeface no smaller than 14-point type of
35 the fact that the provider, contractor, or health plan has been
36 remunerated and the source of the remuneration.

37 (B) The individual is provided the opportunity to opt out of
38 receiving future remunerated communications.

39 (C) The communication contains instructions in typeface no
40 smaller than 14-point type describing how the individual can opt

1 out of receiving further communications by calling a toll-free
2 number of the health care provider, contractor, or health plan
3 making the remunerated communications. Further communication
4 shall not be made to an individual who has opted out after 30
5 calendar days from the date the individual makes the opt-out
6 request.

7 (j)

8 (n) (1) “Medical information” means any individually
9 identifiable information, in electronic or physical form, in
10 possession of or derived from a provider of health care, health care
11 service plan, pharmaceutical company, or contractor regarding a
12 patient’s medical history, mental health application information,
13 reproductive or sexual health application information, mental or
14 physical condition, or treatment. “Individually identifiable” means
15 that the medical information includes or contains any element of
16 personal identifying information sufficient to allow identification
17 of the individual, such as the patient’s name, address, electronic
18 mail address, telephone number, or social security number, or other
19 information that, alone or in combination with other publicly
20 available information, reveals the identity of the individual.

21 (2) If individually identifying information regarding immigration
22 status, including current and prior immigration status, or place of
23 birth, is known or collected in electronic or physical form by a
24 provider of health care, health care service plan, pharmaceutical
25 company, or contractor regarding a patient’s medical history, it
26 shall be treated as medical information, as defined in paragraph
27 (1).

28 (k)

29 (o) “Mental health application information” means information
30 related to a consumer’s inferred or diagnosed mental health or
31 substance use disorder, as defined in Section 1374.72 of the Health
32 and Safety Code, collected by a mental health digital service.

33 ~~(l) “Mental health digital service” means a mobile-based~~
34 ~~application or internet website that collects mental health~~
35 ~~application information from a consumer, markets itself as~~
36 ~~facilitating mental health services to a consumer, and uses the~~
37 ~~information to facilitate mental health services to a consumer.~~

38 (p) “Mental health digital service” means a mobile-based
39 application or internet website that collects mental health
40 application information from a consumer, markets itself as

1 *facilitating mental health services to a consumer, and uses the*
2 *information to facilitate mental health services to a consumer.*

3 ~~(m)~~

4 (q) “Patient” means a natural person, whether or not still living,
5 who received health care services from a provider of health care
6 and to whom medical information pertains.

7 ~~(n)~~

8 (r) “Pharmaceutical company” means a company or business,
9 or an agent or representative thereof, that manufactures, sells, or
10 distributes pharmaceuticals, medications, or prescription drugs.
11 “Pharmaceutical company” does not include a pharmaceutical
12 benefits manager, as included in subdivision ~~(e)~~; (e), or a provider
13 of health care.

14 ~~(o)~~

15 (s) “Protected individual” means any adult covered by the
16 subscriber’s health care service plan or a minor who can consent
17 to a health care service without the consent of a parent or legal
18 guardian, pursuant to state or federal law. “Protected individual”
19 does not include an individual that lacks the capacity to give
20 informed consent for health care pursuant to Section 813 of the
21 Probate Code.

22 ~~(p)~~

23 (t) “Provider of health care” means a person licensed or certified
24 pursuant to Division 2 (commencing with Section 500) of the
25 Business and Professions Code; a person licensed pursuant to the
26 Osteopathic Initiative Act or the Chiropractic Initiative Act; a
27 person certified pursuant to Division 2.5 (commencing with Section
28 1797) of the Health and Safety Code; or a clinic, health dispensary,
29 or health facility licensed pursuant to Division 2 (commencing
30 with Section 1200) of the Health and Safety Code. “Provider of
31 health care” does not include insurance institutions as defined in
32 subdivision (k) of Section 791.02 of the Insurance Code.

33 ~~(q)~~

34 (u) “Reproductive or sexual health application information”
35 means information about a consumer’s reproductive health,
36 menstrual cycle, fertility, pregnancy, pregnancy outcome, plans
37 to conceive, or type of sexual activity collected by a reproductive
38 or sexual health digital service, including, but not limited to,
39 information from which one can infer someone’s pregnancy status,

1 menstrual cycle, fertility, hormone levels, birth control use, sexual
2 activity, or gender identity.

3 (r)

4 (v) “Reproductive or sexual health digital service” means a
5 mobile-based application or internet website that collects
6 reproductive or sexual health application information from a
7 consumer, markets itself as facilitating reproductive or sexual
8 health services to a consumer, and uses the information to facilitate
9 reproductive or sexual health services to a consumer.

10 (s)

11 (w) “Sensitive services” means all health care services related
12 to mental or behavioral health, sexual and reproductive health,
13 sexually transmitted infections, substance use disorder,
14 gender-affirming care, and intimate partner violence, and includes
15 services described in Sections 6924, 6925, 6926, 6927, 6928, 6929,
16 and 6930 of the Family Code, and Sections 121020 and 124260
17 of the Health and Safety Code, obtained by a patient at or above
18 the minimum age specified for consenting to the service specified
19 in the section.

20 (t)

21 (x) “Subscriber” has the same meaning as that term is defined
22 in Section 1345 of the Health and Safety Code.

23 (u)

24 (y) “Immigration enforcement” means any and all efforts to
25 investigate, enforce, or assist in the investigation or enforcement
26 of any federal civil immigration law, and also includes any and all
27 efforts to investigate, enforce, or assist in the investigation or
28 enforcement of any federal criminal immigration law that penalizes
29 a person’s presence in, entry or reentry to, or employment in, the
30 United States.

31 **SECTION 1.**

32 *SEC. 2.* Section 56.06 of the Civil Code is amended to read:

33 56.06. (a) Any business organized for the purpose of
34 maintaining medical information in order to make the information
35 available to an individual or to a provider of health care at the
36 request of the individual or a provider of health care, for purposes
37 of allowing the individual to manage the individual’s information,
38 or for the diagnosis and treatment of the individual, shall be deemed
39 to be a provider of health care subject to the requirements of this
40 part. However, this section shall not be construed to make a

business specified in this subdivision a provider of health care for purposes of any law other than this part, including laws that specifically incorporate by reference the definitions of this part.

(b) ~~(1)~~ Any business that offers software or hardware to consumers, including a mobile application or other related device that is designed to maintain medical information in order to make the information available to an individual or a provider of health care at the request of the individual or a provider of health care, for purposes of allowing the individual to manage the individual's information, or for the diagnosis, treatment, or management of a medical condition of the individual, shall be deemed to be a provider of health care subject to the requirements of this part. However, this section shall not be construed to make a business specified in this subdivision a provider of health care for purposes of any law other than this part, including laws that specifically incorporate by reference the definitions of this part.

~~(2) For the purpose of this subdivision, "manage the individual's information" includes the ability to query their medical history, summarize doctor's notes, or organize lab results. The amendments made to this subdivision by the act adding this subparagraph are intended to clarify existing law.~~

(c) Any business that is licensed pursuant to Division 10 (commencing with Section 26000) of the Business and Professions Code that is authorized to receive or receives identification cards issued pursuant to Section 11362.71 of the Health and Safety Code or information contained in a physician's recommendation issued in accordance with Article 25 (commencing with Section 2525) of Chapter 5 of Division 2 of the Business and Professions Code shall be deemed to be a provider of health care subject to the requirements of this part. However, this section shall not be construed to make a business specified in this subdivision a provider of health care for purposes of any law other than this part, including laws that specifically incorporate by reference the definitions of this part.

(d) Any business that offers a mental health digital service to a consumer for the purpose of allowing the individual to manage the individual's information, or for the diagnosis, treatment, or management of a medical condition of the individual, shall be deemed to be a provider of health care subject to the requirements of this part. However, this section shall not be construed to make

1 a business specified in this subdivision a provider of health care
2 for purposes of any law other than this part, including laws that
3 specifically incorporate by reference the definitions of this part.

4 (e) Any business that offers a reproductive or sexual health
5 digital service to a consumer for the purpose of allowing the
6 individual to manage the individual's information, or for the
7 diagnosis, treatment, or management of a medical condition of the
8 individual, shall be deemed to be a provider of health care subject
9 to the requirements of this part. However, this section shall not be
10 construed to make a business specified in this subdivision a
11 provider of health care for purposes of any law other than this part,
12 including, but not limited to, laws that specifically incorporate by
13 reference the definitions of this part.

14 (f) *Any business that offers a healthcare chatbot to a consumer
15 for the purpose of allowing the individual to manage the
16 individual's information, or for the diagnosis, treatment, or
17 management of a medical condition of the individual, shall be
18 deemed to be a provider of health care subject to the requirements
19 of this part. However, this section shall not be construed to make
20 a business specified in this subdivision a provider of health care
21 for purposes of any law other than this part, including laws that
22 specifically incorporate by reference the definitions of this part.*

23 ~~(f)~~

24 (g) Any business described in this section shall maintain the
25 same standards of confidentiality required of a provider of health
26 care with respect to medical information disclosed to the business.

27 ~~(g)~~

28 (h) Any business described in this section is subject to the
29 penalties for improper use and disclosure of medical information
30 prescribed in this part.

31 ~~SEC. 2.~~

32 SEC. 3. Section 1339.77 is added to the Health and Safety
33 Code, to read:

34 1339.77. (a) (1) A health facility, clinic, physician's office,
35 or office of a group practice shall ~~not use or deploy a tool, system,~~
36 ~~or device that includes artificial intelligence to replace the use of~~
37 ~~professional judgment by a licensed health care professional in~~
38 ~~carrying out their duties, including, but not limited to, assessment~~
39 ~~of patient condition, educating patients and their families~~
40 ~~concerning the patient's health care problems, including~~

1 ~~postdischarge care, communication between licensed health care~~
2 ~~professionals relating to the handoff of responsibility for a patient,~~
3 ~~and other documentation and communication that requires applying~~
4 ~~professional expertise to an individual patient's health.~~ *ensure that*
5 *no clinical decision is based solely on the output of a clinical*
6 *decision support system.*

7 (2) *A health facility, clinic, physician's office, or office of a*
8 *group practice shall ensure that a licensed health care professional*
9 *exercises independent professional judgment when reviewing and*
10 *approving a clinical decision that is based on the output of a*
11 *clinical decision support system.*

12 (3) *For purposes of this subdivision, "clinical decision"*
13 *includes, but is not limited to, assessment of patient condition,*
14 *education of a patient or their family concerning the patient's*
15 *health care problems, including postdischarge care,*
16 *communication between licensed health care professionals relating*
17 *to the handoff of responsibility for a patient, and other*
18 *documentation and communication that requires the application*
19 *of a licensed health care professional's professional expertise to*
20 *a patient's health.*

21 (b) *A health facility, clinic, physician's office, or office of a*
22 *group practice shall not use or deploy a tool, system, or device*
23 *that includes artificial intelligence to direct, guide, supervise, or*
24 *instruct unlicensed personnel in performing any function that*
25 *requires a professional license.*

26 (c) (1) *A violation of this section by a licensed health facility*
27 *is subject to the enforcement mechanisms described in Article 4*
28 *(commencing with Section 1290) of Chapter 2.*

29 (2) *A violation of this section by a licensed clinic is subject to*
30 *the enforcement mechanisms described in Article 4 (commencing*
31 *with Section 1235) of Chapter 1.*

32 (3) *A violation of this section constitutes "unfair competition"*
33 *as defined in Section 17200 of the Business and Professions Code*
34 *and is punishable as prescribed in Chapter 5 (commencing with*
35 *Section 17200) of Part 2 of Division 7 of the Business and*
36 *Professions Code.*

37 (4) *To the extent that a violation of this section constitutes the*
38 *practice of a health care profession without a license, the*
39 *appropriate health care professional licensing board may pursue*

1 an injunction or restraining order to enforce this section, as
2 authorized by Section 125.5 of the Business and Professions Code.

3 (5) Nothing in this section limits the authority for a health care
4 professional licensing board or enforcement agency to pursue any
5 remedy otherwise authorized under the law.

6 (d) This section does not prohibit the use of artificial intelligence
7 for documentation and communication that does not involve the
8 application of professional judgment, including, but not limited
9 to, automated messages to inform patients of updates to their health
10 records.

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

12 (1) “Artificial intelligence” has the same meaning as defined in
13 Section 1339.75.

14 (2) (A) *“Automated decision system” means a computational*
15 *process derived from machine learning, statistical modeling, data*
16 *analytics, or artificial intelligence that issues simplified output,*
17 *including a score, classification, or recommendation, that is used*
18 *to assist or replace human discretionary decisionmaking and*
19 *materially impacts natural persons.*

20 (B) *“Automated decision system” does not include a spam email*
21 *filter, firewall, antivirus software, identity and access management*
22 *tools, calculator, database, dataset, or other compilation of data.*

23 ~~(2)~~
24 (3) “Clinic” has the same meaning as defined in Section 1200.

25 (4) *“Clinical decision support system” means an automated*
26 *decision system or generative artificial intelligence system whose*
27 *outputs are used to inform clinical decisionmaking with respect*
28 *to the provision, timing, or course of patient care.*

29 (5) *“Generative artificial intelligence” has the same meaning*
30 *as that term is defined in Section 1339.75.*

31 ~~(3)~~
32 (6) “Health care provider” means a person licensed or certified
33 pursuant to Division 2 (commencing with Section 500) of the
34 Business and Professions Code.

35 ~~(4)~~
36 (7) “Health facility” has the same meaning as defined in Section
37 1250.

38 ~~(5)~~
39 (8) “Office of a group practice” has the same meaning as defined
40 in Section 1339.75.

1 ~~(6)~~

2 (9) “Physician’s office” has the same meaning as defined in
3 Section 1339.75.

4 ~~SEC. 3.~~

5 SEC. 4. No reimbursement is required by this act pursuant to
6 Section 6 of Article XIII B of the California Constitution because
7 the only costs that may be incurred by a local agency or school
8 district will be incurred because this act creates a new crime or
9 infraction, eliminates a crime or infraction, or changes the penalty
10 for a crime or infraction, within the meaning of Section 17556 of
11 the Government Code, or changes the definition of a crime within
12 the meaning of Section 6 of Article XIII B of the California
13 Constitution.

2026 Bill Analysis

Author: Assemblymember Mia Bonta	Bill Number: AB 1979	Related Bills:
Sponsor: California Nurses Association	Version: Amended – 04/23/2026	
Subject: Health care services: artificial intelligence		

SUMMARY

This bill would require specified health facilities, including physician's offices, to ensure that no clinical decision is based solely on the output of a clinical decision support system, as defined. These facilities would be prohibited from using artificial intelligence to guide or supervise unlicensed personnel in performing any function that requires a professional license. Licensing boards may pursue an injunction or restraining order for practicing health care without a license.

RECOMMENDATION

Staff Recommendation: Board of Psychology (Board) staff recommends the Board take a position of **SUPPORT**.

REASON FOR THE BILL

According to the author, interest in health care Artificial Intelligence (AI) and Generative AI has grown rapidly, with new applications emerging in medical research, administrative automation, and clinical decision support. Although no single agency is responsible for overseeing healthcare AI, it currently operates within a broader framework of consumer protection laws, healthcare regulations, and new state-level initiatives designed to maximize benefits while minimizing potential risks.

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

ANALYSIS

This bill clarifies under the Confidentiality of Medical Information Act (CMIA) that managing an individual's information included the ability to query their medical history, summarize doctor's notes, or organize lab results. It also prohibits a health facility, clinic, physician's office, or office or a group practice from using or deploying a tool, system, or device that includes AI for any activity requiring the use of professional judgment by a licensed health care professional, and prohibits use of an AI tool to direct, guide, supervise, or instruct unlicensed personnel in performing any function that requires a professional license.

Impact on the Board of Psychology

This bill is likely to increase the Boards jurisdiction's workload by increasing referrals to the Division of Investigation (DOI) and increasing the use of experts.

When a law states that AI cannot be used for tasks that require licensed professional judgment—and cannot direct unlicensed staff to perform licensed work—a complainant does not need to argue ethics or "bad practice" in general terms. Instead, they can cite a specific and clear violation, such as: "AI conducted the clinical assessment," "AI produced clinical guidance," or "AI instructed an unlicensed individual on what to do."

That clarity will likely increase complaint volume and increase the number of matters the Board refers to the DOI to gather records, interview witnesses, and reconstruct AI-related workflows and decision points. It will also increase expert costs/time to evaluate whether the conduct involved professional judgment or licensed functions and to interpret technical documentation.

LEGISLATIVE HISTORY

The bill builds upon Senate Bill 81 (Arreguin) that was approved by the Governor on September 20, 2025.

SB 81 (Arreguín) expands the Confidentiality of Medical Information Act (CMIA), which restricts health care providers, health plans, contractors, and related entities from sharing or using medical information for purposes unrelated to patient care without authorization, except under limited circumstances such as a valid search warrant or court order. Current law makes violations that cause economic loss or personal injury a misdemeanor.

SB 81 broadens the definition of "medical information" to include a person's immigration status—past or present—and place of birth. It also defines "immigration enforcement" to include all efforts to investigate or enforce federal civil or criminal immigration laws. The bill clarifies that disclosures of medical information may only occur pursuant to a valid search warrant issued by a judicial officer or a state or federal court order.

OTHER STATES' INFORMATION

Not applicable at this time.

PROGRAM BACKGROUND

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

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

FISCAL IMPACT

The costs could be substantial depending on the complexity of complaints received. Initial Expert reviews can cost between \$750 and \$2,500, and a 40-hour DOI investigation can cost between \$10,000 and \$20,000, depending on complexity.

ECONOMIC IMPACT

The bill is not expected to have a significant economic impact.

LEGAL IMPACT

The bill does not raise significant legal concerns.

APPOINTMENTS

Not applicable at this time.

SUPPORT/OPPOSITION

Support and opposition is listed below.

Support:

- California Nurses Association
- Consumer Watchdog
- California Federation of Labor Unions
- California Peer Watch

Opposition:

- Adventist Health
- California Chamber of Commerce
- California Medical Association
- Civil Justice Association of California
- Connected Health Initiative
- TechNet
- Advanced Medical Technology Association
- America's Physician Groups
- American Telemedicine Association (ATA)
- BIOCOM
- California Association of Health Plans
- California Hospital Association

- California Radiological Society
- EPIC
- Kaiser Permanente
- Lake Elsinore Valley Chamber of Commerce
- Menifee Valley Chamber of Commerce
- Murrietta/Wildomar Chamber of Commerce
- Southwest California Legislative Council
- Temecula Chamber of Commerce

ARGUMENTS

Not applicable at this time.

Proponents:

Opponents:

AMENDMENTS

Not applicable at this time.

MEMORANDUM

DATE	May 5, 2026
TO	Psychology Board Members
FROM	Cynthia Whitney, Central Services Manager
SUBJECT	Agenda Item 13(e)(1) - AB 2575 (Ortega) Health care services: artificial intelligence

Background

Assembly Bill 2575 (AB 2575) was introduced on February 20, 2026, by Assembly Member Liz Ortega.

This bill establishes new requirements governing the use of artificial intelligence (AI) and clinical decision support tools in patient care. It requires health facilities and providers to disclose detailed information about AI tools, including their development, limitations, and potential biases, and affirms that health care workers may override AI-generated output based on their professional judgment. The bill also prohibits employers from limiting clinical judgment or retaliating against workers for overriding or relying on AI tools and clarifies that developers and users of AI cannot avoid liability by attributing harm to a provider's failure to override the technology.

This bill is relevant to the Board of Psychology (Board) because it introduces new standards related to the use of artificial intelligence in clinical decision-making, professional judgment, and potential liability considerations for licensees. The Board may experience impacts on its enforcement workload, including the need to investigate complaints involving AI use and determine compliance with any new statutory or regulatory requirements.

On March 16, 2026, AB 2575 was referred to the Assembly Health Committee, Labor and Employment, and Privacy and Consumer Protection.

On April 8, 2026, AB 2575 passed the Assembly Health Committee and was re-referred to the Assembly Committee on Labor and Employment.

On April 9, 2026, AB 2575 was re-referred to the Assembly Committee on Privacy and Consumer Protection and was amended.

On April 13, 2026, AB 2575 was re-referred to the Assembly Committee on Privacy and Consumer Protection.

On April 22, 2026, AB 2575 was amended in the Assembly Committee on Privacy and Consumer Protection.

On April 27, 2026, AB 2575 was re-referred to the Committee on Appropriations

Passage of AB 2575 could warrant regulatory changes in the future. While “Informed Consent” is touched on in AB 2575, it will not change informed consent for the Board.

Action Requested

Board staff recommends the Board take the position of **SUPPORT IF AMENDED** and request the following amendment on AB 2575:

- Clarify whether a violation of this section by a licensee of the Board of Psychology is subject to enforcement.

Attachment #1: Bill Text – [Webmail](#)

Attachment #2: Bill Analysis

ASSEMBLY BILL

No. 2575

Introduced by Assembly Member Ortega

February 20, 2026

An act to add Section 1714.48 to the Civil Code, to add Section 1339.76 to the Health and Safety Code, and to add Article 2.7 (commencing with Section 2820) to Chapter 2 of Division 3 of the Labor Code, relating to health care services.

LEGISLATIVE COUNSEL'S DIGEST

AB 2575, as introduced, Ortega. Health care services: artificial intelligence.

(1) Existing law provides for the licensure and regulation of health facilities and clinics by the State Department of Public Health. Existing law generally makes a violation of these provisions a crime. Existing law, the Medical Practice Act, establishes the Medical Board of California for the licensing, regulation, and discipline of physicians and surgeons. Existing law requires a health facility, clinic, physician's office, or office of a group practice that uses generative artificial intelligence to generate written or verbal patient communications pertaining to patient clinical information, as defined, to ensure that those communications include both a disclaimer that indicates to the patient that a communication was generated by generative artificial intelligence, as specified, and clear instructions describing how a patient may contact a human health care provider, employee, or other appropriate person.

This bill would require a health facility, clinic, physician's office, or office of a group practice that uses or deploys a covered tool, as defined, for patient care to disclose required information to any licensed health care professional or other person using a covered tool or viewing outputs

from a covered tool. The bill would require, among other things, the disclosure to include a notice that a worker providing direct patient care is permitted to override the output of a covered tool if, in the judgment of the worker acting in their scope of practice, an override is appropriate for the patient, or as necessary to comply with applicable law, including civil rights law. The bill would specify the required time and manner the disclosure is to be provided pursuant to these provisions. By placing new requirements on health facilities and clinics, this bill would expand the scope of a crime and would impose a state-mandated local program.

(2) Existing law charges the Labor Commissioner with enforcement of various labor laws, including investigation of employee complaints.

This bill would declare it is the policy of the state that a worker providing direct patient care be free to use their professional judgment to make assessments and decisions within their scope of practice as appropriate for their patients and that it is public policy of the state that a worker should not be penalized for relying in good faith on technology that the licensed health care professional's employer has selected or approved for their use in patient care. The bill would prohibit an employer from using or deploying technology to replace or eliminate a worker's use of professional judgment in patient care and would prohibit an employer from retaliating or discriminating against a worker providing patient care, as specified. The bill would authorize a worker who is subject to retaliation or discrimination in violation of these provisions to file a complaint with the Labor Commissioner against an employer.

(3) Existing law provides that everyone is responsible not only for the result of their willful acts, but also for an injury occasioned to another by their want of ordinary care or skill in the management of their property or person. Existing law prohibits a defendant who developed, modified, or used artificial intelligence, as defined, from asserting a defense that the artificial intelligence autonomously caused the harm to the plaintiff.

This bill would prohibit a defendant who developed, modified, or used artificial intelligence, as defined, that is alleged to have harmed the plaintiff from asserting a defense that the failure of a licensed health care professional or other health care worker to override an output of the artificial intelligence or clinical decision support system is a superseding cause severing the defendant's liability for the alleged harm.

(4) The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes.

State-mandated local program: yes.

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

1 SECTION 1. Section 1714.48 is added to the Civil Code, to
2 read:

3 1714.48. (a) For purposes of this section, the following
4 definitions shall apply:

5 (1) “Artificial intelligence” means an engineered or
6 machine-based system that varies in its level of autonomy and that
7 can, for explicit or implicit objectives, infer from the input it
8 receives how to generate outputs that can influence physical or
9 virtual environments.

10 (2) “Clinical decision support system” means a computerized
11 system or tool that does both of the following:

12 (A) Supports decisionmaking related to patient care based on
13 algorithms, or models, based in clinical practice guidelines or that
14 derive relationships from training data, including algorithms or
15 models that are developed using unsupervised learning models.

16 (B) Produces an output that results in a prediction, classification,
17 recommendation, evaluation, or analysis.

18 (b) In an action against a defendant who developed, modified,
19 selected, or deployed artificial intelligence that is alleged to have
20 caused harm to the plaintiff, it shall not be a defense, and the
21 defendant may not assert, that the failure of a licensed health care
22 professional or other health care worker to override an output of
23 the artificial intelligence or clinical decision support system is a
24 superseding cause severing the defendant’s liability for the alleged
25 harm.

26 (c) This section does not limit or preclude a defendant from
27 presenting either of the following:

28 (1) Any other affirmative defense, including evidence relevant
29 to causation or foreseeability.

(2) Other evidence relevant to the comparative fault of any other person or entity.

SEC. 2. Section 1339.76 is added to the Health and Safety Code, to read:

1339.76. (a) A health facility, clinic, physician's office, or office of a group practice that uses or deploys a covered tool for patient care shall disclose required information, described in subdivision (b), to any licensed health care professional or other person using a covered tool or viewing outputs from a covered tool.

(b) Required information under subdivision (a) shall include all of the following:

(1) Details on the covered tool, including developer, funding source, any foundation model used, and description of output.

(2) Intended use of the covered tool, including intended patient population, intended users, and intended decisionmaking role.

(3) Cautioned out-of-scope use of the covered tool, including known risks and limitations.

(4) List of the inputs into the covered tool.

(5) Description of how the covered tool generates outputs.

(6) Development details of the covered tool, including, but not limited to, all of the following:

(A) Description of the training set or clinical research underlying recommendations, including demographic representativeness and known biases based on protected characteristics.

(B) Description of the relevance of training data to deployed setting.

(C) Process used to ensure fairness in development of the intervention.

(7) Description of the validation process.

(8) Qualitative measures of performance.

(9) Description of ongoing maintenance of intervention implementation and use.

(10) Description of updates and continued validation or fairness assessment process.

(11) Notice that health care entities and developers are liable for harm that results from the use of artificial intelligence in patient care.

(12) Notice that a worker providing direct patient care is permitted to override the output of a covered tool if, in the

1 judgment of the worker acting in their scope of practice, such an
2 override is appropriate for the patient, or as necessary to comply
3 with applicable law, including civil rights law.

4 (c) (1) A disclosure made pursuant to this section shall be
5 provided at the time the licensed health care professional or other
6 person uses the covered tool or views any recommendation or
7 output generated by the covered tool.

8 (2) The disclosure shall be provided in plain language to, and
9 linked in the health record of, any patient whose care was affected
10 by the output of the covered tool or whose health information was
11 used as an input to the covered tool.

12 (3) The disclosure shall be provided with ample time for the
13 licensed health care professional or other person to review and
14 make reasoned decisions based on their professional judgment on
15 whether and how to use the covered tool.

16 (d) (1) A violation of this section by a licensed health facility
17 is subject to the enforcement mechanisms described in Article 4
18 (commencing with Section 1290) of Chapter 2.

19 (2) A violation of this section by a licensed clinic is subject to
20 the enforcement mechanisms described in Article 4 (commencing
21 with Section 1235) of Chapter 1.

22 (3) A violation of this section by a physician is subject to the
23 jurisdiction of the Medical Board of California or the Osteopathic
24 Medical Board of California, as appropriate.

25 (4) A violation of this section constitutes “unfair competition”
26 as defined in Section 17200 of the Business and Professions Code
27 and is punishable as prescribed in Chapter 5 (commencing with
28 Section 17200) of Part 2 of Division 7 of the Business and
29 Professions Code.

30 (e) For purposes of this section, the following definitions shall
31 apply:

32 (1) “Artificial intelligence” means an engineered or
33 machine-based system that varies in its level of autonomy and that
34 can, for explicit or implicit objectives, infer from the input it
35 receives how to generate outputs that can influence physical or
36 virtual environments.

37 (2) “Clinic” has the same meaning as defined in Section 1200.

38 (3) “Clinical decision support system” means a computerized
39 system or tool that does both of the following:

1 (A) Supports decisionmaking related to patient care based on
2 algorithms, or models, based in clinical practice guidelines or that
3 derive relationships from training data, including such algorithms
4 or models that are developed using unsupervised learning models.

5 (B) Produces an output that results in a prediction, classification,
6 recommendation, evaluation, or analysis.

7 (4) “Covered tool” means artificial intelligence or a clinical
8 decision support system.

9 (5) “Health facility” has the same meaning as defined in Section
10 1250.

11 (6) “Office of a group practice” has the same meaning as defined
12 in Section 1339.75.

13 (7) “Patient clinical information” has the same meaning as
14 defined in Section 1339.75.

15 (8) “Physician’s office” has the same meaning as defined in
16 Section 1339.75.

17 SEC. 3. Article 2.7 (commencing with Section 2820) is added
18 to Chapter 2 of Division 3 of the Labor Code, to read:

19
20 Article 2.7. Health Information Technology: Worker Rights
21

22 2820. For the purposes of this article, the following definitions
23 shall apply:

24 (a) “Artificial intelligence” means an engineered or
25 machine-based system that varies in its level of autonomy and that
26 can, for explicit or implicit objectives, infer from the input it
27 receives how to generate outputs that can influence physical or
28 virtual environments.

29 (b) “Clinical decision support system” means a computerized
30 system or tool that does both of the following:

31 (A) Supports decisionmaking related to patient care based on
32 algorithms, or models, based in clinical practice guidelines or that
33 derive relationships from training data, including such algorithms
34 or models that are developed using unsupervised learning models.

35 (B) Produces an output that results in a prediction, classification,
36 recommendation, evaluation, or analysis.

37 (c) “Technology” means scientific hardware or software,
38 including artificial intelligence and clinical decision support
39 systems, used to achieve a medical or nursing care objective at a
40 health facility.

1 2821. (a) It is the public policy of the State of California that
2 a worker providing direct patient care be free to use their
3 professional judgment to make assessments and decisions within
4 their scope of practice as appropriate for their patients.

5 (b) It is the public policy of the State of California that a worker
6 providing direct patient care should not be penalized for relying
7 in good faith on technology that the licensed health care
8 professional's employer has selected or approved for their use in
9 patient care.

10 (c) An employer shall not use or deploy technology to replace
11 or limit a worker's use of professional judgment in patient care.

12 (d) An employer shall not retaliate or discriminate against a
13 worker providing direct patient care based on both of the following:

14 (1) The worker's override of, or request to override, the output
15 of technology if, in the judgment of the worker acting in their scope
16 of practice, such an override is appropriate for the patient, or as
17 necessary to comply with applicable law, including civil rights
18 law.

19 (2) The worker's compliance with the output of technology if
20 the technology was provided or approved by the worker's employer
21 for patient care.

22 (e) A worker who is subject to retaliation or discrimination in
23 violation of this article has the right under this article to file a
24 complaint with the Labor Commissioner against an employer who
25 retaliates or discriminates against the worker.

26 SEC. 4. No reimbursement is required by this act pursuant to
27 Section 6 of Article XIII B of the California Constitution because
28 the only costs that may be incurred by a local agency or school
29 district will be incurred because this act creates a new crime or
30 infraction, eliminates a crime or infraction, or changes the penalty
31 for a crime or infraction, within the meaning of Section 17556 of
32 the Government Code, or changes the definition of a crime within
33 the meaning of Section 6 of Article XIII B of the California
34 Constitution.

2026 Bill Analysis

Author: Assembly Member Liz Ortega	Bill Number: AB 2575	Related Bills:
Sponsor:	Version: Introduced	
Subject: Health care services: artificial intelligence		

SUMMARY

This bill would establish new requirements governing the use of artificial intelligence (AI) and clinical decision support tools in patient care. It would require health care entities to disclose detailed information about AI tools to health care professionals and ensure that workers may override AI-generated outputs based on their professional judgment. The bill would prohibit employers from limiting a worker's clinical judgment or retaliating against workers for overriding or relying on AI tools in good faith. Additionally, the bill would expand civil liability by prohibiting AI developers or users from asserting that a provider's failure to override AI output is a superseding cause of harm.

RECOMMENDATION

Staff Recommendation: Board of Psychology (Board) staff recommends the Board take the position of **SUPPORT** on AB 2575.

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

REASON FOR THE BILL

According to the author, the increasing use of artificial intelligence in health care presents risks if technology is used to replace or override professional judgment. The author asserts that health care workers must retain the ability to make independent clinical decisions and should not face retaliation for exercising that judgment. The bill is intended to promote transparency in AI use, ensure accountability for harm caused by AI systems, and protect both patients and health care workers in clinical settings.

ANALYSIS**Overview of Key Provisions**

The bill establishes a comprehensive framework regulating the use of artificial intelligence and clinical decision support systems in health care settings, including:

- Disclosure requirements for AI tools used in patient care
- Protection of clinical judgment and override authority
- Prohibition of employer retaliation
- Expansion of civil liability related to AI use

Impact on Scope of Practice and Clinical Judgment

The bill reinforces that licensed health care professionals retain authority to exercise independent clinical judgment and may override AI-generated recommendations when appropriate. For psychologists, this aligns with existing standards requiring independent assessment, diagnosis, and treatment planning. The bill supports professional autonomy but may also create expectations regarding how psychologists evaluate and document decisions when using AI-supported tools.

Disclosure and Compliance Requirements

The bill requires extensive disclosures about AI tools, including:

- Development, training data, and bias considerations
- Intended use and limitations
- Performance and validation
- Liability notices

These requirements are primarily imposed on health care entities, but licensed professionals may be indirectly impacted, particularly if they are required to interpret or rely on these disclosures in clinical decision-making.

Workforce and Employment Protections

The bill establishes worker protections, including, prohibiting employers from limiting professional judgment, prohibiting retaliation related to AI use decisions, allowing complaints to the Labor Commissioner.

Access to Care

The bill may improve patient safety and equity by requiring transparency regarding AI bias and limitations. However, the bill does not directly address access to care or workforce shortages and may increase compliance burdens on health care entities.

LEGISLATIVE HISTORY

No directly comparable legislation has been identified; however, recent legislative efforts in California have addressed AI transparency and accountability across sectors, including health care and consumer protection.

OTHER STATES' INFORMATION

Not applicable at this time.

PROGRAM BACKGROUND

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

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

FISCAL IMPACT

This bill is not expected to have a direct fiscal impact on the Board, as enforcement responsibilities are primarily assigned to health facility regulators and physician licensing boards.

ECONOMIC IMPACT

Not applicable at this time.

LEGAL IMPACT

The bill significantly impacts civil liability by limiting defenses related to AI use and may influence malpractice litigation involving health care providers. It also establishes new legal standards regarding the role of professional judgment in AI-assisted care.

APPOINTMENTS

Not applicable at this time.

SUPPORT/OPPOSITION

Not applicable at this time.

Support:**Opposition:****ARGUMENTS**

Not applicable at this time.

Proponents:**Opponents:**

AMENDMENTS

Not applicable at this time.

MEMORANDUM

DATE	May 4, 2026
TO	Psychology Board Members
FROM	Cynthia Whitney, Central Services Manager
SUBJECT	Agenda Item 13(e)(2) - AB 1979 (Bonta) Health care services: artificial intelligence

Background

Assembly Bill 1979 (AB 1979) was introduced on February 13, 2026, by Assembly Member Mia Bonta.

Existing law requires a health facility, clinic, physician's office, or office of a group practice that uses generative artificial intelligence to generate written or verbal patient communications pertaining to patient clinical information, as defined, to ensure that those communications include both a disclaimer that indicates to the patient that a communication was generated by generative artificial intelligence, as specified, and clear instructions describing how a patient may contact a human health care provider, employee, or other appropriate person, except as specified

AB 1979 would require specified health facilities, including physician's offices, to ensure that no clinical decision is based solely on the output of a clinical decision support system, as defined. These facilities would be prohibited from using artificial intelligence to guide or supervise unlicensed personnel in performing any function that requires a professional license. Licensing boards may pursue an injunction or restraining order for practicing health care without a license.

This bill is relevant to the Board of Psychology (Board) because it has the potential to increase the Board's enforcement workload by increasing complaint referrals to the Division of Investigation (DOI) and increasing use of experts.

AB 1979 will likely increase complaint volume and increase the number of cases the Board refers to the DOI to gather records, interview witnesses, and reconstruct AI-related workflows and decision points. It will also increase expert costs/time to evaluate

whether the conduct involved professional judgment or licensed functions and to interpret technical documentation.

Action Requested

Board staff recommends the Board take a position of **SUPPORT**

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

Attachment #2: Bill Analysis

AMENDED IN ASSEMBLY APRIL 23, 2026

AMENDED IN ASSEMBLY APRIL 9, 2026

AMENDED IN ASSEMBLY MARCH 19, 2026

AMENDED IN ASSEMBLY MARCH 16, 2026

CALIFORNIA LEGISLATURE—2025–26 REGULAR SESSION

ASSEMBLY BILL

No. 1979

Introduced by Assembly Member Bonta

February 13, 2026

An act to amend ~~Section~~ *Sections 56.05 and 56.06* of the Civil Code, and to add Section 1339.77 to the Health and Safety Code, relating to health care services.

LEGISLATIVE COUNSEL'S DIGEST

AB 1979, as amended, Bonta. Health care services: artificial intelligence.

(1) The Confidentiality of Medical Information Act (CMIA) prohibits a provider of health care, a health care service plan, a contractor, or a corporation and its subsidiaries and affiliates from intentionally sharing, selling, using for marketing, or otherwise using any medical information, as defined, for any purpose not necessary to provide health care services to a patient, except as provided. ~~The CMIA makes a business that offers software or hardware to consumers, including a mobile application or other related device that is designed to maintain medical information in order to make the information available to an individual or a provider of health care at the request of the individual or a provider of health care, for purposes of allowing the individual to manage the individual's information or for the diagnosis, treatment, or management of a medical~~

~~condition of the individual, a provider of health care subject to the requirements of the CMIA. Existing law deems a business that offers a mental health digital service or reproductive or sexual health digital service to a consumer for the purpose of allowing the individual to manage the individual's information, or for the diagnosis, treatment, or management of a medical condition of the individual, to be a provider of health care subject to the requirements of the CMIA.~~

~~The bill would clarify that “manage the individual's information” includes the ability to query their medical history, summarize doctor's notes, or organize lab results. additionally deem a business that offers a healthcare chatbot, as defined, to a consumer for the above-described purposes to be a provider of health care subject to the requirements of the CMIA.~~

(2) Existing law provides for the licensure and regulation of health facilities and clinics by the State Department of Public Health. Existing law generally makes a violation of these provisions a crime. Existing law requires a health facility, clinic, physician's office, or office of a group practice that uses generative artificial intelligence to generate written or verbal patient communications pertaining to patient clinical information, as defined, to ensure that those communications include both a disclaimer that indicates to the patient that a communication was generated by generative artificial intelligence, as specified, and clear instructions describing how a patient may contact a human health care provider, employee, or other appropriate person, except as specified.

~~This bill would prohibit require a health facility, clinic, physician's office, or office or a group practice from using or deploying a tool, system, or device that includes artificial intelligence to replace the use of professional judgment by a licensed health care professional, as specified, and would prohibit the use of artificial intelligence to direct, guide, supervise, or instruct unlicensed personnel in performing any function that requires a professional license. to ensure that no clinical decision, as specified, is based solely on the output of a clinical decision support system, as defined, and that a licensed health care professional exercises independent professional judgment when reviewing and approving a clinical decision that is based on the output of a clinical decision support system.~~ The bill would authorize the appropriate professional licensing board to pursue an injunction or restraining order to enforce these provisions to the extent that a violation constitutes the practice of a health care profession without a license. The bill would specify that these provisions do not prohibit the use of artificial

intelligence for documentation and communication that does not involve the application of professional judgment, including automated messages to inform patients of updates to their health records. By placing new requirements on health facilities and clinics, this bill would expand the scope of a crime and would impose a state-mandated local program.

(3) The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

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

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

1 SECTION 1. Section 56.05 of the Civil Code is amended to
2 read:
3 56.05. For purposes of this part:
4 (a) “Artificial intelligence” has the same meaning as that term
5 is defined in Section 1339.75 of the Health and Safety Code.
6 ~~(a)~~
7 (b) “Authorization” means permission granted in accordance
8 with Section 56.11 or 56.21 for the disclosure of medical
9 information.
10 ~~(b)~~
11 (c) “Authorized recipient” means a person who is authorized to
12 receive medical information pursuant to Section 56.10 or 56.20.
13 ~~(c)~~
14 (d) “Confidential communications request” means a request by
15 a subscriber or enrollee that health care service plan
16 communications containing medical information be communicated
17 to them at a specific mail or email address or specific telephone
18 number, as designated by the subscriber or enrollee.
19 ~~(d)~~
20 (e) “Contractor” means a person or entity that is a medical group,
21 independent practice association, pharmaceutical benefits manager,
22 or a medical service organization and is not a health care service
23 plan or provider of health care. “Contractor” does not include
24 insurance institutions as defined in subdivision (k) of Section
25 791.02 of the Insurance Code or pharmaceutical benefits managers

1 licensed pursuant to the Knox-Keene Health Care Service Plan
2 Act of 1975 (Chapter 2.2 (commencing with Section 1340) of
3 Division 2 of the Health and Safety Code).

4 ~~(e)~~

5 *(f) “Enrollee” has the same meaning as that term is defined in*
6 *Section 1345 of the Health and Safety Code.*

7 ~~(f)~~

8 *(g) “Expiration date or event” means a specified date or an*
9 *occurrence relating to the individual to whom the medical*
10 *information pertains or the purpose of the use or disclosure, after*
11 *which the provider of health care, health care service plan,*
12 *pharmaceutical company, or contractor is no longer authorized to*
13 *disclose the medical information.*

14 *(h) “Generative artificial intelligence” has the same meaning*
15 *as that term is defined in Section 1339.75 of the Health and Safety*
16 *Code.*

17 *(i) “Healthcare chatbot” means a generative artificial*
18 *intelligence system with a natural language interface that provides*
19 *adaptive, human-like responses to user inputs, collects healthcare*
20 *chatbot information from a consumer, is marketed as facilitating*
21 *mental or physical health services to a consumer, and uses the*
22 *information to facilitate mental or physical health services to a*
23 *consumer.*

24 *(j) “Healthcare chatbot information” means information related*
25 *to a consumer’s physical or mental health or wellness that is*
26 *provided to, inferred by, or generated by a healthcare chatbot.*

27 ~~(g)~~

28 *(k) “Health care service plan” means an entity regulated pursuant*
29 *to the Knox-Keene Health Care Service Plan Act of 1975 (Chapter*
30 *2.2 (commencing with Section 1340) of Division 2 of the Health*
31 *and Safety Code).*

32 ~~(h)~~

33 *(l) “Licensed health care professional” means a person licensed*
34 *or certified pursuant to Division 2 (commencing with Section 500)*
35 *of the Business and Professions Code, the Osteopathic Initiative*
36 *Act or the Chiropractic Initiative Act, or Division 2.5 (commencing*
37 *with Section 1797) of the Health and Safety Code.*

38 ~~(i)~~

1 (m) “Marketing” means to make a communication about a
2 product or service that encourages recipients of the communication
3 to purchase or use the product or service.

4 “Marketing” does not include any of the following:

5 (1) Communications made orally or in writing for which the
6 communicator does not receive direct or indirect remuneration,
7 including, but not limited to, gifts, fees, payments, subsidies, or
8 other economic benefits, from a third party for making the
9 communication.

10 (2) Communications made to current enrollees solely for the
11 purpose of describing a provider’s participation in an existing
12 health care provider network or health plan network of a
13 Knox-Keene licensed health plan to which the enrollees already
14 subscribe; communications made to current enrollees solely for
15 the purpose of describing if, and the extent to which, a product or
16 service, or payment for a product or service, is provided by a
17 provider, contractor, or plan or included in a plan of benefits of a
18 Knox-Keene licensed health plan to which the enrollees already
19 subscribe; or communications made to plan enrollees describing
20 the availability of more cost-effective pharmaceuticals.

21 (3) Communications that are tailored to the circumstances of a
22 particular individual to educate or advise the individual about
23 treatment options, and otherwise maintain the individual’s
24 adherence to a prescribed course of medical treatment, as provided
25 in Section 1399.901 of the Health and Safety Code, for a chronic
26 and seriously debilitating or life-threatening condition as defined
27 in subdivisions ~~(d)~~ and ~~(e)~~ (e) and (f) of Section 1367.21 of the
28 Health and Safety Code, if the health care provider, contractor, or
29 health plan receives direct or indirect remuneration, including, but
30 not limited to, gifts, fees, payments, subsidies, or other economic
31 benefits, from a third party for making the communication, if all
32 of the following apply:

33 (A) The individual receiving the communication is notified in
34 the communication in typeface no smaller than 14-point type of
35 the fact that the provider, contractor, or health plan has been
36 remunerated and the source of the remuneration.

37 (B) The individual is provided the opportunity to opt out of
38 receiving future remunerated communications.

39 (C) The communication contains instructions in typeface no
40 smaller than 14-point type describing how the individual can opt

1 out of receiving further communications by calling a toll-free
2 number of the health care provider, contractor, or health plan
3 making the remunerated communications. Further communication
4 shall not be made to an individual who has opted out after 30
5 calendar days from the date the individual makes the opt-out
6 request.

7 (j)

8 (n) (1) “Medical information” means any individually
9 identifiable information, in electronic or physical form, in
10 possession of or derived from a provider of health care, health care
11 service plan, pharmaceutical company, or contractor regarding a
12 patient’s medical history, mental health application information,
13 reproductive or sexual health application information, mental or
14 physical condition, or treatment. “Individually identifiable” means
15 that the medical information includes or contains any element of
16 personal identifying information sufficient to allow identification
17 of the individual, such as the patient’s name, address, electronic
18 mail address, telephone number, or social security number, or other
19 information that, alone or in combination with other publicly
20 available information, reveals the identity of the individual.

21 (2) If individually identifying information regarding immigration
22 status, including current and prior immigration status, or place of
23 birth, is known or collected in electronic or physical form by a
24 provider of health care, health care service plan, pharmaceutical
25 company, or contractor regarding a patient’s medical history, it
26 shall be treated as medical information, as defined in paragraph
27 (1).

28 (k)

29 (o) “Mental health application information” means information
30 related to a consumer’s inferred or diagnosed mental health or
31 substance use disorder, as defined in Section 1374.72 of the Health
32 and Safety Code, collected by a mental health digital service.

33 ~~(l) “Mental health digital service” means a mobile-based~~
34 ~~application or internet website that collects mental health~~
35 ~~application information from a consumer, markets itself as~~
36 ~~facilitating mental health services to a consumer, and uses the~~
37 ~~information to facilitate mental health services to a consumer.~~

38 (p) “Mental health digital service” means a mobile-based
39 application or internet website that collects mental health
40 application information from a consumer, markets itself as

1 *facilitating mental health services to a consumer, and uses the*
2 *information to facilitate mental health services to a consumer.*

3 ~~(m)~~

4 (q) “Patient” means a natural person, whether or not still living,
5 who received health care services from a provider of health care
6 and to whom medical information pertains.

7 ~~(n)~~

8 (r) “Pharmaceutical company” means a company or business,
9 or an agent or representative thereof, that manufactures, sells, or
10 distributes pharmaceuticals, medications, or prescription drugs.
11 “Pharmaceutical company” does not include a pharmaceutical
12 benefits manager, as included in subdivision ~~(e)~~; (e), or a provider
13 of health care.

14 ~~(o)~~

15 (s) “Protected individual” means any adult covered by the
16 subscriber’s health care service plan or a minor who can consent
17 to a health care service without the consent of a parent or legal
18 guardian, pursuant to state or federal law. “Protected individual”
19 does not include an individual that lacks the capacity to give
20 informed consent for health care pursuant to Section 813 of the
21 Probate Code.

22 ~~(p)~~

23 (t) “Provider of health care” means a person licensed or certified
24 pursuant to Division 2 (commencing with Section 500) of the
25 Business and Professions Code; a person licensed pursuant to the
26 Osteopathic Initiative Act or the Chiropractic Initiative Act; a
27 person certified pursuant to Division 2.5 (commencing with Section
28 1797) of the Health and Safety Code; or a clinic, health dispensary,
29 or health facility licensed pursuant to Division 2 (commencing
30 with Section 1200) of the Health and Safety Code. “Provider of
31 health care” does not include insurance institutions as defined in
32 subdivision (k) of Section 791.02 of the Insurance Code.

33 ~~(q)~~

34 (u) “Reproductive or sexual health application information”
35 means information about a consumer’s reproductive health,
36 menstrual cycle, fertility, pregnancy, pregnancy outcome, plans
37 to conceive, or type of sexual activity collected by a reproductive
38 or sexual health digital service, including, but not limited to,
39 information from which one can infer someone’s pregnancy status,

1 menstrual cycle, fertility, hormone levels, birth control use, sexual
2 activity, or gender identity.

3 (r)

4 (v) “Reproductive or sexual health digital service” means a
5 mobile-based application or internet website that collects
6 reproductive or sexual health application information from a
7 consumer, markets itself as facilitating reproductive or sexual
8 health services to a consumer, and uses the information to facilitate
9 reproductive or sexual health services to a consumer.

10 (s)

11 (w) “Sensitive services” means all health care services related
12 to mental or behavioral health, sexual and reproductive health,
13 sexually transmitted infections, substance use disorder,
14 gender-affirming care, and intimate partner violence, and includes
15 services described in Sections 6924, 6925, 6926, 6927, 6928, 6929,
16 and 6930 of the Family Code, and Sections 121020 and 124260
17 of the Health and Safety Code, obtained by a patient at or above
18 the minimum age specified for consenting to the service specified
19 in the section.

20 (t)

21 (x) “Subscriber” has the same meaning as that term is defined
22 in Section 1345 of the Health and Safety Code.

23 (u)

24 (y) “Immigration enforcement” means any and all efforts to
25 investigate, enforce, or assist in the investigation or enforcement
26 of any federal civil immigration law, and also includes any and all
27 efforts to investigate, enforce, or assist in the investigation or
28 enforcement of any federal criminal immigration law that penalizes
29 a person’s presence in, entry or reentry to, or employment in, the
30 United States.

31 **SECTION 1.**

32 *SEC. 2.* Section 56.06 of the Civil Code is amended to read:

33 56.06. (a) Any business organized for the purpose of
34 maintaining medical information in order to make the information
35 available to an individual or to a provider of health care at the
36 request of the individual or a provider of health care, for purposes
37 of allowing the individual to manage the individual’s information,
38 or for the diagnosis and treatment of the individual, shall be deemed
39 to be a provider of health care subject to the requirements of this
40 part. However, this section shall not be construed to make a

business specified in this subdivision a provider of health care for purposes of any law other than this part, including laws that specifically incorporate by reference the definitions of this part.

(b) ~~(1)~~ Any business that offers software or hardware to consumers, including a mobile application or other related device that is designed to maintain medical information in order to make the information available to an individual or a provider of health care at the request of the individual or a provider of health care, for purposes of allowing the individual to manage the individual's information, or for the diagnosis, treatment, or management of a medical condition of the individual, shall be deemed to be a provider of health care subject to the requirements of this part. However, this section shall not be construed to make a business specified in this subdivision a provider of health care for purposes of any law other than this part, including laws that specifically incorporate by reference the definitions of this part.

~~(2) For the purpose of this subdivision, "manage the individual's information" includes the ability to query their medical history, summarize doctor's notes, or organize lab results. The amendments made to this subdivision by the act adding this subparagraph are intended to clarify existing law.~~

(c) Any business that is licensed pursuant to Division 10 (commencing with Section 26000) of the Business and Professions Code that is authorized to receive or receives identification cards issued pursuant to Section 11362.71 of the Health and Safety Code or information contained in a physician's recommendation issued in accordance with Article 25 (commencing with Section 2525) of Chapter 5 of Division 2 of the Business and Professions Code shall be deemed to be a provider of health care subject to the requirements of this part. However, this section shall not be construed to make a business specified in this subdivision a provider of health care for purposes of any law other than this part, including laws that specifically incorporate by reference the definitions of this part.

(d) Any business that offers a mental health digital service to a consumer for the purpose of allowing the individual to manage the individual's information, or for the diagnosis, treatment, or management of a medical condition of the individual, shall be deemed to be a provider of health care subject to the requirements of this part. However, this section shall not be construed to make

1 a business specified in this subdivision a provider of health care
2 for purposes of any law other than this part, including laws that
3 specifically incorporate by reference the definitions of this part.

4 (e) Any business that offers a reproductive or sexual health
5 digital service to a consumer for the purpose of allowing the
6 individual to manage the individual's information, or for the
7 diagnosis, treatment, or management of a medical condition of the
8 individual, shall be deemed to be a provider of health care subject
9 to the requirements of this part. However, this section shall not be
10 construed to make a business specified in this subdivision a
11 provider of health care for purposes of any law other than this part,
12 including, but not limited to, laws that specifically incorporate by
13 reference the definitions of this part.

14 (f) *Any business that offers a healthcare chatbot to a consumer
15 for the purpose of allowing the individual to manage the
16 individual's information, or for the diagnosis, treatment, or
17 management of a medical condition of the individual, shall be
18 deemed to be a provider of health care subject to the requirements
19 of this part. However, this section shall not be construed to make
20 a business specified in this subdivision a provider of health care
21 for purposes of any law other than this part, including laws that
22 specifically incorporate by reference the definitions of this part.*

23 ~~(f)~~

24 (g) Any business described in this section shall maintain the
25 same standards of confidentiality required of a provider of health
26 care with respect to medical information disclosed to the business.

27 ~~(g)~~

28 (h) Any business described in this section is subject to the
29 penalties for improper use and disclosure of medical information
30 prescribed in this part.

31 ~~SEC. 2.~~

32 SEC. 3. Section 1339.77 is added to the Health and Safety
33 Code, to read:

34 1339.77. (a) (1) A health facility, clinic, physician's office,
35 or office of a group practice shall ~~not use or deploy a tool, system,~~
36 ~~or device that includes artificial intelligence to replace the use of~~
37 ~~professional judgment by a licensed health care professional in~~
38 ~~carrying out their duties, including, but not limited to, assessment~~
39 ~~of patient condition, educating patients and their families~~
40 ~~concerning the patient's health care problems, including~~

1 ~~postdischarge care, communication between licensed health care~~
2 ~~professionals relating to the handoff of responsibility for a patient,~~
3 ~~and other documentation and communication that requires applying~~
4 ~~professional expertise to an individual patient's health.~~ *ensure that*
5 *no clinical decision is based solely on the output of a clinical*
6 *decision support system.*

7 (2) *A health facility, clinic, physician's office, or office of a*
8 *group practice shall ensure that a licensed health care professional*
9 *exercises independent professional judgment when reviewing and*
10 *approving a clinical decision that is based on the output of a*
11 *clinical decision support system.*

12 (3) *For purposes of this subdivision, "clinical decision"*
13 *includes, but is not limited to, assessment of patient condition,*
14 *education of a patient or their family concerning the patient's*
15 *health care problems, including postdischarge care,*
16 *communication between licensed health care professionals relating*
17 *to the handoff of responsibility for a patient, and other*
18 *documentation and communication that requires the application*
19 *of a licensed health care professional's professional expertise to*
20 *a patient's health.*

21 (b) *A health facility, clinic, physician's office, or office of a*
22 *group practice shall not use or deploy a tool, system, or device*
23 *that includes artificial intelligence to direct, guide, supervise, or*
24 *instruct unlicensed personnel in performing any function that*
25 *requires a professional license.*

26 (c) (1) *A violation of this section by a licensed health facility*
27 *is subject to the enforcement mechanisms described in Article 4*
28 *(commencing with Section 1290) of Chapter 2.*

29 (2) *A violation of this section by a licensed clinic is subject to*
30 *the enforcement mechanisms described in Article 4 (commencing*
31 *with Section 1235) of Chapter 1.*

32 (3) *A violation of this section constitutes "unfair competition"*
33 *as defined in Section 17200 of the Business and Professions Code*
34 *and is punishable as prescribed in Chapter 5 (commencing with*
35 *Section 17200) of Part 2 of Division 7 of the Business and*
36 *Professions Code.*

37 (4) *To the extent that a violation of this section constitutes the*
38 *practice of a health care profession without a license, the*
39 *appropriate health care professional licensing board may pursue*

1 an injunction or restraining order to enforce this section, as
2 authorized by Section 125.5 of the Business and Professions Code.

3 (5) Nothing in this section limits the authority for a health care
4 professional licensing board or enforcement agency to pursue any
5 remedy otherwise authorized under the law.

6 (d) This section does not prohibit the use of artificial intelligence
7 for documentation and communication that does not involve the
8 application of professional judgment, including, but not limited
9 to, automated messages to inform patients of updates to their health
10 records.

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

12 (1) “Artificial intelligence” has the same meaning as defined in
13 Section 1339.75.

14 (2) (A) *“Automated decision system” means a computational*
15 *process derived from machine learning, statistical modeling, data*
16 *analytics, or artificial intelligence that issues simplified output,*
17 *including a score, classification, or recommendation, that is used*
18 *to assist or replace human discretionary decisionmaking and*
19 *materially impacts natural persons.*

20 (B) *“Automated decision system” does not include a spam email*
21 *filter, firewall, antivirus software, identity and access management*
22 *tools, calculator, database, dataset, or other compilation of data.*

23 (2)
24 (3) “Clinic” has the same meaning as defined in Section 1200.

25 (4) *“Clinical decision support system” means an automated*
26 *decision system or generative artificial intelligence system whose*
27 *outputs are used to inform clinical decisionmaking with respect*
28 *to the provision, timing, or course of patient care.*

29 (5) *“Generative artificial intelligence” has the same meaning*
30 *as that term is defined in Section 1339.75.*

31 (3)
32 (6) “Health care provider” means a person licensed or certified
33 pursuant to Division 2 (commencing with Section 500) of the
34 Business and Professions Code.

35 (4)
36 (7) “Health facility” has the same meaning as defined in Section
37 1250.

38 (5)
39 (8) “Office of a group practice” has the same meaning as defined
40 in Section 1339.75.

1 ~~(6)~~

2 (9) “Physician’s office” has the same meaning as defined in
3 Section 1339.75.

4 ~~SEC. 3.~~

5 SEC. 4. No reimbursement is required by this act pursuant to
6 Section 6 of Article XIII B of the California Constitution because
7 the only costs that may be incurred by a local agency or school
8 district will be incurred because this act creates a new crime or
9 infraction, eliminates a crime or infraction, or changes the penalty
10 for a crime or infraction, within the meaning of Section 17556 of
11 the Government Code, or changes the definition of a crime within
12 the meaning of Section 6 of Article XIII B of the California
13 Constitution.

2026 Bill Analysis

Author: Assemblymember Mia Bonta	Bill Number: AB 1979	Related Bills:
Sponsor: California Nurses Association	Version: Amended – 04/23/2026	
Subject: Health care services: artificial intelligence		

SUMMARY

This bill would require specified health facilities, including physician's offices, to ensure that no clinical decision is based solely on the output of a clinical decision support system, as defined. These facilities would be prohibited from using artificial intelligence to guide or supervise unlicensed personnel in performing any function that requires a professional license. Licensing boards may pursue an injunction or restraining order for practicing health care without a license.

RECOMMENDATION

Staff Recommendation: Board of Psychology (Board) staff recommends the Board take a position of **SUPPORT**.

REASON FOR THE BILL

According to the author, interest in health care Artificial Intelligence (AI) and Generative AI has grown rapidly, with new applications emerging in medical research, administrative automation, and clinical decision support. Although no single agency is responsible for overseeing healthcare AI, it currently operates within a broader framework of consumer protection laws, healthcare regulations, and new state-level initiatives designed to maximize benefits while minimizing potential risks.

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

ANALYSIS

This bill clarifies under the Confidentiality of Medical Information Act (CMIA) that managing an individual's information included the ability to query their medical history, summarize doctor's notes, or organize lab results. It also prohibits a health facility, clinic, physician's office, or office or a group practice from using or deploying a tool, system, or device that includes AI for any activity requiring the use of professional judgment by a licensed health care professional, and prohibits use of an AI tool to direct, guide, supervise, or instruct unlicensed personnel in performing any function that requires a professional license.

Impact on the Board of Psychology

This bill is likely to increase the Boards jurisdiction's workload by increasing referrals to the Division of Investigation (DOI) and increasing the use of experts.

When a law states that AI cannot be used for tasks that require licensed professional judgment—and cannot direct unlicensed staff to perform licensed work—a complainant does not need to argue ethics or "bad practice" in general terms. Instead, they can cite a specific and clear violation, such as: "AI conducted the clinical assessment," "AI produced clinical guidance," or "AI instructed an unlicensed individual on what to do."

That clarity will likely increase complaint volume and increase the number of matters the Board refers to the DOI to gather records, interview witnesses, and reconstruct AI-related workflows and decision points. It will also increase expert costs/time to evaluate whether the conduct involved professional judgment or licensed functions and to interpret technical documentation.

LEGISLATIVE HISTORY

The bill builds upon Senate Bill 81 (Arreguin) that was approved by the Governor on September 20, 2025.

SB 81 (Arreguín) expands the Confidentiality of Medical Information Act (CMIA), which restricts health care providers, health plans, contractors, and related entities from sharing or using medical information for purposes unrelated to patient care without authorization, except under limited circumstances such as a valid search warrant or court order. Current law makes violations that cause economic loss or personal injury a misdemeanor.

SB 81 broadens the definition of "medical information" to include a person's immigration status—past or present—and place of birth. It also defines "immigration enforcement" to include all efforts to investigate or enforce federal civil or criminal immigration laws. The bill clarifies that disclosures of medical information may only occur pursuant to a valid search warrant issued by a judicial officer or a state or federal court order.

OTHER STATES' INFORMATION

Not applicable at this time.

PROGRAM BACKGROUND

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

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

FISCAL IMPACT

The costs could be substantial depending on the complexity of complaints received. Initial Expert reviews can cost between \$750 and \$2,500, and a 40-hour DOI investigation can cost between \$10,000 and \$20,000, depending on complexity.

ECONOMIC IMPACT

The bill is not expected to have a significant economic impact.

LEGAL IMPACT

The bill does not raise significant legal concerns.

APPOINTMENTS

Not applicable at this time.

SUPPORT/OPPOSITION

Support and opposition is listed below.

Support:

- California Nurses Association
- Consumer Watchdog
- California Federation of Labor Unions
- California Peer Watch

Opposition:

- Adventist Health
- California Chamber of Commerce
- California Medical Association
- Civil Justice Association of California
- Connected Health Initiative
- TechNet
- Advanced Medical Technology Association
- America's Physician Groups
- American Telemedicine Association (ATA)
- BIOCOM
- California Association of Health Plans
- California Hospital Association

- California Radiological Society
- EPIC
- Kaiser Permanente
- Lake Elsinore Valley Chamber of Commerce
- Menifee Valley Chamber of Commerce
- Murrietta/Wildomar Chamber of Commerce
- Southwest California Legislative Council
- Temecula Chamber of Commerce

ARGUMENTS

Not applicable at this time.

Proponents:

Opponents:

AMENDMENTS

Not applicable at this time.

MEMORANDUM

DATE	April 24, 2026
TO	Psychology Board Members
FROM	Cynthia Whitney, Central Services Manager
SUBJECT	Agenda Item 13(a)(1-3) Two-Year Bills on Watch Status

Background

For the 2025-2026 legislative cycle, three bills on the Board's Watch list for 2025 became two-year bills after failing to meet the legislative deadlines. Board staff will continue to monitor the following bills and provide any updates during the 2026 legislative cycle.

1. Assembly Bill 277 (Alanis, R) – Behavioral health centers, facilities, and programs: background checks

Would require individuals providing behavioral health treatment at behavioral health centers, facilities, or programs to undergo a criminal background check.

2. Assembly Bill 346 (Nguyen, D) – In-home supportive services: licensed healthcare professional certification

Would revise the definition of "licensed health care professional" for purposes of In-Home Support Services certification and paramedical services, adding that the licensed individual must have primary responsibility for diagnosing or treating the physical or mental impairments contributing to the applicant's functional limitations.

3. Assembly Bill 667 (Solache, D) – Professions and vocations: license examinations: interpreters Would require Department of Consumer Affairs boards to collect applicants preferred written, spoken, and signed languages by January 1, 2027, assess interpreter needs, and begin reporting language-preference data annually to the Legislature beginning in 2029.

Action Requested

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

MEMORANDUM

DATE	April 27, 20206
TO	Psychology Board Members
FROM	Cynthia Whitney, Central Services Manager
SUBJECT	Agenda Item 13(b)(1) - SB 903 (Padilla) Mental health professionals: artificial intelligence

Background

On January 21, 2026, Senate Bill 903 (SB 903) was introduced by Senator Stephen Padilla.

SB 903 would establish new statutes to regulate how artificial intelligence (AI) may be used in therapy and psychotherapy services. The bill is intended to protect consumers by prohibiting unlicensed individuals or entities from offering therapy or psychotherapy services through artificial intelligence. For licensed professionals, the bill would require clear patient consent when AI is used to support recorded or transcribed therapy sessions and would ensure that AI does not make independent therapeutic decisions or replace professional clinical judgment. The bill also authorizes the Department of Consumer Affairs to investigate violations and impose civil penalties.

On February 13, 2026, the Board of Psychology (Board) adopted a Support position on this bill. Board staff prepared and submitted letters of support to the Senate Business, Professions, and Economic Development Committee and the Senate Privacy, Digital Technologies, and Consumer Protection Committee on March 13, 2026.

On April 7, 2026, the bill was amended to include the following summary of amendments:

- Removes the Department's investigation and enforcement authority related to this bill and place that authority with the appropriate healing arts boards. Also gives these boards explicit authority to develop regulations to implement the provisions of this bill.
- Defines a licensed professional as equivalent to the definition in Evidence Code section 1010.
- Clarifies the definition of consent for the purposes of using AI in a supplementary support capacity, and expand the definition of supplementary support.
- Prohibits an individual, corporation, or entity from using artificial intelligence to record or transcribe psychotherapeutic communications, psychotherapy sessions, or triage or screen patients unless the specified conditions are met, and would state that a patient does not surrender any rights to care if they or their representative do not consent to the use of AI.
- Expands and clarifies the prohibited uses of AI during psychotherapeutic sessions or when conducting screening or triage.
- Establishes the responsibilities of a licensed professional when using AI for psychotherapeutic or triage/screening purposes when the use has not been selected, provided, directed, or mandated by their employer or contracting entity.
- Establishes the responsibilities of a licensed professional and their employer or contracting entity when use of AI has been selected, provided, directed, or mandated by the employer or contracting entity

These amendments clarified any remaining ambiguity in the bill's enforcement model.

On April 8, 2026, SB 903 was re-referred to the Committee of Business, Professions, and Economic Development. A hearing was set for April 13, 2026.

On April 10, 2026, SB 903 was re-referred to Senate Privacy, Digital Technologies, and Consumer Protection Committee with a hearing scheduled for April 20, 2026.

On April 20, 2026, SB 903 was re-referred to the Appropriations Committee. A hearing is scheduled for May 4, 2026.

Action Requested

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

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

Attachment #2: Bill Analysis

Attachment #3: Letter of Support Senate Business, Professions, and Economic Development Committee

Attachment #4: Letter of Support Senate Privacy, Digital Technologies, and
Consumer Protection Committee

AMENDED IN SENATE APRIL 7, 2026

SENATE BILL

No. 903

**Introduced by Senator Padilla
(Coauthor: Senator Rubio)**

January 21, 2026

An act to add Chapter 13.6 (commencing with Section 4989.80) to Division 2 of the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

SB 903, as amended, Padilla. Mental health professionals: artificial intelligence.

Existing law establishes ~~the Board of Behavioral Sciences in the Department of Consumer Affairs to regulate licensees under various healing arts boards within the Department of Consumer Affairs that license and regulate various healing arts licensees. Existing laws, including 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, make a violation of those acts a crime.~~

Existing law regulates the use of artificial intelligence, as defined. Existing law requires a health facility, clinic, physician's office, or office of a group practice that uses generative artificial intelligence to generate written or verbal patient communications pertaining to patient clinical information to ensure those communications include a disclaimer that indicates to the patient that a communication was generated by artificial intelligence and instructions describing how a patient may contact a human health care provider, employee, or other appropriate person.

~~This bill would prohibit a licensed professional, as defined, from engaging in the use of artificial intelligence to assist in providing supplementary support in therapy or psychotherapy where the client's therapeutic session is recorded or transcribed unless the patient or their authorized representative is informed that artificial intelligence will be used and provides consent, as specified. The bill would also prohibit an individual, corporation, or entity from providing, advertising, or otherwise offering therapy or psychotherapy, including through the use of internet-based artificial intelligence, to the public in this state unless the therapy or psychotherapy services are conducted by an individual who is a licensed professional. The bill would additionally prohibit a licensed professional from allowing artificial intelligence to make independent therapeutic decisions or take other specified actions related to communications with clients, as specified. The bill would authorize the department to investigate actual, alleged, or suspected violations of these provisions and impose civil penalties, as prescribed.~~ *regulate the use of artificial intelligence by licensed professionals providing psychotherapy services, as defined. The bill, among other things, would prohibit an individual, corporation, or entity from using artificial intelligence to record or transcribe psychotherapeutic communications or sessions or to triage or screen a person for the need for psychotherapy services unless the patient or their authorized representative is informed that artificial intelligence will be used and provides consent, as specified. The bill would prohibit a licensed professional from allowing artificial intelligence to perform certain acts, including making independent therapeutic decisions or detecting emotions or mental states. The bill would make a violation of the bill's provisions subject to the jurisdiction of the appropriate health care professional licensing board or enforcement agency, as specified, and would authorize those boards and enforcement entities to pursue any remedies authorized by law.*

Existing law, the Confidentiality of Medical Information Act, generally restricts the persons and entities to whom, and the purposes for which, a health care provider, health care service plan, or contractor may release a patient's medical information. The Confidentiality of Medical Information Act additionally imposes certain disclosure requirements for the release of medical information that specifically relates to the patient's participation in outpatient treatment with a psychotherapist. In this regard, the act prohibits a health care provider, health care service plan, or contractor from releasing that information to persons

or entities who have requested that information and who are otherwise authorized by specified laws to receive that information, unless the requester makes certain written disclosures to the patient and to the provider of health care, health care service plan, or contractor, as specified. Those disclosures include, among other things, the specific intended uses of the information, and the length of time during which the information will be kept before being destroyed or disposed of, as specified. Existing law makes a violation of those provisions that result in economic loss or personal injury to a patient punishable as a misdemeanor.

This bill would require the use of artificial intelligence in psychotherapy records to comply with the confidentiality requirements of the above-described provision of the Confidentiality of Medical Information Act.

By expanding the scope of existing crimes, the bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

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

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

- 1 SECTION 1. Chapter 13.6 (commencing with Section 4989.80)
- 2 is added to Division 2 of the Business and Professions Code, to
- 3 read
- 4
- 5 CHAPTER 13.6. WELLNESS AND OVERSIGHT FOR
- 6 PSYCHOLOGICAL RESOURCES ACT
- 7
- 8 4989.80. This chapter may be cited as the Wellness and
- 9 Oversight for Psychological Resources Act.
- 10 4989.81. The purpose of this chapter is to safeguard individuals
- 11 seeking ~~therapy or~~ psychotherapy services by ensuring these
- 12 services are delivered by ~~qualified, licensed, or certified~~ *licensed*
- 13 professionals. This chapter is intended to protect consumers from

1 unlicensed or unqualified providers, including unregulated artificial
2 intelligence systems, while respecting individual choice and access
3 to community-based and faith-based mental health ~~support~~. *support*
4 *and recognizing that artificial intelligence technology has the*
5 *potential to expand clinical capacity if used in a safe, ethical, and*
6 *legal manner.*

7 4989.82. For purposes of this chapter, the following definitions
8 apply:

9 (a) “Administrative support” means tasks performed to assist a
10 licensed professional in the delivery of ~~therapy or psychotherapy~~
11 ~~services that do not involve therapeutic psychotherapeutic~~
12 ~~communication.~~ “Administrative support” includes, but is not
13 limited to, all of the following:

- 14 (1) Managing appointment scheduling and reminders.
- 15 (2) Processing billing and insurance claims.
- 16 (3) Drafting general communications related to therapy logistics
17 that do not include therapeutic advice.

18 (b) “Artificial intelligence” means an engineered or
19 machine-based system that varies in its level of autonomy and that
20 can, for explicit or implicit objectives, infer from the input it
21 receives how to generate outputs that can influence physical or
22 virtual environments.

23 (c) (1) “Consent” means a clear, explicit affirmative act by an
24 individual *that* meets both of the following requirements:

25 (A) Unambiguously communicates the individual’s express,
26 freely given, informed, voluntary, specific, and unambiguous
27 ~~written agreement, including a written agreement provided by~~
28 ~~electronic means.~~ *agreement, either written or verbally, and*
29 *documented in the record.*

30 (B) Is revocable by the individual.

31 (2) “Consent” does not include an agreement that is obtained
32 by any of the following:

33 (A) The acceptance of a general or broad terms of use agreement
34 or a similar document that contains descriptions of artificial
35 intelligence along with other unrelated information.

36 (B) An individual hovering over, muting, pausing, or closing a
37 given piece of digital content.

38 (C) An agreement obtained through the use of deceptive actions.

39 (d) ~~“Department” means the Department of Consumer Affairs.~~

1 ~~(e) “Licensed professional” means an individual who holds a~~
2 ~~valid license issued by this state to provide therapy or~~
3 ~~psychotherapy services, including, but not limited to, the following:~~

- 4 ~~(1) A licensed clinical psychologist.~~
5 ~~(2) A licensed clinical social worker.~~
6 ~~(3) A licensed professional clinical counselor.~~
7 ~~(4) A licensed marriage and family therapist.~~
8 ~~(5) A registered or certified alcohol or other drug counselor.~~
9 ~~(6) A psychiatric mental health nurse practitioner.~~
10 ~~(7) Any other professional authorized by this state to provide~~
11 ~~therapy or psychotherapy services.~~

12 ~~(d) “Licensed professional” has the same meaning as~~
13 ~~“psychotherapist” as defined in Section 1010 of the Evidence~~
14 ~~Code.~~

15 ~~(f)~~

16 ~~(e) “Peer support” means services provided by individuals with~~
17 ~~lived experience of mental health conditions or recovery from~~
18 ~~substance use that are intended to offer encouragement,~~
19 ~~understanding, and guidance without clinical intervention.~~

20 ~~(f) (1) “Psychotherapeutic communication” means any verbal,~~
21 ~~nonverbal, or written interaction conducted in a clinical or~~
22 ~~professional setting that is intended to diagnose, treat, or address~~
23 ~~an individual’s mental, emotional, or behavioral health concerns.~~
24 ~~“Psychotherapeutic communication” includes, but is not limited~~
25 ~~to, any of the following:~~

26 ~~(A) Direct interactions with clients for the purpose of~~
27 ~~understanding or reflecting their thoughts, emotions, or~~
28 ~~experiences.~~

29 ~~(B) Providing guidance, therapeutic strategies, or interventions~~
30 ~~designed to achieve mental health outcomes.~~

31 ~~(C) Offering emotional support, reassurance, or empathy in~~
32 ~~response to psychological or emotional distress.~~

33 ~~(D) Collaborating with clients to develop or modify therapeutic~~
34 ~~goals or treatment plans.~~

35 ~~(E) Offering behavioral feedback intended to promote~~
36 ~~psychological growth or address mental health conditions.~~

37 ~~(2) “Psychotherapeutic communication” does not include the~~
38 ~~discussion of a patient’s use of artificial intelligence in a clinical~~
39 ~~setting.~~

1 (g) “Psychotherapy services” means services provided to
2 diagnose, treat, or improve an individual’s mental health or
3 substance use disorder condition. “Psychotherapy services” does
4 not include religious counseling or peer support.

5 ~~(g)~~

6 (h) “Religious counseling” means counseling provided by clergy
7 members, pastoral counselors, or other religious leaders acting
8 within the scope of their religious duties if the services are
9 explicitly faith based and are not represented as clinical mental
10 health services or ~~therapy or psychotherapy services.~~

11 ~~(h)~~

12 (i) “Supplementary support” means tasks performed to assist a
13 licensed professional in the delivery of ~~therapy or psychotherapy~~
14 services that do not involve ~~therapeutic psychotherapeutic~~
15 communication and that are not administrative support.
16 “Supplementary support” includes, but is not limited to, any of the
17 following:

18 (1) Preparing and maintaining client records, including ~~therapy~~
19 ~~psychotherapy and progress~~ notes.

20 (2) Analyzing anonymized data to track client progress or
21 identify trends, subject to review by a licensed professional.

22 (3) Identifying and organizing external resources or referrals
23 for client use.

24 (4) *Using artificial intelligence tools that assist licensed*
25 *professionals with documentation, workflow management, or other*
26 *functions that enhance clinical capacity, provided the licensed*
27 *professional maintains responsibility for all clinical decisions and*
28 *communications.*

29 ~~(i) (1) “Therapeutic communication” means any verbal,~~
30 ~~nonverbal, or written interaction conducted in a clinical or~~
31 ~~professional setting that is intended to diagnose, treat, or address~~
32 ~~an individual’s mental, emotional, or behavioral health concerns.~~
33 ~~“Therapeutic communication” includes, but is not limited to, any~~
34 ~~of the following:~~

35 ~~(A) Direct interactions with clients for the purpose of~~
36 ~~understanding or reflecting their thoughts, emotions, or~~
37 ~~experiences.~~

38 ~~(B) Providing guidance, therapeutic strategies, or interventions~~
39 ~~designed to achieve mental health outcomes.~~

1 ~~(C) Offering emotional support, reassurance, or empathy in~~
2 ~~response to psychological or emotional distress.~~

3 ~~(D) Collaborating with clients to develop or modify therapeutic~~
4 ~~goals or treatment plans.~~

5 ~~(E) Offering behavioral feedback intended to promote~~
6 ~~psychological growth or address mental health conditions.~~

7 ~~(2) “Therapeutic communication” does not include the~~
8 ~~discussion of a patient’s use of artificial intelligence in a clinical~~
9 ~~setting.~~

10 ~~(j) “Therapy or psychotherapy services” means services provided~~
11 ~~to diagnose, treat, or improve an individual’s mental health or~~
12 ~~substance use disorder condition. “Therapy or psychotherapy~~
13 ~~services” does not include religious counseling or peer support.~~

14 ~~(j) “Triage or screening” means the assessment of an~~
15 ~~individual’s health concerns and symptoms for the purpose of~~
16 ~~determining the urgency, clinical nature, or appropriate level of~~
17 ~~the individual’s need for psychotherapy services.~~

18 ~~(k)~~

19 ~~(k) “Use of artificial intelligence” means the use of artificial~~
20 ~~intelligence tools or systems by a licensed professional to assist~~
21 ~~in providing administrative support or supplementary support in~~
22 ~~therapy or psychotherapy services where the licensed professional~~
23 ~~maintains full responsibility for all interactions, outputs, and data~~
24 ~~use associated with the system and satisfies the requirements of~~
25 ~~Section 4989.83: psychotherapy services.~~

26 ~~4989.83. A licensed professional shall not engage in the use~~
27 ~~of artificial intelligence to assist in providing supplementary~~
28 ~~support in therapy or psychotherapy where the client’s therapeutic~~
29 ~~session is recorded or transcribed unless both of the following~~
30 ~~conditions are satisfied:~~

31 ~~4989.83. (a) An individual, corporation, or entity shall not~~
32 ~~use artificial intelligence to record or transcribe psychotherapeutic~~
33 ~~communications, psychotherapy sessions, or triage or screening~~
34 ~~unless both of the following conditions are satisfied:~~

35 ~~(a)~~

36 ~~(1) The patient or the patient’s legally authorized representative~~
37 ~~is informed verbally or in writing of both of the following:~~

38 ~~(1)~~

39 ~~(A) That artificial intelligence will be used.~~

40 ~~(2)~~

1 (B) The specific purpose of the artificial intelligence tool or
2 system that will be used.

3 ~~(b)~~

4 (2) The patient or the patient's legally authorized representative
5 provides consent to the use of artificial intelligence.

6 *(b) A patient does not surrender any of their rights to care if*
7 *the patient or their legally authorized representative does not*
8 *provide consent to the use of artificial intelligence.*

9 4989.84. (a) An individual, corporation, or entity shall not
10 provide, advertise, or otherwise offer ~~therapy or~~ psychotherapy
11 services, including through the use of ~~internet-based~~ artificial
12 intelligence, to the public in this state unless the ~~therapy or~~
13 psychotherapy services are conducted by an individual who is a
14 licensed professional.

15 ~~(b) A licensed professional may use artificial intelligence only~~
16 ~~to the extent the use meets the requirements this chapter. A licensed~~
17 ~~professional shall not allow artificial intelligence to do any of the~~
18 ~~following:~~

19 *(b) When providing psychotherapy services or conducting triage*
20 *or screening, an individual, corporation, or entity may use artificial*
21 *intelligence only to the extent the use meets the requirements of*
22 *this chapter and shall not allow artificial intelligence to do any of*
23 *the following:*

24 (1) Make independent therapeutic decisions.

25 (2) Directly interact with clients in any form of ~~therapeutic~~
26 ~~psychotherapeutic~~ communication, unless they are using a product
27 ~~that is approved by the tool or system is consistent with the United~~
28 ~~States Food and Drug Administration guidance for low-risk general~~
29 ~~wellness products or clinical support software, and is compliant~~
30 ~~with the federal Health Insurance Portability and Accountability~~
31 ~~Act of 1996 (Public Law 104-191).~~

32 (3) Generate therapeutic ~~recommendations~~ recommendations,
33 assessment results, diagnoses, or treatment plans without review
34 and approval by the licensed professional.

35 (4) Detect emotions or mental states.

36 (5) *Assess an individual's health concerns or symptoms for the*
37 *purpose of determining the urgency, clinical nature, or appropriate*
38 *level of the individual's need for psychotherapy services.*

39 *(c) If a licensed professional uses artificial intelligence in*
40 *connection with psychotherapy services or triage or screening and*

1 the use has not been selected, provided, directed, or mandated by
2 an employing or contracting entity, the licensed professional shall
3 be responsible for both of the following:

4 (1) Ensuring the artificial intelligence is deployed in compliance
5 with this chapter.

6 (2) Ensuring the artificial intelligence is used in a clinically
7 appropriate manner.

8 (d) If a licensed professional uses artificial intelligence required
9 or authorized by their employer or contracting entity, the following
10 shall apply:

11 (1) The employer or contracting entity shall be responsible for
12 both of the following:

13 (A) Ensuring the artificial intelligence is deployed in compliance
14 with this chapter.

15 (B) Directing the licensed professional to use the artificial
16 intelligence in compliance with this chapter.

17 (2) The licensed professional shall use artificial intelligence in
18 a clinically appropriate manner.

19 ~~4989.85.— All records kept by a licensed professional and all
20 communications between an individual seeking therapy or
21 psychotherapy services and a licensed professional shall be
22 confidential and shall not be disclosed except as otherwise required
23 by law.~~

24 ~~4989.86.— (a) The department shall have the authority to
25 investigate any actual, alleged, or suspected violation of this
26 chapter.~~

27 ~~(b) Any individual, corporation, or entity found in violation of
28 this chapter shall pay a civil penalty to the department in an amount
29 not to exceed ten thousand dollars (\$10,000) per violation, as
30 determined by the department, with penalties assessed based on
31 the degree of harm and the circumstances of the violation. Before
32 the civil penalty is levied, the individual, corporation, or entity
33 shall be given a written notice of the proposed action, including
34 the nature of the violation and the amount of the proposed penalty,
35 and shall have the right to request a hearing, which shall be held
36 pursuant to the Administrative Procedure Act (Chapter 5
37 (commencing with Section 11500) of Part 1 of Division 3 of Title
38 2 of the Government Code). An individual, corporation, or entity
39 found in violation of this chapter shall pay the civil penalty within
40 60 days after the date of the order by the department imposing the~~

1 civil penalty. The order shall constitute a judgment and may be
2 filed and executed in the same manner as any judgment from the
3 appropriate court.

4 4989.85. *Use of artificial intelligence in psychotherapy records*
5 *shall comply with the confidentiality required in Section 56.104*
6 *of the Civil Code. A company or entity shall not share, sell, store,*
7 *or train their models on any data obtained from psychotherapy.*

8 4989.86. (a) *A violation of this chapter is subject to the*
9 *jurisdiction of the appropriate health care professional licensing*
10 *board or enforcement agency.*

11 (b) *The appropriate health care professional licensing board*
12 *may pursue an injunction or restraining order to enforce the*
13 *provisions of this chapter, as authorized by Section 125.5.*

14 (c) *This section does not limit the authority of a health care*
15 *professional licensing board or enforcement agency to pursue any*
16 *remedy otherwise authorized by law.*

17 (d) *The appropriate health care professional licensing boards*
18 *may adopt rules and regulations necessary to implement this*
19 *chapter.*

20 4989.87. *This chapter does not apply to any of the following:*

21 (a) *Religious counseling.*

22 (b) *Peer support.*

23 (c) *Self-help materials and educational resources that are*
24 *available to the public and do not purport to offer therapy or*
25 *psychotherapy services.*

26 (d) *Artificial intelligence used solely for training or simulation*
27 *purposes.*

28 SEC. 2. *No reimbursement is required by this act pursuant to*
29 *Section 6 of Article XIII B of the California Constitution because*
30 *the only costs that may be incurred by a local agency or school*
31 *district will be incurred because this act creates a new crime or*
32 *infraction, eliminates a crime or infraction, or changes the penalty*
33 *for a crime or infraction, within the meaning of Section 17556 of*
34 *the Government Code, or changes the definition of a crime within*
35 *the meaning of Section 6 of Article XIII B of the California*
36 *Constitution.*

2026 Bill Analysis

Bill Author: Senator Stephen Padilla	Bill Number: SB 903	Related Bills: AB 489
Sponsor:	Version: Introduced	
Subject: Mental health professionals: artificial intelligence		

SUMMARY

Senate Bill 903 (SB 903) establishes new statutory restrictions on the use of artificial intelligence (AI) in therapy and psychotherapy services. The bill requires informed patient consent when AI is used for certain supportive functions in recorded or transcribed therapy sessions, prohibits unlicensed AI-based therapy services, limits the scope of permissible AI use by licensed professionals, and authorizes the Department of Consumer Affairs (DCA) to investigate violations and impose civil penalties

RECOMMENDATION

Staff Recommendation: Board of Psychology (Board) staff recommends the Board take a position of **SUPPORT**:

Other Boards/Departments that may be affected:			
☐ Change in Fee(s)	☐ Affects Licensing Processes	☒ Affects Enforcement Processes	
☐ Urgency Clause	☐ Regulations Required	☐ Legislative Reporting	☐ New Appointment Required
Legislative & Regulatory Affairs Committee Position:		Full Board Position:	
☐ Support	☐ Support if Amended	☒ Support	☐ Support if Amended
☐ Oppose	☐ Oppose Unless Amended	☐ Oppose	☐ Oppose Unless Amended
☐ Neutral	☐ Watch	☐ Neutral	☐ Watch
Date: _____		Date: <u>2/13/2026</u>	
Vote: _____		Vote: _____	

REASON FOR THE BILL

The proposed bill's intent is to protect individuals seeking therapy or psychotherapy services from unlicensed or unqualified providers, including unregulated AI systems. The author expresses concern that AI-based tools are increasingly marketed as therapeutic services without appropriate licensure, oversight, or safeguards, potentially placing consumers at risk. The bill seeks to ensure that therapy and psychotherapy services are delivered by licensed professionals, that AI is not used to replace clinical judgment, and that consumers are informed and provide consent when AI is used in their care.

ANALYSIS

SB 903 adds a new chapter to the Business and Professions Code establishing statewide requirements for the use of AI in therapy and psychotherapy services. Although the bill primarily impacts licensees regulated by the Board of Behavioral Sciences, it also expressly includes licensed psychologists within its definition of "licensed professional" and authorizes DCA to enforce violations through civil penalties.

Current law regulates the use of generative AI in health care communications by requiring disclosure when AI is used to generate patient clinical communications. SB 903 expands protections for the use of AI beyond communications and addresses AI use within therapy and psychotherapy services themselves.

Under the bill, a licensed professional may not use AI to assist with "supplementary support" in therapy or psychotherapy when a session is recorded or transcribed unless the patient (or authorized representative) is informed in writing that AI will be used, is told the specific purpose of the AI tool, and provides explicit, revocable consent. This provision is intended to promote transparency and patient autonomy but may require licensees to modify documentation and consent practices.

SB 903 also prohibits any individual, corporation, or entity from providing, advertising, or offering therapy or psychotherapy services to the public in California—including through internet-based AI—unless the services are conducted by a licensed professional. This provision targets AI platforms or applications that market themselves as providing therapy without licensed oversight. Additionally, the bill prohibits licensed professionals from allowing AI to:

- Make independent therapeutic decisions;
- Engage in therapeutic communication with clients;
- Generate therapeutic recommendations or treatment plans without professional review and approval; or
- Detect emotions or mental states.

These restrictions reinforce that clinical judgment must remain with the licensed professional and that AI tools may only be used in a limited, supportive capacity. And to

ensure consumer protections, SB 903 authorizes DCA to investigate actual, alleged, or suspected violations and to impose civil penalties of up to \$10,000 per violation.

Impact on the Board of Psychology

If enacted, SB 903 may:

- Result in increased complaints and enforcement matters related to AI-based therapy and alleged unlicensed practice, as the bill establishes explicit authority to investigate and enforce violations involving the use of artificial intelligence in therapy and psychotherapy services. Although the bill expressly references the Board of Behavioral Sciences, licensed psychologists are included within the bill's scope, and similar enforcement considerations would apply to the Board of Psychology.
- Necessitate the development of consumer and licensee guidance clarifying permissible and prohibited uses of artificial intelligence in psychological practice to support compliance and consumer protection.

LEGISLATIVE HISTORY

In 2025 California Governor Newsom signed Assembly Bill 489 (AB 489) (Bonta, Chapter 615, Statutes of 2025) into law. AB 489 prohibits deceptive or misleading uses of AI that could cause a consumer to believe an AI system is a licensed health care professional. AB 489 was enacted to strengthen consumer protections related to AI-generated representations and advertising.

SB 903 relates to AB 489 by expanding state oversight of artificial intelligence from professional representations and advertising to the use of AI within the delivery of therapy and psychotherapy services, including consent requirements, restrictions on AI functionality, and enforcement provisions related to unlicensed practice.

OTHER STATES' INFORMATION

Several states have enacted or proposed laws addressing the use of artificial intelligence in mental and behavioral health services. These approaches vary in scope, but generally focus on consumer protection, disclosure, and limits on AI substituting for licensed professionals.

Utah – Mental Health Chatbot Disclosures (Enacted)

Utah enacted legislation establishing disclosure requirements for “mental health chatbots,” including clear notice that the chatbot is not human and limitations on representations made to consumers.

Illinois – AI Restrictions in Therapy and Psychotherapy (Enacted)

Illinois enacted legislation restricting the use of artificial intelligence in therapy and psychotherapy, including prohibiting AI from making independent therapeutic decisions or replacing professional judgment.

Nevada – Limits on AI in Mental and Behavioral Health Care (Enacted)

Nevada enacted legislation regulating AI systems in mental and behavioral health contexts, including restrictions on representations that AI can provide professional mental health care.

Colorado – Broad Consumer AI Protections (Enacted)

Colorado enacted a comprehensive consumer protection framework regulating “high-risk” AI systems and requiring risk mitigation and accountability measures, which may apply to health-related AI systems depending on use.

New Jersey – AI Advertising as Mental Health Services (Proposed)

New Jersey has considered legislation prohibiting the advertising of AI systems as licensed mental health professionals.

PROGRAM BACKGROUND

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

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

FISCAL IMPACT

The bill contains no appropriation. While enforcement authority is assigned to DCA, potential indirect costs to the Board of Psychology may include staff time related to complaint intake, referrals, coordination with DCA, and development of guidance which can be absorbed by the Board.

ECONOMIC IMPACT

The bill has limited economic impact on licensees and registrants using AI-based therapy services. It may increase compliance costs for licensees who use AI tools in practice. Alternatively, it promotes consumer protection and may reduce economic harm associated with unregulated or misleading services.

LEGAL IMPACT

The federal government has issued executive actions to curb state-level AI regulations. The order seeks to establish a unified national approach by directing federal agencies to challenge or preempt state laws, particularly targeting regulations in states like California and Colorado. These federal actions are generally focused on national security, innovation, interstate commerce, and federal agency use of AI, rather than the regulation of professional licensure or the practice of health care.

Professional licensure, scope of practice, and consumer protection related to mental health services have historically been regulated by states under their police powers. SB 903 regulates the conduct of licensed professionals and prohibits unlicensed individuals or entities from offering therapy or psychotherapy services in California. As drafted, SB

903 does not regulate the development of artificial intelligence technology itself, but rather the use of such tools within the delivery of regulated mental health services.

At this time, federal legislation or regulations do not impact state-level AI regulations addressing mental health practice, mental health care, and professional licensure. However, SB 903 is currently structured as a professional practice and consumer protection bill. Continued monitoring of federal AI policy developments is necessary to assess potential impacts on implementation or enforcement.

APPOINTMENTS

Not applicable at this time.

SUPPORT/OPPOSITION

Not applicable at this time.

Support:**Opposition:****ARGUMENTS**

Not applicable at this time.

Proponents:**Opponents:**

AMENDMENTS

April 7, 2026, amendments are discussed in the April 24, 2026 Legislative and Regulatory Affairs Item 5(b)(1) memo.

March 3, 2026

The Honorable Senator Aisha Wahab
Chair, Senate Committee on Business, Professions, and Economic Development
1021 O Street, Suite 3320
Sacramento, CA 95814

RE: SB 903 (Padilla) – Mental health professionals: artificial intelligence – Letter of Support

Dear Senator Wahab:

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 February 13, 2026, meeting, the Board adopted a **Support** position on Senate Bill 903 (Padilla).

SB 903 is intended to ensure that therapy in California continues to be delivered by licensed professionals who are responsible for the services they provide. As artificial intelligence (AI) tools become more common in health care, SB 903 establishes clear expectations for transparency when those tools are used in therapy settings. The bill requires disclosure and patient consent when AI is used in connection with recorded or transcribed sessions and reinforces that therapy services offered to the public in California must be provided by licensed professionals.

For psychologists, the bill provides clear, practical requirements regarding disclosure and consent when using AI-supported tools in practice. These standards help licensees understand their responsibilities and promote consistent compliance across practice settings.

For consumers, SB 903 ensures they are informed when AI tools are involved in their care and confirms that therapy services are provided by licensed professionals. This strengthens transparency and consumer protection as technology continues to evolve in health care.

For these reasons, the Board supports SB 903.

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

Sincerely,

A handwritten signature in black ink that reads "Lea Tate PsyD". The signature is written in a cursive, flowing style.

Lea Tate, PsyD
President, Board of Psychology

cc: Steven "Steve" Choi (Vice-Chair)
Members of the Senate Business, Professions, and Economic Development
Committee

March 3, 2026

The Honorable Senator Christopher Cabaldon
Chair, Senate Committee on Privacy, Digital Technologies, and Consumer
Protection
1020 N Street, Suite 568
Sacramento, CA 95814

RE: SB 903 (Padilla) – Mental health professionals: artificial intelligence – Letter of Support

Dear Senator Cabaldon:

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 February 13, 2026, meeting, the Board adopted a **Support** position on Senate Bill 903 (Padilla).

SB 903 is intended to ensure that therapy in California continues to be delivered by licensed professionals who are responsible for the services they provide. As artificial intelligence (AI) tools become more common in health care, SB 903 establishes clear expectations for transparency when those tools are used in therapy settings. The bill requires disclosure and patient consent when AI is used in connection with recorded or transcribed sessions and reinforces that therapy services offered to the public in California must be provided by licensed professionals.

For psychologists, the bill provides clear, practical requirements regarding disclosure and consent when using AI-supported tools in practice. These standards help licensees understand their responsibilities and promote consistent compliance across practice settings.

For consumers, SB 903 ensures they are informed when AI tools are involved in their care and confirms that therapy services are provided by licensed professionals. This strengthens transparency and consumer protection as technology continues to evolve in health care.

For these reasons, the Board supports SB 903.

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

Sincerely,

A handwritten signature in black ink that reads "Lea Tate PsyD". The signature is written in a cursive, flowing style.

Lea Tate, PsyD
President, Board of Psychology

cc: Brian W. Jones (Vice-Chair)
Members of the Senate Privacy, Digital Technologies, and Consumer Protection
Committee

MEMORANDUM

DATE	April 27, 2026
TO	Psychology Board Members
FROM	Cynthia Whitney, Central Services Manager
SUBJECT	Agenda Item 13(c)(1) - AB 2140 (Johnson) Healing arts: reports: claims against licensees

Background

Assembly Bill 2140 (AB 2140) was introduced February 18, 2026, by Assembly Member Natasha Johnson.

This bill increases the minimum fine for failure to report certain malpractice-related settlements, judgments, or arbitration awards involving licensed health care professionals who do not carry professional liability insurance. Specifically, it raises the minimum fine from \$50 to \$100 for licensees, claimants, or their counsel who fail to report qualifying claims within the required timeframe to the appropriate licensing board. The bill maintains existing reporting thresholds and requirements but strengthens enforcement by increasing penalties for noncompliance.

This bill is relevant to the Board of Psychology (Board) enforcement and disciplinary functions, as it increases the minimum fine for required reporting of malpractice claims and supports improved compliance with existing reporting obligations.

On March 2, 2026, AB 2140 was referred to the Assembly Committee on Business and Professions.

On April 10, 2026, the hearing was canceled at the request of author.

Action Requested

The Legislative and Regulatory Affairs Committee recommends a **SUPPORT** position to the Board on AB 2140.

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

Attachment #2: Bill Analysis

ASSEMBLY BILL

No. 2140

Introduced by Assembly Member Johnson

February 18, 2026

An act to amend Section 802 of the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

AB 2140, as introduced, Johnson. Healing arts: reports: claims against licensees.

Existing law makes failure of a licensee of the Medical Board of California, the Podiatric Medical Board of California, the Board of Psychology, the Dental Board of California, the Dental Hygiene Board of California, the Osteopathic Medical Board of California, the State Board of Chiropractic Examiners, the Board of Registered Nursing, the Board of Vocational Nursing and Psychiatric Technicians of the State of California, the State Board of Optometry, the Veterinary Medical Board, the Board of Behavioral Sciences, the Physical Therapy Board of California, the California State Board of Pharmacy, the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board, the California Board of Occupational Therapy, the Acupuncture Board, or the Physician Assistant Board, a claimant, or their counsel to report a settlement, judgment, or arbitration award over \$3,000 of a claim or action for damages for death or personal injury caused by negligence, error or omission in practice, or by the unauthorized rendering of professional services, by a person who holds a license, certificate, or other similar authority from one of those boards, who does not possess professional liability insurance as to the claim, within 30 days to the agency that issued the license, certificate, or similar

authority, punishable by a fine of not less than \$50 or more than \$500, as specified.

This bill would increase the minimum fine for a violation of that provision to \$100.

Existing law makes failure of a marriage and family therapist, clinical social worker, professional clinical counselor, a claimant, or their counsel to report a settlement, judgment, or arbitration award over \$10,000 of a claim or action for damages for death or personal injury caused by negligence, error or omission in practice, or by the unauthorized rendering of professional services, by a marriage and family therapist, a clinical social worker, or a professional clinical counselor who does not possess professional liability insurance as to that claim, within 30 days to the agency that issued the license, certificate, or similar authority, punishable by a fine of not less than \$50 nor more than \$500, as specified.

This bill would increase the minimum fine for a violation of that provision to \$100.

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 802 of the Business and Professions Code
2 is amended to read:
3 802. (a) Every settlement, judgment, or arbitration award over
4 three thousand dollars (\$3,000) of a claim or action for damages
5 for death or personal injury caused by negligence, error or omission
6 in practice, or by the unauthorized rendering of professional
7 services, by a person who holds a license, certificate, or other
8 similar authority from an agency specified in subdivision (a) of
9 Section 800 (except a person licensed pursuant to Chapter 3
10 (commencing with Section 1200) or Chapter 5 (commencing with
11 Section 2000) or the Osteopathic Initiative Act) who does not
12 possess professional liability insurance as to that claim shall, within
13 30 days after the written settlement agreement has been reduced
14 to writing and signed by all the parties thereto or 30 days after
15 service of the judgment or arbitration award on the parties, be
16 reported to the agency that issued the license, certificate, or similar
17 authority. A complete report shall be made by appropriate means
18 by the person or ~~his or her~~ *their* counsel, with a copy of the

1 communication to be sent to the claimant through ~~his or her~~ *their*
2 counsel if the person is so represented, or directly if ~~he or she is~~
3 *they are* not. If, within 45 days of the conclusion of the written
4 settlement agreement or service of the judgment or arbitration
5 award on the parties, counsel for the claimant (or if the claimant
6 is not represented by counsel, the ~~claimant himself or herself~~
7 *claimant*) has not received a copy of the report, ~~he or she shall~~
8 *they shall* make the complete report. Failure of
9 the licensee or claimant (or, if represented by counsel, their
10 counsel) to comply with this section is a public offense punishable
11 by a fine of not less than ~~fifty dollars (\$50)~~ *one hundred dollars*
12 *(\$100)* or more than five hundred dollars (\$500). Knowing and
13 intentional failure to comply with this section or conspiracy or
14 collusion not to comply with this section, or to hinder or impede
15 any other person in the compliance, is a public offense punishable
16 by a fine of not less than five thousand dollars (\$5,000) nor more
17 than fifty thousand dollars (\$50,000).

18 (b) Every settlement, judgment, or arbitration award over ten
19 thousand dollars (\$10,000) of a claim or action for damages for
20 death or personal injury caused by negligence, error or omission
21 in practice, or by the unauthorized rendering of professional
22 services, by a marriage and family therapist, a clinical social
23 worker, or a professional clinical counselor licensed pursuant to
24 Chapter 13 (commencing with Section 4980), Chapter 14
25 (commencing with Section 4990), or Chapter 16 (commencing
26 with Section 4999.10), respectively, who does not possess
27 professional liability insurance as to that claim shall within 30
28 days after the written settlement agreement has been reduced to
29 writing and signed by all the parties thereto or 30 days after service
30 of the judgment or arbitration award on the parties be reported to
31 the agency that issued the license, certificate, or similar authority.
32 A complete report shall be made by appropriate means by the
33 person or ~~his or her~~ *their* counsel, with a copy of the
34 communication to be sent to the claimant through ~~his or her~~ *their*
35 counsel if ~~he or she is~~ *they are* so represented, or directly if ~~he or~~
36 ~~she is~~ *they are* not. If, within 45 days of the conclusion of the
37 written settlement agreement or service of the judgment or
38 arbitration award on the parties, counsel for the claimant (or if ~~he~~
39 ~~or she is~~ *they are* not represented by counsel, the ~~claimant himself~~
40 ~~or herself~~ *claimant*) has not received a copy of the report, ~~he or~~

1 ~~she shall himself or herself~~ *they shall* make a complete report.
2 Failure of the marriage and family therapist, clinical social worker,
3 or professional clinical counselor or claimant (or, if represented
4 by counsel, ~~his or her~~ *their* counsel) to comply with this section
5 is a public offense punishable by a fine of not less than ~~fifty dollars~~
6 ~~(\$50)~~ *one hundred dollars (\$100)* nor more than five hundred
7 dollars (\$500). Knowing and intentional failure to comply with
8 this section, or conspiracy or collusion not to comply with this
9 section or to hinder or impede any other person in that compliance,
10 is a public offense punishable by a fine of not less than five
11 thousand dollars (\$5,000) nor more than fifty thousand dollars
12 (\$50,000).

2026 Bill Analysis

Author: Assembly Member Natasha Johnson	Bill Number: AB 2140	Related Bills:
Sponsor:	Version: Introduced	
Subject: Healing arts: reports: claims against licensees		

SUMMARY

This bill would increase the minimum fine for failing to report certain settlements, judgments, or arbitration awards involving licensed healing arts professionals. Existing law requires licensees without professional liability insurance, claimants, or their counsel to report settlements, judgments, or arbitration awards exceeding specified thresholds to the relevant licensing board within 30 days. This bill would increase the minimum fine for failure to report from \$50 to \$100 while maintaining the existing maximum fine of \$500.

RECOMMENDATION

Staff Recommendation: Board of Psychology (Board) staff recommends the Board take the position of **SUPPORT**.

REASON FOR THE BILL

According to the author, reporting settlements, judgments, and arbitration awards involving licensed health care professionals allows licensing boards to identify potential misconduct or negligence and take appropriate action when necessary. Increasing the minimum fine for failing to report these events may improve compliance with reporting requirements and help ensure boards receive important information needed to protect consumers.

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

ANALYSIS

Existing law requires individuals licensed or registered by the Board who do not maintain professional liability insurance to report certain claims to the Board. Specifically, within 30 days, they must report any settlement, judgment, or arbitration award exceeding \$3,000 involving negligence, error, or omission in practice. AB 2140 would increase the minimum fine for failure to report these events from \$50 to \$100 while maintaining the existing maximum fine of \$500. The reporting requirement applies to individuals regulated by the Board, including licensed psychologists and registrants such as research psychoanalysts.

Although the increase in the minimum fine is modest, it strengthens the existing statutory penalty for failing to comply with reporting requirements. The Board issues a small number of citations each year for failure to report qualifying settlements, and timely reporting ensures the Board receives information necessary to evaluate potential risks to the public and determine whether enforcement action is appropriate. Strengthening the penalty provision supports the Board's enforcement authority and its mission to protect consumers through oversight of licensee conduct.

LEGISLATIVE HISTORY

Staff have not identified recent legislation specifically modifying the fine provisions in Business and Professions Code section 802. This bill makes a narrow adjustment to the existing enforcement penalty for failure to report qualifying settlements, judgments, or arbitration awards.

OTHER STATES' INFORMATION

Many states address malpractice settlement and judgment tracking through a combination of federal and state reporting systems. At the federal level, medical malpractice payments and certain licensure actions are reportable to the National Practitioner Data Bank, which serves as a nationwide repository for these events. States also vary in how they require reporting at the state level. For example, Pennsylvania establishes a civil penalty schedule that includes a \$1,000 penalty per offense for failure to report specified events to the state medical board within required timelines. Virginia requires licensees to report certain medical malpractice judgments and settlements under board regulations. Texas uses a reporting framework that includes insurer reporting to the medical board regarding claims and board collection of malpractice-related information for oversight and public profile purposes.

PROGRAM BACKGROUND

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

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

FISCAL IMPACT

AB 2140 increases the minimum fine for failure to report certain settlements, judgments, or arbitration awards from \$50 to \$100. The bill is not expected to have a significant fiscal impact on the Board. The Board typically fines an average of one to two licensees per year for failing to report a settlement of \$3,000 or more, resulting in only a minimal increase in revenue. Any additional enforcement workload is expected to be minor and absorbable within existing resources.

ECONOMIC IMPACT

Not applicable at this time.

LEGAL IMPACT

Not applicable at this time.

APPOINTMENTS

Not applicable at this time.

SUPPORT/OPPOSITION

Not applicable at this time.

Support:

Opposition:

ARGUMENTS

Not applicable at this time.

Proponents:

Opponents:

AMENDMENTS

Not applicable at this time.

MEMORANDUM

DATE	April 27, 2026
TO	Psychology Board Members
FROM	Cynthia Whitney, Central Services Manager
SUBJECT	Agenda Item 13(c)(2) - AB 2164 (Bauer-Kahan) Legally protected activities

Background

Assembly Bill 2164 (AB 2164) was introduced by Assembly Member Rebecca Bauer-Kahan.

This bill expands California's protections for individuals engaged in legally protected health care activities, including reproductive and gender-affirming care. It extends existing safeguards to individuals who provided or supported these services while in another jurisdiction, so long as the conduct was lawful in that jurisdiction and would be protected in California. The bill also limits the circumstances under which the Governor may authorize extradition related to such activities and prohibits recognition of certain out-of-state criminal liability tied to legally protected health care services.

This bill is relevant to licensees who may provide or support legally protected health care services across jurisdictions.

On March 9, 2026, AB 2164 was referred to the Assembly Committee on Public Safety.

A hearing was set, however, on March 23, 2026, the hearing was canceled at the request of the author.

On April 15, 2026, the coauthors revised this bill and re-referred the bill to the Committee on Judiciary.

On April 21, 2026, the bill was amended and re-referred to the Appropriations Committee,

Action Requested

The Legislative and Regulatory Affairs Committee recommends a **SUPPORT** position to the Board on AB 2164.

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

Attachment #2: Bill Analysis

ASSEMBLY BILL

No. 2164

Introduced by Assembly Member Bauer-Kahan

(Principal coauthor: Senator Rubio)

(Coauthors: Assembly Members Addis, Aguiar-Curry, Ávila Farías, Bonta, Calderon, Elhawary, Irwin, McKinnor, Nguyen, Ortega, Papan, Patel, Pellerin, Quirk-Silva, Celeste Rodriguez, Schiavo, Stefani, and Wilson)

(Coauthors: Senators Menjivar, Pérez, and Reyes)

February 18, 2026

An act to add Section 123469.5 to the Health and Safety Code, and to amend Section 1549.1 of, and to add Section 1549.13 to, the Penal Code, relating to legally protected activities.

LEGISLATIVE COUNSEL'S DIGEST

AB 2164, as introduced, Bauer-Kahan. Legally protected activities.

Existing law, the Reproductive Privacy Act, declares as contrary to the public policy of this state a law of another state that authorizes a person to bring a civil action against a person or entity that engages in certain activities relating to obtaining or performing an abortion. Existing law prohibits the state from applying an out-of-state law to a case or controversy in state court or enforcing or satisfying a civil judgment under the out-of-state law.

This bill would specify that the protections applicable to persons who engage in legally protected health care activity, as defined, apply to a person who previously has undertaken one or more acts or omissions while in another United States jurisdiction to aid or encourage, or attempt to aid or encourage, any person in the exercise and enjoyment, or attempted exercise and enjoyment, of rights to reproductive health

care services or gender affirming health care services that would have been protected if undertaken in this state and the acts or omissions were permissible under the laws of the jurisdiction in which the person was located at the time of the acts or omissions.

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 legally protected health care activity, if the health care activity 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 legally protected health care activity that is lawful in this state. Under existing law, the Governor may surrender, on demand of executive authority of any other state, any person in this state charged in the other state, as specified, with committing an act in this state, or in a 3rd state, intentionally resulting in a crime in the state whose executive authority is making the demand.

This bill would authorize the Governor to extradite any person in this state and who is charged in another state only if the acts for which extradition is sought would be punishable by the laws of this state if the consequences claimed to have resulted therefrom in the demanding state had taken effect in this state. The bill would prohibit the Governor from recognizing a request for extradition of a person subject to criminal liability based on the alleged provision or receipt of, assistance in the provision or receipt of, material support for, or in any theory of vicarious, joint, several, or conspiracy liability for any legally protected health care activity, except as specified.

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 123469.5 is added to the Health and
- 2 Safety Code, to read:
- 3 123469.5. (a) The protections applicable to persons who
- 4 engage in legally protected health care activity, as defined in
- 5 Section 1798.300 of the Civil Code, shall also apply to a person
- 6 who has previously undertaken one or more acts or omissions
- 7 while in another United States jurisdiction to aid or encourage, or
- 8 attempt to aid or encourage, any person in the exercise and

1 enjoyment, or attempted exercise and enjoyment, of rights to
2 reproductive health care services or gender affirming health care
3 services that would have been protected by this state if they had
4 been undertaken in this state, if the acts or omissions were
5 permissible under the laws of the jurisdiction in which the person
6 was located at the time of the acts or omissions.

7 (b) “Reproductive health care services” has the same meaning
8 as set forth in Section 1798.300 of the Civil Code.

9 (c) “Gender affirming health care services” and “gender
10 affirming mental health care services” have the same meanings as
11 defined in paragraph (3) of subdivision (b) of Section 16010.2 of
12 the Welfare and Institutions Code.

13 SEC. 2. Section 1549.1 of the Penal Code is amended to read:

14 1549.1. The Governor of this state may also surrender, on
15 demand of the executive authority of any other state, any person
16 in this state charged in the other state in the manner provided in
17 Section 1548.2 with committing an act in this state, or in a third
18 state, intentionally resulting in a crime in the state whose executive
19 authority is making the ~~demand~~. *demand when the acts for which*
20 *extradition is sought would be punishable by the laws of this state*
21 *if the consequences claimed to have resulted therefrom in the*
22 *demanding state had taken effect in this state.* The provisions of
23 this chapter, not otherwise inconsistent, shall apply to those cases,
24 even though the accused was not in the demanding state at the time
25 of the commission of the crime, and has not fled therefrom. Neither
26 the demand, the oath, nor any proceedings under this chapter
27 pursuant to this section need state or show that the accused has
28 fled from justice from, or at the time of the commission of the
29 crime was in, the demanding or other state.

30 SEC. 3. Section 1549.13 is added to the Penal Code, to read:

31 1549.13. Except as required by federal law, no demand for the
32 extradition of a person subject to criminal liability that is in whole
33 or in part based on the alleged provision or receipt of, assistance
34 in the provision or receipt of, material support for, or any theory
35 of vicarious, joint, several, or conspiracy liability for any legally
36 protected health care activity, as defined in Section 1549.15, shall
37 be recognized by the Governor unless the executive authority of
38 the demanding state alleges in writing that the accused was
39 physically present in the demanding state at the time of the

- 1 commission of the alleged crime, and that thereafter such accused
- 2 fled from that state.

O

2026 Bill Analysis

Author: Assembly Member Rebecca Bauer-Kahan	Bill Number: AB 2164	Related Bills: AB 82 SB 497
Sponsor:	Version: Introduced	
Subject: Legally protected activities		

SUMMARY

This bill would expand California's protections for individuals involved in legally protected health care activities, including reproductive and gender-affirming health care services. It would extend these protections to individuals who engaged in such activities in other states, provided those actions were lawful in that jurisdiction and would have been lawful in California. The bill would also restrict the Governor's authority to extradite individuals for conduct related to legally protected health care services and prohibit recognition of certain out-of-state criminal liability related to those activities.

RECOMMENDATION

Staff Recommendation: Board of Psychology (Board) staff recommends the Board take the position of **SUPPORT** for AB 2164.

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

REASON FOR THE BILL

According to the author, individuals who provide or support reproductive and gender-affirming health care services are increasingly subject to legal risk from other states with more restrictive laws. The author asserts that California must strengthen its protections to ensure that individuals are not penalized for engaging in lawful health care activities. The bill is intended to prevent the enforcement of out-of-state laws that conflict with California's public policy and to protect access to essential health care services.

ANALYSIS

This bill expands California's legal protections related to health care activities by:

- Extending protection to individuals who engaged in legally protected health care activities in other states, if those actions were lawful in that jurisdiction and would be lawful in California.
- Limiting the Governor's authority to extradite individuals for conduct related to protected health care services unless specific conditions are met.
- Prohibiting recognition of extradition requests tied to legally protected health care activities unless the individual was physically present in the requesting state and fled from that state.

Impact on Licensed Psychologists and Scope of Practice

The bill explicitly includes gender-affirming mental health care services within its scope of protection.

For psychologists, this means:

- Services provided in compliance with California law would be protected from certain out-of-state legal actions.
- Psychologists who support patients across state lines may have increased legal protection when engaging in activities that are lawful in California.

The bill does not expand or restrict scope of practice but reinforces protection for services already permitted under California law.

Impact on Board Authority and Enforcement

The bill does not create new licensing requirements, disciplinary authority, or enforcement obligations for the Board.

However, it may have indirect implications:

- The Board may encounter situations where licensees are involved in interstate care or subject to out-of-state complaints.
- The bill provides a legal framework that may limit the relevance or enforceability of certain out-of-state actions.

Overall, the bill does not significantly alter Board processes or authority.

Access to Care

The bill promotes access to reproductive and gender-affirming care by protecting providers and individuals involved in delivering or supporting these services.

This is particularly significant for:

- LGBTQ+ individuals seeking gender-affirming care
- Individuals in states with restricted access to reproductive health services

By reducing legal risk for providers, the bill may help maintain or expand access to care for vulnerable populations, consistent with California's health equity goals.

Legal and Interstate Considerations

The bill raises important interstate legal considerations by:

- Limiting extradition based on conduct that is lawful in California
- Reinforcing California's refusal to enforce certain out-of-state laws

These provisions may create tension with other states' laws but are consistent with California's existing policy framework protecting reproductive and gender-affirming health care.

Given the evolving legal landscape across states, particularly regarding reproductive and gender-affirming care, legislative action appears necessary to clarify and strengthen California's protections. Existing law provides some protection, but this bill expands those protections to address interstate activity and legal exposure.

LEGISLATIVE HISTORY

This bill builds on prior California legislation such as Assembly Bill 82 and Senate Bill 497, establishing protections for reproductive health care services, including laws prohibiting enforcement of certain out-of-state civil actions related to abortion services.

OTHER STATES' INFORMATION

Several states have enacted laws restricting reproductive and gender-affirming health care, while others, including California, have enacted "shield laws" to protect providers and patients. This bill aligns California with other states that have expanded protections for health care providers operating across state lines.

PROGRAM BACKGROUND

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

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

FISCAL IMPACT

This bill is not expected to have a fiscal impact on the Board, as it does not create new regulatory, licensing, or enforcement responsibilities. Any indirect impact related to inquiries or complaints involving interstate practice is expected to be minor and absorbable within existing resources.

ECONOMIC IMPACT

The bill may have a positive economic impact by supporting continued provision of reproductive and gender-affirming health care services in California. By reducing legal risks for providers, the bill may help sustain health care access and associated economic activity.

LEGAL IMPACT

The bill strengthens California's legal position in declining to enforce certain out-of-state laws and limits extradition in specified circumstances. It may be subject to legal challenges related to interstate enforcement or constitutional considerations but is consistent with California's existing policy direction.

APPOINTMENTS

Not applicable at this time.

SUPPORT/OPPOSITION

Not applicable at this time.

Support:**Opposition:****ARGUMENTS**

Not applicable at this time.

Proponents:**Opponents:**

AMENDMENTS

Not applicable at this time.

MEMORANDUM

DATE	April 27, 2026
TO	Psychology Board Members
FROM	Cynthia Whitney, Central Services Manager
SUBJECT	Agenda Item 13(c)(3) - SB 1391 (Wahab) Department of Consumer Affairs: retired category licenses

Background

Senate Bill 1391 (SB 1391) was introduced on February 20, 2026, by Senator Aisha Wahab.

This bill requires boards, bureaus, and commissions within the Department of Consumer Affairs that offer a retired category of licensure to disclose that information on their internet websites. While existing law authorizes boards to establish retired license categories by regulation, this bill adds a transparency requirement to ensure that information about such licensure options is publicly accessible.

The Board of Psychology (Board) currently maintains information on its website to ensure compliance with disclosure requirements, including notice of the availability of a retired license category.

On March 4, 2026, SB 1391 was referred to the Senate Committee on Business, Professions, and Economic Development.

A hearing was set for March 23, 2026, where recommendations were made.

On March 23, 2026, SB 1391 was re-referred to the Committee on Appropriations. A hearing was set for April 13, 2026.

On April 13, 2026, SB 1391 was ordered to the consent calendar.

On April 16, 2026, SB was ordered to the Assembly where it was read for the first time and held at the desk.

Action Requested

The Legislative and Regulatory Affairs Committee recommends a **SUPPORT** position to the Board on SB 1391.

Attachment #1: Bill Text – [Webmail](#)

Attachment #2: Bill Analysis

Introduced by Senator WahabFebruary 20, 2026

An act to amend Section 464 of the Business and Professions Code, relating to professions and vocations.

LEGISLATIVE COUNSEL'S DIGEST

SB 1391, as introduced, Wahab. Department of Consumer Affairs: retired category licenses.

Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs. Existing law authorizes any of the boards within the department, except as specified, to establish by regulation a system for a retired category of license for persons who are not actively engaged in the practice of their profession or vocation.

This bill would additionally require a board that offers a retired category of licensure to disclose that information on its internet website.

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 464 of the Business and Professions Code
- 2 is amended to read:
- 3 464. (a) (1) Any of the ~~boards~~ boards, bureaus, or
- 4 commissions within the department may establish, by regulation,
- 5 a system for a retired category of licensure for persons who are
- 6 not actively engaged in the practice of their profession or vocation.
- 7 (2) A board that offers a retired category of licensure shall
- 8 disclose that information on its internet website.

1 (b) The regulation shall contain the following:

2 (1) A retired license shall be issued to a person with either an
3 active license or an inactive license that was not placed on inactive
4 status for disciplinary reasons.

5 (2) The holder of a retired license issued pursuant to this section
6 shall not engage in any activity for which a license is required,
7 unless the board, by regulation, specifies the criteria for a retired
8 licensee to practice ~~his or her~~ *their* profession or vocation.

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

11 (4) The board shall establish an appropriate application fee for
12 a retired license to cover the reasonable regulatory cost of issuing
13 a retired license.

14 (5) In order for the holder of a retired license issued pursuant
15 to this section to restore ~~his or her~~ *their* license to an active status,
16 the holder of that license shall meet all the following:

17 (A) Pay a fee established by statute or regulation.

18 (B) Certify, in a manner satisfactory to the board, that ~~he or she~~
19 *the holder of the license* has not committed an act or crime
20 constituting grounds for denial of licensure.

21 (C) Comply with the fingerprint submission requirements
22 established by regulation.

23 (D) If the board requires completion of continuing education
24 for renewal of an active license, complete continuing education
25 equivalent to that required for renewal of an active license, unless
26 a different requirement is specified by the board.

27 (E) Complete any other requirements as specified by the board
28 by regulation.

29 (c) A board may upon its own determination, and shall upon
30 receipt of a complaint from any person, investigate the actions of
31 any licensee, including a person with a license that either restricts
32 or prohibits the practice of that person in ~~his or her~~ *their* profession
33 or vocation, including, but not limited to, a license that is retired,
34 inactive, canceled, revoked, or suspended.

35 (d) Subdivisions (a) and (b) shall not apply to a board that has
36 other statutory authority to establish a retired license.

2026 Bill Analysis

Author: Senator Aisha Wahab	Bill Number: SB 1391	Related Bills:
Sponsor:	Version: Introduced	
Subject: Department of Consumer Affairs: retired category licenses		

SUMMARY

This bill would require boards, bureaus, or commissions within the Department of Consumer Affairs (DCA) that offer a retired category of licensure to disclose that information on their internet website. Existing law authorizes boards to establish a retired license category for individuals not actively practicing their profession. This bill adds a transparency requirement to ensure that information about retired licensure options is publicly available.

RECOMMENDATION

Staff Recommendation: Board of Psychology (Board) staff recommends the Board take a position of **SUPPORT**.

REASON FOR THE BILL

According to the author, individuals may be unaware of the availability of a retired license option, which can allow them to maintain a connection to their profession without actively practicing. The bill is intended to improve transparency and ensure that licensees have access to clear information about licensure options.

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

ANALYSIS

This bill requires any DCA board that offers a retired license category to disclose that information on its website. Existing law already allows boards to establish retired licensure categories by regulation, including requirements related to eligibility, fees, and restoration to active status.

Impact on the Board of Psychology

The bill does not change eligibility criteria, application requirements, or conditions for retired licensure. Instead, it requires boards to make existing information more accessible. No regulatory changes appear necessary.

For the Board of Psychology, implementation would likely involve:

- Reviewing current website content
- Ensuring retired license information is clearly displayed and accessible

Improved transparency may:

- Help licensees make informed decisions about transitioning to retired status
- Reduce confusion regarding licensure options
- Support compliance by clarifying that retired licensees are not permitted to practice unless specifically authorized

The Board already maintains information on its website regarding the availability of a retired license category and is in compliance with existing disclosure requirements.

LEGISLATIVE HISTORY

The bill builds upon existing statutory authority allowing boards to establish retired license categories.

OTHER STATES' INFORMATION

Not applicable at this time.

PROGRAM BACKGROUND

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

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

FISCAL IMPACT

This bill is not expected to have fiscal impact. Any costs associated with updating website content or providing additional information can be absorbed within the Board's existing resources.

ECONOMIC IMPACT

The bill is not expected to have a significant economic impact. It may provide minor benefits by helping licensees make informed decisions about licensure status, potentially reducing administrative inquiries.

LEGAL IMPACT

The bill does not raise significant legal concerns. It adds a disclosure requirement but does not alter substantive licensing or enforcement provisions.

APPOINTMENTS

Not applicable at this time.

SUPPORT/OPPOSITION

Not applicable at this time.

Support:

Opposition:

ARGUMENTS

Not applicable at this time.

Proponents:

Opponents:

AMENDMENTS

Not applicable at this time.

MEMORANDUM

DATE	April 27, 2026
TO	Psychology Board Members
FROM	Cynthia Whitney, Central Services Manager
SUBJECT	Agenda Item 13(c)(4) - AB 1558 (Arambula) Uniform Emergency Volunteer Health Practitioners Act

Background

Assembly Bill 1558 (AB 1558) was introduced on January 8, 2026, by Assembly Member Joaquin Arambula.

AB 1558 would enact the *Uniform Emergency Volunteer Health Practitioners Act*, authorizing the establishment of additional volunteer registration systems to support emergency response efforts. The bill allows licensed health practitioners from other states who are registered through approved systems to provide health or veterinary services in California during a declared emergency, subject to oversight by the Emergency Medical Services Authority (EMSA). It also establishes standards for scope of practice, credential verification, administrative discipline authority for licensing boards, and workers' compensation coverage for volunteer practitioners responding to emergencies.

This bill is relevant to the Board of Psychology (Board) because it authorizes out-of-state health practitioners to provide services in California during declared emergencies and allows the Board to impose administrative sanctions for conduct occurring during emergency response activities.

AB 1558 was referred to the Assembly Health Committee on March 16, 2026.

On April 22, 2026, AB 1558 was re-referred to the Appropriations Committee.

Action Requested

Board staff recommends the Board take a position of **SUPPORT IF AMENDED** and request the following amendments for AB 1558:

- Clarify whether EMSA and/or licensees and registrants regulated by a Board are required to apply for Out of State Temporary Practice or notify the Board when practicing out of state as a volunteer during a declared emergency.
- Clarify the extent of Board responsibility for verifying licensure and monitoring volunteers during declared emergencies.
- Clarify the duration of practice for volunteers during a declared emergency.

The bill may impact the Board's licensing and enforcement oversight of out-of-state practitioners, as well as its disciplinary authority during declared emergency conditions. Clarifying amendments are needed to specify whether volunteers or the Emergency Medical Services Authority (EMSA) will be required to notify the Board of participating licensees or registered volunteers during an emergency, the extent of Board responsibility of licensure verification, and the duration of practice for volunteers.

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

Attachment #2: Bill Analysis

ASSEMBLY BILL

No. 1558

Introduced by Assembly Member Arambula

January 8, 2026

An act to add Article 7.7 (commencing with Section 8599.5) to Chapter 7 of Division 1 of Title 2 of the Government Code, relating to volunteer emergency services.

LEGISLATIVE COUNSEL'S DIGEST

AB 1558, as introduced, Arambula. Uniform Emergency Volunteer Health Practitioners Act.

Existing law establishes the Emergency Medical Services Authority (EMSA) in the California Health and Human Services Agency to establish planning and implementation guidelines for emergency medical service systems, as specified. The guidelines are required to address, among other things, disaster response, and the authority is required to provide technical assistance to existing agencies, counties, and cities for the purpose of developing the components of emergency medical services systems. The EMSA is required to adopt rules and regulations, approved by the Commission on Emergency Medical Services, in order to carry out its duties.

Existing law ratifies, approves, and sets forth the provisions of the Emergency Management Assistance Compact, an interstate agreement that provides for mutual assistance between states responding to emergencies and disasters. Under the compact, a person who holds a professional license, certificate, or other permit issued by a state party to the compact is deemed licensed, certified, or permitted by a state requesting assistance to render aid involving that skill to meet a declared emergency or disaster, as specified.

Existing federal law establishes the Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) program to support states and territories in establishing volunteer registration programs for disasters and public health and medical emergencies. Pursuant to the ESAR-VHP program, the EMSA established the Disaster Healthcare Volunteers program to register volunteers in California. Existing federal law also establishes the Medical Reserve Corps to provide for an adequate supply of volunteers in the case of a federal, state, local, or tribal public health emergency, as specified.

This bill would enact the Uniform Emergency Volunteer Health Practitioners Act, which would authorize the establishment of additional volunteer registration systems by additional entities. In this regard, the bill would require a registration system to be an ESAR-VHP program or a local unit of the Medical Reserve Corps, as specified, to be designated by the EMSA as a registration system, or to be operated by one of specified types of entities, including, among others, a disaster relief organization, as defined. The bill would require that a registration system be capable of supplying the EMSA with sufficient information concerning whether a volunteer is licensed to provide specified health or veterinary services in another state or territory of the United States and in good standing before that volunteer provides those services in this state while an emergency declaration is in effect, as specified. The bill would establish scope-of-practice standards for a registered volunteer health practitioner. The bill would authorize the EMSA to limit, restrict, or otherwise regulate, among other things, the duration of practice, the geographical areas in which volunteer health practitioners may practice, and any other matters necessary to coordinate the provision of health or veterinary services during the emergency. The bill would authorize the applicable licensing board and the host entity, as defined, to restrict or modify the health or veterinary services that a volunteer health practitioner may provide. The bill would require the EMSA and host entities to coordinate their activities with the Office of Emergency Services, as specified.

This bill would exempt a registered volunteer health practitioner from the unauthorized practice provisions for a health or veterinary service unless they have reason to know of an applicable limitation, modification, or restriction or that a similarly licensed practitioner in this state would not be permitted to provide that service. The bill would authorize a health care licensing board to impose administrative sanctions upon a health practitioner licensed in this state for conduct

outside of this state in response to an out-of-state emergency, and to impose administrative sanctions upon a practitioner not licensed in this state for conduct in this state in response to an in-state emergency, if certain conditions are met. The bill would also provide that volunteer health practitioners providing services in California shall be considered agents or employees of the state for the purpose of workers' compensation coverage while performing services in this state or traveling to or from this state for that purpose. The bill would authorize the authority to promulgate rules, after approval by the Commission on Emergency Medical Services, in order to implement the provisions of the Uniform Emergency Volunteer Health Practitioners Act.

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. Article 7.7 (commencing with Section 8599.5)
2 is added to Chapter 7 of Division 1 of Title 2 of the Government
3 Code, to read:

4
5 Article 7.7. Uniform Emergency Volunteer Health Practitioners
6 Act
7

8 8599.5. This article may be cited as the Uniform Emergency
9 Volunteer Health Practitioners Act.

10 8599.51. For the purposes of this article, the following terms
11 have the following meanings:

12 (a) "Disaster relief organization" means an entity that provides
13 emergency or disaster relief services that include health or
14 veterinary services provided by volunteer health practitioners and
15 that meets either of the following requirements:

16 (1) It is designated or recognized as a provider of those services
17 pursuant to a disaster response and recovery plan adopted by an
18 agency of the federal government or the Emergency Medical
19 Services Authority.

20 (2) It regularly plans and conducts its activities in coordination
21 with an agency of the federal government or the Emergency
22 Medical Services Authority.

23 (b) "Emergency" means an event or condition that is a state of
24 emergency proclaimed pursuant to Section 8588 or 8625, a local

1 emergency proclaimed pursuant to Section 8630, a health
2 emergency proclaimed pursuant to Section 101080 of the Health
3 and Safety Code, or a state of war.

4 (c) “Emergency declaration” means a proclamation of
5 emergency issued pursuant to Section 8588, 8625, or 8630, a
6 declaration of health emergency pursuant to Section 101080 of
7 the Health and Safety Code, or a declaration of war by the United
8 States.

9 (d) “Emergency Management Assistance Compact” means the
10 interstate compact approved by Congress by Public Law No.
11 104-321 and ratified in Article 3.7 (commencing with Section 179)
12 of Chapter 1 of Division 1 of Title 1.

13 (e) “Entity” means a person other than an individual.

14 (f) “Health facility” means an entity licensed under the laws of
15 this or another state to provide health or veterinary services.

16 (g) “Health practitioner” means an individual licensed under
17 the laws of this or another state to provide health or veterinary
18 services.

19 (h) “Health services” means the provision of treatment, care,
20 advice, or guidance, or other services, or supplies, related to the
21 health or death of individuals or human populations, to the extent
22 necessary to respond to an emergency, including all of the
23 following:

24 (1) Services or supplies concerning the physical or mental
25 condition or functional status of an individual or affecting the
26 structure or function of the body, including the following:

27 (A) Preventive, diagnostic, therapeutic, rehabilitative,
28 maintenance, or palliative care.

29 (B) Counseling, assessment, procedures, or other services.

30 (2) The sale or dispensing of a drug, a device, equipment, or
31 another item to an individual in accordance with a prescription.

32 (3) Funeral, cremation, cemetery, or other mortuary services.

33 (i) “Host entity” means an entity operating in this state that uses
34 volunteer health practitioners to respond to an emergency.

35 (j) “License” means authorization by a state to engage in health
36 or veterinary services that are unlawful without the authorization.
37 The term includes authorization under the laws of California to
38 provide health or veterinary services based upon a national
39 certification issued by a public or private entity.

1 (k) “Person” means an individual, corporation, business trust,
2 trust, partnership, limited liability company, association, joint
3 venture, public corporation, government or governmental
4 subdivision, agency, or instrumentality, or any other legal or
5 commercial entity.

6 (l) “Scope of practice” means the extent of the authorization to
7 provide health or veterinary services granted to a health practitioner
8 by a license issued to the practitioner in the state in which the
9 principal part of the practitioner’s services is rendered, including
10 any conditions imposed by the licensing authority in that state.

11 (m) “State” means a state of the United States, the District of
12 Columbia, Puerto Rico, the United States Virgin Islands, or any
13 territory or insular possession subject to the jurisdiction of the
14 United States.

15 (n) “Veterinary services” means the provision of treatment,
16 care, advice or guidance, or other services or supplies, related to
17 the health or death of an animal or to animal populations, to the
18 extent necessary to respond to an emergency, including all of the
19 following:

20 (1) Diagnosis, treatment, or prevention of an animal disease,
21 injury, or other physical or mental condition by the prescription,
22 administration, or dispensing of vaccine, medicine, surgery, or
23 therapy.

24 (2) Use of a procedure for reproductive management.

25 (3) Monitoring and treatment of animal populations for diseases
26 that have spread or demonstrate the potential to spread to humans.

27 (o) “Volunteer health practitioner” means a health practitioner
28 who provides health or veterinary services, whether or not the
29 practitioner receives compensation for those services. “Volunteer
30 health practitioner” does not include a practitioner who receives
31 compensation pursuant to a preexisting employment relationship
32 with a host entity or affiliate that requires the practitioner to provide
33 health services in this state, unless the practitioner is not a resident
34 of this state and is employed by a disaster relief organization
35 providing services in this state while an emergency declaration is
36 in effect.

37 8599.52. This article applies to volunteer health practitioners
38 registered with a registration system that complies with Section
39 8599.54 and who provide health or veterinary services in this state
40 for a host entity while an emergency declaration is in effect.

1 8599.53. (a) While an emergency declaration is in effect, the
2 Emergency Medical Services Authority may limit, restrict, or
3 otherwise regulate all of the following:

- 4 (1) The duration of practice by volunteer health practitioners.
- 5 (2) The geographical areas in which volunteer health
6 practitioners may practice.
- 7 (3) The types of volunteer health practitioners who may practice.
- 8 (4) Any other matters necessary to coordinate effectively the
9 provision of health or veterinary services during the emergency.

10 (b) An order issued pursuant to subdivision (a) may take effect
11 immediately, without prior notice or comment, and is not a
12 regulation within the meaning of the Administrative Procedure
13 Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of
14 Division 3).

15 (c) A host entity that uses volunteer health practitioners to
16 provide health or veterinary services in this state shall do both of
17 the following:

18 (1) Coordinate its activities with the Emergency Medical
19 Services Authority to the extent practicable to provide for the
20 efficient and effective use of volunteer health practitioners.

21 (2) Comply with any laws other than this article relating to the
22 management of emergency health or veterinary services.

23 (d) The Emergency Medical Services Authority shall coordinate
24 its activities under this section with the Office of Emergency
25 Services to ensure that any deployment of volunteer health
26 practitioners is consistent with the standardized emergency
27 management system, established pursuant to Section 8607.

28 8599.54. (a) To qualify as a volunteer health practitioner
29 registration system, a system shall do all of the following:

30 (1) Accept applications for the registration of volunteer health
31 practitioners before or during an emergency.

32 (2) Include information about the licensure and good standing
33 of health practitioners that is accessible by authorized persons.

34 (3) Be capable of supplying sufficient information about
35 registered volunteer health practitioners to the Emergency Medical
36 Services Authority, or a similar designated agency, in order to
37 allow that authority or agency to confirm the accuracy of
38 information concerning whether a health practitioner is licensed
39 and in good standing before health services or veterinary services
40 are provided under this article.

1 (4) Meet at least one of the following conditions:

2 (A) Be an emergency system for advance registration of
3 volunteer health care practitioners established by a state and funded
4 through the Health Resources and Services Administration under
5 Section 319C-2 of the Public Health Service Act (42 U.S.C. Sec.
6 247d-3b).

7 (B) Be a local unit consisting of trained and equipped emergency
8 response, public health, and medical personnel formed pursuant
9 to Section 2813 of the Public Health Service Act (42 U.S.C. Sec.
10 300hh-15).

11 (C) Be operated by one of the following:

12 (i) A disaster relief organization.

13 (ii) A licensing board or bureau established pursuant to Division
14 2 (commencing with Section 500) of, or Chapter 12 (commencing
15 with Section 7600) of Division 3 of, the Business and Professions
16 Code.

17 (iii) A national, state, or regional association of licensing boards
18 or health practitioners.

19 (iv) A health facility that provides comprehensive inpatient and
20 outpatient health care services, including a tertiary care and
21 teaching hospital.

22 (v) A governmental entity.

23 (D) Be designated by the Emergency Medical Services Authority
24 as a registration system for purposes of this article.

25 (b) While an emergency declaration is in effect, the Emergency
26 Medical Services Authority, a person authorized to act on behalf
27 of the authority, or a host entity may confirm whether volunteer
28 health practitioners utilized in this state are registered with a
29 registration system that complies with subdivision (a).
30 Confirmation is limited to obtaining identities of the practitioners
31 from the system and determining whether the system indicates that
32 the practitioners are licensed and in good standing.

33 (c) Upon request of a person in this state authorized to manage
34 the emergency response, or a similarly authorized person in another
35 state, a registration system located in this state shall notify the
36 person of the identities of volunteer health practitioners and
37 whether the practitioners are licensed and in good standing.

38 (d) A host entity is not required to use the services of a volunteer
39 health practitioner even if the practitioner is registered with a

1 registration system that indicates that the practitioner is licensed
2 and in good standing.

3 8599.55. (a) While an emergency declaration is in effect, a
4 volunteer health practitioner, registered with a registration system
5 that complies with Section 8599.54 and licensed and in good
6 standing in the state in which the practitioner's registration is based,
7 may practice in this state to the extent authorized by this article as
8 if the practitioner were licensed in this state.

9 (b) A volunteer health practitioner qualified under subdivision
10 (a) is not entitled to the protections of this article if the practitioner
11 is licensed in more than one state and any license of the practitioner
12 is suspended, revoked, or subject to an order limiting or restricting
13 practice privileges, or has been voluntarily terminated under threat
14 of sanction.

15 (c) Nothing in this article is intended to modify the licensing
16 requirements imposed on any health practitioner by licensing or
17 regulatory provisions contained in Division 2 (commencing with
18 Section 500) of the Business and Professions Code, or by any other
19 laws or regulations of this state, in the absence of an emergency
20 declaration, as that term is defined in subdivision (c) of Section
21 8599.51.

22 8599.56. (a) For purposes of this section, the following terms
23 have the following meanings:

24 (1) "Credentialing" means obtaining, verifying, and assessing
25 the qualifications of a health practitioner to provide treatment,
26 care, or services in or for a health facility.

27 (2) "Privileging" means the authorizing by an appropriate
28 authority, such as a governing body, of a health practitioner to
29 provide specific treatment, care, or services at a health facility
30 subject to limits based on factors that include license, education,
31 training, experience, competence, health status, and specialized
32 skill.

33 (b) This article does not affect credentialing or privileging
34 standards of a health facility and does not preclude a health facility
35 from waiving or modifying those standards while an emergency
36 declaration is in effect.

37 8599.57. (a) Except as further limited by subdivisions (b) and
38 (c), a volunteer health practitioner shall adhere to the scope of
39 practice for a similarly licensed practitioner established by the
40 licensing provisions, practice acts, or other laws of this state.

1 (b) Except as otherwise provided in subdivision (c), this article
2 does not authorize a volunteer health practitioner to provide
3 services that are outside the practitioner's scope of practice, even
4 if a similarly licensed practitioner in this state would be permitted
5 to provide the services.

6 (c) The applicable licensing board or bureau may restrict or
7 may, consistent with the limitations set forth in subdivision (a),
8 modify the health services or veterinary services regulated by that
9 body that volunteer health practitioners may provide pursuant to
10 this article. An order under this subdivision may take effect
11 immediately, without prior notice or comment, and is not a
12 regulation within the meaning of the Administrative Procedure
13 Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of
14 Division 3).

15 (d) A host entity may restrict the health or veterinary services
16 that a volunteer health practitioner may provide pursuant to this
17 article.

18 (e) A volunteer health practitioner shall not be found to have
19 engaged in unauthorized practice unless the practitioner has reason
20 to know of any limitation, modification, or restriction under this
21 section or that a similarly licensed practitioner in this state would
22 not be permitted to provide the services. A volunteer health
23 practitioner has reason to know of a limitation, modification, or
24 restriction or that a similarly licensed practitioner in this state
25 would not be permitted to provide a service if either:

26 (1) The practitioner knows the limitation, modification, or
27 restriction exists or that a similarly licensed practitioner in this
28 state would not be permitted to provide the service.

29 (2) From all the facts and circumstances known to the
30 practitioner at the relevant time, a reasonable person would
31 conclude that the limitation, modification, or restriction exists or
32 that a similarly licensed practitioner in this state would not be
33 permitted to provide the service.

34 (f) In addition to the authority granted by the laws of this state,
35 other than this article, to regulate the conduct of health
36 practitioners, a licensing board or other disciplinary authority in
37 this state has the following powers and duties:

38 (1) It may impose administrative sanctions upon a health
39 practitioner licensed in this state for conduct outside of this state
40 in response to an out-of-state emergency.

1 (2) It may impose administrative sanctions upon a practitioner
2 not licensed in this state for conduct in this state in response to an
3 in-state emergency.

4 (3) It shall report any administrative sanctions imposed upon a
5 practitioner licensed in another state to the appropriate licensing
6 board or other disciplinary authority in any other state in which
7 the practitioner is known to be licensed.

8 (g) In determining whether to impose administrative sanctions
9 under subdivision (f), a licensing board or other disciplinary
10 authority shall consider the circumstances in which the conduct
11 took place, including any exigent circumstances, and the
12 practitioner's scope of practice, education, training, experience,
13 and specialized skill.

14 8599.58. This article does not limit rights, privileges, or
15 immunities provided to volunteer health practitioners by laws other
16 than this article.

17 8599.59. A volunteer health practitioner who is providing
18 health or veterinary services in this state pursuant to this article,
19 or who is traveling to or from this state to provide those services,
20 shall be considered an employee of this state for purposes of
21 worker's compensation coverage concerning any injury,
22 occupational illness, or death incurred by the practitioner in
23 providing the services or in traveling to or from this state to provide
24 the services. Worker's compensation benefits for volunteer health
25 practitioners are limited to those benefits provided to state
26 employees under the laws of this state.

27 8599.60. The Emergency Medical Services Authority may
28 promulgate rules, after approval by the Commission on Emergency
29 Medical Services, to implement this article. In doing so, the
30 authority shall consult with and consider the recommendations of
31 the entity established to coordinate the implementation of the
32 Emergency Management Assistance Compact and shall also consult
33 with and consider rules promulgated by similarly empowered
34 agencies in other states to promote uniformity of application of
35 this article and make the emergency response systems in the various
36 states reasonably compatible.

1 8599.61. In applying and construing this article, consideration
2 shall be given to the need to promote uniformity of the law with
3 respect to its subject matter among states that enact it.

O

2026 Bill Analysis

Author: Assembly Member Joaquin Arambula	Bill Number: AB 1558	Related Bills:
Sponsor:	Version: Introduced	
Subject: Uniform Emergency Volunteer Health Practitioners Act		

SUMMARY

Assembly Bill 1558 (AB 1558) would establish the Uniform Emergency Volunteer Health Practitioners Act (UEVHPA), which authorizes the creation of additional volunteer health practitioner registration systems beyond those currently administered through the Emergency Medical Services Authority (EMSA). The bill allows licensed health practitioners from other states to provide health or veterinary services in California during a declared emergency, if they are registered and in good standing. It authorizes EMSA, licensing boards, and host entities to regulate, limit, or modify the services provided by these volunteers. The bill also permits licensing boards to discipline practitioners for conduct during emergency response and provides workers' compensation coverage for volunteer practitioners.

RECOMMENDATION

Staff Recommendation: Board of Psychology (Board) staff recommends the Board take a position of **SUPPORT IF AMENDED** and request the following amendments for AB 1558:

Summary of Suggested Amendments

- Clarify whether EMSA and/or licensees and registrants regulated by a Board, are required to apply for Out of State Temporary Practice or notify the Board when practicing out of state as a volunteer during a declared emergency.

The bill may impact the Board's licensing and enforcement oversight of out-of-state practitioners, as well as its disciplinary authority during declared emergency conditions. Clarifying amendments are needed to specify whether volunteers or the Emergency Medical Services Authority (EMSA) will be required to notify the Board of participating licensees or registered volunteers during an emergency.

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

REASON FOR THE BILL

According to the author, California's current emergency response system limits the ability to quickly mobilize qualified out-of-state health professionals during disasters. While programs such as ESAR-VHP and the Medical Reserve Corps exist, they may not provide sufficient flexibility or capacity to meet large-scale emergency needs. The author contends that establishing additional registration pathways and adopting a uniform process will improve coordination, increase the available workforce, and ensure that qualified practitioners can provide timely care during emergencies.

ANALYSIS

This bill creates a new statute allowing out-of-state licensed health practitioners to provide services in California during declared emergencies if they are registered through an approved system.

Key provisions include:

- Allowance for out-of-state practitioners to practice in California during emergencies if licensed and in good standing.
- Authority for EMSA, licensing boards, and host entities to regulate or restrict services.
- Expansion of disciplinary authority over both in-state and out-of-state practitioners.
- Provision of workers' compensation coverage for volunteers.

Impact on Licensing and Scope of Practice

- Under existing law, individuals must hold a California license to practice psychology in this state. Pursuant to section 2912 of the Business and Professions Code (Code), psychologists licensed in California who temporarily practice outside of California while treating California clients, as well as psychologists licensed in another jurisdiction who provide services to clients

located in California, must apply to the Board for authorization to engage in out-of-state practice for a maximum of 30 consecutive days per calendar year. This bill would create a limited exception during a declared emergency by allowing out-of-state practitioners to provide psychological services in California, provided they are registered with the Board and in good standing.

- While the bill maintains that practitioners must adhere to California scope-of-practice standards, it allows licensing boards to modify or restrict services through emergency orders. This could provide flexibility during emergencies but may also create challenges in ensuring consistent enforcement and clarity for practitioners regarding allowable activities.

Impact on Board Authority and Enforcement

The bill expands the Board's authority to discipline:

- California-licensed practitioners for conduct during out-of-state emergency response.
- Out-of-state practitioners for conduct occurring in California during emergencies.

This expanded authority supports consumer protection but may increase investigative workload and require coordination with other states' licensing agencies. Additionally, the Board must consider emergency conditions when evaluating conduct, which may introduce complexity in enforcement decisions.

Access to Care

The bill may improve access to mental health services during emergencies by expanding the pool of available practitioners, including those from out of state. This could benefit underserved or disaster-impacted communities that experience disruptions in care.

Implementation Concerns

Several provisions need clarification:

- The extent of Board responsibility for verifying licensure and monitoring volunteers during declared emergencies.
- Whether the Board will receive notification from the Emergency Medical Services Authority (EMSA), or directly from licensees, identifying which out-of-state licensees are providing volunteer services in California, and which California licensees are volunteering to provide services in other states.

Without clarification, the bill could create inconsistent implementation across boards and uncertainty regarding roles and expectations.

LEGISLATIVE HISTORY

The bill is based on the UEVHPA, which has been adopted in several other states to standardize emergency volunteer licensing practices. Similar efforts have been considered nationally to improve interstate coordination of health professionals during emergencies.

OTHER STATES' INFORMATION

Multiple states have adopted versions of the UEVHPA to facilitate cross-state practice during declared emergencies. These states include, but are not limited to, Colorado, Illinois, Indiana, Kentucky, Nevada, New Mexico, North Dakota, Tennessee, Texas, Utah, and Wisconsin. These jurisdictions allow out-of-state licensed practitioners to provide services under defined conditions, often requiring registration through a state emergency system and coordination between licensing authorities and emergency management agencies. California's adoption of a similar system would align it with these national practices and promote greater interstate consistency in emergency response.

PROGRAM BACKGROUND

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

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

FISCAL IMPACT

This bill could result in moderate fiscal impact if the Board is designated by EMSA as a volunteer health practitioner registration system. In that case, the Board may incur one-time information technology costs to develop or modify systems to process volunteer registrations and maintain related data, as well as ongoing staff workload to review registrations, maintain records, and respond to verification requests during declared emergencies.

The bill also authorizes licensing boards to issue orders by restricting or modifying the services volunteers may provide during an emergency, which could create additional workload related to drafting, issuing, and communicating such orders. If the Board is not designated as a registration system and no notification or approval process is required, the fiscal impact to the Board would likely be minimal.

ECONOMIC IMPACT

The bill may have a positive economic impact by improving emergency response capacity and reducing disruptions to health care services during disasters. This may help stabilize local economies affected by emergencies.

LEGAL IMPACT

The bill expands disciplinary authority across state lines and provides liability protections through workers' compensation coverage. These provisions appear consistent with existing emergency management systems but may require legal review to ensure alignment with due process and interstate licensure principles.

APPOINTMENTS

Not applicable at this time.

SUPPORT/OPPOSITION

Not applicable at this time.

Support:

Opposition:

ARGUMENTS

Not applicable at this time.

Proponents:

Opponents:

AMENDMENTS

SECTION 1.

Article 7.7 (commencing with Section 8599.5) is added to Chapter 7 of Division 1 of Title 2 of the Government Code, to read:

Article 7.7. Uniform Emergency Volunteer Health Practitioners Act 8599.54.

(a) To qualify as a volunteer health practitioner registration system, a system shall do all of the following:

- (1) Accept applications for the registration of volunteer health practitioners before or during an emergency.
- (2) Include information about the licensure and good standing of health practitioners that is accessible by authorized persons.
- (3) Be capable of supplying sufficient information about registered volunteer health practitioners to the Emergency Medical Services Authority, or a similar designated agency, in order to allow that authority or agency to confirm the accuracy of information concerning whether a health practitioner is licensed and in good standing before health services or veterinary services are provided under this article.
- (4) Meet at least one of the following conditions:
 - (A) Be an emergency system for advance registration of volunteer health care practitioners established by a state and funded through the Health Resources and Services Administration under Section 319C-2 of the Public Health Service Act (42 U.S.C. Sec. 247d-3b).
 - (B) Be a local unit consisting of trained and equipped emergency response, public health, and medical personnel formed pursuant to Section 2813 of the Public Health Service Act (42 U.S.C. Sec. 300hh-15).
 - (C) Be operated by one of the following:
 - (i) A disaster relief organization.
 - (ii) A licensing board or bureau established pursuant to Division 2 (commencing with Section 500) of, or Chapter 12 (commencing with Section 7600) of Division 3 of, the Business and Professions Code.
 - (iii) A national, state, or regional association of licensing boards or health practitioners.
 - (iv) A health facility that provides comprehensive inpatient and outpatient health care services, including a tertiary care and teaching hospital.
 - (v) A governmental entity.
 - (D) Be designated by the Emergency Medical Services Authority as a registration system for purposes of this article.
- (b) While an emergency declaration is in effect, the Emergency Medical Services Authority, a person authorized to act on behalf of the authority, or a host entity may confirm whether volunteer health practitioners utilized in this state are registered with a registration system that complies with subdivision (a). Confirmation is limited to obtaining identities of the practitioners from the system and determining whether the system indicates that the practitioners are licensed and in good standing.
- (c) Upon request of a person in this state authorized to manage the emergency response, or a similarly authorized person in another state, a registration system

located in this state shall notify the person of the identities of volunteer health practitioners and whether the practitioners are licensed and in good standing.

(d) A host entity is not required to use the services of a volunteer health practitioner even if the practitioner is registered with a registration system that indicates that the practitioner is licensed and in good standing.

(e) A registration system shall provide timely notification to the applicable California licensing board or bureau of any volunteer health practitioner who is registered or licensed out of state and will provide services in this state, pursuant to this article. The notification shall include, at a minimum, the practitioner's name, license type, licensing jurisdiction, and status of good standing.

(f) A registration system shall provide timely notification to the applicable California licensing board or bureau of any volunteer health practitioner who is registered or licensed in this state and will provide services in out of state, pursuant to this article. The notification shall include, at a minimum, the practitioner's name, license type, licensing jurisdiction, and status of good standing.

(g) A volunteer health practitioner licensed out of state who provides health services in this state pursuant to an emergency declaration shall notify their applicable California licensing board or bureau of such activity in a manner determined by the board.

(g) A volunteer health practitioner licensed in this state who provides health services in another state pursuant to an emergency declaration shall notify their applicable California licensing board or bureau of such activity in a manner determined by the board.

MEMORANDUM

DATE	April 27, 2026
TO	Psychology Board Members
FROM	Cynthia Whitney, Central Services Manager
SUBJECT	Agenda Item 13(d)(1) - AB 1568 (Alanis) Sex offenses: registration

Background

Assembly Bill 1568 (AB 1568) was introduced on January 12, 2026, by Assembly Member Juan Alanis.

The proposed bill would amend the *Sex Offender Registration Act* to require individuals seeking termination from the sex offender registry to provide proof of successful completion of a California Sex Offender Management Board–certified sex offender treatment program before filing a petition for removal.

Board of Psychology (Board) staff are monitoring this bill because the Board has disciplinary and enforcement statutes and regulations specific to sex-offense–related conduct. At this time, the bill does not directly amend the Board’s statutory authority, but staff will continue monitoring for potential impacts on enforcement processes.

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 5, 2026
AMENDED IN ASSEMBLY FEBRUARY 23, 2026
CALIFORNIA LEGISLATURE—2025–26 REGULAR SESSION

ASSEMBLY BILL

No. 1568

Introduced by Assembly Member Alanis

January 12, 2026

An act to amend Section 290.5 of the Penal Code, relating to sex offenses.

LEGISLATIVE COUNSEL'S DIGEST

AB 1568, as amended, Alanis. Sex offenses: registration.

Existing law, the Sex Offender Registration Act, requires a person convicted of one of certain crimes, as specified, to register with law enforcement as a sex offender while residing in California or while attending school or working in California, as specified. Existing law, on and after July 1, 2021, authorizes a person to file a petition in the superior court in the county in which they are registered for termination from the sex offender registry on or after their next birthday following the expiration of the mandated minimum registration period.

If the district attorney requests a hearing regarding the above-described petition, under existing law, the district attorney is entitled to present evidence regarding whether community safety would be significantly enhanced by requiring continued registration. Existing law requires the court, in determining whether to order continued registration pursuant to the hearing, to consider specified information, including the person's current risk of reoffense as indicated on the State-Authorized Risk Assessment Tool for Sex Offenders (SARATSO), as specified.

~~This bill would require the petitioner to personally appear at the hearing described above.~~ *authorize the court to order the petitioner to be present at the hearing described above, as specified.* The bill would additionally require the court to consider whether the offender was in a position of trust or authority in relation to the victim and proof of participation in or successful completion of sex offender-specific treatment by the offender in the above-described determination. The bill would require the court to verify, as specified, participation in or completion of treatment. The bill would authorize the court to order specified SARATSO assessments if the court is unable to verify participation in or completion of treatment, or as the court otherwise deems necessary, as specified. The bill would make other clarifying changes.

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 290.5 of the Penal Code is amended to
2 read:
3 290.5. (a) (1) A person who is required to register pursuant
4 to Section 290 and who is a tier one or tier two offender may file
5 a petition in the superior court in the county in which the person
6 is registered for termination from the sex offender registry on or
7 after their next birthday after July 1, 2021, following the expiration
8 of the person's mandated minimum registration period, or if the
9 person is required to register pursuant to Section 290.008, the
10 person may file the petition in juvenile court on or after their next
11 birthday after July 1, 2021, following the expiration of the
12 mandated minimum registration period. The petition shall contain
13 proof of the person's current registration as a sex offender.
14 (2) The petition shall be served on the registering law
15 enforcement agency and the district attorney in the county where
16 the petition is filed and on the law enforcement agency and the
17 district attorney of the county of conviction of a registerable offense
18 if different than the county where the petition is filed. The
19 registering law enforcement agency shall report receipt of service
20 of a filed petition to the Department of Justice in a manner
21 prescribed by the department. The registering law enforcement
22 agency and the law enforcement agency of the county of conviction

1 of a registerable offense if different than the county where the
2 petition is filed shall, within 60 days of receipt of the petition,
3 report to the district attorney and the superior or juvenile court in
4 which the petition is filed regarding whether the person has met
5 the requirements for termination pursuant to subdivision (e) of
6 Section 290. If an offense which may require registration pursuant
7 to Section 290.005 is identified by the registering law enforcement
8 agency which has not previously been assessed by the Department
9 of Justice, the registering law enforcement agency shall refer that
10 conviction to the department for assessment and determination of
11 whether the conviction changes the tier designation assigned by
12 the department to the offender. If the newly discovered offense
13 changes the tier designation for that person, the department shall
14 change the tier designation pursuant to subdivision (d) of Section
15 290 within three months of receipt of the request by the registering
16 law enforcement agency and notify the registering law enforcement
17 agency. If more time is required to obtain the documents needed
18 to make the assessment, the department shall notify the registering
19 law enforcement agency of the reason that an extension of time is
20 necessary to complete the tier designation. The registering law
21 enforcement agency shall report to the district attorney and the
22 court that the department has requested an extension of time to
23 determine the person's tier designation based on the newly
24 discovered offense, the reason for the request, and the estimated
25 time needed to complete the tier designation. The district attorney
26 in the county where the petition is filed may, within 60 days of
27 receipt of the report from either the registering law enforcement
28 agency, the law enforcement agency of the county of conviction
29 of a registerable offense if different than the county where the
30 petition is filed, or the district attorney of the county of conviction
31 of a registerable offense, request a hearing on the petition if the
32 petitioner has not fulfilled the requirement described in subdivision
33 (e) of Section 290, or if community safety would be significantly
34 enhanced by the person's continued registration. ~~The petitioner~~
35 ~~shall personally appear at the hearing.~~ *The court may order the*
36 *petitioner to be present at the hearing, either in person or remotely*
37 *by video.* If no hearing is requested, the petition for termination
38 shall be granted if the court finds the required proof of current
39 registration is presented in the petition, provided that the registering
40 agency reported that the person met the requirement for termination

1 pursuant to subdivision (e) of Section 290, there are no pending
2 charges against the person which could extend the time to complete
3 the registration requirements of the tier or change the person's tier
4 status, and the person is not in custody or on parole, probation, or
5 supervised release. The court may summarily deny a petition if
6 the court determines the petitioner does not meet the statutory
7 requirements for termination of sex offender registration or if the
8 petitioner has not fulfilled the filing and service requirements of
9 this section. In summarily denying a petition the court shall state
10 the reason or reasons the petition is being denied.

11 (3) If the district attorney requests a hearing, the district attorney
12 shall be entitled to present evidence regarding whether community
13 safety would be significantly enhanced by requiring continued
14 registration. In determining whether to order continued registration,
15 the court shall consider: the nature and facts of the registerable
16 offense; the age and number of victims; whether any victim was
17 a stranger to the offender at the time of the offense (known to the
18 offender for less than 24 hours); whether the offender was in a
19 position of trust or authority in relation to any victim; criminal and
20 relevant noncriminal behavior before and after conviction for the
21 registerable offense; the time period during which the person has
22 not reoffended; the person's current risk of sexual or violent
23 reoffense, including the person's risk levels on SARATSO static,
24 dynamic, and violence risk assessment instruments, if available;
25 proof of participation in or successful completion of sex
26 offender-specific treatment by the offender; and proof of successful
27 completion of a Sex Offender Management Board-certified sex
28 offender treatment program by the offender, if the offender was
29 required to complete that program. The court shall verify, in a
30 manner subject to its discretion, participation in or completion of
31 treatment by the offender as described above. The court may order
32 SARATSO static, dynamic, and violence risk assessments if the
33 court is unable to verify participation in or completion of treatment
34 as described above, or as the court otherwise deems necessary, to
35 aid in its determination of the person's current risk of sexual or
36 violent reoffense. Any judicial determination made pursuant to
37 this section may be heard and determined upon declarations,
38 affidavits, police reports, or any other evidence submitted by the
39 parties which is reliable, material, and relevant.

(4) If termination from the registry is denied, the court shall set the time period after which the person can repetition for termination, which shall be at least one year from the date of the denial, but not to exceed five years, based on facts presented at the hearing. The court shall state on the record the reason for its determination setting the time period after which the person may repetition.

(5) The court shall notify the Department of Justice, California Sex Offender Registry, when a petition for termination from the registry is granted, denied, or summarily denied, in a manner prescribed by the department. If the petition is denied, the court shall also notify the Department of Justice, California Sex Offender Registry, of the time period after which the person can file a new petition for termination.

(b) (1) A person required to register as a tier two offender, pursuant to paragraph (2) of subdivision (d) of Section 290, may petition the superior court for termination from the registry after 10 years from release from custody on the registerable offense if all of the following apply: (A) the registerable offense involved no more than one victim 14 to 17 years of age, inclusive; (B) the offender was under 21 years of age at the time of the offense; (C) the registerable offense is not specified in subdivision (c) of Section 667.5, except subdivision (a) of Section 288; and (D) the registerable offense is not specified in Section 236.1.

(2) A tier two offender described in paragraph (1) may file a petition with the superior court for termination from the registry only if the person has not been convicted of a new offense requiring sex offender registration or an offense described in subdivision (c) of Section 667.5 since the person was released from custody on the offense requiring registration pursuant to Section 290, and has registered for 10 years pursuant to subdivision (e) of Section 290. The court shall determine whether community safety would be significantly enhanced by requiring continued registration and may consider the following factors: whether the victim was a stranger (known less than 24 hours) at the time of the offense; the nature of the registerable offense, including whether the offender took advantage of a position of trust; criminal and relevant noncriminal behavior before and after the conviction for the registerable offense; whether the offender has successfully completed a Sex Offender Management Board-certified sex

1 offender treatment program; whether the offender initiated a
2 relationship for the purpose of facilitating the offense; and the
3 person's current risk of sexual or violent reoffense, including the
4 person's risk levels on SARATSO static, dynamic, and violence
5 risk assessment instruments, if known. If the petition is denied,
6 the person may not repetition for termination for at least one year.

7 (3) A person required to register as a tier three offender based
8 solely on the person's risk level, pursuant to subparagraph (D) of
9 paragraph (3) of subdivision (d) of Section 290, may petition the
10 court for termination from the registry after 20 years from release
11 from custody on the registerable offense, if the person (A) has not
12 been convicted of a new offense requiring sex offender registration
13 or an offense described in subdivision (c) of Section 667.5 since
14 the person was released from custody on the offense requiring
15 registration pursuant to Section 290, and (B) has registered for 20
16 years pursuant to subdivision (e) of Section 290; except that a
17 person required to register for a conviction pursuant to Section
18 288 or an offense listed in subdivision (c) of Section 1192.7 who
19 is a tier three offender based on the person's risk level, pursuant
20 to subparagraph (D) of paragraph (3) of subdivision (d) of Section
21 290, shall not be permitted to petition for removal from the registry.
22 The court shall determine whether community safety would be
23 significantly enhanced by requiring continued registration and may
24 consider the following factors: whether the victim was a stranger
25 (known less than 24 hours) at the time of the offense; the nature
26 of the registerable offense, including whether the offender took
27 advantage of a position of trust; criminal and relevant noncriminal
28 behavior before and after the conviction for the registerable offense;
29 whether the offender has successfully completed a Sex Offender
30 Management Board-certified sex offender treatment program;
31 whether the offender initiated a relationship for the purpose of
32 facilitating the offense; and the person's current risk of sexual or
33 violent reoffense, including the person's risk levels on SARATSO
34 static, dynamic, and violence risk assessment instruments, if
35 known. If the petition is denied, the person may not re-petition for
36 termination for at least three years.

37 (c) This section shall become operative on July 1, 2021.

MEMORANDUM

DATE	April 27, 2026
TO	Psychology Board Members
FROM	Cynthia Whitney, Central Services Manager
SUBJECT	Agenda Item 13(d)(2) - AB 1775 (Ward) Veterans

Background

Assembly Bill 1775 (AB 1775) was introduced on February 9, 2026, by Assembly Member Christopher M. Ward.

This bill amends provisions of the Business and Professions Code and Military and Veterans Code related to veterans. Specifically, it expands existing law requiring boards within the Department of Consumer Affairs (DCA) to expedite licensure applications from honorably discharged members of the Armed Forces to also include individuals who received a discharge solely because of a specified federal executive order. The bill also modifies reporting requirements related to military licensure data. In addition, it expands veteran support programs by requiring education on discharge upgrade services at no cost and establishing a new Veteran's Housing and Supportive Services Grant Program to provide housing assistance and related services to transitioning veterans.

The Board of Psychology (Board) is monitoring this bill because it amends Business and Professions Code sections applicable to boards within the Department of Consumer Affairs, including provisions related to expedited licensure for military applicants, which may affect Board licensure processes and reporting requirements.

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. 1775

Introduced by Assembly Member Ward

February 9, 2026

An act to amend Sections 115.4 and 115.8 of the Business and Professions Code, and to amend Section 885 of, and to add Section 886 to, the Military and Veterans Code, relating to veterans.

LEGISLATIVE COUNSEL'S DIGEST

AB 1775, as introduced, Ward. Veterans.

Existing law establishes the Department of Consumer Affairs under the direction of the Director of Consumer Affairs and sets forth its powers and duties relating to the administration of the various boards under its jurisdiction that license and regulate various professions and vocations. Existing law requires those boards to expedite, and authorizes them to assist, the initial licensure process for an applicant who supplies satisfactory evidence to the board that the applicant has served as an active duty member of the Armed Forces of the United States and was honorably discharged.

This bill would extend that requirement and authorization to also include members who were discharged or received a discharge solely as a result of a specified executive order. The bill would make additional conforming changes.

Existing law requires the department, subject to an appropriation by the Legislature, to establish the Veteran's Military Discharge Upgrade Grant Program to help fund service providers who, for free or at low cost, will educate veterans about discharge upgrades and assist veterans in filing discharge upgrade applications, as specified. Existing law authorizes the department to prioritize veteran recipients of the services,

such as prioritizing those who are able to demonstrate their less than honorable characterization of service was connected to a mental health condition, traumatic brain injury, sexual assault or harassment, or sexual orientation.

This bill would instead require the program to help fund service providers who will educate veterans on the above-described services at no cost. The bill would additionally require the department to prioritize veteran recipients who are able to demonstrate that their less than honorable characterization of service was connected to a mental health condition, traumatic brain injury, sexual assault or harassment, or sexual orientation or who are able to demonstrate their characterization of service was connected to gender identity.

This bill would additionally require the department, subject to an appropriation by the Legislature, to establish the Veteran's Housing and Supportive Services Grant Program to help fund service providers who, for at no cost, will provide housing supports for veterans being discharged from service. The bill would require the department to develop criteria, procedures, and accountability measures as may be necessary to implement the grant program, and to prioritize veteran recipients who are able to demonstrate their less than honorable characterization of service was connected to a mental health condition, traumatic brain injury, sexual assault or harassment, or sexual orientation or who are able to demonstrate their characterization of service was connected to gender identity.

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

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

1 SECTION 1. Section 115.4 of the Business and Professions
2 Code is amended to read:
3 115.4. (a) Notwithstanding any other law, on and after July 1,
4 2016, a board within the department shall expedite, and may assist,
5 the initial licensure process for an applicant who supplies
6 satisfactory evidence to the board that the applicant has served as
7 an active duty member of the Armed Forces of the United States
8 and was honorably ~~discharged~~. *discharged or received a discharge*
9 *solely as a result of Executive Order No. 14183 issued on January*
10 *27, 2025.*

(b) Notwithstanding any other law, on and after July 1, 2024, a board within the department shall expedite, and may assist, the initial licensure process for an applicant who supplies satisfactory evidence to the board that the applicant is an active duty member of a regular component of the Armed Forces of the United States enrolled in the United States Department of Defense SkillBridge program as authorized under Section 1143(e) of Title 10 of the United States Code.

(c) A board may adopt regulations necessary to administer this section 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.

(d) For purposes of this section, the term “applicant” refers to an applicant for an individual license and does not refer to applicants for business or entity licenses.

SEC. 2. Section 115.8 of the Business and Professions Code is amended to read:

115.8. The Department of Consumer Affairs shall compile information on military and spouse licensure into an annual report for the Legislature, which shall be submitted in conformance with Section 9795 of the Government Code. The report shall include all of the following for each license type of each board:

(a) The number of applications for a temporary license submitted by military spouses per fiscal year, pursuant to Section 115.6.

(b) The number of applications for expedited licenses received from honorably discharged military members and military ~~spouses~~ *spouses, or those who received a discharge solely as a result of Executive Order No. 14183 issued on January 27, 2025*, pursuant to Sections 115.4 and 115.5.

(c) The number of licenses issued and denied per fiscal year pursuant to Sections 115.4, 115.5, and 115.6.

(d) The number of licenses issued pursuant to Section 115.6 that were suspended or revoked per fiscal year.

(e) The number of applications for waived renewal fees received and granted pursuant to Section 114.3 per fiscal year.

(f) The average length of time between application and issuance of licenses pursuant to Sections 115.4, 115.5, and 115.6.

SEC. 3. Section 885 of the Military and Veterans Code is amended to read:

1 885. (a) The department shall establish the Veteran's Military
2 Discharge Upgrade Grant Program to help fund service providers
3 who, ~~for free or at low~~ *at no* cost, will educate veterans about
4 discharge upgrades and assist qualifying veterans in filing discharge
5 upgrade applications.

6 (b) The department shall develop criteria, procedures, and
7 accountability measures as may be necessary to implement the
8 grant program. The department ~~may~~ *shall* prioritize veteran
9 recipients ~~of the services, such as prioritizing those who are able~~
10 *to demonstrate their less than honorable characterization of service*
11 *was connected to a mental health condition, traumatic brain injury,*
12 *sexual assault or harassment, or sexual-orientation. orientation or*
13 *who are able to demonstrate their characterization of service was*
14 *connected to gender identity.*

15 (c) Funding for the grant program is subject to appropriation
16 by the Legislature.

17 SEC. 4. Section 886 is added to the Military and Veterans
18 Code, to read:

19 886. (a) The department shall establish the Veteran's Housing
20 and Supportive Services Grant Program to help fund service
21 providers who, for at no cost, will provide housing supports for
22 veterans being discharged from service.

23 (b) The department shall develop criteria, procedures, and
24 accountability measures as may be necessary to implement the
25 grant program. The department shall prioritize veteran recipients
26 who are able to demonstrate their less than honorable
27 characterization of service was connected to a mental health
28 condition, traumatic brain injury, sexual assault or harassment, or
29 sexual orientation or who are able to demonstrate their
30 characterization of service was connected to gender identity.

31 (c) Funding for the grant program is subject to appropriations
32 by the Legislature.

MEMORANDUM

DATE	April 27, 2026
TO	Psychology Board Members
FROM	Cynthia Whitney, Central Services Manager
SUBJECT	Agenda Item 13(d)(3) - AB 2366 (Avila Farias) Administrative Procedure Act: proposed regulations: cost-of-living impact on residents of the state

Background

Assembly Bill 2366 (AB 2366) was introduced on February 19, 2026, by Assembly Member Cecilia M. Avila Farias.

The bill amends provisions of the Administrative Procedure Act to require state agencies, when proposing regulations, to assess and disclose the cost-of-living impacts on California residents as part of the economic impact analysis conducted during the rulemaking process. The bill requires the Legislative Analyst's Office to develop a standardized methodology for evaluating cost-of-living impacts and to conduct an independent review of certain regulatory analyses. It also requires the Department of Finance to create a regulatory economic burden tracker to analyze the cumulative economic impact of regulations by sector and post this information publicly. Additionally, the bill expands the standards used by the Office of Administrative Law when reviewing regulations to include cost-of-living impacts and extends the review timeline for major regulations.

The Board of Psychology (Board) is monitoring this bill because it modifies the Administrative Procedure Act, which governs the rulemaking process for all state agencies, including boards within the Department of Consumer Affairs. If enacted, the bill would change the requirements the Board must follow when conducting economic and cost-of-living impact assessments as part of future regulatory rulemaking.

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. 2366

Introduced by Assembly Member Ávila Farías

February 19, 2026

An act to amend Sections 11346.3, 11346.5, 11349, 11349.1, and 11349.3 of, and to add Section 11346.37 to, the Government Code, relating to state government.

LEGISLATIVE COUNSEL'S DIGEST

AB 2366, as introduced, Ávila Farías. Administrative Procedure Act: proposed regulations: cost-of-living impact on residents of the state.

Existing law, the Administrative Procedure Act, governs the procedure for the adoption, amendment, or repeal of regulations by state agencies and for the review of those regulatory actions by the Office of Administrative Law. The act requires a state agency proposing to adopt, amend, or repeal any administrative regulation to assess the potential for adverse economic impact on California business enterprises and individuals and requires the state agency to adhere to specified requirements in making that assessment.

This bill would include among those requirements for assessing the potential for adverse economic impact the consideration of the proposal's cost-of-living impacts on residents of the state, as defined.

Existing law requires a state agency proposing to adopt, amend, or repeal a regulation that is not a major regulation to prepare an economic impact assessment that includes to what extent the regulation will affect specified factors, including the creation or elimination of jobs within the state. Existing law requires a state agency proposing to adopt, amend, or repeal a major regulation to prepare a standardized regulatory impact

analysis that addresses specified factors, including the creation or elimination of jobs within the state.

This bill would also require the assessment for nonmajor regulations to include to what extent it will affect the cost-of-living impacts on residents of the state, and would require the standardized regulatory impact analysis for major regulations to address the cost-of-living impacts on residents of the state. The bill would require an agency to notify the office when the agency determines it needs to contract for outside services to perform the analyses and would require the office to select the contractor and oversee its work. The bill would require the Legislative Analyst's Office to adopt a standardized cost-of-living methodology for use by all agencies that includes a process for determining whether those cost-of-living impacts are significant. The bill would require each state agency to submit the standardized regulatory impact analysis to the Legislative Analyst's Office, and would require the Legislative Analyst's Office to take certain actions, including conducting an independent analysis of the adequacy of an agency's economic analysis and an analysis of the cost-of-living impacts on residents of the state, and to provide its analysis to the state agency.

This bill would require the Department of Finance to develop and maintain a regulatory economic burden tracker that will gather and analyze the cumulative economic burden of regulations by sector of the economy. The bill would require the department to post the tracker on its internet website and update the tracker annually.

Existing law requires the notice of proposed adoption, amendment, or repeal of a regulation to include, among other information, a statement of the results of the economic impact assessment and a summary of any comments submitted to the agency.

This bill would instead require the notice to include a detailed statement of the results of the economic impact assessment. The bill would require the summary of comments to include the Legislative Analyst's Office comments and agency responses, as referenced above.

Existing law requires the office to review regulations and make determinations using specified standards, including, necessity, authority, and clarity.

This bill would add to those standards the cost-of-living impacts on residents of the state. The bill would require the office, in reviewing proposed regulations for cost-of-living impacts on residents of the state, to use the standardized methodology developed by the Legislative Analyst's Office.

Existing law requires the office to either approve a regulation or disapprove it within 30 working days after a regulation has been submitted to the office for review. Existing law requires the office, if it disapproves a regulation, to provide the adopting agency with a written notice detailing the reasons for disapproval.

This bill would, for major regulations, increase the period of time for approval or disapproval to 60 working days. The bill would require the office, for major regulations, to hold a public hearing within 30 working days after the regulation has been submitted to the office. If one of the reasons for disapproval includes a significant cost-of-living impact, the bill would require the agency to pursue a less costly alternative or explain why a less costly alternative is infeasible.

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 11346.3 of the Government Code is
2 amended to read:
3 11346.3. (a) A state agency proposing to adopt, amend, or
4 repeal any administrative regulation shall assess the potential for
5 adverse economic impact on California business enterprises and
6 individuals, avoiding the imposition of unnecessary or unreasonable
7 regulations or reporting, recordkeeping, or compliance
8 requirements. For purposes of this subdivision, assessing the
9 potential for adverse economic impact shall require agencies, when
10 proposing to adopt, amend, or repeal a regulation, to adhere to the
11 following requirements, to the extent that these requirements do
12 not conflict with other state or federal laws:
13 (1) The proposed adoption, amendment, or repeal of a regulation
14 shall be based on adequate information concerning the need for,
15 and consequences of, proposed governmental action.
16 (2) The state agency, before submitting a proposal to adopt,
17 amend, or repeal a regulation to the office, shall consider the
18 proposal's impact on business, with consideration of industries
19 affected including the ability of California businesses to compete
20 with businesses in other states. For purposes of evaluating the
21 impact on the ability of California businesses to compete with
22 businesses in other states, an agency shall consider, but not be
23 limited to, information supplied by interested parties.

1 (3) *The state agency, before submitting a proposal to adopt,*
2 *amend, or repeal a regulation to the office, shall consider the*
3 *proposal's cost-of-living impacts on residents of the state.*

4 ~~(3)~~

5 (4) An economic impact assessment prepared pursuant to this
6 subdivision for a proposed regulation that is not a major regulation
7 or that is a major regulation proposed before November 1, 2013,
8 shall be prepared in accordance with subdivision (b), and shall be
9 included in the initial statement of reasons as required by Section
10 11346.2. An economic assessment prepared pursuant to this
11 subdivision for a major regulation proposed on or after November
12 1, 2013, shall be prepared in accordance with subdivision (c), and
13 shall be included in the initial statement of reasons as required by
14 Section 11346.2.

15 (b) (1) A state agency proposing to adopt, amend, or repeal a
16 regulation that is not a major regulation or that is a major regulation
17 proposed before November 1, 2013, shall prepare an economic
18 impact assessment that assesses whether and to what extent it will
19 affect the following:

20 (A) The creation or elimination of jobs within the state.

21 (B) *The cost-of-living impacts on residents of the state.*

22 ~~(B)~~

23 (C) The creation of new businesses or the elimination of existing
24 businesses within the state.

25 ~~(C)~~

26 (D) The expansion of businesses currently doing business within
27 the state.

28 ~~(D)~~

29 (E) The benefits of the regulation to the health and welfare of
30 California residents, worker safety, and the state's environment.

31 (2) This subdivision does not apply to the University of
32 California, the college named in Section 92200 of the Education
33 Code, or the Fair Political Practices Commission.

34 (3) Information required from a state agency for the purpose of
35 completing the assessment may come from existing state
36 publications.

37 (4) (A) For purposes of conducting the economic impact
38 assessment pursuant to this subdivision, a state agency may use
39 the consolidated definition of small business in subparagraph (B)
40 in order to determine the number of small businesses within the

economy, a specific industry sector, or geographic region. The state agency shall clearly identify the use of the consolidated small business definition in its rulemaking package.

(B) For the exclusive purpose of undertaking the economic impact assessment, a “small business” means a business that is all of the following:

- (i) Independently owned and operated.
- (ii) Not dominant in its field of operation.
- (iii) Has fewer than 100 employees.

(C) Subparagraph (A) shall not apply to a regulation adopted by the Department of Insurance that applies to an insurance company.

(c) (1) Each state agency proposing to adopt, amend, or repeal a major regulation on or after November 1, 2013, shall prepare a standardized regulatory impact analysis in the manner prescribed by the Department of Finance pursuant to Section 11346.36. The standardized regulatory impact analysis shall address all of the following:

(A) The creation or elimination of jobs within the state.

(B) *The cost-of-living impacts on residents of the state.*

~~(B)~~

(C) The creation of new businesses or the elimination of existing businesses within the state.

~~(C)~~

(D) The competitive advantages or disadvantages for businesses currently doing business within the state.

~~(D)~~

(E) The increase or decrease of investment in the state.

~~(E)~~

(F) The incentives for innovation in products, materials, or processes.

~~(F)~~

(G) The benefits of the regulations, including, but not limited to, benefits to the health, safety, and welfare of California residents, worker safety, and the state’s environment and quality of life, among any other benefits identified by the agency.

(2) This subdivision shall not apply to the University of California, the college named in Section 92200 of the Education Code, or the Fair Political Practices Commission.

1 (3) Information required from state agencies for the purpose of
2 completing the analysis may be derived from existing state, federal,
3 or academic publications.

4 (d) Any administrative regulation adopted on or after January
5 1, 1993, that requires a report shall not apply to businesses, unless
6 the state agency adopting the regulation makes a finding that it is
7 necessary for the health, safety, or welfare of the people of the
8 state that the regulation apply to businesses.

9 (e) Analyses conducted pursuant to this section are intended to
10 provide agencies and the public with tools to determine whether
11 the regulatory proposal is an efficient and effective means of
12 implementing the policy decisions enacted in statute or by other
13 provisions of law in the least burdensome manner. Regulatory
14 impact analyses shall inform the agencies and the public of the
15 economic consequences of regulatory choices, not reassess
16 statutory policy. The baseline for the regulatory analysis shall be
17 the most cost-effective set of regulatory measures that are equally
18 effective in achieving the purpose of the regulation in a manner
19 that ensures full compliance with the authorizing statute or other
20 law being implemented or made specific by the proposed
21 regulation.

22 (f) *When a state agency determines that it needs to contract for*
23 *outside services in order to perform the analyses in this section,*
24 *the agency shall notify the office and the office shall select the*
25 *contractor and oversee its work.*

26 (g) *The Legislative Analyst's Office shall adopt a standardized*
27 *cost-of-living methodology for use by all agencies. The*
28 *methodology shall also include a process for determining whether*
29 *those cost-of-living impacts are significant.*

30 ~~(f)~~

31 (h) Each state agency proposing to adopt, amend, or repeal a
32 major regulation on or after November 1, 2013, and that has
33 prepared a standardized regulatory impact analysis pursuant to
34 subdivision (c), shall submit that analysis to the Department of
35 Finance upon completion. The department shall comment, within
36 30 days of receiving that analysis, on the extent to which the
37 analysis adheres to the regulations adopted pursuant to Section
38 11346.36. Upon receiving the comments from the department, the
39 agency may update its analysis to reflect any comments received
40 from the department and shall summarize the comments and the

1 response of the agency along with a statement of the results of the
2 updated analysis for the statement required by paragraph (10) of
3 subdivision (a) of Section 11346.5.

4 *(i) Each state agency proposing to adopt, amend, or repeal a*
5 *major regulation and that has prepared a standardized regulatory*
6 *impact analysis pursuant to subdivision (c) shall submit that*
7 *analysis to the Legislative Analyst's Office upon completion. The*
8 *Legislative Analyst's Office shall conduct an independent analysis*
9 *of the adequacy of an agency's economic analyses prepared*
10 *pursuant to this section. The office shall also conduct its own*
11 *analysis of the cost-of-living impacts on residents of the state of*
12 *a proposed regulation. If the office finds that the cost-of-living*
13 *impacts of a proposed regulation are significant, the office shall*
14 *identify means by which the cost of the proposed regulation could*
15 *be reduced. The Legislative Analyst's Office shall provide its*
16 *analysis and comments on these items to the state agency within*
17 *60 days. Upon receiving the comments from the Legislative*
18 *Analyst's Office, the agency may update its analysis to reflect any*
19 *revisions or comments received and shall summarize the comments*
20 *and response of the agency along with a statement of the results*
21 *of the updated analysis for the statement required by paragraph*
22 *(10) of subdivision (a) of Section 11346.5.*

23 SEC. 2. Section 11346.37 is added to the Government Code,
24 immediately following Section 11346.36, to read:

25 11346.37. (a) The Department of Finance shall develop and
26 maintain a regulatory economic burden tracker that will gather
27 and analyze the cumulative economic burden of regulations by
28 sector of the economy. The tracker shall integrate the regulatory
29 costs across agencies that impact each sector.

30 (b) The department shall post the tracker on its internet website,
31 and shall update the tracker on an annual basis.

32 SEC. 3. Section 11346.5 of the Government Code is amended
33 to read:

34 11346.5. (a) The notice of proposed adoption, amendment, or
35 repeal of a regulation shall include the following:

36 (1) A statement of the time, place, and nature of proceedings
37 for adoption, amendment, or repeal of the regulation.

38 (2) Reference to the authority under which the regulation is
39 proposed and a reference to the particular code sections or other

1 provisions of law that are being implemented, interpreted, or made
2 specific.

3 (3) An informative digest drafted in plain English in a format
4 similar to the Legislative Counsel's digest on legislative bills. The
5 informative digest shall include the following:

6 (A) A concise and clear summary of existing laws and
7 regulations, if any, related directly to the proposed action and of
8 the effect of the proposed action.

9 (B) If the proposed action differs substantially from an existing
10 comparable federal regulation or statute, a brief description of the
11 significant differences and the full citation of the federal regulations
12 or statutes.

13 (C) A policy statement overview explaining the broad objectives
14 of the regulation and the specific benefits anticipated by the
15 proposed adoption, amendment, or repeal of a regulation, including,
16 to the extent applicable, nonmonetary benefits such as the
17 protection of public health and safety, worker safety, or the
18 environment, the prevention of discrimination, the promotion of
19 fairness or social equity, and the increase in openness and
20 transparency in business and government, among other things.

21 (D) An evaluation of whether the proposed regulation is
22 inconsistent or incompatible with existing state regulations.

23 (4) Any other matters as are prescribed by statute applicable to
24 the specific state agency or to any specific regulation or class of
25 regulations.

26 (5) A determination as to whether the regulation imposes a
27 mandate on local agencies or school districts and, if so, whether
28 the mandate requires state reimbursement pursuant to Part 7
29 (commencing with Section 17500) of Division 4.

30 (6) An estimate, prepared in accordance with instructions
31 adopted by the Department of Finance, of the cost or savings to
32 any state agency, the cost to any local agency or school district
33 that is required to be reimbursed under Part 7 (commencing with
34 Section 17500) of Division 4, other nondiscretionary cost or
35 savings imposed on local agencies, and the cost or savings in
36 federal funding to the state.

37 For purposes of this paragraph, "cost or savings" means
38 additional costs or savings, both direct and indirect, that a public
39 agency necessarily incurs in reasonable compliance with
40 regulations.

1 (7) If a state agency, in proposing to adopt, amend, or repeal
2 any administrative regulation, makes an initial determination that
3 the action may have a significant, statewide adverse economic
4 impact directly affecting business, including the ability of
5 California businesses to compete with businesses in other states,
6 it shall include the following information in the notice of proposed
7 action:

8 (A) Identification of the types of businesses that would be
9 affected.

10 (B) A description of the projected reporting, recordkeeping, and
11 other compliance requirements that would result from the proposed
12 action.

13 (C) The following statement: “The (name of agency) has made
14 an initial determination that the (adoption/amendment/repeal) of
15 this regulation may have a significant, statewide adverse economic
16 impact directly affecting business, including the ability of
17 California businesses to compete with businesses in other states.
18 The (name of agency) (has/has not) considered proposed
19 alternatives that would lessen any adverse economic impact on
20 business and invites you to submit proposals. Submissions may
21 include the following considerations:

22 (i) The establishment of differing compliance or reporting
23 requirements or timetables that take into account the resources
24 available to businesses.

25 (ii) Consolidation or simplification of compliance and reporting
26 requirements for businesses.

27 (iii) The use of performance standards rather than prescriptive
28 standards.

29 (iv) Exemption or partial exemption from the regulatory
30 requirements for businesses.”

31 (8) If a state agency, in adopting, amending, or repealing any
32 administrative regulation, makes an initial determination that the
33 action will not have a significant, statewide adverse economic
34 impact directly affecting business, including the ability of
35 California businesses to compete with businesses in other states,
36 it shall make a declaration to that effect in the notice of proposed
37 action. In making this declaration, the agency shall provide in the
38 record facts, evidence, documents, testimony, or other evidence
39 upon which the agency relies to support its initial determination.

1 An agency's initial determination and declaration that a proposed
2 adoption, amendment, or repeal of a regulation may have or will
3 not have a significant, adverse impact on businesses, including the
4 ability of California businesses to compete with businesses in other
5 states, shall not be grounds for the office to refuse to publish the
6 notice of proposed action.

7 (9) A description of all cost impacts, known to the agency at
8 the time the notice of proposed action is submitted to the office,
9 that a representative private person or business would necessarily
10 incur in reasonable compliance with the proposed action.

11 If no cost impacts are known to the agency, it shall state the
12 following:

13 "The agency is not aware of any cost impacts that a
14 representative private person or business would necessarily incur
15 in reasonable compliance with the proposed action."

16 (10) A *detailed* statement of the results of the economic impact
17 assessment required by subdivision (b) of Section 11346.3 or the
18 standardized regulatory impact analysis if required by subdivision
19 (c) of Section 11346.3, a summary of any comments submitted to
20 the agency pursuant to ~~subdivision (f)~~ subdivisions (h) and (i) of
21 Section 11346.3 and the agency's response to those comments.

22 (11) The finding prescribed by subdivision (d) of Section
23 11346.3, if required.

24 (12) (A) A statement that the action would have a significant
25 effect on housing costs, if a state agency, in adopting, amending,
26 or repealing any administrative regulation, makes an initial
27 determination that the action would have that effect.

28 (B) The agency officer designated in paragraph (14) shall make
29 available to the public, upon request, the agency's evaluation, if
30 any, of the effect of the proposed regulatory action on housing
31 costs.

32 (C) The statement described in subparagraph (A) shall also
33 include the estimated costs of compliance and potential benefits
34 of a building standard, if any, that were included in the initial
35 statement of reasons.

36 (D) For purposes of model codes adopted pursuant to Section
37 18928 of the Health and Safety Code, the agency shall comply
38 with the requirements of this paragraph only if an interested party
39 has made a request to the agency to examine a specific section for

1 purposes of estimating the costs of compliance and potential
2 benefits for that section, as described in Section 11346.2.

3 (13) A statement that the adopting agency must determine that
4 no reasonable alternative considered by the agency or that has
5 otherwise been identified and brought to the attention of the agency
6 would be more effective in carrying out the purpose for which the
7 action is proposed, would be as effective and less burdensome to
8 affected private persons than the proposed action, or would be
9 more cost effective to affected private persons and equally effective
10 in implementing the statutory policy or other provision of law. For
11 a major regulation, as defined by Section 11342.548, proposed on
12 or after November 1, 2013, the statement shall be based, in part,
13 upon the standardized regulatory impact analysis of the proposed
14 regulation, as required by Section 11346.3, as well as upon the
15 benefits of the proposed regulation identified pursuant to
16 subparagraph (C) of paragraph (3).

17 (14) The name and telephone number of the agency
18 representative and designated backup contact person to whom
19 inquiries concerning the proposed administrative action may be
20 directed.

21 (15) The date by which comments submitted in writing must
22 be received to present statements, arguments, or contentions in
23 writing relating to the proposed action in order for them to be
24 considered by the state agency before it adopts, amends, or repeals
25 a regulation.

26 (16) Reference to the fact that the agency proposing the action
27 has prepared a statement of the reasons for the proposed action,
28 has available all the information upon which its proposal is based,
29 and has available the express terms of the proposed action, pursuant
30 to subdivision (b).

31 (17) A statement that if a public hearing is not scheduled, any
32 interested person or ~~his or her~~ *their* duly authorized representative
33 may request, no later than 15 days prior to the close of the written
34 comment period, a public hearing pursuant to Section 11346.8.

35 (18) A statement indicating that the full text of a regulation
36 changed pursuant to Section 11346.8 will be available for at least
37 15 days prior to the date on which the agency adopts, amends, or
38 repeals the resulting regulation.

1 (19) A statement explaining how to obtain a copy of the final
2 statement of reasons once it has been prepared pursuant to
3 subdivision (a) of Section 11346.9.

4 (20) If the agency maintains an ~~Internet Web site~~ *internet*
5 *website* or other similar forum for the electronic publication or
6 distribution of written material, a statement explaining how
7 materials published or distributed through that forum can be
8 accessed.

9 (21) If the proposed regulation is subject to Section 11346.6, a
10 statement that the agency shall provide, upon request, a description
11 of the proposed changes included in the proposed action, in the
12 manner provided by Section 11346.6, to accommodate a person
13 with a visual or other disability for which effective communication
14 is required under state or federal law and that providing the
15 description of proposed changes may require extending the period
16 of public comment for the proposed action.

17 (b) The agency representative designated in paragraph (14) of
18 subdivision (a) shall make available to the public upon request the
19 express terms of the proposed action. The representative shall also
20 make available to the public upon request the location of public
21 records, including reports, documentation, and other materials,
22 related to the proposed action. If the representative receives an
23 inquiry regarding the proposed action that the representative cannot
24 answer, the representative shall refer the inquiry to another person
25 in the agency for a prompt response.

26 (c) This section shall not be construed in any manner that results
27 in the invalidation of a regulation because of the alleged inadequacy
28 of the notice content or the summary or cost estimates, or the
29 alleged inadequacy or inaccuracy of the housing cost estimates, if
30 there has been substantial compliance with those requirements.

31 SEC. 4. Section 11349 of the Government Code is amended
32 to read:

33 11349. The following definitions govern the interpretation of
34 this chapter:

35 (a) "Necessity" means the record of the rulemaking proceeding
36 demonstrates by substantial evidence the need for a regulation to
37 effectuate the purpose of the statute, court decision, or other
38 provision of law that the regulation implements, interprets, or
39 makes specific, taking into account the totality of the record. For

1 purposes of this standard, evidence includes, but is not limited to,
2 facts, studies, and expert opinion.

3 (b) “Authority” means the provision of law which permits or
4 obligates the agency to adopt, amend, or repeal a regulation.

5 (c) “Clarity” means written or displayed so that the meaning of
6 regulations will be easily understood by those persons directly
7 affected by them.

8 (d) “Consistency” means being in harmony with, and not in
9 conflict with or contradictory to, existing statutes, court decisions,
10 or other provisions of law.

11 (e) “Reference” means the statute, court decision, or other
12 provision of law which the agency implements, interprets, or makes
13 specific by adopting, amending, or repealing a regulation.

14 (f) “Nonduplication” means that a regulation does not serve the
15 same purpose as a state or federal statute or another regulation.
16 This standard requires that an agency proposing to amend or adopt
17 a regulation must identify any state or federal statute or regulation
18 which is overlapped or duplicated by the proposed regulation and
19 justify any overlap or duplication. This standard is not intended
20 to prohibit state agencies from printing relevant portions of
21 enabling legislation in regulations when the duplication is necessary
22 to satisfy the clarity standard in paragraph (3) of subdivision (a)
23 of Section 11349.1. This standard is intended to prevent the
24 indiscriminate incorporation of statutory language in a regulation.

25 (g) “*Cost-of-living impacts on residents of the state*” means the
26 cost of essentials and consumer staples, including, but not limited
27 to, housing, transportation, food, taxes, and health care and the
28 increase or decrease in these costs as a result of a proposed
29 regulation in California both at the time of consideration and the
30 foreseeable future.

31 SEC. 5. Section 11349.1 of the Government Code is amended
32 to read:

33 11349.1. (a) The office shall review all regulations adopted,
34 amended, or repealed pursuant to the procedure specified in Article
35 5 (commencing with Section 11346) and submitted to it for
36 publication in the California Code of Regulations Supplement and
37 for transmittal to the Secretary of State and make determinations
38 using all of the following standards:

39 (1) Necessity.

40 (2) Authority.

- 1 (3) Clarity.
- 2 (4) Consistency.
- 3 (5) Reference.
- 4 (6) Nonduplication.
- 5 (7) *Cost-of-living impacts on residents of the state.*

6 In reviewing regulations pursuant to this section, the office shall
7 restrict its review to the regulation and the record of the rulemaking
8 proceeding. The office shall approve the regulation or order of
9 repeal if it complies with the standards set forth in this section and
10 with this chapter.

11 (b) In reviewing proposed regulations for the criteria in
12 subdivision (a), the office may consider the clarity of the proposed
13 regulation in the context of related regulations already in existence.
14 *In addition, in reviewing the proposed regulations for cost-of-living*
15 *impacts on residents of the state, the office shall use the*
16 *standardized methodology developed by the Legislative Analyst's*
17 *Office pursuant to subdivision (g) of Section 11346.3.*

18 (c) The office shall adopt regulations governing the procedures
19 it uses in reviewing regulations submitted to it. The regulations
20 shall provide for an orderly review and shall specify the methods,
21 standards, presumptions, and principles the office uses, and the
22 limitations it observes, in reviewing regulations to establish
23 compliance with the standards specified in subdivision (a). The
24 regulations adopted by the office shall ensure that it does not
25 substitute its judgment for that of the rulemaking agency as
26 expressed in the substantive content of adopted regulations.

27 (d) The office shall return any regulation subject to this chapter
28 to the adopting agency if any of the following occur:

29 (1) The adopting agency has not prepared the estimate required
30 by paragraph (6) of subdivision (a) of Section 11346.5 and has not
31 included the data used and calculations made and the summary
32 report of the estimate in the file of the rulemaking.

33 (2) The agency has not complied with Section 11346.3.
34 "Noncompliance" means that the agency failed to complete the
35 economic impact assessment or standardized regulatory impact
36 analysis required by Section 11346.3 or failed to include the
37 assessment or analysis in the file of the rulemaking proceeding as
38 required by Section 11347.3.

39 (3) The adopting agency has prepared the estimate required by
40 paragraph (6) of subdivision (a) of Section 11346.5, the estimate

1 indicates that the regulation will result in a cost to local agencies
2 or school districts that is required to be reimbursed under Part 7
3 (commencing with Section 17500) of Division 4, and the adopting
4 agency fails to do any of the following:

5 (A) Cite an item in the Budget Act for the fiscal year in which
6 the regulation will go into effect as the source from which the
7 Controller may pay the claims of local agencies or school districts.

8 (B) Cite an accompanying bill appropriating funds as the source
9 from which the Controller may pay the claims of local agencies
10 or school districts.

11 (C) Attach a letter or other documentation from the Department
12 of Finance which states that the Department of Finance has
13 approved a request by the agency that funds be included in the
14 Budget Bill for the next following fiscal year to reimburse local
15 agencies or school districts for the costs mandated by the
16 regulation.

17 (D) Attach a letter or other documentation from the Department
18 of Finance which states that the Department of Finance has
19 authorized the augmentation of the amount available for
20 expenditure under the agency's appropriation in the Budget Act
21 which is for reimbursement pursuant to Part 7 (commencing with
22 Section 17500) of Division 4 to local agencies or school districts
23 from the unencumbered balances of other appropriations in the
24 Budget Act and that this augmentation is sufficient to reimburse
25 local agencies or school districts for their costs mandated by the
26 regulation.

27 (4) The proposed regulation conflicts with an existing state
28 regulation and the agency has not identified the manner in which
29 the conflict may be resolved.

30 (5) The agency did not make the alternatives determination as
31 required by paragraph (4) of subdivision (a) of Section 11346.9.

32 (e) The office shall notify the Department of Finance of all
33 regulations returned pursuant to subdivision (d).

34 (f) The office shall return a rulemaking file to the submitting
35 agency if the file does not comply with subdivisions (a) and (b)
36 of Section 11347.3. Within three state working days of the receipt
37 of a rulemaking file, the office shall notify the submitting agency
38 of any deficiency identified. If no notice of deficiency is mailed
39 to the adopting agency within that time, a rulemaking file shall be
40 deemed submitted as of the date of its original receipt by the office.

1 A rulemaking file shall not be deemed submitted until each
2 deficiency identified under this subdivision has been corrected.

3 (g) Notwithstanding any other law, return of the regulation to
4 the adopting agency by the office pursuant to this section is the
5 exclusive remedy for a failure to comply with subdivision (c) of
6 Section 11346.3 or paragraph (10) of subdivision (a) of Section
7 11346.5.

8 SEC. 6. Section 11349.3 of the Government Code is amended
9 to read:

10 11349.3. (a) The office shall either approve a regulation
11 submitted to it for review and transmit it to the Secretary of State
12 for filing or disapprove it within 30 working days after the
13 regulation has been submitted to the office for ~~review~~. *review or*
14 *60 working days for major regulations*. If the office fails to act
15 within ~~30 days, the~~ *the specified time*, the regulation shall be
16 deemed to have been approved and the office shall transmit it to
17 the Secretary of State for filing.

18 (b) *For major regulations, the office shall hold a public hearing*
19 *on the submitted regulation within 30 working days after the*
20 *regulation has been submitted to the office for review. The office*
21 *shall allow for public testimony and comment before the office*
22 *acts on the regulation.*

23 ~~(b)~~

24 (c) If the office disapproves a regulation, it shall return it to the
25 adopting agency within the ~~30-day period~~ *time* specified in
26 subdivision (a) accompanied by a notice specifying the reasons
27 for disapproval. Within seven calendar days of the issuance of the
28 notice, the office shall provide the adopting agency with a written
29 decision detailing the reasons for disapproval. *If one of the reasons*
30 *for disapproval includes a significant cost-of-living impact, the*
31 *office shall then require the agency to pursue a less costly*
32 *alternative or explain in detail why a less costly alternative is*
33 *infeasible*. No regulation shall be disapproved except for failure
34 to comply with the standards set forth in Section 11349.1 or for
35 failure to comply with this chapter.

36 ~~(c)~~

37 (d) If an agency determines, on its own initiative, that a
38 regulation submitted pursuant to subdivision (a) should be returned
39 by the office prior to completion of the office's review, it may
40 request the return of the regulation. All requests for the return of

1 a regulation shall be memorialized in writing by the submitting
2 agency no later than one week following the request. Any
3 regulation returned pursuant to this subdivision shall be resubmitted
4 to the office for review within the one-year period specified in
5 subdivision (b) of Section 11346.4 or shall comply with Article 5
6 (commencing with Section 11346) prior to resubmission.

7 ~~(d)~~

8 (e) The office shall not initiate the return of a regulation pursuant
9 to subdivision ~~(e)~~ (d) as an alternative to disapproval pursuant to
10 subdivision ~~(b)~~ (c).

MEMORANDUM

DATE	April 27, 2026
TO	Psychology Board Members
FROM	Cynthia Whitney, Central Services Manager
SUBJECT	Agenda Item 13(d)(5) SB 1146 (Gonzalez) Advertisement claims; health-related consumer products and services: artificial intelligence

Background

Senate Bill 1146 (SB 1146) was introduced on February 18, 2026, by Senator Lena Gonzalez.

The bill would require advertisements promoting health-related consumer products or services that use the image, audio, or video of a natural person that is generated or substantially altered using artificial intelligence (AI) or other computer technology to include a clear and conspicuous disclosure indicating that the media was generated or altered by AI. The bill establishes requirements for how disclosures must appear in visual and audio media and authorizes enforcement actions to be brought by the Attorney General or a district attorney in a civil action.

The Board of Psychology (Board) is monitoring this bill because it pertains to advertising requirements related to health-related products or services, which may intersect with advertising and public communications by healing arts licensees, including psychologists.

Action Requested

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

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

Introduced by Senator Gonzalez

February 18, 2026

An act to add Section 651.4 to the Business and Professions Code, relating to advertisements.

LEGISLATIVE COUNSEL'S DIGEST

SB 1146, as introduced, Gonzalez. Health-related consumer products and services: artificial intelligence.

Existing law makes it unlawful for any person doing business in California and advertising to consumers in California to make any false or misleading advertising claim.

Existing law makes it unlawful for healing arts licensees, as specified, to disseminate or cause to be disseminated any form of public communication containing a false, fraudulent, misleading, or deceptive statement, claim, or image in order to induce the provision of services or products in connection with their licensed professional practice or business. Existing law makes a violation of these provisions punishable as a misdemeanor.

This bill would require an advertisement that uses the image, audio, or video of a natural person that is generated or substantially altered using artificial intelligence or other computer technology to promote the sale of a health-related consumer product or service to include a clear and conspicuous disclosure that the image, audio, or video, as applicable, of the person in the advertisement was generated or substantially altered by artificial intelligence. The bill would also define terms for its purposes.

This bill would require actions for relief brought pursuant to this bill to be prosecuted exclusively by the Attorney General or a district

attorney in the name of the people of the State of California, and would provide that a violation of the bill does not constitute a misdemeanor.

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 651.4 is added to the Business and
2 Professions Code, to read:
3 651.4. (a) For purposes of this section, the following
4 definitions apply:
5 (1) “Artificial intelligence” means an engineered or
6 machine-based system that varies in its level of autonomy and that
7 can, for explicit or implicit objectives, infer from the input it
8 receives how to generate outputs that can influence physical or
9 virtual environments.
10 (2) (A) “Generated or substantially altered using artificial
11 intelligence or other computer technology” means when visual or
12 audio media of a natural person is either of the following:
13 (i) Entirely created using artificial intelligence or other computer
14 technology and would appear to a reasonable person to be
15 authentic.
16 (ii) Materially altered by artificial intelligence or other computer
17 technology and that alteration would cause a reasonable person to
18 have a fundamentally different understanding of the altered media
19 when comparing it to an unaltered version.
20 (B) Any visual or audio media of a natural person is not
21 “generated or substantially altered using artificial intelligence or
22 other computer technology” if the media is immaterially altered
23 by artificial intelligence or other computer technology, including
24 a cosmetic adjustment, color edit, cropped image, or resized image.
25 (3) “Health-related consumer product or service” means a
26 product or service that is marketed for use primarily for personal,
27 family, or household purposes, and is marketed as having a health
28 benefit. Examples include, but are not limited to, dietary
29 supplements and medical goods and services.
30 (4) “Natural person” means a natural human individual, and
31 does not include a firm, partnership, association, corporation,
32 limited liability company, or cooperative association.

(b) An advertisement that uses the image, audio, or video of a natural person that is generated or substantially altered using artificial intelligence or other computer technology to promote the sale of a health-related consumer product or service shall include a clear and conspicuous disclosure that the image, audio, or video, as applicable, of the person in the advertisement was generated or substantially altered by artificial intelligence, and shall comply with all of the following:

(1) For visual media, the text of the disclosure shall appear in a prominent location and in a size that is easily readable by the average viewer. For visual media that is video, that disclosure shall be displayed for the duration of the video.

(2) For audio-only media, the disclosure shall be read in a clearly spoken manner and in a pitch that can be easily heard by the average listener, at the beginning of the audio, at the end of the audio, and, if the audio is greater than two minutes in length, interspersed within the audio at intervals of not greater than two minutes each.

(c) Advertisements subject to this section shall comply with all other applicable state and federal laws. This section does not abrogate, narrow, or otherwise limit any other applicable state or federal law. This section does not authorize use of a person's likeness for commercial purposes without the individual's consent.

(d) (1) Actions for relief pursuant to this section may be prosecuted exclusively in a court of competent jurisdiction in a civil action brought in the name of the people of the State of California by the Attorney General or by any district attorney. This section shall not be deemed to create a private right of action, or limit any existing private right of action.

(2) A violation of this section shall not constitute a misdemeanor for purposes of this article.

(3) This section does not alter or negate any rights, obligations, or immunities of an interactive computer service provider under Section 230 of Title 47 of the United States Code.

MEMORANDUM

DATE	April 27, 2026
TO	Psychology Board Members
FROM	Cynthia Whitney, Central Services Manager
SUBJECT	Agenda Item 13(d)(6) - SB 1159 (Cabaldon) Artificial intelligence: transparency and governance

Background

Senate Bill 1159 (SB 1159) was introduced on February 18, 2026, by Senator Christopher Cabaldon.

The bill would clarify that, for purposes of several California transparency and governance laws—including the California Public Records Act, Bagley-Keene Open Meeting Act, Ralph M. Brown Act, Administrative Procedure Act, Political Reform Act of 1974, and the California Environmental Quality Act—terms such as “person,” “interested person,” “participant,” and “member of the public” do not include artificial intelligence (AI) systems, autonomous agents, robots, or other nonhuman entities. The bill states that these laws are intended to enable participation by natural persons and legally recognized entities and seeks to prevent automated AI systems from overwhelming governmental processes through mass submissions or automated engagement.

The Board of Psychology (Board) is monitoring this bill because it affects statutes governing public participation, rulemaking processes, and public records requests, including the Administrative Procedure Act and Bagley-Keene Open Meeting Act, which apply to boards within the Department of Consumer Affairs.

Action Requested

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

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

Introduced by Senator Cabaldon

February 18, 2026

An act to add Section 17.5 to the Government Code, relating to artificial intelligence.

LEGISLATIVE COUNSEL'S DIGEST

SB 1159, as introduced, Cabaldon. Artificial intelligence: transparency and governance.

The California Constitution provides that people have the right of access to information concerning the conduct of the people's business. Various provisions of existing law, including the California Public Records Act, the Bagley-Keene Open Meeting Act, and the Ralph M. Brown Act, provide, with some exceptions, for public access to government records and meetings of government bodies. Among those acts, the California Public Records Act defines "person" to include any natural person, corporation, partnership, limited liability company, firm, or association.

Existing law, the Political Reform Act of 1974, imposes various requirements and limitations with respect to the conduct of public officials, campaign expenditures and disclosures, political advertisements, lobbying, the ballot pamphlet, and other aspects of political reform. The act defines "person" to mean an individual, proprietorship, firm, partnership, joint venture, syndicate, business trust, company, corporation, limited liability company, association, committee, and any other organization or group of persons acting in concert.

Existing law, the Administrative Procedure Act, governs, among other things, the procedures for the adoption, amendment, or repeal of regulations by state agencies and for the review of those regulatory actions by the Office of Administrative Law.

Existing law, the California Environmental Quality Act (CEQA), requires a lead agency, as defined, to prepare, or cause to be prepared, and certify the completion of an environmental impact report on a project that it proposes to carry out or approve that may have a significant effect on the environment or to adopt a negative declaration if it finds that the project will not have that effect. CEQA defines “person” to include any person, firm, association, organization, partnership, business, trust, corporation, limited liability company, company, district, county, city and county, city, town, and, among other things, the state.

This bill would specify that, for purposes of the California Public Records Act, the Bagley-Keene Open Meeting Act, the Ralph M. Brown Act, the Political Reform Act of 1974, the Administrative Procedure Act, and CEQA, “person,” “interested person,” “participant,” “member of the public,” as applicable, and any other similar terms under each act referring to those who may engage with governmental agencies, do not include artificial intelligence, as defined, systems, autonomous agents, robots, or other nonhuman entities, whether physical or digital. The bill would make findings and declarations related to these provisions.

The California Constitution requires local agencies, for the purpose of ensuring public access to the meetings of public bodies and the writings of public officials and agencies, to comply with a statutory enactment that amends or enacts laws relating to public records or open meetings and contains findings demonstrating that the enactment furthers the constitutional requirements relating to this purpose.

This bill would make legislative findings to that effect.

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

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

- 1 SECTION 1. (a) (1) Subdivision (b) of Section 3 of Article
- 2 1 of the California Constitution establishes that “the people have
- 3 the right of access to information concerning the conduct of the
- 4 people’s business.” California’s transparency and governance laws,
- 5 including the Administrative Procedure Act (Chapter 3.5
- 6 (commencing with Section 11340) Chapter 4 (commencing with
- 7 Section 11370), Chapter 4.5 (commencing with Section 11400),
- 8 and Chapter 5 (commencing with Section 11500) of Part 1 of

1 Division 3 of Title 2 of the Government Code), the Bagley-Keene
 2 Open Meeting Act (Article 9 (commencing with Section 11120)
 3 of Chapter 1 of Part 1 of Division 3 of Title 2 of the Government
 4 Code), the California Environmental Quality Act (Division 13
 5 (commencing with Section 21000) of the Public Resources Code),
 6 the California Public Records Act (Division 10 (commencing with
 7 Section 7920.000) of Title 1 of the Government Code), the Political
 8 Reform Act of 1974 (Title 9 (commencing with Section 81000)
 9 of the Government Code), and the Ralph M. Brown Act (Chapter
 10 9 (commencing with Section 54950) of Part 1 of Division 2 of
 11 Title 5 of the Government Code), implement this constitutional
 12 mandate by enabling natural persons to participate in and observe
 13 governmental processes.

14 (2) Artificial intelligence (AI) systems can now be programmed
 15 to automatically and continuously engage with governmental
 16 processes at scales and speeds that far exceed human capacity. AI
 17 systems have the ability to submit thousands or millions of
 18 automated public records requests, generate mass public comments
 19 on proposed regulations, file automated petitions for rulemaking,
 20 or otherwise flood governmental agencies with interactions that
 21 simulate human participation but lack genuine human deliberation
 22 or judgment.

23 (3) Automated mass engagement would overwhelm government
 24 agencies, divert limited public resources from serving actual
 25 constituents, drown out genuine human participation, and transform
 26 deliberative processes into meaningless exchanges with machines.
 27 Public comment periods would become ineffective if agencies
 28 must process thousands of AI-generated submissions, and the
 29 administrative burden would undermine the purpose of California's
 30 transparency laws. This threat is not theoretical. In the United
 31 Kingdom, AI-powered platforms have already enabled automated
 32 generation of planning objections, prompting warnings from
 33 experts that such systems will overwhelm public agencies.

34 (4) California's transparency and governance laws referenced
 35 in paragraph (1) presuppose participants who possess
 36 consciousness, moral agency, deliberative judgment, and
 37 membership in the political community. AI systems, regardless of
 38 their sophistication, lack these essential attributes of personhood.
 39 Consistent with the United States Patent and Trademark Office's
 40 November 2025 guidance recognizing that AI systems are tools

1 to support human activity rather than independent actors, and with
2 the European Union’s AI Act adopted in 2024 protecting the
3 fundamental rights of natural persons, California law maintains
4 the distinction between human beings and artificial intelligence.

5 (b) Therefore, it is the intent of the Legislature to clarify that,
6 for purposes of California’s transparency and governance laws
7 referenced in subdivision (a), the terms “person,” “interested
8 person,” “member of the public,” and any other similar terms
9 referring to those who may engage with governmental agencies
10 under those laws, refer to natural persons and legally recognized
11 entities capable of genuine participation in democratic governance,
12 not AI systems that could be programmed to simulate participation
13 at scales that would overwhelm governmental processes.

14 SEC. 2. Section 17.5 is added to the Government Code, to read:

15 17.5. (a) For purposes of all of the following acts, the terms
16 “person,” “interested person,” “participant,” “member of the
17 public,” as applicable, and any other similar terms under each act
18 referring to those who may engage with governmental agencies,
19 do not include artificial intelligence systems, autonomous agents,
20 robots, or other nonhuman entities, whether physical or digital:

21 (1) The California Public Records Act (Division 10
22 (commencing with Section 7920.000) of Title 1).

23 (2) The Bagley-Keene Open Meeting Act (Article 9
24 (commencing with Section 11120) of Chapter 1 of Part 1 of
25 Division 3 of Title 2).

26 (3) The Administrative Procedure Act (Chapter 3.5
27 (commencing with Section 11340) Chapter 4 (commencing with
28 Section 11370), Chapter 4.5 (commencing with Section 11400),
29 and Chapter 5 (commencing with Section 11500) of Part 1 of
30 Division 3 of Title 2).

31 (4) The Ralph M. Brown Act (Chapter 9 (commencing with
32 Section 54950) of Part 1 of Division 2 of Title 5).

33 (5) The Political Reform Act of 1974 (Title 9 (commencing
34 with Section 81000)).

35 (6) The California Environmental Quality Act (Division 13
36 (commencing with Section 21000) of the Public Resources Code).

37 (b) For purposes of this section, “artificial intelligence” means
38 an engineered or machine-based system that varies in its level of
39 autonomy and that can, for explicit or implicit objectives, infer

1 from the input it receives how to generate outputs that can influence
2 physical or virtual environments.

3 SEC. 3. The Legislature finds and declares that Section 2 of
4 this act, which adds Section 17.5 to the Government Code, furthers,
5 within the meaning of paragraph (7) of subdivision (b) of Section
6 3 of Article I of the California Constitution, the purposes of that
7 constitutional section as it relates to the right of public access to
8 the meetings of local public bodies or the writings of local public
9 officials and local agencies. Pursuant to paragraph (7) of
10 subdivision (b) of Section 3 of Article I of the California
11 Constitution, the Legislature makes the following findings:

12 The clarification made by this act serves the public interest by
13 preserving the integrity and functionality of California's democratic
14 institutions, preventing automated systems from displacing genuine
15 human participation, protecting public resources from being
16 consumed by responding to machine-generated requests, and
17 ensuring that governmental decisions remain responsive to the
18 people of California.

MEMORANDUM

DATE	April 27, 2026
TO	Psychology Board Members
FROM	Cynthia Whitney, Central Services Manager
SUBJECT	Agenda Item 13(d)(7) - AB 1598 (Quirk-Silva) Behavioral sciences

Background

Assembly Bill 1598 (AB 1598) was introduced on January 16, 2026, by Assemblymember Sharon Quirk-Silva.

Existing law requires the Board of Behavioral Sciences (BBS) to regulate individuals licensed or registered under the Licensed Marriage and Family Therapist Act (LMFTA), the Clinical Social Worker Practice Act (CSWPA), and the Licensed Professional Clinical Counselor Act (LPCCA), with violations considered crimes. These acts currently have differing exemptions for certain medical professionals and other behavioral science professionals, attorneys, and certain religious personnel.

This bill would revise and recast those provisions to make them consistent across those three acts.

Specifically, the bill would provide that LMFTA, the CSWPA, and the LPCCA do not prevent qualified members of other professional groups, including those referenced above, from doing work of a psychosocial nature consistent with the standards, ethics, and scope of practice of their respective professions. The bill would prohibit those other professionals from stating or implying that they are licensed or registered under the LMFTA, the CSWPA, or the LPCCA, as specified.

The bill also exempts a religious official of any denomination, when providing faith-based counseling as part of their regular duties for a recognized faith-based organization, subject to certain criteria.

The bill includes additional related provisions.

The Board of Psychology (Board) is monitoring this bill because it pertains to “psychosocial” and “psychotherapy”. At this time, the bill does not directly impact the Board’s licensees, but staff will continue monitoring for potential impacts.

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 18, 2026

CALIFORNIA LEGISLATURE—2025–26 REGULAR SESSION

ASSEMBLY BILL

No. 1598

Introduced by Assembly Member Quirk-Silva

January 16, 2026

An act to amend Sections 4980.01, 4980.397, 4980.399, 4980.40, 4980.41, 4980.43, 4980.50, 4984.01, 4984.7, 4984.72, 4989.20, 4989.68, 4992.05, 4992.09, 4992.1, 4996.1, 4996.3, 4996.4, 4996.13, 4996.23, 4996.28, 4999.22, 4999.46, 4999.50, 4999.52, 4999.53, 4999.55, 4999.64, 4999.100, and 4999.120 of, and to repeal Sections 4980.398, 4992.07, and 4999.46.1 of, the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

AB 1598, as amended, Quirk-Silva. Behavioral sciences.

Existing law establishes the Board of Behavioral Sciences within the Department of Consumer Affairs and requires the board to regulate licensees and registrants under the Licensed Marriage and Family Therapist Act (LMFTA), the Educational Psychologist Practice Act (EPPA), the Clinical Social Worker Practice Act (CSWPA), and the Licensed Professional Clinical Counselor Act (LPCCA). Existing law makes a violation of those acts a crime.

The LMFTA, the CSWPA, and the LPCCA each contain varying provisions limiting their application to the practice of certain medical and other behavioral science professionals, attorneys, and certain religious personnel, including priests, rabbis, and ministers of the gospel of any religious denomination.

This bill would revise and recast those provisions to make them consistent across those 3 acts. Specifically, the bill would provide that

LMFTA, the CSWPA, and the LPCCA do not prevent qualified members of other professional groups, including those referenced above, from doing work of a psychosocial nature consistent with the standards, ethics, and scope of practice of their respective professions. The bill would prohibit those other professionals from stating or implying that they are licensed or registered under the LMFTA, the CSWPA, or the LPCCA, as specified. The bill would exempt a religious official of any denomination, including those specified above and imams, when providing faith-based counseling services as part of their regular professional duties for an established and legally recognizable faith-based entity if certain criteria are met.

Existing law establishes examination and experiential requirements under the LMFTA, the EPPA, the CSWPA, and the LPCCA to qualify for licensure or registration under those acts, and requires an applicant for licensure or registration to have passed certain examinations or obtain specified experience within a certain timeline for it to be accepted by the board. In this regard, existing law generally requires the applicant to gain the required experience no more than 6 years before the board receives the application. For licensed educational psychologists, the EPPA authorizes the board to accept a passing score on a written examination administered by the board for a period of 6 years from the date the examination was taken. Under the LMFTA, the CSWPA, and the LPCCA, registrants and applicants for licensure, registration, or a subsequent registration number are required to pass a California law and ethics examination. The LMFTA, the CSWPA, and the LPCCA require an applicant for licensure to pass a clinical examination within 7 years from the initial attempt, unless the applicant obtains a passing score on the current version of the California law and ethics examination.

This bill, instead, would require applicants for licensure under the LMFTA, the EPPA, the CSWPA, and the LPCCA, to obtain the relevant experience and to pass the relevant examination within 7 years preceding the date on which the board receives the application. The bill would require those applicants and registrants under the LMFTA, the CSWPA, and the LPCCA who submit applications to the board on and after January 1, 2030, to have passed the California law and ethics examination no more than 7 years before the board receives the application, as specified.

Existing law authorizes an associate marriage and family therapist registration, an associate clinical social worker registration, or an associate professional clinical counselor registration to be renewed a

maximum of 5 times and prohibits a registration from being renewed beyond 6 years from the last day of the month of issuance. Existing law authorizes an applicant to apply for a subsequent registration number when no renewals are possible if certain requirements are met. Existing law prohibits an applicant who is issued a subsequent associate registration number from being employed or volunteering in a private practice.

This bill would increase the maximum number of renewals for those registrations to 6 and would extend the renewal deadline to 7 years from the last day of the month of issuance. The bill would authorize an applicant applying for or holding a subsequent associate registration number to request a 2-year hardship extension of the subsequent associate registration number to allow them to be employed or volunteer at one private practice or professional *corporation* employer, subject to specified conditions and requirements, including signing an application under penalty of perjury. By expanding the crime of perjury, the bill would impose a state-mandated local program.

Existing law establishes a \$20 fee for rescoring a written examination under the LMFTA, the EPPA, the CSWPA, and the LPCCA.

This bill would delete that fee.

This bill would delete obsolete provisions and make other technical and nonsubstantive changes.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes.

State-mandated local program: yes.

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

- 1 SECTION 1. Section 4980.01 of the Business and Professions
- 2 Code is amended to read:
- 3 4980.01. (a) Nothing in this chapter shall prevent qualified
- 4 members of other professional groups from doing work of a
- 5 psychosocial nature consistent with the standards, ethics, and scope
- 6 of practice of their respective professions. However, ~~they~~ *these*
- 7 *qualified members* shall not hold themselves out to the public by
- 8 any title or description of services incorporating the words

1 ~~psychosocial, psychotherapy, or marriage and family therapist,~~
2 ~~“psychosocial,” “psychotherapy,” or “marriage and family~~
3 ~~therapist,”~~ and shall not state or imply that they are licensed or
4 registered to practice marriage and family therapy. These qualified
5 members of other professional groups include, but are not limited
6 to, the following:

7 (1) A physician and surgeon certified pursuant to Chapter 5
8 (commencing with Section 2000).

9 (2) A registered nurse licensed pursuant to Chapter 6
10 (commencing with Section 2700).

11 (3) A psychologist licensed pursuant to Chapter 6.6
12 (commencing with Section 2900).

13 (4) Members of the State Bar.

14 (5) Educational psychologists licensed pursuant to Chapter 13.5
15 (commencing with Section 4989.10).

16 (6) Clinical social workers licensed pursuant to Chapter 14
17 (commencing with Section 4991).

18 (7) Licensed professional clinical counselors pursuant to Chapter
19 16 (commencing with Section 4999.10).

20 (b) This chapter shall not be construed to constrict, limit, or
21 withdraw the Medical Practice Act (Chapter 5 (commencing with
22 Section 2000)), the Clinical Social Worker Practice Act (Chapter
23 14 (commencing with Section 4991)), the Nursing Practice Act
24 (Chapter 6 (commencing with Section 2700)), the Licensed
25 Professional Clinical Counselor Act (Chapter 16 (commencing
26 with Section 4999.10)), or the Psychology Licensing Law (Chapter
27 6.6 (commencing with Section 2900)).

28 (c) This chapter shall not apply to any priest, rabbi, imam, or
29 minister of the gospel, or other religious official of any
30 denomination when providing faith-based counseling services as
31 part of their regular professional duties for an established and
32 legally recognizable faith-based entity, such as a church,
33 synagogue, mosque, or other recognized religious organization,
34 provided that all of the following criteria are met.

35 (1) The services are performed solely under the direct auspices
36 of that faith-based entity.

37 (2) A separate fee, beyond their customary compensation from
38 that faith-based entity, is not charged or received.

39 (3) They do not hold themselves out to the public by any title
40 or description of services incorporating the words ~~psychosocial,~~

1 ~~psychotherapy, or marriage and family therapist,~~ “*psychosocial*,”
2 “*psychotherapy*,” or “*marriage and family therapist*,” and shall
3 not state or imply that they are licensed or registered to practice
4 marriage and family therapy.

5 (4) The services provided are limited to counseling services
6 provided in a religious or spiritual context and do not involve the
7 diagnosis or treatment of mental health disorders.

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

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

14 (2) (A) On and after July 1, 2020, the employee or volunteer
15 provides a client, prior to initiating psychotherapy services or as
16 soon as practicably possible thereafter, a notice written in at least
17 12-point type that is in substantially the following form:

18
19 NOTICE TO CLIENTS

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

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

33
34 (B) The delivery of the notice described in subparagraph (A)
35 to the client shall be documented.

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

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

SEC. 2. 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) The board shall grant eligibility to take the California law and ethics examination upon approval of an application for registration or an application for licensure, and submission of the required application and fee.

(c) The board may grant an applicant for licensure eligibility to 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. 3. Section 4980.398 of the Business and Professions Code is repealed.

SEC. 4. Section 4980.399 of the Business and Professions Code is amended to read:

4980.399. (a) Each applicant and registrant shall obtain a passing score on a board-administered California law and ethics examination in order to qualify for licensure. The California law and ethics examination shall be passed no more than seven years prior to the board's receipt of the application for initial license issuance.

(b) If an applicant fails the California law and ethics examination, they may retake the examination after any waiting period specified in regulation, upon payment of the required fees and submission of a reexamination application.

(c) The board shall not issue a subsequent associate registration number unless the applicant has passed the California law and ethics examination no more than seven years prior to the board's

1 receipt of the application for the subsequent associate registration
2 number.

3 (d) Notwithstanding any other provision of law, the seven-year
4 age limit on the California law and ethics examination shall not
5 apply to any application for initial license issuance or subsequent
6 associate registration number received by the board on or before
7 January 1, 2030.

8 (e) A registrant shall complete a minimum of three hours of
9 continuing education on the subject of California law and ethics
10 during each renewal period to be eligible to renew their registration.
11 The coursework shall be obtained from a board-accepted provider
12 of continuing education, as specified in Section 4980.54.

13 SEC. 5. Section 4980.40 of the Business and Professions Code
14 is amended to read:

15 4980.40. An applicant for licensure shall satisfy all of the
16 following qualifications:

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

19 (b) Be at least 18 years of age.

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

22 (d) Successfully pass a California law and ethics examination
23 and a clinical examination, as specified in Section 4980.397. Each
24 examination shall be passed no more than seven years prior to the
25 board's receipt of the application for initial license issuance.

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

33 SEC. 6. Section 4980.41 of the Business and Professions Code
34 is amended to read:

35 4980.41. (a) An applicant for licensure whose education
36 qualifies them under Section 4980.37 shall complete the following
37 coursework or training in order to be eligible to sit for the clinical
38 examination as specified in Section 4980.397:

39 (1) A two semester or three quarter unit course in California
40 law and professional ethics for marriage and family therapists,

1 which shall include, but not be limited to, the following areas of
2 study:

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

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

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

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

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

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

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

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

28 (4) For persons who began graduate study on or after January
29 1, 1986, a master's or doctor's degree qualifying for licensure shall
30 include specific instruction in alcoholism and other chemical
31 substance dependency as specified by regulation. When coursework
32 in a master's or doctor's degree program is acquired to satisfy this
33 requirement, it shall be considered as part of the 48 semester or
34 72 quarter unit requirement contained in Section 4980.37.
35 Coursework required under this paragraph may be satisfactory if
36 taken either in fulfillment of other educational requirements for
37 licensure or in a separate course. The applicant may satisfy this
38 requirement by successfully completing this coursework from a
39 master's or doctoral degree program at an accredited or approved
40 institution, as described in subdivision (b) of Section 4980.37, or

1 from a board-accepted provider of continuing education, as
2 described in Section 4980.54.

3 (5) For persons who began graduate study during the period
4 commencing on January 1, 1995, and ending on December 31,
5 2003, a master's or doctor's degree qualifying for licensure shall
6 include coursework in spousal or partner abuse assessment,
7 detection, and intervention. For persons who began graduate study
8 on or after January 1, 2004, a master's or doctor's degree qualifying
9 for licensure shall include a minimum of 15 contact hours of
10 coursework in spousal or partner abuse assessment, detection, and
11 intervention strategies, including knowledge of community
12 resources, cultural factors, and same gender abuse dynamics.
13 Coursework required under this paragraph may be satisfactory if
14 taken either in fulfillment of other educational requirements for
15 licensure or in a separate course. The applicant may satisfy this
16 requirement by successfully completing this coursework from a
17 master's or doctoral degree program at an accredited or approved
18 institution, as described in subdivision (b) of Section 4980.37, or
19 from a board-accepted provider of continuing education, as
20 described in Section 4980.54.

21 (6) For persons who began graduate study on or after January
22 1, 2001, an applicant shall complete a minimum of a two semester
23 or three quarter unit survey course in psychological testing. When
24 coursework in a master's or doctor's degree program is acquired
25 to satisfy this requirement, it may be considered as part of the 48
26 semester or 72 quarter unit requirement of Section 4980.37.

27 (7) For persons who began graduate study on or after January
28 1, 2001, an applicant shall complete a minimum of a two semester
29 or three quarter unit survey course in psychopharmacology. When
30 coursework in a master's or doctor's degree program is acquired
31 to satisfy this requirement, it may be considered as part of the 48
32 semester or 72 quarter unit requirement of Section 4980.37.

33 (b) The requirements added by paragraphs (6) and (7) of
34 subdivision (a) are intended to improve the educational
35 qualifications for licensure in order to better prepare future
36 licentiates for practice and are not intended in any way to expand
37 or restrict the scope of practice for licensed marriage and family
38 therapists.

39 SEC. 7. Section 4980.43 of the Business and Professions Code
40 is amended to read:

1 4980.43. (a) Except as provided in subdivision (b), all
2 applicants shall have an active associate registration with the board
3 in order to gain postdegree hours of supervised experience.

4 (b) (1) Postdegree hours of experience gained before the
5 issuance of an associate registration shall be credited toward
6 licensure if all of the following apply:

7 (A) The registration applicant applies for the associate
8 registration and the board receives the application within 90 days
9 of the granting of the qualifying master's degree or doctoral degree.

10 (B) For applicants completing graduate study on or after January
11 1, 2020, the experience is obtained at a workplace that, prior to
12 the registration applicant gaining supervised experience hours,
13 requires completed Live Scan fingerprinting. The applicant shall
14 provide the board with a copy of that completed State of California
15 "Request for Live Scan Service" form with the application for
16 licensure.

17 (C) The board subsequently grants the associate registration.

18 (2) The applicant shall not be employed or volunteer in a private
19 practice or a professional corporation until the applicant has been
20 issued an associate registration by the board.

21 (c) Supervised experience that is obtained for purposes of
22 qualifying for licensure shall be related to the practice of marriage
23 and family therapy and comply with the following:

24 (1) A minimum of 3,000 hours completed during a period of at
25 least 104 weeks.

26 (2) A maximum of 40 hours in any seven consecutive days.

27 (3) A minimum of 1,700 hours obtained after the qualifying
28 master's or doctoral degree was awarded.

29 (4) A maximum of 1,300 hours obtained prior to the award date
30 of the qualifying master's or doctoral degree.

31 (5) A maximum of 750 hours of counseling and direct supervisor
32 contact prior to the award date of the qualifying master's or
33 doctoral degree.

34 (6) Hours of experience shall not be gained prior to completing
35 either 12 semester units or 18 quarter units of graduate instruction.

36 (7) Hours of experience shall not have been gained more than
37 seven years prior to the date the application for licensure was
38 received by the board, except that up to 500 hours of clinical
39 experience gained in the supervised practicum required by
40 subdivision (c) of Section 4980.37 and subparagraph (B) of

paragraph (1) of subdivision (d) of Section 4980.36 shall be exempt from this seven-year requirement.

(8) A minimum of 1,750 hours of direct clinical counseling with individuals, groups, couples, or families, that includes not less than 500 total hours of experience in diagnosing and treating couples, families, and children.

(9) A maximum of 1,200 hours gained under the supervision of a licensed educational psychologist providing educationally related mental health services that are consistent with the scope of practice of an educational psychologist, as specified in Section 4989.14.

(10) A maximum of 1,250 hours of nonclinical practice, consisting of direct supervisor contact, administering and evaluating psychological tests, writing clinical reports, writing progress or process notes, client-centered advocacy, and workshops, seminars, training sessions, or conferences directly related to marriage and family therapy that have been approved by the applicant's supervisor.

(11) It is anticipated and encouraged that hours of experience will include working with elders and dependent adults who have physical or mental limitations that restrict their ability to carry out normal activities or protect their rights.

This subdivision shall only apply to hours gained on and after January 1, 2010.

SEC. 8. 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 and as specified in regulation. 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

1 not committed any acts or engaged in any conduct that would
2 constitute grounds to deny licensure.

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

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

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

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

30 (g) The clinical examination shall be passed no more than seven
31 years prior to the board's receipt of the application for initial
32 license issuance.

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

36 SEC. 9. Section 4984.01 of the Business and Professions Code
37 is amended to read:

38 4984.01. (a) The associate marriage and family therapist
39 registration shall expire one year from the last day of the month
40 in which it was issued.

1 (b) To renew the registration, subject to the additional limitations
2 imposed by subdivision (d), the registrant shall, on or before the
3 expiration date of the registration, complete all of the following
4 actions:

5 (1) Apply for renewal on a form prescribed by the board.

6 (2) Pay a renewal fee prescribed by the board.

7 (3) Notify the board whether they have been convicted, as
8 defined in Section 490, of a misdemeanor or felony, and whether
9 any disciplinary action has been taken against them by a regulatory
10 or licensing board in this or any other state subsequent to the last
11 renewal of the registration.

12 (4) Certify under penalty of perjury their compliance with the
13 continuing education requirements set forth in Section 4980.54.

14 (c) An expired registration may be renewed by completing all
15 of the actions described in paragraphs (1) to (4), inclusive, of
16 subdivision (b).

17 (d) The registration may be renewed a maximum of six times.
18 No registration shall be renewed or reinstated beyond seven years
19 from the last day of the month during which it was issued,
20 regardless of whether it has been revoked. When no further
21 renewals are possible, an applicant may apply for and obtain a
22 subsequent associate registration number if the applicant meets
23 the educational requirements for a subsequent associate registration
24 number and has passed the California law and ethics examination
25 no more than seven years prior to the board's receipt of the
26 application for the subsequent associate registration number.

27 (e) An applicant who is issued a subsequent associate
28 registration number pursuant to subdivision (d) shall not be
29 employed or volunteer in a private practice.

30 (f) Notwithstanding subdivision (e), an applicant applying for
31 or who currently holds a subsequent associate registration number
32 may request that the board grant them a one-time,
33 two-consecutive-year hardship extension to allow them to be
34 employed or volunteer at one private practice or professional
35 corporation employer with their subsequent associate registration
36 ~~number.~~ *number in accordance with the following:*

37 (1) An associate shall not be issued more than one extension.

38 (2) The extension is only valid for the one private practice or
39 professional corporation employer for which it is requested.

1 (3) Work for the employer shall not commence or continue until
2 the extension is approved by the board.

3 (4) The application shall be jointly signed under penalty of
4 perjury and dated by the associate, the supervisor, and, if the
5 supervisor is not employed by the supervisee's employer or is a
6 volunteer, a representative of the employer.

7 (5) The board shall grant the extension provided that the
8 application is signed, all information required is provided, and
9 good cause is demonstrated. The application shall contain all of
10 the following:

11 (A) The date the extension is needed to commence or continue
12 work for the employer.

13 (B) The name of the employer where the associate will be
14 gaining hours.

15 (C) An attestation that the employer is a private practice or a
16 professional corporation.

17 (D) The name, license type, and license number of the current
18 supervisor.

19 (E) A showing of good cause for the applicant being unable to
20 complete the licensure process within seven years. Good cause
21 may include, but is not limited to, extended medical leave, family
22 caregiving responsibilities, difficulties finding employment, or
23 circumstances beyond the applicant's control.

24 (F) A description of the plan for the associate to gain the needed
25 hours toward licensure during the two-year extension period.

26 SEC. 10. Section 4984.7 of the Business and Professions Code
27 is amended to read:

28 4984.7. The board shall assess the following fees relating to
29 the licensure of marriage and family therapists:

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

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

38 (c) The fee for the application for licensure shall be two hundred
39 fifty dollars (\$250). The board may adopt regulations to set the

1 fee at a higher amount, up to a maximum of five hundred dollars
2 (\$500).

3 (d) (1) (A) The fee for the board-administered clinical
4 examination, if the board chooses to adopt this examination in
5 regulations, shall be two hundred fifty dollars (\$250). The board
6 may adopt regulations to set the fee at a higher amount, up to a
7 maximum of five hundred dollars (\$500). If the board chooses to
8 adopt an examination administered by a public or private
9 organization, as specified by the board in regulations, then the
10 examination fee shall be determined by, and paid directly to, that
11 organization.

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

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

19 (3) The amount of the examination fees shall be based on the
20 actual cost to the board of developing, purchasing, and grading
21 each examination and the actual cost to the board of administering
22 each examination. The examination fees shall be adjusted
23 periodically by regulation to reflect the actual costs incurred by
24 the board.

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

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

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

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

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

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

1 SEC. 11. Section 4984.72 of the Business and Professions
2 Code is amended to read:

3 4984.72. An applicant who fails the clinical examination may,
4 within one year from the notification date of that failure, retake
5 the examination as regularly scheduled without further application
6 upon payment of the fee for the examination. Thereafter, the
7 applicant shall not be eligible for further examination until they
8 file a new application, meet all requirements in effect on the date
9 of application, and pay all required fees.

10 SEC. 12. Section 4989.20 of the Business and Professions
11 Code is amended to read:

12 4989.20. (a) The board may issue a license as an educational
13 psychologist if the applicant satisfies, with proof satisfactory to
14 the board, the following requirements:

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

20 (2) Attainment of 18 years of age.

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

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

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

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

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

37 (B) One school term of full-time, or the equivalent to full-time,
38 experience as a California credentialed school psychologist in the
39 California public schools, or in another school setting as specified
40 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 seven 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 seven 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 seven 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. This examination shall be passed no more than seven years prior to the board's receipt of the application for initial license issuance.

(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

1 publicly available written contractual agreement. The school term
2 shall also be the same for an individual who is not employed on a
3 full-time basis who is performing the same duties as a member
4 employed on a full-time basis.

5 SEC. 13. Section 4989.68 of the Business and Professions
6 Code is amended to read:

7 4989.68. The board shall assess the following fees relating to
8 the licensure of educational psychologists:

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

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

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

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

22 (e) The written examination fee shall be two hundred fifty
23 dollars (\$250). The board may adopt regulations to set the fee at
24 a higher amount, up to a maximum of five hundred dollars (\$500).
25 An applicant who fails to appear for an examination, once having
26 been scheduled, shall forfeit any examination fees they paid.

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

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

31 (h) The fee for issuance of a retired license shall be forty dollars
32 (\$40).

33 SEC. 14. Section 4992.05 of the Business and Professions
34 Code is amended to read:

35 4992.05. (a) A registrant or an applicant for licensure as a
36 clinical social worker shall pass the following two examinations
37 as prescribed by the board:

38 (1) A California law and ethics examination.

39 (2) A clinical examination.

1 (b) The board shall grant eligibility to take the California law
2 and ethics examination upon approval of an application for
3 registration or an application for licensure, and submission of the
4 required application and fee.

5 (c) The board may grant an applicant for licensure eligibility to
6 take the clinical examination only upon meeting all of the following
7 requirements:

8 (1) Completion of all education requirements.

9 (2) Passage of the California law and ethics examination.

10 (3) Completion of all required supervised work experience.

11 SEC. 15. Section 4992.07 of the Business and Professions
12 Code is repealed.

13 SEC. 16. Section 4992.09 of the Business and Professions
14 Code is amended to read:

15 4992.09. (a) Each applicant and registrant shall obtain a
16 passing score on a board-administered California law and ethics
17 examination in order to qualify for licensure. The California law
18 and ethics examination shall be passed no more than seven years
19 prior to the board's receipt of the application for initial license
20 issuance.

21 (b) If an applicant fails the California law and ethics
22 examination, they may retake the examination after any waiting
23 period as specified in regulation, upon payment of the required
24 fees and submission of a reexamination application.

25 (c) The board shall not issue a subsequent associate registration
26 number unless the applicant has passed the California law and
27 ethics examination no more than seven years prior to the board's
28 receipt of the application for the subsequent associate registration
29 number.

30 (d) Notwithstanding any other provision of law, the seven-year
31 age limit on the California law and ethics examination shall not
32 apply to any application for initial license issuance or subsequent
33 associate registration number received by the board on or before
34 January 1, 2030.

35 (e) A registrant shall complete a minimum of three hours of
36 continuing education on the subject of California law and ethics
37 during each renewal period to be eligible to renew their registration.
38 The coursework shall be obtained from a board-accepted provider
39 of continuing education, as specified in Section 4996.22.

1 SEC. 17. Section 4992.1 of the Business and Professions Code
2 is amended to read:

3 4992.1. (a) Only individuals who have the qualifications
4 prescribed by the board under this chapter are eligible to take an
5 examination under this chapter.

6 (b) Every applicant who is issued a clinical social worker license
7 shall be examined by the board.

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

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

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

24 (f) Notwithstanding Section 135, the board may deny any
25 applicant who has previously failed either the California law and
26 ethics examination or the clinical examination permission to retake
27 either examination pending completion of the investigation of any
28 complaint against the applicant. Nothing in this section shall
29 prohibit the board from denying an applicant admission to any
30 examination, or refusing to issue a license to any applicant when
31 an accusation or statement of issues has been filed against the
32 applicant pursuant to Section 11503 or 11504 of the Government
33 Code, or the applicant has been denied in accordance with
34 subdivision (b) of Section 485.

35 (g) The clinical examination shall be passed no more than seven
36 years prior to the board's receipt of the application for initial
37 license issuance.

38 SEC. 18. Section 4996.1 of the Business and Professions Code
39 is amended to read:

1 4996.1. The board shall issue a clinical social worker license
2 to each applicant who qualifies pursuant to this article and who
3 successfully passes a California law and ethics examination and
4 a clinical examination. Each examination shall be passed no more
5 than seven years prior to the board's receipt of the application for
6 initial license issuance.

7 SEC. 19. Section 4996.3 of the Business and Professions Code
8 is amended to read:

9 4996.3. The board shall assess the following fees relating to
10 the licensure of clinical social workers:

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

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

19 (c) The fee for application for licensure shall be two hundred
20 fifty dollars (\$250). The board may adopt regulations to set the
21 fee at a higher amount, up to a maximum of five hundred dollars
22 (\$500).

23 (d) (1) (A) The fee for the board-administered clinical
24 examination, if the board chooses to adopt this examination in
25 regulations, shall be two hundred fifty dollars (\$250). The board
26 may adopt regulations to set the fee at a higher amount, up to a
27 maximum of five hundred dollars (\$500).

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

32 (2) An applicant who fails to appear for an examination, after
33 having been scheduled to take the examination, shall forfeit the
34 examination fees.

35 (3) The amount of the examination fees shall be based on the
36 actual cost to the board of developing, purchasing, and grading
37 each examination and the actual cost to the board of administering
38 each examination. The written examination fees shall be adjusted
39 periodically by regulation to reflect the actual costs incurred by
40 the board.

(e) The fee for 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).

(f) 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).

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

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

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

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

SEC. 20. Section 4996.4 of the Business and Professions Code is amended to read:

4996.4. An applicant who fails the clinical examination may, within one year from the notification date of failure, retake that examination as regularly scheduled, without further application, upon payment of the required examination fees. Thereafter, the applicant shall not be eligible for further examination until they file a new application, meet all current requirements, and pay all required fees.

SEC. 21. Section 4996.13 of the Business and Professions Code is amended to read:

4996.13. (a) Nothing in this article shall prevent qualified members of other professional groups from doing work of a psychosocial nature consistent with the standards, ethics, and scope of practice of their respective professions. However, ~~they~~ *these qualified members* shall not hold themselves out to the public by any title or description of services incorporating the words ~~psychosocial, psychotherapy, or clinical social worker,~~ *“psychosocial,” “psychotherapy,” or “clinical social worker,”* and shall not state or imply that they are licensed or registered to practice clinical social work. These qualified members of other professional groups include, but are not limited to, the following:

(1) A physician and surgeon certified pursuant to Chapter 5 (commencing with Section 2000).

1 (2) A registered nurse licensed pursuant to Chapter 6
2 (commencing with Section 2700).

3 (3) A psychologist licensed pursuant to Chapter 6.6
4 (commencing with Section 2900).

5 (4) Members of the State Bar.

6 (5) Marriage and family therapists licensed pursuant to Chapter
7 13 (commencing with Section 4980).

8 (6) Educational psychologists licensed pursuant to Chapter 13.5
9 (commencing with Section 4989.10).

10 (7) Licensed professional clinical counselors pursuant to Chapter
11 16 (commencing with Section 4999.10).

12 (b) This article shall not apply to any priest, rabbi, imam,
13 minister of the gospel, or other religious official of any
14 denomination when providing faith-based counseling services as
15 part of their regular professional duties for an established and
16 legally recognizable faith-based entity, such as a church,
17 synagogue, mosque, or other recognized religious organization,
18 provided that all of the following criteria are met:

19 (1) The services are performed solely under the direct auspices
20 of that faith-based entity.

21 (2) A separate fee, beyond their customary compensation from
22 that faith-based entity, is not charged or received.

23 (3) They do not hold themselves out to the public by any title
24 or description of services incorporating the words ~~psychosocial,~~
25 ~~psychotherapy, or clinical social worker,~~ “*psychosocial,*”
26 “*psychotherapy,*” or “*clinical social worker,*” and shall not state
27 or imply that they are licensed or registered to practice clinical
28 social work.

29 (4) The services provided are limited to counseling services
30 provided in a religious or spiritual context and do not involve the
31 diagnosis or treatment of mental health disorders.

32 SEC. 22. Section 4996.23 of the Business and Professions
33 Code is amended to read:

34 4996.23. (a) To qualify for licensure, each applicant shall
35 complete 3,000 hours of post-master’s degree supervised
36 experience related to the practice of clinical social work. Except
37 as provided in subdivision (b), experience shall not be gained until
38 the applicant is registered as an associate clinical social worker.

(b) Postdegree hours of experience gained before the issuance of an associate registration shall be credited toward licensure if all of the following apply:

(1) The registration applicant applies for the associate registration and the board receives the application within 90 days of the granting of the qualifying master's or doctoral degree.

(2) For applicants completing graduate study on or after January 1, 2020, the experience is obtained at a workplace that, prior to the registration applicant gaining supervised experience hours, requires completed Live Scan fingerprinting. The applicant shall provide the board with a copy of that completed "State of California Request for Live Scan Service" form with the application for licensure.

(3) The board subsequently grants the associate registration.

(c) The applicant shall not be employed or volunteer in a private practice or a professional corporation until the applicant has been issued an associate registration by the board.

(d) The experience shall be as follows:

(1) (A) At least 1,700 hours shall be gained under the supervision of a licensed clinical social worker. The remaining required supervised experience may be gained under the supervision of a physician and surgeon who is certified in psychiatry by the American Board of Psychiatry and Neurology, licensed professional clinical counselor, licensed marriage and family therapist, psychologist licensed pursuant to Chapter 6.6 (commencing with Section 2900), licensed educational psychologist, or licensed clinical social worker.

(B) A maximum of 1,200 hours gained under the supervision of a licensed educational psychologist providing educationally related mental health services that are consistent with the scope of practice of an educational psychologist, as specified in Section 4989.14.

(2) A minimum of 2,000 hours in clinical psychosocial diagnosis, assessment, and treatment, including psychotherapy or counseling; however, at least 750 hours shall be face-to-face individual or group psychotherapy provided in the context of clinical social work services.

(3) A maximum of 1,000 hours in client-centered advocacy, consultation, evaluation, research, direct supervisor contact, and workshops, seminars, training sessions, or conferences directly

1 related to clinical social work that have been approved by the
2 applicant's supervisor.

3 (4) A minimum of two years of supervised experience is required
4 to be obtained over a period of not less than 104 weeks and shall
5 have been gained within the seven years immediately preceding
6 the date on which the application for licensure was received by
7 the board.

8 (5) No more than 40 hours of experience may be credited in
9 any seven consecutive days.

10 (6) For hours gained on or after January 1, 2010, no more than
11 six hours of supervision, whether individual, triadic, or group
12 supervision, shall be credited during any single week.

13 SEC. 23. Section 4996.28 of the Business and Professions
14 Code is amended to read:

15 4996.28. (a) Registration as an associate clinical social worker
16 shall expire one year from the last day of the month during which
17 it was issued. To renew a registration, subject to the additional
18 limitations imposed by subdivision (c), the registrant shall, on or
19 before the expiration date of the registration, complete all of the
20 following actions:

21 (1) Apply for renewal on a form prescribed by the board.

22 (2) Pay a renewal fee prescribed by the board.

23 (3) Notify the board whether they have been convicted, as
24 defined in Section 490, of a misdemeanor or felony, and whether
25 any disciplinary action has been taken by a regulatory or licensing
26 board in this or any other state, subsequent to the last renewal of
27 the registration.

28 (4) Certify under penalty of perjury their compliance with the
29 continuing education requirements set forth in Section 4996.22.

30 (b) An expired registration may be renewed by completing all
31 of the actions described in paragraphs (1) to (4), inclusive, of
32 subdivision (a).

33 (c) A registration as an associate clinical social worker may be
34 renewed a maximum of six times. No registration shall be renewed
35 or reinstated beyond seven years from the last day of the month
36 during which the registration was issued, regardless of whether
37 the registration has been revoked. When no further renewals are
38 possible, an applicant may apply for and obtain a subsequent
39 associate clinical social worker registration number if the applicant
40 meets all requirements for registration in effect at the time of their

1 application for a subsequent associate clinical social worker
2 registration number and has passed the California law and ethics
3 examination pursuant to Section 4992.09 no more than seven years
4 prior to the board's receipt of the application for the subsequent
5 associate registration number.

6 (d) An applicant issued a subsequent associate registration
7 number pursuant to subdivision ~~(d)~~ (c) shall not be employed or
8 volunteer in a private practice.

9 (e) Notwithstanding subdivision (d), an applicant applying for
10 or who currently holds a subsequent associate registration number
11 may request that the board grant them a one-time,
12 two-consecutive-year hardship extension to allow them to be
13 employed or volunteer at one private practice or professional
14 corporation employer with their subsequent associate registration
15 ~~number.~~ *number in accordance with the following:*

16 (1) An associate shall not be issued more than one extension.

17 (2) The extension is only valid for the one private practice or
18 professional corporation employer for which it is requested.

19 (3) Work for the employer shall not commence or continue until
20 the extension is approved by the board.

21 (4) The application shall be jointly signed under penalty of
22 perjury and dated by the associate, the supervisor, and, if the
23 supervisor is not employed by the supervisee's employer or is a
24 volunteer, a representative of the employer.

25 (5) The board shall grant the extension provided that the
26 application is signed, all information required is provided, and
27 good cause is demonstrated. The application shall contain all of
28 the following:

29 (A) The date the extension is needed to commence or continue
30 work for the employer.

31 (B) The name of the employer where the associate will be
32 gaining hours.

33 (C) An attestation that the employer is a private practice or a
34 professional corporation.

35 (D) The name, license type, and license number of the current
36 supervisor.

37 (E) A showing of good cause for the applicant being unable to
38 complete the licensure process within seven years. Good cause
39 may include, but is not limited to, extended medical leave, family

1 caregiving responsibilities, difficulties finding employment, or
2 circumstances beyond the applicant's control.

3 (F) A description of the plan for the associate to gain the needed
4 hours toward licensure during the two-year extension period.

5 SEC. 24. Section 4999.22 of the Business and Professions
6 Code is amended to read:

7 4999.22. (a) Nothing in this chapter shall prevent qualified
8 members of the other professional groups from doing work of a
9 psychosocial nature consistent with the standards, ethics, and scope
10 of practice of their respective professions. However, these qualified
11 ~~persons~~ *members* shall not hold themselves out to the public by
12 any title or description of services incorporating the words
13 "psychosocial," "psychotherapy," or "professional clinical
14 counselor" and shall not state that they are licensed or registered
15 to practice professional clinical counseling. ~~Qualified These~~
16 *qualified* members of other professional groups include, but are
17 not limited to, the following:

18 (1) A physician and surgeon certified pursuant to Chapter 5
19 (commencing with Section 2000).

20 (2) A registered nurse licensed pursuant to Chapter 6
21 (commencing with Section 2700).

22 (3) A psychologist licensed pursuant to Chapter 6.6
23 (commencing with Section 2900).

24 (4) Members of the State Bar.

25 (5) Marriage and family therapists licensed pursuant to Chapter
26 13 (commencing with Section 4980).

27 (6) Educational psychologists licensed pursuant to Chapter 13.5
28 (commencing with Section 4989.10).

29 (7) Clinical social workers licensed pursuant to Chapter 14
30 (commencing with Section 4991).

31 (b) This chapter shall not be construed to constrict, limit, or
32 withdraw ~~provisions of~~ the Medical Practice Act (Chapter 5
33 (commencing with Section 2000)), the Clinical Social Worker
34 Practice Act (Chapter 14 (commencing with Section 4991)), the
35 Nursing Practice Act (Chapter 6 (commencing with Section 2700)),
36 the Psychology Licensing Law (Chapter 6.6 (commencing with
37 Section 2900)), or the Licensed Marriage and Family Therapist
38 Act (Chapter 13 (commencing with Section 4980)).

39 (c) This chapter shall not apply to any priest, rabbi, imam,
40 minister of the gospel, or other religious official of any

1 denomination when providing faith-based counseling services as
2 part of their regular professional duties for an established and
3 legally recognizable faith-based entity, such as a church,
4 synagogue, mosque, or other recognized religious organization,
5 provided that all of the following criteria are met:

6 (1) The services are performed solely under the direct auspices
7 of that faith-based entity.

8 (2) A separate fee, beyond their customary compensation from
9 that faith-based entity, is not charged or received.

10 (3) They do not hold themselves out to the public by any title
11 or description of services incorporating the words ~~psychosocial,~~
12 ~~psychotherapy, or professional clinical counselor,~~ “*psychosocial,*”
13 “*psychotherapy,*” or “*professional clinical counselor,*” and shall
14 not state or imply that they are licensed or registered to practice
15 professional clinical counseling.

16 (4) The services provided are limited to counseling services
17 provided in a religious or spiritual context and do not involve the
18 diagnosis or treatment of mental health disorders.

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

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

25 (2) (A) On and after July 1, 2020, the employee or volunteer
26 provides a client, prior to initiating psychotherapy services or as
27 soon as practicably possible thereafter, a notice written in at least
28 12-point type that is in substantially the following form:

29
30 NOTICE TO CLIENTS

31 The (Name of office or unit) of the (Name of agency) receives
32 and responds to complaints regarding the practice of psychotherapy
33 by any unlicensed or unregistered practitioner providing services
34 at (Name of agency). To file a complaint, contact (Telephone
35 number, email address, internet website, or mailing address of
36 agency).

37 The Board of Behavioral Sciences receives and responds to
38 complaints regarding services provided by individuals licensed
39 and registered by the board. If you have a complaint and are unsure
40 if your practitioner is licensed or registered, please contact the

1 Board of Behavioral Sciences at 916-574-7830 for assistance or
2 utilize the board's online license verification feature by visiting
3 www.bbs.ca.gov.

4
5 (B) The delivery of the notice described in subparagraph (A)
6 to the client shall be documented.

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

10 SEC. 25. Section 4999.46 of the Business and Professions
11 Code is amended to read:

12 4999.46. (a) Except as provided in subdivision (b), all
13 applicants shall have an active associate registration with the board
14 in order to gain postdegree hours of supervised experience. An
15 associate or applicant for licensure shall be under the supervision
16 of a supervisor at all times. An associate shall inform each client,
17 before performing any professional services, that the associate is
18 unlicensed and under supervision.

19 (b) (1) Postdegree hours of experience gained before the
20 issuance of an associate registration shall be credited toward
21 licensure if all of the following apply:

22 (A) The registration applicant applies for the associate
23 registration and the board receives the application within 90 days
24 of the granting of the qualifying master's degree or doctoral degree.

25 (B) For applicants completing graduate study on or after January
26 1, 2020, the experience is obtained at a workplace that, prior to
27 the registration applicant gaining supervised experience hours,
28 requires completed Live Scan fingerprinting. The applicant shall
29 provide the board with a copy of that completed State of California
30 "Request for Live Scan Service" form with their application for
31 licensure.

32 (C) The board subsequently grants the associate registration.

33 (2) The applicant shall not be employed or volunteer in a private
34 practice or a professional corporation until they have been issued
35 an associate registration by the board.

36 (c) Supervised experience that is obtained for the purposes of
37 qualifying for licensure shall be related to the practice of
38 professional clinical counseling and comply with the following:

39 (1) A minimum of 3,000 postdegree hours performed over a
40 period of not less than two years (104 weeks).

1 (2) Not more than 40 hours in any seven consecutive days.

2 (3) Not less than 1,750 hours of direct clinical counseling with
3 individuals, groups, couples, or families using a variety of
4 psychotherapeutic techniques and recognized counseling
5 interventions.

6 (4) A maximum of 1,250 hours of nonclinical practice,
7 consisting of direct supervisor contact, administering and
8 evaluating psychological tests, writing clinical reports, writing
9 progress or process notes, client-centered advocacy, and
10 workshops, seminars, training sessions, or conferences directly
11 related to professional clinical counseling that have been approved
12 by the applicant's supervisor.

13 (5) A maximum of 1,200 hours gained under the supervision
14 of a licensed educational psychologist providing educationally
15 related mental health services that are consistent with the scope
16 of practice of an educational psychologist, as specified in Section
17 4989.14.

18 (d) Experience hours shall not have been gained more than seven
19 years prior to the date the application for licensure was received
20 by the board.

21 SEC. 26. Section 4999.46.1 of the Business and Professions
22 Code is repealed.

23 SEC. 27. Section 4999.50 of the Business and Professions
24 Code is amended to read:

25 4999.50. (a) The board may issue a professional clinical
26 counselor license to any person who meets all of the following
27 requirements:

28 (1) They have received a master's or doctoral degree described
29 in Section 4999.32 or 4999.33, as applicable.

30 (2) They have completed at least 3,000 hours of supervised
31 experience in the practice of professional clinical counseling.

32 (3) They provide evidence of a passing score, as determined by
33 the board, on the examinations designated in Section 4999.53.
34 Each examination shall be passed no more than seven years prior
35 to the board's receipt of the application for initial license issuance.

36 (b) An applicant for licensure who has satisfied the requirements
37 of this chapter shall be issued a license as a professional clinical
38 counselor.

39 SEC. 28. Section 4999.52 of the Business and Professions
40 Code is amended to read:

1 4999.52. (a) Every applicant for a license as a professional
2 clinical counselor shall take one or more examinations, as
3 determined by the board, to ascertain their knowledge, professional
4 skills, and judgment in the utilization of appropriate techniques
5 and methods of professional clinical counseling.

6 (b) The examinations shall be given at least twice a year at a
7 time and place and under supervision as the board may determine.

8 (c) The board shall not deny any applicant admission to an
9 examination who has submitted a complete application for
10 examination admission if the applicant meets the educational and
11 experience requirements of this chapter and has not committed
12 any acts or engaged in any conduct that would constitute grounds
13 to deny licensure.

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

20 (e) If an applicant for the examination specified by paragraph
21 (2) of subdivision (a) of Section 4999.53, who has passed the
22 California law and ethics examination, is the subject of a complaint
23 or is under board investigation for acts or conduct that, if proven
24 to be true, would constitute grounds for the board to deny licensure,
25 the board shall permit the applicant to take this examination, but
26 may notify the applicant that licensure will not be granted pending
27 completion of the investigation.

28 (f) Notwithstanding Section 135, the board may deny any
29 applicant who has previously failed either the California law and
30 ethics examination, or the examination specified by paragraph (2)
31 of subdivision (a) of Section 4999.53, permission to retake either
32 examination pending completion of the investigation of any
33 complaints against the applicant.

34 (g) Nothing in this section shall prohibit the board from denying
35 an applicant admission to any examination or refusing to issue a
36 license to any applicant when an accusation or statement of issues
37 has been filed against the applicant pursuant to Section 11503 or
38 11504 of the Government Code, respectively, or the application
39 has been denied in accordance with subdivision (b) of Section 485.

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

4 (i) The clinical examination shall be passed no more than seven
5 years prior to the board's receipt of the application for initial
6 license issuance.

7 SEC. 29. Section 4999.53 of the Business and Professions
8 Code is amended to read:

9 4999.53. (a) A registrant or an applicant for licensure as a
10 professional clinical counselor shall pass the following
11 examinations as prescribed by the board:

12 (1) A California law and ethics examination.

13 (2) A clinical examination administered by the board, or the
14 National Clinical Mental Health Counselor Examination if the
15 board finds that this examination meets the prevailing standards
16 for validation and use of the licensing and certification tests in
17 California.

18 ~~(3)~~

19 (b) The board shall grant eligibility to take the California law
20 and ethics examination upon approval of an application for
21 registration or an application for licensure and submission of the
22 required application and fee.

23 ~~(b)~~

24 (c) The board may grant an applicant for licensure eligibility to
25 take the clinical examination or the National Clinical Mental Health
26 Counselor Examination, as established by the board through
27 regulation, only upon meeting all of the following requirements:

28 (1) Completion of all required supervised work experience.

29 (2) Completion of all education requirements.

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

31 SEC. 30. Section 4999.55 of the Business and Professions
32 Code is amended to read:

33 4999.55. (a) Each applicant and registrant shall obtain a
34 passing score on a board-administered California law and ethics
35 examination in order to qualify for licensure. The California law
36 and ethics examination shall be passed no more than seven years
37 prior to the board's receipt of the application for initial license
38 issuance.

39 (b) If an applicant fails the California law and ethics
40 examination, they may retake the examination after any waiting

1 period as specified in regulation upon payment of the required fees
2 and submission of a reexamination application.

3 (c) The board shall not issue a subsequent associate registration
4 number unless the applicant has passed the California law and
5 ethics examination no more than seven years prior to the board's
6 receipt of the application for the subsequent associate registration
7 number.

8 (d) Notwithstanding any other provision of law, the seven-year
9 age limit on the California law and ethics examination shall not
10 apply to any application for initial license issuance or subsequent
11 associate registration number received by the board on or before
12 January 1, 2030.

13 (e) A registrant shall complete a minimum of three hours of
14 continuing education on the subject of California law and ethics
15 during each renewal period in order to be eligible to renew their
16 registration. The coursework shall be obtained from a
17 board-accepted provider of continuing education, as specified in
18 Section 4999.76.

19 SEC. 31. Section 4999.64 of the Business and Professions
20 Code is amended to read:

21 4999.64. An applicant who fails the examination specified in
22 paragraph (2) of subdivision (a) of Section 4999.53 may, within
23 one year from the notification date of that failure, retake the
24 examination as regularly scheduled without further application
25 upon payment of the fee for the examination. Thereafter, the
26 applicant shall not be eligible for further examination until they
27 file a new application, meet all requirements in effect on the date
28 of application, and pay all required fees.

29 SEC. 32. Section 4999.100 of the Business and Professions
30 Code is amended to read:

31 4999.100. (a) An associate registration shall expire one year
32 from the last day of the month in which it was issued.

33 (b) To renew a registration subject to the additional limitations
34 imposed by subdivision (d), the registrant, on or before the
35 expiration date of the registration, shall do the following:

36 (1) Apply for a renewal on a form prescribed by the board.

37 (2) Pay a renewal fee prescribed by the board.

38 (3) Notify the board whether they have been convicted, as
39 defined in Section 490, of a misdemeanor or felony, or whether
40 any disciplinary action has been taken by any regulatory or

1 licensing board in this or any other state, subsequent to the
2 registrant's last renewal.

3 (4) Certify under penalty of perjury their compliance with the
4 continuing education requirements set forth in Section 4999.76.

5 (c) An expired registration may be renewed by completing all
6 of the actions described in paragraphs (1) to (4), inclusive, of
7 subdivision (b).

8 (d) The associate registration may be renewed a maximum of
9 six times. Registration shall not be renewed or reinstated beyond
10 seven years from the last day of the month during which it was
11 issued, regardless of whether it has been revoked. When no further
12 renewals are possible, an applicant may apply for and obtain a
13 subsequent associate registration number if the applicant meets
14 the educational requirements for a subsequent associate registration
15 number and has passed the California law and ethics examination
16 described in Section 4999.53 no more than seven years prior to
17 the board's receipt of the application for the subsequent registration
18 number.

19 (e) An applicant who is issued a subsequent associate
20 registration number pursuant to subdivision (d) shall not be
21 employed or volunteer in a private practice.

22 (f) Notwithstanding subdivision (e), an applicant applying for
23 or who currently holds a subsequent associate registration number
24 may request that the board grant them a one-time,
25 two-consecutive-year hardship extension to allow them to be
26 employed or volunteer at one private practice or professional
27 corporation employer with their subsequent associate registration
28 number in accordance with the following:

29 (1) An associate shall not be issued more than one extension.

30 (2) The extension is only valid for the one private practice or
31 professional corporation employer for which it is requested.

32 (3) Work for the employer shall not commence or continue until
33 the extension is approved by the board.

34 (4) The application shall be jointly signed under penalty of
35 perjury and dated by the associate, the supervisor, and, if the
36 supervisor is not employed by the supervisee's employer or is a
37 volunteer, a representative of the employer.

38 (5) The board shall grant the extension provided that the
39 application is signed, all information required is provided, and

1 good cause is demonstrated. The application shall contain all of
2 the following:

3 (A) The date the extension is needed to commence or continue
4 work for the employer.

5 (B) The name of the employer where the associate will be
6 gaining hours.

7 (C) An attestation that the employer is a private practice or a
8 professional corporation.

9 (D) The name, license type, and license number of the current
10 supervisor.

11 (E) A showing of good cause for the applicant being unable to
12 complete the licensure process within seven years. Good cause
13 may include, but is not limited to, extended medical leave, family
14 caregiving responsibilities, difficulties finding employment, or
15 circumstances beyond the applicant's control.

16 (F) A description of the plan for the associate to gain the needed
17 hours toward licensure during the two-year extension period.

18 SEC. 33. Section 4999.120 of the Business and Professions
19 Code is amended to read:

20 4999.120. The board shall assess the following fees relating
21 to the licensure of professional clinical counselors:

22 (a) The fee for the application for licensure shall be two hundred
23 fifty dollars (\$250). The board may adopt regulations to set the
24 fee at a higher amount, up to a maximum of five hundred dollars
25 (\$500).

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

30 (c) (1) (A) The fee for the board-administered clinical
31 examination, if the board chooses to adopt this examination in
32 regulations, shall be two hundred fifty dollars (\$250). The board
33 may adopt regulations to set the fee at a higher amount, up to a
34 maximum of five hundred dollars (\$500).

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

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

(3) 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 written examination fees shall be adjusted periodically by regulation to reflect the actual costs incurred by the board.

(d) The fee for the issuance of a 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).

(e) The fee for the annual renewal of 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).

(f) 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).

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

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

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

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

SEC. 34. 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.

MEMORANDUM

DATE	May 5, 2026
TO	Psychology Board Members
FROM	Cynthia Whitney, Central Services Manager
SUBJECT	Agenda Item 13(e)(1) - AB 2575 (Ortega) Health care services: artificial intelligence

Background

Assembly Bill 2575 (AB 2575) was introduced on February 20, 2026, by Assembly Member Liz Ortega.

This bill establishes new requirements governing the use of artificial intelligence (AI) and clinical decision support tools in patient care. It requires health facilities and providers to disclose detailed information about AI tools, including their development, limitations, and potential biases, and affirms that health care workers may override AI-generated output based on their professional judgment. The bill also prohibits employers from limiting clinical judgment or retaliating against workers for overriding or relying on AI tools and clarifies that developers and users of AI cannot avoid liability by attributing harm to a provider's failure to override the technology.

This bill is relevant to the Board of Psychology (Board) because it introduces new standards related to the use of artificial intelligence in clinical decision-making, professional judgment, and potential liability considerations for licensees. The Board may experience impacts on its enforcement workload, including the need to investigate complaints involving AI use and determine compliance with any new statutory or regulatory requirements.

On March 16, 2026, AB 2575 was referred to the Assembly Health Committee, Labor and Employment, and Privacy and Consumer Protection.

On April 8, 2026, AB 2575 passed the Assembly Health Committee and was re-referred to the Assembly Committee on Labor and Employment.

On April 9, 2026, AB 2575 was re-referred to the Assembly Committee on Privacy and Consumer Protection and was amended.

On April 13, 2026, AB 2575 was re-referred to the Assembly Committee on Privacy and Consumer Protection.

On April 22, 2026, AB 2575 was amended in the Assembly Committee on Privacy and Consumer Protection.

On April 27, 2026, AB 2575 was re-referred to the Committee on Appropriations

Passage of AB 2575 could warrant regulatory changes in the future. While “Informed Consent” is touched on in AB 2575, it will not change informed consent for the Board.

Action Requested

Board staff recommends the Board take the position of **SUPPORT IF AMENDED** and request the following amendment on AB 2575:

- Clarify whether a violation of this section by a licensee of the Board of Psychology is subject to enforcement.

Attachment #1: Bill Text – [Webmail](#)

Attachment #2: Bill Analysis

ASSEMBLY BILL

No. 2575

Introduced by Assembly Member Ortega

February 20, 2026

An act to add Section 1714.48 to the Civil Code, to add Section 1339.76 to the Health and Safety Code, and to add Article 2.7 (commencing with Section 2820) to Chapter 2 of Division 3 of the Labor Code, relating to health care services.

LEGISLATIVE COUNSEL'S DIGEST

AB 2575, as introduced, Ortega. Health care services: artificial intelligence.

(1) Existing law provides for the licensure and regulation of health facilities and clinics by the State Department of Public Health. Existing law generally makes a violation of these provisions a crime. Existing law, the Medical Practice Act, establishes the Medical Board of California for the licensing, regulation, and discipline of physicians and surgeons. Existing law requires a health facility, clinic, physician's office, or office of a group practice that uses generative artificial intelligence to generate written or verbal patient communications pertaining to patient clinical information, as defined, to ensure that those communications include both a disclaimer that indicates to the patient that a communication was generated by generative artificial intelligence, as specified, and clear instructions describing how a patient may contact a human health care provider, employee, or other appropriate person.

This bill would require a health facility, clinic, physician's office, or office of a group practice that uses or deploys a covered tool, as defined, for patient care to disclose required information to any licensed health care professional or other person using a covered tool or viewing outputs

from a covered tool. The bill would require, among other things, the disclosure to include a notice that a worker providing direct patient care is permitted to override the output of a covered tool if, in the judgment of the worker acting in their scope of practice, an override is appropriate for the patient, or as necessary to comply with applicable law, including civil rights law. The bill would specify the required time and manner the disclosure is to be provided pursuant to these provisions. By placing new requirements on health facilities and clinics, this bill would expand the scope of a crime and would impose a state-mandated local program.

(2) Existing law charges the Labor Commissioner with enforcement of various labor laws, including investigation of employee complaints.

This bill would declare it is the policy of the state that a worker providing direct patient care be free to use their professional judgment to make assessments and decisions within their scope of practice as appropriate for their patients and that it is public policy of the state that a worker should not be penalized for relying in good faith on technology that the licensed health care professional's employer has selected or approved for their use in patient care. The bill would prohibit an employer from using or deploying technology to replace or eliminate a worker's use of professional judgment in patient care and would prohibit an employer from retaliating or discriminating against a worker providing patient care, as specified. The bill would authorize a worker who is subject to retaliation or discrimination in violation of these provisions to file a complaint with the Labor Commissioner against an employer.

(3) Existing law provides that everyone is responsible not only for the result of their willful acts, but also for an injury occasioned to another by their want of ordinary care or skill in the management of their property or person. Existing law prohibits a defendant who developed, modified, or used artificial intelligence, as defined, from asserting a defense that the artificial intelligence autonomously caused the harm to the plaintiff.

This bill would prohibit a defendant who developed, modified, or used artificial intelligence, as defined, that is alleged to have harmed the plaintiff from asserting a defense that the failure of a licensed health care professional or other health care worker to override an output of the artificial intelligence or clinical decision support system is a superseding cause severing the defendant's liability for the alleged harm.

(4) The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes.

State-mandated local program: yes.

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

1 SECTION 1. Section 1714.48 is added to the Civil Code, to
2 read:

3 1714.48. (a) For purposes of this section, the following
4 definitions shall apply:

5 (1) “Artificial intelligence” means an engineered or
6 machine-based system that varies in its level of autonomy and that
7 can, for explicit or implicit objectives, infer from the input it
8 receives how to generate outputs that can influence physical or
9 virtual environments.

10 (2) “Clinical decision support system” means a computerized
11 system or tool that does both of the following:

12 (A) Supports decisionmaking related to patient care based on
13 algorithms, or models, based in clinical practice guidelines or that
14 derive relationships from training data, including algorithms or
15 models that are developed using unsupervised learning models.

16 (B) Produces an output that results in a prediction, classification,
17 recommendation, evaluation, or analysis.

18 (b) In an action against a defendant who developed, modified,
19 selected, or deployed artificial intelligence that is alleged to have
20 caused harm to the plaintiff, it shall not be a defense, and the
21 defendant may not assert, that the failure of a licensed health care
22 professional or other health care worker to override an output of
23 the artificial intelligence or clinical decision support system is a
24 superseding cause severing the defendant’s liability for the alleged
25 harm.

26 (c) This section does not limit or preclude a defendant from
27 presenting either of the following:

28 (1) Any other affirmative defense, including evidence relevant
29 to causation or foreseeability.

(2) Other evidence relevant to the comparative fault of any other person or entity.

SEC. 2. Section 1339.76 is added to the Health and Safety Code, to read:

1339.76. (a) A health facility, clinic, physician's office, or office of a group practice that uses or deploys a covered tool for patient care shall disclose required information, described in subdivision (b), to any licensed health care professional or other person using a covered tool or viewing outputs from a covered tool.

(b) Required information under subdivision (a) shall include all of the following:

(1) Details on the covered tool, including developer, funding source, any foundation model used, and description of output.

(2) Intended use of the covered tool, including intended patient population, intended users, and intended decisionmaking role.

(3) Cautioned out-of-scope use of the covered tool, including known risks and limitations.

(4) List of the inputs into the covered tool.

(5) Description of how the covered tool generates outputs.

(6) Development details of the covered tool, including, but not limited to, all of the following:

(A) Description of the training set or clinical research underlying recommendations, including demographic representativeness and known biases based on protected characteristics.

(B) Description of the relevance of training data to deployed setting.

(C) Process used to ensure fairness in development of the intervention.

(7) Description of the validation process.

(8) Qualitative measures of performance.

(9) Description of ongoing maintenance of intervention implementation and use.

(10) Description of updates and continued validation or fairness assessment process.

(11) Notice that health care entities and developers are liable for harm that results from the use of artificial intelligence in patient care.

(12) Notice that a worker providing direct patient care is permitted to override the output of a covered tool if, in the

1 judgment of the worker acting in their scope of practice, such an
2 override is appropriate for the patient, or as necessary to comply
3 with applicable law, including civil rights law.

4 (c) (1) A disclosure made pursuant to this section shall be
5 provided at the time the licensed health care professional or other
6 person uses the covered tool or views any recommendation or
7 output generated by the covered tool.

8 (2) The disclosure shall be provided in plain language to, and
9 linked in the health record of, any patient whose care was affected
10 by the output of the covered tool or whose health information was
11 used as an input to the covered tool.

12 (3) The disclosure shall be provided with ample time for the
13 licensed health care professional or other person to review and
14 make reasoned decisions based on their professional judgment on
15 whether and how to use the covered tool.

16 (d) (1) A violation of this section by a licensed health facility
17 is subject to the enforcement mechanisms described in Article 4
18 (commencing with Section 1290) of Chapter 2.

19 (2) A violation of this section by a licensed clinic is subject to
20 the enforcement mechanisms described in Article 4 (commencing
21 with Section 1235) of Chapter 1.

22 (3) A violation of this section by a physician is subject to the
23 jurisdiction of the Medical Board of California or the Osteopathic
24 Medical Board of California, as appropriate.

25 (4) A violation of this section constitutes “unfair competition”
26 as defined in Section 17200 of the Business and Professions Code
27 and is punishable as prescribed in Chapter 5 (commencing with
28 Section 17200) of Part 2 of Division 7 of the Business and
29 Professions Code.

30 (e) For purposes of this section, the following definitions shall
31 apply:

32 (1) “Artificial intelligence” means an engineered or
33 machine-based system that varies in its level of autonomy and that
34 can, for explicit or implicit objectives, infer from the input it
35 receives how to generate outputs that can influence physical or
36 virtual environments.

37 (2) “Clinic” has the same meaning as defined in Section 1200.

38 (3) “Clinical decision support system” means a computerized
39 system or tool that does both of the following:

(A) Supports decisionmaking related to patient care based on algorithms, or models, based in clinical practice guidelines or that derive relationships from training data, including such algorithms or models that are developed using unsupervised learning models.

(B) Produces an output that results in a prediction, classification, recommendation, evaluation, or analysis.

(4) “Covered tool” means artificial intelligence or a clinical decision support system.

(5) “Health facility” has the same meaning as defined in Section 1250.

(6) “Office of a group practice” has the same meaning as defined in Section 1339.75.

(7) “Patient clinical information” has the same meaning as defined in Section 1339.75.

(8) “Physician’s office” has the same meaning as defined in Section 1339.75.

SEC. 3. Article 2.7 (commencing with Section 2820) is added to Chapter 2 of Division 3 of the Labor Code, to read:

Article 2.7. Health Information Technology: Worker Rights

2820. For the purposes of this article, the following definitions shall apply:

(a) “Artificial intelligence” means an engineered or machine-based system that varies in its level of autonomy and that can, for explicit or implicit objectives, infer from the input it receives how to generate outputs that can influence physical or virtual environments.

(b) “Clinical decision support system” means a computerized system or tool that does both of the following:

(A) Supports decisionmaking related to patient care based on algorithms, or models, based in clinical practice guidelines or that derive relationships from training data, including such algorithms or models that are developed using unsupervised learning models.

(B) Produces an output that results in a prediction, classification, recommendation, evaluation, or analysis.

(c) “Technology” means scientific hardware or software, including artificial intelligence and clinical decision support systems, used to achieve a medical or nursing care objective at a health facility.

1 2821. (a) It is the public policy of the State of California that
2 a worker providing direct patient care be free to use their
3 professional judgment to make assessments and decisions within
4 their scope of practice as appropriate for their patients.

5 (b) It is the public policy of the State of California that a worker
6 providing direct patient care should not be penalized for relying
7 in good faith on technology that the licensed health care
8 professional's employer has selected or approved for their use in
9 patient care.

10 (c) An employer shall not use or deploy technology to replace
11 or limit a worker's use of professional judgment in patient care.

12 (d) An employer shall not retaliate or discriminate against a
13 worker providing direct patient care based on both of the following:

14 (1) The worker's override of, or request to override, the output
15 of technology if, in the judgment of the worker acting in their scope
16 of practice, such an override is appropriate for the patient, or as
17 necessary to comply with applicable law, including civil rights
18 law.

19 (2) The worker's compliance with the output of technology if
20 the technology was provided or approved by the worker's employer
21 for patient care.

22 (e) A worker who is subject to retaliation or discrimination in
23 violation of this article has the right under this article to file a
24 complaint with the Labor Commissioner against an employer who
25 retaliates or discriminates against the worker.

26 SEC. 4. No reimbursement is required by this act pursuant to
27 Section 6 of Article XIII B of the California Constitution because
28 the only costs that may be incurred by a local agency or school
29 district will be incurred because this act creates a new crime or
30 infraction, eliminates a crime or infraction, or changes the penalty
31 for a crime or infraction, within the meaning of Section 17556 of
32 the Government Code, or changes the definition of a crime within
33 the meaning of Section 6 of Article XIII B of the California
34 Constitution.

2026 Bill Analysis

Author: Assembly Member Liz Ortega	Bill Number: AB 2575	Related Bills:
Sponsor:	Version: Introduced	
Subject: Health care services: artificial intelligence		

SUMMARY

This bill would establish new requirements governing the use of artificial intelligence (AI) and clinical decision support tools in patient care. It would require health care entities to disclose detailed information about AI tools to health care professionals and ensure that workers may override AI-generated outputs based on their professional judgment. The bill would prohibit employers from limiting a worker's clinical judgment or retaliating against workers for overriding or relying on AI tools in good faith. Additionally, the bill would expand civil liability by prohibiting AI developers or users from asserting that a provider's failure to override AI output is a superseding cause of harm.

RECOMMENDATION

Staff Recommendation: Board of Psychology (Board) staff recommends the Board take the position of **SUPPORT** on AB 2575.

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

REASON FOR THE BILL

According to the author, the increasing use of artificial intelligence in health care presents risks if technology is used to replace or override professional judgment. The author asserts that health care workers must retain the ability to make independent clinical decisions and should not face retaliation for exercising that judgment. The bill is intended to promote transparency in AI use, ensure accountability for harm caused by AI systems, and protect both patients and health care workers in clinical settings.

ANALYSIS**Overview of Key Provisions**

The bill establishes a comprehensive framework regulating the use of artificial intelligence and clinical decision support systems in health care settings, including:

- Disclosure requirements for AI tools used in patient care
- Protection of clinical judgment and override authority
- Prohibition of employer retaliation
- Expansion of civil liability related to AI use

Impact on Scope of Practice and Clinical Judgment

The bill reinforces that licensed health care professionals retain authority to exercise independent clinical judgment and may override AI-generated recommendations when appropriate. For psychologists, this aligns with existing standards requiring independent assessment, diagnosis, and treatment planning. The bill supports professional autonomy but may also create expectations regarding how psychologists evaluate and document decisions when using AI-supported tools.

Disclosure and Compliance Requirements

The bill requires extensive disclosures about AI tools, including:

- Development, training data, and bias considerations
- Intended use and limitations
- Performance and validation
- Liability notices

These requirements are primarily imposed on health care entities, but licensed professionals may be indirectly impacted, particularly if they are required to interpret or rely on these disclosures in clinical decision-making.

Workforce and Employment Protections

The bill establishes worker protections, including, prohibiting employers from limiting professional judgment, prohibiting retaliation related to AI use decisions, allowing complaints to the Labor Commissioner.

Access to Care

The bill may improve patient safety and equity by requiring transparency regarding AI bias and limitations. However, the bill does not directly address access to care or workforce shortages and may increase compliance burdens on health care entities.

LEGISLATIVE HISTORY

No directly comparable legislation has been identified; however, recent legislative efforts in California have addressed AI transparency and accountability across sectors, including health care and consumer protection.

OTHER STATES' INFORMATION

Not applicable at this time.

PROGRAM BACKGROUND

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

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

FISCAL IMPACT

This bill is not expected to have a direct fiscal impact on the Board, as enforcement responsibilities are primarily assigned to health facility regulators and physician licensing boards.

ECONOMIC IMPACT

Not applicable at this time.

LEGAL IMPACT

The bill significantly impacts civil liability by limiting defenses related to AI use and may influence malpractice litigation involving health care providers. It also establishes new legal standards regarding the role of professional judgment in AI-assisted care.

APPOINTMENTS

Not applicable at this time.

SUPPORT/OPPOSITION

Not applicable at this time.

Support:**Opposition:****ARGUMENTS**

Not applicable at this time.

Proponents:**Opponents:**

AMENDMENTS

Not applicable at this time.

MEMORANDUM

DATE	May 4, 2026
TO	Psychology Board Members
FROM	Cynthia Whitney, Central Services Manager
SUBJECT	Agenda Item 13(e)(2) - AB 1979 (Bonta) Health care services: artificial intelligence

Background

Assembly Bill 1979 (AB 1979) was introduced on February 13, 2026, by Assembly Member Mia Bonta.

Existing law requires a health facility, clinic, physician's office, or office of a group practice that uses generative artificial intelligence to generate written or verbal patient communications pertaining to patient clinical information, as defined, to ensure that those communications include both a disclaimer that indicates to the patient that a communication was generated by generative artificial intelligence, as specified, and clear instructions describing how a patient may contact a human health care provider, employee, or other appropriate person, except as specified

AB 1979 would require specified health facilities, including physician's offices, to ensure that no clinical decision is based solely on the output of a clinical decision support system, as defined. These facilities would be prohibited from using artificial intelligence to guide or supervise unlicensed personnel in performing any function that requires a professional license. Licensing boards may pursue an injunction or restraining order for practicing health care without a license.

This bill is relevant to the Board of Psychology (Board) because it has the potential to increase the Board's enforcement workload by increasing complaint referrals to the Division of Investigation (DOI) and increasing use of experts.

AB 1979 will likely increase complaint volume and increase the number of cases the Board refers to the DOI to gather records, interview witnesses, and reconstruct AI-related workflows and decision points. It will also increase expert costs/time to evaluate

whether the conduct involved professional judgment or licensed functions and to interpret technical documentation.

Action Requested

Board staff recommends the Board take a position of **SUPPORT**

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

Attachment #2: Bill Analysis

AMENDED IN ASSEMBLY APRIL 23, 2026

AMENDED IN ASSEMBLY APRIL 9, 2026

AMENDED IN ASSEMBLY MARCH 19, 2026

AMENDED IN ASSEMBLY MARCH 16, 2026

CALIFORNIA LEGISLATURE—2025–26 REGULAR SESSION

ASSEMBLY BILL

No. 1979

Introduced by Assembly Member Bonta

February 13, 2026

An act to amend ~~Section~~ *Sections 56.05 and 56.06* of the Civil Code, and to add Section 1339.77 to the Health and Safety Code, relating to health care services.

LEGISLATIVE COUNSEL'S DIGEST

AB 1979, as amended, Bonta. Health care services: artificial intelligence.

(1) The Confidentiality of Medical Information Act (CMIA) prohibits a provider of health care, a health care service plan, a contractor, or a corporation and its subsidiaries and affiliates from intentionally sharing, selling, using for marketing, or otherwise using any medical information, as defined, for any purpose not necessary to provide health care services to a patient, except as provided. ~~The CMIA makes a business that offers software or hardware to consumers, including a mobile application or other related device that is designed to maintain medical information in order to make the information available to an individual or a provider of health care at the request of the individual or a provider of health care, for purposes of allowing the individual to manage the individual's information or for the diagnosis, treatment, or management of a medical~~

~~condition of the individual, a provider of health care subject to the requirements of the CMIA. Existing law deems a business that offers a mental health digital service or reproductive or sexual health digital service to a consumer for the purpose of allowing the individual to manage the individual's information, or for the diagnosis, treatment, or management of a medical condition of the individual, to be a provider of health care subject to the requirements of the CMIA.~~

~~The bill would clarify that “manage the individual's information” includes the ability to query their medical history, summarize doctor's notes, or organize lab results. additionally deem a business that offers a healthcare chatbot, as defined, to a consumer for the above-described purposes to be a provider of health care subject to the requirements of the CMIA.~~

(2) Existing law provides for the licensure and regulation of health facilities and clinics by the State Department of Public Health. Existing law generally makes a violation of these provisions a crime. Existing law requires a health facility, clinic, physician's office, or office of a group practice that uses generative artificial intelligence to generate written or verbal patient communications pertaining to patient clinical information, as defined, to ensure that those communications include both a disclaimer that indicates to the patient that a communication was generated by generative artificial intelligence, as specified, and clear instructions describing how a patient may contact a human health care provider, employee, or other appropriate person, except as specified.

~~This bill would prohibit require a health facility, clinic, physician's office, or office or a group practice from using or deploying a tool, system, or device that includes artificial intelligence to replace the use of professional judgment by a licensed health care professional, as specified, and would prohibit the use of artificial intelligence to direct, guide, supervise, or instruct unlicensed personnel in performing any function that requires a professional license. to ensure that no clinical decision, as specified, is based solely on the output of a clinical decision support system, as defined, and that a licensed health care professional exercises independent professional judgment when reviewing and approving a clinical decision that is based on the output of a clinical decision support system.~~ The bill would authorize the appropriate professional licensing board to pursue an injunction or restraining order to enforce these provisions to the extent that a violation constitutes the practice of a health care profession without a license. The bill would specify that these provisions do not prohibit the use of artificial

intelligence for documentation and communication that does not involve the application of professional judgment, including automated messages to inform patients of updates to their health records. By placing new requirements on health facilities and clinics, this bill would expand the scope of a crime and would impose a state-mandated local program.

(3) The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

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

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

1 SECTION 1. Section 56.05 of the Civil Code is amended to
2 read:
3 56.05. For purposes of this part:
4 (a) “Artificial intelligence” has the same meaning as that term
5 is defined in Section 1339.75 of the Health and Safety Code.
6 ~~(a)~~
7 (b) “Authorization” means permission granted in accordance
8 with Section 56.11 or 56.21 for the disclosure of medical
9 information.
10 ~~(b)~~
11 (c) “Authorized recipient” means a person who is authorized to
12 receive medical information pursuant to Section 56.10 or 56.20.
13 ~~(c)~~
14 (d) “Confidential communications request” means a request by
15 a subscriber or enrollee that health care service plan
16 communications containing medical information be communicated
17 to them at a specific mail or email address or specific telephone
18 number, as designated by the subscriber or enrollee.
19 ~~(d)~~
20 (e) “Contractor” means a person or entity that is a medical group,
21 independent practice association, pharmaceutical benefits manager,
22 or a medical service organization and is not a health care service
23 plan or provider of health care. “Contractor” does not include
24 insurance institutions as defined in subdivision (k) of Section
25 791.02 of the Insurance Code or pharmaceutical benefits managers

1 licensed pursuant to the Knox-Keene Health Care Service Plan
2 Act of 1975 (Chapter 2.2 (commencing with Section 1340) of
3 Division 2 of the Health and Safety Code).

4 ~~(e)~~

5 *(f) “Enrollee” has the same meaning as that term is defined in*
6 *Section 1345 of the Health and Safety Code.*

7 ~~(f)~~

8 *(g) “Expiration date or event” means a specified date or an*
9 *occurrence relating to the individual to whom the medical*
10 *information pertains or the purpose of the use or disclosure, after*
11 *which the provider of health care, health care service plan,*
12 *pharmaceutical company, or contractor is no longer authorized to*
13 *disclose the medical information.*

14 *(h) “Generative artificial intelligence” has the same meaning*
15 *as that term is defined in Section 1339.75 of the Health and Safety*
16 *Code.*

17 *(i) “Healthcare chatbot” means a generative artificial*
18 *intelligence system with a natural language interface that provides*
19 *adaptive, human-like responses to user inputs, collects healthcare*
20 *chatbot information from a consumer, is marketed as facilitating*
21 *mental or physical health services to a consumer, and uses the*
22 *information to facilitate mental or physical health services to a*
23 *consumer.*

24 *(j) “Healthcare chatbot information” means information related*
25 *to a consumer’s physical or mental health or wellness that is*
26 *provided to, inferred by, or generated by a healthcare chatbot.*

27 ~~(g)~~

28 *(k) “Health care service plan” means an entity regulated pursuant*
29 *to the Knox-Keene Health Care Service Plan Act of 1975 (Chapter*
30 *2.2 (commencing with Section 1340) of Division 2 of the Health*
31 *and Safety Code).*

32 ~~(h)~~

33 *(l) “Licensed health care professional” means a person licensed*
34 *or certified pursuant to Division 2 (commencing with Section 500)*
35 *of the Business and Professions Code, the Osteopathic Initiative*
36 *Act or the Chiropractic Initiative Act, or Division 2.5 (commencing*
37 *with Section 1797) of the Health and Safety Code.*

38 ~~(i)~~

1 (m) “Marketing” means to make a communication about a
2 product or service that encourages recipients of the communication
3 to purchase or use the product or service.

4 “Marketing” does not include any of the following:

5 (1) Communications made orally or in writing for which the
6 communicator does not receive direct or indirect remuneration,
7 including, but not limited to, gifts, fees, payments, subsidies, or
8 other economic benefits, from a third party for making the
9 communication.

10 (2) Communications made to current enrollees solely for the
11 purpose of describing a provider’s participation in an existing
12 health care provider network or health plan network of a
13 Knox-Keene licensed health plan to which the enrollees already
14 subscribe; communications made to current enrollees solely for
15 the purpose of describing if, and the extent to which, a product or
16 service, or payment for a product or service, is provided by a
17 provider, contractor, or plan or included in a plan of benefits of a
18 Knox-Keene licensed health plan to which the enrollees already
19 subscribe; or communications made to plan enrollees describing
20 the availability of more cost-effective pharmaceuticals.

21 (3) Communications that are tailored to the circumstances of a
22 particular individual to educate or advise the individual about
23 treatment options, and otherwise maintain the individual’s
24 adherence to a prescribed course of medical treatment, as provided
25 in Section 1399.901 of the Health and Safety Code, for a chronic
26 and seriously debilitating or life-threatening condition as defined
27 in subdivisions ~~(d)~~ and ~~(e)~~ (e) and (f) of Section 1367.21 of the
28 Health and Safety Code, if the health care provider, contractor, or
29 health plan receives direct or indirect remuneration, including, but
30 not limited to, gifts, fees, payments, subsidies, or other economic
31 benefits, from a third party for making the communication, if all
32 of the following apply:

33 (A) The individual receiving the communication is notified in
34 the communication in typeface no smaller than 14-point type of
35 the fact that the provider, contractor, or health plan has been
36 remunerated and the source of the remuneration.

37 (B) The individual is provided the opportunity to opt out of
38 receiving future remunerated communications.

39 (C) The communication contains instructions in typeface no
40 smaller than 14-point type describing how the individual can opt

1 out of receiving further communications by calling a toll-free
2 number of the health care provider, contractor, or health plan
3 making the remunerated communications. Further communication
4 shall not be made to an individual who has opted out after 30
5 calendar days from the date the individual makes the opt-out
6 request.

7 (j)

8 (n) (1) “Medical information” means any individually
9 identifiable information, in electronic or physical form, in
10 possession of or derived from a provider of health care, health care
11 service plan, pharmaceutical company, or contractor regarding a
12 patient’s medical history, mental health application information,
13 reproductive or sexual health application information, mental or
14 physical condition, or treatment. “Individually identifiable” means
15 that the medical information includes or contains any element of
16 personal identifying information sufficient to allow identification
17 of the individual, such as the patient’s name, address, electronic
18 mail address, telephone number, or social security number, or other
19 information that, alone or in combination with other publicly
20 available information, reveals the identity of the individual.

21 (2) If individually identifying information regarding immigration
22 status, including current and prior immigration status, or place of
23 birth, is known or collected in electronic or physical form by a
24 provider of health care, health care service plan, pharmaceutical
25 company, or contractor regarding a patient’s medical history, it
26 shall be treated as medical information, as defined in paragraph
27 (1).

28 (k)

29 (o) “Mental health application information” means information
30 related to a consumer’s inferred or diagnosed mental health or
31 substance use disorder, as defined in Section 1374.72 of the Health
32 and Safety Code, collected by a mental health digital service.

33 ~~(l) “Mental health digital service” means a mobile-based~~
34 ~~application or internet website that collects mental health~~
35 ~~application information from a consumer, markets itself as~~
36 ~~facilitating mental health services to a consumer, and uses the~~
37 ~~information to facilitate mental health services to a consumer.~~

38 (p) “Mental health digital service” means a mobile-based
39 application or internet website that collects mental health
40 application information from a consumer, markets itself as

1 *facilitating mental health services to a consumer, and uses the*
2 *information to facilitate mental health services to a consumer.*

3 ~~(m)~~

4 (q) “Patient” means a natural person, whether or not still living,
5 who received health care services from a provider of health care
6 and to whom medical information pertains.

7 ~~(n)~~

8 (r) “Pharmaceutical company” means a company or business,
9 or an agent or representative thereof, that manufactures, sells, or
10 distributes pharmaceuticals, medications, or prescription drugs.
11 “Pharmaceutical company” does not include a pharmaceutical
12 benefits manager, as included in subdivision ~~(e)~~; (e), or a provider
13 of health care.

14 ~~(o)~~

15 (s) “Protected individual” means any adult covered by the
16 subscriber’s health care service plan or a minor who can consent
17 to a health care service without the consent of a parent or legal
18 guardian, pursuant to state or federal law. “Protected individual”
19 does not include an individual that lacks the capacity to give
20 informed consent for health care pursuant to Section 813 of the
21 Probate Code.

22 ~~(p)~~

23 (t) “Provider of health care” means a person licensed or certified
24 pursuant to Division 2 (commencing with Section 500) of the
25 Business and Professions Code; a person licensed pursuant to the
26 Osteopathic Initiative Act or the Chiropractic Initiative Act; a
27 person certified pursuant to Division 2.5 (commencing with Section
28 1797) of the Health and Safety Code; or a clinic, health dispensary,
29 or health facility licensed pursuant to Division 2 (commencing
30 with Section 1200) of the Health and Safety Code. “Provider of
31 health care” does not include insurance institutions as defined in
32 subdivision (k) of Section 791.02 of the Insurance Code.

33 ~~(q)~~

34 (u) “Reproductive or sexual health application information”
35 means information about a consumer’s reproductive health,
36 menstrual cycle, fertility, pregnancy, pregnancy outcome, plans
37 to conceive, or type of sexual activity collected by a reproductive
38 or sexual health digital service, including, but not limited to,
39 information from which one can infer someone’s pregnancy status,

1 menstrual cycle, fertility, hormone levels, birth control use, sexual
2 activity, or gender identity.

3 (r)

4 (v) “Reproductive or sexual health digital service” means a
5 mobile-based application or internet website that collects
6 reproductive or sexual health application information from a
7 consumer, markets itself as facilitating reproductive or sexual
8 health services to a consumer, and uses the information to facilitate
9 reproductive or sexual health services to a consumer.

10 (s)

11 (w) “Sensitive services” means all health care services related
12 to mental or behavioral health, sexual and reproductive health,
13 sexually transmitted infections, substance use disorder,
14 gender-affirming care, and intimate partner violence, and includes
15 services described in Sections 6924, 6925, 6926, 6927, 6928, 6929,
16 and 6930 of the Family Code, and Sections 121020 and 124260
17 of the Health and Safety Code, obtained by a patient at or above
18 the minimum age specified for consenting to the service specified
19 in the section.

20 (t)

21 (x) “Subscriber” has the same meaning as that term is defined
22 in Section 1345 of the Health and Safety Code.

23 (u)

24 (y) “Immigration enforcement” means any and all efforts to
25 investigate, enforce, or assist in the investigation or enforcement
26 of any federal civil immigration law, and also includes any and all
27 efforts to investigate, enforce, or assist in the investigation or
28 enforcement of any federal criminal immigration law that penalizes
29 a person’s presence in, entry or reentry to, or employment in, the
30 United States.

31 **SECTION 1.**

32 *SEC. 2.* Section 56.06 of the Civil Code is amended to read:

33 56.06. (a) Any business organized for the purpose of
34 maintaining medical information in order to make the information
35 available to an individual or to a provider of health care at the
36 request of the individual or a provider of health care, for purposes
37 of allowing the individual to manage the individual’s information,
38 or for the diagnosis and treatment of the individual, shall be deemed
39 to be a provider of health care subject to the requirements of this
40 part. However, this section shall not be construed to make a

1 business specified in this subdivision a provider of health care for
2 purposes of any law other than this part, including laws that
3 specifically incorporate by reference the definitions of this part.

4 (b) ~~(1)~~ Any business that offers software or hardware to
5 consumers, including a mobile application or other related device
6 that is designed to maintain medical information in order to make
7 the information available to an individual or a provider of health
8 care at the request of the individual or a provider of health care,
9 for purposes of allowing the individual to manage the individual's
10 information, or for the diagnosis, treatment, or management of a
11 medical condition of the individual, shall be deemed to be a
12 provider of health care subject to the requirements of this part.
13 However, this section shall not be construed to make a business
14 specified in this subdivision a provider of health care for purposes
15 of any law other than this part, including laws that specifically
16 incorporate by reference the definitions of this part.

17 ~~(2) For the purpose of this subdivision, "manage the individual's~~
18 ~~information" includes the ability to query their medical history,~~
19 ~~summarize doctor's notes, or organize lab results. The amendments~~
20 ~~made to this subdivision by the act adding this subparagraph are~~
21 ~~intended to clarify existing law.~~

22 (c) Any business that is licensed pursuant to Division 10
23 (commencing with Section 26000) of the Business and Professions
24 Code that is authorized to receive or receives identification cards
25 issued pursuant to Section 11362.71 of the Health and Safety Code
26 or information contained in a physician's recommendation issued
27 in accordance with Article 25 (commencing with Section 2525)
28 of Chapter 5 of Division 2 of the Business and Professions Code
29 shall be deemed to be a provider of health care subject to the
30 requirements of this part. However, this section shall not be
31 construed to make a business specified in this subdivision a
32 provider of health care for purposes of any law other than this part,
33 including laws that specifically incorporate by reference the
34 definitions of this part.

35 (d) Any business that offers a mental health digital service to a
36 consumer for the purpose of allowing the individual to manage
37 the individual's information, or for the diagnosis, treatment, or
38 management of a medical condition of the individual, shall be
39 deemed to be a provider of health care subject to the requirements
40 of this part. However, this section shall not be construed to make

1 a business specified in this subdivision a provider of health care
2 for purposes of any law other than this part, including laws that
3 specifically incorporate by reference the definitions of this part.

4 (e) Any business that offers a reproductive or sexual health
5 digital service to a consumer for the purpose of allowing the
6 individual to manage the individual's information, or for the
7 diagnosis, treatment, or management of a medical condition of the
8 individual, shall be deemed to be a provider of health care subject
9 to the requirements of this part. However, this section shall not be
10 construed to make a business specified in this subdivision a
11 provider of health care for purposes of any law other than this part,
12 including, but not limited to, laws that specifically incorporate by
13 reference the definitions of this part.

14 (f) *Any business that offers a healthcare chatbot to a consumer
15 for the purpose of allowing the individual to manage the
16 individual's information, or for the diagnosis, treatment, or
17 management of a medical condition of the individual, shall be
18 deemed to be a provider of health care subject to the requirements
19 of this part. However, this section shall not be construed to make
20 a business specified in this subdivision a provider of health care
21 for purposes of any law other than this part, including laws that
22 specifically incorporate by reference the definitions of this part.*

23 ~~(f)~~

24 (g) Any business described in this section shall maintain the
25 same standards of confidentiality required of a provider of health
26 care with respect to medical information disclosed to the business.

27 ~~(g)~~

28 (h) Any business described in this section is subject to the
29 penalties for improper use and disclosure of medical information
30 prescribed in this part.

31 ~~SEC. 2.~~

32 SEC. 3. Section 1339.77 is added to the Health and Safety
33 Code, to read:

34 1339.77. (a) (1) A health facility, clinic, physician's office,
35 or office of a group practice shall ~~not use or deploy a tool, system,
36 or device that includes artificial intelligence to replace the use of
37 professional judgment by a licensed health care professional in
38 carrying out their duties, including, but not limited to, assessment
39 of patient condition, educating patients and their families
40 concerning the patient's health care problems, including~~

1 ~~postdischarge care, communication between licensed health care~~
2 ~~professionals relating to the handoff of responsibility for a patient,~~
3 ~~and other documentation and communication that requires applying~~
4 ~~professional expertise to an individual patient's health.~~ *ensure that*
5 *no clinical decision is based solely on the output of a clinical*
6 *decision support system.*

7 (2) *A health facility, clinic, physician's office, or office of a*
8 *group practice shall ensure that a licensed health care professional*
9 *exercises independent professional judgment when reviewing and*
10 *approving a clinical decision that is based on the output of a*
11 *clinical decision support system.*

12 (3) *For purposes of this subdivision, "clinical decision"*
13 *includes, but is not limited to, assessment of patient condition,*
14 *education of a patient or their family concerning the patient's*
15 *health care problems, including postdischarge care,*
16 *communication between licensed health care professionals relating*
17 *to the handoff of responsibility for a patient, and other*
18 *documentation and communication that requires the application*
19 *of a licensed health care professional's professional expertise to*
20 *a patient's health.*

21 (b) *A health facility, clinic, physician's office, or office of a*
22 *group practice shall not use or deploy a tool, system, or device*
23 *that includes artificial intelligence to direct, guide, supervise, or*
24 *instruct unlicensed personnel in performing any function that*
25 *requires a professional license.*

26 (c) (1) *A violation of this section by a licensed health facility*
27 *is subject to the enforcement mechanisms described in Article 4*
28 *(commencing with Section 1290) of Chapter 2.*

29 (2) *A violation of this section by a licensed clinic is subject to*
30 *the enforcement mechanisms described in Article 4 (commencing*
31 *with Section 1235) of Chapter 1.*

32 (3) *A violation of this section constitutes "unfair competition"*
33 *as defined in Section 17200 of the Business and Professions Code*
34 *and is punishable as prescribed in Chapter 5 (commencing with*
35 *Section 17200) of Part 2 of Division 7 of the Business and*
36 *Professions Code.*

37 (4) *To the extent that a violation of this section constitutes the*
38 *practice of a health care profession without a license, the*
39 *appropriate health care professional licensing board may pursue*

1 an injunction or restraining order to enforce this section, as
2 authorized by Section 125.5 of the Business and Professions Code.

3 (5) Nothing in this section limits the authority for a health care
4 professional licensing board or enforcement agency to pursue any
5 remedy otherwise authorized under the law.

6 (d) This section does not prohibit the use of artificial intelligence
7 for documentation and communication that does not involve the
8 application of professional judgment, including, but not limited
9 to, automated messages to inform patients of updates to their health
10 records.

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

12 (1) “Artificial intelligence” has the same meaning as defined in
13 Section 1339.75.

14 (2) (A) *“Automated decision system” means a computational*
15 *process derived from machine learning, statistical modeling, data*
16 *analytics, or artificial intelligence that issues simplified output,*
17 *including a score, classification, or recommendation, that is used*
18 *to assist or replace human discretionary decisionmaking and*
19 *materially impacts natural persons.*

20 (B) *“Automated decision system” does not include a spam email*
21 *filter, firewall, antivirus software, identity and access management*
22 *tools, calculator, database, dataset, or other compilation of data.*

23 ~~(2)~~

24 (3) “Clinic” has the same meaning as defined in Section 1200.

25 (4) *“Clinical decision support system” means an automated*
26 *decision system or generative artificial intelligence system whose*
27 *outputs are used to inform clinical decisionmaking with respect*
28 *to the provision, timing, or course of patient care.*

29 (5) *“Generative artificial intelligence” has the same meaning*
30 *as that term is defined in Section 1339.75.*

31 ~~(3)~~

32 (6) “Health care provider” means a person licensed or certified
33 pursuant to Division 2 (commencing with Section 500) of the
34 Business and Professions Code.

35 ~~(4)~~

36 (7) “Health facility” has the same meaning as defined in Section
37 1250.

38 ~~(5)~~

39 (8) “Office of a group practice” has the same meaning as defined
40 in Section 1339.75.

1 ~~(6)~~

2 (9) “Physician’s office” has the same meaning as defined in
3 Section 1339.75.

4 ~~SEC. 3.~~

5 SEC. 4. No reimbursement is required by this act pursuant to
6 Section 6 of Article XIII B of the California Constitution because
7 the only costs that may be incurred by a local agency or school
8 district will be incurred because this act creates a new crime or
9 infraction, eliminates a crime or infraction, or changes the penalty
10 for a crime or infraction, within the meaning of Section 17556 of
11 the Government Code, or changes the definition of a crime within
12 the meaning of Section 6 of Article XIII B of the California
13 Constitution.

2026 Bill Analysis

Author: Assemblymember Mia Bonta	Bill Number: AB 1979	Related Bills:
Sponsor: California Nurses Association	Version: Amended – 04/23/2026	
Subject: Health care services: artificial intelligence		

SUMMARY

This bill would require specified health facilities, including physician's offices, to ensure that no clinical decision is based solely on the output of a clinical decision support system, as defined. These facilities would be prohibited from using artificial intelligence to guide or supervise unlicensed personnel in performing any function that requires a professional license. Licensing boards may pursue an injunction or restraining order for practicing health care without a license.

RECOMMENDATION

Staff Recommendation: Board of Psychology (Board) staff recommends the Board take a position of **SUPPORT**.

REASON FOR THE BILL

According to the author, interest in health care Artificial Intelligence (AI) and Generative AI has grown rapidly, with new applications emerging in medical research, administrative automation, and clinical decision support. Although no single agency is responsible for overseeing healthcare AI, it currently operates within a broader framework of consumer protection laws, healthcare regulations, and new state-level initiatives designed to maximize benefits while minimizing potential risks.

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

ANALYSIS

This bill clarifies under the Confidentiality of Medical Information Act (CMIA) that managing an individual's information included the ability to query their medical history, summarize doctor's notes, or organize lab results. It also prohibits a health facility, clinic, physician's office, or office or a group practice from using or deploying a tool, system, or device that includes AI for any activity requiring the use of professional judgment by a licensed health care professional, and prohibits use of an AI tool to direct, guide, supervise, or instruct unlicensed personnel in performing any function that requires a professional license.

Impact on the Board of Psychology

This bill is likely to increase the Boards jurisdiction's workload by increasing referrals to the Division of Investigation (DOI) and increasing the use of experts.

When a law states that AI cannot be used for tasks that require licensed professional judgment—and cannot direct unlicensed staff to perform licensed work—a complainant does not need to argue ethics or "bad practice" in general terms. Instead, they can cite a specific and clear violation, such as: "AI conducted the clinical assessment," "AI produced clinical guidance," or "AI instructed an unlicensed individual on what to do."

That clarity will likely increase complaint volume and increase the number of matters the Board refers to the DOI to gather records, interview witnesses, and reconstruct AI-related workflows and decision points. It will also increase expert costs/time to evaluate whether the conduct involved professional judgment or licensed functions and to interpret technical documentation.

LEGISLATIVE HISTORY

The bill builds upon Senate Bill 81 (Arreguin) that was approved by the Governor on September 20, 2025.

SB 81 (Arreguín) expands the Confidentiality of Medical Information Act (CMIA), which restricts health care providers, health plans, contractors, and related entities from sharing or using medical information for purposes unrelated to patient care without authorization, except under limited circumstances such as a valid search warrant or court order. Current law makes violations that cause economic loss or personal injury a misdemeanor.

SB 81 broadens the definition of "medical information" to include a person's immigration status—past or present—and place of birth. It also defines "immigration enforcement" to include all efforts to investigate or enforce federal civil or criminal immigration laws. The bill clarifies that disclosures of medical information may only occur pursuant to a valid search warrant issued by a judicial officer or a state or federal court order.

OTHER STATES' INFORMATION

Not applicable at this time.

PROGRAM BACKGROUND

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

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

FISCAL IMPACT

The costs could be substantial depending on the complexity of complaints received. Initial Expert reviews can cost between \$750 and \$2,500, and a 40-hour DOI investigation can cost between \$10,000 and \$20,000, depending on complexity.

ECONOMIC IMPACT

The bill is not expected to have a significant economic impact.

LEGAL IMPACT

The bill does not raise significant legal concerns.

APPOINTMENTS

Not applicable at this time.

SUPPORT/OPPOSITION

Support and opposition is listed below.

Support:

- California Nurses Association
- Consumer Watchdog
- California Federation of Labor Unions
- California Peer Watch

Opposition:

- Adventist Health
- California Chamber of Commerce
- California Medical Association
- Civil Justice Association of California
- Connected Health Initiative
- TechNet
- Advanced Medical Technology Association
- America's Physician Groups
- American Telemedicine Association (ATA)
- BIOCOM
- California Association of Health Plans
- California Hospital Association

- California Radiological Society
- EPIC
- Kaiser Permanente
- Lake Elsinore Valley Chamber of Commerce
- Menifee Valley Chamber of Commerce
- Murrietta/Wildomar Chamber of Commerce
- Southwest California Legislative Council
- Temecula Chamber of Commerce

ARGUMENTS

Not applicable at this time.

Proponents:

Opponents:

AMENDMENTS

Not applicable at this time.

MEMORANDUM

DATE	April 24, 2026
TO	Psychology Board Members
FROM	Cynthia Whitney, Central Services Manager
SUBJECT	Agenda Item 15(a-g) – Status Review of Regulations in Development

The following is a list of the Board of Psychology's (Board) regulatory packages, and their status in the rule-making process:

a) **Update on 16 CCR sections 1395.2 – Disciplinary Guidelines and Uniform Standards Related to Substance-Abusing Licensees**

Preparing Regulatory Package	Initial Departmental Review	Notice with OAL and Hearing	Notice of Modified Text and Hearing	Preparation of Final Documentation	Final Departmental Review	Submission to OAL for Review	OAL Approval and Board Implementation

Initial Stage. This phase includes Agency approval for completed initial regulatory package. This phase also includes the public comment period of the proposed regulatory changes.

At its August 18, 2023, meeting, the Board voted to adopt proposed regulatory language amending the Disciplinary Guidelines, which were last amended in April 2015. The Board's vote included amendments to the document incorporated by reference and the addition of uniform standards related to substance-abusing licensees. Following the Board's adoption, the regulatory package underwent multiple reviews by Budget staff and Regulatory Counsel. Budget staff and Regulatory Counsel recommended that the Board review and adopt revised proposed regulatory text and the updated document incorporated by reference.

At the August 22, 2025, meeting, the Board reviewed the revised proposed regulatory text and updated document incorporated by reference and voted to refer the Disciplinary Guidelines to the Enforcement Committee for further review and additional revisions. The revised package was subsequently presented to the Board

at the November 6–7, 2025, Board Meeting. The Board voted to adopt the updated Disciplinary Guidelines.

On March 27, 2026, the regulatory package was approved by Agency and sent to OAL for approval of publishing. The regulatory package was approved for publishing by OAL on April 3, 2026. The 45-public comment period started on April 10th.

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

Preparing Regulatory Package	Initial Departmental Review	Notice with OAL and Hearing	Notice of Modified Text and Hearing	Preparation of Final Documentation	Final Departmental Review	Submission to OAL for Review	OAL Approval and Board Implementation

In 2023, the Board conducted a Barriers to Telehealth survey. The surveys were sent to licensees who provide telehealth services and consumers. As a result of the survey, the Enforcement Committee was asked to review telehealth requirements (including Health Insurance Portability Accountability Act, Business and Professions Code Section 2290.5, and California Code of Regulations section 1396.8) to make sure licensees who are providing telehealth services are in compliance. The Enforcement Committee identified amendments to California Code of Regulations section 1396.8. At the February 27, 2025, Board Meeting, the Board adopted the revised proposed regulatory text.

The 45-day comment period concluded, and no adverse comments were received. The final regulation package was submitted to the Office of Administrative Law (OAL).

This package was approved by OAL on March 25, 2026, and will be effective July 1, 2026.

c) Update on 16 CCR sections 1380.6, 1393, 1396, 1396.1, 1396.2, 1396.4, 1396.5, 1397, 1397.1, 1397.2, 1397.35, 1397.37, 1397.39, 1397.50, 1397.51, 1397.52, 1397.53, 1397.54, 1397.55 - Enforcement Provisions

Preparing Regulatory Package	Initial Departmental Review	Notice with OAL and Hearing	Notice of Modified Text and Hearing	Preparation of Final Documentation	Final Departmental Review	Submission to OAL for Review	OAL Approval and Board Implementation

Production Phase. This phase includes Board-approved text, and collaborative reviews by Board staff, Regulatory Counsel, and Budget staff to prepare the initial documents for submission to the Director and Agency.

In December 2022, the Board's Enforcement Committee and staff completed a comprehensive review of enforcement-related provisions in Business and Professions Code sections 2902 through 2986. The review identified the need for technical and conforming amendments to align the Board's regulations with current statutory language and enforcement practices.

Specifically, the proposed regulatory package would:

- Clarify that the term “licensee” includes both licensed psychologists and registered psychological associates.
- Remove gender-specific terminology and replace it with gender-neutral language.
- Update procedures related to petitions, modifications, and termination of probation to reflect current Board practices.

At its February 2–3, 2023 meeting, the Board voted to adopt the proposed regulatory text. In November 2025, Board staff, Regulatory Counsel, and Budget staff reconvened for a kick-off meeting to establish next steps. At that meeting, it was determined that the Enforcement Unit would review the previously Board-approved proposed text to assess whether updates are necessary. If revisions are warranted, Board staff will amend the proposed text and present to the Board for review.

d) Title 16 CCR sections 1381, 1387, 1387.10, 1388, 1388.6, 1389, and 1389.1 – Applications – Implementation of AB 282

Preparing Regulatory Package	Initial Departmental Review	Notice with OAL and Hearing	Notice of Modified Text and Hearing	Preparation of Final Documentation	Final Departmental Review	Submission to OAL for Review	OAL Approval and Board Implementation

Drafting Phase. This phase includes drafting proposed regulatory text and collaborative reviews by Board staff, Budget staff, and Regulatory Counsel.

On May 19, 2023, the Board approved the statutory and regulatory changes that would implement the Examination for Professional Practice in Psychology (EPPP) part 2 Skills Exam, effective January 1, 2026, along with the Assembly Bill 282 (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 paused the regulatory work related to implementing EPPP Part 2 based on this new development.

Board staff is currently working with Budget and Regulatory Counsel on a standalone regulatory package to implement the mandates of AB 282 and bring it to the Board for review and discussion at the August 22, 2025, Board meeting. With this change, the new anticipated implementation date has been updated to 2027.

Board staff is drafting the proposed text.

e) Title 16 CCR sections 1382, 1382.3-1382.5, and 1397.60.1-1397.70 – Research Psychoanalyst

Preparing Regulatory Package	Initial Departmental Review	Notice with OAL and Hearing	Notice of Modified Text and Hearing	Preparation of Final Documentation	Final Departmental Review	Submission to OAL for Review	OAL Approval and Board Implementation

Drafting Phase. This phase includes drafting proposed regulatory text and collaborative reviews by Board staff, Budget staff, and Regulatory Counsel.

At its May 10, 2024, meeting, the Board voted to adopt the proposed regulatory text for Research Psychoanalysts. At its August 16, 2024, meeting, the Board adopted revised language.

On July 2, 2025, Senate Bill 775 (SB 775)—the Board’s Sunset Bill—incorporated the Board-approved proposed regulatory text, expanding the Board’s authority over Research Psychoanalysts (RPAs) and Student Research Psychoanalysts. The bill also aligned coursework and continuing professional development requirements with those of Psychologists by requiring instruction in human sexuality, child abuse assessment and reporting, and elder and dependent adult abuse assessment for initial applicants. In addition, SB 775 established new one-time coursework requirements and a Continuing Professional Development (CPD) requirement for renewing RPAs.

Following the Governor’s approval of SB 775 on October 13, 2025, Board staff, Regulatory Counsel, and Budget staff reconvened on November 24, 2025, to determine whether additional regulatory amendments were necessary to implement the new coursework and CPD requirements. It was determined that further amendments would be needed to clarify the Board’s authority and operationalize the new training standards. The one-time coursework requirements for child abuse assessment and reporting, suicide risk assessment and intervention, and any additional coursework adopted by the Board (e.g., alcohol and chemical dependency), along with the CPD requirement of 36 hours per two-year renewal period for RPAs, are anticipated to become enforceable on January 1, 2027, for initial applicants and January 1, 2028, for renewing registrants, contingent upon completion of the regulatory process.

Board staff is drafting proposed regulatory text.

f) Title 16 CCR section 1388 – Examinations (TOEFL)

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

Section 100. A “Section 100” rulemaking is a simplified process for making changes without regulatory effect. This process allows an agency to update existing

regulations without completing the full rulemaking procedure required under the Administrative Procedure Act (APA).

On November 4, 2025, the Educational Testing Service (ETS) informed Board staff of updates to the Test of English as a Foreign Language (TOEFL iBT), effective January 21, 2026. ETS is implementing a revised version of the TOEFL iBT and introducing a new score scale, transitioning from the longstanding 0–120 numeric scale to a banded scale ranging from 1.0 to 6.0 in 0.5 increments.

This Section 100 package updates examination regulations to reflect ETS’s revised score scale. The amendments replace references to the prior numeric scale with the corresponding band score used to determine eligibility for extended examination time for applicants requesting accommodation based on English as a second language. Under the updated scoring system, applicants who obtained a score of 85 or below on tests taken before January 21, 2026, or a score of 4.25 or below on tests taken on or after that date, will continue to qualify for time-and-a-half (1.5x) testing time. These revisions are non-substantive and maintain accuracy and clarity in the Board’s regulations.

This Section 100 package was approved by OAL and became effective on March 30, 2026.

g) Title 16 CCR 1397.50 – Citations and Fines for Probation Violations

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

Concept Phase: This phase includes a kick-off meeting to establish production steps, expectations, and timelines for developing proposed regulatory text.

This regulatory package does the following: This regulatory package amends section 1397.50 to expand the Board’s citation and fine authority to include violations of probation terms contained in Board-issued disciplinary orders. The amendments clarify that the Executive Officer or designee may issue a citation, order of abatement, and/or administrative fine when a licensee fails to comply with any condition of probation, and that such citations may be used as an intermediate enforcement tool in addition to, and not in place of, formal disciplinary action. These changes improve enforcement efficiency, promote timely correction of probation violations, and enhance consumer protection by providing the Board with a broader range of responses to non-compliance.

Action Requested:

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

MEMORANDUM

DATE	April 23, 2026
TO	Board Members
FROM	Jonathan Burke Executive Officer
SUBJECT	Agenda Item 17 EPPP Update

Updates

ASPPB attended the February 2026 Board meeting and gave a presentation on the iEPPP development. The iEPPP will be operational in the Fall of 2027. ASPPB has also announced:

- It will be a computer-based exam administered in Pearson testing centers.
- It will be a single-day administration.
- It will include single-best 3- or 4-option multiple-choice, extended multiple-choice, scenario-based question sets, and audio and video portions.
- It will measure competencies across six content domain areas with specific knowledge and skills.
- It will have a pass/fail standard based on a total score.
- Candidates should have completed coursework from a doctoral degree program acceptable to the licensing board/college.
- Candidates should have completed all or most of their required supervised experience, as determined by the licensing board/college.
- On March 12, 2026, ASPPB provided an update to its jurisdictional members regarding upcoming changes to the cost of the Examination for Professional Practice in Psychology (EPPP). ASPPB confirmed that the fee structure will continue to include both Pearson's delivery fee and the ASPPB exam fee.
- The EPPP fee will increase from the current \$600 to \$650 beginning April 1, 2028. In addition, a biannual fee increase tied to the Consumer Price Index (CPI) will take effect beginning April 1, 2030.

The Office of Professional Examination Services (OPES), who oversees examination validity, reliability, and legality for the Department of Consumer Affairs (DCA), has previously presented a cost analysis to develop a California exam to replace the EPPP which was presented at the August 2024 Board meeting. The findings determined the cost to develop a state-exam would be prohibitive. Additionally, if an interim exam were needed to bridge the gap between a state-exam and the EPPP, OPES indicated there is no practical way to implement an interim exam as any exam used would need to go through a review process identical to the review process currently used for the EPPP. The viable choices would be to either use the EPPP until a state-exam is ready or have a gap period where no national exam or equivalent is offered. Candidates would then need to wait to take an exam.

Texas Examination Development

The Texas State Board of Examiners of Psychologists is working to develop its own licensure examination to offer an alternative licensure pathway. Texas intends to continue accepting the EPPP.

- The matter of developing a new examination will be discussed at the Texas Board's May 7th meeting.
- They are developing a Request for Proposal for examination development companies to better understand what development of a new competency exam would require.
- After these discussions they will invite companies to bid to develop a proposal with costs which would be brought to the Texas Legislature in 2027 (the Texas Legislature meets once every two years).
- Throughout this process Texas will be asking stakeholders what the new examination should look like: What is entry level practice?, Can remote proctoring be considered?, What languages should the examination be translated into? How do you test for competency? What are other states requirements?
- The development of the examination will still require approval of the Texas Legislature and is not guaranteed.
- The examination, if approved for development, would not be available until 2029 at the earliest.
- OPES would need to conduct a review for the examination to be accepted in California and this could add additional time before the new exam could be offered for licensure in California.

Timelines of Events in 2025

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

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

ASPPB hosted a third virtual town hall meeting for students and license/certification candidates on September 18, 2025. The Board attended this virtual town hall. Additionally, the Board launched an outreach campaign to its licensees and interested parties. Through social media and distribution lists the Board was able to expand awareness and encourage participation in this virtual town hall.

Additionally, ASPPB conducted a Job Task Analysis of the Practice of Psychology (JTA) to be completed by licensed psychologists which closed on September 29, 2025. The JTA process happens once every seven (7) to 10 years and directly shapes the examination specifications and content used to evaluate the knowledge and skills required for licensure. The Board sent multiple emails and alerts on its social media platforms. ASPPB reported at their Annual Meeting that 25% of all responses were from California licensees.

At the November 2025 Board meeting Board members requested a draft implementation plan be developed by staff to better prepare for implementation and prepare for potential issues. In January 2026 the Executive Officer spoke with ASPPB's Executive Director Dr. Mariann Burnetti-Atwell. At this meeting Dr. Burnetti-Atwell shared:

- A Blueprint based on the JTA will be made public on February 1, 2026. The Blueprint will show what entry level practice areas and domains should be included in the exam. This information will be shared with the training and education community and applicants preparing for licensure.
- The projected cost of the examination should be shared in the first half of 2026.
- Item writing will be conducted in 2026.
- In the first quarter of 2027 beta testing of a sample exam will begin with a committee determining the passing score.
- The IEPPP should launch in the fourth quarter of 2027.

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

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

Attachments:

- A. Letter to ASPPB
- B. Draft Implementation Plan

Action Requested:

This is an informational item.

History of Board Consideration of the EPPP2

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

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

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

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

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

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

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

In August 2018, ASPPB retracted its decision and made the EPPP Part 2 an optional exam for all state boards and proposed incentives for early adopters. Although ASPPB's

announcement clarified that the EPPP Part 2 was now an optional component, it raised concerns regarding whether ASPPB would eventually make the examination mandatory.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Committee Recommendations were as follows:

- 1) To adopt the two-part EPPP exam for licensure for the State of California effective January 1, 2026, to avoid any interruption of service.

- 2) To have staff conduct an analysis of developing a California practice exam to be reported at the Board's Q3 2024 meeting.
- 3) Direct the executive officer to continue to work with ASPPB and communicate any barriers to licensure concerns from the Board.

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

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

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

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

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

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

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

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

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

The law also states, "If a national licensing examination entity approved by the board imposes additional eligibility requirements beyond the completion of academic coursework, the board shall implement a process to verify that an applicant has satisfied those additional eligibility requirements."

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

May 20, 2025

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

Dear Dr. Burnetti-Atwell,

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

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

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

1. Jurisdictional Coordination and Regulatory Impact

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

2. Implementation Timeline and Resource Planning

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

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

3. Transparency in Content Validity and Test Design

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

4. Eligibility and Pass Rate Concerns

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

5. Transition Period for the Integrated EPPP

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

6. Artificial Intelligence (AI) Integration

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

7. Accessibility and Accommodations

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

8. Cost Considerations and Transparency

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

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

9. Stakeholder Engagement and Communication

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

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

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

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

Sincerely,



Lea Tate, PsyD
President, Board of Psychology

cc: Shacunda Rodgers, Vice President
Members of the Board

Potential Changes Needed for California to Implement the Integrated EPPP

1. Regulatory Updates

- **Review eligibility requirements:** The Board would need to review its eligibility requirements to determine when candidates can take the integrated EPPP. ASPPB has indicated that the exam is intended to be taken after internship and before postdoctoral training at one of their Townhall meetings. If the Board chooses to align with this approach, regulatory changes will be required, and regulatory changes typically take two to three years to complete.
- **Transition period:** A transition plan may be needed for applicants who remain eligible for the current EPPP. The Board will need to determine both the grace period and the final cutoff date for accepting applications under the current exam structure. The timing may depend on how long ASPPB continues offering both exams to California candidates.
- **Regulatory package requirements:** The Board will need to update current regulations. It could be a Section 100 to clarify nonsubstantive changes or a full regulatory package. If the EPPP's name is changed to the integrated EPPP, then we would need to make Section 100 changes to reflect the new name. Depending on changes to the registration and eligibility for the integrated EPPP, we may need to update our regulations for initial applications.

2. ASPPB Contract

- **New contract:** Implementing the integrated EPPP will require a new contract with ASPPB. The Board's current contract expires on June 30, 2027, and future contract planning may need to remain flexible until ASPPB provides clearer implementation timelines. Changes to contract would need to be submitted to the Department prior to its expiration and its review process could take up to 60 days.

3. BreEZe System Updates

- **Online system changes:** The BreEZe system would require updates to incorporate the new exam and eligibility requirements. This may include modifying application questions, adjusting internal processing workflows, updating system configurations, and revising interfaces, depending on the final structure of the integrated EPPP.

4. Review by the Office of Professional Examination Services (OPES)

- **Pending evaluation:** OPES must review and evaluate components of the integrated EPPP to fulfill its statutory mandate for periodic examination evaluation. According to OPES, the Occupational Analysis (OA) of psychology practice in California is currently underway. Once the OA is completed, OPES will conduct the National Review during Fiscal Year 2026–2027, comparing the OA-derived description of California psychology practice with the content of the EPPP. This analysis will determine whether the EPPP adequately reflects California practice.

The National Review requires a separate contract between OPES and the Board. OPES anticipates completing the National Review by the end of Fiscal Year 2026-2027, assuming ASPPB provides the necessary information to OPES on schedule. If timelines are met, implementation of the integrated EPPP could begin in Fiscal Year 2027-2028.

5. License Verification/File Transfers Applications

- **Increase in Workload:** There is a likelihood that we may see an increase in License Verification or File Transfer Applications. In the event this additional exam causes a barrier to licensure, Psychological Associates may seek licensure in another state that may not have adopted the new examination requirements.

6. Statutory Changes:

- **Clean Up:** A review of statutes will be needed to see if any changes are needed, an example would be amendments to language surrounding exam eligibility.

7. Outreach Activity:

- The board will need to educate potential applicants of any changes to the licensure requirements. Various ways we provide outreach include advisories, listserv notices, newsletter articles, social media posts (Facebook, X, and LinkedIn), website updates, FAQ's, etc.



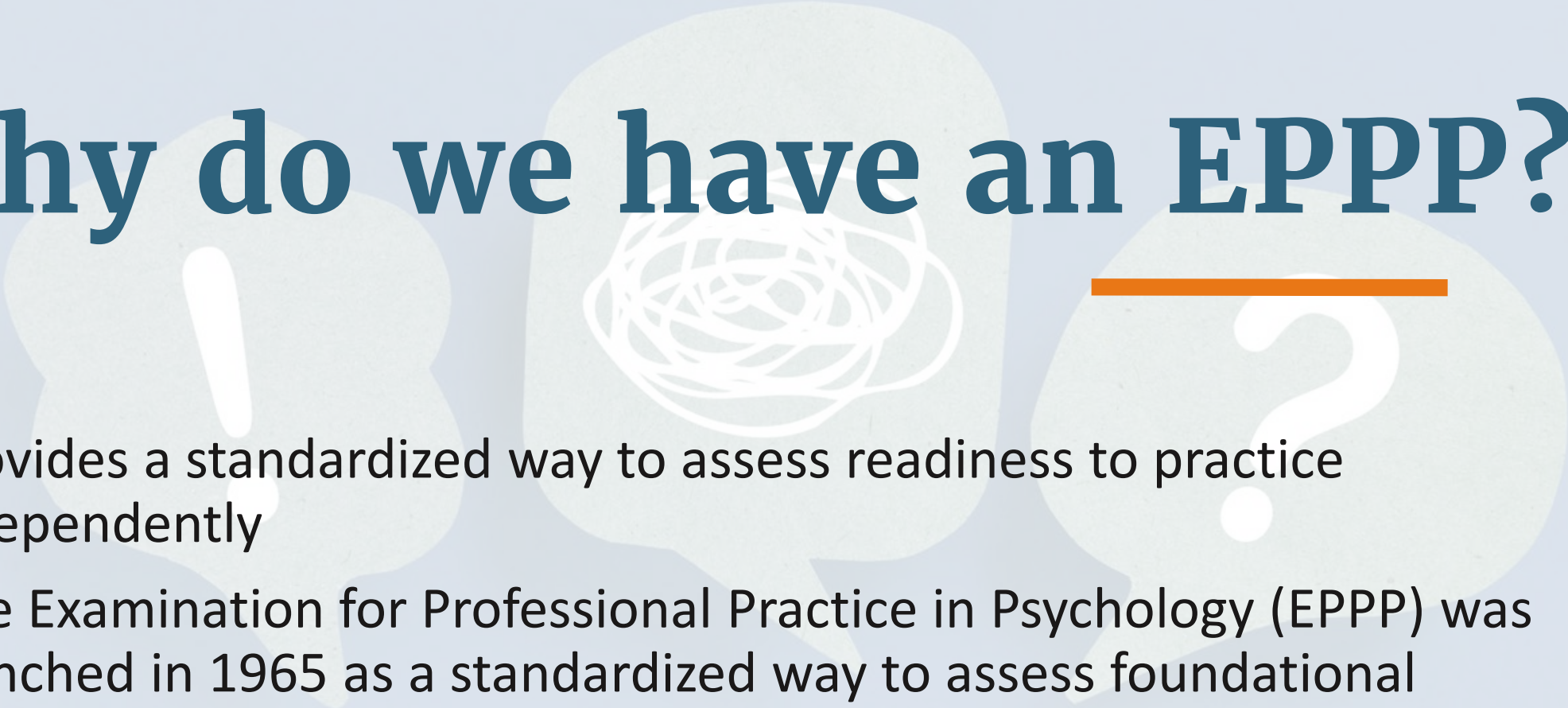
Updates & Open Conversation about the EPPP

Hao Song, PhD

Presentation to California Board of Psychology

February 13, 2026

Why do we have an EPPP?



- Provides a standardized way to assess readiness to practice independently
- The Examination for Professional Practice in Psychology (EPPP) was launched in 1965 as a standardized way to assess foundational knowledge in psychology

Common across all 66 jurisdictions in the USA, Canada, and their territories

Result of efforts of psychologists
across all jurisdictions

Enhances Mobility



Why are changes being made to the EPPP?



- The EPPP is always evolving
- Being competent is more than knowing facts

The larger competence conversation

In the 2000s everyone (educators, trainers, program accreditors, regulators) was talking about how competence is more than knowing facts

How this translated in the regulatory world

- 2008 ASPPB starts developing a skill-based part to the EPPP
- The initial plan: **EPPP (Part 1—Knowledge)** and **EPPP (Part 2- Skills)**
- Concerns about the impact of administering two parts
- The plan is now one integrated exam: **EPPP**

What this move to an integrated EPPP means

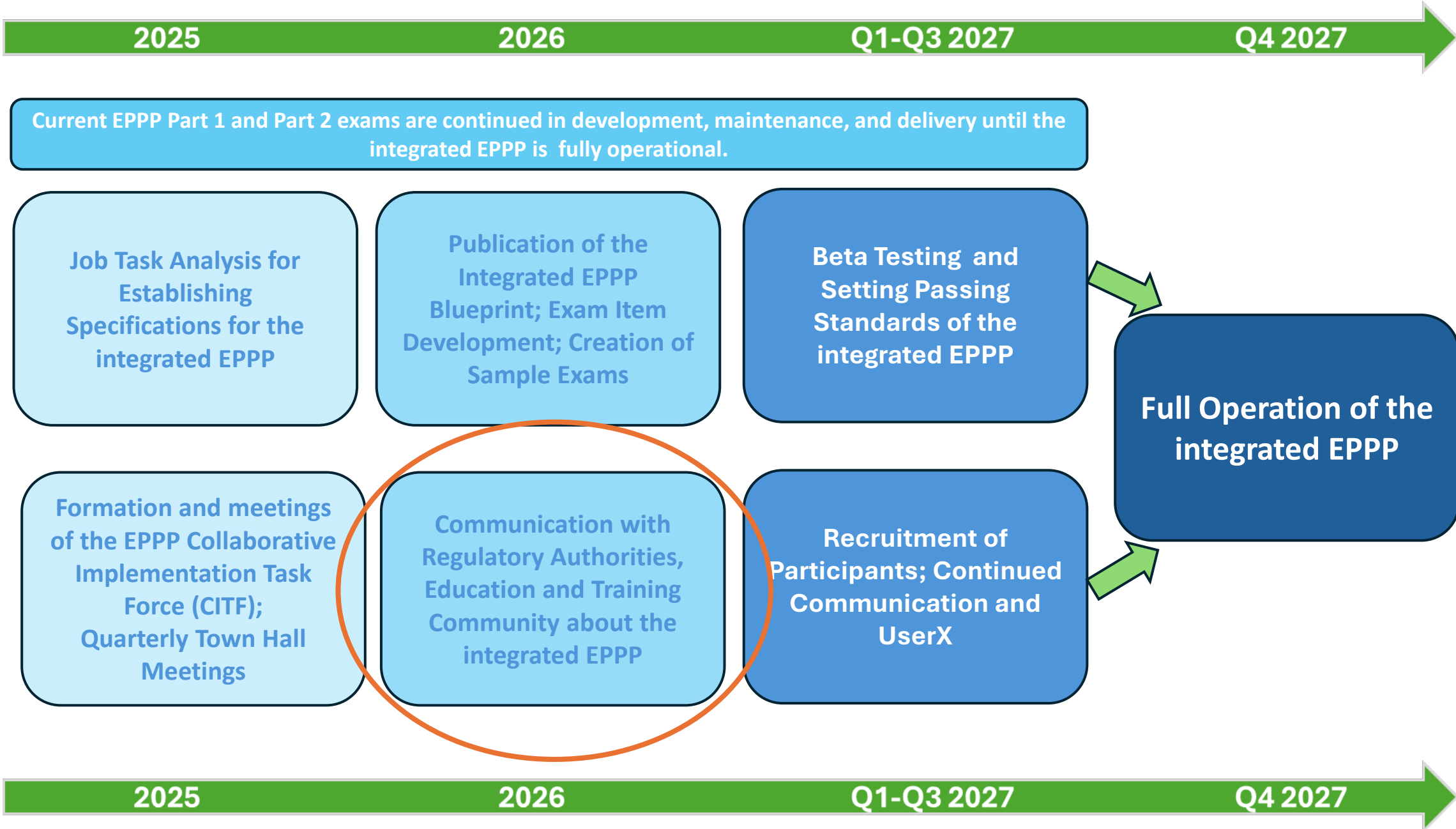
- **It is the EPPP.** The name will not change
- Exam is designed to be **taken in one sitting**
- **Will assess competence** as including both knowledge and skills
- **Will maintain the high standards of test development**, including existing checks and modification processes, integral to the EPPP
- Integrated blueprint is a **true integration, not mechanical stacking**

Questions from *Mr. Burke*

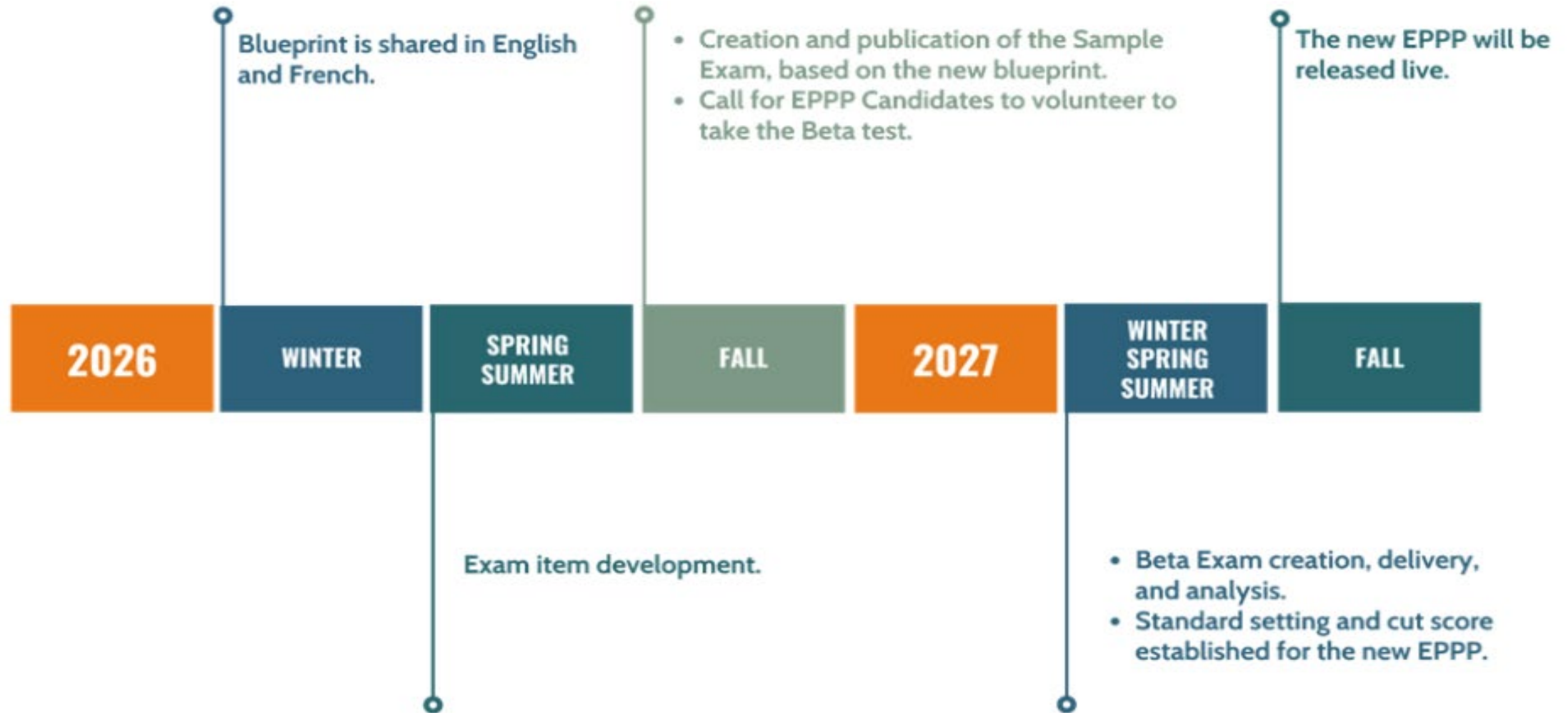
- Development and implementation timeline
- The Blueprint
- Eligibility requirements
- Cost and length of the exam
- Potential alternative ways to take the exam (oral, online remote proctoring)
- Diversity and bias controls in item writing, development, and scoring.

Development and implementation timeline for the integrated EPPP





Development & implementation in 2026-2027



What will the integrated EPPP cover?



- Competencies expected of a psychologist at entry to practice

- Domain

Competency

Knowledge/Skills/Ability



ASPPB Announces Content Specifications for the Examination for Professional Practice in Psychology (EPPP)® Operational in Fall of 2027

Future EPPP Blueprint

Scientific Orientation
to Practice
15%

Assessment
20%

Intervention
20%

Consultation and
Supervision
10%

Interpersonal
Relationships
15%

Ethical and
Professional Practice
20%

EPPP Blueprints

- Always publicly available
- Content domains and knowledge statements/behavioral exemplars in each one
- Relative weighting of content domains

The EPPP Candidate Handbook



EPPP
Candidate
Handbook
Examination for Professional
Practice in Psychology®

January 2026

Appendix A.....	21
Test Specifications / Summary of EPPP (Part 1-Knowledge) Content Areas	
Appendix B.....	25
Sample EPPP (Part 1-Knowledge) Questions	
Appendix C.....	26
Test Specifications / Summary of EPPP (Part 2-Skills) Content Areas	
Competencies and Behavioral Exemplars	
Appendix D	33
Sample EPPP (Part 2-Skills) Questions	33
Appendix E.....	34
Candidate Acknowledgement Statement	34

TEST SPECIFICATIONS / SUMMARY OF EPPP (PART 1-KNOWLEDGE) CONTENT AREAS

The knowledge portion of the EPPP contains 225 items, 175 of which are scored and 50 of which are pretest items and do not count in a Candidate's final score. Each item has four possible responses, only one of which is the correct answer.

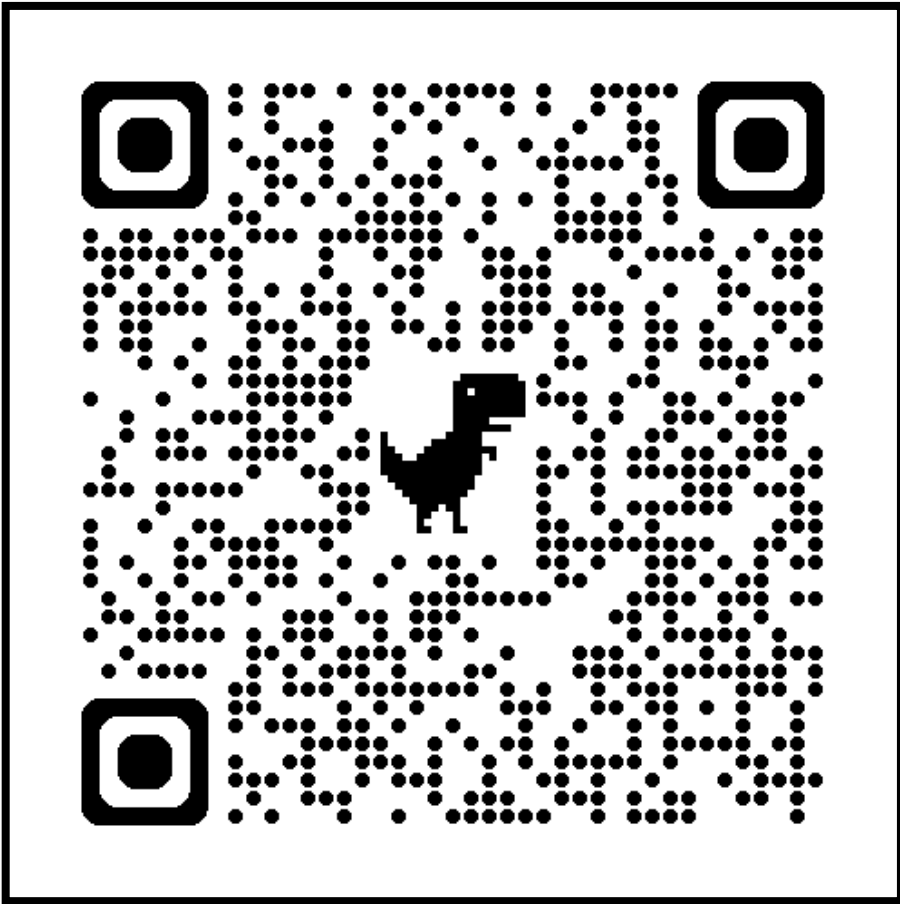
The content areas of the EPPP (Part 1-Knowledge) outlined below are based on the Job Task Analysis that was completed by ASPPB in 2017. This reflects the knowledge base required for the various responsibilities that psychologists are expected to assume in professional practice.

Domain 1. Biological Bases of Behavior (10%)

- KN1. Functional correlates and determinants of the neurobiological and genetic bases of behavior pertaining to perception, cognition, personality, and mood and affect in normal, acute and chronic neurobehavioral disease processes and disease comorbidities
- KN2. Drug classification, mechanisms of action, and desired/adverse effects of therapeutic agents, drugs of abuse, and complementary or alternative agents
- KN3. Results from major trials and general guidelines for pharmacological, psychotherapeutic, and combined treatment of psychological disorders
- KN4. Behavioral genetics, transmission and expression of genetic information and its modification, and the role and limitations of this information in understanding disorders
- KN5. Applications of structural and functional brain imaging methods, electrophysiological methods, therapeutic drug monitoring methods, and genetic screening methodologies, and the evidence for their effectiveness

COMPETENCIES AND BEHAVIORAL EXEMPLARS

Domain		Percentage
Domain 1:	Scientific orientation to practice: This competency domain involves an orientation to the knowledge developed through the science of psychology, including evidence-based practice, as well as a scientific method of looking at and responding to psychological problems. This general competency also involves the knowledge of the core areas of psychology, which will not be assessed by the new competency examination as they are currently well assessed by the Examination for Professional Practice in Psychology (Part 1-Knowledge).	6%
1.1	Select relevant research literature and critically review its assumptions, conceptualization, methodology, interpretation, and generalizability	
1.1.1	Critically evaluate and apply research findings to practice, with attention to its applicability and generalizability	
1.1.2	Interpret and communicate empirical research results in a manner that is easily understood by non-scientific audiences	
1.2	Acquire and disseminate knowledge in accord with scientific and ethical principles	
1.2.1	Critically evaluate the literature relevant to professional practice	
1.2.2	Share psychological knowledge with diverse groups (e.g., students, colleagues, clients, other professionals, the public) within professional settings in an unbiased manner	



<https://asppb.net/exams/asppb-examination-for-professional-psychology-eppp/eppp-handbook/>

Eligibility for the integrated EPPP

Three light green speech bubbles are arranged horizontally behind the title. The first bubble on the left contains a white exclamation mark. The middle bubble contains a white scribble of overlapping lines. The third bubble on the right contains a white question mark. An orange horizontal line is positioned below the title and above the question mark bubble.

Typical Requirements of Psychology Licensing Laws

✓ Education

- In most jurisdictions, a doctoral degree from a program acceptable to the licensing board; at a minimum, a regionally accredited or government-chartered institution.

✓ Experience

- Virtually all jurisdictions require at least 3000 hours of supervised experience, most with at least 1500 of that experience being postdoctoral.

✓ Examinations

- Passing an objective examination that assesses practice-relevant knowledge such as the EPPP is required in all jurisdictions.
- All psychology licensing boards use the passing score recommended for independent practice by ASPPB.
- Some boards require additional written or oral examinations that assess knowledge of local laws and ethics or competence in the intended area of practice.

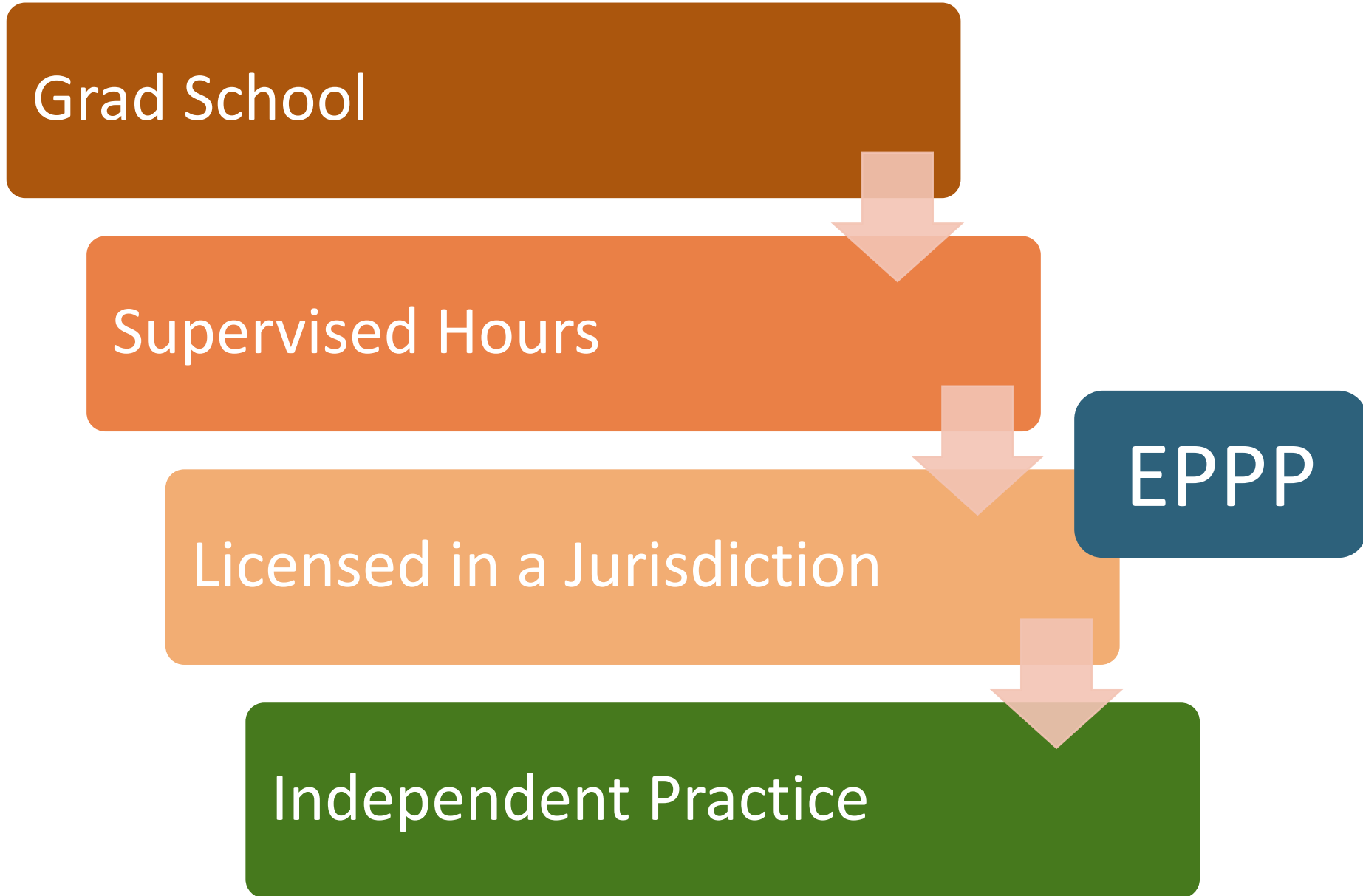
Grad School

Supervised Hours

Licensed in a Jurisdiction

Independent Practice

EPPP



Length and Format of the integrated EPPP

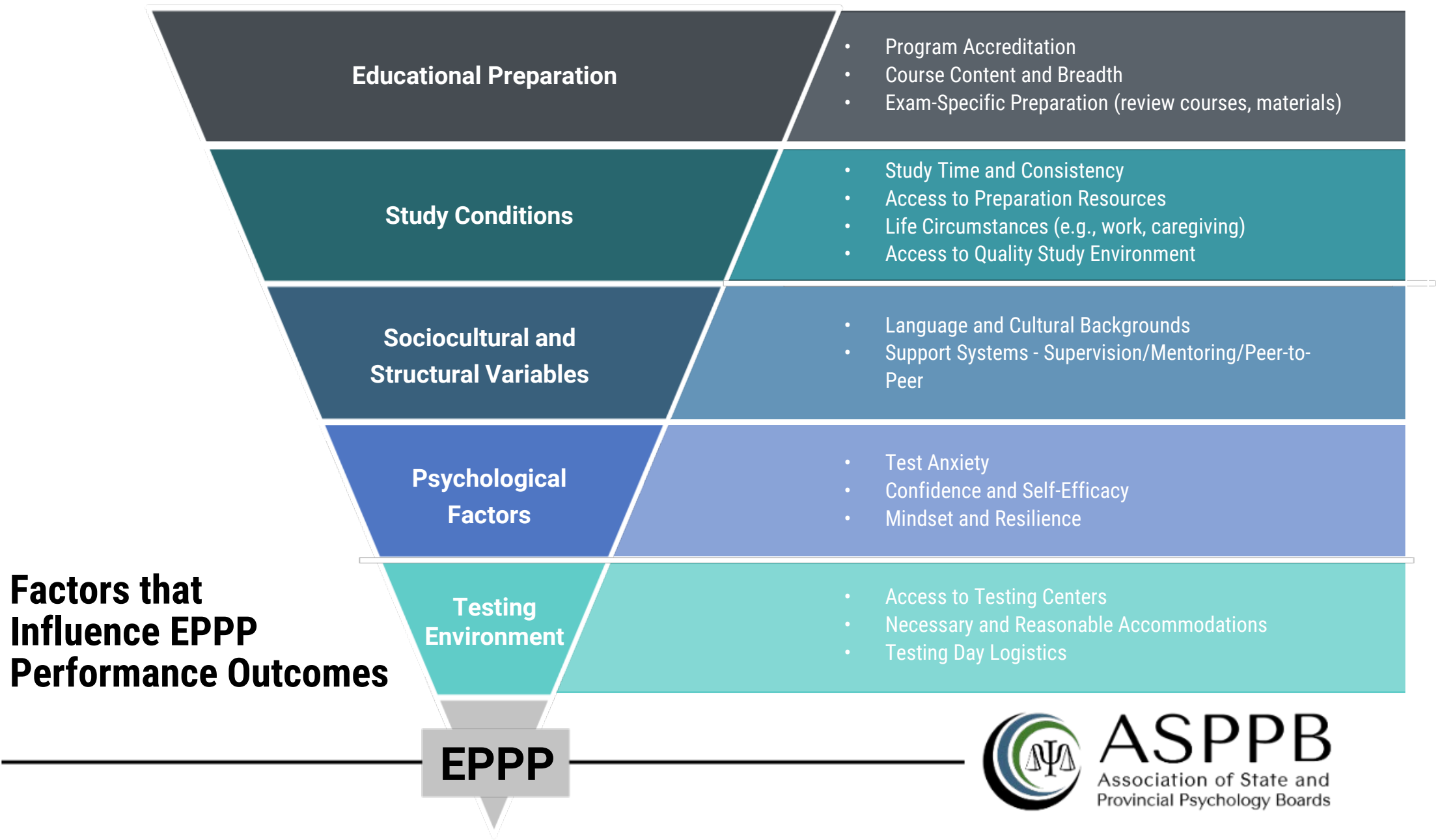
- A computer-based exam administered in Pearson testing centers
- A single-day administration: 5-hour testing + 30-minute break
- The exam will include single-best 3- or 4-option multiple-choice, extended multiple-choice, scenario-based questions with a set of questions, and audio and video portions
- The same number of 175 scored items (plus 40 pretest items) measuring competencies across six content domain areas with specific knowledge and skills
- Will have a pass/fail standard based on an overall score

How will the exam fee be determined?

- Costs part of responsible care in development and maintenance of the Exam
- ASPPB Board of Directors taking into account multiple factors and will decide on the fee using a conservative approach

What factors influence EPPP outcomes?

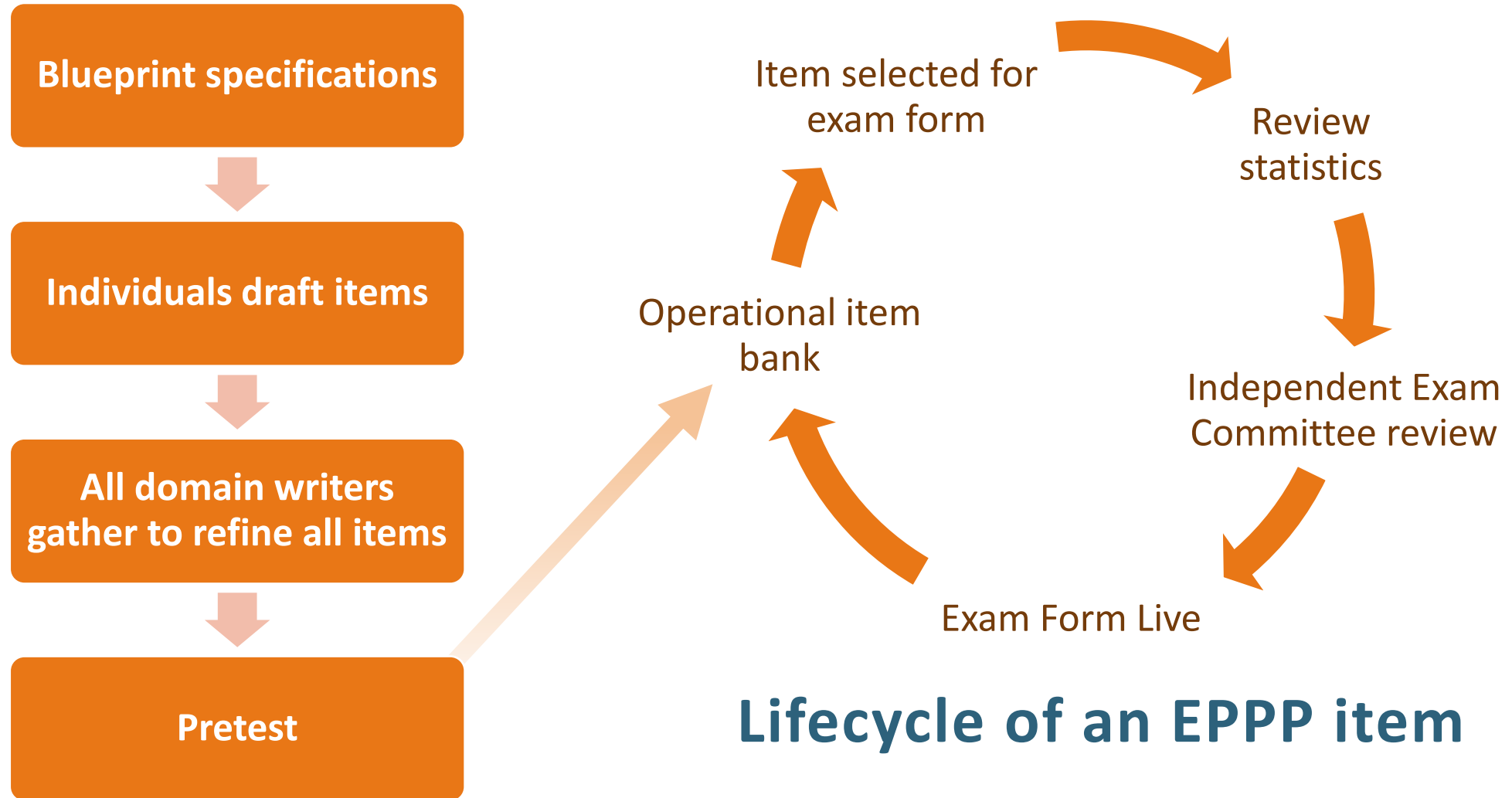




Where do the items come from?

- Iterative process of item development, refinement, and review
- Each domain has a team of psychologists with expertise in that area and training in writing items

Care that goes into crafting an item



Lifecycle of an EPPP item

Blueprint specifications



Individual drafts item



**All domain writers
gather to refine all items**



Pretest

Thousands of practicing psychologists indicate importance and frequency of each task/competency

Each item maps to the blueprint specifications

Refinement by team of item-writers (academics and psychologists) with expertise in the subject area of each domain

No item counts towards a candidate's score until it has been pretested

Who writes the items?



- Humans – psychologists – who care about candidates, protecting the public, and the integrity of this exam



How can we trust that the items relate to what psychologists need to know?

- A Job Task Analysis completed by thousands of psychologists in the US and Canada (20% were from CA) determines the knowledge and skills needed for independent practice
- Exam Blueprint comes from results of the JTA including content areas and percent of exam covered by each domain
- Exam validated in compliance with Standards for Educational and Psychological Testing and industry best practices

Each person who touches an item is considering

- Is the wording clear, e.g., for non-native speakers?
- Is this entry-level knowledge or skills?
- Does this apply across all jurisdictions?
- Is this trailing-edge content?
- Is this free of stereotypes in all aspects?
- Does the item contain content that will be interpreted differently by certain groups?

What is ASPPB doing to minimize bias in the EPPP?



- Rigorous item development and review process to prevent bias
- Item Review Committee (IRC) (since 2021) found very few items showing differential item functioning

Differential performance $\neq$ Bias

- Bias refers to construct underrepresentation or construct-irrelevant components of test scores (AERA, APA & NCME, 2014)
- Published study suggested differential performance on demographic variables (Sharpless, 2019); readers' inference contributes to the bias narrative
- Differential performance could be from impact of many factors
- Additional investigation is needed to determine whether bias exists

Prevention Against Bias

- **Exam Development and Delivery Process**
 - Extensive training and continued discussion for exam volunteers
 - Iterative process helps different eyes catch different aspects of questions
 - Computer randomized delivery of multiple comparable forms
- **Item Review Committee (IRC)**
 - Review and comment on items before putting on the exam as pretest items
 - Blind review all items flagged for differential item performance:
Retain; retain with revision; remove due to possible bias in content or wording

Work Of The Item Review Committee

> 3000 items analyzed

87 flagged

Removed
12

6 favored majority group
6 favored minority group

<0.4% potential bias



Thank you

Additional Questions and Comments

Exams@asppb.org

Content Specifications for the Examination for Professional Practice in Psychology (EPPP)[®] Operational in Fall of 2027 and Forward

	Domain Weight
1. Scientific Orientation to Practice	15%
This competency domain involves an orientation to the application of knowledge developed through the science of psychology. This competency domain includes knowledge and application of research design, statistical analysis, and psychometrics and the ability to critically review published research studies including methodology, interpretation, and generalizability. This competency also requires facility in sharing psychological knowledge in an unbiased manner with diverse groups within professional settings.	
1.A. Demonstrate knowledge of the core areas of psychology and psychopathology	
1.A.1. Biological bases of behavior (e.g., genetics, neurobiology, psychopharmacology, brain imaging)	
1.A.2. Cognitive-affective bases of behavior (e.g., intelligence, learning, memory, motivation, emotion, cognition), including their interrelations or relations with psychosocial factors	
1.A.3. Social and cultural bases of behavior (e.g., social cognition, social interaction or relationships, group or systems processes, personality, cultural or sociopolitical psychology, social status)	
1.A.4. Development and change across the lifespan (e.g., typical and atypical, individual-environment interaction, risk or protective factors), including the influence of diverse identities, family development, life events, disorders, or diseases	
1.A.5. Psychopathology (e.g., evidence-based theories and models of psychopathology, influence on functional abilities)	
1.B. Demonstrate knowledge of research methods, statistics, and analysis	
1.B.1. Sampling, data collection methods, and research designs (e.g., narrative, case, correlational, community-based, quasi-experimental, experimental studies)	
1.B.2. Data analysis methods (e.g., quantitative, qualitative, mixed) and statistical interpretation (e.g., power, effect size, causation vs. association, clinical vs. statistical significance)	
1.C. Critically evaluate and apply research findings	

1.C.1. Critically evaluate research findings (e.g., methodology, interpretation, assumptions, quality of evidence, researcher positionality)

1.C.2. Apply research findings to practice with attention to applicability, generalizability, and limitations (e.g., validity, sample characteristics, transferability)

1.D. Disseminate and communicate psychological knowledge in accordance with scientific principles

1.D.1. Accurately report research findings and other knowledge within professional contexts (e.g., conferences, journals, policy statements)

1.D.2. Disseminate and communicate knowledge with diverse groups (e.g., students, clients, other interdisciplinary professionals, the public) in an easily understandable manner

2. Assessment

20%

This competency domain requires knowledge of psychometric principles and application of this knowledge to the provision of psychological assessment services to the public, including differential diagnosis, application of assessment methods, and communicating results.

2.A. Demonstrate knowledge of psychometric principles and assessment methods

2.A.1. Psychometric principles (e.g., knowledge of item and test characteristics, test construction principles, standardization procedures, reliability, validity, sensitivity, specificity, test fairness, bias)

2.A.2. Assessment methods appropriate for use with individuals, groups, and organizations (e.g., self-reports, multi-informant reports, direct observations, structured and semi-structured interviews, performance measures) and their strengths and limitations

2.A.3. Criteria for the selection and adaptation of assessment methods (e.g., evidence-based knowledge of assessment limitations,

cultural appropriateness, language accommodations, technology assisted measures, telepsychology, accessibility)

2.A.4. Commonly used instruments for the measurement of characteristics and behaviors of individuals, groups, or organizations and their appropriate use

2.B. Integrate client characteristics (e.g., diversity factors) when conducting assessments, differentially diagnosing, and providing feedback and recommendations

2.B.1. Select appropriate instruments and assessment methods, considering the characteristics of the client

2.B.2. Demonstrate a flexible, appropriate, and tailored use of a broad range of assessment methods

2.B.3. Use contextual information (e.g., reason for assessment, possible legal or forensic considerations) when refining working hypotheses

2.B.4. Synthesize client-specific and scientific findings with contextual factors to differentially diagnose and develop conclusions and recommendations

2.B.5. Integrate relevant factors (e.g., base rates, group differences, cultural biases and differences, heuristics, typical growth and development, risk and protective factors) when interpreting assessment findings and making clinical decisions

2.C. Administer, score, and interpret instruments, and synthesize findings across assessment methods, consistent with current guidelines and research

2.C.1. Administer, score, and interpret a range of frequently used standardized assessment instruments based on psychometric properties, available normed data and criterion-referenced standards, and address any limitations in the selection of instruments

2.C.2. Use relevant guidelines in situations requiring non-standard administration, scoring, and interpretation of assessment results

2.C.3. Interpret and synthesize results from various sources (e.g., multiple methods of assessment, written documentation, collateral sources of information) using relevant guidelines and research

2.D. Formulate and communicate diagnoses, recommendations, and professional opinions considering all relevant findings and criteria

- 2.D.1. Distinguish between relevant and non-relevant information as it pertains to assessment goals
- 2.D.2. Apply evidence-based theories or models of psychopathology when formulating diagnoses, recommendations, or professional opinions
- 2.D.3. Use current taxonomies to determine diagnoses
- 2.D.4. Communicate assessment processes and results, recommendations, and professional opinions in an integrative manner to clients, referral sources, and other stakeholders

3. Intervention

20%

This competency domain requires knowledge of treatment, intervention, and prevention, and application of this knowledge to plan, implement, and adapt psychological treatment, intervention, and prevention services to the public.

3.A. Demonstrate knowledge of treatment, intervention, and prevention

- 3.A.1. Evidence-based theories and models of treatment, intervention, and prevention, including treatment techniques and methods across populations
- 3.A.2. Factors related to treatment/intervention decision-making (e.g., relevant research, matching treatments/interventions to assessment/diagnoses, diversity considerations, societal context, cost-benefit analysis, readiness to change, knowledge and use of allied services)
- 3.A.3. Technologies in providing psychological services (e.g., telepsychology, digital therapeutics)

3.B. Plan and implement interventions based on assessment findings, research evidence, context, or the intersection of different systems (e.g., individual, groups, community, societal)

- 3.B.1. Plan and implement treatments/interventions based on assessment findings and research, including evidence for their comparative efficacy and effectiveness
- 3.B.2. Plan and implement treatments/interventions to meet the goals (e.g., positive change, symptom reduction, crisis stabilization,

quality of life) of individuals, couples, families, groups, systems, or organizations

3.B.3. Appropriately integrate client or stakeholder (e.g., family, justice systems, school) opinions, preferences, readiness to change, intervention history, and improvement potential into the treatment/intervention plan

3.B.4. Provide evidence-based rationale for treatment/intervention decisions, recommendations, and opinions to clients or others as indicated

3.C. Adapt and/or change treatments/interventions based on assessment findings, research evidence, context, or the intersection of different systems (e.g., individual, groups, community, societal)

3.C.1. Continually monitor client responses to treatments/interventions

3.C.2. Use relevant factors (e.g., client preferences, responses to treatments/interventions, individual/diversity considerations) to adapt or change treatments/interventions

3.C.3. Explain the rationale for adapting or changing treatment/intervention plan with clients or stakeholders and integrate their input into the updated plan

3.C.4. Evaluate treatment/intervention outcomes.

3.D. Plan and implement prevention strategies based on assessment findings, research evidence, context, or the intersection of different systems (e.g., individual, groups, community, societal)

3.D.1. Plan and implement prevention strategies based on relevant data and research, including evidence for their comparative efficacy and effectiveness, to meet the goals of individuals, couples, families, groups, communities, or organizations

3.D.2. Integrate client and stakeholder opinions, preferences, intervention history, and improvement potential into the prevention plan, and provide evidence-based rationale for prevention strategies, recommendations, and opinions to clients or other stakeholders

3.D.3. Continually assess effectiveness and as needed, modify or change prevention strategies, considering all relevant factors (e.g., client and/or community preferences)

- 3.D.4. Explain rationale for modifying or changing prevention strategies with clients and other stakeholders and integrate their input into an updated plan
- 3.D.5. Evaluate prevention strategy outcomes

4. Consultation and Supervision

10%

This competency domain requires knowledge of consultation and supervision and application of this knowledge to work effectively and ethically both (a) within organizations and systems, and (b) in providing supervision to students, trainees, and other professionals.

4.A. Demonstrate knowledge required for consultation and supervision

- 4.A.1. Consultation models and processes
- 4.A.2. Supervision models and their evidence
- 4.A.3. Consultation and supervision evaluation strategies and techniques (e.g., needs assessment, outcome evaluation, formative and summative evaluation)

4.B. Provide consultation to individuals, organizations, and systems

- 4.B.1. Apply knowledge of organizations and systems to optimize delivery of psychological services
- 4.B.2. Provide consultation based on knowledge of others' professional needs or viewpoints (e.g., diversity factors, societal context)
- 4.B.3. Apply evidence-based psychological theories and decision-making strategies when consulting

4.C. Evaluate services or programs across a variety of contexts

- 4.C.1. Develop, implement, continually monitor, and modify evaluation activities, considering all relevant factors (e.g., stakeholder preferences, logistic limitations, societal context)
- 4.C.2. Communicate evaluation results to stakeholders in an easily understandable manner

4.D. Ensure supervisee awareness of, and compliance with, requirements and procedures of the setting, the profession, and the jurisdiction

- 4.D.1. Provide and implement a supervision plan that details the supervisory relationship and the policies and procedures of supervision (e.g., managing high-risk situations, record keeping, areas of competence)

4.D.2. Communicate with supervisees their responsibilities toward clients (e.g., informed consent, supervisory status)

4.D.3. Monitor supervisee compliance and address situations in which a supervisee does not meet standards and procedures

4.E. Monitor, evaluate, and communicate performance to the supervisee

4.E.1. Regularly provide behaviorally anchored feedback about supervisee strengths and areas that need further development

4.E.2. Ensure that supervisees practice within their current level of training and within their own and the supervisor's areas of competence

5. Interpersonal Relationships

15%

This competency domain requires knowledge of factors affecting interpersonal relationships and application of this knowledge to (a) engage in ongoing, meaningful, and helpful professional relationships, (b) understand and interact appropriately in a variety of diverse cultural and social contexts, and (c) be self-reflective and receive feedback from others.

5.A. Demonstrate knowledge of factors affecting interpersonal relationships

5.A.1. Influence of psychosocial factors (e.g., affective state, personality, racism, sexism, the intersection of individual and societal systems) on cognitions, beliefs, attitudes, values, and behaviors

5.A.2. Interpersonal dynamics (e.g., attraction, aggression, organizational justice, verbal and non-verbal communication, Internet communication, empathy, power differential)

5.A.3. Identity, diversity, and intersectionality (e.g., psychological influence of diversity on identities at the intrapersonal, interpersonal, group, and systems levels)

5.B. Use professional and evidence-based guidelines, observation, feedback, and active self-reflection to influence interpersonal interactions

5.B.1. Engage in ongoing, active self-reflection to enhance self-awareness (e.g., motivation, values, bias, well-being) and integrate this into one's professional practice

5.B.2. Adapt one's professional behavior (e.g., eye contact, speech) based on active self-reflection, guidelines, and an understanding of the influence of social, cultural, or organizational contexts

5.B.3. Identify and address incompatibility or differences (e.g., goals, values, needs, scope of practice, power differential) between the psychologist and others when indicated

5.B.4. Consult with others to examine and address one's reactions and behaviors in relation to others when indicated

5.C. Interact with diverse clients, supervisees, peers, communities, interprofessional teams, and other stakeholders

5.C.1. Engage in respectful, empathic interactions with an awareness of individual, community, and organizational differences

5.C.2. Use culturally appropriate interpersonal skills (e.g., personal distance, use of language) to engage, establish, and maintain collaborative relationships and alliances

5.C.3. Consult and collaborate with relevant stakeholders when engaging with diverse populations or advocating for clients

6. Ethical and Professional Practice

20%

This competency domain requires knowledge of ethical codes and professional standards, the laws and regulations that govern its practice, and application of this knowledge to (a) professional practice and (b) the scope and limit of one's own competence.

6.A. Demonstrate knowledge of ethical and professional issues

6.A.1. Current ethical principles and codes for psychologists (American Psychological Association, Canadian Psychological Association)

6.A.2. Professional standards and relevant guidelines for the practice of psychology (e.g., Standards for Educational and Psychological Testing, telepsychology guidelines)

6.B. Integrate and apply ethical and legal principles in all professional interactions

6.B.1. Practice ethical behavior when working with clients and stakeholders including use of ethical decision-making models and processes to identify and manage potential ethical issues (e.g.,

informed consent, confidentiality, record keeping, multiple roles, use of technology)

6.B.2. Seek professional consultation when appropriate on ethical issues, including questions about one's own professional competence in a specific area of practice

6.B.3. Discuss with peers or colleagues any ethical concerns with their behavior in a timely manner and, if necessary, take appropriate additional action

6.B.4. Identify and address conflicts between legal and ethical issues (e.g., court order, mandated reporting, billing practices) in professional practice

6.B.5. Practice ethical behavior when conducting psychological research and when communicating research findings (e.g., teaching, publications, presentations, media, community feedback)

6.C. Evaluate, identify, and act within the limits of one's competence and professional practice

6.C.1. Engage in ongoing evaluation and identification of one's limits of professional competence and, when necessary, refer to a more appropriate resource (e.g., another professional, peer support, self-help groups, community elder, spiritual or religious leader)

6.C.2. Obtain additional knowledge, training, and supervision when expanding one's scope of practice, including the use of evolving technologies

6.C.3. Engage in ongoing appraisal of areas of professional growth and update knowledge and skills to maintain one's competence

6.C.4. Accept responsibility for one's professional activities and take corrective action when needed

INTRA-AGENCY CONTRACT (IAC) *DRAFT*

PROJECT PLAN

BOARD OF PSYCHOLOGY

PSYCHOLOGIST

OCCUPATIONAL ANALYSIS

FISCAL YEAR TBD

Project Objectives: *Identify critical competencies of psychologists, develop examination outline, produce validation report.*

Completion Date: June 30, 20XX

Board Contact: Name
(916) xxx-xxxx

OPES Contact: Name
(916) xxx-xxxx

MAJOR PROJECT EVENTS	TARGET DATE	RESPONSIBILITY
1. Review Background Information > Review past occupational analyses (OAs) > Review changes in law and practice > Identify emerging trends and considerations > Communicate upcoming OA to psychologists > Collect licensee contact information	Q1(FY1) Q1(FY1) Q1(FY1) Q1(FY1) Q1(FY1)	OPES Board/OPES Board/OPES Board Board
2. Develop Job Content and Structure > Recruit SMEs for interviews > Provide list of SMEs to OPES > Schedule and conduct interviews > Transcribe interview information > Develop preliminary list of task and knowledge statements	Q2(FY1) Q2(FY1) Q2(FY1) Q2(FY1) Q2(FY1)	Board Board OPES OPES OPES
3. Review Task and Knowledge Statements > Recruit SMEs for 2-day workshop > Provide list of SMEs to OPES > Conduct 2-day workshop with SMEs > Revise task and knowledge statements	Q2(FY1) Q2(FY1) Q2(FY1) Q2(FY1)	Board Board OPES/SMEs OPES
4. Review Task and Knowledge Statements > Recruit SMEs for 2-day workshop > Provide list of SMEs to OPES > Conduct 2-day workshop with SMEs > Revise task and knowledge statements	Q2(FY1) Q2(FY1) Q2(FY1) Q2(FY1)	Board Board OPES/SMEs Board
5. Construct and Distribute Pilot Study of Questionnaire > Develop demographic items and rating scales > Review of occupational analysis pilot study > Prepare survey for pilot study > Prepare text for invitation for pilot study and final distribution (presurvey, survey, follow-up) of questionnaire > Prepare announcement of occupational analysis in newsletter or other media > Distribute survey for pilot study to selected participants > Download pilot study data files for analysis	Q2(FY1) Q2(FY1) Q2(FY1) Q2(FY1) Q1(FY1) Q2(FY1) Q2(FY1)	Board/OPES Board/OPES OPES Board Board Board/OPES OPES

INTRA-AGENCY CONTRACT (IAC) *DRAFT*

PROJECT PLAN

BOARD OF PSYCHOLOGY

PSYCHOLOGIST

OCCUPATIONAL ANALYSIS

FISCAL YEAR TBD

Project Objectives: *Identify critical competencies of psychologists, develop examination outline, produce validation report.*

Completion Date: June 30, 20XX

Board Contact: Name
(916) xxx-xxxx

OPES Contact: Name
(916) xxx-xxxx

MAJOR PROJECT EVENTS	TARGET DATE	RESPONSIBILITY
6. Construct and Distribute Final Questionnaire > Prepare draft of final questionnaire > Determine sampling plan > Provide master file of contact information > Prepare final questionnaire > Assemble and distribute questionnaire invitations to participants > Send follow-ups two weeks after distribution of questionnaire	Q3(FY1) Q3(FY1) Q3(FY1) Q3(FY1) Q3(FY1) Q3(FY1)	OPES OPES OPES OPES OPES Board/OPES
7. Analyze Data > Download final questionnaire data files > Convert and merge data files for analysis > Analyze demographics and task and knowledge ratings > Develop preliminary description of practice	Q3(FY1) Q3(FY1) Q3(FY1) Q4(FY1)	OPES OPES OPES OPES
8. Review Results of Occupational Analysis > Recruit SMEs for 2-day workshop > Provide list of SMEs to OPES > Conduct 2-day workshop with SMEs > Develop description of practice	Q4(FY1) Q4(FY1) Q4(FY1) Q4(FY1)	Board Board OPES/SMEs OPES
9. Prepare Validation Report > Prepare draft of validation report > Prepare, print, and submit final validation report	Q4(FY1) Q4(FY1)	OPES OPES

INTRA-AGENCY CONTRACT (IAC) *DRAFT*

**ROLES AND RESPONSIBILITIES
for
CALIFORNIA BOARD OF PSYCHOLOGY
PSYCHOLOGIST
OCCUPATIONAL ANALYSIS
FISCAL YEAR TBD**

INTRODUCTION

The Office of Professional Examination Services (OPES) of the Department of Consumer Affairs (DCA) provides psychometric consulting in examination development and occupational analysis to DCA's regulatory entities through intra-agency contracts (IACs).

An occupational analysis (OA) of a profession is required to determine the most critical tasks and knowledge to be included on a licensure examination. The OA must be conducted before examination development and should be reviewed every 5 years. To ensure legal defensibility, the content of an examination must be based on the results of a current OA.

The OA requires a total of approximately 50 licensed psychologists to serve as expert consultants, also known as subject matter experts (SMEs).

During the information-gathering phase of the project, approximately 10 SMEs will participate in telephone interviews to identify tasks and essential knowledge. Interviews will be conducted as long as new information is being generated.

Workshops will be held to evaluate and refine the task and knowledge statements. Each workshop requires a minimum of 6 SMEs, with a goal of 8–10 SMEs. Some of the SMEs may participate in both interviews and workshops. If 6 SMEs are not available to participate, a workshop may need to be held with fewer SMEs.

A survey based on the interview information will be developed and sent to all or a proportionate sample of individuals licensed as psychologists throughout California.

The results of the survey and the workshops will be compiled into a description of practice and a validation report will be prepared.

ROLE OF THE BOARD OF PSYCHOLOGY

The primary role of the Board of Psychology (Board) is to recruit a representative sample of SMEs to participate in the OA interviews and workshops. It is essential that a Board representative consult with OPES before beginning SME recruitment. When recruiting, the Board should inform SMEs about the nature of their participation and about OPES security and conflict of interest requirements.

The selection of SMEs critically affects the quality and defensibility of a licensure examination. The SMEs selected to participate in an OA workshop should:

- Reflect the psychologists in terms of geographic location, practice specialty area, ethnicity, and gender.
- Be currently working in the field and have up-to-date skills.
- Maintain a license in good standing that is neither retired nor inactive.

Additionally, approximately half of all SMEs in each workshop should have received their license within the past 5 years to ensure that an entry-level perspective is maintained.

The Board agrees to recruit SMEs to build a competent pool of representative, productive participants.

Due to potential conflict of interest, undue influence, security considerations, or all the above, board members, committee members, and instructors will not serve as SMEs for, nor participate in, any aspect of licensure examination development or administration, pursuant to DCA Policy OPES 22-01 Participation in Examination Development Workshops.

In the recruitment process, the Board contacts SMEs and schedules participation in workshops. Certain workshop types may be held remotely if it is in the best interest of the Board, OPES, or SMEs. Workshop format should be discussed and agreed upon by the Board and OPES before recruitment and scheduling. Workshop format can also change due to extenuating circumstances. This can lead to additional communication needs and recruitment efforts.

The Board is also responsible for acquiring any reference materials to be used by the SMEs in the development of the OA.

The nature of the work collaboratively performed under this Contract can result in unanticipated changes. For example, work may be completed ahead of or behind schedule. Flexibility on the part of both parties is essential to the success of this Contract.

ROLE OF THE OFFICE OF PROFESSIONAL EXAMINATION SERVICES

The primary role of OPES is to conduct the OA and to provide to the Board a validation report. OPES will use a content validation strategy to link the job task and knowledge statements directly to critical content areas of practice.

The OA begins with telephone interviews of SMEs who represent different aspects of the profession. During the interviews, SMEs identify categories of work and the tasks performed in each category. SMEs also identify the knowledge necessary to perform each task. OPES transcribes the information from the interviews and develops a preliminary list of task and knowledge statements.

Two panels of SMEs evaluate the task and knowledge statements. OPES then develops a questionnaire based on the task and knowledge statements. The questionnaire asks psychologists to provide demographic information and to rate each task and knowledge statement against job-related criteria.

OPES analyzes the demographic characteristics and questionnaire ratings of all respondents. Two panels of SMEs evaluate the results of the analysis and develop a description of practice.

After each workshop, OPES and Board staff will review the performance of each SME to determine those who should be invited back.

SECURITY

OPES has implemented various controls to ensure the integrity, security, and confidentiality of licensure examination workshops. These controls include prohibiting certain items, such as electronic devices and items that could potentially conceal recording devices, in all workshops.

SMEs are required to:

- Provide valid photo identification.
- Allow their electronic devices to be secured in the reception area during workshops.
- Sign one or more agreements accepting responsibility for maintaining strict confidentiality of licensure examination materials and information to which they have access.

Any person who fails to comply with OPES' security requirements will not be allowed to participate in licensure examination workshops. In addition, any person who subverts or attempts to subvert a licensure examination will face serious consequences, which may include loss of license, criminal charges per Business and Professions (B&P) Code § 123, or both.

OPES will notify the Board of any SME whose conduct during a workshop violates policy or whose presence is disruptive. OPES reserves the right to immediately dismiss any SME whose presence poses a security risk. OPES will take steps to manage disruptive behavior; however, if such behavior persists or prevents other SMEs from completing their tasks, or both, OPES may dismiss the person from the workshop.

SUMMARY OF EVENTS

- The Board recruits a representative group of SMEs for interviews. The Board initiates the process by informing the SMEs that staff from OPES will call them to schedule interviews.
- OPES schedules and interviews SMEs and transcribes the information into a preliminary list of task and knowledge statements.
- The Board recruits two panels of SMEs to evaluate the list of task and knowledge statements. During the workshops, the SMEs work with OPES staff to evaluate the list for technical accuracy, clarity, and consistency. New task and knowledge statements are developed as needed.
- OPES develops an online questionnaire to obtain demographic data and ratings of the task and knowledge statements. The demographic data, such as years of experience and number of hours worked per week, assist in the interpretation of the ratings.
- OPES assists the Board with distributing invitations to complete the online questionnaire to a set of psychologists determined by the Board.
- OPES analyzes the data from the questionnaire.
- The Board recruits one panel of SMEs to review the results of the questionnaire and to develop a description of practice.
- OPES prepares a validation report and submits it to the Board.

INTRA-AGENCY CONTRACT (IAC) **DRAFT**

BOARD OF PSYCHOLOGY

PSYCHOLOGIST

OCCUPATIONAL ANALYSIS COSTS

FISCAL YEAR TBD

	Test Validation Staff				Editor		Support Staff		Totals	GRAND TOTAL
	\$86		OT @ \$122		\$80		\$62			
	Hours	Cost	Hours	Cost	Hours	Cost	Hours	Cost		
1. Review Background Information										\$ 4,128
Review past occupational analysis	8	\$ 688							\$ 688	
Review changes in law and practice	24	\$ 2,064							\$ 2,064	
Identify emerging trends and considerations	16	\$ 1,376							\$ 1,376	
2. Develop Job Content and Structure										\$12,240
Schedule and conduct 10 interviews	48	\$ 4,128							\$ 4,128	
Transcribe interview information	32	\$ 2,752							\$ 2,752	
Develop preliminary list of task and knowledge statements	40	\$ 3,440			24	\$ 1,920			\$ 5,360	
3. Review Task and Knowledge Statements										\$ 6,708
Prepare for 2-day workshop	16	\$ 1,376					2	\$ 124	\$ 1,500	
Conduct 2-day workshop	16	\$ 1,376	4	\$ 488					\$ 1,864	
Revise task and knowledge statements	24	\$ 2,064			16	\$ 1,280			\$ 3,344	
4. Review Task and Knowledge Statements										\$ 6,708
Prepare for 2-day workshop	16	\$ 1,376					2	\$ 124	\$ 1,500	
Conduct 2-day workshop	16	\$ 1,376	4	\$ 488					\$ 1,864	
Revise task and knowledge statements	24	\$ 2,064			16	\$ 1,280			\$ 3,344	
5. Construct and Distribute Pilot Study of Questionnaire										\$10,128
Develop demographic items and rating scales	12	\$ 1,032							\$ 1,032	
Prepare draft of pilot study	24	\$ 2,064			24	\$ 1,920			\$ 3,984	
Prepare final pilot study	12	\$ 1,032			8	\$ 640			\$ 1,672	
Configure survey instrument	24	\$ 2,064							\$ 2,064	
Conduct pilot study	16	\$ 1,376							\$ 1,376	
6. Construct and Distribute Final Questionnaire										\$ 5,504
Determine notification/sampling plan	24	\$ 2,064							\$ 2,064	
Review pilot study results	16	\$ 1,376							\$ 1,376	
Construct questionnaire for final launch	8	\$ 688							\$ 688	
Conduct final questionnaire	16	\$ 1,376							\$ 1,376	
7. Analyze Data										\$ 6,880
Download data files	8	\$ 688							\$ 688	
Convert and merge data files for final analysis	32	\$ 2,752							\$ 2,752	
Analyze demographics, task and knowledge statements	24	\$ 2,064							\$ 2,064	
Develop description of practice	16	\$ 1,376							\$ 1,376	
8. Review Results of Occupational Analysis										\$ 7,396
Prepare for 2-day workshop	16	\$ 1,376					2	\$ 124	\$ 1,500	
Conduct 2-day workshop	16	\$ 1,376	4	\$ 488					\$ 1,864	
Develop description of practice/examination outline	32	\$ 2,752			16	\$ 1,280			\$ 4,032	
9. Prepare Validation Report										\$ 8,064
Prepare draft of report	40	\$ 3,440			24	\$ 1,920			\$ 5,360	
Prepare, print, and submit final validation report	24	\$ 2,064			8	\$ 640			\$ 2,704	
Administrative Support										\$ 6,560
Technical oversight (40 hours @ \$91/hour)									\$ 3,640	
Cost oversight (40 hours @ \$73/hour)									\$ 2,920	
TOTAL	640	\$55,040	12	\$1,464	136	\$10,880	6	\$372		\$74,316

NOTE:

Cost estimates for project do not include SME costs (honorarium)

Board should add SME costs for 32-40 participants (4 workshops x 8-10 participants)

INTRA-AGENCY CONTRACT (IAC) *DRAFT*
PROJECT PLAN
for
BOARD OF PSYCHOLOGY
PSYCHOLOGIST
WRITTEN EXAMINATION DEVELOPMENT *FISCAL*
YEARS TBD AFTER OA

Project Objectives: *Write and review new items, construct two new forms of the California Clinical Psychology Examination, and establish passing score for the two forms of the examination.*

Proposed Completion Date: June 30, 20XX

Board Contact(s): Name
(916) ###-####

OPES Contact(s): Name
(916) ###-####

MAJOR PROJECT EVENTS	TARGET DATE	RESPONSIBILITY
1. Reference Library Development Recruit SMEs for 1/2-day workshop Work with SMEs to select references Conduct one 1/2-day workshop Purchase selected books	Q1(FY2) Q1(FY2) Q1(FY2) Q1(FY2)	Board OPES/SMEs Board Board
2. Item Writing Workshop Recruit SMEs for 2-day workshop Provide list of SMEs to OPES Conduct 2-day workshop with SMEs Perform post-workshop activities	Q1(FY2) Q1(FY2) Q1(FY2) Q1(FY2)	Board Board OPES/SMEs OPES
3. Item Review Workshop Recruit SMEs for 2-day workshop Provide list of SMEs to OPES Conduct 2-day workshop with SMEs Perform post-workshop activities	Q1(FY2) Q1(FY2) Q1(FY2) Q1(FY2)	Board Board OPES/SMEs OPES
4. Item Writing Workshop Recruit SMEs for 2-day workshop Provide list of SMEs to OPES Conduct 2-day workshop with SMEs Perform post-workshop activities	Q2(FY2) Q2(FY2) Q2(FY2) Q2(FY2)	Board Board OPES/SMEs OPES
5. Item Review Workshop Recruit SMEs for 2-day workshop Provide list of SMEs to OPES Conduct 2-day workshop with SMEs Perform post-workshop activities	Q2(FY2) Q2(FY2) Q2(FY2) Q2(FY2)	Board Board OPES/SMEs OPES
6. Item Writing Workshop Recruit SMEs for 2-day workshop Provide list of SMEs to OPES Conduct 2-day workshop with SMEs Perform post-workshop activities	Q2(FY2) Q2(FY2) Q2(FY2) Q2(FY2)	Board Board OPES/SMEs OPES

7. Item Review Workshop Recruit SMEs for 2-day workshop Provide list of SMEs to OPES Conduct 2-day workshop with SMEs Perform post-workshop activities	Q2(FY2) Q2(FY2) Q2(FY2) Q2(FY2)	Board Board OPES/SMEs OPES
8. Item Writing Workshop Recruit SMEs for 2-day workshop Provide list of SMEs to OPES Conduct 2-day workshop with SMEs Perform post-workshop activities	Q3(FY2) Q3(FY2) Q3(FY2) Q3(FY2)	Board Board OPES/SMEs OPES
9. Item Review Workshop Recruit SMEs for 2-day workshop Provide list of SMEs to OPES Conduct 2-day workshop with SMEs Perform post-workshop activities	Q3(FY2) Q3(FY2) Q3(FY2) Q3(FY2)	Board Board OPES/SMEs OPES
10. Examination Construction Workshop Recruit SMEs for 2-day workshop Provide list of SMEs to OPES Conduct 2-day workshop with SMEs Perform post-workshop activities	Q3(FY2) Q3(FY2) Q3(FY2) Q3(FY2)	Board Board OPES/SMEs OPES
11. Passing Score Workshop Recruit SMEs for 2-day workshop Provide list of SMEs to OPES Conduct 2-day workshop with SMEs Analyze data, prepare passing score memo	Q4(FY2) Q4(FY2) Q4(FY2) Q4(FY2)	Board Board OPES/SMEs OPES
12. Passing Score Workshop Recruit SMEs for 2-day workshop Provide list of SMEs to OPES Conduct 2-day workshop with SMEs Analyze data, prepare passing score memo	Q4(FY2) Q4(FY2) Q4(FY2) Q4(FY2)	Board Board OPES/SMEs OPES
13. Beta Testing Recruit SMEs for beta testing Provide list of SMEs to OPES Conduct beta testing with SMEs Analyze beta testing results	Q1(FY3) Q1(FY3) Q1(FY3) Q1FY3	Board Board OPES/SMEs OPES
14. Publish Examination Prepare final copy for one form of examination Prepare examination for CBT Hold candidate results and analyze examination data of first 100 candidates Release candidate scores	Q1(FY3) Q1(FY3) Q1(FY3) Q1(FY3)	OPES OPES OPES Board
15. Examination Construction Workshop Recruit SMEs for 2-day workshop Provide list of SMEs to OPES Conduct 2-day workshop with SMEs Perform post-workshop activities	Q1(FY3) Q2(FY2) Q2(FY2) Q2(FY2)	Board Board OPES/SMEs OPES
16. Passing Score Workshop Recruit SMEs for 2-day workshop Provide list of SMEs to OPES Conduct 2-day workshop with SMEs Analyze data, prepare passing score memo	Q2(FY2) Q2(FY2) Q2(FY2) Q3(FY2)	Board Board OPES/SMEs OPES

17. Passing Score Workshop Recruit SMEs for 2-day workshop Provide list of SMEs to OPES Conduct 2-day workshop with SMEs Analyze data, prepare passing score memo	Q3(FY2) Q3(FY2) Q3(FY2) Q3(FY2)	Board Board OPES/SMEs OPES
14. Publish Examination Prepare final copy for one form of examination Prepare examination for CBT Hold candidate results and analyze examination data of first 100 candidates Release candidate scores	Q3(FY2) Q3(FY2) Q3(FY2) Q1(FY3)	OPES OPES OPES Board

DRAFT

INTRA-AGENCY CONTRACT (IAC) *DRAFT*

ROLES AND RESPONSIBILITIES for

BOARD OF PSYCHOLOGY

PYSCHOLOGIST WRITTEN EXAMINATION DEVELOPMENT

FISCAL YEARS TBD AFTER OA

INTRODUCTION

The Office of Professional Examination Services (OPES) of the Department of Consumer Affairs (DCA) provides psychometric consulting in examination development and occupational analysis to DCA's regulatory entities through intra-agency contracts (IACs).

The purpose of a licensure examination is to identify individuals who have the minimum skills and knowledge to perform job tasks safely and competently. An occupational analysis (OA) of the profession is required to determine the most critical job tasks and knowledge. The OA must be conducted before examination development and be reviewed every 5 years. To ensure legal defensibility, the content of the examination must be based on the results of a current OA.

Examination development is conducted in several workshops and requires a total of 200 (150 workshop SMEs, 50 beta testing SMEs) licensed psychologists to serve as expert consultants, also known as subject matter experts (SMEs). A minimum of 6 SMEs, with a goal of 8–10 SMEs, are needed for each workshop. If 6 SMEs are not available to participate, a workshop may need to be held with fewer SMEs. The SMEs in each workshop should be different to ensure objectivity of the examination development process and to ensure that all aspects of the profession are represented.

The examination development services to be provided will include: reference library development, item writing, item review, examination construction, passing score processes, and beta testing.

ROLE OF THE BOARD OF PSYCHOLOGY

The primary role of the Board of Psychology (Board) is to recruit a representative sample of SMEs for development of the examination. It is essential that a Board representative consult with OPES before beginning SME recruitment. The secondary role of the Board is to inform SMEs about the nature of their participation and about OPES security and conflict of interest requirements.

The selection of SMEs critically affects the quality and defensibility of a licensure examination program. The SMEs selected to participate in an examination development workshop panel should:

- Reflect the psychology in terms of geographic location, practice specialty area, ethnicity, and gender.
- Be currently working in the field and have up-to-date skills.

- Maintain a license in good standing that is neither retired nor inactive.

Additionally, approximately half of all SMEs in each workshop should have received their license within the past 5 years to ensure that an entry-level perspective is maintained.

The Board agrees to recruit SMEs to build a competent pool of representative, productive participants.

Due to potential conflict of interest, undue influence, security considerations, or all the above, board members, committee members, and instructors will not serve as SMEs for, nor participate in, any aspect of licensure examination development or administration, pursuant to DCA Policy OPES 22-01 Participation in Examination Development Workshops.

In the recruitment process, the Board contacts SMEs and schedules participation in workshops. Certain workshop types may be held remotely if it is in the best interest of the Board, OPES, or SMEs. Workshop format should be discussed and agreed upon by the Board and OPES before recruitment and scheduling. Workshop format can also change due to extenuating circumstances. This can lead to additional communication needs and recruitment efforts.

The Board is also responsible for acquiring any reference materials to be used by the SMEs in the development of examination items.

The nature of the work collaboratively performed under this contract can result in unanticipated changes. For example, work may be completed ahead of or behind schedule. Flexibility on the part of both parties is essential to the success of this agreement.

ROLE OF THE OFFICE OF PROFESSIONAL EXAMINATION SERVICES

The primary role of OPES is to develop the written examination. OPES will link the examination to the results of an OA to ensure the content validity of the examination. During examination development, OPES will work with the SMEs to write items, review items, construct two forms of the examination, and establish passing scores for the two examination forms.

After each workshop, OPES and Board staff will review the performance of each SME to determine those who should be invited back.

SECURITY

OPES has implemented controls to ensure the integrity, security, and confidentiality of licensure examination workshops. These controls include prohibiting certain items, such as electronic devices and items that could potentially conceal recording devices, in all workshops.

SMEs are required to:

- Provide valid photo identification.
- Allow their electronic devices to be secured in the reception area during workshops.
- Sign one or more agreements accepting responsibility for maintaining strict confidentiality of licensure examination materials and information to which they have access.

Any person who fails to comply with OPES' security requirements will not be allowed to participate in licensure examination workshops. In addition, any person who subverts or attempts to subvert a licensure examination will face serious consequences, which may include loss of license, criminal charges per Business and Professions (B&P) Code § 123, or both.

OPES will notify the Board of any SME whose conduct during a workshop violates policy or whose presence is disruptive. OPES reserves the right to immediately dismiss any SME whose presence poses a security risk. OPES will take steps to manage disruptive behavior; however, if such behavior persists or prevents other SMEs from completing their tasks, or both, OPES may dismiss the person from the workshop.

SUMMARY OF EVENTS

- Board recruits one panel of SMEs to identify resources for examination development for one workshop.
- OPES works with SMEs to select references.
- OPES provides the Board with a list of approved references to purchase.
- Board recruits four panels of SMEs to serve as item writers for four workshops.
- OPES works with SMEs to write new items.
- Board recruits four panels of SMEs to serve as item reviewers for four workshops. The reviewers should be different SMEs than the item writers.
- OPES works with SMEs to review items.
- Board recruits two panels of SMEs to select items to construct new examination forms for two workshops.
- OPES works with SMEs to select items to construct the new forms.
- Board recruits four panels of SMEs to serve as judges in four passing score workshops. The SMEs should be different SMEs than the examination construction participants to ensure objectivity of the passing score ratings.
- OPES works with SMEs to establish passing scores. OPES analyzes the ratings and prepares a passing score memo.
- Board recruits one panel of SMEs to participate in the beta testing process. Beta testing will be conducted at various testing centers across California to gather pilot data for the examination.
- OPES works with SMEs to beta test the first form of the examination.
- OPES publishes the examinations.
- Board and OPES hold scores for the first 100 candidates to evaluate the results of the examination.

INTRA-AGENCY CONTRACT AGREEMENT (IAC) *DRAFT*
BOARD OF PSYCHOLOGY
California Psychology Clinical Examination
EXAMINATION DEVELOPMENT COSTS
FISCAL YEARS TBD

[illegible]

10. Exam Construction Workshop										
Prepare for one 2-day workshop	16	\$ 1,376					4	\$ 248	\$ 1,624	
Conduct one 2-day workshop	16	\$ 1,376	4	\$ 488					\$ 1,864	
Perform post workshop activities	8	\$ 688							\$ 688	
Develop examination	24	\$ 2,064			8	\$ 640			\$ 2,704	
										\$ 6,880
11. Passing Score Workshop										
Prepare for one 2-day workshop	8	\$ 688					2	\$ 124	\$ 812	
Conduct one 2-day workshop	16	\$ 1,376	4	\$ 488					\$ 1,864	
Analyze data, prepare report of findings	8	\$ 688							\$ 688	
										\$ 3,364
12. Passing Score Workshop										
Prepare for one 2-day workshop	8	\$ 688					2	\$ 124	\$ 812	
Conduct one 2-day workshop	16	\$ 1,376	4	\$ 488					\$ 1,864	
Analyze data, prepare report of findings	8	\$ 688							\$ 688	
										\$ 3,364
13. Beta Testing										
Prepare for beta testing	40	\$ 3,440							\$ 3,440	
Conduct beta testing	80	\$ 6,880							\$ 6,880	
Analyze beta testing results	40	\$ 3,440							\$ 3,440	
										\$ 13,760
14. Publish Examination										
Prepare final copy of examination	16	\$ 1,376			8	\$ 640			\$ 2,016	
Prepare examination for CBT	12	\$ 1,032							\$ 1,032	
										\$ 3,048
15. Exam Construction Workshop										
Prepare for one 2-day workshop	16	\$ 1,376					4	\$ 248	\$ 1,624	
Conduct one 2-day workshop	16	\$ 1,376	4	\$ 488					\$ 1,864	
Perform post workshop activities	8	\$ 688							\$ 688	
Develop examination	24	\$ 2,064			8	\$ 640			\$ 2,704	
										\$ 6,880
16. Passing Score Workshop										
Prepare for one 2-day workshop	8	\$ 688					2	\$ 124	\$ 812	
Conduct one 2-day workshop	16	\$ 1,376	4	\$ 488					\$ 1,864	
Analyze data, prepare report of findings	8	\$ 688							\$ 688	
										\$ 3,364
17. Passing Score Workshop										
Prepare for one 2-day workshop	8	\$ 688					2	\$ 124	\$ 812	
Conduct one 2-day workshop	16	\$ 1,376	4	\$ 488					\$ 1,864	
Analyze data, prepare report of findings	8	\$ 688							\$ 688	
										\$ 3,364
18. Publish Examination										
Prepare final copy of exam	16	\$ 1,376			8	\$ 640			\$ 2,016	
Prepare examination for CBT	12	\$ 1,032							\$ 1,032	
										\$ 3,048
Administrative Support										
Technical oversight (60 hours @ \$91/hour)									\$ 5,460	
Cost oversight (40 hours @ \$73/hour)									\$ 2,920	
										\$ 8,380
TOTAL	884	\$ 76,024	56	\$ 6,832	96	\$ 7,680	34	\$ 2,108	\$ 101,024	\$ 101,024

NOTE:

Cost estimates for project do not include SME costs (travel, hotel, per diem, honorarium, etc.)

Board should add SME costs for 200 participants (15 workshops x 8-10 participants and 50 beta testing participants)

Board will be responsible for purchasing references which is estimated to cost between \$3,000-\$5,000

May 20, 2025

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

Dear Dr. Burnetti-Atwell,

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

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

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

1. Jurisdictional Coordination and Regulatory Impact

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

2. Implementation Timeline and Resource Planning

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

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

3. Transparency in Content Validity and Test Design

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

4. Eligibility and Pass Rate Concerns

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

5. Transition Period for the Integrated EPPP

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

6. Artificial Intelligence (AI) Integration

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

7. Accessibility and Accommodations

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

8. Cost Considerations and Transparency

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

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

9. Stakeholder Engagement and Communication

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

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

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

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

Sincerely,

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

Lea Tate, PsyD
President, Board of Psychology

cc: Shacunda Rodgers, Vice President
Members of the Board

Potential Changes Needed for California to Implement the Integrated EPPP

1. Regulatory Updates

- **Review eligibility requirements:** The Board would need to review its eligibility requirements to determine when candidates can take the integrated EPPP. ASPPB has indicated that the exam is intended to be taken after internship and before postdoctoral training at one of their Townhall meetings. If the Board chooses to align with this approach, regulatory changes will be required, and regulatory changes typically take two to three years to complete.
- **Transition period:** A transition plan may be needed for applicants who remain eligible for the current EPPP. The Board will need to determine both the grace period and the final cutoff date for accepting applications under the current exam structure. The timing may depend on how long ASPPB continues offering both exams to California candidates.
- **Regulatory package requirements:** The Board will need to update current regulations. It could be a Section 100 to clarify nonsubstantive changes or a full regulatory package. If the EPPP's name is changed to the integrated EPPP, then we would need to make Section 100 changes to reflect the new name. Depending on changes to the registration and eligibility for the integrated EPPP, we may need to update our regulations for initial applications.

2. ASPPB Contract

- **New contract:** Implementing the integrated EPPP will require a new contract with ASPPB. The Board's current contract expires on June 30, 2027, and future contract planning may need to remain flexible until ASPPB provides clearer implementation timelines. Changes to contract would need to be submitted to the Department prior to its expiration and its review process could take up to 60 days.

3. BreEZe System Updates

- **Online system changes:** The BreEZe system would require updates to incorporate the new exam and eligibility requirements. This may include modifying application questions, adjusting internal processing workflows, updating system configurations, and revising interfaces, depending on the final structure of the integrated EPPP.

4. Review by the Office of Professional Examination Services (OPES)

- **Pending evaluation:** OPES must review and evaluate components of the integrated EPPP to fulfill its statutory mandate for periodic examination evaluation. According to OPES, the Occupational Analysis (OA) of psychology practice in California is currently underway. Once the OA is completed, OPES will conduct the National Review during Fiscal Year 2026–2027, comparing the OA-derived description of California psychology practice with the content of the EPPP. This analysis will determine whether the EPPP adequately reflects California practice.

The National Review requires a separate contract between OPES and the Board. OPES anticipates completing the National Review by the end of Fiscal Year 2026-2027, assuming ASPPB provides the necessary information to OPES on schedule. If timelines are met, implementation of the integrated EPPP could begin in Fiscal Year 2027-2028.

5. License Verification/File Transfers Applications

- **Increase in Workload:** There is a likelihood that we may see an increase in License Verification or File Transfer Applications. In the event this addition exam causes a barrier to licensure, Psychological Associates may seek licensure in another state that may not have adopted the new examination requirements.

6. Statutory Changes:

- **Clean Up:** A review of statutes will be needed to see if any changes are needed, an example would be amendments to language surrounding exam eligibility.

7. Outreach Activity:

- The board will need to educate potential applicants of any changes to the licensure requirements. Various ways we provide outreach include advisories, listserv notices, newsletter articles, social media posts (Facebook, X, and LinkedIn), website updates, FAQ's, etc.