California Board of PSYCHOLOGY

1625 North Market Blvd., Suite N-215, Sacramento, CA 95834
T (916) 574-7720 F (916) 574-8672 Toll-Free (866) 503-3221
www.psychology.ca.gov

NOTICE OF IN-PERSON BOARD MEETING AND AGENDA

Friday, August 14, 2026
9:00 a.m. – Completion of Business

Courtyard by Marriott San Diego Airport/Liberty Station
2592 Laning Road
San Diego, CA 92106
(619) 221-1900

Board Members
Lea Tate, Psy.D, President
Shacunda Rodgers, Ph.D, Vice President
Sheryll Casuga, Psy.D, CMPC
Mary Harb Sheets, Ph.D
Seyron Foo, Public Member
Julie Nystrom, Public Member
Ana Rescate, Public Member

Board Staff
Jonathan Burke, Executive Officer
Cynthia Whitney, Central Services Manager
Daniel Phillips, Enforcement Manager
Stephanie Cheung, Licensing Manager
Troy Polk, CPD/Renewals 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 August 7, 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.

Friday, August 14, 2026

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: May 15, 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

7. DCA Update (Board and Bureau Relations)

8. Budget Report (C. Whitney)

9. Enforcement Report (D. Phillips)

10. Licensure Committee Report and Possible Action Related to Any Committee Recommendation (Harb Sheets – Chairperson, Nystrom, Tate)
    a) Licensing Report (M. Xiong)
    b) Examination Report (S. Hansen)
    c) Continuing Professional Development and Renewals Report (T. Polk)
    d) EPPP Update (J. Burke)
    e) Stakeholder Meeting Preparation: Update (S. Cheung)

11. Legislative and Regulatory Affairs Committee Update (Casuga – Chairperson, Rodgers, Vacant)
    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
2) AB 2164 (Bauer-Kahan) Legally protected activities
3) SB 1391 (Wahab) Department of Consumer Affairs: retired category licenses
4) SB 934 (Wiener) Sexual orientation or gender identity change efforts: actions for recovery of damages; statute of limitations
5) AB 2575 (Ortega) Health care services: artificial intelligence
6) AB 1979 (Bonta) Healing arts: reports: claims against licensees

c) Bills Recommended for Board Watch Status – Introduced 2026
1) AB 1568 (Alanis) Sex offenses: registration
2) AB 1775 (Ward) Veterans
3) SB 1146 (Gonzalez) Advertisement claims; health-related consumer products and services: artificial intelligence
4) SB 1159 (Cabaldon) Artificial intelligence: transparency and governance
5) AB 1598 (Quirk-Silva) Behavioral sciences
6) AB 1767 (Berman) Department of Consumer Affairs: public members of boards: conflicts of interest
7) AB 1811 (Rogers) Health professionals

12. 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

13. Status Review of Regulations in Development (S. Casuga)
a) Discussion, Consideration of Comments and Possible Action to Amend California Code of Regulations, Title 16, Section 1395.2 – Disciplinary Guidelines and Uniform Standards Related to Substance-Abusing Licensees
b) 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
c) 16 CCR sections 1381, 1387, 1387.10, 1388, 1388.6, 1389, and 1389.1 – Implementation of AB 282
d) 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
e) 16 CCR section 1397.5 – Citations and Fines for Probation Violations

14. Discussion and Possible Action to Nominate a Delegate(s) to the 2026 ASPPB Annual Meeting

15. 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

16. 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.

17. 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.

18. Adjournment

From: gmtaff[redacted]
To: bopmail@DCA
Subject: Re: Petitions
Date: Saturday, July 25, 2026 10:15:54 AM
Attachments: AlternativeBOPInquiry_PublicComment.docx
BOPPetition_Newsletter.docx

This Message Is From an Untrusted Sender

Warning: This email originated from outside of the organization! Do not click links, open attachments, or reply, unless you recognize the sender's email.

Report Suspicious

Please find attached petitions submitted.

Thank you,

Gina Marie Taffi-Lackey, Ph.D., Psy.D., MACC
[redacted]

Please note I do not check email on Sundays.

Public Comment Submittal & Inquiry Letter

Date: July 31, 2026

To: Executive Officer

California Board of Psychology
1625 North Market Blvd, Suite N-215
Sacramento, CA 95834
Submitted via Email / Public Comment Agenda Request

RE: Public Comment for the Upcoming Board Meeting – Inquiry Regarding Status of the Board Journal and Compliance with Appellate Mandate (*Geffner v. Board of Psychology*, No. B322991)

July 31. 2026

To the Executive Officer and Members of the Board:

I am submitting this formal inquiry and public comment to be addressed during the upcoming public session of the Board of Psychology. This inquiry concerns the multi-quarter cessation of the Board's official e-Newsletter (the *Journal*), which has not seen a published edition since Spring 2025.

For more than a decade, licensees and the public relied on this quarterly publication for critical regulatory updates, disciplinary disclosures, and enforcement summaries. The prolonged absence of this publication raises significant transparency concerns within the psychological community.

Specifically, widespread concern has arisen among California psychologists that the ongoing suspension of the *Journal* is directly tied to an avoidance of publishing high-profile legal outcomes that contradict previous Board enforcement actions. Members of the professional community point directly to the landmark appellate ruling in ***Geffner v. Board of Psychology* (2024) B322991**.

As established by the California Court of Appeal, the Board's previous disciplinary actions against Robert Geffner, Ph.D., were overturned in their entirety. The court explicitly clarified that Dr. Geffner acted within ethical standard boundaries regarding emergency evaluations of minors at risk of self-harm.

Dr. Geffner has stated that the Board of Psychology was legally ordered to officially publish this complete dismissal and reversal. Because a formal dismissal notice has not been generated or distributed via the Board's historical publication channels, the Board stands in functional contempt of that judicial directive. Consequently, Dr. Geffner's matter remains artificially open and active on the public docket purely due to the Board's failure to publish the required notice of vindication.

I request that the Board explicitly address the following questions during the upcoming public meeting:

1. What is the precise operational or policy reason the Board has failed to publish its quarterly e-Newsletter for over a year?

Page 2 - RE: Public Comment for the Upcoming Board Meeting – Inquiry Regarding Status of the Board Journal and Compliance with Appellate Mandate (*Geffner v. Board of Psychology*, No. B322991)

2. When does the Board intend to comply with the judicial directive to officially publish the complete dismissal of the case against Dr. Robert Geffner?

3. Will the case records be completely cleared to reflect the Appellate Court's mandate immediately, rather than keeping the status active pending a publication format change?

Transparency and adherence to judicial orders are foundational to the credibility of this regulatory body. We look forward to a formal response and a clear timeline for the resumption of the Board's publication mandates.

Sincerely,
[Your Name / Credentials] Gina M. Taffi, Ph.D., Psy.D., MACC
[License Number] PSY17070
[Contact Information- email]] drtaffi[redacted]

Emailed signed copy directly to the Board of Psychology at **[**bopmail@dca.ca.gov**]** by July 31, 2026.

August 8, 2026

Jonathan Burke, Executive Officer
California Board of Psychology
1625 N. Market Blvd., Suite N-215
Sacramento, CA 95834

RE: Regulatory Transparency, Newsletter Publication, and Disciplinary Postings

Dear Board President, Board Members and Executive Director,

I am are writing because of a perceived inconsistency in the Board's behavior. This apparent inconsistency is leading to a decline in the credibility of the Board.

The Enforcement Committee at the 5/15/26 quarterly Board meeting suggested that publishing Letters of Reprimand is essential for consumer protection and transparency. Historically, the Board has published e-Newsletters quarterly, but the most recent one was Spring, 2025. The Newsletter is the primary method psychologists receive news on disciplinary actions, ethics, and practice standards.

The *Geffner v. Board of Psychology (*B322991) decision required the Board to dismiss all discipline against Dr. Robert Geffner. Because this case establishes vital legal and ethical parameters for practicing psychologists—particularly regarding emergency risk assessments and parental consent—omitting it from official Board publications limits licensees' access to critical, up-to-date legal knowledge. My understanding is also that the Appellate Court required you to publish the decision.

Although I recognize that many explanations of the delay in publishing this decision are possible, one explanation is that the Board is being inconsistent. It holds psychologists to high standards and publishes deviations from those standards, but the Board is more relaxed with itself.

To address this situation, I recommend that the Board:

1. Resume regular publication of the Board's Newsletter, to include comprehensive updates on recent legal and disciplinary developments, including the Geffner decision.

2. In line with the Board's apparently more relaxed response to its own behavior, reconsider the policy of posting permanent statements about minor deviations from the standard of care.

Thank you for your time and your continued work on behalf of the profession. I look forward to a response regarding how the Board might to address these concerns.

Sincerely,

[Your Name, Title] Gina M. Taffi, Ph.D., Psy.D., MACC
[Your License #) PSY17070
[City, State] Encinitas, CA 92024
[Your email Contact Information] drtaffi[redacted]

Sent to: bopmail@dca.ca.gov

Re: Request to Resume Publication of e-Newsletter

California Board of PSYCHOLOGY

1625 North Market Blvd., Suite N-215, Sacramento, CA 95834
T (916) 574-7720 F (916) 574-8672 Toll-Free (866) 503-3221
www.psychology.ca.gov

MEMORANDUM

DATE	July 20, 2026
TO	Psychology Board Members
FROM	Cynthia Whitney Central Services Manager
SUBJECT	Agenda Item # 4 – Discussion and Possible Approval of the Board Meeting Minutes: May 15, 2026

Background:

Attached are the draft minutes of the May 15, 2026, Board Meeting.

Action Requested:

Review and approve the minutes of the May 15, 2026, Board Meeting.

Attachment #1: Draft Minutes

California Board of PSYCHOLOGY
1625 North Market Blvd., Suite N-215, Sacramento, CA 95834
T (916) 574-7720 F (916) 574-8672 Toll-Free (866) 503-3221
www.psychology.ca.gov

MINUTES OF BOARD MEETING
May 15, 2026

Wright Institute
2728 Durant Avenue, Room 109/110
Berkeley, CA 94704

Board Members Present
Lea Tate, Psy.D, President
Shacunda Rodgers, PhD, Vice President
Sheryll Casuga, PsyD, CMPC
Seyron Foo
Julie Nystrom
Ana Rescate

Board Members Absent
Marisela Cervantes, EdD, MPA
Mary Harb Sheets, PhD

Board Staff
Jonathan Burke, Executive Officer
Cynthia Whitney, Central Services Manager
Daniel Phillips, Enforcement Manager
Troy Polk, Continuing Professional Development/Renewals Coordinator
Mai Xiong, BreEZe Coordinator
Shelley Ganaway, Legal Counsel

Friday, May 15, 2026

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

Dr. Tate called the meeting to order at 9:03 a.m. A quorum was present and due notice had been sent to all interested parties.

Agenda Item #2: President's Welcome

a) Mindfulness Exercise

Dr. Tate made opening remarks and introduced Dr. Rodgers to lead a mindfulness exercise.

Mr. Foo arrived and joined the meeting at 9:17 a.m.

Dr. Tate called for Board comment.

No Board comment was offered.

Dr. Tate called for public comment.

No public comment was offered.

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

Dr. Tate called for public comment.

Dr. Elizabeth Winkelman, California Psychological Association, addressed the Board inquiring when would be an appropriate time to make licensing comments. The Board advised this comment would fall under agenda item 10.
No further public comment was offered.

Agenda Item #4: Discussion and Possible Action to Approve the Board Meeting Minutes: February 13, 2026

Dr. Tate called for Board comment.

(M)Foo(S)Casuga(C) to approve February 13, 2026, Board Meeting minutes.

No further Board comment was offered.

Dr. Tate called for public comment.

No public comment was offered.

Votes
5 ayes (Casuga, Foo, Rescate, Rodgers, Tate), 1 abstain (Nystrom), 0 noes - Motion carries

Agenda Item #5: President's Report

a) Meeting Calendar

Dr. Tate provided the update on this item.

Dr. Tate called for Board comment.

No Board comment was offered.

Dr. Tate called for public comment.

No public comment was offered.

Agenda Item #6: Executive Officer's Report (J. Burke)

Mr. Burke introduced this item, starting on page 24 of the meeting materials.

a) Personnel Update

Mr. Burke commented on Board and staff vacancies.

Dr. Rodgers asked what the difference between Analyst I and Analyst II.

Mr. Burke clarified that Analyst I is the former Staff Services Analyst classification, which is the entry level analyst, and Analyst II is the former Associate Governmental Program Analyst classification, which performs more advanced analytical work.

b) Communications with Other Jurisdictions Regarding Examination Development

Mr. Burke provided that conversations have taken place with counterpart agencies in Illinois, Texas, Nevada, and Utah to discuss artificial intelligence and mental health legislation. We are trying to learn more about how PSYPact enforcement works as part of our Telepsychology Committee that will be reactivated this year.

c) Legislative Analyst's Office February 23, 2026

This item was informational only, and no action was taken.

Mr. Foo asked about the main reasons contributing to the historically high vacancy rates at the California Department of Corrections and Rehabilitation (CDCR).

Mr. Burke speculated the compensation for psychologists within CDCR may not be comparable to compensation in the private sector.

Mr. Foo suggested increasing reimbursement rates to encourage in-state psychologists to pursue careers with CDCR and providing opportunities for in-state probationary licensees to work under appropriate safeguards and monitoring requirements.

Mr. Foo stated that he would appreciate a future update on the matter and suggested inviting CDCR to provide a presentation to the Board of Psychology.

Dr. Casuga asked whether communication occurs between the Board staff, CDCR, and the Legislative Analyst's Office.

Mr. Burke stated that the Board of Psychology had been in contact with psychologists working within CDCR to discuss the item and gather opinions; however, the Board was not contacted by the Legislative Analyst's Office during development of the report and only became aware of it after publication.

No further Board comment was offered.

Dr. Tate called for public comment.

Dr. Susan Swartz commented that a factor contributing to the high vacancy rates at CDCR may be the highly litigious environment, which could create concerns among psychologists regarding risks to their licenses, malpractice insurance costs, and the emotional burden associated with potential lawsuits.

No further public comment was offered.

Agenda Item #7: DCA Update

This item was informational only, and no action was taken.

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

Ms. Saldivar commented DCA expressed appreciation to Board Members for completing their annual Form 700 submissions and for their commitment to transparency and accountability through these disclosure requirements.

Ms. Saldivar announced that DCA relaunched its Enforcement Academy training program, which had not been held since the COVID-19 pandemic.

Ms. Saldivar announced that DCA's Diversity, Equity, Inclusion, and Accessibility (DEIA) Executive Steering Committee selected 15 employees from throughout DCA to serve on the inaugural DEI subcommittee.

Ms. Saldivar mentioned that the upcoming reorganization of DCA's oversight agency would split it into two separate entities effective July 1, 2026.

Ms. Saldivar encouraged Board Members serving in their grace period who are interested in continuing their service on the Board to contact Member Relations.

Mr. Foo asked for a status update regarding the appointment process for a permanent Director of DCA and whether an acting or permanent Secretary would be in place by July 1, 2026, following the reorganization.

Ms. Saldivar stated there were no updates regarding the appointment of a permanent Director for DCA and noted that Acting Director Lally continues to serve in the role while the Governor's office works through the appointment process.

Ms. Saldivar stated that the Secretary for the new agency had recently been appointed and announced, with additional updates to be provided at a future meeting.

Dr. Tate called for public comment.

No public comment was offered.

Agenda Item #8: Budget Report

This item was informational only, and no action was taken.

Mrs. Whitney provided the update on this item, starting on page 26 of the meeting materials.

Dr. Tate called for Board comment.

No Board comment was offered.

Dr. Tate called for public comment.

No public comment was offered.

Agenda Item #9: Enforcement Report

This item was informational only, and no action was taken.

Mr. Phillips provided the update on this item, starting on page 31 of the meeting materials.

Dr. Tate called for Board comment

No Board comment was offered.

Dr. Tate called for public comment.

No public comment was offered.

Agenda Item #10: Licensing Report

This item was informational only, and no action was taken.

Ms. Xiong provided the update on this item, starting on page 34 of the meeting materials.

Dr. Tate called for Board comment

Dr. Rodgers asked how the unit was managing the addition of the new research psychoanalyst and student research psychoanalyst registration types.

Ms. Xiong responded that the new registration types are currently manageable due to the low volume of applications, and the unit has not received many complaints.

Ms. Xiong stated that, at the previous Board Meeting, Stephanie Cheung, Licensing Unit Manager, discussed deficiencies that contribute to application processing delays.

Ms. Xiong encouraged applicants to review the FAQs available on the Board's website and submit sufficient documentation to assist staff with timely processing.

Mr. Foo asked to clarify the purpose of the Psychological Associate (PSB) registration within the broader licensing framework, referencing a written public comment submitted to the Board.

Ms. Xiong explained that the PSB serves as a pathway for trainees to accrue supervised hours, that the Board oversees the registration process, and PSB licensees required to comply with the Board guidelines and regulations.

Mr. Foo asked whether the purpose of the PSB registration is to provide trainees with time to accrue the appropriate supervised hours and take the EPPP, rather than serving as a long-term permission to practice.

Ms. Xiong confirmed that the PSB registration is limited to six years and that extensions may be granted based on the Board's review and approval or denial process.

Mr. Foo asked to provide a high-level overview of the pathways through which extension requests have been approved.

Ms. Xiong explained that if extension requests fall within the staff review guidelines, staff may decide directly; however, requests that fall outside of the guidelines are referred to the Licensure Committee for review and determination during a Licensure Committee Meeting.

Mr. Foo emphasized that the purpose of the PSB registration is to allow individuals to accrue the necessary supervised hours to qualify for the EPPP and stated that the registration should not be viewed as a “mini license.”

No further Board comment was offered.

Dr. Tate called for public comment

Dr. Elizabeth Winkelman, of CPA, thanked Board staff for developing the FAQ regarding Psychological Associates in APA approved internships.

Dr. Winkelman provided background on Assembly Bill 2703 (AB 2703), which was co-sponsored by CPA, supported by the Board of Psychology, and became effective in 2025. There was some confusion upon implementation so the FAQs will be helpful for programs and trainees.

Dr. Michael Changaris, Chief Clinical Training Officer at the Wright Institute, Integrated Health Psychology Training Program, thanked the Board for its support of AB 2703 and noted its importance in expanding access to mental health services in underserved communities across California.

Dr. Changaris noted that uncertainty regarding implementation, reimbursement structures, supervision pathways, and training requirements has created challenges for structured programs seeking to operationalize the law.

Dr. Gilbert Newman, Vice President for Academic Affairs at the Wright Institute and a Board Member of the American Insurance Trust, thanked the Board for continued work safeguarding the integrity in the future of psychology in in California and support of AB 2703.

Dr. Newman stated that AB 2703 has the potential to strengthen California's behavioral health infrastructure while maintaining the rigor and integrity of APA-accredited psychology training programs.

No further public comment was offered.

a) Examinations Report

Ms. Xiong provided the update on this item, starting on page 45 of the meeting materials.

Dr. Tate called for Board comment.

No Board comment was offered.

Dr. Tate called for public comment

No public comment was offered.

Agenda Item #11: Continuing Professional Development and Renewals Report

This item was informational only, and no action was taken.

Mr. Polk provided the update on this item, starting on page 47 of the meeting materials.

Dr. Tate called for Board comment.

Dr. Rodgers asked for an update on the Continuing Professional Development (CPD) model, including feedback from the most recent webinar and how psychologists have responded to the new model.

Mr. Polk reported that feedback received following the CPD webinar was overwhelmingly positive.

Dr. Tate called for public comment

No public comment was offered.

Agenda Item #12: Enforcement Committee Report

Mr. Foo and Mr. Phillips provided the update on this item which begins on Page 1 of Hand Carry Packet #2.

Dr. Rodgers suggested that the Board consider providing additional information on its website regarding the complaint and investigation processes.

Mr. Foo suggested that the Enforcement Unit review the Board's existing information to determine whether additional guidance may be beneficial and report its findings at a future Board Meeting.

Dr. Casuga stated the importance of transparency in the enforcement process and supported providing additional information to the public regarding complaint requirements.

Dr. Casuga suggested using the Board's newsletter to educate consumers about the complaint process, including the importance of providing enough documentation and contact information when submitting complaints.

No further Board comment was offered.

Dr. Tate called for public comment.

Dr. Winkelman expressed support for providing additional information on the Board's website regarding the complaint and investigation process, including timelines and what consumers and psychologists can expect throughout the process.

No further public comment was offered.

Agenda Item #13: Legislative and Regulatory Affairs Committee Update

This item was informational only, and no action was taken.

Mrs. Whitney provided the update on this item, starting on page 54 of the meeting materials.

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

Dr. Casuga called for board comment

No Board comment was offered.

Dr. Casuga called for public comment.

No public comment was offered.

b) Bills with an Active Board Position – Introduced 2026

1) SB 903 (Padilla) Mental health professionals: artificial intelligence

Dr. Casuga called for Board comment.

No Board comment was offered.

Dr. Casuga called for public comment.

Dr. Susan Swartz expressed concern about AI increasingly encroaching on the work of psychologists, particularly using AI-assisted tools that record therapy sessions for documentation and note-taking purposes, and the potential violation of client privacy.

No further public comment was offered.

c) Bills for Board Discussion and Possible Action to Approve the Committee's Recommended Support Position – Introduced 2026

Items 13(c)(1) AB 2140 (Johnson) and 13(c)(4) AB 1558 (Arambula) were not discussed.

2) AB 2164 (Bauer-Kahan) Legally protected activities

The Legislative and Regulatory Affairs Committee is recommending that the Board establish a position of SUPPORT on the measure. With the Committee's recommendation serving as the motion, Ms. Whitney called for Board comment.
No Board comment was offered.

Dr. Casuga called for public comment

No public comment was offered.

Votes
5 ayes (Casuga, Foo, Rescate, Rodgers, Tate), 1 recusal (Nystrom), 0 noes - Motion carries

3) SB 1391 (Wahab) Department of Consumer Affairs: retired category licenses

The Legislative and Regulatory Affairs Committee is recommending that the Board establish a position of SUPPORT on the measure. With the Committee's recommendation serving as the motion, Ms. Whitney called for Board comment.

Dr. Casuga commented that the Board has already been offering a retired category since January 2023, so a SUPPORT motion is reinforcing what the Board has already been practicing.

Dr. Casuga called public comment

No public comment was offered.

Votes
5 ayes (Casuga, Foo, Rescate, Rodgers, Tate), 1 recusal (Nystrom), 0 noes - Motion carries

<u>d) Bills Recommended for Board Watch Status – Introduced 2026</u>

This item on 13(d) was taken out of order and can be found in Hand Carry #1 on page 3.

4) SB 934 (Wiener) Sexual orientation or gender identity change efforts: actions for recovery of damages; statute of limitations

Dr. Casuga provided additional context regarding the Legislative and Regulatory Affairs Committee's discussion of the bill.

It was (M)Casuga(S)Foo(C) that the Board take a support position on SB 934.

Dr. Casuga called for Board comment.

No Board comment was offered.

Dr. Casuga called for public comment.

No public comment was offered,

Votes
5 ayes (Casuga, Foo, Rescate, Rodgers, Tate), 1 recusal (Nystrom), 0 noes - Motion carries

5) SB 1146 (Gonzalez) Advertisement claims; health-related consumer products and services: artificial intelligence

This item starts on page 157 of the meeting materials. This item was informational only, and no action was taken.

Dr. Casuga called for Board comment.

Dr. Casuga asked for an example of how the bill could potentially affect licenses in terms of advertisement.

Mrs. Whitney explained that the rise in AI has made it increasingly difficult to distinguish between authentic and fabricated online content.

Mrs. Whitney stated that the Board is monitoring the bill to determine whether it may affect activities that pertain to psychologists.

Dr. Casuga called public comment

No public comment was offered.

6) SB 1159 (Cabaldon) Artificial intelligence: transparency and governance

This item starts on page 161 of the meeting materials. This item was informational only, and no action was taken.

Dr. Casuga called for Board comment.

Mr. Foo asked how the bill would distinguish AI-generated submissions from current practices in which organizations use sign-on letters, form letters, or online forms to collect signatures and submit comments on behalf of multiple individuals.

Ms. Whitney stated that the fact sheet does not appear to address the issue raised by Mr. Foo. Ms. Whitney provided the Board uses WebEx for our meetings and in WebEx we are required to provide a valid email address to log in.

Dr. Casuga asked whether any other Department of Consumer Affairs Boards had commented on the bill.

Mrs. Whitney stated that she was not aware of whether any other Department of Consumer Affairs boards had taken a position on or commented on the bill.

No further Board comment was offered.

Dr. Casuga called for public comment

No public comment was offered.

1) AB 1568 (Alanis) Sex offenses: registration

This item was informational only, and no action was taken.

Ms. Whitney provided this update which can be found on page 127 of the combined packet.

2) AB 1775 (Ward) Veterans

This item was informational only, and no action was taken.

Ms. Whitney provided this update which can be found on page 134 of the combined packet.

3) AB 2366 (Avila Farias) Administrative Procedure Act: proposed regulations: cost-of-living impact on residents of the state

This item is in suspense and will not be discussed.

7) AB 1598 (Quirk-Silva) Behavioral sciences

This item was informational only, and no action was taken.

Ms. Whitney provided this update which can be found on page 167 of the combined packet.

Dr. Casuga called for Board Comment on items 13(d)(1), (2), and (7).

Dr. Casuga asked for clarification regarding whether the bill is primarily a language cleanup for the Board of Behavioral Sciences (BBS).

Mr. Burke confirmed that the bill is primarily a language cleanup measure for BBS.

Dr. Casuga called for public comment

No public comment was offered.

e) Bills for Discussion and Consideration for Possible Action for a Board Position

1) AB 2575 (Ortega) Health care services: artificial intelligence

Ms. Whitney provided this update which can be found on page 238 of the combined packet.

Mr. Foo stated that the bill appears substantially similar in concept to SB 903 and asked about the potential impact on the Board and how the two bills would interact if both were adopted by the Legislature.

Mrs. Whitney deferred the question to Mr. Phillips for a response.

Mr. Phillips stated that there is some overlap between the bill and SB 903, particularly with respect to the enforcement and intake processes, and that additional analysis would be needed to determine how the bills might interact beyond that point.

Mr. Foo expressed concern about whether supporting the bill could create conflict with other bills that the Board is currently supporting.

Mrs. Whitney clarified that the bill is intended to protect healthcare workers from liability or retaliation when exercising their professional judgment instead of relying on an automated system.

Mr. Foo noted that although the bills are similar in concept, they affect different sections of law and may impact on the Board in different ways, as AB 2575 would amend the Civil Code while SB 903 would amend the Business and Professions Code.

It was (M)Foo(S)Tate(C) that the Board take a support if amended position on AB 2575.

Dr. Casuga stated that the increasing use of artificial intelligence is generating more bills related to AI and emphasized the importance of reviewing each bill individually to understand its purpose, differences, and potential interaction with other bills.

Shelley Ganaway, Board Counsel, asked for clarification on whether the motion was to support AB 2575 if amended to include psychologists.

Mr. Foo confirmed that the motion was to support AB 2575 if amended to include psychologists.

Mr. Foo stated that the bill appears to be primarily directed toward settings with a unionized workforce.

Dr. Casuga noted that the bill may have relevance to psychologists in private practice in circumstances involving the use of artificial intelligence.

Mr. Foo noted that the analysis prepared for the Assembly Committee hearings on April 21, 2026, included a list of organizations in support of and opposed to the bill.

Dr. Casuga called public comment

No public comment was offered.

Votes
5 ayes (Casuga, Foo, Rescate, Rodgers, Tate), 1 recusal (Nystrom), 0 noes - Motion carries

2) AB 1979 (Bonta) Healing arts, reports, claims against licensees

This item begins on page 251 of the meeting materials.

It was (M)Foo(S)Tate(C) that the Board take a support position on AB 1979.

Dr. Casuga asked for clarification regarding the fiscal impact of the bill on the Board.

Mr. Phillips stated that enforcement costs associated with such cases can vary significantly due to expenses incurred for expert reviews, investigations conducted by the Division of Investigation, and additional costs associated with further expert review and services provided by the Attorney General's Office.

No further Board comment was offered.

Dr. Casuga called public comment.

No public comment was offered.

Votes
5 ayes (Casuga, Foo, Rescate, Rodgers, Tate), 1 recusal (Nystrom), 0 noes - Motion carries

Agenda Item #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

Dr. Casuga called for Board comment.

Mr. Foo suggested that the Department of Consumer Affairs (DCA) explore opportunities to provide or fund training for enforcement staff related to the use and enforcement of artificial intelligence in support of consumer protection efforts.

Mr. Foo suggested there could be a potential presentation by someone in the field of psychology and artificial intelligence regarding artificial intelligence trends at a later date.

Dr. Casuga expressed support for future Board education on artificial intelligence and suggested inviting experts from the Bay Area, including representatives from relevant organizations or AI companies, to provide information on developments in the field.

Mr. Foo clarified that he was not advocating for the mandatory use of artificial intelligence but rather encouraging the Board to consider consumer protection.

Dr. Casuga expressed interest in ensuring that the Board remains informed about emerging developments in artificial intelligence.

No further Board comment was offered.

Dr. Casuga called for public comment.

No public comment was offered.

Agenda Item #15: Status Review of Regulations in Development

This item was informational only, and no action was taken.

Mrs. Whitney provided the update on this item, starting on page 455 of the meeting materials.

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 13.1of 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.

Mr. Foo thanked stakeholders for their work on the telehealth regulations and expressed appreciation to Dr. Winkelman for her collaboration and contribution throughout the development process.

No further Board comment was offered.

Dr. Casuga called for public comment.

No public comment was offered.

Agenda Item #16: Update and Discussion on the American Psychological Association (APA) Model Act

This item was informational only, and no action was taken.

Mr. Burke provided the update on this item, starting on page 28 of the Hand Carry #3.

Dr. Tate called for Board comment.

Dr. Casuga shared Dr. Cervantes' view that, should future legislation establish a master's level psychology practice in California, oversight of those licensees would be most appropriately housed within the Board of Psychology.

No further Board comment was offered.

Dr. Tate called for public comment.

No public comment was offered.

Agenda Item #17: Update and Discussion on the Development of the Integrated Examination for Professional Practice in Psychology

Mr. Burke provided the update on this item, starting on page 460 of the meeting materials.

Dr. Tate thanked Mr. Burke for the update and expressed appreciation for his continued monitoring of the issue.

Dr. Tate called for Board comment.

Mr. Foo suggested exploring an overlapping period during which both examinations would remain available to accommodate applicants who are already preparing for the current examination.

Mr. Foo encouraged ASPPB to ensure that adequate free preparation materials, including study resources and sample questions, are made available to support applicants during the transition to the new examination.

Dr. Casuga requested clarification regarding the implementation timeline for the Integrated Examination, specifically asking whether the examination was expected to go live in the fourth quarter of 2027 and seeking confirmation of the anticipated beta testing dates in 2027.

Mr. Burke confirmed that ASPPB is currently planning to launch the Integrated Examination in the fourth quarter of 2027, with beta testing anticipated in spring 2027, and stated that staff would work with stakeholders to promote awareness of the examination when registration becomes available.

Dr. Casuga asked whether licensed psychologists in certain jurisdictions would be eligible to participate in beta testing of the Integrated Examination.

Mr. Burke stated that individuals who volunteer during the beta testing period may have the option to take either the Integrated Examination or the current EPPP, but he was unsure whether licensed psychologists would be eligible to participate in the beta testing process.

Dr. Casuga expressed interest in participating in the beta testing of the Integrated Examination, noting that the experience could provide useful information to report back to the Board.

No further Board comment was offered.

Dr. Tate called for public comment

Dr. Winkelman asked whether ASPPB had determined if completion of supervised professional experience would be required before applicants could take the Integrated Examination.

Mr. Burke stated that ASPPB advises candidates to complete all or most of their required supervised professional experience before taking the Integrated Examination, as determined by the licensing board or college.

Dr. Winkelman stated that it would be helpful to clarify whether completion of supervised professional experience before taking the Integrated Examination is required or suggested

Dr. Casuga suggested that allowing prospective licensees to participate in beta testing could help ensure that Californians taking the examination are included in the pass-fail study.

No further public comment was offered.

Agenda Item #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)].

Dr. Casuga asked Dr. Rodgers to continue to bring the mindfulness exercise to future Committee meetings.

Dr. Tate expressed interest in receiving a future presentation regarding the CDCR update.

Dr. Casuga asked whether there were any updates regarding the upcoming stakeholder meeting conducted by BBS concerning the LEP issue.

Mr. Burke confirmed that a survey had been distributed, and numerous responses had been received and stated that the stakeholder meeting would be included on the agenda.

Dr. Tate called for public comment.

No public comment was offered.

CPD Credit for Meeting Attendance

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

ADJOURNMENT

The meeting adjourned at 12:08 p.m.

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	Minutes	Webcast
Board Meeting	May 15, 2026	Berkeley, CA	Agenda Materials Hand Carry #1 Hand Carry #2 Hand Carry #3 Hand Carry #4		Webcast
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	Agenda Materials		Webcast

Legislative and Regulatory Affairs Committee

Event	Date	Location	Agenda/Materials	Minutes	Webcast
Legislative and Regulatory Affairs Committee	April 24, 2026	Webex	Agenda Materials Hand Carry		Webcast
Legislative and Regulatory Affairs Committee	TBD	Webex			

Outreach and Communications Committee

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

California Board of PSYCHOLOGY

1625 North Market Blvd., Suite N-215, Sacramento, CA 95834
T (916) 574-7720 F (916) 574-8672 Toll-Free (866) 503-3221
www.psychology.ca.gov

MEMORANDUM

DATE	July 29, 2026
TO	Psychology Board Members
FROM	Jonathan Burke, Executive Officer
SUBJECT	**Executive Officer's Report: Agenda Item 6 a & b**

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

A) Personnel Update
B) Communications with Other Jurisdictions Regarding Examination Development

Personnel Update

Authorized Positions: 27.30
Temp Help: 1.0
Staff Vacancies: 3.0
Board Member Vacancy: 2.0 Licensed Member, Governor Appointee and Public Member, Speaker of the Assembly Appointee

The Enforcement Unit has one vacant position. One Office Technician position is vacant as the staff member was promoted into the previously vacant Analyst I position.

The Licensing Unit has one vacant position. One Office Technician position is vacant.

The Central Services Unit has one vacant position. One Analyst II position is vacant.

Communications with Other Jurisdictions Regarding Examination Development

The California Board's Executive Officer has had discussions with his counterpart at the Texas State Board of Examiners of Psychologists regarding their examination development efforts. The Texas Board President and their Assistant Executive Officer will present on the development of the proposed examination at our Board's November 2026 meeting.

Action Requested:
This item is for informational purposes only.

California Board of PSYCHOLOGY

1625 North Market Blvd., Suite N-215, Sacramento, CA 95834
T (916) 574-7720 F (916) 574-8671 Toll-Free (865) 503-3221
www.psychology.ca.gov

MEMORANDUM

DATE	July 20, 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 one vacant position. Posting for the vacant Office Technician position is pending.

Complaint Program

Since July 1, 2026, the Board has received 24 complaints. All complaints received are open and assigned to an enforcement analyst.

Citation Program

Since July 1, 2026, the Board has not issued any enforcement citations. Citations and fines are issued for minor violations.

Discipline Program

Since July 1, 2026, the Board has referred one (1) case to the Office of the Attorney General for formal discipline.

Probation Program

Enforcement staff is currently monitoring 15 active probationers. There are currently 10 tolled probationers. Tolled status means the probation period is

temporarily paused. During this time, probationers must comply only with the requirements outlined in their order (such as reporting or cost recovery), and the probation term is extended by the duration of the tolling period, resuming once the Board is notified that the probationer has returned to practice.

Attachment 1:
Attachment #1: Overview of Enforcement Activity.

Current 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	20/21	21/22	22/23	23/24	24/25	25/26	26/27
Psychologist	22,058	22,289	22,610	22,693	22,813	22,925	23,288
Psychological Associates	1,348	1,450	1,701	1,791	1,850	1,879	1,878
COMPLAINTS							
Complaints Received[1]	1.130	742	820	1,157	875	625	24
Arrest Reports Received	32	34	14	31	17	15	0
Investigations Opened[2]	788	761	610	877	663	657	24
ENFORCEMENT OUTCOMES							
Total Citations Issued	37	31	30	29	24	2	0
Total Cases Referred to AG	60	52	29	29	11	3	1
Accusations	32	29	17	10	9	9	1
Statement of Issues	1	4	1	1	0	1	0
Petition to Revoke Probation	2	0	2	0	1	0	0
Petitions for Penalty Relief	8	4	3	4	3	0	0
Petition for Reinstatement	3	2	1	2	0	0	0
Total Filings	46	28	24	17	24	3	1
Accusations Withdrawn/Dismissed	3	3	1	3	3	2	0
Statement of Issues Withdrawn	2	0	0	1	0	1	0
Total Filings Withdrawn/Dismissed	5	3	1	4	3	0	0
Revocations	1	4	1	2	3	1	0
Probation	14	12	5	10	4	1	0
Surrender	12	7	9	7	10	0	0
Reprovals	6	7	3	2	1	1	0
Interim Orders	0	1	0	0	0	0	0
Statement of Issues-License Denied	1	1	0	1	1	0	0
Total Disciplinary Decisions	34	32	18	22	19	3	0
Petitions for Penalty Relief Denied	2	3	3	3	2	0	0
Petitions for Penalty Relief Granted	0	1	0	1	1	0	0
Petition for Reinstatement Granted	0	0	0	0	0	1	0
Petition for Reinstatement Denied	0	3	1	2	0	2	0
Total Other Decisions	2	7	4	6	3	0	0
VIOLATION TYPES							
Gross Negligence/Incompetence	29	24	18	19	29	6	0
Repeated Negligent Acts	25	17	17	25	28	6	0
Self-Abuse of Drugs or Alcohol	12	7	2	3	2	4	0
Dishonest/Corrupt/Fraudulent Act	6	7	9	17	9	1	0
Mental Illness	0	2	1	1	1	0	0
Aiding Unlicensed Practice	1	3	2	0	1	2	0
General Unprofessional Conduct	26	25	16	21	20	10	0
Probation Violation	7	5	0	5	3	0	0
Sexual Misconduct	7	8	4	6	8	5	0
Conviction of a Crime	10	8	1	8	4	9	0
Discipline by Another State Board	2	2	3	0	3	0	0
Misrepresentation of License Status	1	3	0	2	1	1	0

****Enforcement data pulled on July 20, 2026**

[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 assigned to an analyst.

California Board of PSYCHOLOGY

1625 North Market Blvd., Suite N-215, Sacramento, CA 95834
T (916) 574-7720 F (916) 574-8672 Toll-Free (866) 503-3221
www.psychology.ca.gov

MEMORANDUM

DATE	July 20, 2026
TO	Board Members
FROM	Mai Xiong Licensing/BreEZe Coordinator
SUBJECT	**Agenda Item 10a** Licensing Report

License/Registration Data by Fiscal Year:

License & Registrations	17/18	18/19	19/20	20/21	21/22	22/23	23/24	24/25	25/26	26/27**
Licensed Psychologist*	20,580	21,116	22,005	22,218	22,289	22,611	22,744	23,559	24,020	24,011
Registered Psychological Associate* **	1,446	1,361	1,344	1,348	1,450	1,744	1,827	1,810	1,842	1,851
Psychological Testing Technician** **	N/A	N/A	N/A	N/A	N/A	N/A	24	107	129	127
Research Psychoanalyst*** **	N/A	N/A	N/A	N/A	N/A	N/A	N/A	74	49	49
Student Research Psychoanalyst*** **	N/A	N/A	N/A	N/A	N/A	N/A	N/A	22	23	22

*Includes licensees who are in Current, Inactive, Retired, Military Inactive, and Military Active status
**As of July 20, 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 licensed psychologists, registered 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 July 20, 2026, there are 24,011 licensed psychologists, 1,851 registered psychological associates, 127 registered psychological testing technicians, 49 research psychoanalysts, 22 student research psychoanalysts, and 160 temporary out-of-state psychologists that are overseen by the Board.

Application Workload Reports:

The attached reports provide statistics from January 2026 through June 2026 on the application status by month for psychologist license and registered 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

Registered 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 registered psychological associates hold a single registration number, an additional mechanism, the "Change of Supervisor" transaction, is created to facilitate the process for registered psychological associates who wish to practice with more than one primary supervisor or to change/remove a primary supervisor. If the psychological associate requests to remove the only primary supervisor associate with their registration, the registered 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 a decrease of 115 psychologist applications, 52 registered psychological associate applications, 11 registered psychological associate notifications, 12 psychological testing technician applications, and 1 psychological testing technician notification, and an increase of 5 research psychoanalyst applications, and 4 student research psychoanalyst applications.

Average Application Processing Timeframes

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

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

Attachments:

A. Licensing Population Report as of July 20, 2026
B. Application Workload Reports January 2026 – June 2026 as of July 20, 2026
C. Applications and Notifications Received July 2025 – June 2026 as of July 20, 2026
D. Average Application Processing Timeframes – February 2026 to July 2026 as of July 20, 2026

Action:

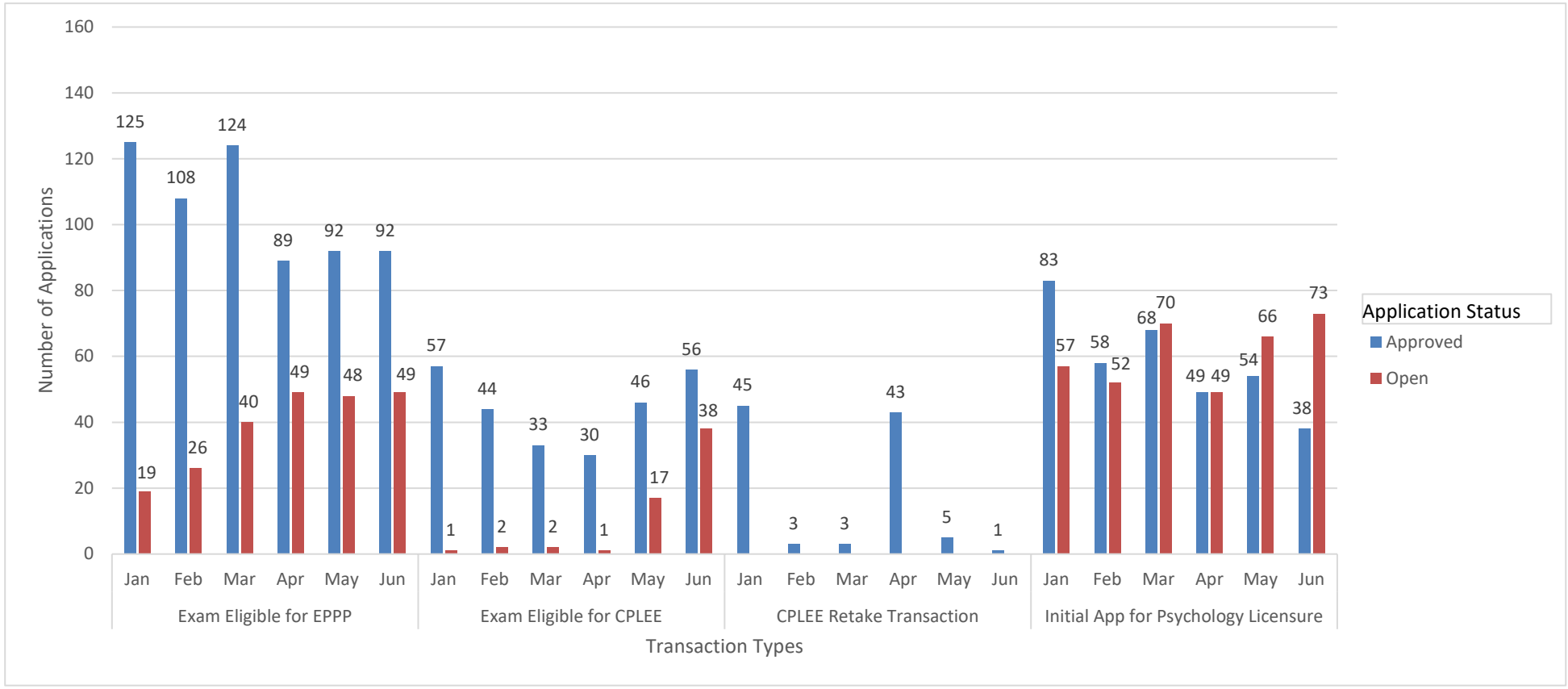
This is for informational purposes only. No action is required.

STATE DEPARTMENT OF CONSUMER AFFAIRS
BREEZE SYSTEM

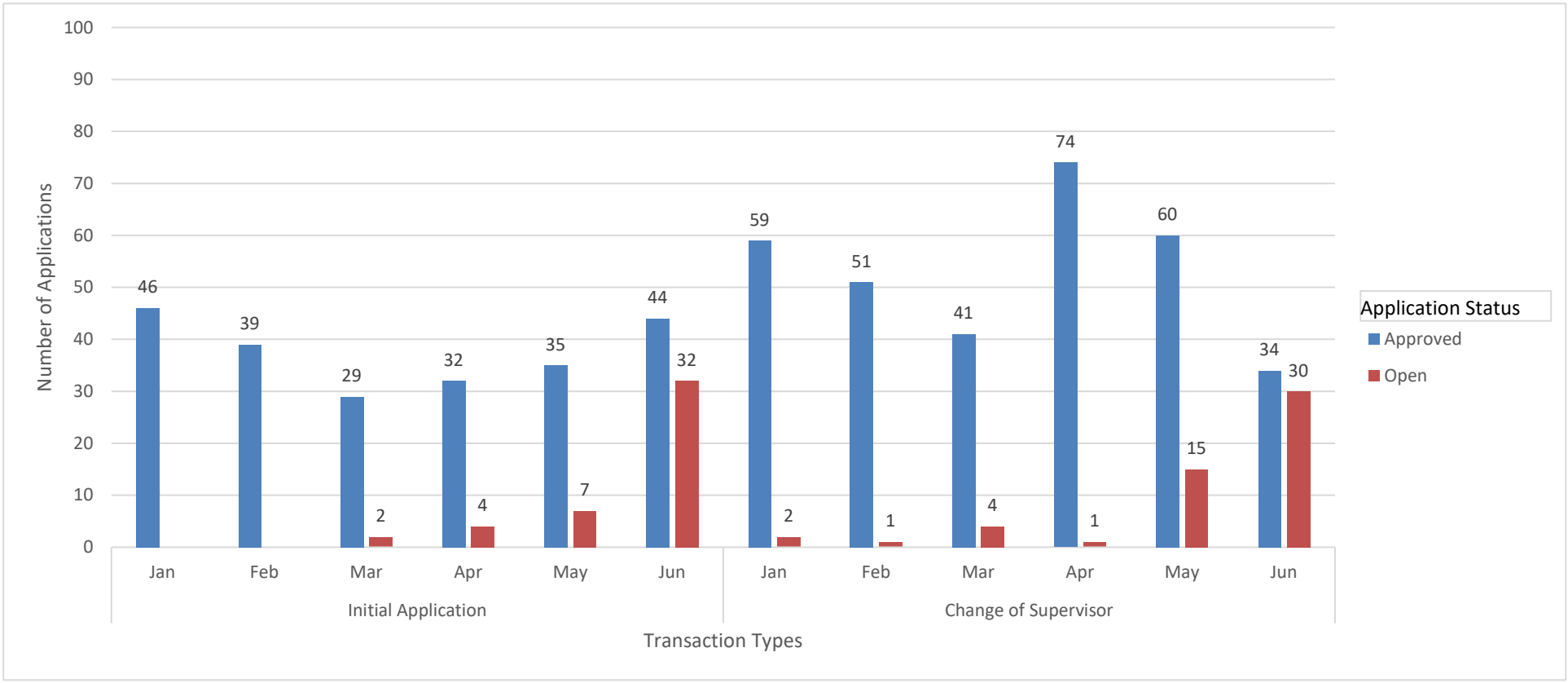
LICENSING POPULATION REPORT
BOARD OF PSYCHOLOGY
AS OF 7/20/2026

License Type	License Status											Total
	Licensing								Enforcement			
	Current	Inactive	Military Inactive	Military Active	Delinquent	Cancelled	Retired	Deceased	Surrendered	Revoked	Revoked, Stayed, Probation	
Licensed Psychologist	21,246	1,733	1	0	1,346	9,177	1,031	1,102	292	170	131	36,229
Registered Psychological Associate	1,773	78	0	0	77	25,614	0	8	16	8	20	27,594
Psychological Testing Technician	127	0	0	0	15	68	0	0	0	0	0	210
Research Psychoanalyst	49	0	0	0	42	30	0	5	0	1	0	127
Student Research Psychoanalyst	22	0	0	0	11	39	0	0	0	0	0	72
Temporary Out-of-State Psychologist	160	0	0	0	0	3	0	0	0	0	0	163
Total	23,377	1,811	1	0	1,491	34,931	1,031	1,115	308	179	151	64,395

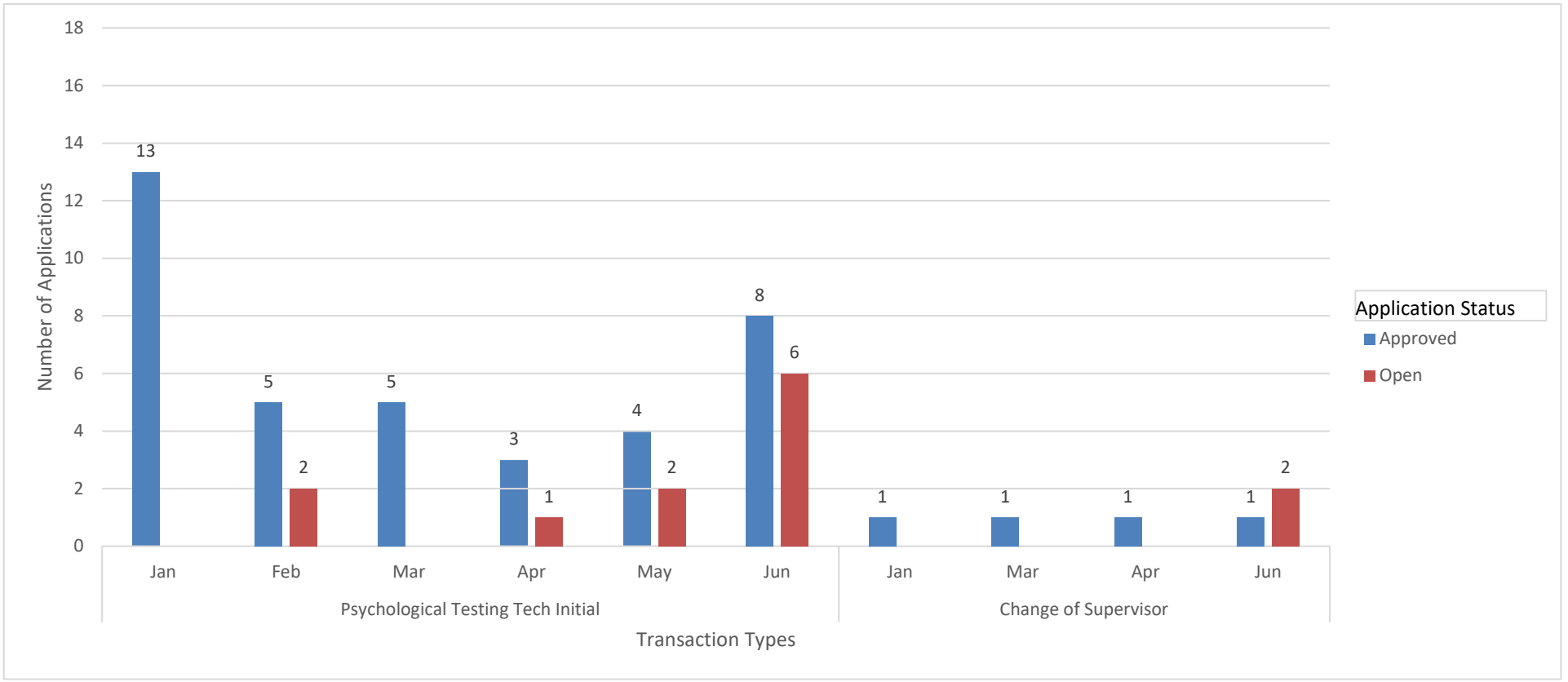
Psychologist Application Workload Report
January 1, 2026 to June 30, 2026
As of July 20, 2026



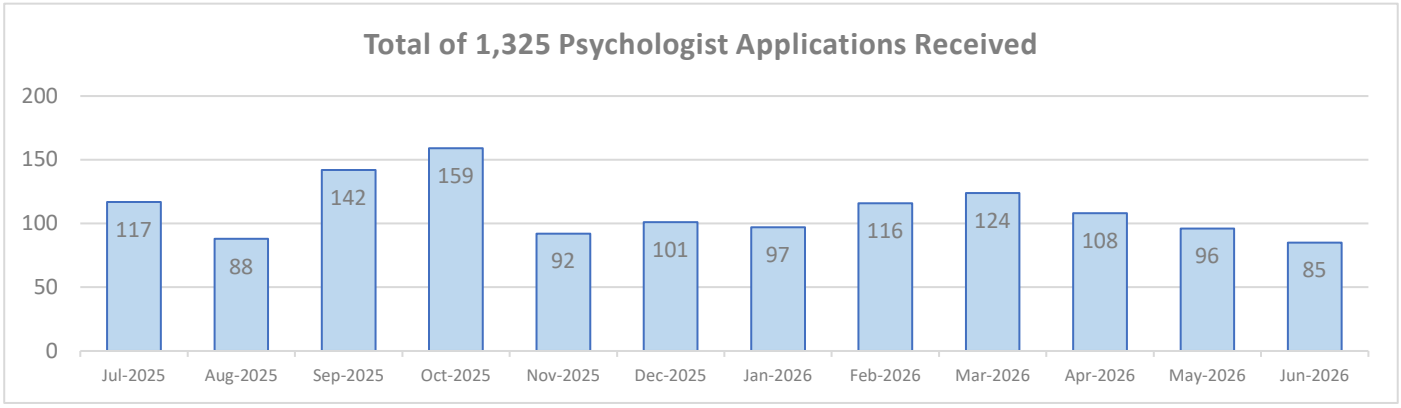
Registered Psychological Associate Application Workload Report
January 1, 2026 to June 30, 2026
As of July 20, 2026

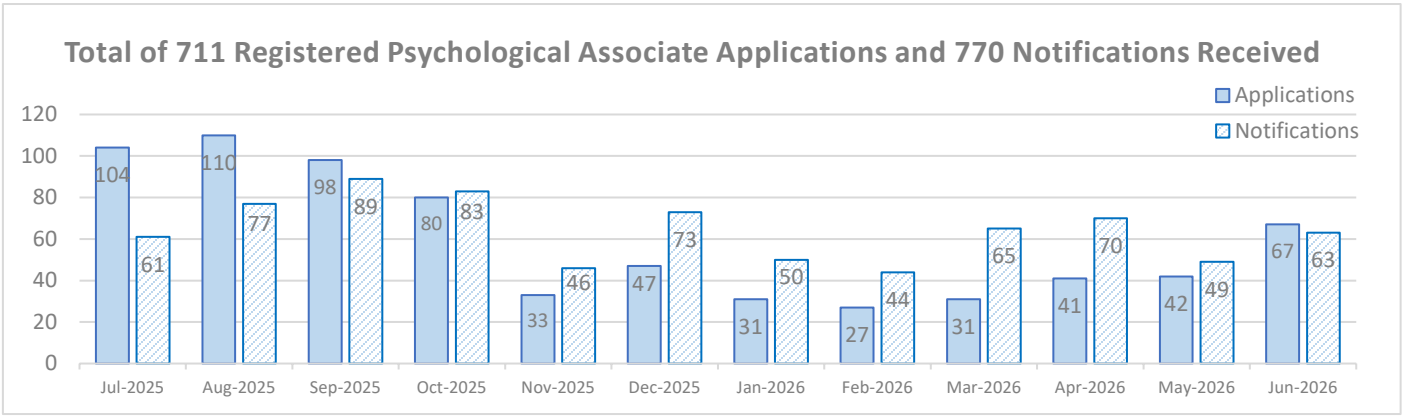


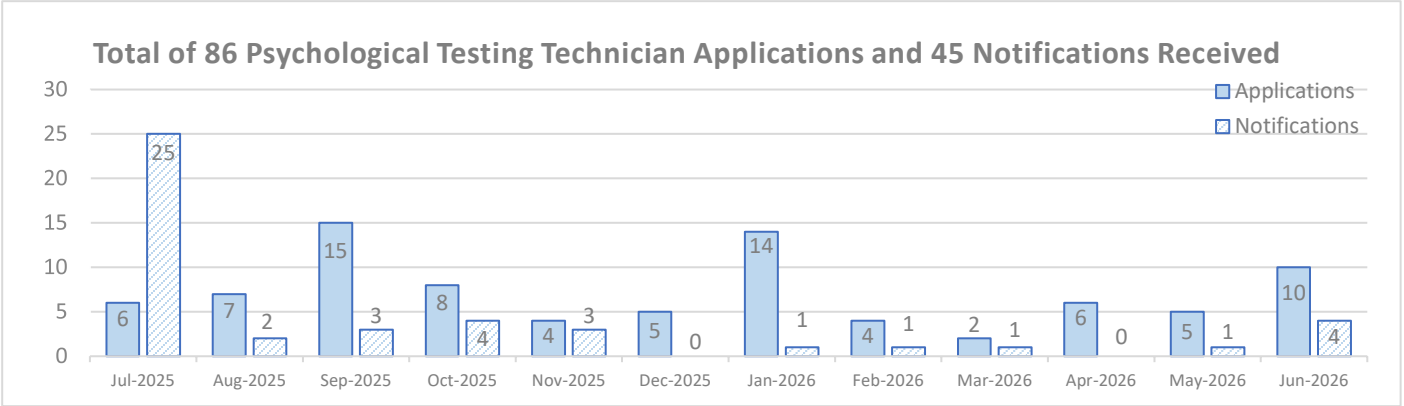
Psychological Testing Technician Application Workload Report
January 1, 2026 to June 30, 2026
As of July 20, 2026

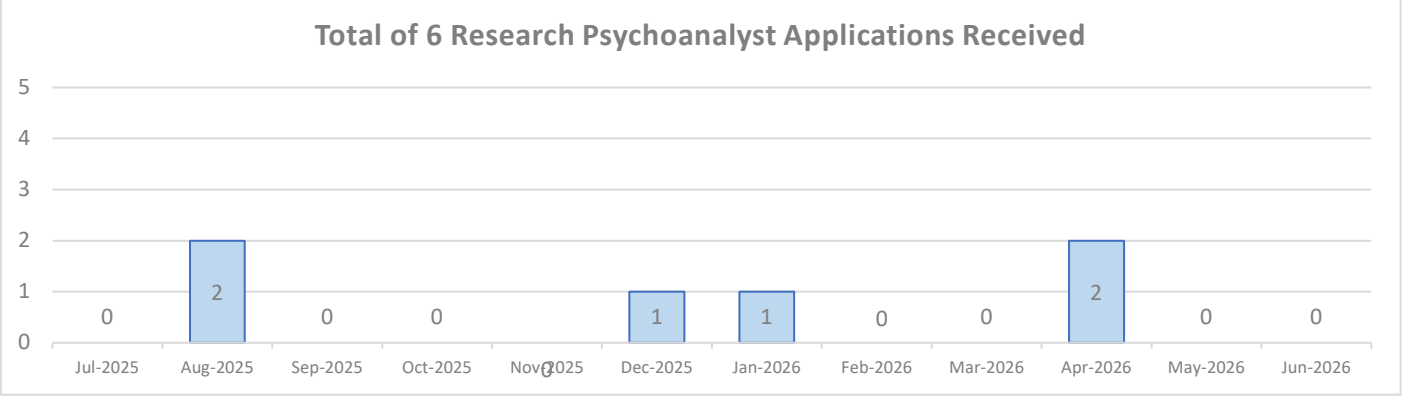


Applications and Notifications Received from July 2025 to June 2026
As of July 20, 2026

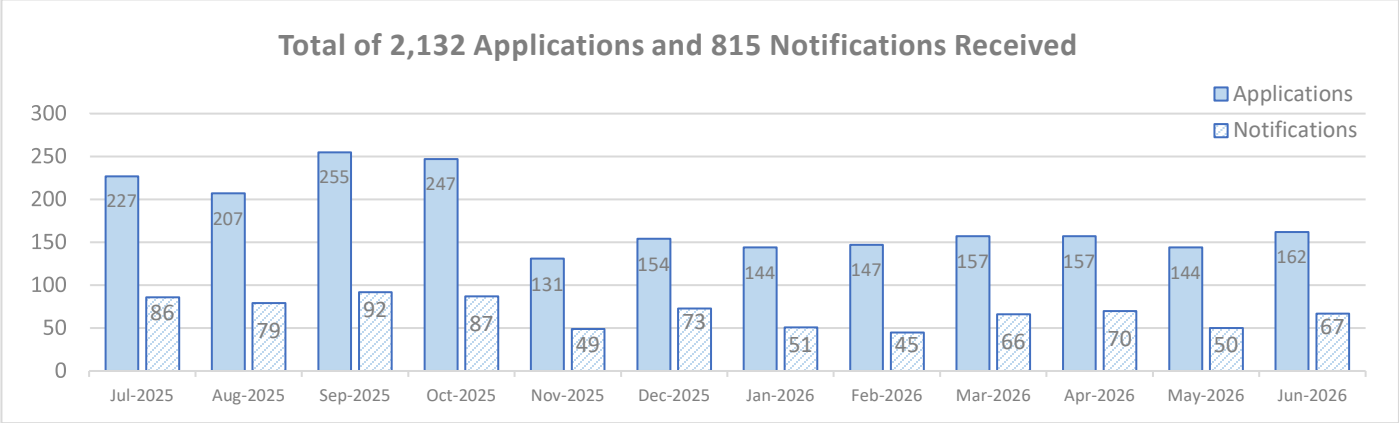




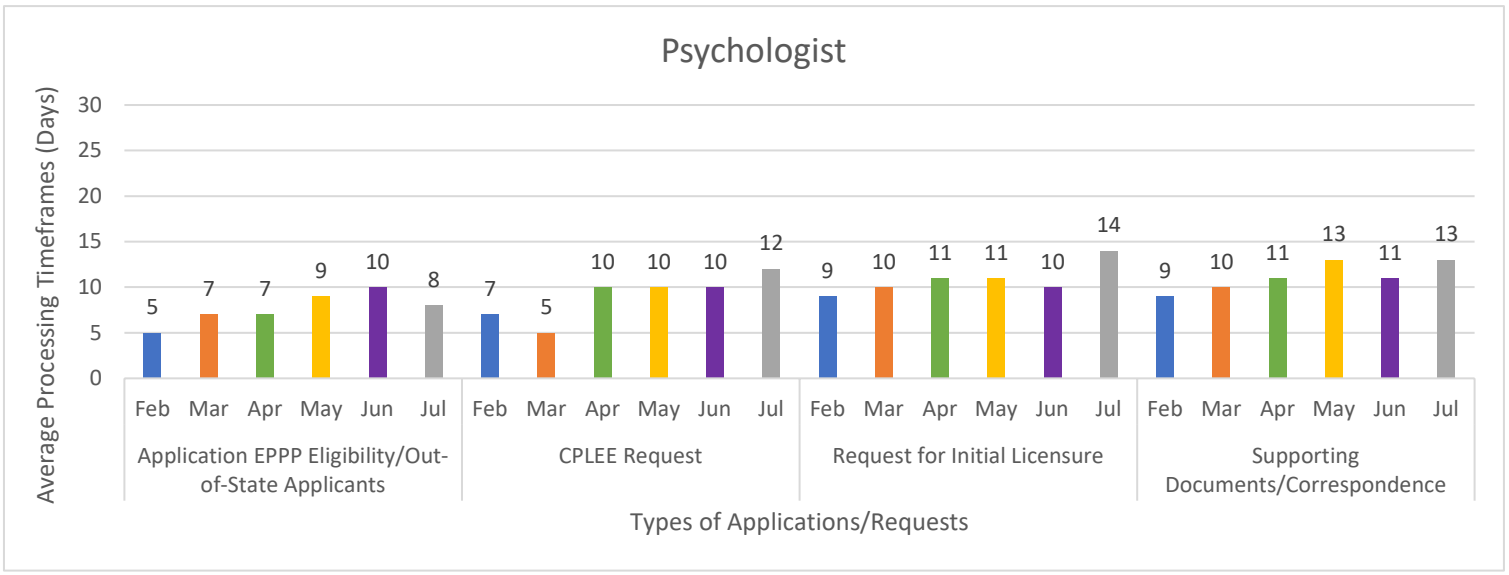


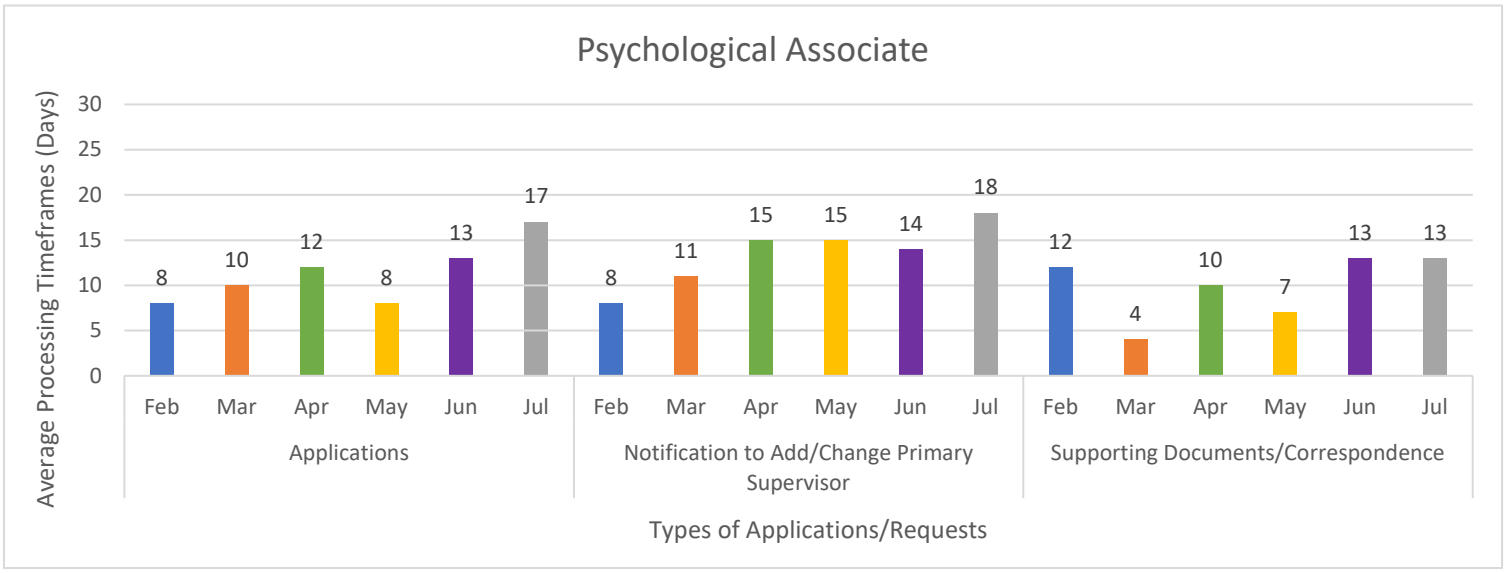


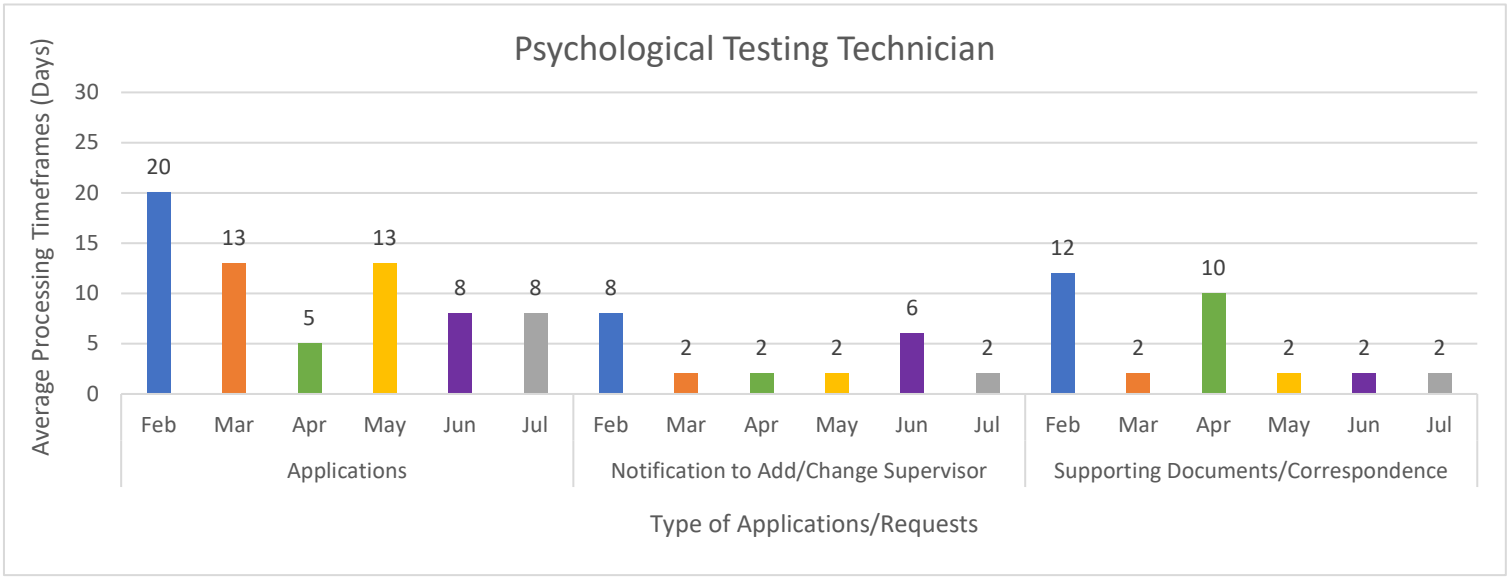
Applications and Notifications Received from July 2025 to June 2026
As of July 20, 2026



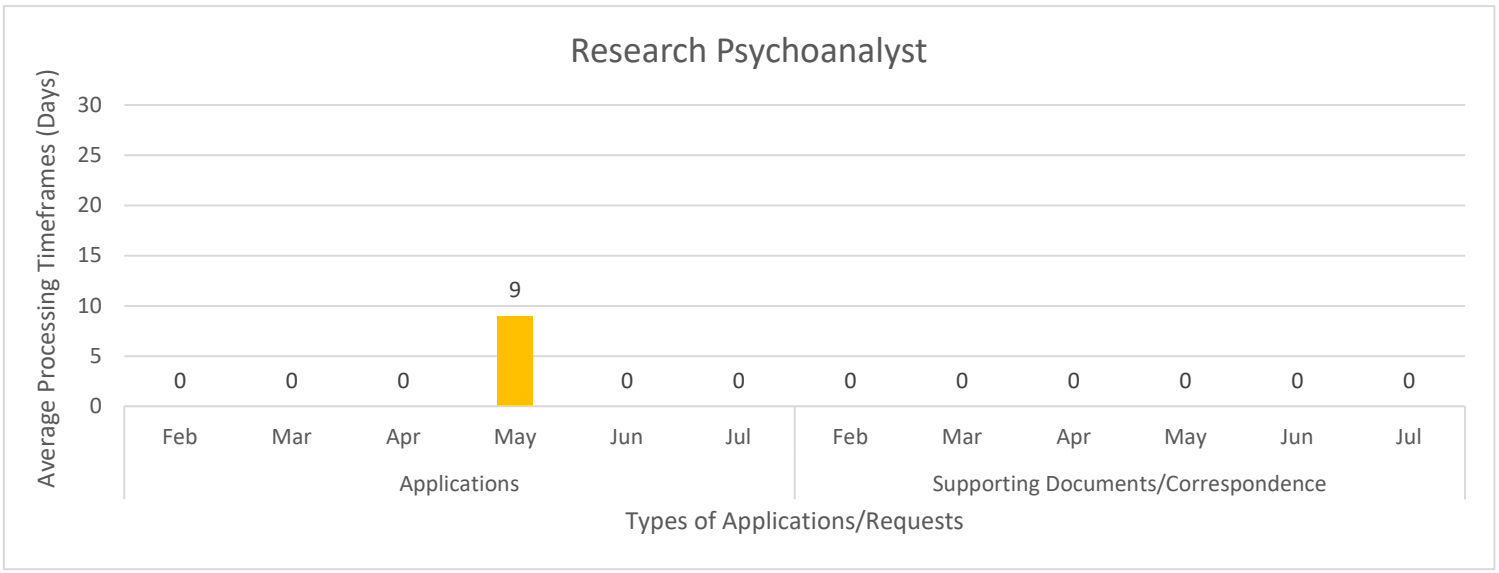
Average Application Processing Timeframes from February 2026 to July 2026
As of July 20, 2026

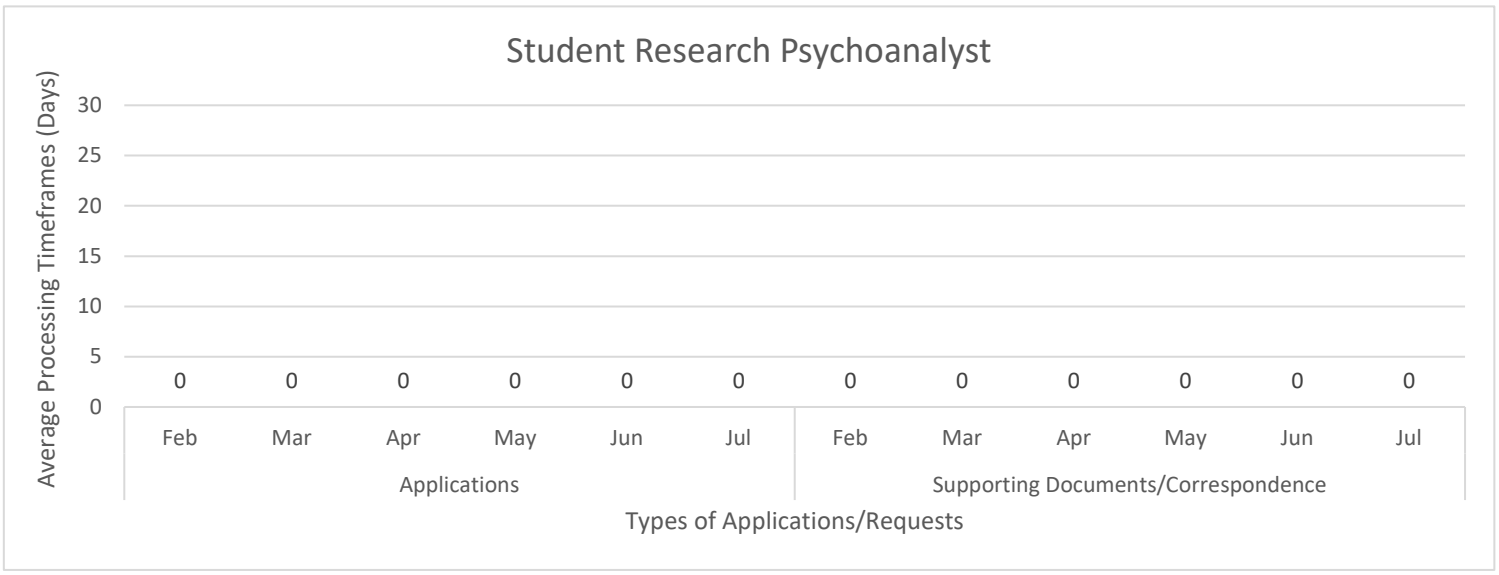






Average Application Processing Timeframes from February 2026 to July 2026
As of July 20, 2026





California Board of PSYCHOLOGY

1625 North Market Blvd., Suite N-215, Sacramento, CA 95834
T (916) 574-7720 F (916) 574-8672 Toll-Free (866) 503-3221
www.psychology.ca.gov

MEMORANDUM

DATE	July 15, 2026
TO	Board Members
FROM	Susan Hansen Examination Coordinator
SUBJECT	**Agenda 10(b)** Examination Report

Examination Statistics

EPPP Monthly California Examination Statistics for January through June 2026

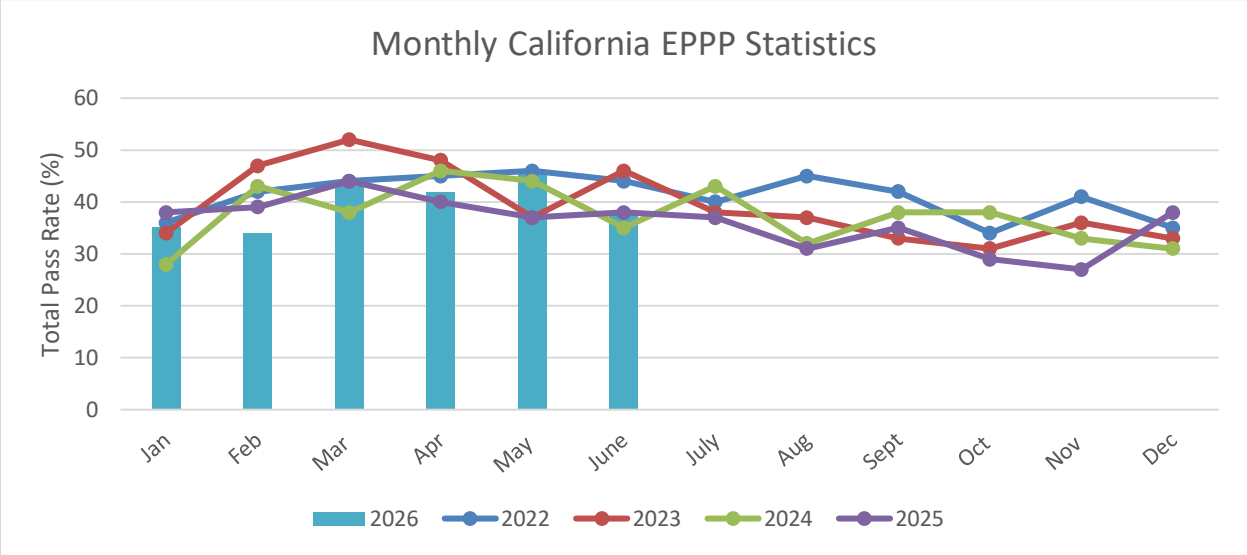
The Examination for Professional Practice in Psychology (EPPP) is the national exam developed by the Association for Provincial and Psychology Boards (ASPPB) and administered by Pearson Vue. The exam tests candidates' general knowledge in psychology. EPPP is one of the required exams for licensure in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

Currently, the overall pass rate is 40.3%, with an overall first-time pass rate of 61.7%. 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	125	44	35.20%	45	26	57.78%
February	154	53	34.42%	67	35	52.24%
March	194	83	42.78%	77	55	71.43%
April	152	64	42.11%	73	44	60.27%
May	185	86	46.49%	83	52	62.65%
June	155	59	38.06%	65	41	63.08%
Overall - Total	**965**	**389**	**40.31%**	**410**	**253**	**61.71%**

The chart below depicts pass rate statistics of the California EPPP for the past four years compared with the statistics for 2026. Pass rates are varying month to month in 2026 with an 8.4% decrease from May and June.



CPLEE Monthly Examination Statistics for January through June 2026

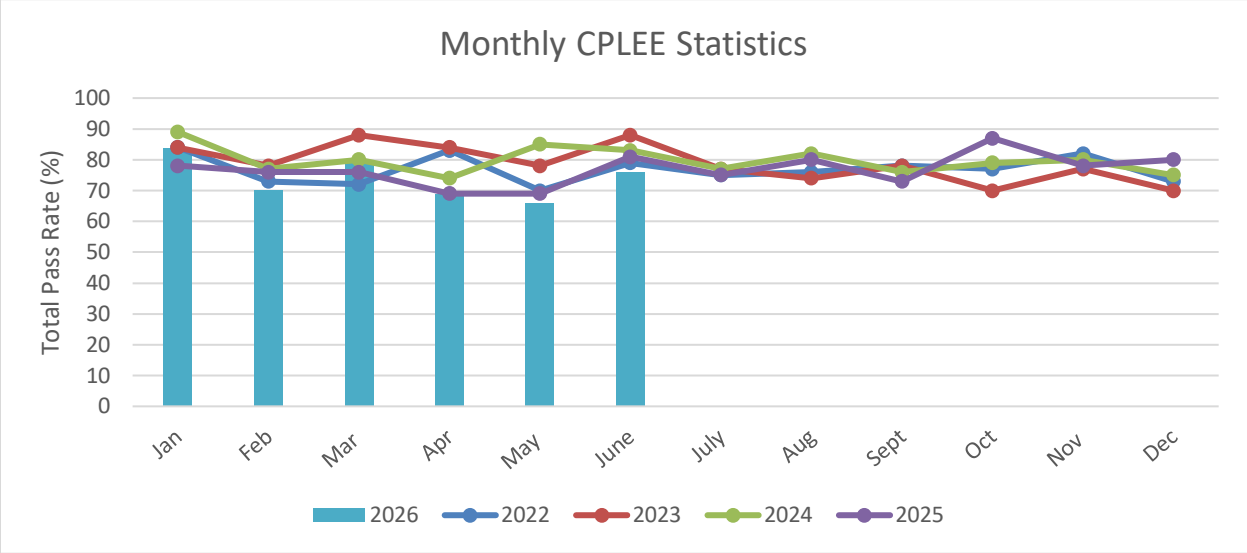
The California Psychology Laws and Ethics Exam (CPLEE) is a state-owned exam developed by the Department of Consumer Affairs, Office of Professional Examination Services (OPES) and administered by PSI, Inc. The exam tests candidates on their knowledge of APA Code of Conduct and the Board's laws and regulations.

Currently, the overall pass rate is averaging 74.1% in 2026, with the overall first-time pass rate of 75.4%.

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%
April	51	35	68.63%	40	27	67.50%
May	62	41	66.13%	42	28	66.67%
Overall -Total	**347**	**257**	**74.06%**	**256**	**193**	**75.39%**

The chart below depicts pass rate statistics of the CPLEE for the past four years compared with the statistics for 2026. The CPLEE pass rate running lower than previous years overall.



New ASPPB EPPP Registration Portal

ASPPB held a Zoom meeting on June 9, 2026, and announced that EPPP registration services will be switched from the current vendor, Certemy, to Clarus by BrightLink. The new registration portal is expected to launch in Fall 2026.

ASPPB is currently in the development and testing phase with Clarus. Board staff have contacted ASPPB to request additional information so that clear instructions can be provided to applicants, however, no further details are available at this time.

Staff notes that during ASPPB's last vendor switch in 2020, there was a blackout period from September 30 through October 15, during which candidates were unable to register for the EPPP. As registration was unavailable, the Board also suspended processing new eligibilities until the system became operational again. In light of that experience, staff are closely monitoring the upcoming switch to Clarus and will post updates on the Board's website as soon as ASPPB provides additional information.

Action:

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

California Board of PSYCHOLOGY

1625 North Market Blvd., Suite N-215, Sacramento, CA 95834
T (916) 574-7720 F (916) 574-8671 Toll-Free (866) 503-3221
www.psychology.ca.gov

MEMORANDUM

DATE	August 14, 2026
TO	Psychology Board Members
FROM	Troy Polk, CPD/Renewals Coordinator
SUBJECT	Agenda Item 10(c)– Continuing Professional Development (CPD) and Renewals Report

Between January 2026 through June 2026, approximately 94 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 244 CPD audits were sent out for May 2025 through May 2026. The current pass rate is 83 percent with 14 percent of those audits still waiting for submission of CPD documentation, and 1 percent are pending review of CPD documentation. Currently, 1 percent of the audits have failed.

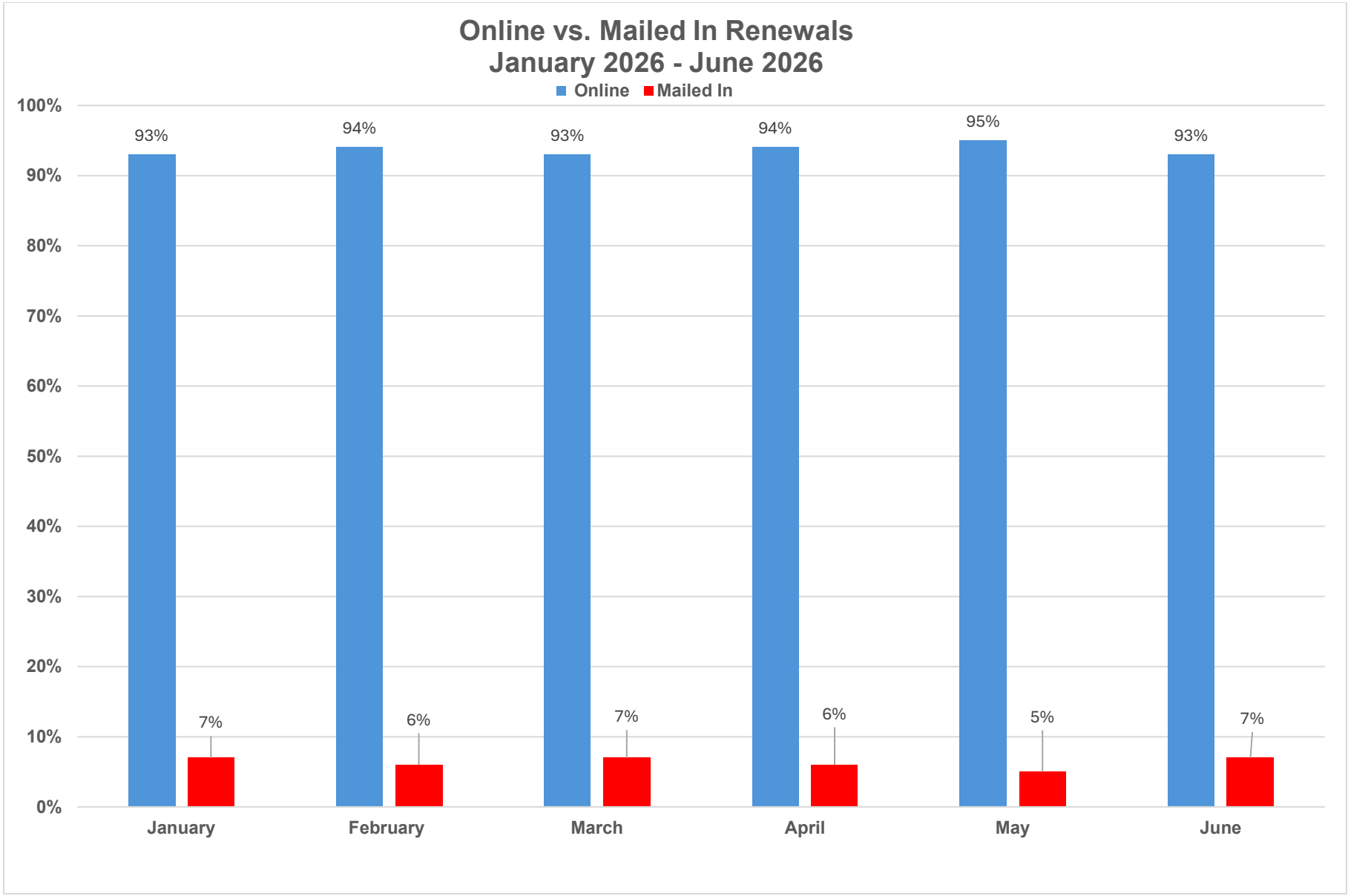
In reviewing the completed and passed audits for May 2025 through March 2026, the most used activities to complete the CPD requirements continue to be Sponsored Continued Education and Peer Consultation, followed by Self-Directed Learning.

Action Requested

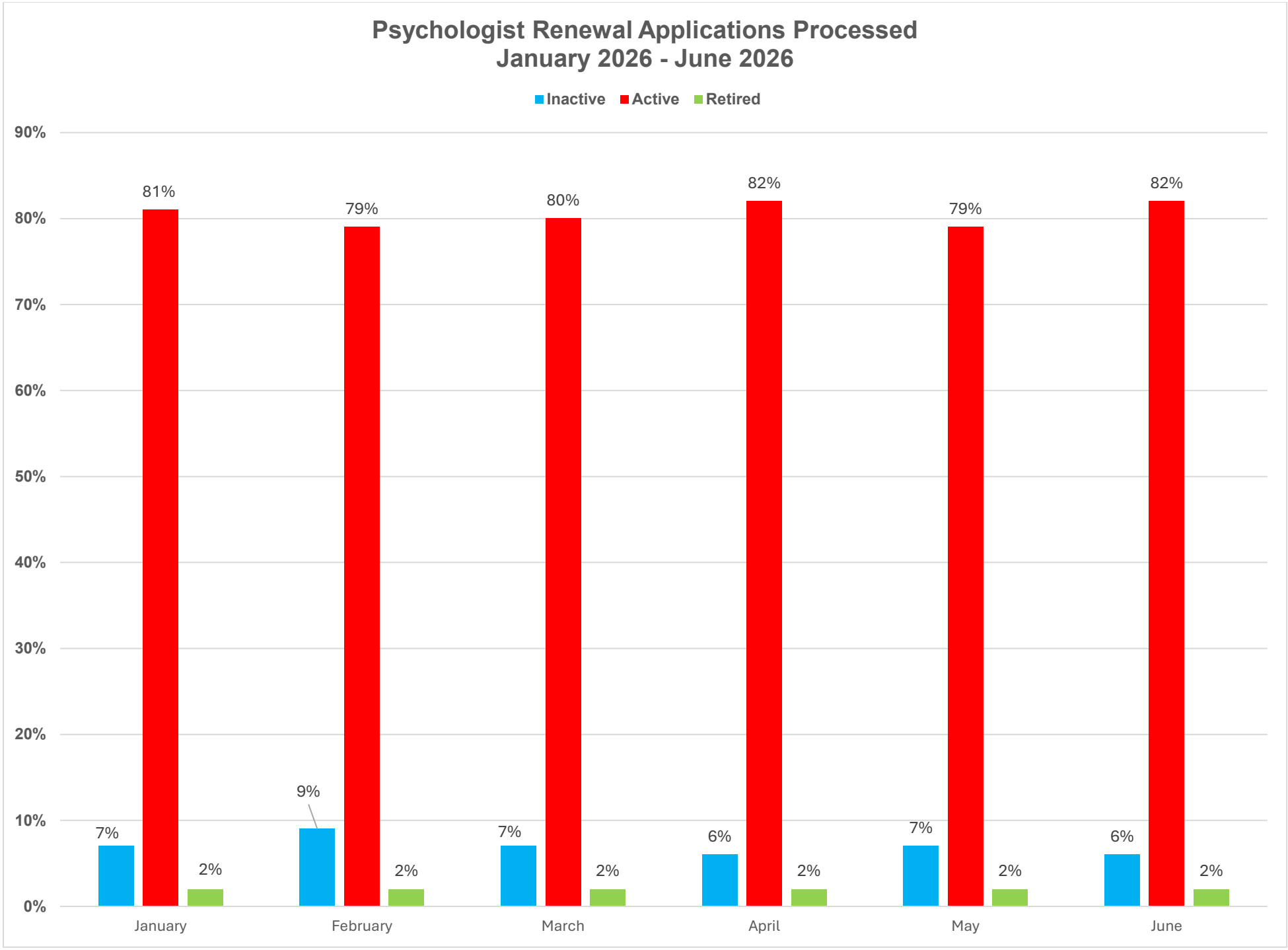
This item is for informational purposes only. There is no action required at this time.

Attachment A: Online vs. Mailed in Renewals Processed: January 2026 – June 2026
Attachment B: Renewal Applications Processed: January 2026– June 2026
Attachment C: Registration Renewal Applications Processed: January 2026 – June 2026
Attachment D: Continuing Professional Development Audits: May 2025 – May 2026
Attachment E: Passed Continuing Professional Development Categories: May 2025 – March 2026

Attachment A



Attachment B



Attachment C

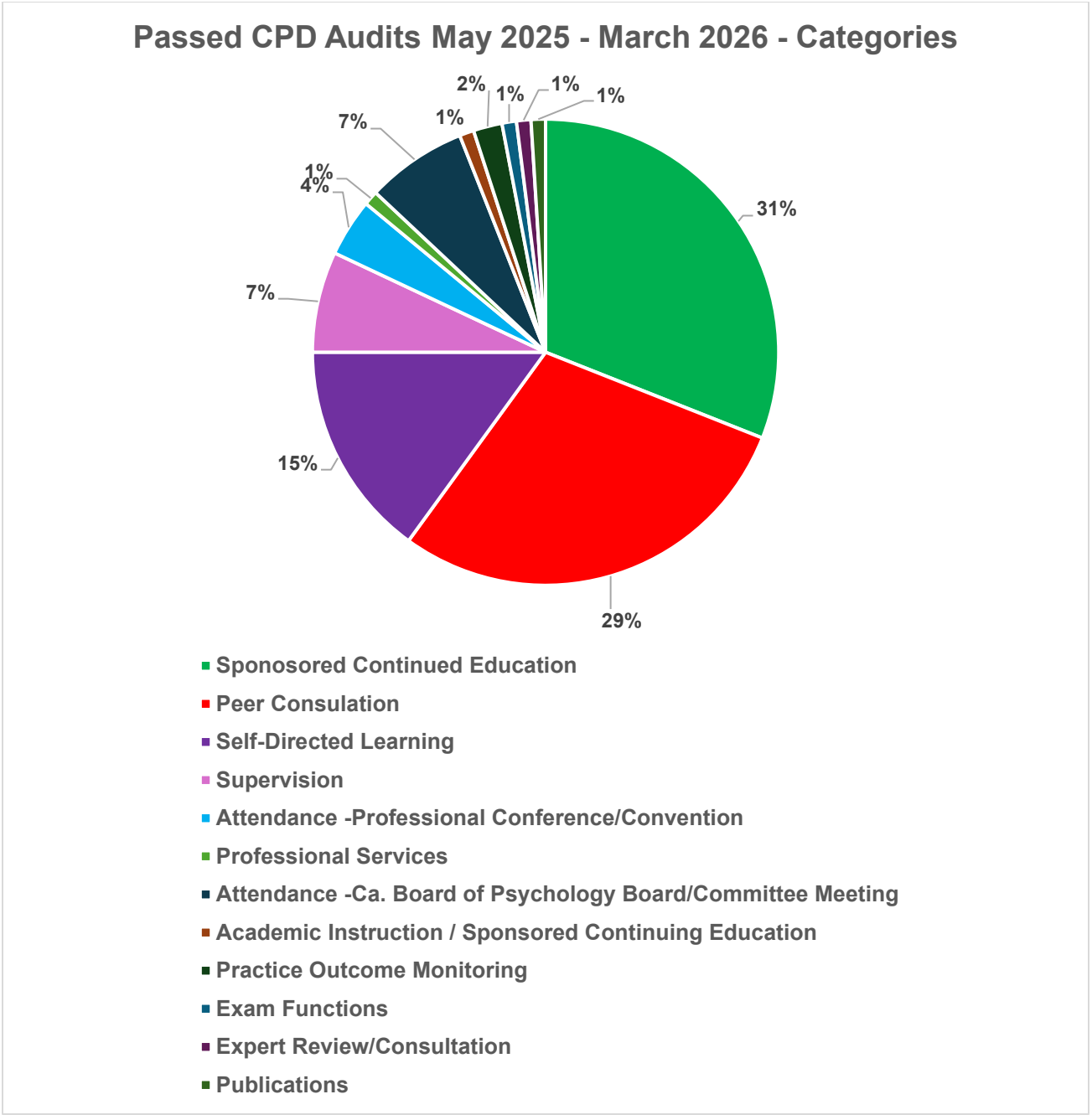
Continuing Professional Development Audits
May 2025 – May 2026

Month	Total # of Licensees Selected for Audit:	% Passed:	% Deficient	% Pending Review:	% Not Yet Received	% Failed:
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**	100%	0%	0%	0%	0%
December	**19**	100%	0%	0%	0%	0%
January (2026)	**17**	100%	0%	0%	0%	0%
February (2026)	**15**	100%	0%	0%	0%	0%
March (2026)	**21**	90%	10%	0%	0%	0%
April (2026)	**24**	0%	0%	8%	92%	0%
May (2026)	**19**	0%	0%	0%	100%	0%
Totals:	**244**	**83%**	**1%**	**1%**	**14%**	**1%**

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

Of the of 244 audits sent out; the current pass rate is 83%. 1% of the audits are pending review of the documentation received. 14% of the audits have not been received, and 1% of the audits have failed after the full review was completed.

Attachment E



California Board of PSYCHOLOGY

1625 North Market Blvd., Suite N-215, Sacramento, CA 95834
T (916) 574-7720 F (916) 574-8672 Toll-Free (866) 503-3221
www.psychology.ca.gov

MEMORANDUM

DATE	July 29, 2026
TO	Board Members
FROM	Jonathan Burke Executive Officer
SUBJECT	**Agenda Item 10 D** 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. This means that California applicants could take the iEPPP prior to completing their postdoctoral supervised professional experience.
- 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.
- On June 9, 2026 ASPPB held a Townhall Meeting where they shared updates on the iEPPP and its development of questions based on the Joint Task Analysis.
- Beta Testing is a process where a preliminary or "beta" version of an exam is administered to a small, representative group of candidates or users to evaluate its quality, fairness, and effectiveness before it is used for the full-scale assessment.
- Beta Testing will be conducted in March and April 2027.
- The Beta Test is open to the first-time EPPP candidates who meet eligibility requirements set by the Board. Candidates approved to take the EPPP by the Board can choose to take either the current EPPP or the Beta during the Beta Testing period,

and will follow the same registration process.

- How will the EPPP Beta Test Work?
    - Cost: $100 Examination Fee
    - Pass/Fail: ASPPB recommends that a passing score counts as passing the EPPP. A failing score does not count as a failed attempt; candidates can take the current EPPP (Part 1 – Knowledge) for the examination fee of $100 once
    - Testing Time: 5 hours plus a 30-minute break
    - Accommodations: The Beta Test will be in English only, common accommodations will be provided to special needs candidates.
    - Score Reporting: Late June 2027
- The current EPPP will be available until the Fall of 2027 for those who have not taken it. Candidates who have failed the current exam will be able to retake it through March 2028.

OPES Examination Development

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. The Texas Board President and the Assistant Executive Officer will present on the development of the proposed examination at our Board's November 2026 meeting. Texas intends to continue accepting the EPPP.

- The matter of developing a new examination was discussed at the Texas Board's May 7th meeting.
- At the meeting they developed a Request for Proposal for examination development companies to better understand what development of a new competency exam would require.
- Only July 1, 2026 companies were invited 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. Townhall Slides from June 9, 2026
B. Letter to ASPPB
C. Draft Implementation Plan (Hand Carry)

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.

Welcome! We will be starting soon...

Steps in the Implementation and Registration for the integrated EPPP in the Fall of 2027.

Please keep microphones muted as we prepare to start the meeting, thank you.

This virtual town hall will be recorded.

ASPPB | 65 YEARS

Steps In the Implementation And Registration For the EPPP In Fall of 2027

Mariann Burnetti-Atwell, PsyD
Hao Song, PhD
Christy Cogley

June 9, 2026

ASPPB | 65 YEARS

Presenters

Mariann Burnetti-Atwell, PsyD
Chief Executive Officer

Dr. Burnetti-Atwell has served as CEO of the Association of State and Provincial Psychology Boards (ASPPB) since 2018, leading initiatives that strengthen psychology regulation and public protection.

Previously, she was Senior Vice President of Behavioral Health Services at Corizon Health, overseeing multi-state programs. She also spent 15 years in leadership roles with the State of Missouri, including service on the Missouri licensing board, advancing mental health services across corrections and social services systems.

ASPPB | 65 YEARS

Presenters

Hao Song, PhD
Associate Executive Officer of Examination Services

Dr. Hao Song, is the Associate Executive Officer of Examination Services at the Association of State and Provincial Psychology Boards (ASPPB), where she leads the operations, development, and continuous improvement of key licensing exams, including the Examination for Professional Practice in Psychology (EPPP) and the Psychopharmacology Examination for Psychologists (PEP). In her role, Dr. Song spearheads innovative research and technology applications related to credentialing assessments and ensures the quality and validity of large-scale professional licensing programs.

ASPPB | 65 YEARS

Presenters

Christy Cogley
Director of Examination Operations

Christy Cogley is the Director of Examination Operations at the Association of State and Provincial Psychology Boards (ASPPB). She has led the Exams Department operations and has been deeply involved in the development, deployment, and administration of ASPPB's licensure exams for the past five years.

For nearly 20 years before joining ASPPB, Christy was the Educational Commission for Foreign Medical Graduates' Center Manager for the southeastern region of the US assisting in the development, deployment, and delivery of the USMLE Step 2 Clinical Skills exam.

ASPPB | 65 YEARS

Welcome

ASPPB | 65 YEARS

Today's Agenda

- Purpose of Today's Town Hall
- Flowchart of EPPP Activities
- High Level Review of the EPPP Blueprint
- The EPPP Come Fall of 2027
- Eligibility
- Cost Structure
- Beta Testing Period
- Sample Exams
- Transition and Accessibility of the EPPP Part 1 and EPPP Part 2
- Registration
- Resource Materials

ASPPB | 65 YEARS

Today's Agenda

Time for Questions and Comments

Discuss Future Town Hall Events

ASPPB | 65 YEARS

Purpose of Today's Town Hall

- Ensure communications have been received and reviewed
- Provide an overview of EPPP related activities currently underway
- Provide an overview of EPPP related activities that will be occurring through March 31, 2028
- Allow an opportunity for comments and questions to be shared
- Discuss future Town Hall meetings that will be coming in 2026

Flowchart of EPPP Activities

2026

WINTER

- Blueprint shared in English and French.
- The EPPP (Part 1-Knowledge) and EPPP (Part 2-Skills) continue to be available to all eligible candidates.*

SPRING SUMMER

- Exam item development.
- ASPPB Board of Directors approved integrated EPPP cost.

FALL

- Creation and publication of the Sample Exam, based on the new blueprint.
- Call for EPPP candidates to volunteer participating in the Beta Testing.

2027

WINTER SPRING SUMMER

- Beta Test Exam creation.
- Beta Test Delivery March-April 2027.
- Beta Test Exam Fee $100.
- Beta scores available late June 2027.
- Standard setting to establish cut scores for the integrated EPPP.

FALL

- The integrated EPPP will be released live.
- First-time takers will be required to take the integrated EPPP.
- The EPPP (Part 1-Knowledge) and EPPP (Part 2-Skills) will only be available to EPPP repeaters until March 31, 2028.

2028

SPRING

Effective April 1, 2028, the integrated EPPP will be the only version available, and its cost will be $650.**

* The current EPPP (Part 1-Knowledge) and EPPP (Part 2-Skills) will continue to be available to all approved candidates until the integrated EPPP is released live in the Fall of 2027. At that time, candidates who fail the EPPP (Part 1-Knowledge) or EPPP (Part 2-Skills) by the release date of the integrated EPPP may retake the respective exam until March 31, 2028

**Effective April 1, 2028, the EPPP exam fee will be $650. The Board of Directors will consider biannual increases informed by the Consumer Price Index (CPI), starting April 1, 2030.

Next Group of Discussion Items

- High Level Review of EPPP Blueprint
- The EPPP Come Fall of 2027
- Eligibility
- Cost Structure
- Beta Testing Period
- Sample Exams

ASPPB | 65 YEARS

High Level Review of EPPP Blueprint

- Competencies expected of a psychologist at entry to practice
- Domain

    Competency

        Knowledge/Skills

What will the integrated EPPP cover?

Scientific Orientation to Practice 15%	Assessment 20%	Intervention 20%
Consultation and Supervision 10%	Interpersonal Relationships 15%	Ethical and Professional Practice 20%

ASPPB | 65 YEARS

What will the integrated EPPP cover?

50% Foundational

15% Scientific Orientation to Practice
15% Interpersonal Relationships
20% Ethical and Professional Practice

50% Functional

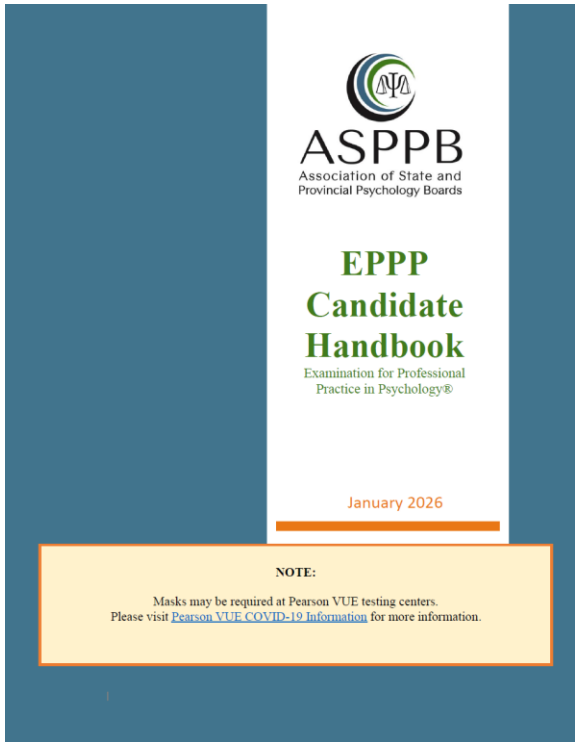
20% Assessment
20% Intervention
10% Consultation and Supervision

ASPPB | 65 YEARS

EPPP Blueprint and EPPP Candidate Handbook

Always publicly available on the ASPPB website

https://asppb.net/exams/asppb-examination-for-professional-psychology-eppp/eppp-handbook/



ASPPB | 65 YEARS

The EPPP Come Fall of 2027

- 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

Eligibility

Recognizing that Licensing Boards and Colleges are responsible for approving candidate eligibility to take the Examination for Professional Practice in Psychology, the ASPPB recommends:

- Candidates should have completed coursework from a doctoral degree program acceptable to the licensing board/college; and
- Candidates should have completed all or most of their required supervised experience, as determined by the licensing board/college.

Cost Structure

- The fee structure will remain unchanged, consisting of Pearson's delivery fee and the ASPPB exam fee.
- There is a $100 exam fee for the EPPP Beta Test in Spring of 2027.
- Effective April 1, 2028, the EPPP exam fee will be $650.
- The ASPPB Board of Directors will consider biannual increases informed by the Consumer Price Index (CPI), starting April 1, 2030.

Sample Exams

- Sample questions and exams for the integrated EPPP will be published in Fall of 2026
- Content and Format mimic the real exam:
  - Half as long as a real exam form
  - Includes correct answers and explanations for both the correct and incorrect options
- Currently at-costs for taking the sample exam:
  - On-line Sample Exam: $30
  - In-person at testing site: $82.50
- Empirical data showed that candidates who took the sample exam ~10% improvement in their passing rate

Beta Testing Period

- Beta Testing of the integrated EPPP is to be in March-April, 2027
- Exam fee will be $100
- The data from this Beta Testing will be used, through Standard Setting, to finalize the cut score for the integrated test
- Unlike the current EPPP, test scores will not be immediately available but will be delayed a few weeks until after Standard Setting
- Encourage jurisdictions to consider a passing score on the Beta Test would be a pass on the EPPP and a failing score would not “count” as an attempt of the EPPP

Access to the EPPP Part 1 and Part 2 in 2028

- The current EPPP (Part 1-Knowledge) and EPPP (Part 2-Skills) will remain available to all approved candidates until the integrated EPPP takes effect in the fourth quarter of 2027. At that time, the EPPP (Part 1-Knowledge) and EPPP (Part 2 – Skills) will no longer be available to first-time candidates.
- Candidates who failed the EPPP (Part 1-Knowledge) or EPPP (Part 2-Skills) prior to the effective date of the integrated EPPP will be allowed to retake the respective exam through March 31, 2028.
- Effective on April 1, 2028, the integrated EPPP will be the only exam – the EPPP – accessible to all candidates.

Next Group of Discussion Items

- Registration Updates
- Resource Materials

ASPPB | 65 YEARS

Registration Updates

- Enhanced EPPP Candidate Registration Portal
  - Jurisdictional trainings will be provided
  - Will be operational for the current EPPP Fall 2026 and utilized for the Beta and integrated EPPP
  - Thank you for feedback along the way

Resources Coming Your Way Next Week

Following this Town Hall, you will provide you with:

- A copy of this presentation
- A narrative of the Beta Testing Period
- The Blueprint for the integrated EPPP

Future Resources

- **Virtual Town Hall** on the registration process for the EPPP in Fall 2026 and Spring 2027
- **Trainings for Jurisdictional users** on the new EPPP Candidate Registration Portal, Clarus Fall of 2026
  - Multiple sessions will be offered over several weeks
- **New EPPP Candidate Handbook** will be available in the Fall of 2026
- **Sample exam** for the integrated EPPP will be available in the Fall of 2026
- **Registration for the Beta** for the integrated will be available Fall of 2026
- **Jurisdiction Implementation Strategic Toolkit (JIST)** for the integrated EPPP in Fall of 2026
- Updated **FAQs** regarding EPPP development progress and upcoming events - **Ongoing**
- Updated **timelines** regarding EPPP development progress and events **- Ongoing**
- **Communications** on the ASPPB website and communications from PsyHub - **Ongoing**

Time for Questions and Comments

ASPPB | 65 YEARS

Thank you for attending!

If you have further questions or comments

EPPPcomments@asppb.org

ASPPB | 65 YEARS

California Board of PSYCHOLOGY
1625 North Market Blvd., Suite N-215, Sacramento, CA 95834
T (916) 574-7720 F (916) 574-8672 Toll-Free (866) 503-3221
www.psychology.ca.gov

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

California Board of PSYCHOLOGY

1625 North Market Blvd., Suite N-215, Sacramento, CA 95834
T (916) 574-7720 F (916) 574-8672 Toll-Free (866) 503-3221
www.psychology.ca.gov

MEMORANDUM

DATE	July 27, 2026
TO	Board Members
FROM	Stephanie Cheung Licensing Manager
SUBJECT	**Agenda Item 10(e)** Stakeholder Survey Results and Next Steps

Background:

At the Board meeting on October 4, 2019, the Board voted to co-host a stakeholder meeting in the future with the Board of Behavioral Sciences (BBS), the Commission on Teachers Credentialing, and other relevant stakeholders to gather input on how to best inform consumers regarding the respective roles of licensed psychologists, licensed educational psychologists (LEPs), and pupil personnel services (PPS) credential holders. This plan was postponed due to the COVID-19 State of Emergency.

The Licensure Committee met in January and July of 2024 and recommended that the Board convene this stakeholder meeting in the afternoon session of the Committee's July 2025 meeting. The Board voted to adopt this recommendation at their August 2024 meeting. In preparation, the Committee and Board identified the Association of Regional Center Agencies (ARCA) and unions representing school personnel as stakeholders. Due to both Boards going through Sunset review in 2025, the meeting was postponed to July 2026 accordingly.

Stakeholder Meeting Preparation

To support planning for the stakeholder meeting, Board staff requested direction from the Committee regarding the focus of stakeholder engagement efforts. Staff recommend centering this engagement on identifying how to best inform consumers about the roles and distinctions among licensed psychologists, LEPs, and PPS credential holders.

Board staff also developed a draft survey to assist with this work. The goal of the survey is to gather preliminary input that will help the Board better understand how consumers and stakeholders perceive the roles of licensed psychologists, LEPs, and PPS credential holders. As an initial information-gathering tool, the survey will help identify areas of confusion, gaps in public understanding, and preferred methods of communication, supporting more focused and productive discussions in subsequent stakeholder engagement.

The survey is intended to gather input from consumers, licensees, credential holders, and other stakeholders on:

- How clearly the public understands the roles of these three professions

- Where confusion most commonly occurs
- What types of consumer-centered information materials would be most helpful
- Where consumers typically seek information
- Whether additional engagement (e.g., working groups or stakeholder meetings) would be beneficial

The Committee provided feedback at its January 2026 meeting, and the Board provided additional feedback at its February 2026 meeting. Staff incorporated all the feedback to the survey and shared it with our stakeholders per the distribution plan below.

Survey Distribution

Board staff worked with DCA SOLID to develop an electronic version of the finalized survey and shared the survey link through the Board's listserv, social media platforms, and the stakeholder groups identified by the Committee and the Board. These groups include ARCA, unions representing school personnel, parent and family advocacy groups, and the California Psychological Association. Stakeholder groups were asked to further share the survey within their networks.

The survey was also shared with the BBS, with a request that they share it with their respective stakeholder communities.

To ensure outreach to PPS credential holders and their relevant stakeholders, Board staff reached out to the California Association of School Psychologists and requested their assistance in sharing the survey with their members and affiliated stakeholders.

Survey Results:

The Board receives 821 responses. Participation was voluntary and open for 24 days (March 10, 2026, through April 3).

Respondent Profile (Q1 & Q2*)*

Most respondents were licensed psychologists (~94%), with smaller numbers of LEPs, PPS credential holders, and other mental-health or educational professionals. Four respondents identified as consumers.

Nearly all respondents (98%) reported being located in or being familiar with California's education and mental-health systems.

A small portion (~5%) selected "Other" or "Other mental health or educational professional" describing themselves as holding multiple credentials, being retired, pre-licensed, or working in related professions such as LMFTs, LPCCs, BCBAs, or university faculty.

Context of Provider interaction (Q3)

Respondents reported familiarity with these roles through clinical/private practice (~44%), providing services (~35%), community mental health (~9%), school settings (~5%), and seeking services (~1%).

Approximately 6% selected “Other”, describing additional contexts such as hospitals, corrections, state hospitals, Regional Centers, university training programs, forensic settings, and consulting roles. They also noted working across multiple settings.

Clarity of Role Differences (Q4)

Respondents indicated that the public does not clearly understand the differences between licensed psychologists, LEPs, and PPS credential holders.

Approximately 83% described the distinctions as “somewhat unclear” or “very unclear,” and approximately three percent (3%) felt the differences are well understood.

Areas of Confusion (Q5)

Respondents selected multiple areas where these roles seem most confusing:

- Differences in training and qualifications (~78%)
- What each title means (~76%)
- Who is qualified to provide specific services (~75%)
- Which services each role can offer (~66%)
- Differences between a license and a credential (~64%)
- Titles being mistaken for one another (~58%)

Approximately two percent (2%) reported observing no confusion.

Where People Look for Information (Q6)

Respondents reported that people most often seek information about these professionals through:

- Internet searches (67%)
- Referrals (~32%)
- Social media (~28%)
- Health care provider or clinic websites (~24%)
- Directly from the provider (~22%)
- Board or agency websites (~11%)
- School or school district websites (~9%)

Approximately nineteen percent (~19%) were unsure where people look for information.

Among the forty-four respondents who selected “Other”, they noted that people often do not seek information at all, relying instead on friends, school staff, community organizations, or AI tools.

Common Questions People Ask (Q7)

Across 510 open-ended responses received, nine themes emerged regarding the questions they or other most often ask about these licenses or credentials:

- Differences between roles (30%)
  - Consumers ask how psychologists, LEPs, LMFTs, LCSWs, psychiatrists, counselors, and life coaches differ.
- Scope of practice (23%)
  - What services does each license permit (e.g., therapy, testing, evaluations).
- Training and qualifications (13%)
  - Questions about degree levels, clinical training, and differences between master's-level and doctoral-level preparation.
- Title and abbreviations (9%)
  - Confusion about these titles: LEP, PPS, NCSP, LMFT, LCSW, PsyD, PhD.
- Diagnostic authority (7%)
  - Questions about who can diagnose mental-health or neurodevelopmental disorders.
- No questions/assumptions (6%)
  - Some consumers do not ask questions and assume all "psychologists" are the same.
- Licensure vs. credentialing (4%)
  - Legitimacy, authority, and differences between licenses and credentials.
- Medication-prescribing (4%)
  - Whether psychologists or LEPs can prescribe.
- Other (4%)
  - Insurance coverage, pay differences, general navigation of services.

Preferred Consumer-Centered Resources (Q8)

Respondents identified the type or resources that they would find most helpful in explaining these roles:

- Side-by-side comparison charts (~80%)
- Plain-language explanations (~77%)
- Examples or scenarios illustrating when to seek each type of provider (~50%)
- FAQs (~49%)
- Flowcharts (~36%)
- Short explainer videos (~26%)
- Other (~7%)
- Working groups or stakeholder meetings (~4%)

Approximately 7% selected "Other", noting multilingual materials, social-media-friendly content, and resources tailored for parents, educators, and community organizations would be helpful.

Next Steps:

Option 1: Develop a One-Page Consumer Explainer on Licensed Psychologists

Create a brief, plain-language resource that helps the public understand what a licensed psychologist is and how this role fits within California's mental-health system. This one-page explainer would include:

- A clear description of what a licensed psychologist is
- Required education and training
- Types of services psychologists provide
- How consumers can verify a psychologist's license

This option directly addresses the areas of public confusion identified in the survey and remains fully within the Board's jurisdiction.

Option 2: Explore Resources from Other Governmental Agencies Focused on Behavioral Health and Public Understanding

Explore whether other governmental agencies already produce public-facing materials that support behavioral-health literacy or help consumers understand provider roles. This exploratory step ensures the Board is aware of existing statewide resources and can identify materials that may complement or reinforce the Board's own consumer education efforts.

Staff Recommendation:

Staff recommended beginning with option 2 to research and identify publicly available resources that may align with the Board's consumer-education goals, support consistency with broader statewide messaging on behavioral-health roles, and ensure the Board's work is informed by the broader landscape of public-education efforts. This option reflects a responsible and informed approach to consumer education. If already available information cannot be found, then staff will proceed with Option 1.

Licensure Committee Decision:

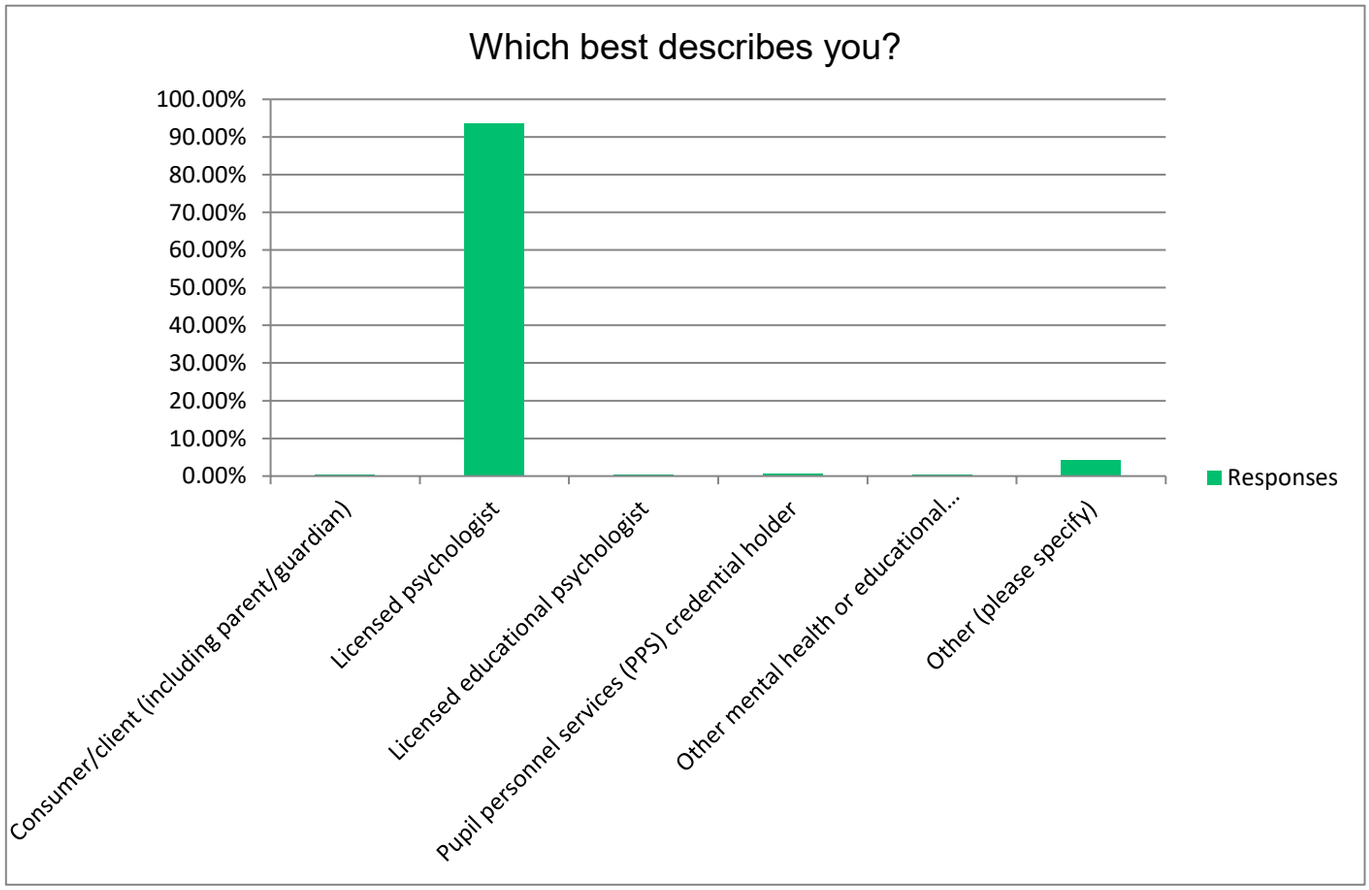
The Licensure Committee directed staff to proceed with option 2.

Attachment:
Survey Result Charts

Action Requested:
This item is for information only.

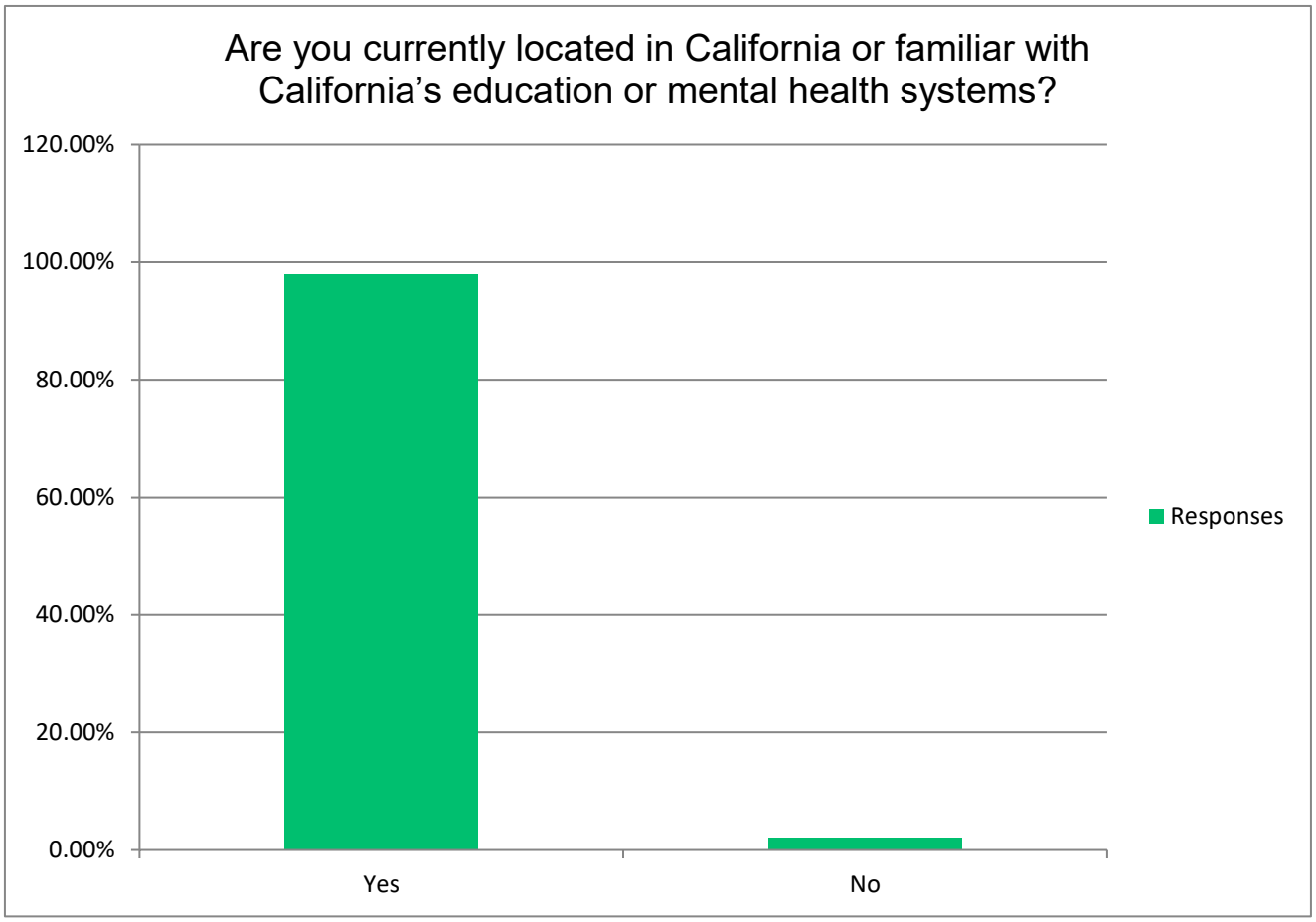
Q1 Which best describes you?

Answer Choices	Responses	
Consumer/client (including parent/guardian)	0.49%	4
Licensed psychologist	93.65%	767
Licensed educational psychologist	0.37%	3
Pupil personnel services (PPS) credential holder	0.61%	5
Other mental health or educational professional (please specify)	0.49%	4
Other (please specify)	4.40%	36
	Answered	**819**
	Skipped	**2**



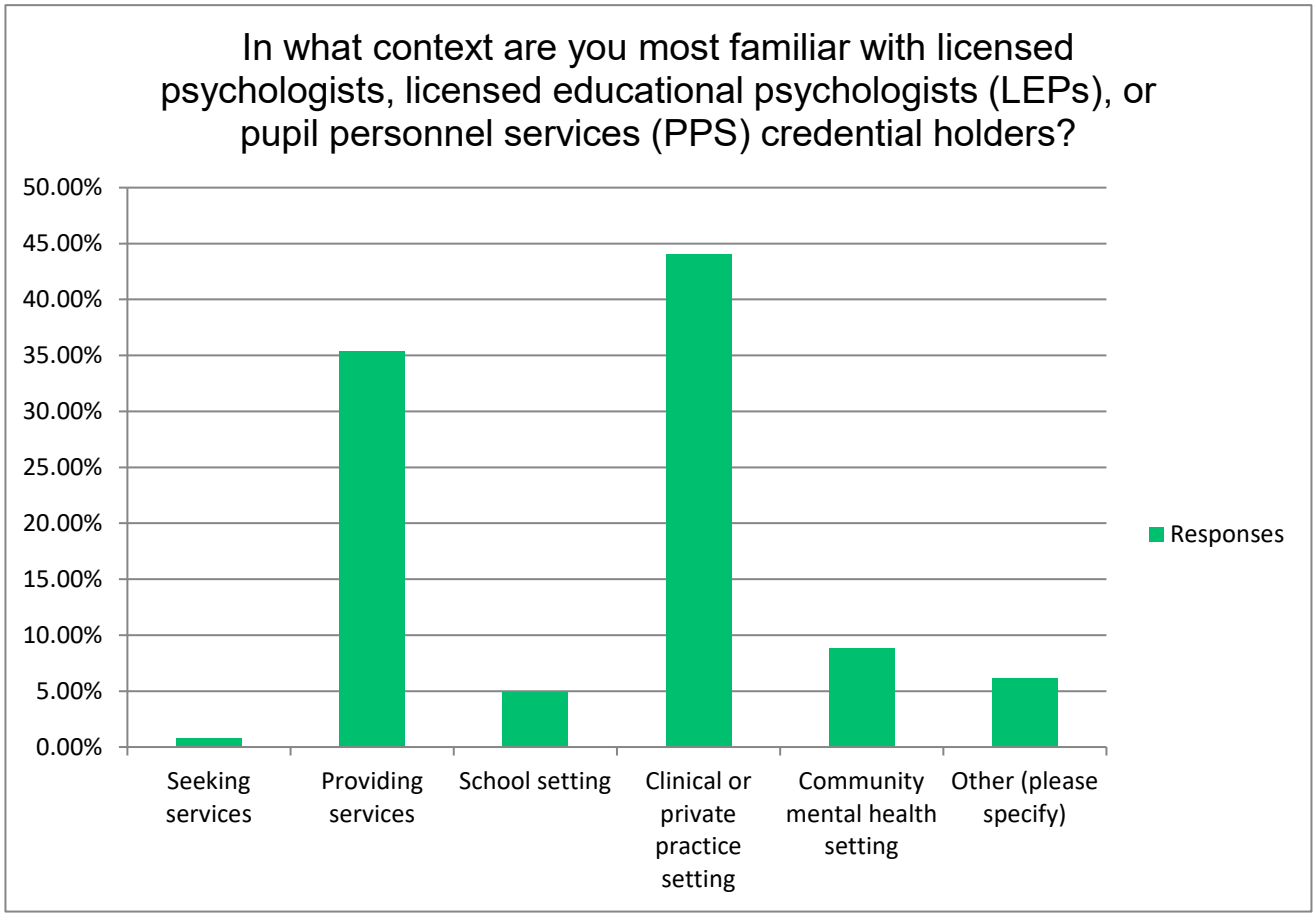
Q2 Are you currently located in California or familiar with California's education or mental health systems?

Answer Choices	Responses	
Yes	97.92%	800
No	2.08%	17
	Answered	**817**
	Skipped	**4**



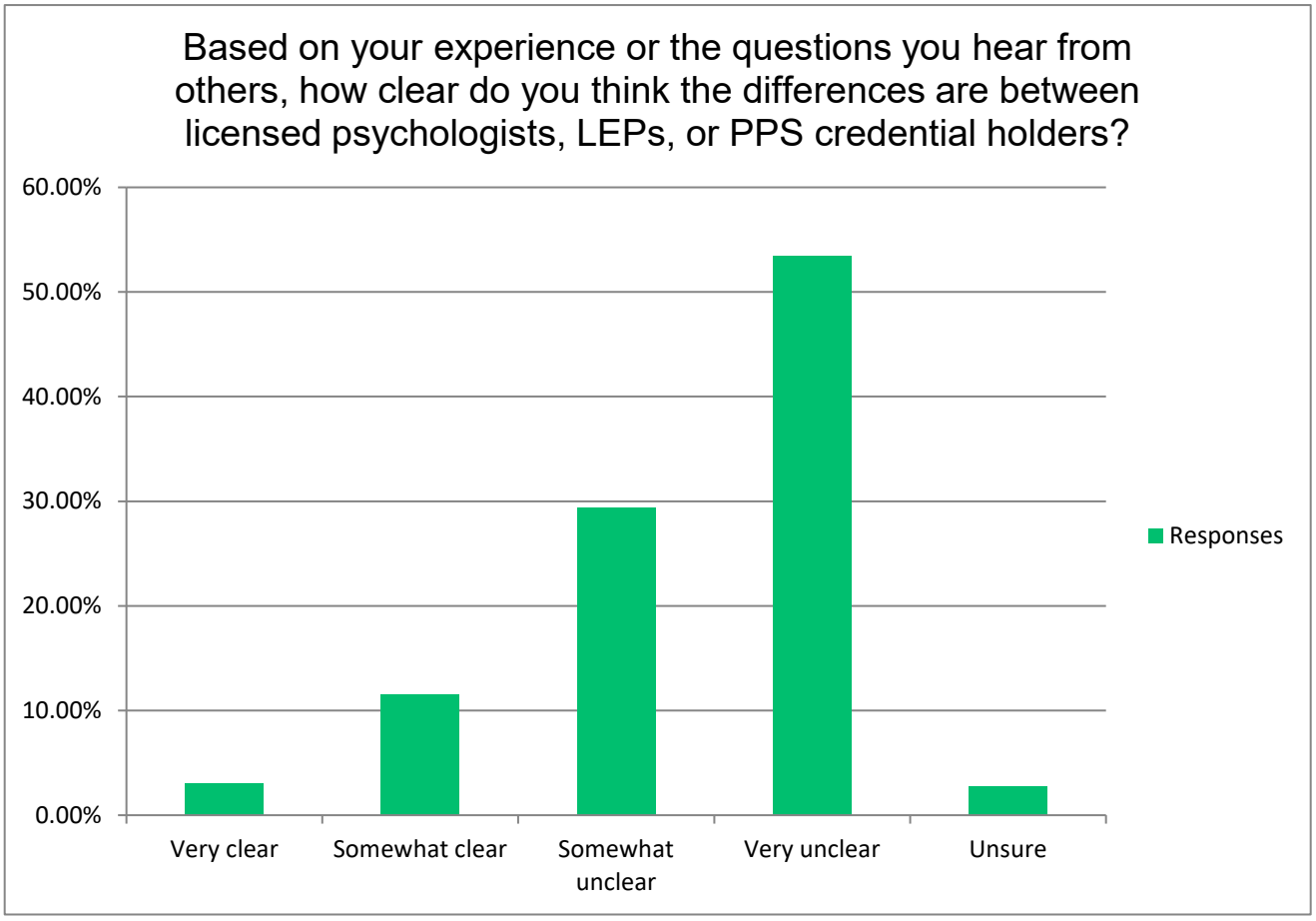
Q3 In what context are you most familiar with licensed psychologists, licensed educational psychologists (LEPs), or pupil personnel services (PPS) credential holders?

Answer Choices	Responses	
Seeking services	0.73%	6
Providing services	35.37%	289
School setting	4.90%	40
Clinical or private practice setting	44.06%	360
Community mental health setting	8.81%	72
Other (please specify)	6.12%	50
	Answered	**817**
	Skipped	**4**



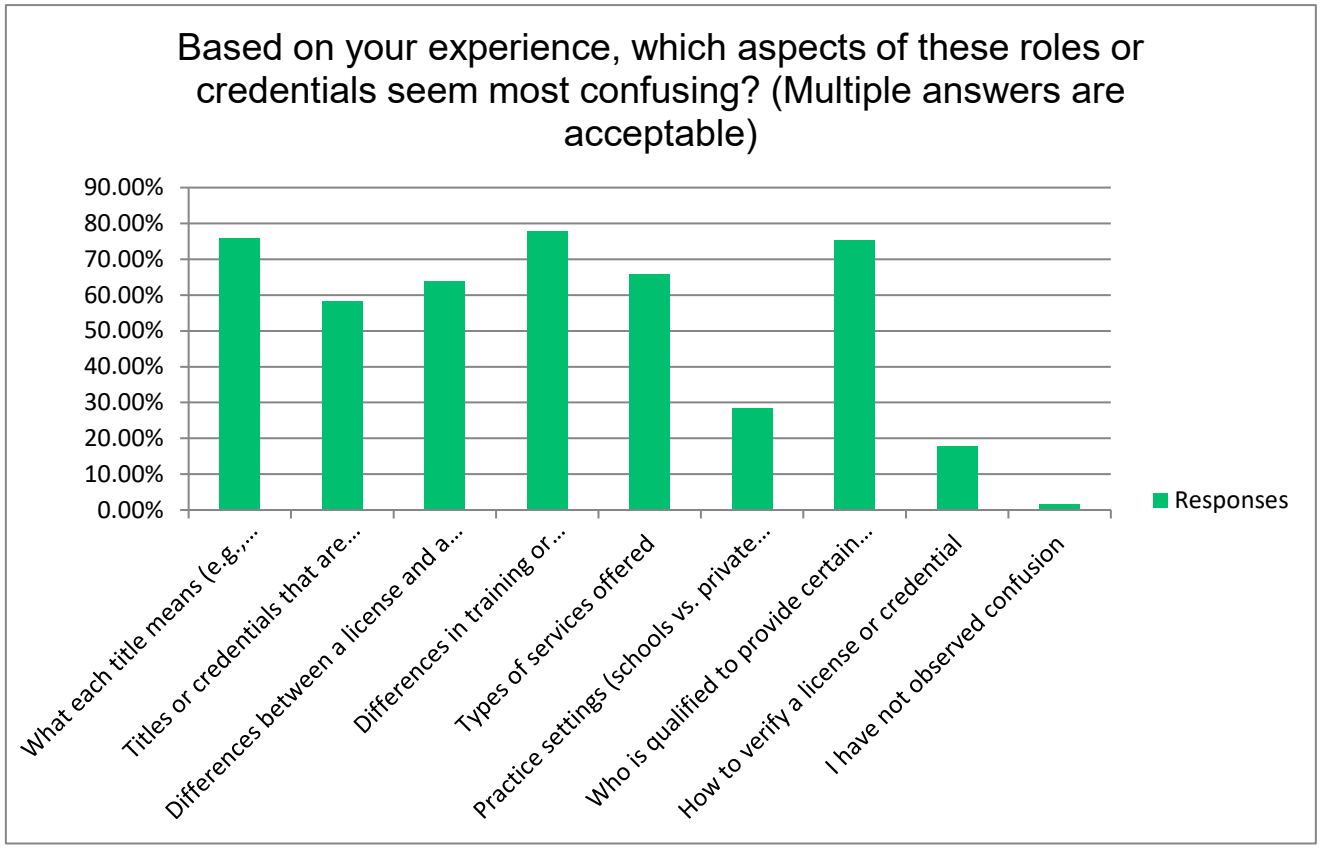
Q4 Based on your experience or the questions you hear from others, how clear do you think the differences are between licensed psychologists, LEPs, or PPS credential holders?

Answer Choices	Responses	
Very clear	3.06%	25
Somewhat clear	11.49%	94
Somewhat unclear	29.34%	240
Very unclear	53.42%	437
Unsure	2.69%	22
	Answered	**818**
	Skipped	**3**



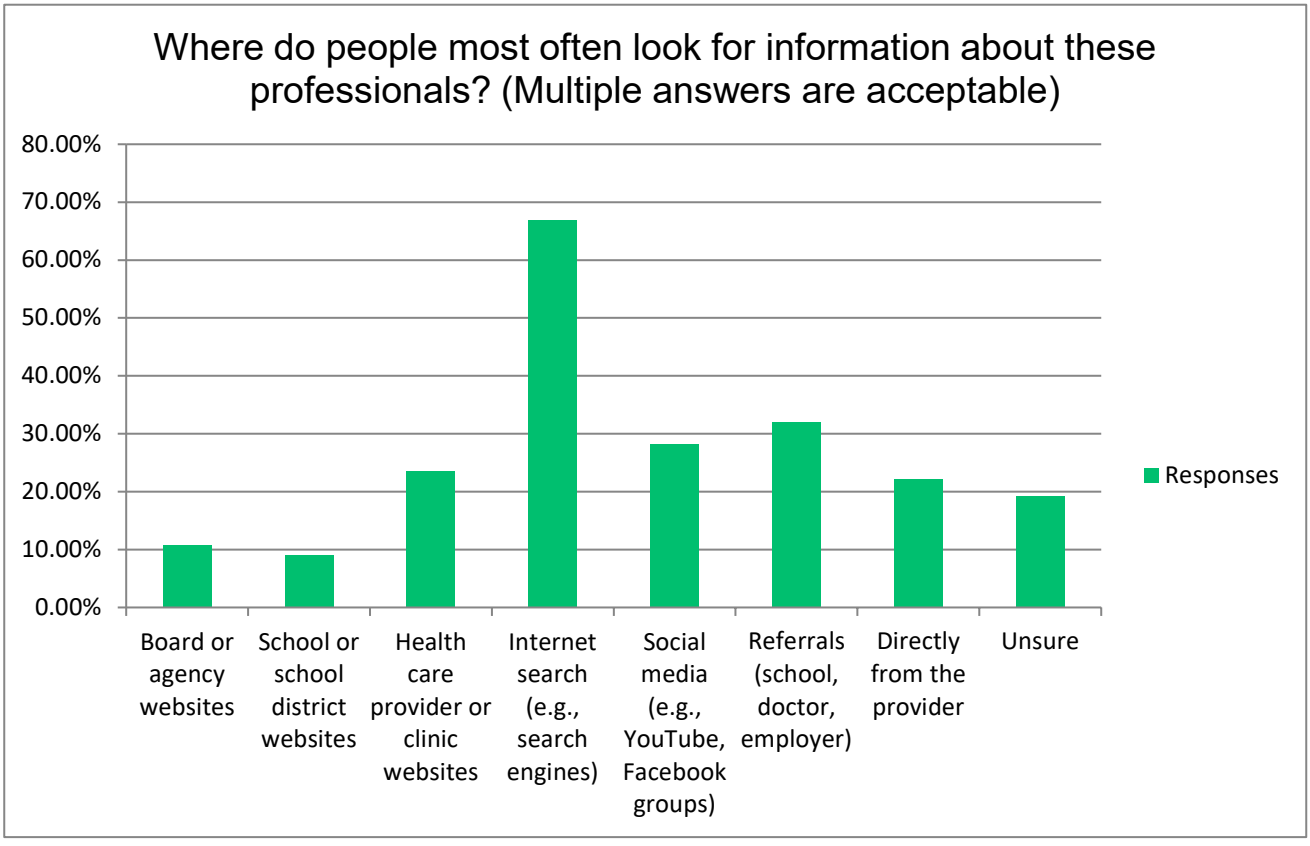
Q5 Based on your experience, which aspects of these roles or credentials seem most confusing? (Multiple answers are acceptable)

Answer Choices	Responses	
What each title means (e.g., psychologist, LEP, PPS)	75.79%	620
Titles or credentials that are mistaken for one another	58.19%	476
Differences between a license and a credential	63.81%	522
Differences in training or qualifications	77.63%	635
Types of services offered	65.89%	539
Practice settings (schools vs. private practice)	28.24%	231
Who is qualified to provide certain services	75.31%	616
How to verify a license or credential	17.60%	144
I have not observed confusion	1.59%	13
	Answered	**818**
	Skipped	**3**



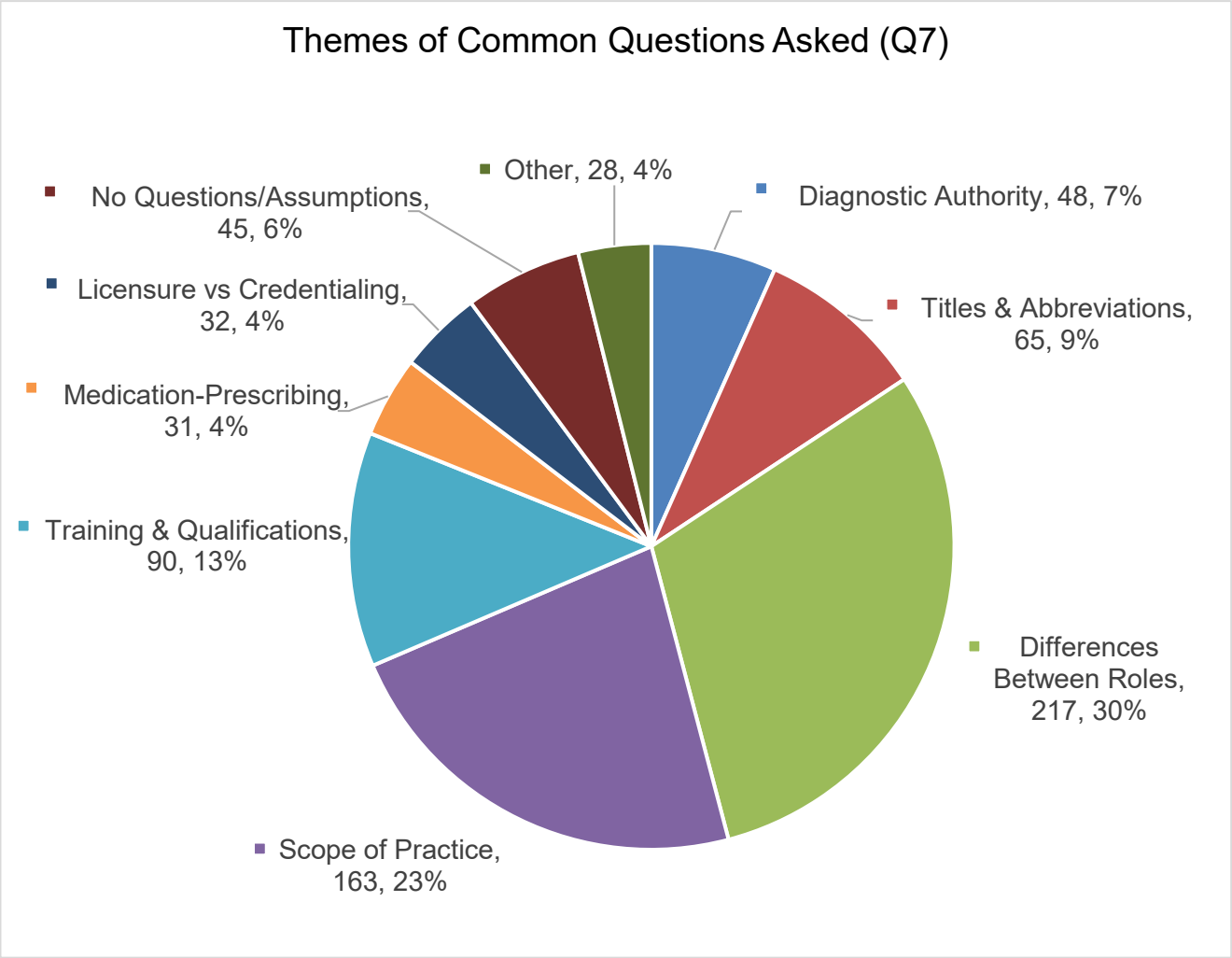
Q6 Where do people most often look for information about these professionals? (Multiple answers are acceptable)

Answer Choices	Responses	
Board or agency websites	10.83%	87
School or school district websites	9.09%	73
Health care provider or clinic websites	23.66%	190
Internet search (e.g., search engines)	67.00%	538
Social media (e.g., YouTube, Facebook groups)	28.27%	227
Referrals (school, doctor, employer)	32.13%	258
Directly from the provider	22.17%	178
Unsure	19.30%	155
Other (please specify)	0.05%	44
	Answered	**803**
	Skipped	**18**



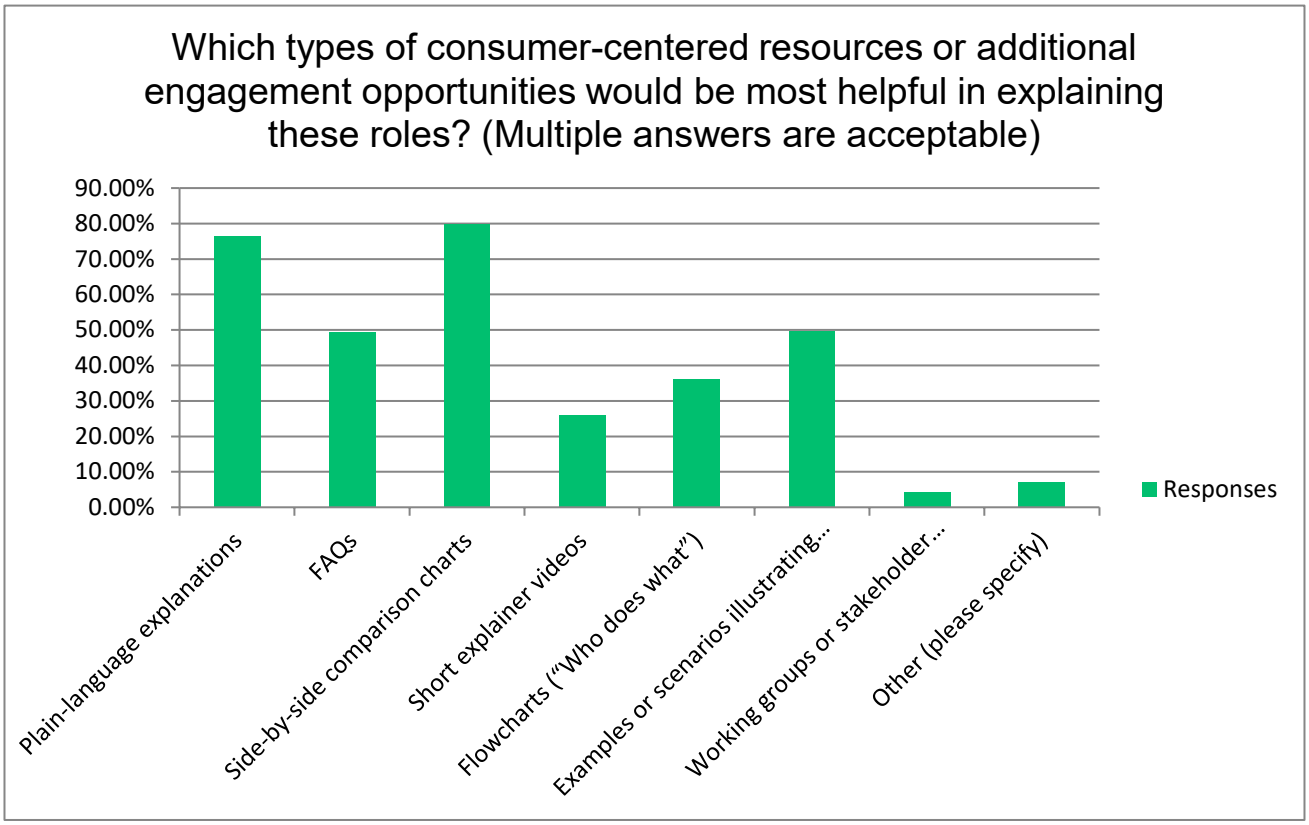
Q7 What questions do you or others most often ask about these licenses or credentials?

Answered	**510**
Skipped	**311**



Q8 Which types of consumer-centered resources or additional engagement opportunities would be most helpful in explaining these roles? (Multiple answers are acceptable)

Answer Choices	Responses	
Plain-language explanations	76.51%	619
FAQs	49.32%	399
Side-by-side comparison charts	79.85%	646
Short explainer videos	25.96%	210
Flowcharts (“Who does what”)	36.09%	292
Examples or scenarios illustrating when to seek each type of provider	49.69%	402
Working groups or stakeholder meetings	4.20%	34
Other (please specify)	7.17%	58
	Answered	**809**
	Skipped	**12**



California Board of PSYCHOLOGY

1625 North Market Blvd., Suite N-215, Sacramento, CA 95834
T (916) 574-7720 F (916) 574-8671 Toll-Free (866) 503-3221
www.psychology.ca.gov

MEMORANDUM

DATE	July 24, 2026
TO	Psychology Board Members
FROM	Cynthia Whitney, Central Services Manager
SUBJECT	Agenda Item 11(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.

California Board of PSYCHOLOGY

1625 North Market Blvd., Suite N-215, Sacramento, CA 95834
T (916) 574-7720 F (916) 574-8671 Toll-Free (866) 503-3221
www.psychology.ca.gov

MEMORANDUM

DATE	July 24, 2026
TO	Psychology Board Members
FROM	Cynthia Whitney, Central Services Manager
SUBJECT	Agenda Item 11(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. 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 was scheduled for May 4, 2026.

On May 20, 2026, SB 903 was read for the first time in Assembly.

On May 26, 2026, SB 903 was referred to the Business and Professions Committee and the Privacy and Consumer Protection Committee.

On June 16, 2026, the co-authors revised SB 903 and re-referred to the Privacy and Consumer Protection Committee.

On July 2, 2026, SB 903 was amended and re-referred to the Appropriations Committee. The amendments are more detailed and more restrictive in how AI may be used in psychotherapy-related settings, while also adding a clearer safe-use path for administrative/supplementary support and expanding some supervised practitioner categories.

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 ASSEMBLY JULY 2, 2026

AMENDED IN ASSEMBLY JUNE 8, 2026

AMENDED IN SENATE APRIL 7, 2026

SENATE BILL No. 903

Introduced by Senator Padilla
(Coauthor: Senator Rubio)
(Coauthors: Assembly Members Addis, Lowenthal, and Pellerin)

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 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 regulate the use of artificial intelligence ~~by licensed professionals~~ *in connection with* providing *or facilitating* psychotherapy services, as defined. The bill, among other things, would *authorize an individual, corporation, or entity that provides or facilitates psychotherapy services to use artificial intelligence tools or systems only to assist in providing administrative or supplementary support in psychotherapy services, as specified. The bill 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 client or their authorized representative is informed that artificial intelligence will be ~~used, informed of~~ *used and* the purpose of the artificial intelligence tool or system, and the patient or client or their authorized representative provides consent, as specified. The bill would prohibit an individual, corporation, or entity from advertising or otherwise purporting to offer psychotherapy services when the services are provided through the use of companion chatbots. The bill would prohibit ~~a licensed professional~~ *an individual, corporation, or entity* from allowing artificial intelligence to perform certain acts, including making ~~independent~~ therapeutic decisions or detecting emotions or mental ~~states.~~ *states, without review and approval by a licensed professional.* 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 patient or client records for psychotherapy services to comply with the confidentiality requirements of the above-described provision of the Confidentiality of Medical Information Act and would prohibit a company or entity from sharing, selling, storing, or training their models on any data obtained from psychotherapy in a manner inconsistent with any applicable law.

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: yes.

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

SECTION 1. Chapter 13.6 (commencing with Section 4989.80) is added to Division 2 of the Business and Professions Code, to read:

Chapter 13.6. Wellness and Oversight for Psychological Resources Act

4989.80. This chapter may be cited as the Wellness and Oversight for Psychological Resources Act.

4989.81. The purpose of this chapter is to safeguard individuals seeking psychotherapy services by ensuring these services are delivered by licensed professionals. This chapter is intended to protect consumers from unlicensed or unqualified providers, including unregulated artificial intelligence systems, while

respecting individual choice and access to community-based and faith-based mental health support and recognizing that artificial intelligence technology has the potential to expand clinical capacity if used in a safe, ethical, and legal manner.

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

(a) "Administrative support" means tasks performed to assist a licensed professional in the delivery of psychotherapy services that do not involve psychotherapeutic communication. "Administrative support" includes, but is not limited to, all of the following:

(1) Managing appointment scheduling and reminders.

(2) Processing billing and insurance claims.

(3) Drafting general communications related to therapy logistics that do not include therapeutic advice.

(b) "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.

(c) "Companion chatbot" has the same meaning as in Section 22601.

~~(c)~~

(d) (1) "Consent" means a clear, explicit affirmative act by an individual that meets both of the following requirements:

(A) Unambiguously communicates the individual's express, informed, and voluntary agreement, either verbally or in writing, and documented in the record.

(B) Is revocable by the individual.

(2) "Consent" does not include an agreement that is obtained by any of the following:

(A) The acceptance of a general or broad terms of use agreement or a similar document that contains descriptions of artificial intelligence along with other information unrelated to the privacy of medical information.

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

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

~~(d)~~

(e) "Licensed professional" means any of the following:

(1) A person authorized to practice medicine in this state who devotes, or is reasonably believed by the patient to devote, a substantial portion of their time to the practice of psychiatry.

(2) A person licensed as a psychologist under Chapter 6.6 (commencing with Section 2900).

(3) A person licensed as a clinical social worker under Chapter 14 (commencing with Section 4991), when they are engaged in applied psychotherapy of a nonmedical nature.

(4) A person who is serving as a school psychologist and holds a credential authorizing that service issued by the state.

(5) A person licensed as a marriage and family therapist under Chapter 13 (commencing with Section 4980).

(6) A person registered as a registered psychological associate who is under the supervision of a licensed psychologist as required by Section 2913, or a person registered as an associate marriage and family therapist who is under the supervision of a licensed marriage and family therapist, *a licensed educational psychologist,* a licensed clinical social worker, a licensed professional clinical counselor, a licensed psychologist, or a licensed physician and surgeon certified in psychiatry, as specified in ~~Section 4980.44.~~ *subdivision (g) of Section 4980.03.*

(7) A person registered as an associate clinical social worker who is under supervision as specified in Section 4996.23.

(8) A psychological trainee, as defined in Section 2911, who is under the primary supervision of a licensed psychologist.

(9) A *marriage and family therapist* trainee, as defined in subdivision (c) of Section 4980.03, who is fulfilling their supervised practicum required by subparagraph (B) of paragraph (1) of subdivision (d) of Section 4980.36 or subdivision (c) of Section 4980.37 and is supervised by a licensed ~~psychologist, a board-certified psychiatrist, a licensed clinical social worker, a licensed marriage and family therapist, or a licensed professional clinical counselor.~~ *marriage and family therapist, a licensed educational psychologist, a licensed clinical social worker, a licensed professional clinical counselor, a licensed psychologist, or a licensed physician and surgeon certified in psychiatry, as specified in subdivision (g) of Section 4980.03.*

(10) A person licensed as a registered nurse pursuant to Chapter 6 (commencing with Section 2700) who possesses a master's degree in psychiatric-mental health nursing and is listed as a

psychiatric-mental health nurse by the Board of Registered Nursing.

(11) An advanced practice registered nurse who is certified as a clinical nurse specialist pursuant to Article 9 (commencing with Section 2838) of Chapter 6 and who participates in expert clinical practice in the specialty of psychiatric-mental health nursing.

(12) A person rendering mental health treatment or counseling services as authorized pursuant to Section 6924 of the Family Code.

(13) A person licensed as a professional clinical counselor under Chapter 16 (commencing with Section 4999.10).

(14) A person registered as an associate professional clinical counselor who is under the supervision of a licensed professional clinical counselor, a licensed marriage and family therapist, a licensed clinical social worker, a licensed psychologist, or a licensed physician and surgeon certified in psychiatry, as specified in ~~Sections 4999.42 to 4999.48, inclusive.~~ *subdivision (h) of Section 4999.12*.

(15) A clinical counselor trainee, as defined in subdivision (g) of Section 4999.12, who is fulfilling their supervised practicum required by paragraph (3) of subdivision (c) of Section 4999.32 or paragraph (3) of subdivision (c) of Section ~~4999.33 and is supervised by a licensed psychologist, a board-certified psychiatrist, a licensed clinical social worker, a licensed marriage and family therapist, or a licensed professional clinical counselor.~~ *4999.33*.

(16) A licensed educational psychologist.

(17) A social work intern.

(18) An advanced practice registered nurse who is certified as a nurse practitioner pursuant to Article 8 (commencing with Section 2834) of Chapter 6 and who holds a national certification by an organization accredited by the National Commission for Certifying Agencies or the Accreditation Board for Specialty Nursing Certification as a psychiatric-mental health nurse practitioner across the lifespan.

~~(e)~~

(f) "Peer support" means services provided by individuals with lived experience of mental health conditions or recovery from substance use disorders that are intended to offer encouragement, understanding, and guidance without clinical intervention.

~~(f)~~

(g) (1) "Psychotherapeutic communication" means any verbal, nonverbal, or written interaction in a clinical or professional setting that is conducted for the purpose of diagnosing or treating a mental health or substance use disorder or concern. "Psychotherapeutic communication" includes, but is not limited to, any of the following:

(A) Direct interactions with patients or clients for the purpose of diagnosing or treating a mental health or substance use disorder or concern.

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

(C) Collaborating with patients or clients to develop or modify therapeutic goals or treatment plans for a mental health or substance use disorder or concern.

(2) "Psychotherapeutic communication" does not include general wellness education, instruction, or guidance that is intended to promote overall health and well-being rather than to diagnose or treat a specific mental, emotional, or behavioral health disorder or concern.

~~(g)~~

(h) "Psychotherapy services" means services provided to ~~diagnose,~~ *diagnose* or treat an individual's mental health or substance use disorder. "Psychotherapy services" does not include religious counseling or peer support.

~~(h)~~

(i) "Religious counseling" means counseling provided by clergy members, pastoral counselors, or other religious leaders acting within the scope of their religious duties if the services are explicitly faith based and are not represented as clinical mental health services or psychotherapy services.

~~(i)~~

(j) "Supplementary support" means tasks performed to assist a licensed professional in the delivery of psychotherapy services that do not involve psychotherapeutic communication and that are not administrative support. "Supplementary support" includes, but is not limited to, any of the following:

(1) Preparing and maintaining patient or client records, including psychotherapy and progress notes.

(2) Analyzing data to track patient or client progress or identify trends, reviewed by a licensed professional.

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

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

~~(j)~~

(k) "Triage or screening" means the assessment of an individual's health concerns and symptoms for the purpose of determining the urgency, clinical nature, or appropriate level of the individual's need for psychotherapy services.

~~(k) "Use of artificial intelligence" means the use of artificial intelligence tools or systems to assist in providing administrative support or supplementary support in psychotherapy services.~~

~~4989.83. (a) An~~

4989.83. (a) An individual, corporation, or entity that provides or facilitates psychotherapy services may use artificial intelligence tools or systems only to assist in providing administrative support or supplementary support in psychotherapy services, provided that those activities are carried out in a manner consistent with this chapter and any other applicable law.

(b) An individual, corporation, or entity shall not use artificial intelligence to record or transcribe psychotherapeutic communications, psychotherapy sessions, or triage or screening unless both of the following conditions are satisfied:

(1) The patient or client, or the patient's or client's legally authorized representative, is informed verbally or in writing of both of the following:

(A) That artificial intelligence will be used.

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

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

~~(b)~~

(c) A patient does not surrender any of their rights to care if the patient or their legally authorized representative does not provide

consent to artificial intelligence being used to record or transcribe psychotherapeutic communications, psychotherapy sessions, or triage or screening.

4989.84. (a) An individual, corporation, or entity shall not advertise or otherwise purport to offer psychotherapy services when the services are provided through the use of companion chatbots. This includes by claiming the companion chatbot is a therapist or provides therapy.

(b) When ~~providing~~ *used in connection with the provision of* psychotherapy services or conducting triage or screening, an individual, corporation, or entity ~~may use artificial intelligence only to the extent the use meets the requirements of this chapter and shall not allow artificial intelligence to do any of the following:~~ *shall not allow artificial intelligence to do any of the following without review and approval by a licensed professional:*

(1) Make ~~independent~~ therapeutic decisions.

(2) Directly interact with patients or clients in any form of psychotherapeutic communication, unless the tool or system is approved *or cleared* by the United States Food and Drug Administration for that use and is compliant with the federal Health Insurance Portability and Accountability Act of 1996 (Public Law 104-191).

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

(4) Detect emotions or mental states.

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

(5) Perform triage or screening.

(c) If a licensed professional uses artificial intelligence in connection with psychotherapy services or triage or ~~screening and the use has not been selected, provided, directed, or mandated by an employing or contracting entity,~~ *screening,* the licensed professional shall be responsible for ~~both of the following:~~ *ensuring the licensed professional and anyone under their supervision uses the artificial intelligence in a manner that is clinically appropriate and compliant with this chapter.*

~~(1) Ensuring the artificial intelligence is deployed in compliance with this chapter.~~

~~(2) Ensuring the artificial intelligence is used in a clinically appropriate manner.~~

(d) If a licensed professional uses artificial intelligence required or authorized by their employer or contracting entity, the~~ following shall apply:~~ *employer or contracting entity shall be responsible for both of the following:*

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

~~(A)~~

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

~~(B)~~

(2) Directing the licensed professional to use the artificial intelligence in compliance with this chapter.

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

4989.85. Use of artificial intelligence in patient or client records for psychotherapy services shall comply with the Confidentiality of Medical Information Act (Part 2.6 (commencing with Section 56) of Division 1 of the Civil Code). A company or entity shall not share, sell, store, or train their models on any data obtained from psychotherapy in a manner inconsistent with any applicable law.

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

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

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

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

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

(a) Religious counseling.

(b) Peer support.

(c) Self-help materials and educational resources that are available to the public and do not purport to offer psychotherapy services.

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

(e) Research, as defined in Section 164.501 of Title 45 of the Code of Federal Regulations, conducted by an academic or nonprofit research institution that is conducted in accordance with applicable ethics, confidentiality, privacy, and security rules of Part 164 (commencing with Section 164.102) of Title 45 of the Code of Federal Regulations, the Federal Policy for the Protection of Human Subjects, also known as the Common Rule, good clinical practice guidelines issued by the International Council for ~~Harmonisation,~~ *Harmonisation of Technical Requirements for Pharmaceuticals for Human Use,* or human subject protection requirements of the United States Food and Drug Administration.

~~(f) Any artificial intelligence tool or system that has been reviewed and cleared, authorized, or approved for use by the United States Food and Drug Administration, or another federal agency tasked with approving artificial intelligence for use in health care, provided the tool or system is used consistent with its approved indication and applicable federal requirements.~~

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

O

California Board of PSYCHOLOGY

1625 North Market Blvd., Suite N-215, Sacramento, CA 95834
T (916) 574-7720 F (916) 574-8672 Toll-Free (866) 503-3221
www.psychology.ca.gov

2026 Bill Analysis

Bill Author:	Bill Number:	Related Bills:
Senator Stephen Padilla	SB 903	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: __2/13/2026__
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.

California Board of PSYCHOLOGY

1625 North Market Blvd., Suite N-215, Sacramento, CA 95834
T (916) 574-7720 F (916) 574-8672 Toll-Free (866) 503-3221
www.psychology.ca.gov

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,

Lea Tate, PsyD
President, Board of Psychology

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

California Board of PSYCHOLOGY

1625 North Market Blvd., Suite N-215, Sacramento, CA 95834
T (916) 574-7720 F (916) 574-8672 Toll-Free (866) 503-3221
www.psychology.ca.gov

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,

Lea Tate, PsyD
President, Board of Psychology

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

California Board of PSYCHOLOGY

1625 North Market Blvd., Suite N-215, Sacramento, CA 95834
T (916) 574-7720 F (916) 574-8671 Toll-Free (866) 503-3221
www.psychology.ca.gov

MEMORANDUM

DATE	July 30, 2026
TO	Psychology Board Members
FROM	Cynthia Whitney, Central Services Manager
SUBJECT	Agenda Item 11(b)(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.

On May 15, 2026, the Board of Psychology (Board) adopted a Support position on this bill. Board staff prepared and submitted letters of support to the Assembly Public Safety Committee and the Assembly Judiciary Committee on July 15, 2026.

On May 21, 2026, the bill was ordered to the Senate and read for the first time.

On June 3, 2026, AB 2164 was referred to the Committees of Public Safety and Judiciary.

On July 1, 2026, the bill was re-referred to the Appropriations Committee.

Action Requested

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

Attachment #1: Bill Text – Weblink
Attachment #2: Bill Analysis
Attachment #3: Letter of Support Assembly Public Safety Committee
Attachment #4: Letter of Support Assembly Judiciary Committee

AMENDED IN ASSEMBLY APRIL 23, 2026

AMENDED IN ASSEMBLY APRIL 9, 2026

CALIFORNIA LEGISLATURE—2025–26 REGULAR SESSION

ASSEMBLY BILL No. 2164

Introduced by Assembly Member Bauer-Kahan
(Principal coauthor: Senator Rubio)
(Coauthors: Assembly Members Addis, Aguiar-Curry, Ávila Farías, Bonta, *Bryan,* Calderon, Elhawary, Irwin, *Kalra,* McKinnor, Nguyen, Ortega, Papan, Patel, Pellerin, Quirk-Silva, Celeste Rodriguez, Schiavo, Stefani, Wilson, Schultz, ~~and Sharp-Collins~~) *Sharp-Collins, and Zbur)*
(Coauthors: Senators Menjivar, Pérez, and Reyes)

February 18, 2026

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

LEGISLATIVE COUNSEL'S DIGEST

AB 2164, as amended, 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~~ *if* 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 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:

SECTION 1. Section 123469.5 is added to the Health and Safety Code, to read:

123469.5. (a) The protections applicable to persons who engage in legally protected health care activity, as defined in Section 1798.300 of the Civil Code, shall also apply to a person who has previously 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 by this state if they had been undertaken in this state,~~ if 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.

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

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

SEC. 2. Section 1549.13 is added to the Penal Code, to read:

1549.13. Except as required by ~~federal law,~~ *Sections 1548.1 and 1548.2,* no demand for the extradition of a person subject to criminal liability that is in whole or in part based on the alleged provision or receipt of, assistance in the provision or receipt of, material support for, or any theory of vicarious, joint, several, or conspiracy liability for any legally protected health care activity, as defined in Section 1549.15, shall be recognized by the ~~Governor unless the executive authority of the demanding state alleges in writing that the accused was physically present in the demanding state at the time of the commission of the alleged crime, and that thereafter such accused fled from that state.~~ *Governor.*

O

California Board of PSYCHOLOGY

1625 North Market Blvd., Suite N-215, Sacramento, CA 95834
T (916) 574-7720 F (916) 574-8672 Toll-Free (866) 503-3221
www.psychology.ca.gov

2026 Bill Analysis

Author:	Bill Number:	Related Bills:
Assembly Member Rebecca Bauer-Kahan	AB 2164	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.

California Board of PSYCHOLOGY

1625 North Market Blvd., Suite N-215, Sacramento, CA 95834
T (916) 574-7720 F (916) 574-8672 Toll-Free (866) 503-3221
www.psychology.ca.gov

July 15, 2026

Assembly Member Nick Schultz
Chair, Public Safety Committee
1020 N Street, Suite 111
Sacramento, CA 95814

RE: **AB 2164 (Bauer-Kahan) – Legally protected activities**

Dear Assembly Member Schultz:

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

At its May 15, 2026, meeting, the Board adopted a **Support** position on Assembly Bill 2164 (Bauer-Kahan).

AB 2164 is intended to expand California's protections for individuals engaged in legally protected health care activities, including reproductive and gender-affirming care. It extends existing safe 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.

For psychologists, the bill explicitly includes gender-affirming mental health care services within its scope of protection.

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

For these reasons, the Board supports AB 2164.

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

Sincerely,

Lea Tate, PsyD
President, Board of Psychology

cc: Assembly Member Juan Alanis (Vice-Chair)

California Board of PSYCHOLOGY

1625 North Market Blvd., Suite N-215, Sacramento, CA 95834
T (916) 574-7720 F (916) 574-8672 Toll-Free (866) 503-3221
www.psychology.ca.gov

July 15, 2026

Assembly Member Ash Kalra
Chair, Committee on Judiciary
1020 N Street, Suite 104
Sacramento, CA 95814

RE: **AB 2164 (Bauer-Kahan) – Legally protected activities**

Dear Assembly Member Kalra:

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

At its May 15, 2026, meeting, the Board adopted a **Support** position on Assembly Bill 2164 (Bauer-Kahan).

AB 2164 is intended to expand California's protections for individuals engaged in legally protected health care activities, including reproductive and gender-affirming care. It extends existing safe 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.

For psychologists, the bill explicitly includes gender-affirming mental health care services within its scope of protection.

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

For these reasons, the Board supports AB 2164.

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

Sincerely,

Lea Tate, PsyD
President, Board of Psychology

cc: Assembly Member Alexandra M. Macedo (Vice-Chair)

California Board of PSYCHOLOGY

1625 North Market Blvd., Suite N-215, Sacramento, CA 95834
T (916) 574-7720 F (916) 574-8671 Toll-Free (866) 503-3221
www.psychology.ca.gov

MEMORANDUM

DATE	July 30, 2026
TO	Psychology Board Members
FROM	Cynthia Whitney, Central Services Manager
SUBJECT	Agenda Item 11(b)(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 1391 was ordered to the Assembly where it was read for the first time and held at the desk.

On May 15, 2026, the Board of Psychology (Board) adopted a Support position on this bill. Board staff prepared and submitted a letter of support to the Assembly Business and Professions Committee July 15, 2026.

On June 30, 2026, the bill was re-referred to the Appropriations Committee.

Action Requested

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

Attachment #1: Bill Text – Webmail
Attachment #2: Bill Analysis
Attachment #3: Letter of Support Assembly Business and Professions Committee

SENATE BILL No. 1391

Introduced by Senator Wahab

February 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:

SECTION 1. Section 464 of the Business and Professions Code is amended to read:

464. (a) *(1)* Any of the ~~boards~~ *boards, bureaus, or commissions* within the department may establish, by regulation, a system for a retired category of licensure for persons who are not actively engaged in the practice of their profession or vocation.

(2) A board that offers a retired category of licensure shall disclose that information on its internet website.

(b) The regulation shall contain the following:

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

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

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

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

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

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

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

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

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

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

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

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

O

California Board of PSYCHOLOGY

1625 North Market Blvd., Suite N-215, Sacramento, CA 95834
T (916) 574-7720 F (916) 574-8672 Toll-Free (866) 503-3221
www.psychology.ca.gov

2026 Bill Analysis

Author:	Bill Number:	Related Bills:
Senator Aisha Wahab	SB 1391	
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	☐ 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
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.

California Board of PSYCHOLOGY

1625 North Market Blvd., Suite N-215, Sacramento, CA 95834
T (916) 574-7720 F (916) 574-8672 Toll-Free (866) 503-3221
www.psychology.ca.gov

July 15, 2026

Assembly Member Marc Berman
Chair, Assembly Business and Professions Committee
1020 N Street, Room 379
Sacramento, CA 95814

RE: **SB 1391 (Wahab) – Department of Consumer Affairs: retired category licenses – Support**

Dear Assembly Member Berman:

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

At its May 15, 2026, meeting, the Board adopted a **Support** position on Senate Bill 1391 (Wahab). SB 1391 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 supports SB 1391 because the Board currently maintains information on its website to ensure compliance with disclosure requirements, including notice of the availability of a retired license category.

For these reasons, the Board supports SB 1391 and welcomes the opportunity to continue to advance open and inclusive governance. If you have any questions or concerns, please feel free to contact the Board's Executive Officer, Jonathan Burke, at (916) 574-8072 or jonathan.burke@dca.ca.gov. Thank you.

Sincerely,

Lea Tate, PsyD
President, Board of Psychology

cc: Assembly Member Natasha Johnson (Vice-Chair)

California Board of PSYCHOLOGY

1625 North Market Blvd., Suite N-215, Sacramento, CA 95834
T (916) 574-7720 F (916) 574-8671 Toll-Free (866) 503-3221
www.psychology.ca.gov

MEMORANDUM

DATE	July 30, 2026
TO	Psychology Board Members
FROM	Cynthia Whitney, Central Services Manager
SUBJECT	Agenda Item 11(b)(4) - SB 934 (Wiener) Sexual orientation or gender identity change efforts: actions for recovery of damages; statute of limitations

Background

Senate Bill 934 (SB 934) was introduced on January 29, 2026, by Senator Scott Wiener.

This bill expresses the Legislature's intent to enact legislation that would provide individuals harmed by sexual orientation or gender identity change efforts performed by licensed mental health providers with additional time to seek civil remedies for those harms. Under existing law, engaging in sexual orientation change efforts with a patient under 18 years of age is considered unprofessional conduct and subject to disciplinary action by the provider's licensing board.

A motion was made at the April 24, 2026, Legislative and Regulatory Affairs Committee meeting to recommend a SUPPORT position to the full Board, however, after further discussion, the motion was voted down. The Committee did receive an opposition letter from the International Foundation for Therapeutic and Counseling Choice (IFTCC). The committee ended the discussion by requesting a full analysis of SB 934.

On May 15, 2026, the Board of Psychology (Board) adopted a Support position on this bill. Board staff prepared and submitted a letter of support to the Assembly Committee on Appropriations on July 15, 2026.

On May 26, 2026, the bill was referred to the Judiciary Committee.

On June 3, 2026, the bill had amendments from the author and was re-referred to the Judiciary Committee. The amendments are as follows:

- Broader title and scope covering both sexual orientation and gender identity change efforts.
- Bill now amends the Business and Professions Code.
- Definition expanded to include gender identity change efforts.

- Prohibited conduct now includes efforts targeting gender identity.
- Licensed providers barred from engaging in these efforts under any circumstances.
- Disciplinary language updated to match expanded definition.
- Civil claims section reorganized; limitations periods unchanged.
- Liability rules clarified, distinguishing employer liability and negligent supervision.
- Revival provision now applies to conduct on or after January 1, 2009.
- New severability clause added.

On June 9, 2026, coauthors were revised. The bill was also re-referred to the Committee on Appropriations.

Action Requested

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

Attachment #1: Bill Text – Weblink
Attachment #2: Bill Analysis
Attachment #3: Written Comment from IFTCC
Attachment #4: Letter of Support Assembly Committee on Appropriations

AMENDED IN ASSEMBLY JUNE 3, 2026

AMENDED IN SENATE MAY 14, 2026

AMENDED IN SENATE MARCH 19, 2026

SENATE BILL No. 934

Introduced by Senator Wiener
(Principal coauthor: Assembly Member Lee)
(Coauthors: Senators Cabaldon, Cervantes, Durazo, Gonzalez, Laird, Menjivar, Padilla, Pérez, Smallwood-Cuevas, and Wahab)
(Coauthors: Assembly Members Bauer-Kahan, Bonta, Elhawary, Mark González, Haney, Jackson, Solache, Ward, Wilson, ~~and~~ Zbur, *and Lowenthal*)

January 29, 2026

An act to *amend Sections 865, 865.1, and 865.2 of the Business and Professions Code, and to* add Section ~~340.12~~ *340.51* to the Code of Civil Procedure, relating to ~~civil actions.~~ *sexual orientation or gender identity change efforts.*

LEGISLATIVE COUNSEL'S DIGEST

SB 934, as amended, Wiener. Sexual orientation or gender identity change ~~efforts: actions for recovery of damages: statute of limitations.~~ *efforts.*

(1) Existing law defines "sexual orientation change efforts" as practices by mental health providers that seek to change an individual's sexual orientation, as specified. Existing law prohibits a mental health provider, as defined, from engaging in sexual orientation change efforts with a patient under 18 years of age, and provides that such efforts attempted by a mental health provider are considered unprofessional

conduct and must subject the mental health provider to discipline by that provider's licensing entity.

This bill would define "sexual orientation or gender identity change efforts" as any practices of a licensed mental health provider that seek to direct a patient toward a predetermined sexual orientation or gender identity, as specified, and would apply the prohibitions described above to such efforts.

(2) Existing law requires that specified actions for recovery of damages suffered as a result of childhood sexual assault, as defined, be commenced within 22 years of the date the plaintiff attains the age of majority or within 5 years of the date the plaintiff discovers or reasonably should have discovered that psychological injury or illness occurring after the age of majority was caused by the sexual assault, whichever period expires later. Existing law imposes various procedural requirements for such claims.

This bill would require specified actions for recovery of damages suffered as a result of sexual orientation or gender identity change efforts, as defined, be commenced (1) within 22 years of the date the plaintiff attains the age of majority if the plaintiff was under the age of 18 when at the time of conduct, (2) within 10 years if the plaintiff was 18 years of age or older at the time of conduct, (3) or within 5 years of the date the plaintiff discovers that psychological injury or illness occurring after the conduct was caused by sexual orientation or gender identity change efforts, as specified. ~~The bill would define "sexual orientation or gender identity change efforts" to include efforts to direct a patient toward a particular sexual orientation or a particular gender identity, as specified.~~ The bill would apply to actions for damages commencing after January 1, 2027, against licensed mental health providers, as defined, and against persons and entities that employed or negligently hired, supervised, or retained a licensed mental health provider who engaged in sexual orientation or gender identity change efforts. The bill would make specified types of evidence, including certain expert testimony, admissible to establish causation and harm for these actions. The bill would revive certain actions arising from conduct that occurred on or after January 1, 2009 that have not been litigated to finality and that would otherwise be barred as of January 1, 2027, because the applicable statute of limitations or any other time limit had expired. The bill would provide that its provisions are severable.

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

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

SECTION 1. The Legislature finds and declares:

(a) The American Psychological Association, the American Psychiatric Association, the American Academy of Pediatrics, the American Medical Association, the American Counseling Association, the American Academy of Child and Adolescent Psychiatry, the American School Counselor Association, the National Association of Social Workers, and every other mainstream mental health and medical organization in the United States have determined that efforts to change an individual's sexual orientation or gender identity are harmful and ineffective.

(b) In 2009, the American Psychological Association Task Force on Appropriate Therapeutic Responses to Sexual Orientation conducted a systematic review of peer-reviewed research and concluded that sexual orientation change efforts are unlikely to be successful and involve some risk of harm, including depression, suicidality, and anxiety. In 2021, the American Psychological Association adopted a resolution concluding that gender identity change efforts are harmful and ineffective and calling for their elimination.

(c) The American Psychiatric Association has stated that it "opposes any psychiatric treatment such as reparative or conversion therapy which is based upon the assumption that homosexuality per se is a mental disorder or based upon the a priori assumption that a patient should change their sexual homosexual orientation."

(d) The American Academy of Pediatrics has stated that "therapy directed at specifically changing sexual orientation is contraindicated, since it can provoke guilt and anxiety while having little or no potential for achieving changes in orientation."

(e) The World Professional Association for Transgender Health, the American Medical Association, and the American Psychological Association recognize that gender identity is not a disorder and that efforts to change an individual's gender identity are harmful.

(f) The scientific and clinical consensus establishes that sexual orientation or gender identity change efforts pose serious risks of

harm to patients, including depression, guilt, helplessness, hopelessness, shame, social withdrawal, suicidality, substance abuse, stress, self-blame, decreased self-esteem, feelings of anger and betrayal, loss of religious faith, alienation from family, problems in sexual and emotional intimacy, sexual dysfunction, high-risk sexual behaviors, feelings of being dehumanized, and a sense of having wasted time and resources.

(g) The psychological harms caused by sexual orientation or gender identity change efforts often do not manifest until years or decades after the conduct occurred. Survivors frequently do not recognize their experience as conversion therapy, initially fail to recognize such treatment as harmful, fail to connect their psychological injuries to the treatment until much later in life, or are deterred from coming forward by shame instilled by the treatment itself.

(h) The dynamics of the therapeutic relationship, including the trust placed in mental health providers, the age and vulnerability of patients, the authority exercised by providers, and the shame and internalized stigma resulting from such treatment, create barriers to timely disclosure and recognition of harm similar to those recognized by this state in the context of childhood sexual assault.

(i) The existing statute of limitations for professional negligence does not adequately account for the delayed recognition of psychological injury that is characteristic of harm caused by sexual orientation or gender identity change efforts.

(j) The psychological harms described in this section result from efforts to direct a patient toward a predetermined outcome regarding the patient's sexual orientation or gender identity, regardless of the nature of that predetermined outcome.

(k) In cases involving latent injuries where there is scientific consensus regarding harmfulness, California courts have recognized that plaintiffs may establish causation by demonstrating that exposure to the harmful conduct was, in reasonable medical probability, a substantial factor contributing to the risk of developing the injury or illness, without requiring proof of the precise mechanism by which the harm occurred. This causation framework is appropriate for claims arising from sexual orientation or gender identity change efforts, given the scientific consensus

regarding the harmfulness of such efforts and the latent nature of the resulting psychological injuries.

(*l*) It is the intent of the Legislature to provide individuals who have suffered harm as a result of sexual orientation or gender identity change efforts by licensed mental health providers with adequate time to seek civil remedies for the harms they have suffered.

~~SEC. 2. Section 340.12 is added to the Code of Civil Procedure, to read:~~

~~340.12. (a) For purposes of this section:~~

~~(1) "Licensed mental health provider" means any of the following individuals who hold or held a valid license, certificate, or registration to practice in California at the time the conduct at issue occurred:~~

~~(A) A physician or surgeon, including one specializing in the practice of psychiatry.~~

~~(B) A psychologist, psychological assistant, registered psychologist, or psychology trainee.~~

~~(C) A licensed marriage and family therapist, associate marriage and family therapist, or marriage and family therapist trainee.~~

~~(D) A licensed educational psychologist.~~

~~(E) A credentialed school psychologist.~~

~~(F) A licensed clinical social worker, associate clinical social worker, or clinical social worker intern.~~

~~(G) A licensed professional clinical counselor, associate professional clinical counselor, or professional clinical counselor trainee.~~

~~(H) Any other person licensed, certified, or registered to provide mental health treatment under California law.~~

~~(2) "Sexual orientation or gender identity change efforts" means any practices of a licensed mental health provider that seek to direct a patient toward a predetermined sexual orientation or gender identity outcome. Such efforts include, regardless of the direction of the intended change, all of the following:~~

~~(A) Efforts to direct a patient toward a particular sexual orientation by eliminating, reducing, or discouraging sexual or romantic attractions or feelings toward individuals of a particular sex.~~

~~(B) Efforts to direct a patient toward a particular sexual orientation by creating, promoting, or encouraging sexual or~~

~~romantic attractions or feelings toward individuals of a particular sex.~~

~~(C) Efforts to direct a patient toward a particular gender identity by eliminating, reducing, discouraging, or promoting any particular gender identity or gender expression.~~

~~(3) "Sexual orientation or gender identity change efforts" does not include either of the following practices:~~

~~(A) Nondirective psychotherapies that facilitate a patient's coping, identity exploration, and self-understanding without seeking to achieve any particular outcome regarding sexual orientation or gender identity.~~

~~(B) Age-appropriate interventions to address unlawful conduct or unsafe practices that do not seek to direct the patient toward any particular sexual orientation or gender identity.~~

~~(b) In an action for recovery of damages suffered as a result of sexual orientation or gender identity change efforts, the time for commencement of the action shall be the later of the following:~~

~~(1) If the plaintiff was under 18 years of age at the time of the conduct, within 22 years of the date the plaintiff attains the age of majority.~~

~~(2) If the plaintiff was 18 years of age or older at the time of the conduct, within 10 years of the date of the last treatment session in which the sexual orientation or gender identity change efforts occurred.~~

~~(3) Within five years of the date the plaintiff discovers or reasonably should have discovered that psychological injury or illness occurring after the conduct was caused by sexual orientation or gender identity change efforts. For purposes of this paragraph, all of the following apply:~~

~~(A) The plaintiff shall be deemed to have discovered that psychological injury or illness was caused by sexual orientation or gender identity change efforts when the plaintiff first knew or reasonably should have known that the psychological injury or illness was caused, in whole or in part, by the sexual orientation or gender identity change efforts.~~

~~(B) The plaintiff need not have knowledge of the full extent of the injury, the specific diagnosis, or that the conduct was wrongful or actionable.~~

~~(C) Knowledge that one received treatment from a licensed mental health provider, standing alone, does not constitute discovery.~~

~~(D) The discovery period commences only when the plaintiff knew or reasonably should have known that psychological injury or illness generally was caused by sexual orientation or gender identity change efforts. Evidence that the plaintiff was aware of one psychological symptom or condition potentially caused by such efforts, or had made a connection between the efforts and any specific symptom, does not establish discovery of other injuries or the full scope of harm.~~

~~(c) This section applies to the following actions:~~

~~(1) An action against a licensed mental health provider for damages arising from sexual orientation or gender identity change efforts.~~

~~(2) An action against any person or entity that employed a licensed mental health provider for damages arising from sexual orientation or gender identity change efforts.~~

~~(3) An action against any person or entity for the negligent hiring, supervision, or retention of a licensed mental health provider who engaged in sexual orientation or gender identity change efforts.~~

~~(d) In an action pursuant to this section, the plaintiff may recover damages, including, but not limited to, all of the following:~~

~~(1) Economic damages, including medical expenses, mental health treatment costs, lost earnings, and other pecuniary losses.~~

~~(2) Noneconomic damages, including pain and suffering, emotional distress, and loss of enjoyment of life.~~

~~(3) Punitive damages if the defendant's conduct was willful, oppressive, fraudulent, or malicious.~~

~~(4) Reasonable attorney's fees and costs.~~

~~(e) (1) In an action pursuant to this section, general causation may be established by expert testimony, scientific literature, or other evidence demonstrating that sexual orientation or gender identity change efforts are capable of causing the type of psychological injury or illness suffered by the plaintiff.~~

~~(2) Once general causation is established, the trier of fact may infer specific causation from evidence that the plaintiff was subjected to sexual orientation or gender identity change efforts and subsequently experienced the type of psychological injury or illness that such efforts are capable of causing, unless the defendant~~

~~establishes by a preponderance of the evidence that the plaintiff's injury or illness was caused solely by other factors unrelated to the sexual orientation or gender identity change efforts.~~

~~(3) In determining whether sexual orientation or gender identity change efforts were a substantial factor in causing the plaintiff's injury, the trier of fact may consider the nature, duration, and intensity of the efforts, the age and vulnerability of the plaintiff at the time, the relationship between the plaintiff and the provider, the temporal relationship between the efforts and the onset or exacerbation of symptoms, and any other relevant factors.~~

~~(4) The causation framework set forth in this subdivision reflects the principle that in cases involving latent injuries and scientific consensus regarding harmfulness, plaintiffs may establish causation by demonstrating that exposure to the harmful conduct was, in reasonable medical probability, a substantial factor contributing to the risk of developing the injury or illness, without requiring proof of the precise mechanism by which the harm occurred.~~

~~(f) (1) In an action pursuant to this section, expert testimony regarding the general psychological effects of sexual orientation or gender identity change efforts shall be admissible to establish the types of harm such efforts are known to cause based on the scientific and clinical consensus. Expert testimony may include, but is not limited to, any of the following:~~

~~(A) The scientific and clinical consensus regarding the harmfulness of sexual orientation or gender identity change efforts.~~

~~(B) The types of psychological injuries commonly caused by sexual orientation or gender identity change efforts.~~

~~(C) The typical latency period between sexual orientation or gender identity change efforts and the manifestation or recognition of psychological harm.~~

~~(D) The reasons why survivors of sexual orientation or gender identity change efforts commonly experience delayed recognition of harm, including repression, shame, and the dynamics of the therapeutic relationship.~~

~~(2) This subdivision does not limit the admissibility of other relevant expert testimony regarding causation or damages.~~

~~(g) (1) This section applies to any action commenced on or after January 1, 2027.~~

~~(2) Notwithstanding any other law, a claim for damages described in this section arising from conduct that occurred, in~~

~~whole or in part, on or after January 1, 2009, that has not been litigated to finality and that would otherwise be barred as of January 1, 2027, because the applicable statute of limitations or any other time limit had expired, shall be revived. These claims may be commenced within three years of January 1, 2027, or within the time period specified in subdivision (b), whichever is later.~~

~~(3) This subdivision applies to claims against any defendant described in subdivision (c).~~

~~(h) This section shall not be construed to do any of the following:~~

~~(1) Limit the application of any other law that extends the time for commencement of an action.~~

~~(2) Limit or restrict any statutory or common law cause of action or remedy available to any person injured by sexual orientation or gender identity change efforts.~~

~~(3) Create a new cause of action.~~

~~(i) It is the intent of the Legislature that this section be interpreted broadly to effectuate its remedial purpose of providing civil remedies to persons harmed by sexual orientation or gender identity change efforts.~~

~~(j) The provisions of this section are severable. If any provision of this section or its application is held invalid, that invalidity shall not affect other provisions or applications that can be given effect without the invalid provision or application.~~

SEC. 2. Section 865 of the Business and Professions Code is amended to read:

865. For the purposes of this article, the following terms shall have the following meanings:

(a) "Mental health provider" means a physician and surgeon specializing in the practice of psychiatry, a psychologist, a psychological assistant, intern, or trainee, a licensed marriage and family therapist, a registered associate marriage and family therapist, a marriage and family therapist trainee, a licensed educational psychologist, a credentialed school psychologist, a licensed clinical social worker, an associate clinical social worker, a licensed professional clinical counselor, a registered associate clinical counselor, a professional clinical counselor trainee, or any other person designated as a mental health professional under California law or regulation.

~~(b) (1) "Sexual orientation change efforts" means any practices by mental health providers that seek to change an individual's sexual orientation. This includes efforts to change behaviors or gender expressions, or to eliminate or reduce sexual or romantic attractions or feelings toward individuals of the same sex.~~

~~(2) "Sexual orientation change efforts" does not include psychotherapies that: (A) provide acceptance, support, and understanding of clients or the facilitation of clients' coping, social support, and identity exploration and development, including sexual orientation-neutral interventions to prevent or address unlawful conduct or unsafe sexual practices; and (B) do not seek to change sexual orientation.~~

(b) (1) "Sexual orientation or gender identity change efforts" means any practices of a licensed mental health provider that seek to direct a patient toward a predetermined sexual orientation or gender identity outcome. Such efforts include, regardless of the direction of the intended change, either of the following:

(A) Efforts to direct a patient toward a particular sexual orientation by reducing or increasing sexual or romantic attractions or feelings toward individuals of a particular sex.

(B) Efforts to direct a patient toward a particular gender identity by altering, suppressing, or constraining the patient's gender identity or expression.

(2) "Sexual orientation or gender identity change efforts" does not include either of the following practices:

(A) Nondirective psychotherapies that facilitate a patient's coping, identity exploration, and self-understanding without seeking to achieve any particular outcome regarding sexual orientation or gender identity.

(B) Age-appropriate interventions to address unlawful conduct or unsafe practices that do not seek to direct the patient toward any particular sexual orientation or gender identity.

SEC. 3. Section 865.1 of the Business and Professions Code is amended to read:

865.1. ~~Under no circumstances shall a~~ *A* mental health provider *may not* engage in sexual orientation *or gender identity* change efforts with a patient under 18 years of ~~age.~~ *age under any circumstances.*

SEC. 4. Section 865.2 of the Business and Professions Code is amended to read:

865.2. Any sexual orientation *or gender identity* change efforts attempted on a patient under 18 years of age by a mental health provider shall be considered unprofessional conduct and shall subject ~~a~~ *the* mental health provider to discipline by the licensing entity for that mental health provider.

SEC. 5. Section 340.51 is added to the Code of Civil Procedure, immediately following Section 340.5, to read:

340.51. (a) For purposes of this section:

(1) "Licensed mental health provider" means any of the following individuals who hold or held a valid license, certificate, or registration to practice in California at the time the conduct at issue occurred:

(A) A physician or surgeon, including one specializing in the practice of psychiatry.

(B) A psychologist, psychological assistant, registered psychologist, or psychology trainee.

(C) A licensed marriage and family therapist, associate marriage and family therapist, or marriage and family therapist trainee.

(D) A licensed educational psychologist.

(E) A credentialed school psychologist.

(F) A licensed clinical social worker, associate clinical social worker, or clinical social worker intern.

(G) A licensed professional clinical counselor, associate professional clinical counselor, or professional clinical counselor trainee.

(H) Any other person licensed, certified, or registered to provide mental health treatment under California law.

(2) "Sexual orientation or gender identity change efforts" means any practices of a licensed mental health provider that seek to direct a patient toward a predetermined sexual orientation or gender identity outcome. Such efforts include, regardless of the direction of the intended change, either of the following:

(A) Efforts to direct a patient toward a particular sexual orientation by reducing or increasing sexual or romantic attractions or feelings toward individuals of a particular sex.

(B) Efforts to direct a patient toward a particular gender identity by altering, suppressing, or constraining the patient's gender identity or expression.

(3) "Sexual orientation or gender identity change efforts" does not include either of the following practices:

(A) Nondirective psychotherapies that facilitate a patient's coping, identity exploration, and self-understanding without seeking to achieve any particular outcome regarding sexual orientation or gender identity.

(B) Age-appropriate interventions to address unlawful conduct or unsafe practices that do not seek to direct the patient toward any particular sexual orientation or gender identity.

(b) In an action for recovery of damages suffered as a result of sexual orientation or gender identity change efforts, the time for commencement of the action shall be the later of the following:

(1) If the plaintiff was under 18 years of age at the time of the conduct, within 22 years of the date the plaintiff attains the age of majority.

(2) If the plaintiff was 18 years of age or older at the time of the conduct, within 10 years of the date of the last treatment session in which the sexual orientation or gender identity change efforts occurred.

(3) Within five years of the date the plaintiff discovers or reasonably should have discovered that psychological injury or illness occurring after the conduct was caused by sexual orientation or gender identity change efforts. For purposes of this paragraph, all of the following apply:

(A) The plaintiff shall be deemed to have discovered that psychological injury or illness was caused by sexual orientation or gender identity change efforts when the plaintiff first knew or reasonably should have known that the psychological injury or illness was caused, in whole or in part, by the sexual orientation or gender identity change efforts.

(B) The plaintiff need not have knowledge of the full extent of the injury, the specific diagnosis, or that the conduct was wrongful or actionable.

(C) Knowledge that one received treatment from a licensed mental health provider, standing alone, does not constitute discovery.

(D) The discovery period commences only when the plaintiff knew or reasonably should have known that psychological injury or illness generally was caused by sexual orientation or gender identity change efforts. Evidence that the plaintiff was aware of

one psychological symptom or condition potentially caused by such efforts, or had made a connection between the efforts and any specific symptom, does not establish discovery of other injuries or the full scope of harm.

(c) This section applies to the following actions:

(1) An action against a licensed mental health provider for damages arising from sexual orientation or gender identity change efforts.

(2) An action against any person or entity that employed a licensed mental health provider for damages arising from sexual orientation or gender identity change efforts.

(3) An action against any person or entity for the negligent hiring, supervision, or retention of a licensed mental health provider who engaged in sexual orientation or gender identity change efforts.

(d) In an action pursuant to this section, the plaintiff may recover damages, including, but not limited to, all of the following:

(1) Economic damages, including medical expenses, mental health treatment costs, lost earnings, and other pecuniary losses.

(2) Noneconomic damages, including pain and suffering, emotional distress, and loss of enjoyment of life.

(3) Punitive damages if the defendant's conduct was willful, oppressive, fraudulent, or malicious.

(4) Reasonable attorney's fees and costs.

(e) (1) In an action pursuant to this section, general causation may be established by expert testimony, scientific literature, or other evidence demonstrating that sexual orientation or gender identity change efforts are capable of causing the type of psychological injury or illness suffered by the plaintiff.

(2) Once general causation is established, the trier of fact may infer specific causation from evidence that the plaintiff was subjected to sexual orientation or gender identity change efforts and subsequently experienced the type of psychological injury or illness that such efforts are capable of causing, unless the defendant establishes by a preponderance of the evidence that the sexual orientation or gender identity change efforts were not a substantial factor in causing the plaintiff's injury or illness.

(3) In determining whether sexual orientation or gender identity change efforts were a substantial factor in causing the plaintiff's injury, the trier of fact may consider the nature, duration, and

intensity of the efforts, the age and vulnerability of the plaintiff at the time, the relationship between the plaintiff and the provider, the temporal relationship between the efforts and the onset or exacerbation of symptoms, and any other relevant factors.

(4) The causation framework set forth in this subdivision reflects the principle that in cases involving latent injuries and scientific consensus regarding harmfulness, plaintiffs may establish causation by demonstrating that exposure to the harmful conduct was, in reasonable medical probability, a substantial factor contributing to the risk of developing the injury or illness, without requiring proof of the precise mechanism by which the harm occurred.

(f) (1) In an action pursuant to this section, expert testimony regarding the general psychological effects of sexual orientation or gender identity change efforts shall be admissible to establish the types of harm such efforts are known to cause based on the scientific and clinical consensus. Expert testimony may include, but is not limited to, any of the following:

(A) The scientific and clinical consensus regarding the harmfulness of sexual orientation or gender identity change efforts.

(B) The types of psychological injuries commonly caused by sexual orientation or gender identity change efforts.

(C) The typical latency period between sexual orientation or gender identity change efforts and the manifestation or recognition of psychological harm.

(D) The reasons why survivors of sexual orientation or gender identity change efforts commonly experience delayed recognition of harm, including repression, shame, and the dynamics of the therapeutic relationship.

(2) This subdivision does not limit the admissibility of other relevant expert testimony regarding causation or damages.

(g) (1) This section applies to any action commenced on or after January 1, 2027.

(2) Notwithstanding any other law, a claim for damages described in this section arising from conduct that occurred, in whole or in part, on or after January 1, 2009, that has not been litigated to finality and that would otherwise be barred as of January 1, 2027, because the applicable statute of limitations or any other time limit had expired, shall be revived. These claims

may be commenced within three years of January 1, 2027, or within the time period specified in subdivision (b), whichever is later.

(h) This section shall not be construed to do any of the following:

(1) Limit the application of any other law that extends the time for commencement of an action.

(2) Limit or restrict any statutory or common law cause of action or remedy available to any person injured by sexual orientation or gender identity change efforts.

(3) Create a new cause of action.

(i) It is the intent of the Legislature that this section be interpreted broadly to effectuate its remedial purpose of providing civil remedies to persons harmed by sexual orientation or gender identity change efforts.

(j) The provisions of this section are severable. If any provision of this section or its application is held invalid, that invalidity shall not affect other provisions or applications that can be given effect without the invalid provision or application.

SEC. 6. The provisions of this act are severable. If any provision of this act or its application is held invalid, that invalidity shall not affect other provisions or applications that can be given effect without the invalid provision or application.

REVISIONS:

Heading—Line 6.

O

California Board of PSYCHOLOGY

1625 North Market Blvd., Suite N-215, Sacramento, CA 95834
T (916) 574-7720 F (916) 574-8672 Toll-Free (866) 503-3221
www.psychology.ca.gov

2026 Bill Analysis

Author: Senator Scott Wiener	**Bill Number:** SB 934	**Related Bills:**
Sponsor: Equality California, Lambda Legal, National Center for LGBTQ Rights, and Trevor Project	**Version:** Amended	
Subject: Sexual orientation or gender identity change efforts: actions for recovery of damages; statute of limitations		

SUMMARY

This bill proposes to add Section 340.12 to the Code of Civil Procedure, establishing a specialized statute of limitations for civil damages actions arising from sexual orientation or gender identity change efforts (SOGICE) by licensed mental health providers. The bill does not create a new cause of action and does not amend the existing professional conduct prohibition in the Business and Professions Code §§ 865–865.2 (SB 1172, 2012). The measure would extend the time period in which individuals may bring civil claims and may address circumstances involving delayed discovery or psychological harm. The bill is intended to ensure that individuals who allege harm from SOGICE have a meaningful opportunity to seek civil remedies.

RECOMMENDATION

Recommendation: The Legislative and Regulatory Committee discussed the bill at their April 24, 2026, meeting and did not adopt a position. Board staff are continuing to **WATCH** the bill.

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

REASON FOR THE BILL
According to the author, existing statute of limitations for professional negligence may not adequately reflect the delayed recognition of psychological harm associated with sexual orientation or gender identity change efforts. The author states that the bill is intended to provide individuals with sufficient time to pursue civil remedies.

ANALYSIS
SB 934 proposes to establish a dedicated statute of limitations for civil actions seeking damages related to SOGICE performed by licensed mental health providers. The bill does not create a new cause of action, but instead operates within existing civil liability frameworks.

Existing law, established by SB 1172 (2012), prohibits licensed mental health providers from engaging in SOGICE with patients under 18 years of age. This bill does not modify those prohibitions or expand the Board's disciplinary authority.

The primary effect of SB 934 is to extend the time period in which civil claims may be filed. The bill may also address claims involving delayed discovery of harm, recognizing that psychological harm from SOGICE may manifest or be understood only after a substantial delay.

Overall, SB 934 is intended to expand access to civil remedies for individuals harmed by SOGICE.

Impact on the Board of Psychology
The bill does not amend Business & Professions Code §§865–865.2. The Board's authority to investigate and discipline licensees who provide SOGICE to minors is unaffected. A successful civil judgment under §340.12 may result in a complaint to the Board and potential accusations under existing unprofessional conduct provisions.

The bill does not impose new regulatory, licensing, or enforcement responsibilities on the Board.

Potential Impact on Licensees
Discipline Regime Unchanged
The bill does not modify existing statutory prohibitions or standards of professional conduct enforced by the Board.

Extended Civil and Disciplinary Exposure
By extending the statute of limitations, the bill may increase the number of civil actions filed against licensed mental health providers related to alleged SOGICE practices.

Standard of Care Anchored to Scientific Consensus
In both civil and administrative proceedings, the applicable standard of care is generally informed by expert testimony and professional standards. Relevant clinical guidelines and position statements may be considered as part of that analysis, consistent with current practice.

Records Retention
Standard California medical records retention periods (7 years; 10 years for minors post-majority) are shorter than the proposed new statute of limitations.

LEGISLATIVE HISTORY
SB 1172 (Lieu, Chapter 835, Statutes of 2012) established the existing law that prohibits a mental health provider from engaging in sexual orientation change efforts with a patient under 18.

AB 2943 (Low, 2018) would have classified advertising, offering, or engaging in sexual orientation change efforts as an unfair or deceptive practice under the Consumer Legal Remedies Act, allowing affected consumers to seek damages. The Board supported the bill, but the author ultimately withdrew it, and it did not advance.

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 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 specialized statute of limitations is expected to be minor and absorbable within existing resources.

ECONOMIC IMPACT
The bill is not expected to have a significant economic impact.

LEGAL IMPACT
The bill does not directly affect the Board's statutory authority or disciplinary processes. However, by extending the statute of limitations for certain civil actions, the bill may result in an increase in complaints or disciplinary referrals associated with civil litigation.

APPOINTMENTS
Not applicable at this time.

SUPPORT/OPPOSITION
Not applicable at this time.

Support:
Access Reproductive Justice

Alliance for Children's Rights
Alliance for Transyouth Rights
Asian American's Advancing Justice-Sacramento & Los Angeles
California Legislative LGBTQ Caucus
California Lesbian, Gay, Bisexual, and Transgender Health & Human Services Network
Casita Feliz Latine LGBTQ+ Center
Los Angeles Community Health Outreach Project
Courage Campaign
El/La Para TransLatinas
Equality California (EQCA)
Gender Affirming Professionals
Lambda Legal
Los Angeles Gay and Lesbian Center
Lyon-Martin Community Health Services
National Center for LGBTQ Rights
One Institute
Outlet
PFLAG National
Rainbow Families Action
San Diego LGBT Pride
Somos Familia
TransFamily Support Services
The TransLatin@ Coalition
The Trevor Project

Opposition:
California Baptists for Biblical Values
California Family Council
California Teachers Supporting Gender nonconforming Youth
Central Coast Alliance United for a Sustainable Economy
Democrats for an Informed Approach to Gender
Lesbians Advocating for a Resilient Future
Lesbians Advocating for a Resilient Future
One individual
PERK Advocacy
Women are Real

ARGUMENTS
Not applicable at this time.

Proponents:

Opponents:

AMENDMENTS
Not applicable at this time.

April 24, 2026, Legislative and Regulatory Affairs Committee Discussion:
A motion was made at the Committee meeting to recommend a SUPPORT position to the full Board, however, after further discussion, the motion was voted down.

The Committee did receive an opposition letter from the International Foundation for Therapeutic and Counseling Choice (IFTCC).

The committee requested a full analysis of SB 934.

From:	Laura A. Haynes, Ph.D.
To:	bopmail@DCA
Subject:	International Foundation for Therapeutic and Counseling Choice urges do not support SB 934 Wiener
Date:	Thursday, April 16, 2026 11:19:41 PM
Attachments:	IFTCC Letter to CA BOP - SB 934 Opposed - 2026-4-16 final.pdf
Importance:	High

Dear Members of the California Board of Psychology,

I am Laura Haynes, Ph.D., a California licensed psychologist and U.S.A. Country Representative, Executive Board Member, and Chair of the Science and Research Council for the International Foundation for Therapeutic and Counselling Choice. The IFTCC serves professional mental health counselors and pastoral counselors in California and more than 30 nations. We urge you not to support SB 934 that intends to prohibit counseling that decreases distress and is open to sexuality or gender identity change. Please consider the evidence in our attached 2 2/3 page letter (and references).

Thank you for your service and for your consideration of our evidence.

Respectfully,

Laura Haynes, Ph.D., California Licensed Psychologist,
Executive Board Member, Country Representative for the U.S.A., Chair of the Science and Research Council, International Foundation for Therapeutic and Counselling Choice (IFTCC.org)

INTERNATIONAL FOUNDATION FOR THERAPEUTIC & COUNSELLING CHOICE

Re: SB-934 Opposed. Sexual orientation or gender identity change allowing counseling

Dear Members of the California Board of Psychology, April 16, 2026

SB 934 would prevent access to safe, consensual counseling conversations that help Californians preserve their marriage and family, live freely according to their preferences, values, conscience and beliefs that give them happiness, and live the life they desire without discrimination if they experience distress about their same-sex attraction or discordant gender identity. The International Foundation for Therapeutic and Counselling Choice provides training and advocacy for mental health professionals and pastors in California and over 30 countries in ethical counseling for these individuals based on scientific integrity. We urge you to protect their rights by not supporting SB 934. Please consider the evidence.

1. Same-Sex Attraction and Discordant Gender Identity Are Not Simply Inborn or Biologically Determined. Identical twins share biological factors that some have theorized cause same-sex sexuality or gender dysphoria (examples: genes, epigenetics, prenatal hormones, number of older brothers, maternal prenatal factors).

a. Same-sex sexuality: If one identical twin develops same-sex sexuality, the other does also only less than a third of the time [1].

b. Gender dysphoria: In a Swedish nation-wide study over 15 years, if one identical twin developed gender dysphoria, the other identical twin never did (0.0%). [15].

2. Same-Sex Sexuality or Discordant Gender Identity May Result from Life Experiences or Psychological Factors, Not Biology.

a. *Same-sex attraction:* This is according to the American Psychological Association [32A] and several rigorous (large, prospective, longitudinal, controlled, cohort, mixed methods, replicated) studies in the U.K., Finland, New Zealand and U.S. [12A].

b. *Discordant gender identity:* This is according to a consensus statement of endocrine societies around the world [16], a comprehensive National Health Service-England review [4A], Finland's Recommendation [7], and highly rated research [3A].

3. Same-Sex Sexuality and Discordant Gender Identity Commonly Change Through Life.

a. Same-sex attraction: According to the American Psychological Association [32B] and abundant rigorous research [9A].

b. *Discordant gender identity:* According to 11 out of 11 of children's studies internationally [34, 25] and rigorous (prospective, longitudinal, population- and cohort-based) adolescent research [20].

4. Same-Sex Attraction and Behavior and Discordant Gender Identity May Decrease Significantly or Change for Some, Though Not All, Through Safe Consensual Counseling.

a. *All the existing gold standard research of which we are aware—randomized controlled trials [*=RCT] —across ideologies of the researchers, supported by additional research, have found safe mental health interventions may decrease* same-sex partners [18*,21*,23*,24*], various sexual attractions [17*,10*,11*,2] and same-sex attraction specifically [17*,10*,11*], and opposite-sex attraction may *increase* [10*-11*]. Longitudinal studies support these findings [12B].

Registered Address: 70 Wimpole Street, London W1G 8AX UK.
Correspondence Address: 102 Kinedale Park, Ballynahinch, BT248YS UK
Web: https://iftcc.org/ | https://learning.iftcc.org
Phone: +44 (0) 7833098998
Mail: info@core-issues.org | info@iftcc.org

b. *These kinds of studies, even if not perfect, are recognized as far superior to cross-sectional surveys by which researchers generally have acknowledged they did not prove that change counseling caused harm, then asserted it anyway.* Activist lobbies promote these surveys and invalid position statements based on them in professional organizations.[12C] There is not a professional consensus for therapy bans [3C,12D.
c. *There is no quantitative research that meets scientific standards that has established a claim on which change-allowing counseling opponents rely, that change allowing counseling at any age is unsafe* for undesired same-sex attraction [28-30] or undesired discordant gender identity [8,3,36] or *that risk of harm* [22] *or delayed awareness of harm is greater for this counseling than for counseling generally*.
In fact, all known longitudinal studies of sexuality change practices have found mental health improved strongly, outweighing any harms [14,19]. Also, the only known nationally representative study of people who did not change same-sex sexuality through counseling found they still benefitted—suicidality did not increase and may have decreased dramatically [28-30].

5. Medical Interventions for Gender Distressed Minors Harm Fertility and Sexual Pleasure, Do Not Improve Mental Health, and Are Not Proven Better Than Counseling Alone.

a. Gender medical interventions harm bodies [5] and are not proven effective. The World Health Organization of the United Nations said it will not recommend medical gender interventions for children or adolescents, because "the evidence base for children and adolescents is limited and variable" [34]. Research reviews by the health authorities of England [4B], Sweden [27], Finland [7], and the U.S. [8] agree and now prioritize counseling. Rigorous studies of entire populations, many decades long, found gender medical approaches did not improve mental health or worsened it. [13]
b. *Counseling approaches are effective and safer*. They do not harm bodies. Medical gender interventions plus counseling did not resolve distress significantly better than counseling alone for gender dysphoric adolescents in England at the largest gender clinic in the world [6] and in the Netherlands clinic that formed the medical gender intervention protocol on which medical gender interventions for minors have been based internationally [26]. Gender discordance resolved for children through change counseling in case studies published by the world-renowned gender expert who led the DSM-5 work group on diagnosis of gender dysphoria [37] and colleagues.
The U.S. DHHS systematic review of 17 systematic research reviews, considered gold standard research [8], and the research review in an amicus brief submitted to the U.S. Supreme Court [3], found no scientific evidence of harm for counselling approaches for gender dysphoric young people.

6. Counseling That Is Open to Sexuality Change Has Been Especially Effective for People Who Want to Save Their Marriage and Family or Live According to Their Conscience and Values They Love. What this counseling help means to them, their spouses, and their children can hardly be expressed. Bans take away their right to this effective counseling help.

a. *Men who were fathers or who held traditional values were especially successful* at reducing same-sex partners in both rigorous LGB-identity-affirmative research (randomized controlled trial) [18] and change-exploring counseling research [31]. Many in the latter study also reduced same-sex attraction and mental health improved.

b. *Contrary to conventional wisdom, most same-sex attracted people by far are both-sex attracted,* say the American Psychological Association [32C] and international research [9B], *and the vast majority choose opposite-sex partners* [12E] *and many have children* [12F]. Nearly a third to over half of men in change-allowing counseling studies are married to an opposite sex spouse and are fathers [12G].
Their right to help to decrease same-sex attraction and behavior and increase opposite-sex attraction to protect their marriage and family they love should continue. Adolescents should be able to have the same help. Some who are both-sex attracted will be in procreative marriages also; some want help to be abstinent more easily.
c. *The right of gender dysphoric adults to receive the counseling approach* to decrease gender dysphoria or incongruence, preserve their marriage and family, or achieve other personal goals is advocated for them by the world-renowned gender dysphoria expert who led the DSM-5 work group on diagnosis of gender dysphoria [36].
Adolescents should be able to access the same help.
d. *He also strongly supported the counseling approach for children.* [35,37]

7. People Whose Preferences, Values, Conscience and Beliefs Are for Change-Exploring Counseling Have Reported They Experienced LGBT-Identity-Affirming Counseling as Un-affirming, Coercive, Therapist-Led Rather Than Client-Led, and Harmful.
There is no research that establishes that LGBT-identity-affirming counseling they do not want and to which they do not consent is effective, safe, or ethical for them [12H,33].

In conclusion, everyone—young and old—should have the right to help to leave sexual or gender practices or experiences they find unfulfilling. They should have no less right to help to achieve their family goals or to live freely the life they desire according to their preferences, values, conscience, and beliefs, and to have help to do so. We urge you, protect their freedoms and rights. *Do not support*, and better yet *do oppose*, SB 934.

Respectfully, The IFTCC Science and Research Council (More info: https://iftcc.org/mou/)
Similar letter for legislators at: https://archive.iftcc.org/iftcc-ca-sb-934-opposed

Reference Endnotes:

[1] Bailey et al. (2016). Sexual orientation, controversy, and science. *Psychological Science in the Public Interest, 17,* 45-101. https://doi.org/10.1177%2F1529100616637616. Probandwise concordance 24%, Table 4 caption, pp. 74-76. A finding that factors contributing to same-sex sexuality are 32% genetic is consistent with 24% probandwise concordance and 14% pairwise concordance.

[2] Bartels et al. (2018). The effect of bilateral eye-movements versus no eye-movements on sexual fantasies. *Journal of Behavior Therapy and Experimental Psychiatry, 59*, 107-114. https://doi.org/10.1016/j.jbtep.2018.01.001. Counterbalanced quasi-experiment.

[3] Brief of Amici Curiae International Foundation for Therapeutic and Counseling Choice, Chiles v. Salazar, et al., ___ U.S. ___ (2025) (No. 24-539). https://www.supremecourt.gov/DocketPDF/24/24-539/363195/20250613153058649_Chiles%20Supreme%20Court%20Brief.pdf.
A. Psychological influences on development of gender discordance and dysphoria: pp. 34-39.
B. No research has established harm for counseling to help a person grow more comfortable with their sex: see pp. 39-51.
C. No professional consensus for medical gender approach: Appendix "A-1: A List of Some Organizations Raising Concerns Over or Dissenting from the Medicalized Approach, Thereby Increasing the Need for a Counseling Approach or Even Advocating for It."

[4] Cass, H., Chair, Independent Review into GIDS for Children and Young People (April 2024). The Cass Review: Independent review of gender identity services for children and young people: Final report. https://webarchive.nationalarchives.gov.uk/ukgwa/20250310143933/https://cass.independent-review.uk/home/publications/final-report/. A. "biopsychosocial", see p. 121, 8.52.
B. Psychotherapy approach, pp. 150, 157.

[5] Coleman, E. et al. (2022). Standards of care for the health of transgender and gender diverse people, Version 8. *International Journal of Transgender Health, 23(sup1),* S1-S259. https://doi.org/10.1080/26895269.2022.2100644. See pp. S102, S119, S167.

[6] Costa, R., et al. (2015). Psychological support, puberty suppression, and psychosocial functioning in adolescents with gender dysphoria. *Journal of Sexual Medicine, 12*, 2206-2214. https://doi.org/10.1111/jsm.13034. Longitudinal controlled study.

[7] Council for Choices in Health Care in Finland (2020). Recommendation of the Council for Choices in Health Care in Finland: Medical Treatment Methods for Dysphoria Related to Gender Variance in Minors. https://palveluvalikoima.fi/en/recommendations#genderidentity. Certified English Translation, Lingua. Franca Translations, Coconut Grove, FL, USA (18 May 2022). https://archive.iftcc.org/finnish-2020-cohere-guidelines-minors-finland-certified-translation/. See chapters 6, 7.

[8] Department of Health and Human Services (DHHS) (US) (1 May 2025). Treatment for Pediatric Gender Dysphoria: Review of Evidence and Best Practices. https://opa.hhs.gov/gender-dysphoria-report. A systematic review of systematic reviews, recognized as gold standard research. Counseling approach not harmful: see p. 16.

[9] Diamond, L. & Rosky, C. (2016). Scrutinizing immutability: Research on sexual orientation and U.S. legal advocacy for sexual minorities. *J of Sex Research, 00(00)*, 1-29. https://doi.org/10.1080/00224499.2016.1139665. A. Same-sex attraction often changes: see Table 1. B. Most same-sex attracted by far are both-sex attracted: see pp. 7-8.
The first author also subsequently authored rigorous research finding mental-health-practice-mediated sexual attraction change. See [10,11].

Registered Address: 70 Wimpole Street, London W1G 8AX UK.
Correspondence Address: 102 Kinedale Park, Ballynahinch, BT248YS UK
Web: https://iftcc.org/ | https://learning.iftcc.org
Phone: +44 (0) 7833098998
Mail: info@core-issues.org | info@iftcc.org

[10] Dickenson, J.A. & Diamond, L.M. (2018). Examining the effects of mindfulness on preferred and non-preferred desires. *Journal of Sexual Medicine, 15, Supplement 2*, S102. https://doi.org/10.1016/j.jsxm.2018.03.022. Mixed methods randomized controlled trial.

[11] Dickenson, J.A. et al. (2020). Understanding heterosexual women's erotic flexibility: The role of attention in sexual evaluations and neural responses to sexual stimuli. *Social Cognitive and Affective Neuroscience, 15*, 447-466.https://doi.org/10.1093/scan/nsaa058. Opposite sex attraction increased, and same-sex attraction decreased even though this outcome was not expected or a goal. Mixed methods randomized controlled trial. Mental-health-practice-mediated change.

[12] Haynes, L. (23 Feb. 2025). Full Expert Report on the Coalition Against Conversion Therapy Memorandum of Understanding (MoU) on Conversion Therapy in the U.K. https://iftcc.org/mou/.
A. Life experiences and psychological factors influence development of same-sex sexuality: pp. 198-199 at 190.d.ii. and iii. Also pp. 225-228 at 220d. Professional counselors treat the impacts of these experiences every day. Effects from these experiences may decrease or change as a by-product of such counseling, though not for all.
B. Longitudinal studies have found same-sex attraction and behavior significantly decreased or changed through change allowing practices: pp. 153-158 at 162-163.
C. Cross-sectional surveys have invalidly claimed they found causal evidence of harm: pp. 214-222. Professional position statements have relied on them: p. 222.
D. There is no professional consensus in support of therapy bans: pp. 239-242.
E and F. Most both-sex attracted people who are in a relationship are with an opposite-sex partner and many have children: pp. 10-12 at 16.e.
G. Nearly a third to over half of males in studies of change-allowing counseling are married and fathers: pp. 78-79.
H. No research evidence that LGBT-identity-affirmative counseling is safe or effective, therefore ethical, for people who do not want or consent to it; they report harm: pp. 234-235.

[13] Haynes, L. (31 Jan. 2024, slightly edited 15 Feb. 2024). Submission of the IFTCC to the World Health Organization: A Guideline for Adult Hormone Treatment Would Be Scientifically Unfounded and Premature. https://iftcc.org/submission-of-the-iftcc-to-the-world-health-organisation/.

[14] Jones, S. & Yarhouse, M. (2011). A longitudinal study of attempted religiously mediated sexual orientation change, *Journal of Sex & Marital Therapy, 37*, 5, 404-427. https://doi.org/10.1080/0092623x.2011.607052. This final report on a 6- to 7-year longitudinal study was published in a peer-reviewed journal after the APA task force report of 2009. This study discussed in [12B], pp. 155-158 at 163.

[15] Karamanis, G. et al. (2002). Gender dysphoria in twins: A register-based population study. *Scientific Reports, 12*, 13439. https://doi.org/10.1038/s41598-022-17749-0. National registry population-based study.

Registered Address: 70 Wimpole Street, London W1G 8AX UK.
Correspondence Address: 102 Kinedale Park, Ballynahinch, BT248YS UK
Web: https://iftcc.org/ | https://learning.iftcc.org
Phone: +44 (0) 7833098998
Mail: info@core-issues.org | info@iftcc.org

[16] Lee, P.A. et al. (2016). Consensus Statement: Global disorders of sex development update since 2006: Perceptions, approach and care. *Hormone Research in Pediatrics, 85(3)*, 158–180. https://doi.org/10.1159/000442975. P. 168: Gender identity is "biopsychosocial." Nothing biological (no "biological marker") has been found that is gender identity that another person can find by doing a biological test or looking at a person's brain.
P. 159: List of endocrine societies around the world agreeing in this consensus statement.

[17] Nicolosi, J.J., Jr. & Szandula, J. (2025) Memory reconsolidation for unwanted sexually arousing memories: A randomized, placebo-controlled study. *Integratus, 2(4),* 287-305. https://doi.org/10.1521/intg.2024.2.4.287. Four-arm, placebo-controlled, randomized controlled trial (three treatment type groups and a placebo group).

[18] Nyamathi, A. et al. (2017). Impact of tailored interventions to reduce drug use and sexual risk behaviors among homeless gay and bisexual men. *American Journal of Men's Health, 11(2),* 208–220. https://doi.org/10.1177/1557988315590837. Randomized controlled trial. Men of traditional values (assessed as high "homonegativity") and fathers were especially successful in decreasing same-sex partners.

[19] Pela, C. & Sutton, P. (2021). Sexual attraction fluidity and well-being in men: A therapeutic outcome study. *Journal of Human Sexuality, 12*, 61-86. https://df6a7995-c8cd-4a49-bc0d-2ef92e2cf904.filesusr.com/ugd/ec16e9_08ac87b9a4a94711b6b72429723cda6a.pdf.
An independent, quantitative, quasi-experimental, naturalistic, prospective, 2-year longitudinal, single group, repeated measures design (at 6, 12, 18, 24 months) employing a specific trademarked therapy, namely Reintegrative Therapy®, conducted by clinicians certified in that therapy, with research participants verified to be undergoing that therapy. Researchers had complete data on participants for the required minimum of 6 months of therapy required for inclusion in the study. Participants had the option to continue up to 24 months. At the 12 month follow up, 71% of participants were still apparently benefitting enough to continue in therapy. Most attrition occurred later than 12 months, likely as participants completed therapy.

[20] Rawee, P. et al. (2024). Development of gender non-contentedness during adolescence and early adulthood. *Archives of Sexual Behavior, 53(5*), 1813-1825. https://doi.org/10.1007/s10508-024-02817-5. Population-based and clinical cohort-based, prospective, longitudinal study. See Abstract, Discussion on p. 1821.

[21] Reback, C. J., & Shoptaw, S. (2014). Development of an evidence-based, gay-specific cognitive behavioral therapy intervention for methamphetamine-abusing gay and bisexual men. *Addictive Behaviors, 39*, 1286-1291. https://doi.org/10.1016/j.addbeh.2011.11.029. Randomized controlled trial.

[22] Rosik, C. (Jan. 2024 Updated). Expert Report on the Coalition Against Conversion Therapy Memorandum of Understanding on Conversion Therapy in the UK. https://iftcc.org/mou/. See pp. 15-16.

[23] Shoptaw, S. et al. (2008). Outcomes using two tailored behavioral treatments for substance abuse in urban gay and bisexual men. *Journal of Substance Abuse Treatment, 35,* 285-293. https://doi.org/10.1016/j.jsat.2007.11.004. Randomized, controlled trial.

[24] Shoptaw, S. et al. (2005). Behavioral treatment approaches for methamphetamine dependence and HIV-related sexual risk behaviors among urban gay and bisexual men. *Drug and Alcohol Dependence, 78(2)*, 125-134. https://doi.org/10.1016/j.drugalcdep.2004.10.004. Randomized, controlled trial.

[25] Singh D. et al. (2021) A follow-up study of boys with gender identity disorder. *Frontiers in Psychiatry, 12*, 632784. https://doi.org/10.3389/fpsyt.2021.632784. 88%: p. 8. The largest and methodologically best follow-up study of gender dysphoria resolution in boys. They were assessed in the largest gender clinic in Canada, led by the world-renowned gender expert who led the DSM-5 work group on diagnosis of gender dysphoria. If they received treatment, it had the goal of helping them become comfortable with their sex (as evident from the references on treatment if they had it, p. 14). Discussed in [12] above, pp. 191-192.

[26] Smith, Y. L. S. et al. (2001). Adolescents with gender identity disorder who were accepted or rejected for sex reassignment surgery: A prospective follow-up study. *Journal of the American Academy of Child & Adolescent Psychiatry*, *40*(4), 472–481. https://doi.org/10.1097/00004583-200104000-00017. Prospective, controlled, longitudinal study.

[27] Society for Evidence Based Gender Medicine (SEGM) (27 Feb. 2022). SEGM *Summary of Key Recommendations* from the Swedish National Board of Health and Welfare (Socialstyrelsen / NBHW), February 2022 update. https://www.segm.org/segm-summary-sweden-prioritizes-therapy-curbs-hormones-for-gender-dysphoric-youth.

[28] Sullins, D.P. (2022a). Absence of behavioral harm following non-efficacious sexual orientation change efforts: A retrospective study of United States sexual minority adults, 2016-2018. *Frontiers in Psychology, 13,* article 823647. https://doi.org/10.3389%2Ffpsyg.2022.906401. Compared suicidality past 12 months.

[29] Sullins, D.P. (2023). Critiques strengthen and improve the original findings: Rejoinder to commentaries on Sullins (2022b). *Archives of Sexual Behavior, 52(3),* 889-899. https://doi.org/10.1007/s10508-023-02566-x

[30] Sullins, D. P. (2022b). Sexual orientation change efforts do not increase suicide: Correcting a false research narrative. *Archives of Sexual Behavior, 51(7),* 3377-3393. https://doi.org/10.1007/s10508-022-02408-2. Compared lifetime suicidality before and after change efforts.

[31] Sullins, D.P. & Rosik, C.H. (2024). Perceived efficacy and risk of sexual orientation change efforts (SOCE): Evidence from a US sample of 125 male participants. *Researchers.One.*

Registered Address: 70 Wimpole Street, London W1G 8AX UK.
Correspondence Address: 102 Kinedale Park, Ballynahinch, BT248YS UK
Web: https://iftcc.org/ | https://learning.iftcc.org
Phone: +44 (0) 7833098998
Mail: info@core-issues.org | info@iftcc.org

https://researchers.one/articles/24.09.00002#:~:text=https://researchers.one/articles/24.09.00002v4. Married fathers were especially successful in decreasing same-sex behavior.

[32] Tolman, D. & Diamond, L., Co-Editors-in-Chief (2014). *APA Handbook of Sexuality and Psychology. Volume 1. Person Based Approaches.* Washington D.C.: American Psychological Association. https://www.apa.org/pubs/books/4311512.
A. Psychological factors for development of same-sex attraction, vol. 1:
p 583: "Biological explanations, however, do not entirely explain sexual orientation. Psychoanalytic contingencies are evident as main effects or in interaction with biological factors." p. 257: "The inconvenient reality….is that social behaviors are always jointly determined" by nature, nurture, and opportunity. pp. 609-610: Childhood sexual abused has "associative and potentially causal links" to having same sex partners for some people.
B. Same-sex attraction, behavior, and identity often change throughout the lifespan for men and women, adolescents and adults, vol. 1: p. 636: [R]esearch on sexual minorities has long documented that many recall having undergone notable shifts in their patterns of sexual attraction, behaviours, or identities over time." p. 562: "Although change in adolescence and emerging adulthood is understandable, change in adulthood contradicts the prevailing view of consistency in sexual orientation." p. 619: Over the course of life, individuals experience the following: …changes or fluctuations in sexual attractions, behaviours, and romantic partnerships…."
C. Both sex-attraction is the norm, and exclusive same-sex attraction is the exception:
Vol. 1, p. 633: "Hence, directly contrary to the conventional wisdom that individuals with exclusive same-sex attractions represent the prototypical 'type' of sexual-minority individual, and that those with bisexual patterns of attraction are infrequent exceptions, the opposite is true: Individuals with nonexclusive patterns of attraction are indisputably the 'norm,' and those with exclusive same-sex attractions are the exception."
The APA gave its imprimatur to this handbook: vol. 1, p. xvi.
The second editor-in-chief of the handbook was also an author in [9,10,11] above.

[33] Vandenbussche, E. (2021). Detransition-related needs and support: A cross-sectional online survey. *Journal of Homosexuality, 69(9)*, 1602-1620. https://doi.org/10.1080/00918369.2021.1919479.

[34] World Health Organization (WHO) (15 January 2024). Frequently asked questions (FAQ); WHO development of a guideline on the health of trans and gender diverse people. https://cdn.who.int/media/docs/default-source/hq-hiv-hepatitis-and-stis-library/tgd_faq_16012024.pdf?sfvrsn=79eaf57f_1.

[35] Zucker, K.J. (2018). The myth of persistence: Response to "A critical commentary on follow-up studies and 'desistance' theories about transgender and gender non-conforming children" by Temple Newhook et al. (2018). *International Journal of Transgenderism, 19(2),* 231-245. http://dx.doi.org/10.1080/15532739.2018.1468293. See about pp. 232-233.

[36] Zucker, K.J. et al. (2016). Gender dysphoria in adults. *Annual Review in Clinical Psychology, 12*, 217-247. https://doi.org/10.1146/annurev-clinpsy-021815-093034. Pp. 237-238. Zucker was Chair of the DSM-5 Workgroup on Sexual and Gender Identity Disorders.

[37] Zucker, K.J. et al. (2012). A developmental, biopsychosocial model for the treatment of children with gender identity disorder. *Journal of Homosexuality, 59(3),* 369-397. https://doi.org/10.1080/00918369.2012.653309.

California Board of PSYCHOLOGY

1625 North Market Blvd., Suite N-215, Sacramento, CA 95834
T (916) 574-7720 F (916) 574-8672 Toll-Free (866) 503-3221
www.psychology.ca.gov

July 15, 2026

Assembly Member Buffy Wicks
Chair, Committee on Appropriations
1020 N Street, Room 8224
Sacramento, CA 95814

RE: **SB 934 (Wiener) – Sexual orientation or gender identity change efforts – Support**

Dear Assembly Member Wicks:

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

At its May 15, 2026, meeting, the Board adopted a **Support** position on Senate Bill 934 (Wiener). SB 934 proposes to establish a dedicated statute of limitations for civil actions seeking damages related to sexual orientation or gender identity change efforts (SOGICE) performed by licensed mental health providers. The bill does not create a new cause of action, but instead operates within existing civil liability frameworks.

The Board supports SB 934 because the bill relates directly to SOGICE by licensed mental health providers, which are regulated as unprofessional conduct and fall within the Board's disciplinary authority.

For consumers, this bill is intended to ensure that individuals who allege harm from SOGICE have a meaningful opportunity to seek civil remedies.

For these reasons, the Board supports SB 934 and welcomes the opportunity to continue to advance open and inclusive governance. If you have any questions or concerns, please feel free to contact the Board's Executive Officer, Jonathan Burke, at (916) 574-8072 or jonathan.burke@dca.ca.gov. Thank you.

Sincerely,

Lea Tate, PsyD
President, Board of Psychology

cc: Assembly Member Josh Hoover (Vice-Chair)

California Board of PSYCHOLOGY

1625 North Market Blvd., Suite N-215, Sacramento, CA 95834
T (916) 574-7720 F (916) 574-8671 Toll-Free (866) 503-3221
www.psychology.ca.gov

MEMORANDUM

DATE	July 30, 2026
TO	Psychology Board Members
FROM	Cynthia Whitney, Central Services Manager
SUBJECT	Agenda Item 11(b)(5) - 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 mentioned in AB 2575, it will not change informed consent for the Board.

On May 15, 2026, the Board of Psychology (Board) adopted a Support if Amended position on this bill. The Board requested the following amendment: clarify whether a violation of this section by a licensee of the Board of Psychology is subject to enforcement. Board staff prepared and submitted letters of support to the Senate Labor, Public Employment and Retirement Committee, Senate Appropriations Committee, and the Senate Privacy, Digital Technologies, and Consumer Protection Committees on July 15, 2026.

On May 28, 2026, the bill was sent to the Assembly Rules Committee for assignment.

On June 10, 2026, the bill was referred to the Committees on Health, Labor, Public Employment and Retirement Committee, and Privacy, Digital Technologies, and Consumer Protection.

On June 11, 2026, the bill was re-referred to the Committee on Health with author’s amendments. The amendments are as follows:

- Health care disclosure requirements were narrowed and revised.
- The specific information that must be disclosed was further limited.
- The staff notice language was updated.
- Enforcement provisions were revised.
- The definition of “clinical decision support system” was slightly expanded.
- The labor provisions were clarified in wording.
- The administrative-task exemption remains, but the latest version states it more clearly.

On June 18, 2026, the bill was re-referred to the Committees on Labor and Public Employment and Retirement.

On June 24, 2026, the bill was re-referred to the Privacy, Digital Technologies, and Consumer Protection Committee.

On June 29, 2026, the bill was re-referred to the Appropriations Committee.

Action Requested

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

Attachment #1: Bill Text – Weblink
Attachment #2: Bill Analysis
Attachment #3: Letter of Support IF AMENDED Senate Privacy, Digital Technologies, and Consumer Protection Committees
Attachment #4: Letter of Support IF AMENDED Senate Appropriations Committee
Attachment #5: Letter of Support IF AMENDED Senate Labor, Public Employment and Retirement Committee

AMENDED IN SENATE JUNE 18, 2026

AMENDED IN SENATE JUNE 11, 2026

AMENDED IN ASSEMBLY APRIL 23, 2026

AMENDED IN ASSEMBLY APRIL 9, 2026

AMENDED IN ASSEMBLY MARCH 18, 2026

CALIFORNIA LEGISLATURE—2025–26 REGULAR SESSION

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 amended, 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 clinical decision support system, as defined, for patient ~~care to provide written notice of required information to any licensed health care professional or other person using a clinical decision support system or viewing outputs from a clinical decision support system. The bill would require, among other things, the disclosure to include a notice that a worker providing direct patient care is authorized to override the output of a clinical decision support system if, in the judgment of the worker acting within their scope of practice, an override is necessary to meet the applicable standard of care or comply with applicable law. The bill would specify the required time and manner the disclosure is to be provided pursuant to these provisions. The bill would make these provisions inapplicable to the use of a clinical decision support system for documentation, communication, or other administrative tasks, as specified.~~ *care, on or before July 1, 2027, to make available, upon request from a licensed health care professional or other person using a clinical decision support system or viewing outputs from a clinical decision support system, an inventory of all clinical decision support systems currently in use or deployed for patient care. The bill would require a health facility, clinic, physician's office, or office of a group practice that uses a clinical decision support system for patient care to make specified information about the clinical decision support system upon request from a licensed health care professional or other person using a clinical decision support system or viewing outputs form a clinic decision support system, including, among other things, a summary of how the clinical decision support system generates outputs. The bill would also require a health facility, clinic, physician's office, or office of a group practice subject to these provisions to notify a licensed health care professional or other person whose duties include using a clinical decision support system or viewing outputs from a clinical decision support system upon being hired and annually of their right to request the above-described information.* 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. The bill 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, selected, or deployed a clinical decision support system 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 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:

SECTION 1. Section 1714.48 is added to the Civil Code, to read:

1714.48. (a) For purposes of this section, the following definitions shall apply:

(1) "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.

(2) (A) "Automated decision system" means a computational process derived from machine learning, statistical modeling, data analytics, or artificial intelligence that issues simplified output, including a score, classification, or recommendation, that is used to assist or replace human discretionary decisionmaking and materially impacts natural persons.

(B) "Automated decision system" does not include a spam email filter, firewall, antivirus software, identity and access management tools, calculator, database, dataset, or other compilation of data.

(3) "Clinical decision support system" means an automated decision system or generative artificial intelligence system whose outputs ~~are~~ *produce a prediction, classification, recommendation, evaluation, or analysis that is* used to inform clinical decisionmaking with respect to the provision, timing, or course of patient care.

(4) "Generative artificial intelligence" has the same meaning as defined in Section 1339.75 of the Healthy and Safety Code.

(b) In an action against a defendant who developed, modified, selected, or deployed a clinical decision support system that is alleged to have caused harm to the plaintiff, it shall not be a defense, and the defendant may not assert, that the failure of a licensed health care professional or other health care worker to override an output of the clinical decision support system is a superseding cause severing the defendant's liability for the alleged harm.

(c) This section does not limit or preclude a defendant from presenting either of the following:

(1) Any other affirmative defense, including evidence relevant 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~~ *On or before July 1, 2027, a* health facility, clinic, physician's office, or office of a group practice that uses or deploys a clinical decision support system for patient care shall ~~provide written notice of required information, described in~~

~~subdivision (b), to any licensed health care professional or other person using a clinical decision support system or viewing outputs from a clinical decision support system.~~ *make available, upon request from a licensed health care professional or other person using a clinical decision support system or viewing outputs from a clinical decision support system, an inventory of all clinical decision support systems currently in use or deployed for patient care. This list shall be updated at least annually.*

(b) ~~Required information under subdivision (a)~~ *A health facility, clinic, physician's office, or office of a group practice that uses or deploys a clinical decision support system for patient care shall make available, upon request from a licensed health care professional or other person using a clinical decision support system or viewing outputs from a clinical decision support system, information about the clinical decision support system. Information required by this subdivision* shall include all of the following:

(1) ~~Details on~~ *A summary of* the clinical decision support system, including developer and description of ~~output.~~ *the output produced by the system.*

(2) Intended use of the clinical decision support system, including intended patient population, intended users, and intended ~~decisionmaking role.~~ *role in supporting clinical decisionmaking.*

(3) Cautioned out-of-scope use of the clinical decision support system, including known risks and limitations.

~~(4) List of the inputs into the clinical decision support system.~~

~~(5) Description~~

(4) Summary of how the clinical decision support system generates outputs.

~~(6) Development details of the clinical decision support system including, but not limited to, all of the following:~~

~~(A) Description~~

(5) Summary 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~~

(6) Summary of the validation process.

~~(8) Qualitative~~

(7) Summary of 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 a worker providing direct patient care may override the output of a clinical decision support system if, in the independent professional judgment of the worker acting within their scope of practice, the override is necessary to meet the applicable standard of care or comply with applicable law.~~

~~(c) A disclosure made pursuant to this section shall be provided consistent with all of the following:~~

~~(1) To a new licensed health care professional or other person upon hire, onboarding, or credentialing, if that individual will likely use the clinical decision support system or view outputs from the clinical decision support system.~~

~~(2) At least 90 days before a new clinical decision support system is first deployed for patient care.~~

~~(3) On or before February 1, 2028, and annually thereafter, by providing an updated inventory of all clinical decision support systems currently in use or deployed for patient care.~~

(8) A link to the Certified Health IT Product List produced by the Office of the National Coordinator for Health Information Technology at the United States Department of Health and Human Services.

(c) A health facility, clinic, physician's office, or office of a group practice that uses or deploys a clinical decision support system for patient care shall notify a licensed health care professional or other person whose duties include using a clinical decision support system or viewing outputs from a clinical decision support system, upon hire and annually, of their right to request the inventory of all clinical decision support systems currently in use or deployed for patient care.

(d) (1) A violation of this section by a licensed health facility is subject to the enforcement mechanisms described in ~~Article 4 (commencing with Section 1290) of Chapter 2.~~ *Sections 1280 and 1280.3.*

(2) A violation of this section by a licensed clinic is subject to the enforcement mechanisms described in ~~Article 4 (commencing with Section 1235) of Chapter 1.~~ *Section 1229.*

(3) A violation of this section by a physician is subject to the jurisdiction of the Medical Board of California or the Osteopathic Medical Board of California, as appropriate.

~~(4) A violation of this section constitutes "unfair competition" as defined in Section 17200 of the Business and Professions Code and is punishable as prescribed in Chapter 5 (commencing with Section 17200) of Part 2 of Division 7 of the Business and Professions Code.~~

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

(1) "Artificial intelligence" has the same meaning as in Section 1339.75.

(2) (A) "Automated decision system" means a computational process derived from machine learning, statistical modeling, data analytics, or artificial intelligence that issues simplified output, including a score, classification, or recommendation, that is used to assist or replace human discretionary decisionmaking and materially impacts natural persons.

(B) "Automated decision system" does not include a spam email filter, firewall, antivirus software, identity and access management tools, calculator, database, dataset, or other compilation of data.

(3) "Clinic" has the same meaning as defined in Section 1200.

(4) "Clinical decision support system" means an automated decision system or generative artificial intelligence system whose outputs ~~are~~ *produce a prediction, classification, recommendation, evaluation, or analysis that is* used to inform clinical decisionmaking with respect to the provision, timing, or course of patient care.

(5) "Generative artificial intelligence" has the same meaning as defined in Section 1339.75.

(6) "Health facility" has the same meaning as defined in Section 1250.

(7) "Office of a group practice" has the same meaning as defined in Section 1339.75.

(8) "Physician's office" has the same meaning as defined in Section 1339.75.

(f) This section does not apply to the use of a clinical decision support system for documentation, communication, or other administrative tasks that do not involve the application of professional judgment by a licensed health care professional, including, but not limited to, automated messages to inform patients of their health records.

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) (1) "Automated decision system" means a computational process derived from machine learning, statistical modeling, data analytics, or artificial intelligence that issues simplified output, including a score, classification, or recommendation, that is used to assist or replace human discretionary decisionmaking and materially impacts natural persons.

(2) "Automated decision system" does not include a spam email filter, firewall, antivirus software, identity and access management tools, calculator, database, dataset, or other compilation of data.

(c) "Clinical decision support system" means an automated decision system or generative artificial intelligence system whose outputs ~~are~~ *produce a predication, classification, recommendation, evaluation, or analysis that is* used to inform clinical decisionmaking with respect to the provision, timing, or course of patient care.

(d) "Generative artificial intelligence" has the same meaning as defined in Section 1339.75 of the Health and Safety Code.

2821. (a) It is the public policy of the State of California 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.

(b) (1) An employer shall not retaliate or discriminate against a worker providing direct patient care using their professional judgment to make an assessment or decision within their appropriate scope of practice based solely on the worker's override of, or reliance on, the output of a clinical decision support system.

(2) This subdivision does not affect a worker's duty to meet the applicable standard of care, act within their scope of practice as outlined in Division 2 (commencing with Section 500) of the Business and Professions Code, or exercise independent professional judgment in providing direct patient care.

(c) A worker who is subject to retaliation or discrimination in violation of this article has the right under this article to file a complaint with the Labor Commissioner against an employer who retaliates or discriminates against the worker.

SEC. 4. 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.

O

California Board of PSYCHOLOGY

1625 North Market Blvd., Suite N-215, Sacramento, CA 95834
T (916) 574-7720 F (916) 574-8672 Toll-Free (866) 503-3221
www.psychology.ca.gov

2026 Bill Analysis

Author:	Bill Number:	Related Bills:
Assembly Member Liz Ortega	AB 2575	
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:	**Full Board Position:**
☐ Support ☐ Support if Amended	☐ Support ☐ Support if Amended
☐ Oppose ☐ Oppose Unless Amended	☐ Oppose ☐ Oppose Unless Amended
☐ Neutral ☐ Watch	☐ Neutral ☐ Watch
Date: _____	Date: _____
Vote: _____	Vote: _____

REASON FOR THE BILL
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.

California Board of PSYCHOLOGY

1625 North Market Blvd., Suite N-215, Sacramento, CA 95834
T (916) 574-7720 F (916) 574-8672 Toll-Free (866) 503-3221
www.psychology.ca.gov

July 15, 2026

Senator Christoper Cabaldon
Chair, Senate Privacy, Digital Technologies,
and Consumer Protection Committees
1020 N Street, Room 568
Sacramento, CA 95814

RE: **AB 2575 (Ortega) – Health care services: artificial intelligence – Support if Amended**

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 May 15, 2026, meeting, the Board adopted a **Support if Amended** position on Assembly Bill 2575 (Ortega). The Board supports and agrees with the author's intent to promote transparency through Artificial Intelligence (AI) use, ensure accountability for harm caused by AI systems, and protect both patients and health care workers in clinical settings.

The bill states enforcement for licensed health facility, licensed clinic or physician is subject to the jurisdiction of the Medical Board of California or the Osteopathic Medical Board of California. The Board respectfully requests that licensees of the Board of Psychology be included.

The Board appreciates that the bill seeks to safeguard consumers from misleading uses of AI. At the same time, mental health professionals also utilize AI in their work, and we believe the bill should be amended to ensure these providers are included alongside health facilities, clinics, and physicians.

For these reasons, the Board supports AB 2575 if amended to include licensees of the Board and welcomes the opportunity to continue to advance open and inclusive governance. If you have any questions or concerns, please feel free to contact the Board's Executive Officer, Jonathan Burke, at (916) 574-8072 or jonathan.burke@dca.ca.gov. Thank you.

Sincerely,

Lea Tate, PsyD
President, Board of Psychology

cc: Senator Brian W. Jones (Vice-Chair)

California Board of PSYCHOLOGY

1625 North Market Blvd., Suite N-215, Sacramento, CA 95834
T (916) 574-7720 F (916) 574-8672 Toll-Free (866) 503-3221
www.psychology.ca.gov

July 15, 2026

Senator Sabrina Cervantes
Senate Appropriations Committee
1020 N Street, Room 2200
Sacramento, CA 95814

RE: **AB 2575 (Ortega) – Health care services: artificial intelligence – Support if Amended**

Dear Senator Cervantes:

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

At its May 15, 2026, meeting, the Board adopted a **Support if Amended** position on Assembly Bill 2575 (Ortega). The Board supports and agrees with the author's intent to promote transparency through Artificial Intelligence (AI) use, ensure accountability for harm caused by AI systems, and protect both patients and health care workers in clinical settings.

The bill states enforcement for licensed health facility, licensed clinic or physician is subject to the jurisdiction of the Medical Board of California or the Osteopathic Medical Board of California. The Board respectfully requests that licensees of the Board of Psychology be included.

The Board appreciates that the bill seeks to safeguard consumers from misleading uses of AI. At the same time, mental health professionals also utilize AI in their work, and we believe the bill should be amended to ensure these providers are included alongside health facilities, clinics, and physicians.

For these reasons, the Board supports AB 2575 if amended to include licensees of the Board and welcomes the opportunity to continue to advance open and inclusive governance. If you have any questions or concerns, please feel free to contact the Board's Executive Officer, Jonathan Burke, at (916) 574-8072 or jonathan.burke@dca.ca.gov. Thank you.

Sincerely,

Lea Tate, PsyD
President, Board of Psychology

cc: Senator Kelly Seyarto (Vice-Chair)

California Board of PSYCHOLOGY

1625 North Market Blvd., Suite N-215, Sacramento, CA 95834
T (916) 574-7720 F (916) 574-8672 Toll-Free (866) 503-3221
www.psychology.ca.gov

July 15, 2026

Senator Lola Smallwood-Cuevas
Senate Labor, Public Employment
and Retirement Committee
1021 O Street, Suite 6740
Sacramento, CA 95814

RE: **AB 2575 (Ortega) – Health care services: artificial intelligence – Support if Amended**

Dear Senator Smallwood-Cuevas:

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

At its May 15, 2026, meeting, the Board adopted a **Support if Amended** position on Assembly Bill 2575 (Ortega). The Board supports and agrees with the author's intent to promote transparency through Artificial Intelligence (AI) use, ensure accountability for harm caused by AI systems, and protect both patients and health care workers in clinical settings.

The bill states enforcement for licensed health facility, licensed clinic or physician is subject to the jurisdiction of the Medical Board of California or the Osteopathic Medical Board of California. The Board respectfully requests that licensees of the Board of Psychology be included.

The Board appreciates that the bill seeks to safeguard consumers from misleading uses of AI. At the same time, mental health professionals also utilize AI in their work, and we believe the bill should be amended to ensure these providers are included alongside health facilities, clinics, and physicians.

For these reasons, the Board supports AB 2575 if amended to include licensees of the Board and welcomes the opportunity to continue to advance open and inclusive governance. If you have any questions or concerns, please feel free to contact the Board's Executive Officer, Jonathan Burke, at (916) 574-8072 or jonathan.burke@dca.ca.gov. Thank you.

Sincerely,

Lea Tate, PsyD
President, Board of Psychology

cc: Senator Tony Stricklan (Vice-Chair)

California Board of PSYCHOLOGY

1625 North Market Blvd., Suite N-215, Sacramento, CA 95834
T (916) 574-7720 F (916) 574-8671 Toll-Free (866) 503-3221
www.psychology.ca.gov

MEMORANDUM

DATE	July 30, 2026
TO	Psychology Board Members
FROM	Cynthia Whitney, Central Services Manager
SUBJECT	Agenda Item 11(b)(6) - 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.

On May 15, 2026, the Board of Psychology (Board) adopted a Support position on this bill. Board staff prepared and submitted letters of support to the Senate Committee on Health and Senate Privacy, Digital Technologies, and Consumer Protection Committees on July 15, 2026.

On May 21, 2026, the bill was sent to the Assembly Rules Committee for assignment.

On June 3, 2026, the bill was referred to the Committees on Health and Privacy, Digital Technologies, and Consumer Protection.

On June 16, 2026, the bill amended was re-referred to the Committee on Health.

On June 17, 2026, the bill was amended further and re-referred to the Committee on Health.

On June 22, 2026, the bill was amended by the author and re-referred to the Committee on Health.

On July 2, 2026, the was amended once again and re-referred to the Appropriations Committee. The latest amendments are as follows:

- Adds “reasonable steps” requirement to protect independent clinical judgment.
- AI may not direct, guide, supervise, or instruct unlicensed personnel in any clinical function that requires a licensed professional, nor independently perform any clinical function that legally must be done by a licensed professional.
- Introduces a new trainee exception.
- Updates enforcement references and adds physician-specific board jurisdiction.
- Expands the definition of “clinical decision support system” to list specific output types.
- Other AI-related provisions, including chatbot coverage under CMIA, remain unchanged.

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

AMENDED IN SENATE JULY 2, 2026

AMENDED IN SENATE JUNE 22, 2026

AMENDED IN SENATE JUNE 17, 2026

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 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. 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 additionally deem a business that offers a health care 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 require a health facility, clinic, physician's office, or office ~~or~~ *of* a group practice to *take reasonable steps 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, acting within their scope of practice, retains the ability to exercise independent professional judgment ~~when reviewing and approving a clinical decision that is based on~~ *in their care of a patient whenever that care is informed by* the output of a clinical decision support ~~system.~~ *system, as defined.* 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 apply to the use of automated decision systems 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:

SECTION 1. Section 56.05 of the Civil Code is amended to read:

56.05. For purposes of this part:

(a) "Artificial intelligence" has the same meaning as that term is defined in Section 1339.75 of the Health and Safety Code.

(b) "Authorization" means permission granted in accordance with Section 56.11 or 56.21 for the disclosure of medical information.

(c) "Authorized recipient" means a person who is authorized to receive medical information pursuant to Section 56.10 or 56.20.

(d) "Confidential communications request" means a request by a subscriber or enrollee that health care service plan communications containing medical information be communicated to them at a specific mail or email address or specific telephone number, as designated by the subscriber or enrollee.

(e) "Contractor" means a person or entity that is a medical group, independent practice association, pharmaceutical benefits manager, or a medical service organization and is not a health care service plan or provider of health care. "Contractor" does not include insurance institutions as defined in subdivision (k) of Section 791.02 of the Insurance Code or pharmaceutical benefits managers licensed pursuant to the Knox-Keene Health Care Service Plan Act of 1975 (Chapter 2.2 (commencing with Section 1340) of Division 2 of the Health and Safety Code).

(f) "Enrollee" has the same meaning as that term is defined in Section 1345 of the Health and Safety Code.

(g) "Expiration date or event" means a specified date or an occurrence relating to the individual to whom the medical information pertains or the purpose of the use or disclosure, after which the provider of health care, health care service plan, pharmaceutical company, or contractor is no longer authorized to disclose the medical information.

(h) "Generative artificial intelligence" has the same meaning as that term is defined in Section 1339.75 of the Health and Safety Code.

(i) "Health care chatbot" means a generative artificial intelligence system with a natural language interface that does all of the following:

(1) Provides adaptive, human-like responses to user inputs.

(2) Is marketed as facilitating or supporting health services to a consumer.

(3) (A) Uses health care chatbot information to facilitate or support health service to a consumer.

(B) For purposes of this paragraph, "health care chatbot information" means information related to a consumer's physical or mental health or wellness that a consumer provides to a chatbot, either directly or by allowing access to that information, or is collected, generated, or inferred by a chatbot.

(j) "Health care service plan" means an entity regulated pursuant to the Knox-Keene Health Care Service Plan Act of 1975 (Chapter 2.2 (commencing with Section 1340) of Division 2 of the Health and Safety Code).

(k) "Licensed health care professional" means a person licensed or certified pursuant to Division 2 (commencing with Section 500) of the Business and Professions Code, the Osteopathic Initiative Act or the Chiropractic Initiative Act, or Division 2.5 (commencing with Section 1797) of the Health and Safety Code.

(*l*) "Marketing" means to make a communication about a product or service that encourages recipients of the communication to purchase or use the product or service.

"Marketing" does not include any of the following:

(1) Communications made orally or in writing for which the communicator does not receive direct or indirect remuneration, including, but not limited to, gifts, fees, payments, subsidies, or other economic benefits, from a third party for making the communication.

(2) Communications made to current enrollees solely for the purpose of describing a provider's participation in an existing health care provider network or health plan network of a Knox-Keene licensed health plan to which the enrollees already subscribe; communications made to current enrollees solely for the purpose of describing if, and the extent to which, a product or

service, or payment for a product or service, is provided by a provider, contractor, or plan or included in a plan of benefits of a Knox-Keene licensed health plan to which the enrollees already subscribe; or communications made to plan enrollees describing the availability of more cost-effective pharmaceuticals.

(3) Communications that are tailored to the circumstances of a particular individual to educate or advise the individual about treatment options, and otherwise maintain the individual's adherence to a prescribed course of medical treatment, as provided in Section 1399.901 of the Health and Safety Code, for a chronic and seriously debilitating or life-threatening condition as defined in subdivisions (e) and (f) of Section 1367.21 of the Health and Safety Code, if the health care provider, contractor, or health plan receives direct or indirect remuneration, including, but not limited to, gifts, fees, payments, subsidies, or other economic benefits, from a third party for making the communication, if all of the following apply:

(A) The individual receiving the communication is notified in the communication in typeface no smaller than 14-point type of the fact that the provider, contractor, or health plan has been remunerated and the source of the remuneration.

(B) The individual is provided the opportunity to opt out of receiving future remunerated communications.

(C) The communication contains instructions in typeface no smaller than 14-point type describing how the individual can opt out of receiving further communications by calling a toll-free number of the health care provider, contractor, or health plan making the remunerated communications. Further communication shall not be made to an individual who has opted out after 30 calendar days from the date the individual makes the opt-out request.

(m) (1) "Medical information" means any individually identifiable information, in electronic or physical form, in possession of or derived from a provider of health care, health care service plan, pharmaceutical company, or contractor regarding a patient's medical history, mental health application information, reproductive or sexual health application information, mental or physical condition, or treatment. "Individually identifiable" means that the medical information includes or contains any element of personal identifying information sufficient to allow identification

of the individual, such as the patient's name, address, electronic mail address, telephone number, or social security number, or other information that, alone or in combination with other publicly available information, reveals the identity of the individual.

(2) If individually identifying information regarding immigration status, including current and prior immigration status, or place of birth, is known or collected in electronic or physical form by a provider of health care, health care service plan, pharmaceutical company, or contractor regarding a patient's medical history, it shall be treated as medical information, as defined in paragraph (1).

(n) "Mental health application information" means information related to a consumer's inferred or diagnosed mental health or substance use disorder, as defined in Section 1374.72 of the Health and Safety Code, collected by a mental health digital service.

(o) "Mental health digital service" means a mobile-based application or internet website that collects mental health application information from a consumer, markets itself as facilitating mental health services to a consumer, and uses the information to facilitate mental health services to a consumer.

(p) "Patient" means a natural person, whether or not still living, who received health care services from a provider of health care and to whom medical information pertains.

(q) "Pharmaceutical company" means a company or business, or an agent or representative thereof, that manufactures, sells, or distributes pharmaceuticals, medications, or prescription drugs. "Pharmaceutical company" does not include a pharmaceutical benefits manager, as included in subdivision (e), or a provider of health care.

(r) "Protected individual" means any adult covered by the subscriber's health care service plan or a minor who can consent to a health care service without the consent of a parent or legal guardian, pursuant to state or federal law. "Protected individual" does not include an individual that lacks the capacity to give informed consent for health care pursuant to Section 813 of the Probate Code.

(s) "Provider of health care" means a person licensed or certified pursuant to Division 2 (commencing with Section 500) of the Business and Professions Code; a person licensed pursuant to the Osteopathic Initiative Act or the Chiropractic Initiative Act; a

person certified pursuant to Division 2.5 (commencing with Section 1797) of the Health and Safety Code; or a clinic, health dispensary, or health facility licensed pursuant to Division 2 (commencing with Section 1200) of the Health and Safety Code. "Provider of health care" does not include insurance institutions as defined in subdivision (k) of Section 791.02 of the Insurance Code.

(t) "Reproductive or sexual health application information" means information about a consumer's reproductive health, menstrual cycle, fertility, pregnancy, pregnancy outcome, plans to conceive, or type of sexual activity collected by a reproductive or sexual health digital service, including, but not limited to, information from which one can infer someone's pregnancy status, menstrual cycle, fertility, hormone levels, birth control use, sexual activity, or gender identity.

(u) "Reproductive or sexual health digital service" means a mobile-based application or internet website that collects reproductive or sexual health application information from a consumer, markets itself as facilitating reproductive or sexual health services to a consumer, and uses the information to facilitate reproductive or sexual health services to a consumer.

(v) "Sensitive services" means all health care services related to mental or behavioral health, sexual and reproductive health, sexually transmitted infections, substance use disorder, gender-affirming care, and intimate partner violence, and includes services described in Sections 6924, 6925, 6926, 6927, 6928, 6929, and 6930 of the Family Code, and Sections 121020 and 124260 of the Health and Safety Code, obtained by a patient at or above the minimum age specified for consenting to the service specified in the section.

(w) "Subscriber" has the same meaning as that term is defined in Section 1345 of the Health and Safety Code.

(x) "Immigration enforcement" means any and all efforts to investigate, enforce, or assist in the investigation or enforcement of any federal civil immigration law, and also includes any and all efforts to investigate, enforce, or assist in the investigation or enforcement of any federal criminal immigration law that penalizes a person's presence in, entry or reentry to, or employment in, the United States.

SEC. 2. Section 56.06 of the Civil Code is amended to read:

56.06. (a) Any business organized for the purpose of maintaining medical information in order to make the information available to an individual or to 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 and treatment 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.

(b) 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.

(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 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.

(e) Any business that offers a 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, 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, but not limited to, laws that specifically incorporate by reference the definitions of this part.

(f) Any business that offers a health care chatbot 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 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.

(g) Any business described in this section shall maintain the same standards of confidentiality required of a provider of health care with respect to medical information disclosed to the business.

(h) Any business described in this section is subject to the penalties for improper use and disclosure of medical information prescribed in this part.

SEC. 3. Section 1339.77 is added to the Health and Safety Code, to read:

~~1339.77. (a) (1) A health facility, clinic, physician's office, or office of a group practice shall ensure that no clinical decision is based solely on the output of a clinical decision support system.~~

~~(2)~~

1339.77. (a) A health facility, clinic, physician's office, or office of a group practice shall *take reasonable steps to* ensure that a licensed health care professional, acting within their scope of

practice, retains the ability to exercise independent professional judgment ~~when reviewing and approving a clinical decision that is based on~~ *in their care of a patient whenever that care is informed by* the output of a clinical decision support system.

~~(3) For purposes of this subdivision, "clinical decision" includes, but is not limited to, assessment of patient condition and education of a patient or their family concerning the patient's health care problems, including postdischarge care.~~

(b) *(1)* A health facility, clinic, physician's office, or office of a group practice shall not use or deploy a tool, system, or device that includes artificial intelligence to ~~direct,~~ *do any of the following:*

(A) Direct, guide, supervise, or instruct unlicensed personnel in their performance of any clinical function that is required by law to be performed by a person with a professional license.

(B) Independently perform any clinical function that is required by law to be performed by a person with a professional license.

(2) This subdivision does not prohibit the use or deployment of a tool, system, or device by a trainee as part of a supervised course of study or training program while working toward licensure.

(c) (1) A violation of this section by a licensed health facility is subject to the enforcement mechanisms described in ~~Article 4 (commencing with Section 1290) of Chapter 2.~~ *Sections 1280 and 1280.3.*

(2) A violation of this section by a licensed clinic is subject to the enforcement mechanisms described in ~~Article 4 (commencing with Section 1235) of Chapter 1.~~ *Section 1229.*

~~(3) A violation of this section constitutes "unfair competition" as defined in Section 17200 of the Business and Professions Code and is punishable as prescribed in Chapter 5 (commencing with Section 17200) of Part 2 of Division 7 of the Business and Professions Code.~~

(3) A violation of this section by a physician is subject to the jurisdiction of the Medical Board of California or the Osteopathic Medical Board of California, as appropriate.

(4) To the extent that a violation of this section constitutes the practice of a health care profession without a license, the appropriate health care professional licensing board may pursue an injunction or restraining order to enforce this section, as authorized by Section 125.5 of the Business and Professions Code.

(5) Nothing in this section limits the authority for a health care professional licensing board or enforcement agency to pursue any remedy otherwise authorized under the law.

(d) This section does not apply to the use of automated decision systems for documentation and communication that does not involve the application of professional judgment, including, but not limited to, automated messages to inform patients of updates to their health records, generating reminders, or assisting patients to find information at their request.

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

(1) "Artificial intelligence" has the same meaning as defined in Section 1339.75.

(2) (A) "Automated decision system" means a computational process derived from machine learning, statistical modeling, data analytics, or artificial intelligence that issues simplified output, including a score, classification, or recommendation, that is used to assist or replace human discretionary decisionmaking and materially impacts natural persons.

(B) "Automated decision system" does not include a spam email filter, firewall, antivirus software, identity and access management tools, calculator, database, dataset, or other compilation of data.

(3) "Clinic" has the same meaning as defined in Section 1200.

(4) "Clinical decision support system" means an automated decision system or generative artificial intelligence system ~~whose outputs are~~ *that produces a prediction, classification, recommendation, evaluation, or analysis* used to inform clinical decisionmaking with respect to the provision, timing, or course of patient care.

(5) "Generative artificial intelligence" has the same meaning as that term is defined in Section 1339.75.

(6) "Health care provider" means a person licensed or certified pursuant to Division 2 (commencing with Section 500) of the Business and Professions Code.

(7) "Health facility" has the same meaning as defined in Section 1250.

(8) "Office of a group practice" has the same meaning as defined in Section 1339.75.

(9) "Physician's office" has the same meaning as defined in Section 1339.75.

SEC. 4. 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.

O

California Board of PSYCHOLOGY

1625 North Market Blvd., Suite N-215, Sacramento, CA 95834
T (916) 574-7720 F (916) 574-8672 Toll-Free (866) 503-3221
www.psychology.ca.gov

2026 Bill Analysis

Author:	Bill Number:	Related Bills:
Assemblymember Mia Bonta	AB 1979	
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 complaint 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 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.

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.

California Board of PSYCHOLOGY

1625 North Market Blvd., Suite N-215, Sacramento, CA 95834
T (916) 574-7720 F (916) 574-8672 Toll-Free (866) 503-3221
www.psychology.ca.gov

July 15, 2026

Senator Akilah Weber Pierson
Chair, Senate Committee on Health
1020 N Street, Room 1200
Sacramento, CA 95814

RE: **AB 1979 (Bonta) – Health care services: artificial intelligence – Support**

Dear Senator Weber Pierson:

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

At its May 15, 2026, meeting, the Board adopted a **Support** position on Assembly Bill 1979 (Bonta). AB 1979 requires 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.

The Board supports SB 1979 because the 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.

For these reasons, the Board supports AB 1979 and welcomes the opportunity to continue to advance open and inclusive governance. If you have any questions or concerns, please feel free to contact the Board's Executive Officer, Jonathan Burke, at (916) 574-8072 or jonathan.burke@dca.ca.gov. Thank you.

Sincerely,

Lea Tate, PsyD
President, Board of Psychology

cc: Senator Suzette Martinez Vallardes (Vice-Chair)

California Board of PSYCHOLOGY

1625 North Market Blvd., Suite N-215, Sacramento, CA 95834
T (916) 574-7720 F (916) 574-8672 Toll-Free (866) 503-3221
www.psychology.ca.gov

July 15, 2026

Senator Christoper Cabaldon
Chair, Senate Privacy, Digital Technologies,
and Consumer Protection Committees
1020 N Street, Room 568
Sacramento, CA 95814

RE: **AB 1979 (Bonta) – Health care services: artificial intelligence – 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 May 15, 2026, meeting, the Board adopted a **Support** position on Assembly Bill 1979 (Bonta). AB 1979 requires 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.

The Board supports SB 1979 because the 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.

For these reasons, the Board supports AB 1979 and welcomes the opportunity to continue to advance open and inclusive governance. If you have any questions or concerns, please feel free to contact the Board's Executive Officer, Jonathan Burke, at (916) 574-8072 or jonathan.burke@dca.ca.gov. Thank you.

Sincerely,

Lea Tate, PsyD
President, Board of Psychology

cc: Senator Brian W. Jones (Vice-Chair)

California Board of PSYCHOLOGY

1625 North Market Blvd., Suite N-215, Sacramento, CA 95834
T (916) 574-7720 F (916) 574-8671 Toll-Free (866) 503-3221
www.psychology.ca.gov

MEMORANDUM

DATE	July 24, 2026
TO	Psychology Board Members
FROM	Cynthia Whitney, Central Services Manager
SUBJECT	Agenda Item 11(c)(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.

On June 16, 2026, the hearing was cancelled at the request of the author.

On July 1, 2026, the bill failed deadline and will not be moving forward this session.

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 MAY 18, 2026

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 authorize the court to order the petitioner to be present at the hearing described above, as specified. *The bill would require the hearing to be heard in the county in which the person is registered.* 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:

SECTION 1. Section 290.5 of the Penal Code is amended to read:

290.5. (a) (1) A person who is required to register pursuant to Section ~~290~~ *290, who currently resides in the state of California,* and who is a tier one or tier two offender may file a petition in the superior court in the county in which the person is registered for termination from the sex offender registry on or after their next birthday after July 1, 2021, following the expiration of the person's mandated minimum registration ~~period, or if~~ *period. If* the person is required to register pursuant to Section 290.008, the person may file the petition in juvenile court on or after their next birthday after July 1, 2021, following the expiration of the mandated minimum registration period. The petition shall contain proof of the person's current registration as a sex ~~offender.~~ *offender in California and shall be heard in the county in which the person is registered.*

(2) The petition shall be served on the registering law enforcement agency and the district attorney in the county where the petition is filed and on the law enforcement agency and the district attorney of the county of conviction of a registerable offense if different than the county where the petition is filed. The registering law enforcement agency shall report receipt of service

of a filed petition to the Department of Justice in a manner prescribed by the department. The registering law enforcement agency and the law enforcement agency of the county of conviction of a registerable offense if different than the county where the petition is filed shall, within 60 days of receipt of the petition, report to the district attorney and the superior or juvenile court in which the petition is filed regarding whether the person has met the requirements for termination pursuant to subdivision (e) of Section 290. If an offense which may require registration pursuant to Section 290.005 is identified by the registering law enforcement agency which has not previously been assessed by the Department of Justice, the registering law enforcement agency shall refer that conviction to the department for assessment and determination of whether the conviction changes the tier designation assigned by the department to the offender. If the newly discovered offense changes the tier designation for that person, the department shall change the tier designation pursuant to subdivision (d) of Section 290 within three months of receipt of the request by the registering law enforcement agency and notify the registering law enforcement agency. If more time is required to obtain the documents needed to make the assessment, the department shall notify the registering law enforcement agency of the reason that an extension of time is necessary to complete the tier designation. The registering law enforcement agency shall report to the district attorney and the court that the department has requested an extension of time to determine the person's tier designation based on the newly discovered offense, the reason for the request, and the estimated time needed to complete the tier designation. The district attorney in the county where the petition is filed may, within 60 days of receipt of the report from either the registering law enforcement agency, the law enforcement agency of the county of conviction of a registerable offense if different than the county where the petition is filed, or the district attorney of the county of conviction of a registerable offense, request a hearing on the petition if the petitioner has not fulfilled the requirement described in subdivision (e) of Section 290, or if community safety would be significantly enhanced by the person's continued registration. The court may order the petitioner to be present at the hearing, either in person or remotely by video. If no hearing is requested, the petition for termination shall be granted if the court finds the required proof

of current registration is presented in the petition, provided that the registering agency reported that the person met the requirement for termination pursuant to subdivision (e) of Section 290, there are no pending charges against the person which could extend the time to complete the registration requirements of the tier or change the person's tier status, and the person is not in custody or on parole, probation, or supervised release. The court may summarily deny a petition if the court determines the petitioner does not meet the statutory requirements for termination of sex offender registration or if the petitioner has not fulfilled the filing and service requirements of this section. In summarily denying a petition the court shall state the reason or reasons the petition is being denied.

(3) If the district attorney requests a hearing, the district attorney shall be entitled to present evidence regarding whether community safety would be significantly enhanced by requiring continued registration. In determining whether to order continued registration, the court shall consider: the nature and facts of the registerable offense; the age and number of victims; whether any victim was a stranger to the offender at the time of the offense (known to the offender for less than 24 hours); whether the offender was in a position of trust or authority in relation to any victim; criminal and relevant noncriminal behavior before and after conviction for the registerable offense; the time period during which the person has not reoffended; the person's current risk of sexual or violent reoffense, including the person's risk levels on SARATSO static, dynamic, and violence risk assessment instruments, if available; proof of participation in or successful completion of sex offender-specific treatment by the offender; and proof of successful completion of a Sex Offender Management Board-certified sex offender treatment program by the offender, if the offender was required to complete that program. The court shall verify, in a manner subject to its discretion, *including an inquiry of the petitioner,* participation in or completion of treatment by the offender as described above. ~~The court may order SARATSO static, dynamic, and violence risk assessments if the court is unable to verify participation in or completion of treatment as described above, or as the court otherwise deems necessary, to aid in its determination of the person's current risk of sexual or violent reoffense.~~ Any judicial determination made pursuant to this section

may be heard and determined upon declarations, affidavits, police reports, or any other evidence submitted by the 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 offender treatment program; whether the offender initiated a relationship for the purpose of facilitating the offense; and the person's current risk of sexual or violent reoffense, including the person's risk levels on SARATSO static, dynamic, and violence risk assessment instruments, if known. If the petition is denied, the person may not repetition for termination for at least one year.

(3) A person required to register as a tier three offender based solely on the person's risk level, pursuant to subparagraph (D) of paragraph (3) of subdivision (d) of Section 290, may petition the court for termination from the registry after 20 years from release from custody on the registerable offense, if the person (A) 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 (B) has registered for 20 years pursuant to subdivision (e) of Section 290; except that a person required to register for a conviction pursuant to Section 288 or an offense listed in subdivision (c) of Section 1192.7 who is a tier three offender based on the person's risk level, pursuant to subparagraph (D) of paragraph (3) of subdivision (d) of Section 290, shall not be permitted to petition for removal from the registry. 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 offender treatment program; whether the offender initiated a relationship for the purpose of facilitating the offense; and the person's current risk of sexual or violent reoffense, including the person's risk levels on SARATSO static, dynamic, and violence risk assessment instruments, if known. If the petition is denied, the person may not re-petition for termination for at least three years.

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

O

California Board of PSYCHOLOGY

1625 North Market Blvd., Suite N-215, Sacramento, CA 95834
T (916) 574-7720 F (916) 574-8671 Toll-Free (866) 503-3221
www.psychology.ca.gov

MEMORANDUM

DATE	July 24, 2026
TO	Psychology Board Members
FROM	Cynthia Whitney, Central Services Manager
SUBJECT	Agenda Item 11(c)(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

AMENDED IN ASSEMBLY MAY 18, 2026

CALIFORNIA LEGISLATURE—2025–26 REGULAR SESSION

ASSEMBLY BILL No. 1775

Introduced by Assembly Member Ward
(Coauthors: Assembly Members Addis and Pellerin)

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 amended, 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:

SECTION 1. Section 115.4 of the Business and Professions Code is amended to read:

115.4. (a) Notwithstanding any other law, on and after July 1, 2016, 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 has served as an active duty member of the Armed Forces of the United States and was honorably discharged or received a discharge solely as a result of Executive Order No. 14183 issued on January 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, 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:

885. (a) The department shall establish the Veteran's Military Discharge Upgrade Grant Program to help fund service providers who, at no cost, will educate veterans about discharge upgrades and assist qualifying veterans in filing discharge upgrade applications.

(b) The department shall develop criteria, procedures, and accountability measures as may be necessary to implement the grant program. The department shall 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.

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

(d) The department may adopt regulations as necessary to implement this section.

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

886. (a) The department shall 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.

(b) The department shall develop criteria, procedures, and accountability measures as may be necessary to implement the grant program. The department shall 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.

(c) Funding for the grant program is subject to ~~appropriations~~ *appropriation* by the Legislature.

(d) The department may adopt regulations as necessary to implement this section.

O

California Board of PSYCHOLOGY

1625 North Market Blvd., Suite N-215, Sacramento, CA 95834
T (916) 574-7720 F (916) 574-8671 Toll-Free (866) 503-3221
www.psychology.ca.gov

MEMORANDUM

DATE	July 24, 2026
TO	Psychology Board Members
FROM	Cynthia Whitney, Central Services Manager
SUBJECT	Agenda Item 11(c)(3) 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

AMENDED IN ASSEMBLY JUNE 11, 2026

AMENDED IN SENATE APRIL 16, 2026

AMENDED IN SENATE MARCH 25, 2026

SENATE BILL No. 1146

Introduced by Senator Gonzalez
(Coauthors: Assembly Members Bryan and Lowenthal)

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 amended, Gonzalez. Advertisement claims: health-related consumer products and services: digital replicas and synthetic performers.

Existing *unfair competition laws make various unfair competition practices unlawful, including any unlawful, unfair, or fraudulent business act or practice and unfair, deceptive, untrue, or misleading advertising. 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 a person who violates specified false advertising provisions liable for a civil penalty, as specified, and provides that a person who violates those false advertising provisions is guilty of a misdemeanor.*

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 and, in the case of a licensed person, provides that a violation constitutes unprofessional conduct and grounds for suspension or revocation of a license by the relevant board.

~~Existing law makes a person who produces, distributes, or makes available the digital replica, as defined, of a deceased personality's voice or likeness in an expressive audiovisual work or sound recording without specified prior consent liable to any injured party in an amount equal to the greater of $10,000 or the actual damages suffered by a person controlling the rights to the deceased personality's likeness, except as prescribed.~~

This bill ~~would, subject to specified exceptions,~~ *would* require a person who creates or causes to be created an advertisement that includes ~~the image, audio, or video of~~ a digital replica or synthetic performer depicted as a health care provider ~~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~~ *health care provider depicted* in the advertisement was generated or substantially altered by artificial intelligence ~~and~~ *or* that no human health care provider is depicted. The bill would also define terms for its purposes.

This bill would *provide that a violation of its provisions constitutes a violation of specified unfair competition and false advertising laws. By expanding the scope of a crime, this bill would impose a state-mandated local program. The bill would also* authorize ~~the Attorney General, a district attorney, or~~ a natural person whose digital replica is used in an advertisement to bring a civil action to enforce these ~~provisions, and~~ *provisions. The bill* would ~~provide~~ *specify* that a violation of the bill does not constitute a ~~misdemeanor.~~ *misdemeanor under provisions regulating healing arts licensees.*

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:

SECTION 1. Section 651.4 is added to the Business and Professions Code, to read:

651.4. (a) For purposes of this section, the following definitions apply:

(1) "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.

~~(2) "Creates" includes causing a video or audio media to be created through prompts to a generative artificial intelligence system.~~

~~(3) "Digital replica" has the same meaning as in Section 3344.1 of the Civil Code.~~

~~(4) (A) "Generated or substantially altered using artificial intelligence or other computer technology" means when visual or audio media of a natural person is either of the following:~~

~~(i) Entirely generated using artificial intelligence or other computer technology and would appear to a reasonable person to be authentic.~~

~~(ii) Materially altered by artificial intelligence or other computer technology and that alteration would cause a reasonable person to have a fundamentally different understanding of the altered media when comparing it to an unaltered version.~~

~~(B) A visual or audio media of a natural person is not "generated or substantially altered using artificial intelligence or other computer technology" if the media is immaterially altered by artificial intelligence or other computer technology, including a cosmetic adjustment, color edit, cropped image, or resized image.~~

(2) "Clear and conspicuous disclosure" means a disclosure that is difficult to miss, easily understandable, and presented in a manner that a reasonable consumer would notice, read, and comprehend, taking into account the medium, format, and context in which the advertisement appears.

(3) (A) "Digital replica" means a computer-generated, highly realistic electronic representation that is readily identifiable as the voice or visual likeness of an individual that is embodied in a sound recording, image, audiovisual work, or transmission in

which the actual individual either did not actually perform or appear, or the actual individual did perform or appear, but the fundamental character of the performance or appearance has been materially altered.

(B) "Digital replica" does not include the electronic reproduction, use of a sample of one sound recording or audiovisual work into another, remixing, mastering, or digital remastering of a sound recording or audiovisual work authorized by the copyrightholder.

(4) "Generative artificial intelligence" means an artificial intelligence system that can generate derived synthetic content, such as text, images, video, and audio, that emulates the structure and characteristics of the artificial intelligence system's training data.

(5) "Health-related consumer product or service" means a product or service that is marketed for use primarily for personal, family, or household purposes, and is marketed as having a health benefit. Examples include, but are not limited to, dietary supplements and medical and dental goods and services.

(6) "Health care provider" means a person licensed under this division.

~~(7) "Natural person" means a natural human individual, and does not include a firm, partnership, association, corporation, limited liability company, or cooperative association.~~

~~(8)~~

(7) "Synthetic performer" means a ~~humanlike~~ digital figure, voice, or representation created in whole or in part using *generative* artificial intelligence, ~~machine learning, or computational techniques, and not based on, derived from, or intended to depict any particular identifiable natural person as described in Section 3344 of the Civil Code.~~ *that creates the realistic impression of an audiovisual or visual performance of a human performer who is not recognizable as any identifiable natural person.*

(b) A person who creates or causes to be created an advertisement that includes ~~the image, audio, or video of~~ a digital replica or synthetic performer depicted as a health care provider ~~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~~ *health care provider depicted* in the advertisement was generated or substantially altered by artificial intelligence ~~and~~ *or* that no human health care provider is ~~depicted, and shall comply with all of the following:~~ *depicted.*

~~(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, including, but not limited to, Chapter 1 (commencing with Section 17500) of Part 3 of Division 7.~~ This section does not authorize use of a person's ~~likeness~~ *digital replica* for commercial purposes without the individual's consent.

~~(d) (1) The Attorney General or any district attorney may bring a civil action to enforce subdivision (b) and may seek any appropriate remedy, including, but not limited to, injunctive relief.~~

(d) (1) A violation of this section constitutes a violation of Section 17500 and may be enforced pursuant to Chapter 5 (commencing with Section 17200) of Part 2.

(2) A natural person whose digital replica is used in an advertisement that violates subdivision (b) may bring a civil action against the person who created the advertisement and may seek any appropriate remedy, including, but not limited to, injunctive relief.

(3) The remedies provided for under this paragraph are cumulative and shall be in addition to any other remedies provided for by law, including, but not limited to, Section 3344 of the Civil Code.

(4) A violation of this section shall not constitute a misdemeanor for purposes of this article.

~~(5) 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.~~

~~(e) This section does not apply to an advertisement that uses a digital replica depicted as a health care provider 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 if all of the following conditions are met:~~

~~(1) The natural person whose digital replica is used in the advertisement is a health care provider.~~

~~(2) The digital replica in the advertisement is depicted as being licensed in the same profession as the natural person.~~

~~(3) The natural person has provided prior consent to the use of their digital replica in the advertisement.~~

~~(4) The natural person agrees with all of the statements made in the advertisement by the digital replica generated or substantially altered by artificial intelligence.~~

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

REVISIONS:

Heading—Line 2.

O

California Board of PSYCHOLOGY

1625 North Market Blvd., Suite N-215, Sacramento, CA 95834
T (916) 574-7720 F (916) 574-8671 Toll-Free (866) 503-3221
www.psychology.ca.gov

MEMORANDUM

DATE	July 24, 2026
TO	Psychology Board Members
FROM	Cynthia Whitney, Central Services Manager
SUBJECT	Agenda Item 11(c)(4) - 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

AMENDED IN ASSEMBLY JUNE 25, 2026

AMENDED IN ASSEMBLY JUNE 9, 2026

AMENDED IN SENATE MARCH 25, 2026

SENATE BILL No. 1159

Introduced by Senator Cabaldon
(Coauthors: Senators Allen, Becker, Jones, Ochoa Bogh, and Weber Pierson)
(Coauthors: Assembly Members Lowenthal, Pacheco, and Zbur)

February 18, 2026

An act to amend Sections 7920.520, 9072, 11405.70, and 11500 of, and to add Sections *8319*, 11121.5, 11342.575, 11370.1.5, and 54951.5 to, the Government Code, and to amend Sections 21066 and 30111 of the Public Resources Code, relating to artificial intelligence.

LEGISLATIVE COUNSEL'S DIGEST

SB 1159, as amended, 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 Legislative Open 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 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.

Existing law, the California Coastal Act of 1976, establishes the California Coastal Commission and prescribes procedures for the preparation, approval, and certification of local coastal programs that regulate development in the coastal zone, as defined, in jurisdictions that have a certified local coastal program.

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 Legislative Open Records Act, the Administrative Procedure Act, the California Coastal Act of 1976, 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, or robots, whether physical or digital. The bill would authorize governmental agencies to use ~~an artificial intelligence detection~~ *a disclosure verification* tool to determine if artificial intelligence is present. The bill would make findings and declarations related to these provisions.

The bill would prohibit a person from knowingly using artificial intelligence to falsely represent that a natural person appeared before, submitted information to, or otherwise engaged with a governmental agency.

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:

SECTION 1. (a) (1) Subdivision (b) of Section 3 of Article 1 of the California Constitution establishes that "the people have the right of access to information concerning the conduct of the people's business." California's transparency and governance laws, including the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340), Chapter 4 (commencing with Section 11370), Chapter 4.5 (commencing with Section 11400), and Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code), the Bagley-Keene Open Meeting Act (Article 9 (commencing with Section 11120) of Chapter 1 of Part 1 of Division 3 of Title 2 of the Government Code), the California Environmental Quality Act (Division 13 (commencing with Section 21000) of the Public Resources Code), the California Coastal Act of 1976 (Division 20 (commencing with Section 30000) of the Public Resources Code), the California Public Records Act (Division 10 (commencing with Section 7920.000) of Title 1 of the Government Code), the Legislative Open Records Act (Article 3.5 (commencing with Section 9070) of Chapter 1.5 of Part 1 of Division 2 of Title 2 of the Government Code), and the Ralph M. Brown Act (Chapter 9 (commencing with Section 54950) of Part 1 of Division 2 of Title 5 of the Government Code), implement this constitutional mandate by enabling natural persons to participate in and observe governmental processes.

(2) Artificial intelligence (AI) systems can now be programmed to automatically and continuously engage with governmental processes at scales and speeds that far exceed human capacity. AI systems have the ability to submit thousands or millions of automated public records requests, generate mass public comments on proposed regulations, file automated petitions for rulemaking, or otherwise flood governmental agencies with interactions that simulate human participation but lack genuine human deliberation or judgment.

(3) Automated mass engagement would overwhelm government agencies, divert limited public resources from serving actual constituents, drown out genuine human participation, and transform

deliberative processes into meaningless exchanges with machines. Public comment periods would become ineffective if agencies must process thousands of AI-generated submissions, and the administrative burden would undermine the purpose of California's transparency laws. This threat is not theoretical. In the United Kingdom, AI-powered platforms have already enabled automated generation of planning objections, prompting warnings from experts that such systems will overwhelm public agencies.

(4) California's transparency and governance laws referenced in paragraph (1) presuppose participants who possess consciousness, moral agency, deliberative judgment, and membership in the political community. AI systems, regardless of their sophistication, lack these essential attributes of personhood. Consistent with the United States Patent and Trademark Office's November 2025 guidance recognizing that AI systems are tools to support human activity rather than independent actors, and with the European Union's AI Act adopted in 2024 protecting the fundamental rights of natural persons, California law maintains the distinction between human beings and artificial intelligence.

(b) Therefore, it is the intent of the Legislature to clarify that, for purposes of California's transparency and governance laws referenced in subdivision (a), the terms "person," "interested person," "member of the public," and any other similar terms referring to those who may engage with governmental agencies under those laws, refer to natural persons and legally recognized entities capable of genuine participation in democratic governance, not AI systems that could be programmed to simulate participation at scales that would overwhelm governmental processes.

(c) The changes made by this act are not to be construed to imply that the terms "person," "interested person," "participant," "member of the public," and any other similar terms as used in any law other than those laws referenced in subdivision (a) include artificial intelligence systems, autonomous agents, robots, or other nonhuman entities, whether physical or digital.

SEC. 2. Section 7920.520 of the Government Code is amended to read:

7920.520. (a) As used in this division, "person" includes any natural person, corporation, partnership, limited liability company, firm, or association.

(b) (1) "Person," "interested person," "member of the public," and any other similar terms referring to those who may engage with governmental agencies under this division do not include artificial intelligence systems, autonomous agents, robots, or other nonhuman entities, whether physical or digital.

(2) For purposes of this subdivision, *the following definitions apply:* ~~"artificial~~

(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) "Assistive technology" means an item, piece of equipment, or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve functional capabilities of individuals with disabilities and any service that directly assists an individual with a disability in the selection, acquisition, or use of the item, equipment, or product system.

(3) A public agency may use ~~an artificial intelligence detection~~ *a disclosure verification* tool that meets the criteria described in Section 22757.2 of the Business and Professions Code to determine if artificial intelligence is present.

(4) This section does not prohibit a natural person from using artificial intelligence, autonomous agents, or robots to facilitate the person's own engagement with a governmental agency, including through the use of assistive technologies, provided the volume and frequency of the engagement are reasonably consistent with ordinary participation by a natural person.

SEC. 3. Section 8319 is added to the Government Code, to read:

8319. (a) A person shall not knowingly use artificial intelligence to falsely represent that a natural person appeared before, submitted information to, or otherwise engaged with a governmental agency.

(b) For purposes of this section, "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.

~~SEC. 3.~~

SEC. 4. Section 9072 of the Government Code is amended to read:

9072. As used in this article:

(a) "Person" includes any natural person, corporation, partnership, limited liability company, firm, or association.

(1) "Person" and any other similar terms referring to those who may engage with governmental agencies under this article do not include artificial intelligence systems, autonomous agents, or robots, whether physical or digital.

(2) For purposes of this subdivision, *the following definitions apply:* ~~"artificial~~

(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) "Assistive technology" means an item, piece of equipment, or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve functional capabilities of individuals with disabilities and any service that directly assists an individual with a disability in the selection, acquisition, or use of the item, equipment, or product system.

(3) The appropriate Rules Committee of each house of the Legislature and the Joint Rules Committee may use ~~an artificial intelligence detection~~ *a disclosure verification* tool that meets the criteria described in Section 22757.2 of the Business and Professions Code to determine if artificial intelligence is present.

(4) This section does not prohibit a natural person from using artificial intelligence, autonomous agents, or robots to facilitate the person's own engagement with a governmental agency, including through the use of assistive technologies, provided the volume and frequency of the engagement are reasonably consistent with ordinary participation by a natural person.

(b) "Legislature" includes any Member of the Legislature, any legislative officer, any standing, joint, or select committee or subcommittee of the Senate and Assembly, and any other agency or employee of the Legislature.

(c) "Legislative records" means any writing prepared on or after December 2, 1974, which contains information relating to the conduct of the public's business prepared, owned, used, or retained by the Legislature.

(d) "Writing" means handwriting, typewriting, printing, photostating, photographing, and every other means of recording upon any form of communication or representation, including letters, words, pictures, sounds, or symbols, or combination thereof, and all papers, maps, magnetic or paper tapes, photographic films and prints, magnetic or punched cards, discs, drums, and other documents.

~~SEC. 4.~~

SEC. 5. Section 11121.5 is added to the Government Code, to read:

11121.5. (a) As used in this article, "person," "interested person," "participant," "member of the public," and any other similar terms referring to those who may engage with governmental agencies under this chapter do not include artificial intelligence systems, autonomous agents, or robots, whether physical or digital.

(b) For purposes of this section, *the following definitions apply:* ~~"artificial~~

(1) "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.

(2) "Assistive technology" means an item, piece of equipment, or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve functional capabilities of individuals with disabilities and any service that directly assists an individual with a disability in the selection, acquisition, or use of the item, equipment, or product system.

(c) A state body may use ~~an artificial intelligence detection~~ *a disclosure verification* tool that meets the criteria described in Section 22757.2 of the Business and Professions Code to determine if artificial intelligence is present.

(d) This section does not prohibit a natural person from using artificial intelligence, autonomous agents, or robots to facilitate the person's own engagement with a governmental agency,

including through the use of assistive technologies, provided the volume and frequency of the engagement are reasonably consistent with ordinary participation by a natural person.

~~SEC. 5.~~

SEC. 6. Section 11342.575 is added to the Government Code, to read:

11342.575. (a) "Person," "interested person," "member of the public," and any other similar terms referring to those who may engage with governmental agencies under this chapter do not include artificial intelligence systems, autonomous agents, or robots, whether physical or digital.

(b) For purposes of this section, *the following definitions apply:* ~~"artificial~~

(1) "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.

(2) "Assistive technology" means an item, piece of equipment, or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve functional capabilities of individuals with disabilities and any service that directly assists an individual with a disability in the selection, acquisition, or use of the item, equipment, or product system.

(c) An agency may use ~~an artificial intelligence detection~~ *a disclosure verification* tool that meets the criteria described in Section 22757.2 of the Business and Professions Code to determine if artificial intelligence is present.

(d) This section does not prohibit a natural person from using artificial intelligence, autonomous agents, or robots to facilitate the person's own engagement with a governmental agency, including through the use of assistive technologies, provided the volume and frequency of the engagement are reasonably consistent with ordinary participation by a natural person.

~~SEC. 6.~~

SEC. 7. Section 11370.1.5 is added to the Government Code, to read:

11370.1.5. (a) As used in this chapter, "person" and any other similar terms referring to those who may engage with governmental

agencies under this chapter do not include artificial intelligence systems, autonomous agents, or robots, whether physical or digital.

(b) For purposes of this section, *the following definitions apply:* ~~"artificial~~

(1) "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.

(2) "Assistive technology" means an item, piece of equipment, or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve functional capabilities of individuals with disabilities and any service that directly assists an individual with a disability in the selection, acquisition, or use of the item, equipment, or product system.

(c) The Office of Administrative Hearings may use ~~an artificial intelligence detection~~ *a disclosure verification* tool that meets the criteria described in Section 22757.2 of the Business and Professions Code to determine if artificial intelligence is present.

(d) This section does not prohibit a natural person from using artificial intelligence, autonomous agents, or robots to facilitate the person's own engagement with a governmental agency, including through the use of assistive technologies, provided the volume and frequency of the engagement are reasonably consistent with ordinary participation by a natural person.

~~SEC. 7.~~

SEC. 8. Section 11405.70 of the Government Code is amended to read:

11405.70. (a) "Person" includes an individual, partnership, corporation, governmental subdivision or unit of a governmental subdivision, or public or private organization or entity of any character.

(b) (1) "Person," "interested person," "participant," "member of the public," and any other similar terms referring to those who may engage with governmental agencies under this chapter do not include artificial intelligence systems, autonomous agents, or robots, whether physical or digital.

(2) For purposes of this subdivision, *the following definitions apply:* ~~"artificial~~

(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) "Assistive technology" means an item, piece of equipment, or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve functional capabilities of individuals with disabilities and any service that directly assists an individual with a disability in the selection, acquisition, or use of the item, equipment, or product system.

(3) An agency may use ~~an artificial intelligence detection~~ *a disclosure verification* tool that meets the criteria described in Section 22757.2 of the Business and Professions Code to determine if artificial intelligence is present.

(4) This section does not prohibit a natural person from using artificial intelligence, autonomous agents, or robots to facilitate the person's own engagement with a governmental agency, including through the use of assistive technologies, provided the volume and frequency of the engagement are reasonably consistent with ordinary participation by a natural person.

~~SEC. 8.~~

SEC. 9. Section 11500 of the Government Code is amended to read:

11500. In this chapter unless the context or subject matter otherwise requires:

(a) "Agency" includes the state boards, commissions, and officers to which this chapter is made applicable by law, except that wherever the word "agency" alone is used the power to act may be delegated by the agency, and wherever the words "agency itself" are used the power to act shall not be delegated unless the statutes relating to the particular agency authorize the delegation of the agency's power to hear and decide.

(b) "Party" includes the agency, the respondent, and any person, other than an officer or an employee of the agency in their official capacity, who has been allowed to appear or participate in the proceeding.

(c) (1) "Person," "participant," and any other similar terms referring to those who may engage with governmental agencies

under this chapter do not include artificial intelligence systems, autonomous agents, or robots, whether physical or digital.

(2) For purposes of this subdivision, *the following definitions apply:* ~~"artificial~~

(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) This section does not prohibit a natural person from using artificial intelligence, autonomous agents, or robots to facilitate the person's own engagement with a governmental agency, including through the use of assistive technologies, provided the volume and frequency of the engagement are reasonably consistent with ordinary participation by a natural person.

(3) An agency may use ~~an artificial intelligence detection~~ *a disclosure verification* tool that meets the criteria described in Section 22757.2 of the Business and Professions Code to determine if artificial intelligence is present.

(4) This section does not prohibit a natural person from using artificial intelligence, autonomous agents, or robots to facilitate the person's own engagement with a governmental agency, including through the use of assistive technologies, provided the volume and frequency of the engagement are reasonably consistent with ordinary participation by a natural person.

(d) "Respondent" means any person against whom an accusation or District Statement of Reduction in Force is filed pursuant to Section 11503 or against whom a statement of issues is filed pursuant to Section 11504.

(e) "Administrative law judge" means an individual qualified under Section 11502.

(f) "Agency member" means any person who is a member of any agency to which this chapter is applicable and includes any person who themselves constitute an agency.

~~SEC. 9.~~

SEC. 10. Section 54951.5 is added to the Government Code, to read:

54951.5. (a) As used in this chapter, "person," "interested person," "participant," "member of the public," and any other similar terms referring to those who may engage with governmental

agencies under this chapter do not include artificial intelligence systems, autonomous agents, or robots, whether physical or digital.

(b) For purposes of this section, *the following definitions apply:* ~~"artificial~~

(1) "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.

(2) "Assistive technology" means an item, piece of equipment, or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve functional capabilities of individuals with disabilities and any service that directly assists an individual with a disability in the selection, acquisition, or use of the item, equipment, or product system.

(c) A local agency may use ~~an artificial intelligence detection~~ *a disclosure verification* tool that meets the criteria described in Section 22757.2 of the Business and Professions Code to determine if artificial intelligence is present.

(d) This section does not prohibit a natural person from using artificial intelligence, autonomous agents, or robots to facilitate the person's own engagement with a governmental agency, including through the use of assistive technologies, provided the volume and frequency of the engagement are reasonably consistent with ordinary participation by a natural person.

~~SEC. 10.~~

SEC. 11. Section 21066 of the Public Resources Code is amended to read:

21066. (a) "Person" includes any person, firm, association, organization, partnership, business, trust, corporation, limited liability company, company, district, county, city and county, city, town, the state, and any of the agencies and political subdivisions of those entities, and, to the extent permitted by federal law, the United States, or any of its agencies or political subdivisions.

(b) (1) "Person," "interested person," "member of the public," and any other similar terms referring to those who may engage with governmental agencies under this division do not include artificial intelligence systems, autonomous agents, or robots, whether physical or digital.

(2) For purposes of this subdivision, *the following definitions apply:* ~~"artificial~~

(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) "Assistive technology" means an item, piece of equipment, or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve functional capabilities of individuals with disabilities and any service that directly assists an individual with a disability in the selection, acquisition, or use of the item, equipment, or product system.

(3) A public agency may use ~~an artificial intelligence detection~~ *a verification detection* tool that meets the criteria described in Section 22757.2 of the Business and Professions Code to determine if artificial intelligence is present.

(4) This section does not prohibit a natural person from using artificial intelligence, autonomous agents, or robots to facilitate the person's own engagement with a governmental agency, including through the use of assistive technologies, provided the volume and frequency of the engagement are reasonably consistent with ordinary participation by a natural person.

~~SEC. 11.~~

SEC. 12. Section 30111 of the Public Resources Code is amended to read:

30111. (a) "Person" means any individual, organization, partnership, limited liability company, or other business association or corporation, including any utility, and any federal, state, local government, or special district or an agency thereof.

(1) "Person" and any other similar terms referring to those who may engage with governmental agencies under this division do not include artificial intelligence systems, autonomous agents, or robots, whether physical or digital.

(2) For purposes of this section, *the following definitions apply:* ~~"artificial~~

(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) "Assistive technology" means an item, piece of equipment, or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve functional capabilities of individuals with disabilities and any service that directly assists an individual with a disability in the selection, acquisition, or use of the item, equipment, or product system.

(b) An agency may use ~~an artificial intelligence detection~~ *a disclosure verification* tool that meets the criteria described in Section 22757.2 of the Business and Professions Code to determine if artificial intelligence is present.

(c) This section does not prohibit a natural person from using artificial intelligence, autonomous agents, or robots to facilitate the person's own engagement with a governmental agency, including through the use of assistive technologies, provided the volume and frequency of the engagement are reasonably consistent with ordinary participation by a natural person.

~~SEC. 12.~~

SEC. 13. The Legislature finds and declares that Section 2 of this act, which amends Section 7920.520 of the Government Code, and Section ~~8~~ *9* of this act, which adds Section 54951.5 to the Government Code, further, within the meaning of paragraph (7) of subdivision (b) of Section 3 of Article I of the California Constitution, the purposes of that constitutional section as it relates to the right of public access to the meetings of local public bodies or the writings of local public officials and local agencies. Pursuant to paragraph (7) of subdivision (b) of Section 3 of Article I of the California Constitution, the Legislature makes the following findings:

The clarification made by this act serves the public interest by preserving the integrity and functionality of California's democratic institutions, preventing automated systems from displacing genuine human participation, protecting public resources from being consumed by responding to machine-generated requests, and ensuring that governmental decisions remain responsive to the people of California.

O

California Board of PSYCHOLOGY

1625 North Market Blvd., Suite N-215, Sacramento, CA 95834
T (916) 574-7720 F (916) 574-8671 Toll-Free (866) 503-3221
www.psychology.ca.gov

MEMORANDUM

DATE	July 24, 2026
TO	Psychology Board Members
FROM	Cynthia Whitney, Central Services Manager
SUBJECT	Agenda Item 11(c)(5) - 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 ensure 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 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 SENATE JUNE 10, 2026

AMENDED IN ASSEMBLY APRIL 15, 2026

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, *4980.48,* 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, *4996.15, 4996.18,* 4996.23, 4996.28, 4999.22, *4999.36,* 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,~~ *4980.398 and 4992.07 of, and to repeal and add Sections 4980.44* 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, among other things, 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. The bill would also exempt attorneys and physicians who provide counseling services as part of their professional practice from the LMFTA and the LPCCA.

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 7 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 requires an associate marriage and family therapist or a marriage and family therapist trainee to disclose to a client or patient that they are unlicensed and to provide specified information to the client or patient. Existing law requires a social work applicant or registrant and a clinical counselor trainee, applicant, or associate to inform each client or patient that they are unlicensed and under supervision, as specified.

This bill would instead require a marriage and family therapist applicant or registrant, a social work applicant, registrant, intern, or trainee, or a clinical counselor applicant, associate, or trainee, in addition to disclosing to a client or patient that they are unlicensed and under supervision, to provide the name of their employer or the entity for which they volunteer.

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:

SECTION 1. Section 4980.01 of the Business and Professions Code is amended to read:

4980.01. (a) This chapter shall not be construed to constrict, limit, or withdraw the Medical Practice Act (Chapter 5 (commencing with Section 2000)), the Clinical Social Worker Practice Act (Chapter 14 (commencing with Section 4991)), the Nursing Practice Act (Chapter 6 (commencing with Section 2700)), the Licensed Professional Clinical Counselor Act (Chapter 16 (commencing with Section 4999.10)), or the Psychology Licensing Law (Chapter 6.6 (commencing with Section 2900)).

(b) This chapter shall not apply to any person who is admitted to practice law in the state, or a physician and surgeon who provides counseling services as part of their professional practice.

(c) This chapter shall not apply to any priest, rabbi, imam, or minister of the gospel, or other religious official of any denomination when providing faith-based counseling services as part of their regular professional duties for an established and legally recognizable faith-based entity, such as a church, synagogue, mosque, or other recognized religious organization, provided that all of the following criteria are met:

(1) The services are performed solely under the direct auspices of that faith-based entity.

(2) A separate fee, beyond their customary compensation from that faith-based entity, is not charged or received.

(3) They do not hold themselves out to the public by any title or description of services incorporating the words “psychosocial,” “psychotherapy,” or “marriage and family therapist,” and shall not state or imply that they are licensed or registered to practice marriage and family therapy.

(4) The services provided are limited to counseling services provided in a religious or spiritual context and do not involve the diagnosis or treatment of mental health disorders.

(d) This chapter shall not apply to an unlicensed or unregistered employee or volunteer working in a governmental entity, a school,

a college, a university, or an institution that is both nonprofit and charitable if both of the following apply:

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

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

NOTICE TO CLIENTS

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

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

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

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

(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 receipt of the application for the subsequent associate registration number.

(d) Notwithstanding any other provision of law, the seven-year age limit on the California law and ethics examination shall not apply to any application for initial license issuance or subsequent associate registration number received by the board on or before January 1, 2030.

(e) A registrant shall complete a minimum of three hours of continuing education on the subject of California law and ethics during each renewal period to be eligible to renew their registration.

The coursework shall be obtained from a board-accepted provider of continuing education, as specified in Section 4980.54.

SEC. 5. Section 4980.40 of the Business and Professions Code is amended to read:

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

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

(b) Be at least 18 years of age.

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

(d) Successfully pass a California law and ethics examination and a clinical examination, as specified in Section 4980.397. Each examination shall be passed no more than seven years prior to the board's receipt of the application for initial license issuance.

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

SEC. 6. Section 4980.41 of the Business and Professions Code is amended to read:

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

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

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

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

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

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

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

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

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

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

(4) For persons who began graduate study on or after January 1, 1986, a master's or doctor's degree qualifying for licensure shall include specific instruction in alcoholism and other chemical substance dependency as specified by regulation. When coursework in a master's or doctor's degree program is acquired to satisfy this requirement, it shall be considered as part of the 48 semester or 72 quarter unit requirement contained in Section 4980.37. Coursework required under this paragraph may be satisfactory if taken either in fulfillment of other educational requirements for licensure or in a separate course. The applicant may satisfy this requirement by successfully completing this coursework from a master's or doctoral degree program at an accredited or approved institution, as described in subdivision (b) of Section 4980.37, or from a board-accepted provider of continuing education, as described in Section 4980.54.

(5) For persons who began graduate study during the period commencing on January 1, 1995, and ending on December 31, 2003, a master's or doctor's degree qualifying for licensure shall include coursework in spousal or partner abuse assessment, detection, and intervention. For persons who began graduate study on or after January 1, 2004, a master's or doctor's degree qualifying for licensure shall include a minimum of 15 contact hours of coursework in spousal or partner abuse assessment, detection, and

intervention strategies, including knowledge of community resources, cultural factors, and same gender abuse dynamics. Coursework required under this paragraph may be satisfactory if taken either in fulfillment of other educational requirements for licensure or in a separate course. The applicant may satisfy this requirement by successfully completing this coursework from a master's or doctoral degree program at an accredited or approved institution, as described in subdivision (b) of Section 4980.37, or from a board-accepted provider of continuing education, as described in Section 4980.54.

(6) For persons who began graduate study on or after January 1, 2001, an applicant shall complete a minimum of a two semester or three quarter unit survey course in psychological testing. When coursework in a master's or doctor's degree program is acquired to satisfy this requirement, it may be considered as part of the 48 semester or 72 quarter unit requirement of Section 4980.37.

(7) For persons who began graduate study on or after January 1, 2001, an applicant shall complete a minimum of a two semester or three quarter unit survey course in psychopharmacology. When coursework in a master's or doctor's degree program is acquired to satisfy this requirement, it may be considered as part of the 48 semester or 72 quarter unit requirement of Section 4980.37.

(b) The requirements added by paragraphs (6) and (7) of subdivision (a) are intended to improve the educational qualifications for licensure in order to better prepare future licentiates for practice and are not intended in any way to expand or restrict the scope of practice for licensed marriage and family therapists.

SEC. 7. Section 4980.43 of the Business and Professions Code is amended to read:

4980.43. (a) Except as provided in subdivision (b), all applicants shall have an active associate registration with the board in order to gain postdegree hours of supervised experience.

(b) (1) Postdegree hours of experience gained before the issuance of an associate registration shall be credited toward licensure if all of the following apply:

(A) 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 degree or doctoral degree.

(B) 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.

(C) The board subsequently grants the associate registration.

(2) 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.

(c) Supervised experience that is obtained for purposes of qualifying for licensure shall be related to the practice of marriage and family therapy and comply with the following:

(1) A minimum of 3,000 hours completed during a period of at least 104 weeks.

(2) A maximum of 40 hours in any seven consecutive days.

(3) A minimum of 1,700 hours obtained after the qualifying master's or doctoral degree was awarded.

(4) A maximum of 1,300 hours obtained prior to the award date of the qualifying master's or doctoral degree.

(5) A maximum of 750 hours of counseling and direct supervisor contact prior to the award date of the qualifying master's or doctoral degree.

(6) Hours of experience shall not be gained prior to completing either 12 semester units or 18 quarter units of graduate instruction.

(7) Hours of experience shall not have been gained more than seven years prior to the date the application for licensure was received by the board, except that up to 500 hours of clinical experience gained in the supervised practicum required by 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 4980.44 of the Business and Professions Code is repealed.

~~4980.44. An associate marriage and family therapist employed under this chapter shall comply with the following requirements:~~

~~(a) Inform each client or patient prior to performing any mental health and related services that the person is an unlicensed registered associate marriage and family therapist, provide the person's registration number and the name of the person's employer, and indicate whether the person is under the supervision of a licensed marriage and family therapist, licensed clinical social worker, licensed professional clinical counselor, psychologist licensed pursuant to Chapter 6.6 (commencing with Section 2900), licensed educational psychologist, or a licensed physician and surgeon certified in psychiatry by the American Board of Psychiatry and Neurology.~~

~~(b) (1) Any advertisement by or on behalf of a registered associate marriage and family therapist shall include, at a minimum, all of the following information:~~

~~(A) That the person is a registered associate marriage and family therapist.~~

~~(B) The associate's registration number.~~

~~(C) The name of the person's employer.~~

~~(D) That the person is supervised by a licensed person.~~

~~(2) The abbreviation "AMFT" shall not be used in an advertisement unless the title "registered associate marriage and family therapist" appears in the advertisement.~~

SEC. 9. Section 4980.44 is added to the Business and Professions Code, to read:

4980.44. An applicant or registrant shall inform each client or patient before initiating any mental health and related services that the person is unlicensed and that they are under the supervision of a licensed professional and provide the name of their employer or, if not employed, the name of the entity for which they volunteer.

SEC. 10. Section 4980.48 of the Business and Professions Code is amended to read:

4980.48. (a) A trainee shall, ~~prior to performing~~ *before initiating* any professional services, inform each client or patient that the trainee is ~~an unlicensed marriage and family therapist trainee, provide the name of the trainee's employer, and indicate whether the trainee is under the supervision of a licensed marriage and family therapist, a licensed clinical social worker, a licensed professional clinical counselor, a licensed psychologist, a licensed physician certified in psychiatry by the American Board of Psychiatry and Neurology, or a licensed educational psychologist.~~ *unlicensed and that they are under the supervision of a licensed professional and provide the name of their employer or, if not employed, the name of the entity for which they volunteer.*

~~(b) Any person that advertises services performed by a trainee shall include the trainee's name, the supervisor's license designation or abbreviation, and the supervisor's license number.~~

~~(c)~~

(b) Any advertisement by or on behalf of a marriage and family therapist trainee shall include, at a minimum, all of the following information:

(1) The trainee's name.

~~(1)~~

(2) That the trainee is a marriage and family therapist trainee.

~~(2)~~

(3) The name of the trainee's ~~employer.~~ *employer or, if not employed, the name of the entity for which they volunteer.*

~~(3)~~

(4) That the trainee is supervised by a licensed person.

~~SEC. 8.~~

SEC. 11. 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 not committed any acts or engaged in any conduct that would constitute grounds to deny licensure.

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

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

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

Code, respectively, or the applicant has been denied in accordance with subdivision (b) of Section 485.

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

(g) The clinical examination shall be passed no more than seven years prior to the board's receipt of the application for initial license issuance.

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

~~SEC. 9.~~

SEC. 12. Section 4984.01 of the Business and Professions Code is amended to read:

4984.01. (a) The associate marriage and family therapist registration shall expire one year from the last day of the month in which it was issued.

(b) To renew the registration, subject to the additional limitations imposed by subdivision (d), the registrant shall, on or before the expiration date of the registration, complete all of the following actions:

(1) Apply for renewal on a form prescribed by the board.

(2) Pay a renewal fee prescribed by the board.

(3) Notify the board whether they have been convicted, as defined in Section 490, of a misdemeanor or felony, and whether any disciplinary action has been taken against them by a regulatory or licensing board in this or any other state subsequent to the last renewal of the registration.

(4) Certify under penalty of perjury their compliance with the continuing education requirements set forth in Section 4980.54.

(c) An expired registration may be renewed by completing all of the actions described in paragraphs (1) to (4), inclusive, of subdivision (b).

(d) The registration may be renewed a maximum of six times. No registration shall be renewed or reinstated beyond seven years from the last day of the month during which it was issued, regardless of whether it has been revoked. When no further renewals are possible, an applicant may apply for and obtain a subsequent associate registration number if the applicant meets the educational requirements for a subsequent associate registration

number and has passed the California law and ethics examination no more than seven years prior to the board's receipt of the application for the subsequent associate registration number.

(e) An applicant who is issued a subsequent associate registration number pursuant to subdivision (d) shall not be employed or volunteer in a private practice.

(f) Notwithstanding subdivision (e), an applicant applying for or who currently holds a subsequent associate registration number may request that the board grant them a one-time, two-consecutive-year hardship extension to allow them to be employed or volunteer at one private practice or professional corporation employer with their subsequent associate registration number in accordance with the following:

(1) An associate shall not be issued more than one extension.

(2) The extension is only valid for the one private practice or professional corporation employer for which it is requested.

(3) Work for the employer shall not commence or continue until the extension is approved by the board.

(4) The application shall be jointly signed under penalty of perjury and dated by the associate, the supervisor, and, if the supervisor is not employed by the supervisee's employer or is a volunteer, a representative of the employer.

(5) The board shall grant the extension provided that the application is signed, all information required is provided, and good cause is demonstrated. The application shall contain all of the following:

(A) The date the extension is needed to commence or continue work for the employer.

(B) The name of the employer where the associate will be gaining hours.

(C) An attestation that the employer is a private practice or a professional corporation.

(D) The name, license type, and license number of the current supervisor.

(E) A showing of good cause for the applicant being unable to complete the licensure process within seven years. Good cause may include, but is not limited to, extended medical leave, family caregiving responsibilities, difficulties finding employment, or circumstances beyond the applicant's control.

(F) A description of the plan for the associate to gain the needed hours toward licensure during the two-year extension period.

~~SEC. 10.~~

SEC. 13. Section 4984.7 of the Business and Professions Code is amended to read:

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

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

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

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

(d) (1) (A) The fee for the board-administered clinical examination, if the board chooses to adopt this examination in regulations, shall be two hundred fifty dollars ($250). The board may adopt regulations to set the fee at a higher amount, up to a maximum of five hundred dollars ($500). If the board chooses to adopt an examination administered by a public or private organization, as specified by the board in regulations, then the examination fee shall be determined by, and paid directly to, that organization.

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

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

(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 examination fees shall be adjusted

periodically by regulation to reflect the actual costs incurred by the board.

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

(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 is 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. 11.~~

SEC. 14. Section 4984.72 of the Business and Professions Code is amended to read:

4984.72. An applicant who fails the clinical examination may, within one year from the notification date of that failure, retake the examination as regularly scheduled without further application upon payment of the fee for the examination. Thereafter, the applicant shall not be eligible for further examination until they file a new application, meet all requirements in effect on the date of application, and pay all required fees.

~~SEC. 12.~~

SEC. 15. Section 4989.20 of the Business and Professions Code is amended to read:

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

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

(2) Attainment of 18 years of age.

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

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

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

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

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

(B) One school term of full-time, or the equivalent to full-time, experience as a California credentialed school psychologist in the California public schools, or in another school setting as specified in regulations, obtained under the direction of a California-licensed educational psychologist. The experience shall be gained over a period of at least one school term. The applicant shall not be credited with experience obtained more than 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 publicly available written contractual agreement. The school term shall also be the same for an individual who is not employed on a full-time basis who is performing the same duties as a member employed on a full-time basis.

~~SEC. 13.~~

SEC. 16. Section 4989.68 of the Business and Professions Code is amended to read:

4989.68. The board shall assess the following fees relating to the licensure of educational psychologists:

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

(b) The fee for issuance of the 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).

(c) 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).

(d) The 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.

(e) The written examination fee shall be two hundred fifty dollars ($250). The board may adopt regulations to set the fee at a higher amount, up to a maximum of five hundred dollars ($500). An applicant who fails to appear for an examination, once having been scheduled, shall forfeit any examination fees they paid.

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

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

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

~~SEC. 14.~~

SEC. 17. Section 4992.05 of the Business and Professions Code is amended to read:

4992.05. (a) A registrant or an applicant for licensure as a clinical social worker shall pass the following two examinations as prescribed by the board:

(1) A California law and ethics examination.

(2) A clinical examination.

(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 education requirements.

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

(3) Completion of all required supervised work experience.

~~SEC. 15.~~

SEC. 18. Section 4992.07 of the Business and Professions Code is repealed.

~~SEC. 16.~~

SEC. 19. Section 4992.09 of the Business and Professions Code is amended to read:

4992.09. (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 as 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 receipt of the application for the subsequent associate registration number.

(d) Notwithstanding any other provision of law, the seven-year age limit on the California law and ethics examination shall not apply to any application for initial license issuance or subsequent associate registration number received by the board on or before January 1, 2030.

(e) A registrant shall complete a minimum of three hours of continuing education on the subject of California law and ethics during each renewal period to be eligible to renew their registration. The coursework shall be obtained from a board-accepted provider of continuing education, as specified in Section 4996.22.

~~SEC. 17.~~

SEC. 20. Section 4992.1 of the Business and Professions Code is amended to read:

4992.1. (a) Only individuals who have the qualifications prescribed by the board under this chapter are eligible to take an examination under this chapter.

(b) Every applicant who is issued a clinical social worker license shall be examined by the board.

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

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

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

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

(g) The clinical examination shall be passed no more than seven years prior to the board's receipt of the application for initial license issuance.

~~SEC. 18.~~

SEC. 21. Section 4996.1 of the Business and Professions Code is amended to read:

4996.1. The board shall issue a clinical social worker license to each applicant who qualifies pursuant to this article and who successfully passes a California law and ethics examination and a clinical examination. Each examination shall be passed no more than seven years prior to the board's receipt of the application for initial license issuance.

~~SEC. 19.~~

SEC. 22. Section 4996.3 of the Business and Professions Code is amended to read:

4996.3. The board shall assess the following fees relating to the licensure of clinical social workers:

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

(b) The fee for annual renewal of an associate clinical social worker 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).

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

(d) (1) (A) The fee for the board-administered clinical examination, if the board chooses to adopt this examination in regulations, shall be two hundred fifty dollars ($250). The board may adopt regulations to set the fee at a higher amount, up to a maximum of five hundred dollars ($500).

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

(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.

(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.~~

SEC. 23. 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.~~

SEC. 24. Section 4996.13 of the Business and Professions Code is amended to read:

4996.13. (a) Nothing in this ~~article~~ *chapter* 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, these qualified members shall not hold themselves out to the public by any title or description of services incorporating the words "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).

(2) A registered nurse licensed pursuant to Chapter 6 (commencing with Section 2700).

(3) A psychologist licensed pursuant to Chapter 6.6 (commencing with Section 2900).

(4) Members of the State Bar.

(5) Marriage and family therapists licensed pursuant to Chapter 13 (commencing with Section 4980).

(6) Educational psychologists licensed pursuant to Chapter 13.5 (commencing with Section 4989.10).

(7) Licensed professional clinical counselors pursuant to Chapter 16 (commencing with Section 4999.10).

(b) This article shall not apply to any priest, rabbi, imam, minister of the gospel, or other religious official of any

denomination when providing faith-based counseling services as part of their regular professional duties for an established and legally recognizable faith-based entity, such as a church, synagogue, mosque, or other recognized religious organization, provided that all of the following criteria are met:

(1) The services are performed solely under the direct auspices of that faith-based entity.

(2) A separate fee, beyond their customary compensation from that faith-based entity, is not charged or received.

(3) They do not hold themselves out to the public by any title or description of services incorporating the words "psychosocial," "psychotherapy," or "clinical social worker," and shall not state or imply that they are licensed or registered to practice clinical social work.

(4) The services provided are limited to counseling services provided in a religious or spiritual context and do not involve the diagnosis or treatment of mental health disorders.

SEC. 25. Section 4996.15 of the Business and Professions Code is amended to read:

4996.15. (a) Nothing in this article shall restrict or prevent psychosocial activities by employees of accredited academic institutions, public schools, government agencies, or nonprofit institutions who train graduate students pursuing a master's degree in social work in an accredited college or university. Any psychosocial activities by the employee shall be part of a supervised course of study and the graduate students shall be designated by titles such as social work interns, social work trainees, or other titles clearly indicating the training status appropriate to their level of training. The term "social work intern," however, shall be reserved for persons enrolled in a master's or doctoral training program in social work in an accredited school or department of social work.

(b) A person practicing pursuant to subdivision (a) shall, before initiating any professional services, inform each client or patient that they are unlicensed and that they are under supervision and provide the name of their employer or, if not employed, the name of the entity for which they volunteer.

~~(b)~~

(c) Notwithstanding subdivision (a), a graduate student shall not perform clinical social work in a private practice or a professional corporation.

SEC. 26. Section 4996.18 of the Business and Professions Code is amended to read:

4996.18. (a) Except as provided in subdivision (b) of Section 4996.23, an applicant shall have an active registration with the board as an associate clinical social worker in order to gain hours of supervised experience. The application shall be made on a form prescribed by the board.

(b) An applicant for registration shall satisfy the following requirements:

(1) Possess a master's degree from an accredited school or department of social work.

(2) Not be subject to denial of licensure pursuant to Section 480.

(3) Have completed training or coursework, which may be embedded within more than one course, in California law and professional ethics for clinical social workers. The coursework shall be taken from an accredited school or department of social work, a school, college, or university accredited by a regional or national institutional accrediting agency that is recognized by the United States Department of Education, a school, college, or university that is approved by the Bureau for Private Postsecondary Education, or from a continuing education provider that is acceptable to the board, as defined in Section 4996.22. Undergraduate coursework shall not satisfy this requirement. The coursework shall include instruction in all of the following areas of study:

(A) Contemporary professional ethics and statutes, regulations, and court decisions that delineate the scope of practice of clinical social work.

(B) The therapeutic, clinical, and practical considerations involved in the legal and ethical practice of clinical social work, including, but not limited to, family law.

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

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

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

(F) The application of legal and ethical standards in different types of work settings.

(G) Licensing law and process.

(c) An applicant who possesses a master's degree from a school or department of social work that is a candidate for accreditation by the Commission on Accreditation of the Council on Social Work Education shall be eligible, and, except as provided in subdivision (b) of Section 4996.23, shall be required to register as an associate clinical social worker in order to gain experience toward licensure if the applicant is not subject to denial of licensure pursuant to Section 480. That applicant shall not, however, be eligible to take the clinical examination until the school or department of social work has received accreditation by the Commission on Accreditation of the Council on Social Work Education.

(d) An applicant who possesses a master's degree from an accredited school or department of social work shall be able to apply experience the applicant obtained during the time the accredited school or department was in candidacy status by the Commission on Accreditation of the Council on Social Work Education toward the licensure requirements, if the experience meets the requirements of Section 4996.23. This subdivision shall apply retroactively to persons who possess a master's degree from an accredited school or department of social work and who obtained experience during the time the accredited school or department was in candidacy status by the Commission on Accreditation of the Council on Social Work Education.

(e) An applicant for registration or licensure trained in an educational institution outside the United States shall demonstrate to the satisfaction of the board that the applicant possesses a master's of social work degree that is equivalent to a master's degree issued from a school or department of social work that is accredited by the Commission on Accreditation of the Council on Social Work Education. These applicants shall provide the board with a comprehensive evaluation of the degree and shall provide any other documentation the board deems necessary. The board has the authority to make the final determination as to whether a

degree meets all requirements, including, but not limited to, course requirements regardless of evaluation or accreditation.

(f) All applicants for licensure and registrants shall be at all times under the supervision of a supervisor who shall be responsible for ensuring that the extent, kind, and quality of counseling performed is consistent with the training and experience of the person being supervised and who shall be responsible to the board for compliance with all laws governing the practice of clinical social work.

(g) ~~All applicants and registrants~~ *An applicant or registrant* shall inform each client or patient before ~~performing~~ *initiating* any professional services that the applicant or registrant is unlicensed and is under the supervision of a licensed ~~professional.~~ *professional and provide the name of their employer or, if not employed, the name of the entity for which they volunteer.*

~~SEC. 22.~~

SEC. 27. Section 4996.23 of the Business and Professions Code is amended to read:

4996.23. (a) To qualify for licensure, each applicant shall complete 3,000 hours of post-master's degree supervised experience related to the practice of clinical social work. Except as provided in subdivision (b), experience shall not be gained until 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 related to clinical social work that have been approved by the applicant's supervisor.

(4) A minimum of two years of supervised experience is required to be obtained over a period of not less than 104 weeks and shall have been gained within the seven years immediately preceding the date on which the application for licensure was received by the board.

(5) No more than 40 hours of experience may be credited in any seven consecutive days.

(6) For hours gained on or after January 1, 2010, no more than six hours of supervision, whether individual, triadic, or group supervision, shall be credited during any single week.

~~SEC. 23.~~

SEC. 28. Section 4996.28 of the Business and Professions Code is amended to read:

4996.28. (a) Registration as an associate clinical social worker shall expire one year from the last day of the month during which

it was issued. To renew a registration, subject to the additional limitations imposed by subdivision (c), the registrant shall, on or before the expiration date of the registration, complete all of the following actions:

(1) Apply for renewal on a form prescribed by the board.

(2) Pay a renewal fee prescribed by the board.

(3) Notify the board whether they have been convicted, as defined in Section 490, of a misdemeanor or felony, and whether any disciplinary action has been taken by a regulatory or licensing board in this or any other state, subsequent to the last renewal of the registration.

(4) Certify under penalty of perjury their compliance with the continuing education requirements set forth in Section 4996.22.

(b) An expired registration may be renewed by completing all of the actions described in paragraphs (1) to (4), inclusive, of subdivision (a).

(c) A registration as an associate clinical social worker may be renewed a maximum of six times. No registration shall be renewed or reinstated beyond seven years from the last day of the month during which the registration was issued, regardless of whether the registration has been revoked. When no further renewals are possible, an applicant may apply for and obtain a subsequent associate clinical social worker registration number if the applicant meets all requirements for registration in effect at the time of their application for a subsequent associate clinical social worker registration number and has passed the California law and ethics examination pursuant to Section 4992.09 no more than seven years prior to the board's receipt of the application for the subsequent associate registration number.

(d) An applicant issued a subsequent associate registration number pursuant to subdivision (c) shall not be employed or volunteer in a private practice.

(e) Notwithstanding subdivision (d), an applicant applying for or who currently holds a subsequent associate registration number may request that the board grant them a one-time, two-consecutive-year hardship extension to allow them to be employed or volunteer at one private practice or professional corporation employer with their subsequent associate registration number in accordance with the following:

(1) An associate shall not be issued more than one extension.

(2) The extension is only valid for the one private practice or professional corporation employer for which it is requested.

(3) Work for the employer shall not commence or continue until the extension is approved by the board.

(4) The application shall be jointly signed under penalty of perjury and dated by the associate, the supervisor, and, if the supervisor is not employed by the supervisee's employer or is a volunteer, a representative of the employer.

(5) The board shall grant the extension provided that the application is signed, all information required is provided, and good cause is demonstrated. The application shall contain all of the following:

(A) The date the extension is needed to commence or continue work for the employer.

(B) The name of the employer where the associate will be gaining hours.

(C) An attestation that the employer is a private practice or a professional corporation.

(D) The name, license type, and license number of the current supervisor.

(E) A showing of good cause for the applicant being unable to complete the licensure process within seven years. Good cause may include, but is not limited to, extended medical leave, family caregiving responsibilities, difficulties finding employment, or circumstances beyond the applicant's control.

(F) A description of the plan for the associate to gain the needed hours toward licensure during the two-year extension period.

~~SEC. 24.~~

SEC. 29. Section 4999.22 of the Business and Professions Code is amended to read:

4999.22. (a) Nothing in this chapter shall prevent qualified members of the other professional groups from doing work of a psychosocial nature consistent with the standards, ethics, and scope of practice of their respective professions. However, these qualified members shall not hold themselves out to the public by any title or description of services incorporating the words "professional clinical counselor" and shall not state that they are licensed or registered to practice professional clinical counseling. 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).

(2) A registered nurse licensed pursuant to Chapter 6 (commencing with Section 2700).

(3) A psychologist licensed pursuant to Chapter 6.6 (commencing with Section 2900).

(4) Members of the State Bar.

(5) Marriage and family therapists licensed pursuant to Chapter 13 (commencing with Section 4980).

(6) Educational psychologists licensed pursuant to Chapter 13.5 (commencing with Section 4989.10).

(7) Clinical social workers licensed pursuant to Chapter 14 (commencing with Section 4991).

(b) This chapter shall not be construed to constrict, limit, or withdraw the Medical Practice Act (Chapter 5 (commencing with Section 2000)), the Clinical Social Worker Practice Act (Chapter 14 (commencing with Section 4991)), the Nursing Practice Act (Chapter 6 (commencing with Section 2700)), the Psychology Licensing Law (Chapter 6.6 (commencing with Section 2900)), or the Licensed Marriage and Family Therapist Act (Chapter 13 (commencing with Section 4980)).

(c) This chapter shall not apply to any person who is admitted to practice law in this state, or who is licensed to practice medicine, who provides counseling services as part of their professional practice.

(d) This chapter shall not apply to any priest, rabbi, imam, minister of the gospel, or other religious official of any denomination when providing faith-based counseling services as part of their regular professional duties for an established and legally recognizable faith-based entity, such as a church, synagogue, mosque, or other recognized religious organization, provided that all of the following criteria are met:

(1) The services are performed solely under the direct auspices of that faith-based entity.

(2) A separate fee, beyond their customary compensation from that faith-based entity, is not charged or received.

(3) They do not hold themselves out to the public by any title or description of services incorporating the words “psychosocial,” “psychotherapy,” or “professional clinical counselor,” and shall

not state or imply that they are licensed or registered to practice professional clinical counseling.

(4) The services provided are limited to counseling services provided in a religious or spiritual context and do not involve the diagnosis or treatment of mental health disorders.

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

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

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

NOTICE TO CLIENTS

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

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

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

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

SEC. 30. Section 4999.36 of the Business and Professions Code is amended to read:

4999.36. (a) A clinical counselor trainee may perform activities and services provided that the activities and services constitute

part of the clinical counselor trainee's supervised course of study and that the person is designated by the title "clinical counselor trainee."

(b) All practicum and field study hours gained as a clinical counselor trainee shall be coordinated between the school and the site where hours are being accrued. The school shall approve each site and shall have a written agreement with each site that details each party's responsibilities, including the methods by which supervision shall be provided. The agreement shall provide for regular progress reports and evaluations of the student's performance at the site.

(c) If an applicant has gained practicum and field study hours while enrolled in an institution other than the one that confers the qualifying degree, it shall be the applicant's responsibility to provide to the board satisfactory evidence that those practicum and field study hours were gained in compliance with this section.

(d) A clinical counselor trainee shall inform each client or patient, prior to ~~performing~~ *initiating* any professional services, that ~~he or she is~~ *they are* unlicensed and under ~~supervision.~~ *supervision and provide the name of their employer or, if not employed, the name of the entity for which they volunteer.*

(e) No hours earned while a clinical counselor trainee may count toward the 3,000 hours of required postdegree supervised experience.

~~SEC. 25.~~

SEC. 31. Section 4999.46 of the Business and Professions Code is amended to read:

4999.46. (a) Except as provided in subdivision (b), all applicants shall have an active associate registration with the board in order to gain postdegree hours of supervised experience. An associate or applicant for licensure shall be under the supervision of a supervisor at all times. ~~An associate shall inform each client, before performing any professional services, that the associate is unlicensed and under supervision.~~

(b) (1) Postdegree hours of experience gained before the issuance of an associate registration shall be credited toward licensure if all of the following apply:

(A) 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 degree or doctoral degree.

(B) 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 their application for licensure.

(C) The board subsequently grants the associate registration.

(2) The applicant shall not be employed or volunteer in a private practice or a professional corporation until they have been issued an associate registration by the board.

(c) Supervised experience that is obtained for the purposes of qualifying for licensure shall be related to the practice of professional clinical counseling and comply with the following:

(1) A minimum of 3,000 postdegree hours performed over a period of not less than two years (104 weeks).

(2) Not more than 40 hours in any seven consecutive days.

(3) Not less than 1,750 hours of direct clinical counseling with individuals, groups, couples, or families using a variety of psychotherapeutic techniques and recognized counseling interventions.

(4) 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 professional clinical counseling that have been approved by the applicant's supervisor.

(5) 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.

(d) Experience hours shall not have been gained more than seven years prior to the date the application for licensure was received by the board.

~~SEC. 26.~~

SEC. 32. Section 4999.46.1 of the Business and Professions Code is repealed.

SEC. 33. Section 4999.46.1 is added to the Business and Professions Code, to read:

4999.46.1. An applicant or registrant shall inform each client or patient before initiating any professional services that the applicant or registrant is unlicensed and that they are under the supervision of a licensed professional and provide the name of their employer or, if not employed, the name of the entity for which they volunteer.

~~SEC. 27.~~

SEC. 34. Section 4999.50 of the Business and Professions Code is amended to read:

4999.50. (a) The board may issue a professional clinical counselor license to any person who meets all of the following requirements:

(1) They have received a master's or doctoral degree described in Section 4999.32 or 4999.33, as applicable.

(2) They have completed at least 3,000 hours of supervised experience in the practice of professional clinical counseling.

(3) They provide evidence of a passing score, as determined by the board, on the examinations designated in Section 4999.53. Each examination shall be passed no more than seven years prior to the board's receipt of the application for initial license issuance.

(b) An applicant for licensure who has satisfied the requirements of this chapter shall be issued a license as a professional clinical counselor.

~~SEC. 28.~~

SEC. 35. Section 4999.52 of the Business and Professions Code is amended to read:

4999.52. (a) Every applicant for a license as a professional clinical counselor shall take one or more examinations, as determined by the board, to ascertain their knowledge, professional skills, and judgment in the utilization of appropriate techniques and methods of professional clinical counseling.

(b) The examinations shall be given at least twice a year at a time and place and under supervision as the board may determine.

(c) The board shall not deny any applicant admission to an examination who has submitted a complete application for examination admission if the applicant meets the educational and experience requirements of this chapter and has not committed

any acts or engaged in any conduct that would constitute grounds to deny licensure.

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

(e) If an applicant for the examination specified by paragraph (2) of subdivision (a) of Section 4999.53, who has passed the California law and ethics examination, is the subject of a complaint or is under board investigation for acts or conduct that, if proven to be true, would constitute grounds for the board to deny licensure, the board shall permit the applicant to take this examination, but may notify the applicant that licensure will not be granted pending completion of the investigation.

(f) Notwithstanding Section 135, the board may deny any applicant who has previously failed either the California law and ethics examination, or the examination specified by paragraph (2) of subdivision (a) of Section 4999.53, permission to retake either examination pending completion of the investigation of any complaints against the applicant.

(g) Nothing in this section shall prohibit the board from denying an applicant admission to any examination or refusing to issue a license to any applicant when an accusation or statement of issues has been filed against the applicant pursuant to Section 11503 or 11504 of the Government Code, respectively, or the application has been denied in accordance with subdivision (b) of Section 485.

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

(i) The clinical examination shall be passed no more than seven years prior to the board's receipt of the application for initial license issuance.

~~SEC. 29.~~

SEC. 36. Section 4999.53 of the Business and Professions Code is amended to read:

4999.53. (a) A registrant or an applicant for licensure as a professional clinical counselor shall pass the following examinations as prescribed by the board:

(1) A California law and ethics examination.

(2) A clinical examination administered by the board, or the National Clinical Mental Health Counselor Examination if the board finds that this examination meets the prevailing standards for validation and use of the licensing and certification tests in California.

(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 or the National Clinical Mental Health Counselor Examination, as established by the board through regulation, 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. 30.~~

SEC. 37. Section 4999.55 of the Business and Professions Code is amended to read:

4999.55. (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 as 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 receipt of the application for the subsequent associate registration number.

(d) Notwithstanding any other provision of law, the seven-year age limit on the California law and ethics examination shall not apply to any application for initial license issuance or subsequent associate registration number received by the board on or before January 1, 2030.

(e) A registrant shall complete a minimum of three hours of continuing education on the subject of California law and ethics during each renewal period in order to be eligible to renew their registration. The coursework shall be obtained from a board-accepted provider of continuing education, as specified in Section 4999.76.

~~SEC. 31.~~

SEC. 38. Section 4999.64 of the Business and Professions Code is amended to read:

4999.64. An applicant who fails the examination specified in paragraph (2) of subdivision (a) of Section 4999.53 may, within one year from the notification date of that failure, retake the examination as regularly scheduled without further application upon payment of the fee for the examination. Thereafter, the applicant shall not be eligible for further examination until they file a new application, meet all requirements in effect on the date of application, and pay all required fees.

~~SEC. 32.~~

SEC. 39. Section 4999.100 of the Business and Professions Code is amended to read:

4999.100. (a) An associate registration shall expire one year from the last day of the month in which it was issued.

(b) To renew a registration subject to the additional limitations imposed by subdivision (d), the registrant, on or before the expiration date of the registration, shall do the following:

(1) Apply for a renewal on a form prescribed by the board.

(2) Pay a renewal fee prescribed by the board.

(3) Notify the board whether they have been convicted, as defined in Section 490, of a misdemeanor or felony, or whether any disciplinary action has been taken by any regulatory or licensing board in this or any other state, subsequent to the registrant's last renewal.

(4) Certify under penalty of perjury their compliance with the continuing education requirements set forth in Section 4999.76.

(c) An expired registration may be renewed by completing all of the actions described in paragraphs (1) to (4), inclusive, of subdivision (b).

(d) The associate registration may be renewed a maximum of six times. Registration shall not be renewed or reinstated beyond seven years from the last day of the month during which it was

issued, regardless of whether it has been revoked. When no further renewals are possible, an applicant may apply for and obtain a subsequent associate registration number if the applicant meets the educational requirements for a subsequent associate registration number and has passed the California law and ethics examination described in Section 4999.53 no more than seven years prior to the board's receipt of the application for the subsequent registration number.

(e) An applicant who is issued a subsequent associate registration number pursuant to subdivision (d) shall not be employed or volunteer in a private practice.

(f) Notwithstanding subdivision (e), an applicant applying for or who currently holds a subsequent associate registration number may request that the board grant them a one-time, two-consecutive-year hardship extension to allow them to be employed or volunteer at one private practice or professional corporation employer with their subsequent associate registration number in accordance with the following:

(1) An associate shall not be issued more than one extension.

(2) The extension is only valid for the one private practice or professional corporation employer for which it is requested.

(3) Work for the employer shall not commence or continue until the extension is approved by the board.

(4) The application shall be jointly signed under penalty of perjury and dated by the associate, the supervisor, and, if the supervisor is not employed by the supervisee's employer or is a volunteer, a representative of the employer.

(5) The board shall grant the extension provided that the application is signed, all information required is provided, and good cause is demonstrated. The application shall contain all of the following:

(A) The date the extension is needed to commence or continue work for the employer.

(B) The name of the employer where the associate will be gaining hours.

(C) An attestation that the employer is a private practice or a professional corporation.

(D) The name, license type, and license number of the current supervisor.

(E) A showing of good cause for the applicant being unable to complete the licensure process within seven years. Good cause may include, but is not limited to, extended medical leave, family caregiving responsibilities, difficulties finding employment, or circumstances beyond the applicant's control.

(F) A description of the plan for the associate to gain the needed hours toward licensure during the two-year extension period.

~~SEC. 33.~~

SEC. 40. Section 4999.120 of the Business and Professions Code is amended to read:

4999.120. The board shall assess the following fees relating to the licensure of professional clinical counselors:

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

(b) The fee for the application for 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).

(c) (1) (A) The fee for the board-administered clinical examination, if the board chooses to adopt this examination in regulations, shall be two hundred fifty dollars ($250). The board may adopt regulations to set the fee at a higher amount, up to a maximum of five hundred dollars ($500).

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

(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.~~

SEC. 41. 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.

O

California Board of PSYCHOLOGY

1625 North Market Blvd., Suite N-215, Sacramento, CA 95834
T (916) 574-7720 F (916) 574-8671 Toll-Free (866) 503-3221
www.psychology.ca.gov

MEMORANDUM

DATE	July 24, 2026
TO	Psychology Board Members
FROM	Cynthia Whitney, Central Services Manager
SUBJECT	Agenda Item 11(c)(6) AB 1767 (Berman) Department of Consumer Affairs: public members of boards: conflicts of interest

Background

Assembly Bill 1767 (AB 1767) was introduced on February 9, 2026, by Assembly Member Marc Berman.

Existing law establishes various boards, within the Department of Consumer Affairs for the licensure and regulation of various professions and vocations. Existing law prohibits a public member of a board from being a current or past licensee of that board or a close family member of a licensee of that board.

This bill would amend Business and Professions Code section 450.2 by defining "close family member" for the purposes of that provision to include a parent or a child.

This bill would also require each board within the department to adopt regulations consistent with these provisions that provide guidance on how to determine whether the existence of a relationship other than a parent-child relationship prohibits an individual from serving as a public member of a board.

Action Requested

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

Attachment #1: Bill Text – Weblink

AMENDED IN SENATE JUNE 23, 2026

AMENDED IN ASSEMBLY MARCH 19, 2026

CALIFORNIA LEGISLATURE—2025–26 REGULAR SESSION

ASSEMBLY BILL No. 1767

Introduced by Assembly Member Berman

February 9, 2026

An act to amend Section 450.2 of the Business and Professions Code, relating to professions and vocations.

LEGISLATIVE COUNSEL'S DIGEST

AB 1767, as amended, Berman. Department of Consumer Affairs: public members of boards: conflicts of interest.

Existing law establishes various boards, including advisory boards, commissions, examining committees, committees, or other similarly constituted bodies, within the Department of Consumer Affairs for the licensure and regulation of various professions and vocations. Existing law prohibits a public member of a board from being a current or past licensee of that board or a close family member of a licensee of that board.

This bill would define "close family member" for purposes of that provision to ~~mean a parent, stepparent, sibling, child by blood, adoption, or marriage, spouse, domestic partner, cohabitant, stepchild, immediate in-law, aunt, uncle, first cousin, grandparent, or grandchild.~~ *include a parent or a child. The bill would require each board within the department to adopt regulations consistent with these provisions that provide guidance on how to determine whether the existence of a relationship other than a parent-child relationship prohibits an individual from serving as a public member of a board.*

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

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

SECTION 1. Section 450.2 of the Business and Professions Code is amended to read:

450.2. (a) In order to avoid a potential for a conflict of interest, a public member of a board shall not:

(1) Be a current or past licensee of that board.

(2) Be a close family member of a licensee of that board.

(b) For purposes of this section, "close family member" ~~means a parent, stepparent, sibling, child by blood, adoption, or marriage, spouse, domestic partner, cohabitant, stepchild, immediate in-law, aunt, uncle, first cousin, grandparent, or grandchild.~~ *includes, but is not limited to, a parent or a child.*

(c) Each board within the department shall adopt regulations consistent with this section that provide guidance on how to determine whether the existence of a relationship other than a parent-child relationship prohibits an individual from serving as a public member of a board.

O

California Board of PSYCHOLOGY

1625 North Market Blvd., Suite N-215, Sacramento, CA 95834
T (916) 574-7720 F (916) 574-8671 Toll-Free (866) 503-3221
www.psychology.ca.gov

MEMORANDUM

DATE	July 24, 2026
TO	Psychology Board Members
FROM	Cynthia Whitney, Central Services Manager
SUBJECT	Agenda Item 11(c)(7) – AB 1811 (Rogers) Health professionals

Background

Assembly Bill 1811 (AB 1811) was introduced on February 10, 2026, by Assembly Member Rogers.

Existing law requires healing arts boards within the Department of Consumer Affairs to collect or request workforce data from their respective licensees for future workforce planning at least biennially at the time of electronic renewal.

This bill would, among other things, also require the workforce data to be collected or requested by boards at the time a license or registration is issued. The bill would require the information collected or requested by boards to also include:

- hours worked in inpatient and outpatient care,
- hours worked providing direct outpatient primary care services,
- whether the licensee accepts Medicaid,
- and whether the licensee offers a formal sliding fee scale.

The Board of Psychology (Board) is monitoring this bill because the new provisions would require substantially more detailed reporting such as:

- hours worked in inpatient and outpatient settings,
- hours providing direct outpatient primary care services,
- information regarding acceptance of Medicaid,
- and whether a licensee offers a formal sliding fee scale.

This bill would require the Board to collect data on the front end during application. These expanded requirements could necessitate updates to BreEZe, new survey questions, updated paper applications, applicant workflows, renewal processes, and may increase administrative workload as the Board ensures compliance and accurate reporting on a monthly basis.

Action Requested

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

Attachment #1: Bill Text – Weblink

AMENDED IN SENATE JUNE 22, 2026

AMENDED IN ASSEMBLY MARCH 19, 2026

CALIFORNIA LEGISLATURE—2025–26 REGULAR SESSION

ASSEMBLY BILL No. 1811

Introduced by Assembly Member Rogers
(Principal coauthor: Assembly Member Jeff Gonzalez)

February 10, 2026

An act to *amend Section 502 of the Business and Professions Code, and to* add and repeal Section 30 of the Health and Safety Code, relating to health professions.

LEGISLATIVE COUNSEL'S DIGEST

AB 1811, as amended, Rogers. Health ~~professional shortage areas.~~ *professionals.*

~~Existing~~

(1) Existing federal law requires the Secretary of Health and Human Services to designate health professional shortage ~~areas,~~ *areas* and requires the secretary, in establishing criteria for the designation of those areas, to consider, among other things, the ratio of available health manpower to the number of individuals in an area or population group and indicators of a need for health services, as specified. Existing state law makes references to federally recognized or designated health professional shortage areas in various contexts, including, among others, the California Physician Corps Program, the California Reproductive Health Services Corps, the Oral Health Program, the Virtual Health Hub for Rural Communities Pilot Program, and health professions planning grants.

This bill, until January 1, 2035, would define the term "health professional shortage area" to mean (1) an area determined by the Department of Health Care Access and Information to have a shortage of health professionals, (2) a health professional shortage area designated or recognized by the United States Department of Health and Human Services, or (3) an area designated or recognized as a health professional shortage area by the United States Department of Health and Human Services on January 1, 2025, regardless of whether that area remains designated or recognized by the United States Department of Health and Human Services as a health professional shortage area. *For an area determined to be a health professional shortage area by the Department of Health Care Access and Information, the bill would authorize the department to revoke that designation.*

(2) Existing law requires specified boards, including the Board of Registered Nursing and the Respiratory Care Board of California, to collect certain workforce data from their respective licensees and registrants for future workforce planning at least biennially. Existing law requires other boards that regulate healing arts licensees or registrants to request workforce data from their respective licensees and registrants for future workforce planning at least biennially. Existing law requires the workforce data collected or requested to include specified information, including, among others, the type of employer or classification of primary practice site, as specified. Existing law prohibits a licensee or registrant from being required to provide the information as a condition for license or registration renewal and prohibits licensees or registrants from being subject to discipline for not providing the information. Existing law requires the boards and the Department of Health Care Access and Information to maintain the confidentiality of licensee and registrant information collected pursuant to these provisions and authorizes release of the information only in aggregate form. Existing law requires each board to provide individual licensee and registrant data to the Department of Health Care Access and Information on a quarterly basis, as specified.

This bill would require the workforce data to be collected or requested by boards at the time a license or registration is issued. The bill would require the information collected or requested by boards to also include, among other things, the hours worked in inpatient care, hours worked in outpatient care, and whether the licensee or registrant offers a formal sliding fee scale. The bill would instead require each board to provide licensee and registrant data on a monthly basis.

(3) Existing constitutional provisions require that a statute that limits the right of access to the meetings of public bodies or the writings of public officials and agencies be adopted with findings demonstrating the interest protected by the limitation and the need for protecting that interest.

This bill would make legislative findings to that effect.

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

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

SECTION 1. Section 502 of the Business and Professions Code is amended to read:

502. (a) Notwithstanding any other law, both of the following apply:

(1) The Board of Registered Nursing, the Board of Vocational Nursing and Psychiatric Technicians of the State of California, the Physician Assistant Board, and the Respiratory Care Board of California shall collect workforce data from their respective licensees and registrants as specified in subdivision (b) for future workforce planning *at the time the license or registration is issued and* at least ~~biennially.~~ *biennially thereafter.* The data shall be collected at the time of electronic license or registration *issuance and* renewal for those boards that utilize electronic *issuances and* renewals for licensees or registrants.

(2) All other boards that are not listed in paragraph (1) that regulate healing arts licensees or registrants under this division shall request workforce data from their respective licensees and registrants as specified in subdivision (b) for future workforce planning *at the time the license or registration is issued and* at least ~~biennially.~~ *biennially thereafter.* The data shall be requested at the time of electronic license or registration *issuance and* renewal for those boards that utilize electronic *issuances and* renewals for licensees or registrants.

(b) In conformance with specifications under subdivision (d), the workforce data collected or requested by each board about its licensees and registrants shall include, at a minimum, all of the following information:

(1) Anticipated year of retirement.

(2) ~~Area~~ *Primary and secondary area* of practice or specialty.

(3) City, county, and ZIP Code of practice.
(4) Date of birth.
(5) Educational background and the highest level attained at time of licensure or registration.
(6) Gender or gender identity.
(7) Hours spent in direct patient care, including telehealth hours as a subcategory, training, research, and administration.
(8) Hours worked in inpatient care.
(9) Hours worked in outpatient care.
~~(8)~~
(10) Languages spoken.
~~(9)~~
(11) National Provider Identifier.
(12) Hours worked providing direct outpatient primary care services.
~~(10)~~
(13) Race or ethnicity.
~~(11)~~
(14) Type of employer or classification of primary practice ~~site among the types of practice sites specified by the board,~~ *site,* including, but not limited to, clinic, hospital, managed care organization, or private practice.
(15) Whether the licensee or registrant accepts Medicaid.
(16) Whether the licensee or registrant offers a formal sliding fee scale.
~~(12)~~
(17) Work hours.
~~(13)~~
(18) Sexual orientation.
~~(14)~~
(19) Disability status.

(c) Each board shall maintain the confidentiality of the information it receives from licensees and registrants under this section and shall only release information in an aggregate form that cannot be used to identify an individual other than as specified in subdivision (e).

(d) The Department of Consumer Affairs, in consultation with the Department of Health Care Access and Information, shall specify for each board subject to this section the specific information and data that will be collected or requested pursuant

to subdivision (b). The Department of Consumer Affairs' identification and specification of this information and data shall be exempt until June 30, 2023, from the requirements of the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code).

(e) Each board, or the Department of Consumer Affairs on its behalf, shall, beginning on July 1, 2022, and ~~quarterly~~ *monthly* thereafter, provide the individual licensee and registrant data it collects pursuant to this section to the Department of Health Care Access and Information in a manner directed by the Department of Health Care Access and Information, including license or registration number and associated license or registration information. The Department of Health Care Access and Information shall maintain the confidentiality of the licensee and registrant information it receives and shall only release information in an aggregate form that cannot be used to identify an individual.

(f) A licensee or registrant shall not be required to provide the information listed in subdivision (b) as a condition for license or registration renewal, and licensees or registrants shall not be subject to discipline for not providing the information listed in subdivision (b).

(g) This section does not alter or affect mandatory reporting requirements for licensees or registrants established pursuant to this division, including, but not limited to, Sections 1715.5, 1902.2, 2425.3, and 2455.2.

~~SECTION 1.~~

SEC. 2. Section 30 is added to the Health and Safety Code, to read:

30. (a) Notwithstanding any other law, and for purposes of this code and any other law or regulation, "health professional shortage area" means all of the following:

(1) A health professional shortage area designated or recognized by the United States Department of Health and Human Services.

(2) An area designated or recognized as a health professional shortage area by the United States Department of Health and Human Services on January 1, 2025, regardless of whether that area remains designated or recognized by the United States Department of Health and Human Services as a health professional shortage area.

(3) *(A)* An area determined by the Department of Health Care Access and Information to have a shortage of health professionals.

(B) The Department of Health Care Access and Information may revoke a designation of a health professional shortage area described in subparagraph (A).

(b) Notwithstanding any other law, and for purposes of this code and any other law or regulation, any reference to a health professional shortage area, including, but not limited to, references qualified as referring to health professional shortage areas designated or recognized by a federal agency, shall be deemed to refer to the definition in subdivision (a).

(c) This section shall remain in effect only until January 1, 2035, and as of that date is repealed.

SEC. 3. The Legislature finds and declares that Section 1 of this act, which amends Section 502 of the Business and Professions Code, imposes a limitation on the public's right of access to the meetings of public bodies or the writings of public officials and agencies within the meaning of Section 3 of Article I of the California Constitution. Pursuant to that constitutional provision, the Legislature makes the following findings to demonstrate the interest protected by this limitation and the need for protecting that interest:

In order to protect the privacy of licensees and registrants, while also gathering useful workforce data, it is necessary that some information collected from licensees and registrants only be released in aggregate form.

O

California Board of PSYCHOLOGY
1625 North Market Blvd., Suite N-215, Sacramento, CA 95834
T (916) 574-7720 F (916) 574-8672 Toll-Free (866) 503-3221
www.psychology.ca.gov

MEMORANDUM

DATE	July 28, 2026
TO	Psychology Board Members
FROM	Cynthia Whitney, Central Services Manager
SUBJECT	Agenda Item 13(b-e) – 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:

b) 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.

c) 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 are 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 a future Board meeting. With this change, the new anticipated implementation date has been updated to 2027.

Board staff is drafting the proposed text.

d) 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.

e) 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.