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

November 12-13, 2026
8:30 a.m. – Completion of Business

Hyatt Place Glendale/Los Angeles
225 W. Wilson Avenue
Glendale, CA 91203
(747) 272-1710

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
Mai Xiong, Licensing/BreEZe Coordinator
Troy Polk, CPD/Renewals Coordinator
Joseph Ruiz, Legislative and Regulatory Affairs Analyst

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.

Please consider submitting written comments by November 5, 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 https://thedcapage.blog/webcasts/. 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 requested, 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.

Thursday, November 12, 2026

AGENDA

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

8:30 a.m. – OPEN SESSION

1. Call to Order/Roll Call/Establishment of a Quorum

2. President's Welcome

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: August 14, 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 and External Entities

9:30 a.m. – Petition Hearing

7. Petition for Reinstatement of Revoked License - Roland Kim Ph.D

11:00 a.m. – Petition Hearing

8. Petition for Reinstatement of Revoked License – Peter Russell Ph.D

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

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

1:30 p.m. – Reconvene in Open Session & Petition Hearing

10. Petition for Reinstatement of Surrendered License – Robert Weathers Ph.D

3:00 p.m. – Petition Hearing

11. Petition for Reinstatement of Surrendered License – Christy Wise Ph.D

CLOSED SESSION

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

13. Reconvene in Open Session to Recess the Meeting to 8:30 a.m., Friday, November 13, 2026

Friday, November 13, 2026

8:30 a.m. – OPEN SESSION

14. Call to Order/Roll Call/Establishment of a Quorum

15. President's Welcome
    a) Mindfulness Exercise (S. Rodgers)

16. 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)].

17. DCA Update (Board and Bureau Relations)

18. Update and Discussion on the Development of the Integrated Examination for Professional Practice in Psychology
    a) OPES Presentation – California Board of Psychology's own competency exam
    b) Presentation from the Texas State Board of Examiners of Psychologists

19. Discussion and Possible Action to Approve Regulatory Text Amendments for California Code of Regulations (CCR) sections 1381, 1387, 1387(d), 1388, 1388.6, 1389, and 1389.1 related to Implementation of AB 282 and EPPP Eligibility

20. Outreach and Communications Committee Report and Consideration of and Possible Action on Committee Recommendations for Outreach (Rodgers – Chairperson)
    a) Strategic Plan Update - Discussion and Possible Action to Approve Committee Recommendation to Enhance Communication of Board Objectives and Achievements.
    b) Social Media Update

c) Website Statistics Update
d) Update on Newsletter
e) Outreach Activities Update

21. 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 1775 (Ward) Veterans
        2) SB 1146 (Gonzalez) Advertisement claims; health-related consumer products and services: artificial intelligence
        3) SB 1159 (Cabaldon) Artificial intelligence: transparency and governance
        4) AB 1598 (Quirk-Silva) Behavioral sciences
        5) AB 1767 (Berman) Department of Consumer Affairs: public members of boards: conflicts of interest
        6) AB 1811 (Rogers) Health professionals

22. 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

23. Status Review of Regulations in Development (S. Casuga)
    a) 16 CCR section 1395.2 – Disciplinary Guidelines and Uniform Standards Related to Substance-Abusing Licensees
    b) 16 CCR 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 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
d) 16 CCR section 1397.5 – Citations and Fines for Probation Violations

24. Licensing Report (M. Xiong)

25. Examination Report (M. Xiong)

26. Continuing Professional Development and Renewals Report (T. Polk)

27. Budget Report (C. Whitney)

28. Enforcement Report (D. Phillips)

29. Election of Officers

30. 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

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

32. 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.

33. Adjournment

CALIFORNIA PSYCHOLOGICAL ASSOCIATION

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LinkedIn: California Psychological Association

October 21, 2026

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

Submitted via Email

RE: Psychological Associate Registration and Reimbursement under AB 2703

Executive Officer Burke and Members of the Board of Psychology:

The California Psychological Association (CPA) respectfully submits this letter for inclusion in the meeting materials for the November 12-13, 2026 Board of Psychology (Board) meeting. We request that the implementation of AB 2703 be discussed as part of the licensing report and/or during Public Comments for Items Not on the Agenda and Recommendations for Agenda Items for Future Board Meetings.

AB 2703

AB 2703 (Aguiar-Curry), which went into effect in 2025, was co-sponsored by CPA and the California Primary Care Association and was supported by the Board. AB 2703 authorizes Psychological Associates (PAs) who work in Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs) to be reimbursed for their services by Medi-Cal. It's an important new law because it has the potential to preserve and substantially increase psychology training opportunities in community health settings and expand access to mental health care in underserved areas. However, it has not been fully implemented because of difficulties regarding PA registrations.

AB 2703 was modeled after SB 966 (Limón, Statutes of 2022), which allowed master's-level mental health trainees, specifically Associate Social Workers (ASWs) and Associate Marriage and Family Therapists (AMFTs), to provide billable behavioral health services in community health centers under the supervision of licensed behavioral health practitioners, including licensed psychologists. A significant omission in SB 966 was that psychology trainees were excluded, even though the legislation explicitly permitted ASWs and AMFTs to be supervised by licensed psychologists. AB 2703 was intended to address this gap and extend comparable opportunities to psychology trainees, while strengthening the behavioral health workforce pipeline and improving access to much-needed care.

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Barriers to Full Implementation of AB 2703

Some FQHCs offer APA-approved internships, meaning that interns at those sites earn their Supervised Professional Experience (SPE) hours as part of a formal internship. However, under AB 2703, they *also* must be registered as PAs so that the FQHCs can be reimbursed for their services. Trainees in this situation who have applied for registration as PAs have been given conflicting advice from Board staff regarding whether or not they can register as PAs and how to properly fill out their registration and supervision agreement forms, creating confusion for the trainees and supervisors and putting SPE hours at risk of not being credited.

If FQHCs and RHCs cannot be reimbursed by Medi-Cal for trainee services, training opportunities will not be sustainable. We are aware of at least two FQHCs where the training programs for psychology interns are already threatened with cancellation due to lack of Medi-Cal reimbursements for services provided by interns who have been unable to register as PAs. The ability to bill for services is critical for FQHCs' and RHCs' sustainability, especially now as they are facing reductions in federal funding due to impacts from H.R. 1. Additionally, psychology is facing an internship shortage, and any loss of training programs would further exacerbate the issue.

Psychological Associates in APA-Approved Internships

CPA has been advised by Board staff that trainees in APA-approved internships should *not* concurrently register as PAs. *However, we are not aware of any clear legal or regulatory barriers that prohibit interns in APA-approved internships, as well as trainees in other formal internship and postdoctoral placements under BPC § 2911, from concurrently registering as PAs.*

CCR § 1387 (a)(1) includes:
"Predoctoral SPE may be accrued only as follows:
(A) In a formal internship placement pursuant to section 2911 of the code... or
(B) As an employee of an exempt setting pursuant to section 2910 ... or
(C) As a registered psychological associate pursuant to section 2913 ... or
(D) Pursuant to a Department of Mental Health Waiver..."

This regulatory language establishes alternative pathways for accruing SPE; however, it does not expressly establish mutually exclusive statuses. A trainee may accrue SPE under BPC § 2911 while separately maintaining Psychological Associate registration under BPC § 2913 for reimbursement purposes, without accruing or double-counting SPE under a second pathway. It should also be noted that trainees in APA-approved internships receive rigorous, structured clinical training and supervision and should not be excluded from registering as PAs and providing services under AB 2703.

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The Psychological Associate Registration Application, Supervision Agreement, and any other relevant forms could easily be revised to clarify that a trainee who is earning SPE under BPC § 2911 can register as a PA for reimbursement purposes.

Proposed Solutions

CPA respectfully requests that the Board consider the following proposals as we strive to find a timely solution that will maintain and increase training opportunities and increase access to care in FQHCs and RHCs:

1. Allow interns in APA-approved internships, as well as trainees in other formal internship and postdoctoral placements under BPC § 2911, to concurrently register as PAs for purposes of reimbursement. These trainees would earn SPE in the § 2911 pathway and registration as PAs would only be used to allow their training sites to bill Medi-Cal.

2. Support legislation or regulations that would specifically allow interns in APA-approved internships, as well as trainees in other formal internship and postdoctoral placements under BPC § 2911, to concurrently register as PAs for purposes of reimbursement.

Please let us know if we can provide any additional information or assistance. We greatly appreciate your attention to this important matter and your consideration of these proposed solutions. We would also be glad to discuss any alternative solutions that the Board may consider that would achieve the same goals. If you have any questions, please do not hesitate to reach out to me at ewinkelman@cpapsych.org.

Sincerely,

Elizabeth Winkelman

Elizabeth Winkelman, JD, PhD
Director of Professional Affairs
California Psychological Association

California Primary Care Association

10/27/26

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

RE: Implementing AB 2703 for doctoral psychology trainees in community health centers

Sent via email to: Jonathan.Burke@dca.ca.gov

Dear Executive Officer Burke and Members of the Board,

On behalf of more than 2,300 clinics and community health centers (CHCs) that provide high-quality, comprehensive care to more than 7.7 million Californians each year, the California Primary Care Association (CPCA) writes to ask for the Board's help resolving a psychological associate registration issue that is keeping AB 2703 (Aguiar-Curry, Statutes of 2024) from working as the Legislature intended. CPCA respectfully requests that this letter be included in the materials for the Board's November 12–13, 2026 meeting, and that AB 2703 implementation be taken up as part of the licensing report, during public comment, or as an agenda item at a future meeting. CPCA joins the California Psychological Association (CPA) in raising this concern and supports the proposals outlined in CPA's October 21, 2026 letter to the Board.

Health Centers as Training Sites for the Behavioral Health Workforce

CHCs serve the plurality of Medi-Cal patients in California, and about 68 percent of CHC patients have incomes at or below 138 percent of the Federal Poverty Level. For many of these patients, the health center is where mental health care begins. Behavioral health is increasingly integrated into primary care, and many health centers serve as training sites, hosting psychology interns and postdoctoral fellows who learn to deliver care in the communities that need it most. These programs build a pipeline of psychologists prepared for practice in the safety net.

Health centers are reimbursed by Medi-Cal under the Prospective Payment System (PPS), which pays for visits with recognized billable providers. SB 966 (Limón, Statutes of 2022) made associate clinical social workers and associate marriage and family therapists billable in this setting, but psychology trainees were left out, so the services they delivered generated no reimbursement. AB 2703 closed that gap by allowing health centers to bill at their PPS rate for services provided by registered psychological associates under the supervision of a licensed psychologist. CPCA was proud to co-sponsor AB 2703 alongside CPA, and we appreciated the Board's support of the bill.

Medi-Cal Implementation Is in Place; Registration Is the Remaining Barrier

Since AB 2703 was enacted, CPCA has worked closely with the Department of Health Care Services (DHCS) on the Medi-Cal side of implementation, including the State Plan Amendment effective January 1, 2025, and guidance to help health centers bill correctly. Health centers can now be reimbursed for psychological associate services. The remaining obstacle is registration: Medi-Cal reimbursement depends on the

trainee holding an active psychological associate registration with the Board, and that is where implementation has stalled for one important group of trainees.

Doctoral interns in APA-accredited internships, and trainees in other formal internship and postdoctoral placements under Business and Professions Code (BPC) § 2911, accrue their supervised professional experience (SPE) through those placements and do not need to register as psychological associates for their hours to count toward licensure. Health centers hosting these trainees, however, cannot bill for their services unless they are registered. We understand that Board staff have advised that a trainee may not hold both statuses at once, and that trainees who have applied have received inconsistent direction on whether they may register and how to complete the registration application and supervision agreement. As a result, some of the most rigorously supervised trainees in the state are the ones whose services health centers cannot bill, and the trainees themselves are left uncertain whether their SPE hours will be credited.

Impact on Health Centers and Patients

Training programs in health centers are sustained largely by clinical revenue. Supervising psychologists set aside time from their own patient care to oversee trainees, and health centers absorb stipends and administrative costs. When trainee visits cannot be billed, the program becomes a net cost that many health centers cannot carry. CPCA understands that at least one member health center that partners with an APA-accredited doctoral internship program may not be able to continue that partnership without the ability to bill for intern services, and CPA has identified at least two FQHCs whose psychology training programs are at risk of cancellation.

These pressures come as health centers prepare for significant Medi-Cal coverage and funding reductions resulting from H.R. 1, which leaves little room to subsidize services the Legislature has already made reimbursable. Every training placement lost reduces access to mental health care for Medi-Cal patients today and narrows the pipeline of psychologists prepared to practice in underserved communities tomorrow, at a time when psychology already faces a shortage of internship positions.

Concurrent Registration Is Consistent with Current Law

CPCA shares CPA's reading of the Board's regulations. California Code of Regulations, title 16, § 1387(a)(1) lists the ways predoctoral SPE may be accrued, including in a formal internship placement under BPC § 2911 and as a registered psychological associate under BPC § 2913. These are alternative pathways for accruing hours, not mutually exclusive statuses, and we are not aware of any provision that prohibits a trainee in a § 2911 placement from also holding a psychological associate registration. Under the approach CPA has proposed, the trainee would accrue SPE only through the § 2911 placement, with no double-counting, and the registration would serve the narrower purpose of allowing the health center to bill Medi-Cal for the trainee's services. This approach is consistent with the Legislature's intent in AB 2703 to give psychology trainees the same footing in health centers that associate clinical social workers and associate marriage and family therapists have had since SB 966.

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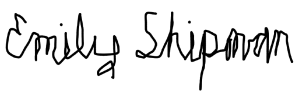
Recommendations

To protect the training opportunities and patient access AB 2703 was designed to support, CPCA respectfully asks the Board to:

1. Confirm that interns in APA-accredited internships, and trainees in other formal internship and postdoctoral placements under BPC § 2911, may concurrently register as psychological associates for Medi-Cal reimbursement purposes, with SPE accrued only through the § 2911 placement.
2. Revise the Psychological Associate Registration Application, Supervision Agreement, and related instructions to reflect this, and provide consistent guidance to Board staff, applicants, and supervisors, including those whose applications are already pending.
3. If the Board determines that a statutory or regulatory change is needed, pursue it promptly. CPCA would welcome the opportunity to work with the Board and CPA on that effort.

CPCA appreciates the Board's support of AB 2703 and its attention to this issue. We are glad to provide additional information on how health centers implement and bill for these services, and to discuss any alternative approaches that would achieve the same goal. Please contact Emily Shipman, Director of Health Center Optimization, at eshipman@cpca.org with any questions.

Respectfully submitted,



Emily Shipman
Director of Health Center Optimization
California Primary Care Association

LifeLong Medical Care
Health Services For All Ages
a californiahealth+center

Leading the Way to a Healthier Community
LifeLong Over 60 Health Center • LifeLong Ashby Health Center • LifeLong Downtown Oakland
LifeLong East Oakland • LifeLong West Berkeley • LifeLong Howard Daniel Clinic • LifeLong Dental Care
LifeLong TRUST Health Center • LifeLong Eastmont Health Center • LifeLong Immediate Care Berkeley
LifeLong Brookside Richmond • LifeLong Brookside San Pablo • LifeLong Brookside Dental Care
LifeLong Richmond Health Center • LifeLong William Jenkins Health Center • LifeLong Urgent Care San Pablo
LifeLong Marin Adult Day Health Center • LifeLong Pinole Health Center • LifeLong Rodeo Health Center
LifeLong School-Based Health Services

October 27, 2026

To: California Board of Psychology

Re: Fulfilling the Promise of AB 2703: Protecting Accredited Psychology Training and Expanding Access to Mental Health Care

Dear Members of the Board:

LifeLong Medical Care is a Federally Qualified Health Center providing integrated medical and behavorial health primary care services to 50,000 people in Alameda and Contra Costa Counties. We are a statewide leader in integration of mental health services in primary care practice and have developed a robust training program for people training to become mental health clinicians. Our training program provides opportunity for mental health professionals to develop skills working in a community health setting where they have the opportunity to collaborate with medical professionals to address a wide variety of behavioral health conditions in the context of whole person care. Mentoring students also enables us to expand our capacity to serve people in the community who face significant barriers to accessing mental health services. Our highly skilled and experienced clinicians offer expert training to the interns who we host.

We are deeply concerned about recent developments which potentially threaten the sustainability of our psychologist internship program. For this reason I am writing, on behalf of LifeLong, to respectfully ask the Board to clarify its Psychological Associate Registration FAQ and corresponding registration and supervision forms. The current interpretation has prevented eligible interns in APA-accredited internships from registering as Psychological Associates, excluding them from the reimbursement pathway established by AB 2703—legislation this Board supported to expand psychology training and access to mental health care.

We respectfully ask the Board to:

1. **Clarify the FAQ** to confirm that eligible interns may hold Psychological Associate registration during an accredited internship, with each hour verified once under a single recognized pathway.
2. **Issue interim guidance,** including instructions for the registration and supervision agreement forms, so registration alone does not jeopardize interns' hours while the Board acts.
3. **If the Board concludes existing law does not permit this, identify the controlling provision** and direct staff to develop a narrowly tailored amendment.

A clarification before the February 2027 APPIC Match would help preserve training for the class beginning in July. We seek no reduction in supervision or accreditation standards—only that existing systems work together. We appreciate the Board's support of AB 2703 and ask the Board to fulfill its promise before preventable losses in training capacity become permanent.

Respectfully,



Brenda Goldstein, MPH
Chief of Integrated Services

Sergio Urcuyo, MD
Chief Medical Officer
Medical Center

Leah Romito, MD
Residency Program Director
Family Medicine

Ne Ferguson, MD
Associate Residency Director
Family Medicine

Michel Sam, MD
Associate Residency Director
Family Medicine



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support.fmr@cchealth.org

October 28, 2026

To: California Board of Psychology

Re: Psychological Associate Registration and Reimbursement Under AB 2703 Protecting Psychology Training and Patient Access

Dear Executive Officer Burke and Members of the Board of Psychology:

Contra Costa Health Services (CCHS) is a Federally Qualified Health Center (FQHC) system serving diverse and medically underserved communities throughout Contra Costa County. Through our Family Medicine Residency Program, we have established a longstanding partnership with The Wright Institute's APA-accredited Integrated Health Psychology Training Program, integrating doctoral psychology interns into primary care teams alongside family medicine residents, physicians, and other healthcare professionals.

This interdisciplinary training partnership plays an important role in expanding access to behavioral health services while preparing the next generation of psychologists and doctors to practice in integrated primary care and community health settings. Psychology interns provide supervised, evidence based behavioral health services to patients experiencing depression, anxiety, trauma, chronic illnesses and other complex medical and psychosocial conditions. Their participation strengthens our capacity to address behavioral health needs within primary care, where many patients might otherwise face significant barriers to accessing treatment.

I am deeply concerned that the California Board of Psychology's current interpretation of Psychological Associate registration requirements threatens the financial sustainability of this important psychology training partnership.

AB 2703 was intended to establish a reimbursement pathway for supervised psychological services provided by Registered Psychological Associates in FQHCs. This legislation represented an important step toward making integrated psychology training partnerships financially sustainable while expanding access to behavioral health services for underserved populations.

Unfortunately, the Board's current interpretation prevents otherwise eligible doctoral interns enrolled in APA-accredited internships from simultaneously registering as Psychological Associates. As a result, these interns cannot access the reimbursement pathway established by AB 2703, despite providing supervised clinical services within accredited training programs. For FQHCs operating under significantly increasing financial constraints, the ability to obtain reimbursement for supervised behavioral health services is critical to sustaining training partnerships. Without a viable reimbursement mechanism, our health centers are reconsidering our capacity to support psychology internship positions, potentially reducing behavioral health services available to patients and weakening an already strained workforce pipeline.

The implications extend beyond training programs. Reductions in psychology internship positions would diminish opportunities for interdisciplinary training, limit supervised behavioral health service capacity and undermine efforts to recruit and retain psychologists prepared to serve California's underserved communities. These consequences are particularly concerning at a time when the demand for accessible mental health services continues to exceed available resources.

I respectfully request that the Board:

1. **Clarify its Psychological Associate Registration FAQ** to confirm that otherwise eligible doctoral interns may hold Psychological Associate registration while participating in APA-accredited internships, provided supervised professional experience hours are counted and verified only once under a single recognized pathway.
2. **Provide interim guidance** regarding registration and supervision agreement forms to ensure that holding Psychological Associate registration does not inadvertently jeopardize an intern's accredited training status or supervised professional experience hours.
3. **Identify any specific statutory or regulatory barriers**, should the Board determine that existing law does not permit concurrent registration, and work with stakeholders toward a narrowly tailored legislative or regulatory solution.

I am not requesting any reduction in supervision, accreditation, or professional training standards. Rather, I am seek clarification that would allow existing training and registration pathways to function together while maintaining the safeguards that protect patients and ensure high-quality psychological care.

Timely action is essential. We are already making decisions about internship positions, staffing, and funding for the upcoming 2027–2028 training year. Clarification before the February 2027 APPIC Match would help preserve training opportunities and allow FQHC partners to plan responsibly for the next cohort of psychology interns.

We appreciate the Board's prior support of AB 2703 and respectfully urge the Board to address this unintended barrier so that the legislation can fulfill its intended purpose: strengthening California's behavioral health workforce, sustaining accredited psychology training partnerships, and expanding access to high-quality mental health services for underserved communities.

Thank you for your consideration and commitment to protecting the public and strengthening the psychology profession.

Respectfully,

Patricia Hennigan, Ph.D.
Director of Behavioral Medicine
Contra Costa Family Medicine Residency Program
Contra Costa Regional Medical Center
2500 Alhambra Ave,
Martinez CA 94553

California Board of PSYCHOLOGY

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MEMORANDUM

DATE	October 19, 2026
TO	Psychology Board Members
FROM	Cynthia Whitney Central Services Manager
SUBJECT	Agenda Item # 4 – Discussion and Possible Approval of the Board Meeting Minutes: August 14, 2026

Background:

Attached are the draft minutes of the August 14, 2026, Board Meeting.

Action Requested:

Review and approve the minutes of the August 14, 2026, Board Meeting.

Attachment #1: Draft Minutes

California Board of PSYCHOLOGY
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MINUTES OF BOARD MEETING
August 14, 2026

Courtyard by Marriott San Diego Airport/Liberty Station
2592 Laning Road
San Diego, CA 92106

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

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

Friday, August 14, 2026

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

Dr. Tate called the meeting to order at 9:02 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.

Dr. Tate called for Board comment.

No Board comment was offered.

Dr. Tate called for public comment.

No public comment was offered.

DRAFT

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

Dr. Tate called for public comment.

Bob Geffner urged the Board to review its disciplinary policies and practices to ensure appropriate due diligence and fairness to psychologists.

A speaker expressed concern regarding the Board's policy of indefinitely posting public letter of reproval (PLR) online and urged the Board to reconsider the current retention policy and requested that the proposed amendment to the Board's current PLR retention schedule be placed on the November Board meeting agenda for further discussion.

Itzel Ballew asked the Board to consider foundational perinatal mental health education for psychologists through licensure requirements, graduate curriculum, or continuing education.

Dr. Dan Singley requested that the Board consider placing perinatal mental health education on a future agenda for discussion and possible action.

Dr. Abi Weissman emphasized the importance of foundational perinatal mental health education for psychologists to recognize perinatal mental health conditions, determine when additional assessment or a higher level of care is needed, and make appropriate referrals.

Dr. Devin Randle expressed concern that perinatal mental health conditions are frequently encountered but may be missed by otherwise well-trained clinicians who lack specific training in recognizing key indicators during the perinatal period.

A speaker advocated for a tier-based public disclosure system for PLR, allowing minor technical violations to be removed or archived after a reasonable period.

A speaker encouraged the Board to consider the practices of California medical boards when evaluating its PLR policy and commented that indefinite posting of minor violations may contribute to mental health professionals leaving the field and negatively impact access to care.

Dr. Ramsey commented on the impact of psychiatric patients on emergency room capacity and the importance of retaining psychiatric professionals.

Dr. Robert Teel urged the Board to amend the PLR policy to safeguard valuable mental health resources while maintaining appropriate public transparency.

A speaker encouraged the Board to continue toward a restorative model of discipline and expressed concern that indefinite consequences for minor violations may be disproportionate.

Dr. Horvath expressed concern that permanent public posting of minor disciplinary actions may discourage psychologists from accepting difficult or high-risk clients.

No further public comment was offered.

Dr. Tate called for Board comment.

No Board comment was offered.

Agenda Item #4: Discussion and Possible Action to Approve the Board Meeting Minutes: May 15, 2026

Dr. Tate called for Board comment.

It was (M)Foo(S)Rodgers(C) to approve the May 15, 2026, Board Meeting minutes.

No Board comment was offered.

Dr. Tate called for public comment.

No public comment was offered.

Votes
6 ayes (Casuga, Foo, Nystrom, Rescate, Rodgers, Tate), 1 abstain (Harb Sheets), 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.

Mr. Foo expressed appreciation for the Board's continued publication of its journal and noted that the Winter and Summer 2026 editions were available on the Board's website.

Mr. Foo asked whether the journal is distributed electronically to the Board's listserv recipients and whether individuals who are not receiving the Board's emails can sign up through the Board's website or update their email address in BreEZe.

Mr. Burke confirmed that individuals can sign up through the Board's website and maintaining a current email address is important.

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

Mr. Burke introduced this item, starting on page 33 of the meeting materials.

a) Personnel Updates

Mr. Burke commented on Board and staff vacancies and welcomed the new Legislative and Regulatory analyst.

b) Communications with Other Jurisdictions Regarding Examination Development

Mr. Burke commented that he has been in regular communication with the Texas Board of Psychological Examiners and the Association of State and Provincial Psychology Boards (ASPPB). He stated that representatives from the Texas Board would present on the development of their competency knowledge examination at the November Board meeting.

Mr. Burke also reported that ASPPB Executive Officer Burnetti-Atwell announced her resignation, effective on April 30, 2027, and that Dr. Song was no longer serving in her previous role at ASPPB.

Dr. Casuga asked whether there was any information on who will be the new Associate Executive Officer of Examination Services at ASPPB.

Mr. Burke commented that there was no information available at this time regarding the new Executive Officer or who would assume Dr. Song's former role.

Dr. Tate called for public comment.

A speaker commented that despite being subscribed to the Board's listserv and regularly checking the Board's website, she had not seen a journal published since Spring 2025 until the Winter and Summer 2026 editions became available recently.

Mr. Burke commented that he would confirm whether the speaker was subscribed to the Board's listserv. He explained that some journal publications were temporarily unavailable on the Board's website due to the transition to the new website design and confirmed that they had since been reposted.

No further 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 3 of the hand carry #1.

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 34 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.

a) Licensing Report

Ms. Cheung provided the update on this item, starting on page 38 of the meeting materials.

Dr. Harb Sheets asked Ms. Cheung to comment on the significant decrease in the number of research psychoanalysts.

Ms. Chung commented that research psychoanalyst registrations were transferred from the Medical Board and that staff had drafted a letter to notify registrants in delinquent status about renewing their registrations with the Board of Psychology.

Dr. Harb Sheets asked about ASPPB's transition to a new provider and the potential impact during the busy fall period.

Ms. Cheung commented that additional information would be provided during the examination report.

Mr. Foo suggested that the Licensure Committee consider an agenda item to better understand the experiences of Research Psychoanalysts and Psychological Testing Technicians, identify potential obstacles to registration, and explore opportunities to better serve both registration categories.

Dr. Harb Sheets commented that the Board had previously broadened the experience requirements for Psychological Testing Technicians based on stakeholder feedback and asked staff to provide information regarding a recent letter sent to Research Psychoanalysts to help clarify Mr. Foo's suggestion.

Mr. Burke commented that a letter was being drafted to approximately 40 research psychoanalysts who had not renewed their registrations to better understand the reasons for nonrenewal.

Mr. Foo encouraged staff to ensure that the letter to research psychoanalysts uses a consumer-friendly and inviting tone to encourage feedback regarding the reasons individuals did not renew their registrations.

b) Examination Report

Ms. Cheung provided the update on this item, starting on page 49 of the meeting materials.
Dr. Harb Sheets commented that the previous vendor transition included a blackout period that resulted in processing delays and noted that the Licensing Unit was actively working to identify and avoid potential issues during the upcoming transition.

Mr. Foo expressed concern that ASPPB's leadership and examination vendor transitions could create difficulties for applicants. He asked whether ASPPB had an interim CEO in place and whether the Board had a direct means of communicating with ASPPB to quickly address issues affecting California applicants.

Mr. Burke commented that he had not experienced difficulty communicating with ASPPB leadership and noted that Dr. Burnetti-Atwell would remain in her role until April.

Ms. Cheung commented that staff recently received responses from ASPPB to preliminary questions regarding the vendor transition.

Mr. Foo asked staff to inform the Board if difficulties with ASPPB needed to be elevated and emphasized, ensuring California applicants do not experience obstacles or challenges during the transition.

Mr. Burke confirmed that staff would continue to provide updates to the Licensure Committee and Board regarding the vendor transition and any developing issues.

No further Board comment offered.

c) Continuing Professional Development and Renewals Report

Mr. Polk provided the update on this item, starting on page 52 of the meeting materials.

Dr. Harb Sheets called for Board comment.

No Board comment was offered.

Dr. Harb Sheets called for public comment.

No public comment was offered.

d) EPPP Update

Mr. Burke provided the update on this item, starting on page 59 of the meeting materials.

Dr. Harb Sheets asked what percentage of EPPP examinees are California applicants.

Mr. Burke commented that approximately 20 to 25 percent of licensed psychologists in the United States are in California.

Dr. Harb Sheets commented that California should have a strong voice within ASPPB.

Mr. Burke agreed that California should have a strong voice within ASPPB.

Dr. Harb Sheets called for Board comment.

Dr. Casuga commented that the beta testing period is too short and suggested extending it to provide applicants with sufficient time to prepare and potentially take the examination more than once. She also asked whether Board members would have an opportunity to experience the new examination.

Mr. Burke commented that he would ask ASPPB about this opportunity and noted that currently only individuals who had not previously taken the examination or were unlicensed could participate in the beta test.

Dr. Harb Sheets noted that the meeting materials included an ASPPB presentation beginning on page 72 of the Board packet that provided information regarding the new examination and implementation timeframes.

Mr. Foo acknowledged public comment and supported Dr. Casuga requesting an extension of the transition period and expressed support for extending the Fall 2027 deadline through Fall 2028.

Mr. Foo also asked whether the examination administration contract scheduled for renewal in 2027 would require Board approval or administrative process.

Mr. Burke commented that the contract renewal is an administrative process and that he signs the contract.

Mr. Foo asked when the contract would be coming to Mr. Burke for review.

Mrs. Ganaway commented that the contract would typically be reviewed approximately 90 days prior to renewal and clarified that it is a general state contract that does not address testing materials.

Dr. Harb Sheets asked whether the contract would be for a one-year term.

Mrs. Ganaway, Board Counsel, commented that she had not yet seen the contract, but that such service contracts typically range from one to three years, with most being three years.

Dr. Harb Sheets requested that the contract renewal be flagged in 2027 to allow the Board to consider potential examination alternatives and avoid being locked into a three-year contract.

Mrs. Ganaway commented that she would review the contract but that the Board would need to take other action beforehand because a contract is required.

Dr. Harb Sheets expressed concern that the contract could be approved without sufficient Board review and asked how the Board could be informed of the contract terms and duration before it is signed in 2027.

Mr. Burke commented that he would confer with legal counsel regarding the contract process.

Mr. Foo commented that it was important for the Board to use the contract renewal as an opportunity to further review and analyze the matter, even if the contract itself is procedural.

Dr. Harb Sheets commented that the Board needed to be more aware of the contract process given the ongoing changes.

Mr. Burke clarified that the Board is currently required by statute to use the EPPP and that the contract to administer the examination is handled administratively and reviewed by contract and legal staff. He explained that adopting a different examination would require Board consideration and statutory changes and could not be accomplished solely through an administrative contract.

Dr. Harb Sheets expressed concern that the Board could become locked into a longer-term contract with the examination provider and asked whether the contract term could be reduced from three years to two years.

Mrs. Ganaway clarified that the three-year contract allows for changes if statutory requirements change.

Mr. Foo asked whether staff would bring the matter to the November Board meeting for further discussion and direction.

Mr. Burke confirmed that staff planned to present the matter at the November Board meeting for consideration and noted that regulatory changes may be necessary to implement the examination transition.

Mr. Foo again supported extending the beta testing and transition periods through 2028 to align with California’s regulatory process and provide applicants with sufficient time and flexibility to take either examination.

Dr. Harb Sheets called for public comment.

Dr. Robert Teel supported extending the transition period through 2028, suggested reduced fees for repeat examinations, and expressed concern regarding the short beta testing period.

Dr. Harb Sheets clarified that the examination fee is established by ASPPB and suggested that reduced fees for repeat examinees could be raised with ASPPB.

Mr. Burke confirmed that the Board would communicate the request to ASPPB.

No further public comment was offered.

Agenda Item #7: DCA Update

[*This item was taken out of order]*

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

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

Ms. Saldivar announced the appointment of Rohit Chopra as Secretary of the new Business and Consumer Services Agency.

Ms. Saldivar noted DCA's transition to four in-office days per week beginning July 1, 2026.

Ms. Saldivar reminded Board members of upcoming Board Member Orientation Training and mandatory defensive driver training requirements.

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

e) Stakeholder Meeting Preparation: Update

Ms. Cheung provided the update on this item, starting on page 97 of the meeting materials.

Dr. Harb Sheets confirmed that staff was working on option two and asked whether the matter would return at the November Board meeting or the January Licensure Committee meeting.

Ms. Cheung confirmed that the matter will be reported to the Licensure Committee.

Dr. Harb Sheets asked whether the Board's existing "What is a Psychologist?" brochure addressed the information provided under option one.

Ms. Cheung commented that the brochure provides information for consumers seeking psychological services and could serve as a helpful resource.

Dr. Harb Sheets called Board comment.

Dr. Casuga asked whether the brochure, which includes information regarding psychological assessments, was currently available on the Board's website.

Ms. Cheung confirmed that the brochure should be available on the Board's publications webpage.

No further Board comment was offered.

Dr. Harb Sheets called for public comment.

No public comment was offered.

Agenda Item #11: Legislative and Regulatory Affairs Committee Update

Items 11a, b and c (1-5) were informational only, and no action was taken.

c) Bills Recommended for Board Watch Status – Introduced 2026

6) AB 1767 (Berman) Department of Consumer Affairs: public members of boards: conflicts of interest

Dr. Casuga introduced Mrs. Whitney provided the update on this item, starting on page 307 of the meeting materials.

Dr. Casuga called for Board comment.

No Board comment was offered.

7) AB 1811 (Rogers) Health professionals

Mrs. Whitney provided the update on this item, starting on page 310 of the meeting materials.

Dr. Casuga called for Board comment.

Dr. Harb Sheets asked whether the bill would make providing the requested workforce data mandatory for licensees or whether participation would remain voluntary.

Mrs. Whitney commented that licensees currently have the option to decline to provide the information and that, although she believed this option would remain, it was not specified in the bill.

Dr. Harb Sheets asked whether the Board could request amendments or clarification regarding the bill.

Mrs. Whitney commented that the Board could request an amendment but would need to take a position, such as support if amended or opposed unless amended, through a motion.

Dr. Harb Sheets requested clarification on whether the Board would be required to collect or request the information and whether licensees would be required to provide it or could opt out.

Mr. Burke cited subsection F of the bill, which states that licensees and registrants would not be required to provide the information listed in subdivision B as a condition of license or registration renewal.

Dr. Harb Sheets commented that no additional clarification was needed and asked whether the bill would require administrative changes to collect the information at initial licensure.

Mr. Burke clarified that the change would be a DCA-wide IT change and that the associated costs could be absorbed under the existing contract.

No further Board comment was offered.

Dr. Casuga called for Board comment.

No Board comment was offered.

Dr. Casuga called for public comment.

No public comment was offered.

Agenda Item #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

Mr. Foo requested draft language for alternative examination options, including developing a California examination or pursuing the Texas examination, for consideration at the November Board meeting.

Dr. Harb Sheets asked whether staff were working on a regulatory package with proposed language.

Mr. Burke confirmed that staff are going to be working on the regulatory package with proposed language.

Dr. Harb Sheets commented that some of the proposed changes could potentially be included in the sunset review package.

Mrs. Ganaway clarified that the proposed changes would not be included in the sunset review package.

Mr. Foo requested that the Office of Professional Examination Services (OPES) participate in the November Board meeting discussion to provide information regarding the implications of pursuing an alternative examination.

Dr. Harb Sheets requested that OPES provide information at the November Board meeting regarding its review timeline for the integrated EPPP and whether the review could be completed before implementation.

Dr. Tate noted that the November Board meeting agenda was already full.

Mrs. Ganaway commented that the OPES discussion may need to be scheduled for February due to travel costs since the meeting would be in Southern California.

Dr. Harb Sheets agreed that February would be acceptable and requested information from OPES regarding its anticipated timeframe for reviewing the new examination.

Mr. Burke commented that he would invite OPES to the November Board meeting but noted that February may be more feasible for OPES to provide an update on its review and timelines.

Dr. Harb Sheets requested that staff ask ASPPB when it anticipates providing OPES with the information needed to review the new examination.

Mr. Burke commented that he had already contacted ASPPB regarding the information and would continue discussing timelines with ASPPB over the next several months.

Dr. Casuga summarized the requested future agenda items, including draft language for examination options and a potential presentation from OPES at a future Board meeting.

Mr. Foo suggested requesting a written report from OPES regarding the implications of the examination options.

Mrs. Ganaway noted that OPES would not yet be able to review the technical examination because it had not been developed and that any information provided at this stage would be hypothetical.

Mr. Foo clarified that he was seeking information from OPES regarding the process and estimated timeline for reviewing a new examination rather than an evaluation of the examination itself.

No further Board comment was offered.

Dr. Casuga called for public comment.

No public comment was offered.

Agenda Item #13: Status Review of Regulations in Development

[*This item was taken out of order*]

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

Mrs. Whitney provided the update on this item, starting on page 318 of the meeting materials.

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

Dr. Casuga called for Board comment.

No Board comment was offered.

Dr. Casuga called for public comment.

No public comment was offered.

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

Mrs. Whitney provided the update on this item, starting on page 8 of the hand carry #1 package.

It was (M)Foo(S)Tate(C) to adopt staff's recommended responses to the comments as attached in the item, vote to reject the four comments for the reasons provided and maintain the proposed text for CCR section 1395.2 as originally noticed with no changes. Direct staff to take all steps necessary to complete the rulemaking process and authorize the executive officer to make any technical and non-substantive changes to the proposed regulations as necessary.

Dr. Casuga called Board comment.

No Board comment was offered.

Dr. Casuga called for public comment.

No public comment was offered.

Vote:
7 ayes (Casuga, Foo, Harb Sheets, Nystrom, Rescate, Rodgers, Tate). 0 noes – Motion carries

Agenda Item #14: Discussion and Possible Action to Nominate a Delegate(s) to the 2026 ASPPB Annual Meeting

Mr. Burke introduced this item as a verbal report.

It was (M)Tate(S)Casuga to nominate Mr. Burke to represent the Board at the ASPPB Annual Meeting.

Mr. Foo proposed amending the motion to include an interested Board member to attend the ASPPB Annual Meeting with Mr. Burke.

Dr. Harb Sheets expressed interest in attending a future meeting as a Board member.

It was (M)Tate(S)Casuga to nominate, as amended, Dr. Hard Sheets, a Board member, to represent the Board at the ASPPB Annual Meeting in addition to Mr. Burke.

Dr. Tate called for Board comment.

Dr. Casuga expressed support for Dr. Harb Sheets attending the ASPPB Annual Meeting and emphasized the importance of California's representation and participation in discussions regarding its priorities.

Mr. Foo asked whether Mr. Burke and Dr. Harb Sheets, as voting members, could vote on matters at the ASPPB Annual Meeting without additional authorization from the Board.

Mr. Burke clarified that ASPPB allows one voting delegate and suggested that the Board member serve in that role. He noted that he would attend in his capacity as Executive Officer and has voting authority through his existing committee membership.

Mr. Foo asked whether the Board should authorize its delegates to vote on matters at the ASPPB Annual Meeting to provide flexibility and avoid the need for a special Board meeting.

Mr. Burke explained that when the Board had taken a formal position on ASPPB matters, he voted consistently with that position and abstained on matters where the Board had not taken a position. He suggested that a Board member may be more appropriate to serve as the voting delegate.

Mr. Foo expressed support for authorizing the Board's delegate to vote or abstain on matters at the ASPPB Annual Meeting without requiring a special Board meeting.

It was (M)Foo(S)Casuga to authorize, as amended, Dr. Harb Sheets and Mr. Burke to attend the ASPPB Annual Meeting and authorize the voting delegate to vote on all agenda items consistent with the Board's previous actions and perspectives.

No further Board comment was offered.

Dr. Tate called for public comment.

No public comment was offered.

Vote:
7 ayes (Casuga, Foo, Harb Sheets, Nystrom, Rescate, Rodgers, Tate). 0 noes – Motion carries

Agenda Item #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)].

Dr. Tate called for Board comment.

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

Dr. Casuga requested a future agenda item to discuss and clarify who may perform autism spectrum disorder psychodiagnostics evaluations and explore options to reduce consumer confusion regarding these evaluations.

Dr. Tate suggested that Mr. Burke first contact the Board of Behavioral Sciences (BBS) for clarification before bringing the matter to the Legislative and Regulatory Affairs Committee for further discussion.

Dr. Casuga suggested that staff explore the matter and provide an update at a future Board meeting.

Dr. Tate suggested that discussing the matter at a future Board meeting would be more helpful.

Dr. Harb Sheets noted that there was prior history regarding the matter and suggested that Mr. Burke consult Ms. Cheung for additional information.

Dr. Tate requested continued updates regarding ASPPB's new platform and any changes moving forward.

Dr. Tate requested that staff review the perinatal information available on the BBS website and report back on whether the Board could provide a link to the information on its website.

Dr. Tate called for public comment.

Dr. Saurabh Gupta expressed concern regarding processing times for psychological associate changes and suggested allowing supervisor change to be processed through BreEZe.

Dr. David Debus commented that a pamphlet may not be the most effective way to educate the public about psychologists and suggested considering other methods, such as a public service announcement.

No further public comment was offered.

CPD Credit for Meeting Attendance

Mr. Polk commented that attendance at the meeting provided 3 hours of CPD credit under Category 1.

ADJOURNMENT

The meeting adjourned at 11:54 a.m.

2027 Board of Psychology Meeting Dates

Board Meetings – In-Person Only

February 25-26 – Sacramento

May 14 - Berkeley

August 27 – San Diego

November 4 & 5 – So. Cal

Licensure Committee Meetings

January 22 – WebEx

July 16 – WebEx

Legislative and Regulatory Affairs Committee Meetings

April 23 – WebEx

June 11 – WebEx

Outreach and Communications Committee Meeting

September 17 – WebEx

California Board of PSYCHOLOGY

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MEMORANDUM

DATE	October 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 and External Entities

Personnel Update

Authorized Positions: 27.30
Temp Help: 1.0
Staff Vacancies: 4.0
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 two vacant positions. One Office Technician position is vacant and the Licensing Manager.

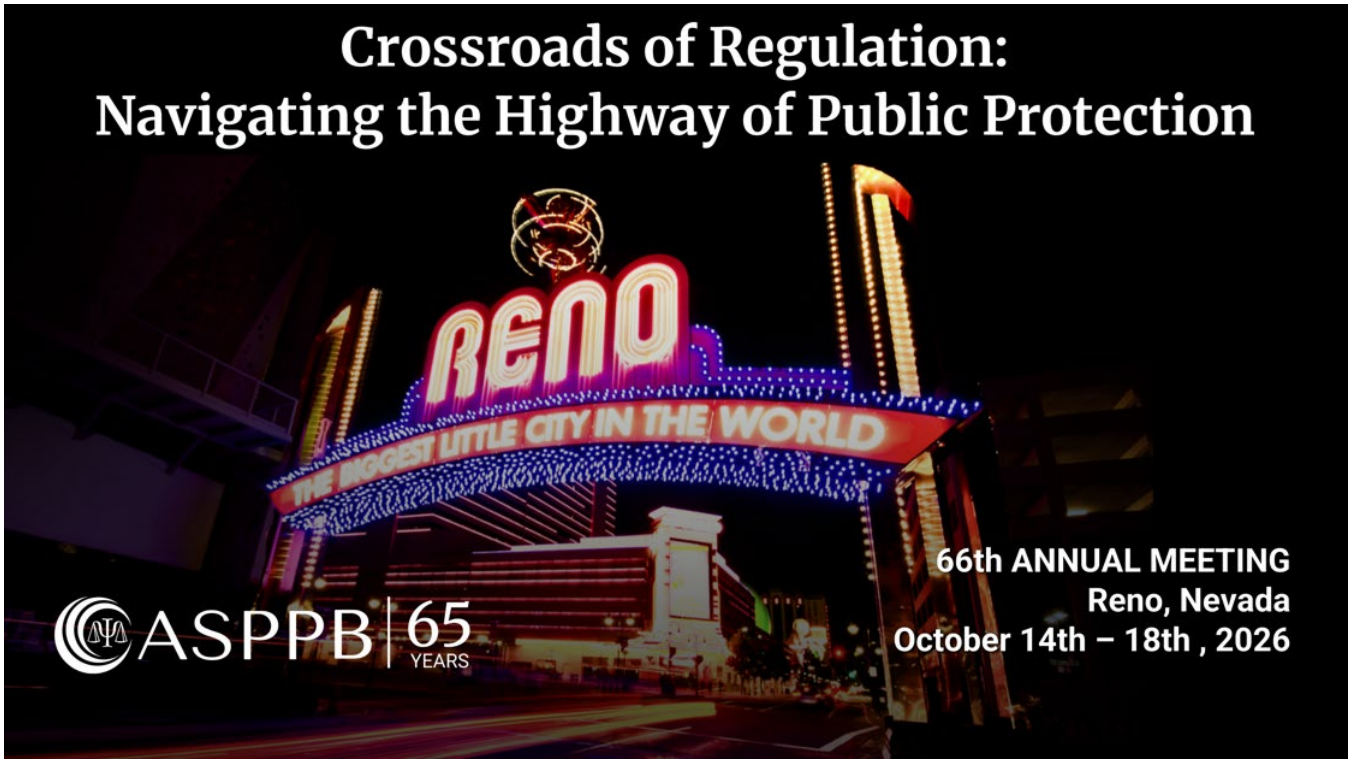
The Central Services Unit has one vacant position. One Analyst II position is vacant.

Communications with Other Jurisdictions Regarding Examination Development

The California Board's Executive Officer (EO) 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.

The EO as well as Board member Dr. Mary Harb Sheets attended the Association of State and Provincial Licensing Boards from October 14, 2026 to October 18, 2026 in Reno, Nevada. Representatives and delegates from 43 jurisdictions were present. Topics discussed and presented upon include Artificial Intelligence, Applied Behavioral Analyst licensure, an Examination update from ASPPB, and discussions related to recent court cases.

Action Requested:
This item is for informational purposes only.



WEDNESDAY, OCTOBER 14, 2026

10:00 AM - 2:30 PM *Sage*	**Board Administrators and Registrars Committee Meeting** RSVP to smattsen-green@asppb.org
11:30 AM - 2:30 PM *Black Rock*	**Board and College Chairs Committee Meeting** RSVP to ahawkins@asppb.org
3:00 PM – 5:00 PM *Topaz 1*	**Jurisdictional, Individual Members and Liaisons Discussion with the ASPPB Board**
5:30 PM – 7:30 PM *Nando/Bocce*	**Welcome Reception**

THURSDAY, OCTOBER 15, 2026

7:30 AM – 8:30 AM
River Rock

New Attendee Breakfast Meet and Greet

7:30 AM – 8:30 AM
Gallery/Outlook

General Session Breakfast

8:30 AM
Topaz

Call to Order and Welcome Remarks
Jennifer C. Laforce, PhD, CPsych, ASPPB President

Welcome from Nevada

Certification of Delegate Attendance
Cindy Olvey, PsyD, ASPPB Secretary-Treasurer

Adoption of the Annual Meeting Standing Meeting Rules
Cindy Olvey, PsyD

Adoption of the Agenda
Cindy Olvey, PsyD

Approval of Minutes from 2025 Annual Meeting
Cindy Olvey, PsyD

CEO Report
Mariann Burnetti-Atwell, PsyD, ASPPB Chief Executive Officer

Financial Report
Finance and Audit Committee

Nominations Committee Report
Hugh D. Moore, PhD, MBA, ASPPB Past-President
Chair, Nominations Committee

Presentations by Candidates for Office
President-Elect – Stacy Waldron, PhD (NV)
Director-at-Large – Jamie Hopkins, PhD (KY)
James Huitt, PsyD (VT)

10:15 AM
Gallery/Outlook

BREAK

Start of CE and Sessions

10:30 AM	**CE Instructions** Bryan Gardner, ASPPB Meetings and Events Coordinator **Brief Meeting Theme, Overview, and Recognition of the Annual Meeting Committee** Hugh D. Moore, PhD, MBA, Chair, Annual Meeting Committee
SESSION #1	
10:45 AM	**Healthy Governance: Where Structure, Culture, and Leadership Thrive** Adrian Stratton, CPP, PRP
11:45 AM *1.25 hours CE*	**Q and A**
12:00 PM *Gallery/Outlook*	**LUNCH**
SESSION #2	
1:30 PM *1.25 hours CE*	**Beyond the Immediate: Making Space for What Matters Next** Jennifer C. Laforce, PhD, CPsych, ASPPB President
2:45 PM *Gallery/Outlook*	**BALLOTING AND BREAK**
SESSION #3	
3:00 PM	**The Regulator as an Artificial Intelligence User: Can We Use AI Without Undermining Fairness?** Troy Janzen, PhD, RPsych (AB)
4:00 PM *1.25 hours CE*	**Q and A**
4:15 PM	**Recess for the Day (dinner on your own)**

FRIDAY, OCTOBER 16, 2026

7:30 AM – 8:45 AM *Gallery/Outlook*	**General Session Breakfast**

SESSION #4

9:00 AM *Topaz*	**Call to Order and Announcements** Jennifer C. Laforce, PhD, CPsych
9:00 AM	**Sanctioning Reference Points – The Virginia Process** Kim Small, VisualResearch, Inc.
10:15 AM *1.5 hours CE*	**Q and A**

SESSION #5

10:30 AM *Gallery/Outlook*	**Break**
10:45 AM	**Behavioral Health and Wellness Practitioners** Michelle Paul, PhD Whitney Koch Owens, PsyD
11:30 AM *1.00 hours CE*	**Q and A**
11:45 AM *Location to be Announced*	**Awards Luncheon and Announcements** ASPPB Awards Recognition of Outgoing Past-Presiden*t* Recognition of Outgoing President Board Election Results

SESSION #6

1:30 PM	**A State 48 Take on Behavior Analyst Regulation** Heidi Herbst Paakkonen, MPA (AZ)
2:15 PM *1.00 hours CE*	**Q and A**

2:30 PM	**BREAK**
Gallery/Outlook	

SESSION #7

2:45 PM	**Succession Planning** Jenny A. Kyser (OK) Karine Hray (OH) Mariann Burnetti-Atwell, PsyD (ASPPB)
3:45 PM *1.25 hours CE*	**Q and A**
4:00 PM	**Recess**

6:30– 9:00 PM	**President's Dinner**
Bundox Bocce	

SATURDAY, OCTOBER 17, 2026

7:30 AM – 8:45 AM *River Rock* *1 hour CE*	**Attorney's Breakfast** Alex Siegel, JD, PhD
7:30 AM – 8:45 AM *Gallery/Outlook*	**General Session Breakfast**

SESSION #8

9:00 AM *Topaz*	**Call to Order and Announcements** Jennifer C. Laforce, PhD, CPsych
9:05 AM	**Roulette Wheel of Legal and Regulatory Updates** Dale Atkinson, Esq
10:05 AM *1.25 hours CE*	**Q and A**

10:20 AM *Gallery/Outlook*	**BREAK**

SESSION #9

10:35 AM	**Jurisdictional Updates**

SESSION #10

12:00 PM	**ASPPB Examination Services Updates** Kori Maxwell, PhD, ASPPB Senior Director of Examination Services Ian Nicholson, PhD, CPsych Christy Cogley, ASPPB Director of Examination Services Jennifer C. Laforce, PhD, CPsych, ASPPB President
12:45 PM *1 hour CE*	**Q and A**
1:00 PM *Gallery/Outlook*	**Lunch and Recess**
5:00 PM – 6:30 PM	**President's Reception** *Dinner on your own*

SUNDAY, OCTOBER 18, 2026

7:30 AM – 8:30 AM *Gallery/Outlook*	**General Breakfast**

SESSION #11

8:30 AM *Topaz*	**Call to Order and Announcements** Jennifer C. Laforce, PhD, CPsych
8:30 AM	**Discipline/Complaint Processes in Nebraska and Alberta** Troy Janzen, PhD, RPsych (AB)

9:30 AM *1.25 hours CE*	Stacy Waldron, PhD, and Kate Linder, PhD (NE) **Q and A**
9:45 AM *Gallery/Outlook*	**BREAK**

SESSION #12	
10:00 AM	**Input on the Model Act and Regulations for Licensure and Registration of Psychologists** Alex Siegel, JD, PhD
10:45 AM *1 hour CE*	**Q and A**
11:00 AM	**Installation of New Officers** Leslie Browning Carroll, CAE ASPPB Director of Governance and Volunteer Operations **New President's Remarks**
11:15 AM	**ADJOURN**

California Board of PSYCHOLOGY

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MEMORANDUM

DATE	October 29, 2026
TO	Board Members
FROM	Jonathan Burke Executive Officer
SUBJECT	**Agenda Item 18** Update and Discussion on the Development of the Integrated Examination for Professional Practice in Psychology

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.

Attached is the presentation provided to jurisdictions at the ASPPB Annual Meeting on October 17, 2026.

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.

OPES will be presenting at this meeting on their function and the steps and costs required were the Board to determine that a California specific competency examination be developed.

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.
- On 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. ASSPB Examination Services Update Slides from October 17, 2026
B. Townhall Slides from June 9, 2026
C. Letter to ASPPB
D. Draft Implementation Plan
E. OPES Presentation Slides
F. OPES CA Clinical Exam Development Draft 2026
G. Texas Examination Development Presentation 2026

Action Requested:

This is an informational item.



Examination Services Updates

October 17, 2026

Kori Maxwell, PhD
Senior Director of Examination Services

Ian Nicholson, PhD, CPsych
ASPPB Exam Consultant

Christy Cogley
Director of Exam Operations, ASPPB

Jennifer Laforce, PhD, CPsych President,
ASPPB Board of Directors

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Outline

EPPP® Updates

- What are the Integrated EPPP® and the Beta Forms?

EPPP® Candidate Registration and Data Management System

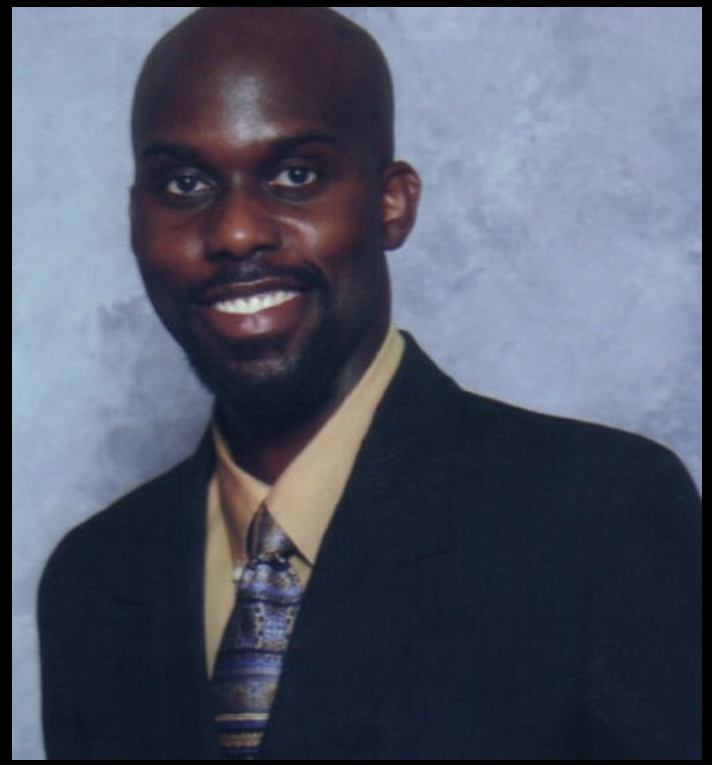
- ASPPB's Journey to the New System

The Gist of the JIST

- A Toolkit for Member Jurisdictions



Kori Maxwell, PhD



Kori Maxwell, PhD, C.Psych.
ASPPB Senior Director of Examination Services

Dr. Maxwell is the Senior Director of Examination Services for the Association of State and Provincial Psychology Boards (ASPPB), where he leads initiatives supporting the development, quality, security, and administration of professional licensure and certification examinations. He brings more than 12 years of experience in examination operations, assessment strategy, psychometric quality assurance, and examination security within professional learning environments. Prior to joining ASPPB, he served as Director of Examinations at LOMA/LL Global, leading enterprise-wide examination strategy and operations for professional designation programs. His career also includes teaching and academic leadership positions at Purdue Global University, Georgia State University, Clayton State University, and Bauder College.



Ian Nicholson



Ian Nicholson, Ph.D., C.Psych.
ASPPB Exam Consultant

Dr. Ian Nicholson has been registered with the College of Psychologists and Behaviour Analysts of Ontario (CPBAO) since 1994. For most of his career, he worked as manager of the Psychology Department at London Health Sciences Centre, retiring in 2024. During his career, he has been president of the Ontario Psychological Association, the Canadian Psychological Association, and the College of Psychologists and Behaviour Analysts of Ontario.

He has been involved with ASPPB for over 20 years, first starting on the Item Development Committee in 2004, transitioning to the Exam Committee in 2012 which he has chaired since 2018. He currently works as an exam consultant for ASPPB.

Christy Cogley



Christy Cogley
ASPPB Director of Examination Operations

With a 30-year career defined by leadership in high-stakes, standardized assessments, Christy has held leadership positions covering the full lifecycle of professional licensure exams. First with the USMLE Step 2 Clinical Skills Exam and now with the EPPP®. Her responsibilities included program design, large-scale implementation, operational management, process improvement, and ongoing quality assurance.

Christy champions examination integrity as an institutional imperative: ensuring every assessment is fair, valid, psychometrically sound, and defensible – standards that enable responsible licensure decisions, worthy of stakeholder trust, reinforce confidence in the professions they serve, and ultimately protect the public.

Jennifer Laforce



Jennifer C. Laforce, PhD, CPsych
President, ASPPB Board of Directors

Dr. Jennifer C. Laforce is President of ASPPB, where she has served on the Board of Directors for the past five years. She is a registered psychologist in private practice in Winnipeg, Manitoba, and has been involved in psychology regulation and professional leadership for over 20 years including service on the Executive Council of the Psychological Association of Manitoba and the board of the Manitoba Psychological Society. Earlier in her career, Dr. Laforce was an Assistant Professor in the Department of Clinical Health Psychology at the University of Manitoba and served as Clinical Director of the Winnipeg Operational Stress Injury Clinic.



EPPP® Updates

What are the Integrated EPPP® and the Beta Forms?

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Integrated EPPP®

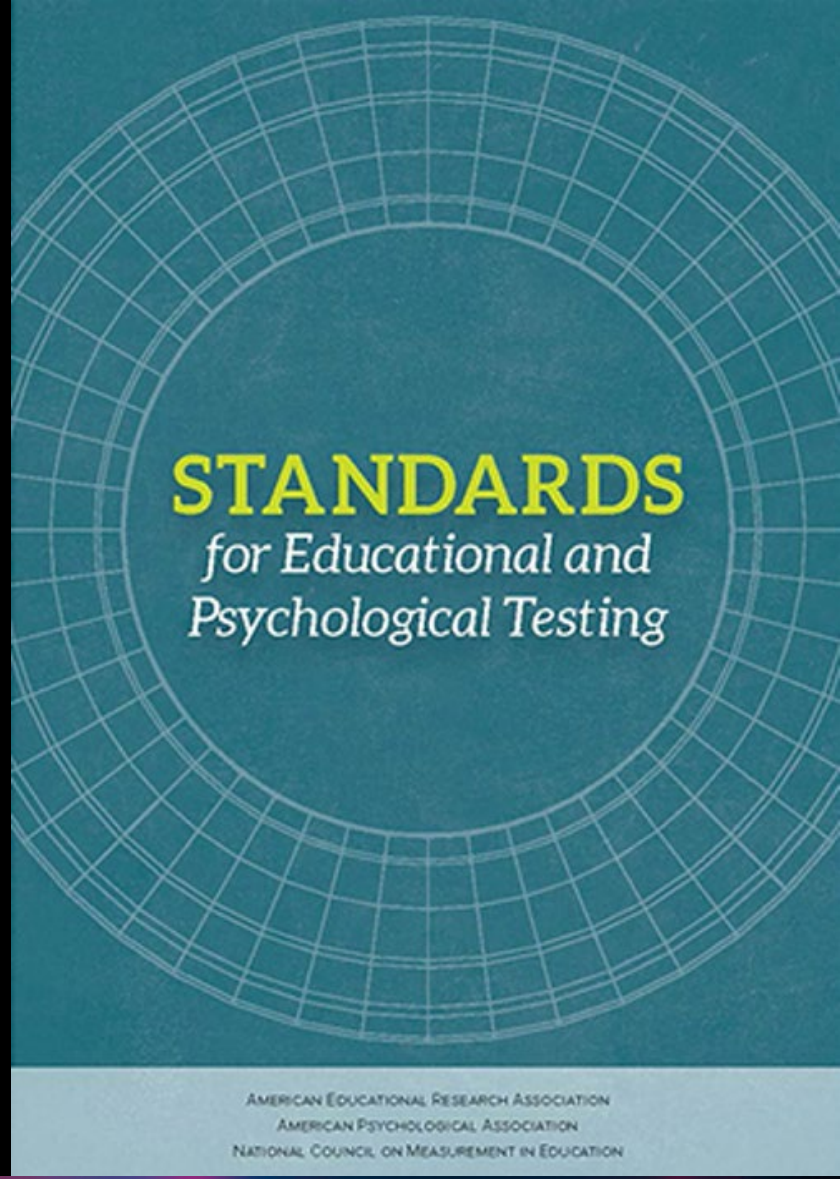
- Still the EPPP®
- Designed to be taken at one sitting
  - 170 Operational items
  - 40 Pretest items
  - 5 hours with optional 30-minute break
- Assessing competence - both knowledge and skills
- Maintains the high standards of test development, including existing checks and modification processes, that are integral to the EPPP®



Integrated EPPP®

- Being developed in accordance with the **Standards for Educational and Psychological Testing** (2014)
- Specifically, following the standards in Chapter 11 on *"Workplace Testing and Credentialing"*

> *"Passing a credentialing examination should signify that the candidate meets the knowledge and skill standards set by the credentialing body to ensure effective practice." (p. 177)*



Integrated EPPP®

Variety of Item Formats

- Multiple choice, 3 item
- Multiple choice, 4 item
- Multiple choice, 2 of 5 items
- Scenarios with questions
    - Animation (with video/audio portions)
    - A description of an interview
    - A test protocol
    - Other data that adds information
    - Each scenario can have up to 5 questions that pertain to that part of the scenario



Integrated EPPP®

- Integration of the blueprints from the EPPP® - Part 1 and Part 2 into a new EPPP® blueprint, with a Job Task Analysis, with almost 3000 participants across Canada and the US, to develop and validate the content and test specifications

- True integration of items from the two tests based on a review of all existing items in relation to the new test blueprint, and new items written for blueprint, not a simple combination of the two tests

- Approximately 1/3 Knowledge items and 2/3 Skills/Abilities items



The Domains of the EPPP®

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



The Domains of the EPPP®

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



The Domains of the EPPP®

Domain

- *(e.g., 5. Interpersonal relationships)*

Subdomain

- *(e.g., 5.C. Interact with diverse clients, supervisees, peers, communities, interprofessional teams, and other stakeholders)*

Knowledge, Skill, Ability (KSA)

- *(e.g., 5.C.3. Consult and collaborate with relevant stakeholders when engaging with diverse populations or advocating for clients)*



The Domains of the EPPP®

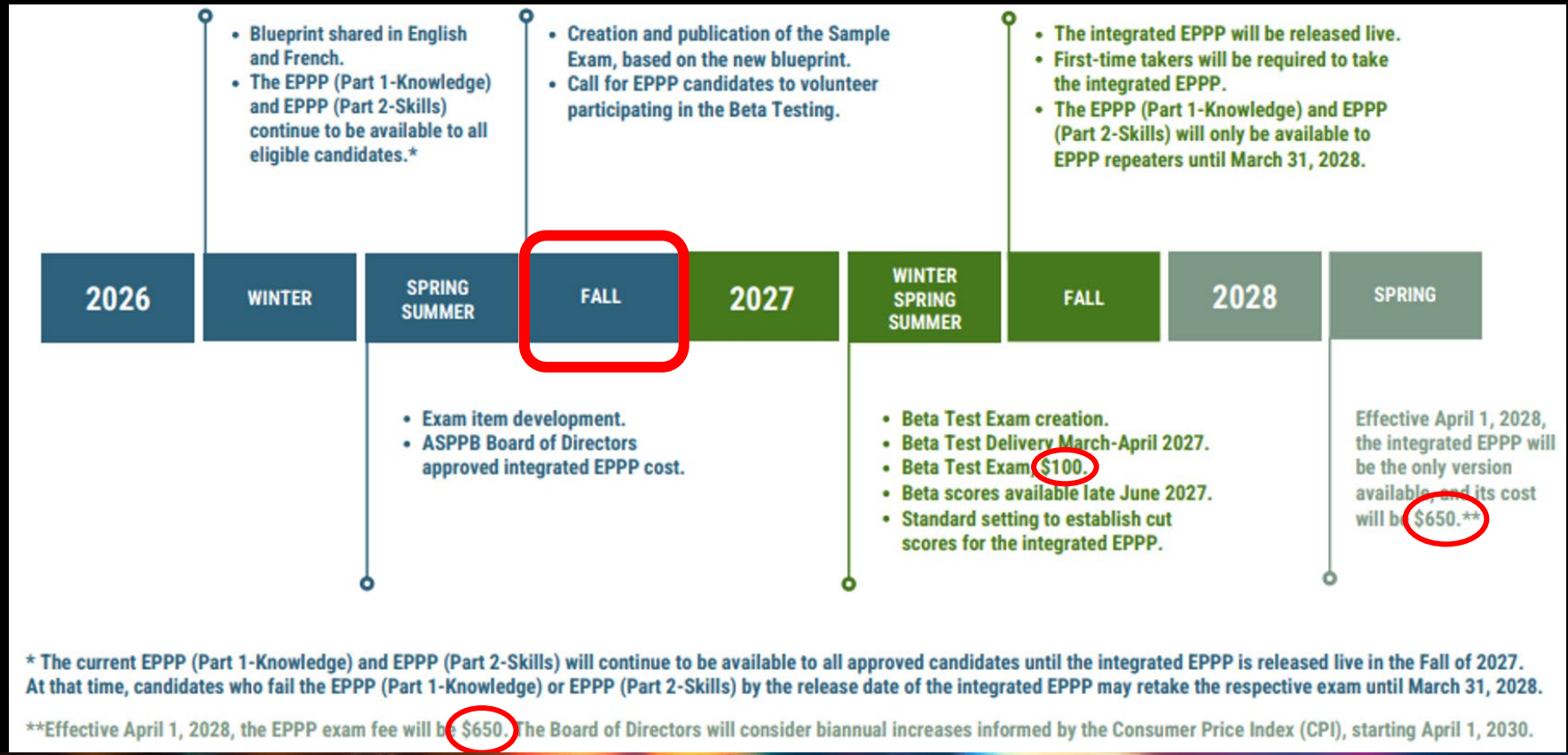
- Over 2 weekends, dozens of Subject Matter Experts from across Canada and the United States met to “crosswalk” all existing operational and pretest questions from both the EPPP ®-Part 1 and the EPPP®-Part 2 to the new EPPP ®

- In total, over 12,000 existing questions were assigned to the six Domains, 21 Subdomains, and 78 KSAs of the new, integrated EPPP®

- These questions, many with data from thousands of candidates, along with questions written specifically for the new blueprint, were used for the development of the new Beta forms



Development & Implementation in 2026-2027



How Candidates View the EPPP®



The dog in this picture is:
A. Sitting down
B. Standing up
C. Laying down

EPPP® Sample Exams

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 provided at-cost for taking the sample exam:
  - On-line Sample Exam: **$30 USD**
  - In-person at testing site: **$91.88 USD**

Candidates who take a sample exam show ~10% improvement in their passing rate

Sample questions and exams for the integrated EPPP® will be published this year for candidates to use and a French version will be published in June 2026



Beta Testing

- Beta Testing of the integrated EPPP® is to begin in Spring 2027

- The vast majority of the questions were from the pre-existing operational and pretest item banks for the EPPP®-Part 1 and the EPPP®-Part 2 with a few newly written questions to cover areas with newly increased prominence (resulting from the Job Task Analysis)

- After enough doctoral candidates have taken the new EPPP®, the data from this Beta Testing will be used, through Standard Setting, to finalize the cut score for the integrated test



Beta Testing

- Cost will be **$100 USD** (Pearson VUE sitting fee is **$91.88 USD**)
- Candidates who take the EPPP® Beta Test and do not pass will be eligible for one discounted administration of the current EPPP® Part 1 (Knowledge) for **$100 USD** plus the current Pearson VUE sitting fee
- Candidates who do not pass the EPPP® Beta Test are not expected to have that result counted as a failed attempt on the EPPP® in participating jurisdictions.
- Unlike the current EPPP®, test scores will not be immediately available but will be delayed a few weeks until after Standard Setting has finalized the cut score



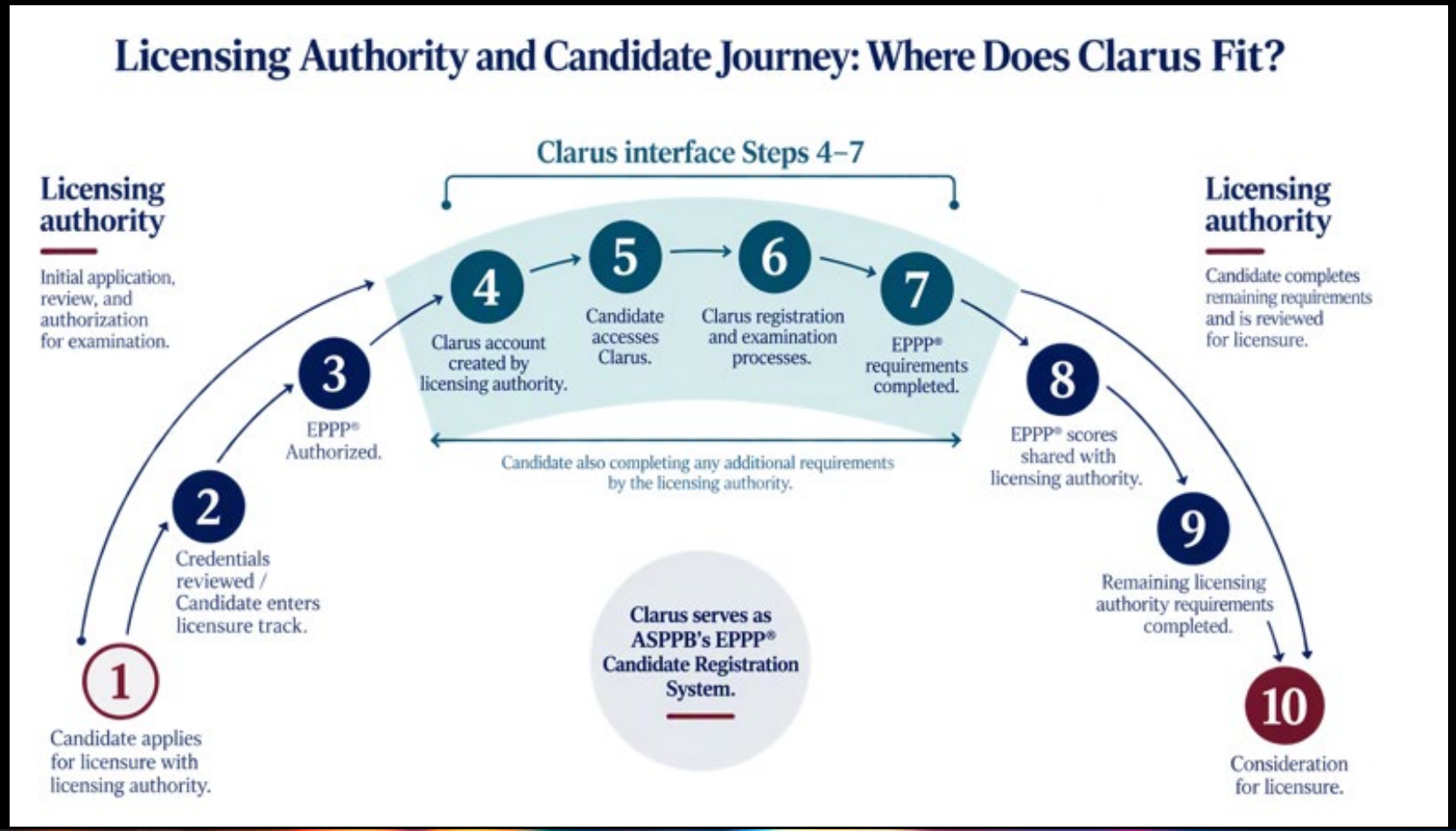


EPPP® Candidate Registration and Data Management System

ASPPB's Journey to New System

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Clarus


Licensing Authority and Candidate Journey: Where Does Clarus Fit?
Clarus interface Steps 4–7
Licensing authority
Initial application, review, and authorization for examination.
1
Candidate applies for licensure with licensing authority.
2
Credentials reviewed / Candidate enters licensure track.
3
EPPP® Authorized.
4
Clarus account created by licensing authority.
5
Candidate accesses Clarus.
6
Clarus registration and examination processes.
7
EPPP® requirements completed.
Candidate also completing any additional requirements by the licensing authority.
8
EPPP® scores shared with licensing authority.
9
Remaining licensing authority requirements completed.
10
Consideration for licensure.
Licensing authority
Candidate completes remaining requirements and is reviewed for licensure.
Clarus serves as ASPPB's EPPP® Candidate Registration System.

Clarus Features

- Streamlined, efficient, and user-friendly
- Enhancements made are immediately available
- Many jurisdiction-user tasks now offer automated options
- Jurisdiction reporting enhancements
- Candidate user experience will be simplistic and intuitive
  - Communication and required next steps
- Secure Messaging tool within Clarus to offer in-system communication ability between the different levels of users (ASPPB, Jurisdiction, and Candidate).
- Within the Messaging tool, FAQ section that allows users to select a topic from our drop-down list



Communications and Resources from Exam Services

- Updated FAQs on website
- Training documentation within Clarus
- FAQ within Clarus
- Graphics on website
- Articles at EPPP® News
- Information sent out via PsyHub





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.

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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

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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.

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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.

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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.

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Welcome

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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

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Today's Agenda

Time for Questions and Comments

Discuss Future Town Hall Events

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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

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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%



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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

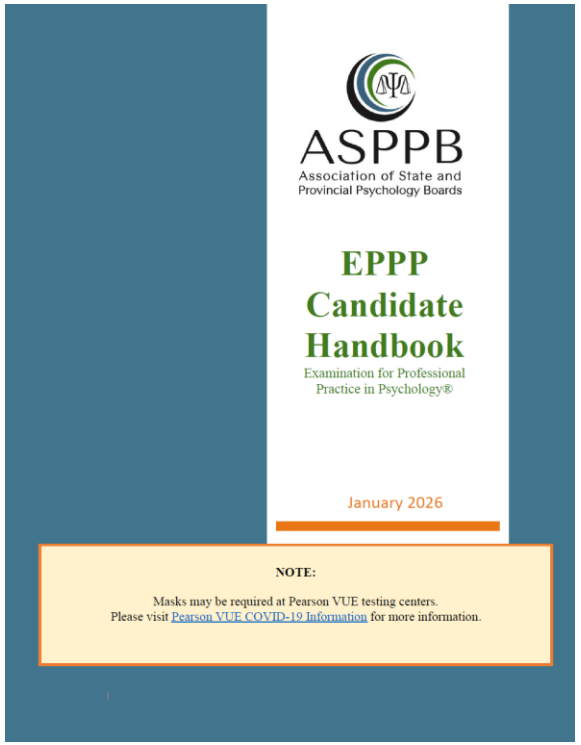


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EPPP Blueprint and EPPP Candidate Handbook

Always publicly available on the ASPPB website

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



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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

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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

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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

Potential Changes Needed for California to Implement the Integrated EPPP

1. Regulatory Updates

- **Review eligibility requirements:** The Board would need to review its eligibility requirements to determine when candidates can take the integrated EPPP. ASPPB has indicated that the exam is intended to be taken after internship and before postdoctoral training at one of their Townhall meetings. If the Board chooses to align with this approach, regulatory changes will be required, and regulatory changes typically take two to three years to complete.

- **Transition period:** A transition plan may be needed for applicants who remain eligible for the current EPPP. The Board will need to determine both the grace period and the final cutoff date for accepting applications under the current exam structure. The timing may depend on how long ASPPB continues offering both exams to California candidates.

- **Regulatory package requirements:** The Board will need to update current regulations. It could be a Section 100 to clarify nonsubstantive changes or a full regulatory package. If the EPPP's name is changed to the integrated EPPP, then we would need to make Section 100 changes to reflect the new name. Depending on changes to the registration and eligibility for the integrated EPPP, we may need to update our regulations for initial applications.

2. ASPPB Contract

- **New contract:** Implementing the integrated EPPP will require a new contract with ASPPB. The Board's current contract expires on June 30, 2027, and future contract planning may need to remain flexible until ASPPB provides clearer implementation timelines. Changes to contract would need to be submitted to the Department prior to its expiration and its review process could take up to 60 days.

3. BreEZe System Updates

- **Online system changes:** The BreEZe system would require updates to incorporate the new exam and eligibility requirements. This may include modifying application questions, adjusting internal processing workflows, updating system configurations, and revising interfaces, depending on the final structure of the integrated EPPP.

4. Review by the Office of Professional Examination Services (OPES)

- **Pending evaluation:** OPES must review and evaluate components of the integrated EPPP to fulfill its statutory mandate for periodic examination evaluation. According to OPES, the Occupational Analysis (OA) of psychology practice in California is currently underway. Once the OA is completed, OPES will conduct the National Review during Fiscal Year 2026–2027, comparing the OA-derived description of California psychology practice with the content of the EPPP. This analysis will determine whether the EPPP adequately reflects California practice.

  The National Review requires a separate contract between OPES and the Board. OPES anticipates completing the National Review by the end of Fiscal Year 2026-2027, assuming ASPPB provides the necessary information to OPES on schedule. If timelines are met, implementation of the integrated EPPP could begin in Fiscal Year 2027-2028.

5. License Verification/File Transfers Applications

- **Increase in Workload:** There is a likelihood that we may see an increase in License Verification or File Transfer Applications. In the event this new exam causes a barrier to licensure, Psychological Associates may seek licensure in another state that may not have adopted the new examination requirements.

6. Statutory Changes:

- **Clean Up:** A review of statutes will be needed to see if any changes are needed, an example would be amendments to language surrounding exam eligibility.

7. Outreach Activity:

- The board will need to educate potential applicants of any changes to the licensure requirements. Various ways we provide outreach include advisories, listserv notices, newsletter articles, social media posts (Facebook, X, and LinkedIn), website updates, FAQ's, etc.

Occupational Analysis, National and State Examination Reviews, and Examination Development

California Board of PSYCHOLOGY

November 13, 2026

Amy Welch Gandy, PhD, Chief
Miranda Morris, MA, Research Data Specialist II

Overview

- About OPES
- Examination Development Process
- National and State Licensure Examination Review Process
- Questions

OPES provides:

Professional consulting services in examination validation and development

Recommendations based on legal requirements, professional guidelines, and technical standards

OPES Mandate:

Business & Professions Code (BPC) §139

"The Legislature finds and declares that occupational analyses and examination validation studies are fundamental components of licensure programs."

Implementing BPC §139

DCA Policy OPES 22-01
Licensure Examination Validation

DCA Policy OPES 20-01
Participation in Examination Development Workshops

DCA DPM OPES 22-01
Examination Security

Standards for Educational and Psychological Testing (2014)

Requirements for Licensure Examinations

- Must provide a reliable method for identifying practitioners who are able to practice safely and competently
- Must focus on **entry-level** tasks and knowledge important for **public protection**
- Relies on subject matter experts (SMEs) in all phases of examination development to ensure that examinations reflects current practice

Examination Development Cycle



Examination Development

- Ensure that candidates who receive a license have the minimum level of competence regarding legal and ethical obligations
- Candidates are able to apply legal and ethical principles in a manner that does not cause harm to the public

California Board of PSYCHOLOGY

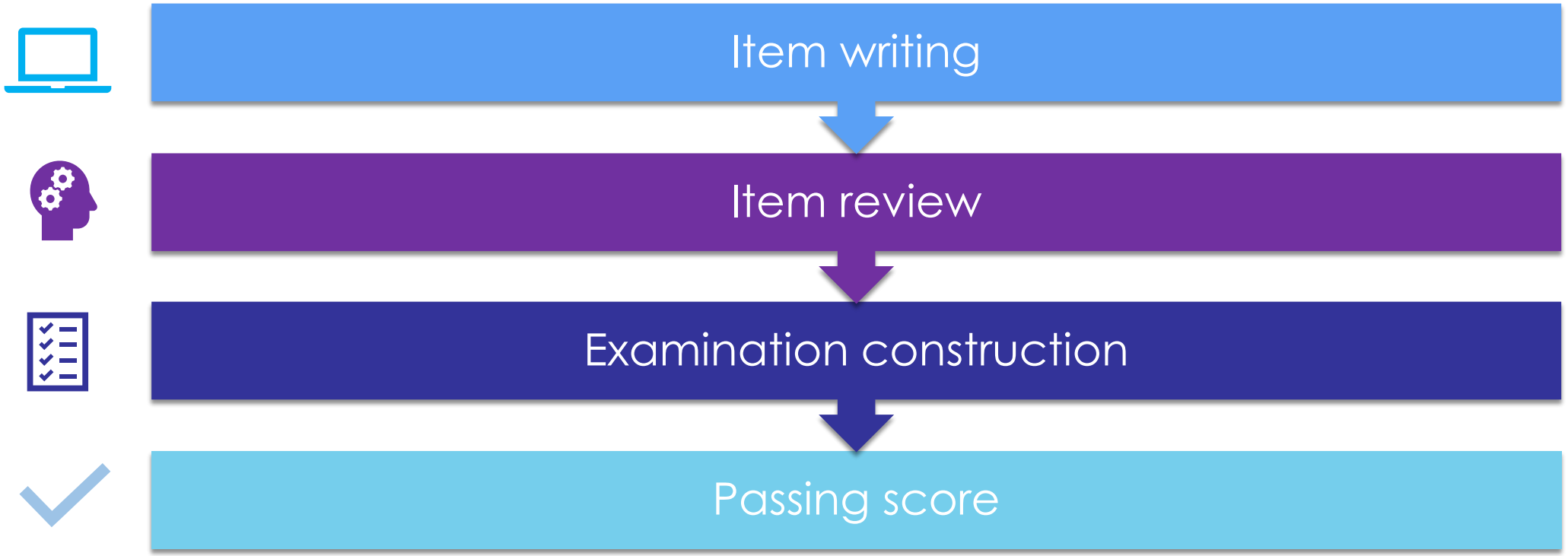
Board works with OPES to recruit representative SMEs



CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS
Office of Professional Examination Services

OPES facilitates process and ensures psychometric standards are met

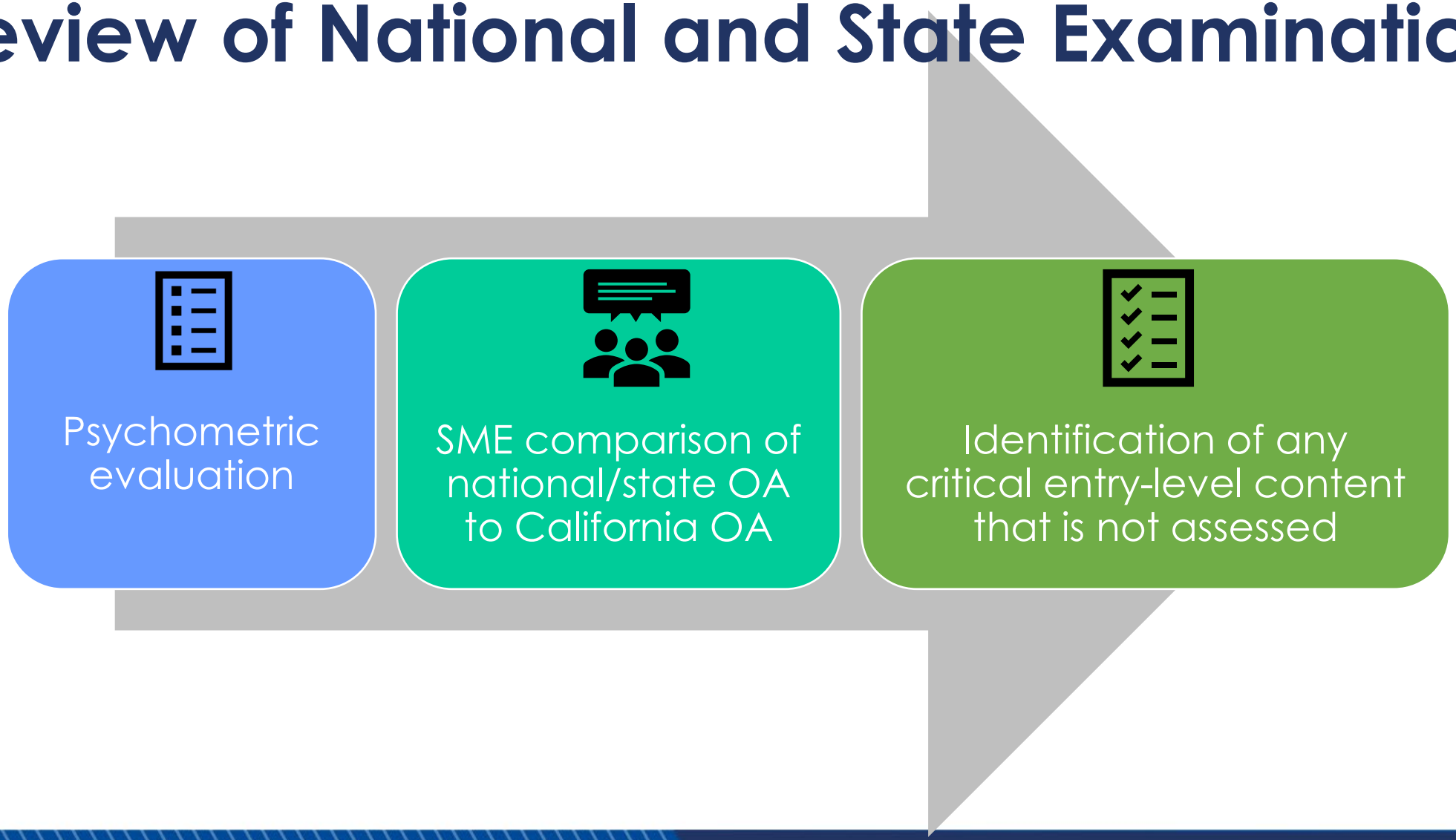
CPLEE & California Clinical Examination Development



BPC §139 Requirements for National and State Examination Reviews

- Must meet psychometric and legal standards
- California practitioners must be represented
- Must be reviewed for California content

Review of National and State Examinations



Psychometric Evaluation



Evaluate occupational analysis



Review procedures for developing examination



Review procedures for establishing passing scores



Review examination scoring and passing rates



Review administration and security procedures



Review information available to candidates

Questions



DRAFT - INTRA-AGENCY CONTRACT (IAC) XXXXX
PROJECT PLAN
for
BOARD OF PSYCHOLOGY
PSYCHOLOGIST
WRITTEN EXAMINATION DEVELOPMENT
FISCAL YEARS TBD AFTER

Project Objectives: ***Write and review new items, construct two new forms of the California Clinical Psychology Examination, and establish passing score for the two forms of the examination.***

Proposed Completion Date: June 30, 20XX

Board Contact(s): Name
(916) ###-####

OPES Contact(s): Name
(916) ###-####

MAJOR PROJECT EVENTS	TARGET DATE	RESPONSIBILITY
1. Reference Library Development		
Recruit SMEs for 1/2-day workshop	Q1(FY1)	Board
Work with SMEs to select references	Q1(FY1)	OPES/SMEs
Conduct one 1/2-day workshop	**Q1(FY1)**	Board
Purchase selected books	Q1(FY1)	Board
2. Item Writing Workshop		
Recruit SMEs for 2-day workshop	Q1(FY1)	Board
Provide list of SMEs to OPES	Q1(FY1)	Board
Conduct 2-day workshop with SMEs	**Q1(FY1)**	OPES/SMEs
Perform post-workshop activities	Q1(FY1)	OPES
3. Item Review Workshop		
Recruit SMEs for 2-day workshop	Q1(FY1)	Board
Provide list of SMEs to OPES	Q1(FY1)	Board
Conduct 2-day workshop with SMEs	**Q1(FY1)**	OPES/SMEs
Perform post-workshop activities	Q1(FY1)	OPES
4. Item Writing Workshop		
Recruit SMEs for 2-day workshop	Q2(FY1)	Board
Provide list of SMEs to OPES	Q2(FY1)	Board
Conduct 2-day workshop with SMEs	**Q2(FY1)**	OPES/SMEs
Perform post-workshop activities	Q2(FY1)	OPES
5. Item Review Workshop		
Recruit SMEs for 2-day workshop	Q2(FY1)	Board
Provide list of SMEs to OPES	Q2(FY1)	Board
Conduct 2-day workshop with SMEs	**Q2(FY1)**	OPES/SMEs
Perform post-workshop activities	Q2(FY1)	OPES
6. Item Writing Workshop		
Recruit SMEs for 2-day workshop	Q2(FY1)	Board
Provide list of SMEs to OPES	Q2(FY1)	Board
Conduct 2-day workshop with SMEs	**Q2(FY1)**	OPES/SMEs
Perform post-workshop activities	Q2(FY1)	OPES

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7. Item Review Workshop		
Recruit SMEs for 2-day workshop	Q3(FY1)	Board
Provide list of SMEs to OPES	Q3(FY1)	Board
Conduct 2-day workshop with SMEs	**Q3(FY1)**	OPES/SMEs
Perform post-workshop activities	Q3(FY1)	OPES
8. Item Writing Workshop		
Recruit SMEs for 2-day workshop	Q3(FY1)	Board
Provide list of SMEs to OPES	Q3(FY1)	Board
Conduct 2-day workshop with SMEs	**Q3(FY1)**	OPES/SMEs
Perform post-workshop activities	Q3(FY1)	OPES
9. Item Review Workshop		
Recruit SMEs for 2-day workshop	Q3(FY1)	Board
Provide list of SMEs to OPES	Q3(FY1)	Board
Conduct 2-day workshop with SMEs	**Q3(FY1)**	OPES/SMEs
Perform post-workshop activities	Q3(FY1)	OPES
10. Examination Construction Workshop		
Recruit SMEs for 2-day workshop	Q4(FY1)	Board
Provide list of SMEs to OPES	Q4(FY1)	Board
Conduct 2-day workshop with SMEs	**Q4(FY1)**	OPES/SMEs
Perform post-workshop activities	Q4(FY1)	OPES
11. Passing Score Workshop		
Recruit SMEs for 2-day workshop	Q4(FY1)	Board
Provide list of SMEs to OPES	Q4(FY1)	Board
Conduct 2-day workshop with SMEs	**Q4(FY1)**	OPES/SMEs
Analyze data, prepare passing score memo	Q4(FY1)	OPES
12. Passing Score Workshop		
Recruit SMEs for 2-day workshop	Q4(FY1)	Board
Provide list of SMEs to OPES	Q4(FY1)	Board
Conduct 2-day workshop with SMEs	**Q4(FY1)**	OPES/SMEs
Analyze data, prepare passing score memo	Q4(FY1)	OPES
13. Beta Testing		
Recruit SMEs for beta testing	Q1(FY2)	Board
Provide list of SMEs to OPES	Q1(FY2)	Board
Conduct beta testing with SMEs	**Q1(FY2)**	OPES/SMEs
Analyze beta testing results	Q1FY2	OPES
14. Publish Examination		
Prepare final copy for one form of examination	Q1(FY2)	OPES
Prepare examination for CBT	Q1(FY2)	OPES
Hold candidate results and analyze examination data of first 100 candidates	Q1(FY2)	OPES
Release candidate scores	Q1(FY2)	Board
15. Examination Construction Workshop		
Recruit SMEs for 2-day workshop	Q1(FY2)	Board
Provide list of SMEs to OPES	Q2(FY2)	Board
Conduct 2-day workshop with SMEs	**Q2(FY2)**	OPES/SMEs
Perform post-workshop activities	Q2(FY2)	OPES
16. Passing Score Workshop		
Recruit SMEs for 2-day workshop	Q2(FY2)	Board
Provide list of SMEs to OPES	Q2(FY2)	Board
Conduct 2-day workshop with SMEs	**Q2(FY2)**	OPES/SMEs
Analyze data, prepare passing score memo	Q3(FY2)	OPES

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17. Passing Score Workshop		
Recruit SMEs for 2-day workshop	Q3(FY2)	Board
Provide list of SMEs to OPES	Q3(FY2)	Board
Conduct 2-day workshop with SMEs	**Q3(FY2)**	OPES/SMEs
Analyze data, prepare passing score memo	Q3(FY2)	OPES
18. Publish Examination		
Prepare final copy for one form of examination	Q3(FY2)	OPES
Prepare examination for CBT	Q3(FY2)	OPES
Hold candidate results and analyze examination data of first 100 candidates	Q3(FY2)	OPES
Release candidate scores	Q3(FY2)	Board

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DRAFT INTRA-AGENCY CONTRACT (IAC) XXXXX

ROLES AND RESPONSIBILITIES
for
BOARD OF PSYCHOLOGY

PYSCHOLOGIST
WRITTEN EXAMINATION DEVELOPMENT

FISCAL YEARS TBD AFTER OA

INTRODUCTION

The Office of Professional Examination Services (OPES) of the Department of Consumer Affairs (DCA) provides psychometric consulting in examination development and occupational analysis to DCA's regulatory entities through intra-agency contracts (IACs).

The purpose of a licensure examination is to identify individuals who have the minimum skills and knowledge to perform job tasks safely and competently. An occupational analysis (OA) of the profession is required to determine the most critical job tasks and knowledge. The OA must be conducted before examination development and be reviewed every 5 years. To ensure legal defensibility, the content of the examination must be based on the results of a current OA.

Examination development is conducted in several workshops and requires a total of 200 (150 workshop SMEs, 50 beta testing SMEs) licensed psychologists to serve as expert consultants, also known as subject matter experts (SMEs). A minimum of 6 SMEs, with a goal of 8–10 SMEs, are needed for each workshop. If 6 SMEs are not available to participate, a workshop may need to be held with fewer SMEs. The SMEs in each workshop should be different to ensure objectivity of the examination development process and to ensure that all aspects of the profession are represented.

The examination development services to be provided will include: reference library development, item writing, item review, examination construction, passing score processes, and beta testing.

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ROLE OF THE BOARD OF PSYCHOLOGY

The primary role of the Board of Psychology (Board) is to recruit a representative sample of SMEs for development of the examination. It is essential that a Board representative consult with OPES before beginning SME recruitment. The secondary role of the Board is to inform SMEs about the nature of their participation and about OPES security and conflict of interest requirements.

The selection of SMEs critically affects the quality and defensibility of a licensure examination program. The SMEs selected to participate in an examination development workshop panel should:

- Reflect the psychology in terms of geographic location, practice specialty area, ethnicity, and gender.
- Be currently working in the field and have up-to-date skills.

- Maintain a license in good standing that is neither retired nor inactive.

Additionally, approximately half of all SMEs in each workshop should have received their license within the past 5 years to ensure that an entry-level perspective is maintained.

The Board agrees to recruit SMEs to build a competent pool of representative, productive participants.

Due to potential conflict of interest, undue influence, security considerations, or all the above, board members, committee members, and instructors will not serve as SMEs for, nor participate in, any aspect of licensure examination development or administration, pursuant to DCA Policy OPES 22-01 Participation in Examination Development Workshops.

In the recruitment process, the Board contacts SMEs and schedules participation in workshops. Certain workshop types may be held remotely if it is in the best interest of the Board, OPES, or SMEs. Workshop format should be discussed and agreed upon by the Board and OPES before recruitment and scheduling. Workshop format can also change due to extenuating circumstances. This can lead to additional communication needs and recruitment efforts.

The Board is also responsible for acquiring any reference materials to be used by the SMEs in the development of examination items.

The nature of the work collaboratively performed under this contract can result in unanticipated changes. For example, work may be completed ahead of or behind schedule. Flexibility on the part of both parties is essential to the success of this agreement.

ROLE OF THE OFFICE OF PROFESSIONAL EXAMINATION SERVICES

The primary role of OPES is to develop the written examination. OPES will link the examination to the results of an OA to ensure the content validity of the examination. During examination development, OPES will work with the SMEs to write items, review items, construct two forms of the examination, and establish passing scores for the two examination forms.

After each workshop, OPES and Board staff will review the performance of each SME to determine those who should be invited back.

SECURITY

OPES has implemented controls to ensure the integrity, security, and confidentiality of licensure examination workshops. These controls include prohibiting certain items, such as electronic devices and items that could potentially conceal recording devices, in all workshops.

SMEs are required to:

- Provide valid photo identification.
- Allow their electronic devices to be secured in the reception area during workshops.
- Sign one or more agreements accepting responsibility for maintaining strict confidentiality of licensure examination materials and information to which they have access.

Any person who fails to comply with OPES' security requirements will not be allowed to participate in licensure examination workshops. In addition, any person who subverts or attempts to subvert a licensure examination will face serious consequences, which may include loss of license, criminal charges per Business and Professions (B&P) Code § 123, or both.

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OPES will notify the Board of any SME whose conduct during a workshop violates policy or whose presence is disruptive. OPES reserves the right to immediately dismiss any SME whose presence poses a security risk. OPES will take steps to manage disruptive behavior; however, if such behavior persists or prevents other SMEs from completing their tasks, or both, OPES may dismiss the person from the workshop.

SUMMARY OF EVENTS

- Board recruits one panel of SMEs to identify resources for examination development for one workshop.
- OPES works with SMEs to select references.
- OPES provides the Board with a list of approved references to purchase.
- Board recruits four panels of SMEs to serve as item writers for four workshops.
- OPES works with SMEs to write new items.
- Board recruits four panels of SMEs to serve as item reviewers for four workshops. The reviewers should be different SMEs than the item writers.
- OPES works with SMEs to review items.
- Board recruits two panels of SMEs to select items to construct new examination forms for two workshops.
- OPES works with SMEs to select items to construct the new forms.
- Board recruits four panels of SMEs to serve as judges in four passing score workshops. The SMEs should be different SMEs than the examination construction participants to ensure objectivity of the passing score ratings.
- OPES works with SMEs to establish passing scores. OPES analyzes the ratings and prepares a passing score memo.
- Board recruits one panel of SMEs to participate in the beta testing process. Beta testing will be conducted at various testing centers across California to gather pilot data for the examination.
- OPES works with SMEs to beta test the first form of the examination.
- OPES publishes the examinations.
- Board and OPES hold scores for the first 100 candidates to evaluate the results of the examination.

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DRAFT - INTRA-AGENCY CONTRACT AGREEMENT (IAC) #XXXXX
BOARD OF PSYCHOLOGY
California Psychology Clinical Examination
EXAMINATION DEVELOPMENT COSTS
FISCAL YEARS TBD

	Test Validation Staff				Editor		Support Staff			
	$86.00		OT @ $122.00		$80.00		$62.00			
	Hours	Cost	Hours	Cost	Hours	Cost	Hours	Cost	Totals	GRAND TOTAL
1. Reference Library Development										
Work with SMEs to select references	8	$ 688							$ 688	
Conduct **one** 1/2-day workshop	4	$ 344					2	$ 124	$ 468	
										$ 1,156
2. Item Writing Workshop										
Prepare for one 2-day workshop	8	$ 688					2	$ 124	$ 812	
Conduct **one 2-day** workshop	16	$ 1,376	4	$ 488					$ 1,864	
Develop item bank, post-workshop activities	8	$ 688			8	$ 640			$ 1,328	
Perform post-workshop activities	20	$ 1,720							$ 1,720	
										$ 5,724
3. Item Review Workshop										
Prepare for one 2-day workshop	8	$ 688					2	$ 124	$ 812	
Conduct **one 2-day** workshop	16	$ 1,376	4	$ 488					$ 1,864	
Perform post workshop activities	24	$ 2,064			8	$ 640			$ 2,704	
										$ 5,380
4. Item Writing Workshop										
Prepare for one 2-day workshop	8	$ 688					2	$ 124	$ 812	
Conduct **one 2-day** workshop	16	$ 1,376	4	$ 488					$ 1,864	
Develop item bank, post-workshop activities	8	$ 688			8	$ 640			$ 1,328	
Perform item banking	20	$ 1,720							$ 1,720	
										$ 5,724
5. Item Review Workshop										
Prepare for one 2-day workshop	8	$ 688					2	$ 124	$ 812	
Conduct **one 2-day** workshop	16	$ 1,376	4	$ 488					$ 1,864	
Perform post workshop activities	24	$ 2,064			8	$ 640			$ 2,704	
										$ 5,380
6. Item Writing Workshop										
Prepare for one 2-day workshop	8	$ 688					2	$ 124	$ 812	
Conduct **one 2-day** workshop	16	$ 1,376	4	$ 488					$ 1,864	
Develop item bank, post-workshop activities	8	$ 688			8	$ 640			$ 1,328	
Perform item banking	20	$ 1,720							$ 1,720	
										$ 5,724
7. Item Review Workshop										
Prepare for one 2-day workshop	8	$ 688					2	$ 124	$ 812	
Conduct **one 2-day** workshop	16	$ 1,376	4	$ 488					$ 1,864	
Perform post workshop activities	24	$ 2,064			8	$ 640			$ 2,704	
										$ 5,380
8. Item Writing Workshop										
Prepare for one 2-day workshop	8	$ 688					2	$ 124	$ 812	
Conduct **one 2-day** workshop	16	$ 1,376	4	$ 488					$ 1,864	
Develop item bank, post-workshop activities	8	$ 688			8	$ 640			$ 1,328	
Perform item banking	20	$ 1,720							$ 1,720	
										$ 5,724
9. Item Review Workshop										
Prepare for one 2-day workshop	8	$ 688					2	$ 124	$ 812	
Conduct **one 2-day** workshop	16	$ 1,376	4	$ 488					$ 1,864	
Perform post workshop activities	24	$ 2,064			8	$ 640			$ 2,704	
										$ 5,380

DRAFT

10. Exam Construction Workshop										
Prepare for one 2-day workshop	16	$ 1,376					4	$ 248	$ 1,624	
Conduct **one 2-day** workshop	16	$ 1,376	4	$ 488					$ 1,864	
Perform post workshop activities	8	$ 688							$ 688	
Develop examination	24	$ 2,064			8	$ 640			$ 2,704	
										$ 6,880
11. Passing Score Workshop										
Prepare for one 2-day workshop	8	$ 688					2	$ 124	$ 812	
Conduct **one 2-day** workshop	16	$ 1,376	4	$ 488					$ 1,864	
Analyze data, prepare report of findings	8	$ 688							$ 688	
										$ 3,364
12. Passing Score Workshop										
Prepare for one 2-day workshop	8	$ 688					2	$ 124	$ 812	
Conduct **one 2-day** workshop	16	$ 1,376	4	$ 488					$ 1,864	
Analyze data, prepare report of findings	8	$ 688							$ 688	
										$ 3,364
13. Beta Testing										
Prepare for beta testing	40	$ 3,440							$ 3,440	
Conduct **beta testing**	80	$ 6,880							$ 6,880	
Analyze beta testing results	40	$ 3,440							$ 3,440	
										$ 13,760
14. Publish Examination										
Prepare final copy of examination	16	$ 1,376			8	$ 640			$ 2,016	
Prepare examination for CBT	12	$ 1,032							$ 1,032	
										$ 3,048
15. Exam Construction Workshop										
Prepare for one 2-day workshop	16	$ 1,376					4	$ 248	$ 1,624	
Conduct **one 2-day** workshop	16	$ 1,376	4	$ 488					$ 1,864	
Perform post workshop activities	8	$ 688							$ 688	
Develop examination	24	$ 2,064			8	$ 640			$ 2,704	
										$ 6,880
16. Passing Score Workshop										
Prepare for one 2-day workshop	8	$ 688					2	$ 124	$ 812	
Conduct **one 2-day** workshop	16	$ 1,376	4	$ 488					$ 1,864	
Analyze data, prepare report of findings	8	$ 688							$ 688	
										$ 3,364
17. Passing Score Workshop										
Prepare for one 2-day workshop	8	$ 688					2	$ 124	$ 812	
Conduct **one 2-day** workshop	16	$ 1,376	4	$ 488					$ 1,864	
Analyze data, prepare report of findings	8	$ 688							$ 688	
										$ 3,364
18. Publish Examination										
Prepare final copy of exam	16	$ 1,376			8	$ 640			$ 2,016	
Prepare examination for CBT	12	$ 1,032							$ 1,032	
										$ 3,048
Administrative Support										
Technical oversight (60 hours @ $91/hour)									$ 5,460	
Cost oversight (40 hours @ $73/hour)									$ 2,920	
										$ 8,380
TOTAL	**884**	**$ 76,024**	**56**	**$ 6,832**	**96**	**$ 7,680**	**34**	**$ 2,108**	**$ 101,024**	**$ 101,024**

DRAFT

NOTE:

Cost estimates for project do not include SME costs (travel, hotel, per diem, honorarium, etc.)

Board should add SME costs for 200 participants (15 workshops x 8-10 participants and 50 beta testing participants)

Board will be responsible for purchasing references which is estimated to cost between $3,000-$5,000

- **What brought us here?**
- **What is our goal?**
- **How will we get there?**



What brought us here?

CONCERNS WITH THE EPPP PART 2 SKILLS EXAM

DEBATE OVER TEST FORMAT AND PASSAGE RESULTS

RECOGNITION THAT THE EPPP WEEDS OUT MANY POTENTIAL PSYCHOLOGISTS

EPPP passage rates

	EPPP1 (N=11,590)*			EPPP2 (N=309)		
Graduation Program	1st Attempt	1st_2nd Attempts	1st_2nd_3rd Attempts	1st Attempt	1st_2nd Attempts	1st_2nd_3rd Attempts
Accredited	73%	80%	83%	69%	80%	84%
Non-Accredited	64%	71%	74%	41%	50%	59%

**data provided by ASPPB as of April 2024*

Our conclusion:

One test does not fit all.

All people

All situations

All regulatory needs





What is our goal?

To explore the development of an alternative exam pathway to licensure.

To design a psychology licensure exam responsive to the diverse needs of state regulators.

To enhance the ability to bring competent mental health providers into the workforce.

How will we get there?

Designing a new exam

Standard questions to answer:

- What knowledge and competencies establish readiness for entry to practice?
- How do we ensure the validity of the questions and overall outcome measurement?

Additional opportunities if starting fresh:

- What test format, length, and design are optimal?
- Have there been advances in psychometrics/testing?
- What populations are we serving? Is there value in accounting for different populations?

Gathering stakeholder input

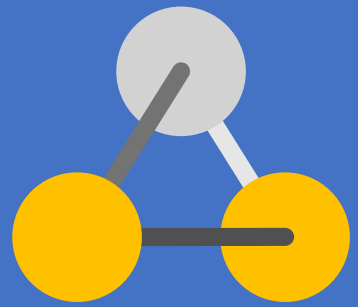
- Open Survey
  Broad questions of psychology community
- Presentations to fellow boards
  Open invitation to participate
- Advisory Workgroups
  - Assessment Goals
  - Format and Administration
  - Regulations and Approval



Technical advisory committee

Expertise in psychometrics and exam development

- Can this be accomplished?
- What would it require?
- Are there any trade offs?
- Will it lead to an effective measure?



Exam Design Elements

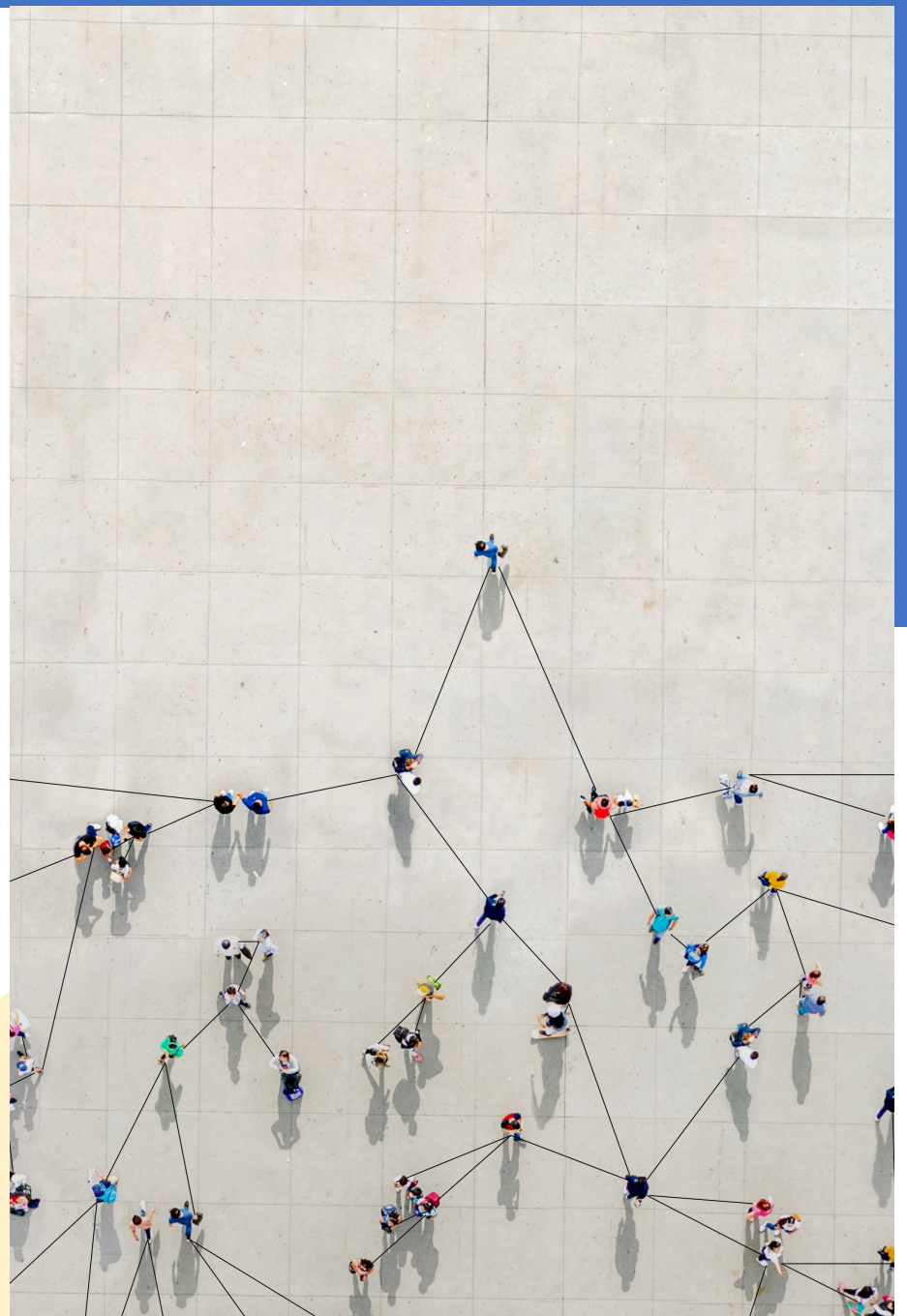
- **Assess competency at both supervised and independent practice levels**
- **Focus on practical application of psychological knowledge**
- **Broad community involvement in JTA**
- **Assess ability to integrate various practice domains**
- **Incorporate interactive formats**
- **Robust validity measures and pilot testing**

General timeline

Milestone	Est. Date
Exam Design Concept Approval	June 2026
Vendor Proposals and Selection	Fall 2026
Legislative Appropriation Request	Spring 2027
Contract Agreement	Summer 2027
Job Task Analysis	Fall 2027
Exam Pilot and Beta Testing	Fall 2028

Our commitments

- ✓ Texas **will continue** to require passage of a licensure exam to become a psychologist.
- ✓ The EPPP **will continue** to be a recognized licensure exam in Texas.
- ✓ Texas **will remain engaged** in PSYPACT and licensure mobility.
- ✓ Texas remains **open to reciprocity** agreements with any and all jurisdictions.



Thank you.

examproject@bhec.texas.gov

California Board of PSYCHOLOGY

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MEMORANDUM

DATE	October 29, 2026
TO	Board Members
FROM	Jonathan Burke Executive Officer
SUBJECT	Agenda Item 20a. Strategic Plan Update:

Strategic Plan Update:

The attached Strategic Plan Action Plan update identifies the action steps that were created to meet the Board's identified goals and objectives in its 2024-2028 Strategic Plan. This document will be updated and provided to the Outreach and Communications Committee (Committee) and to the Board after each Committee meeting. Updates to the document that were made since the November 2025 Board Meeting are indicated in the status column via track changes.

The Board recently distributed a survey through the Licensees ListServ containing two Strategic Plan–related questions. The first question listed four communication methods the Board currently uses to reach licensees, with an additional option to specify "other." A total of 1,376 licensees responded. Mass emails were the preferred communication method for 78.13% of respondents, followed by Quarterly Newsletters (the Journal) at 18.78%.

The second question asked licensees about their preferred language for Board communications. The Board provided the top five languages identified by the Department of Consumer Affairs as the most commonly used in California, along with an "other" option. There were 1,378 responses. English was the top preference for 99.27% of respondents, with Spanish selected by 0.29%.

The next step for Board staff will be to develop additional communication methods, if appropriate. This is an informational only item. No action is needed.

Committee Recommendation to the Board on which Platform(s) to Communicate Board Objectives and Achievements

The Strategic Plan includes an Action Item to be completed by the Committee: Increase communication regarding the Board's objectives and achievements (Object 5.5) with a success measure of Communication has increased regarding the Board's objectives and achievements. The Committee was identified as the responsible party for this task: Identify platform(s) to communicate board objectives and achievements.

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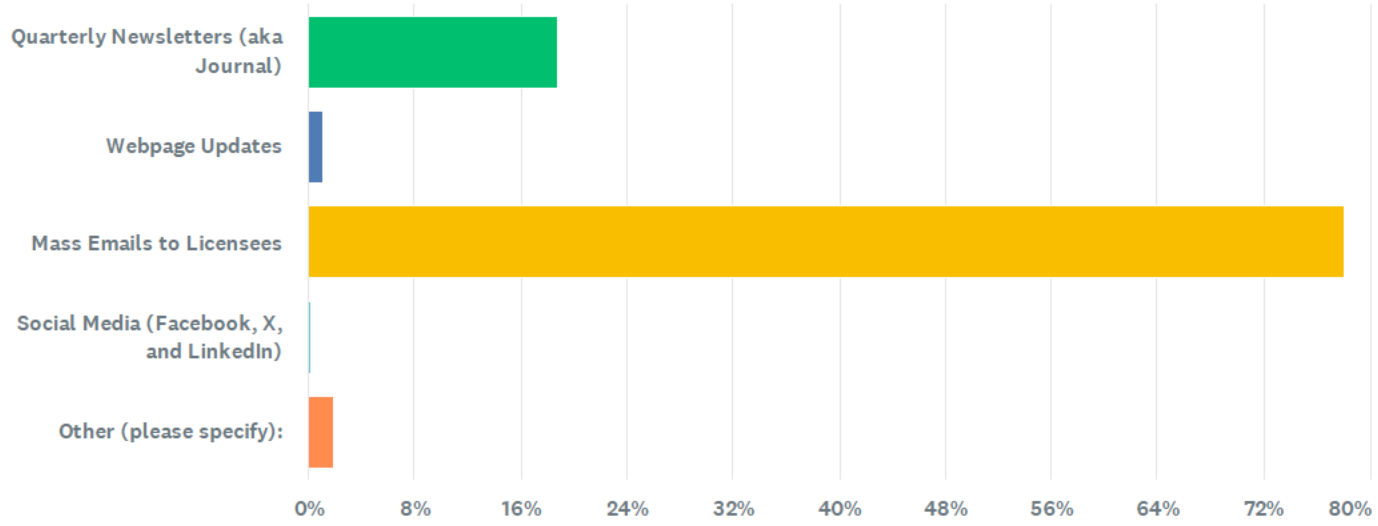
Action Requested:

At the October 9, 2026, Outreach and Communications Committee meeting the matter was discussed and the following motion was passed: “Recommend to the full board to propose webinars to communicate board objectives.”

Attachments:
Attachment 1: Communications Survey and Responses
Attachment 2: Strategic Plan: Action Plan

Q1 1376 responses

Currently, the Board relies on the four communication methods listed below. Which of the following is your preferred method of communication for receiving Board updates?



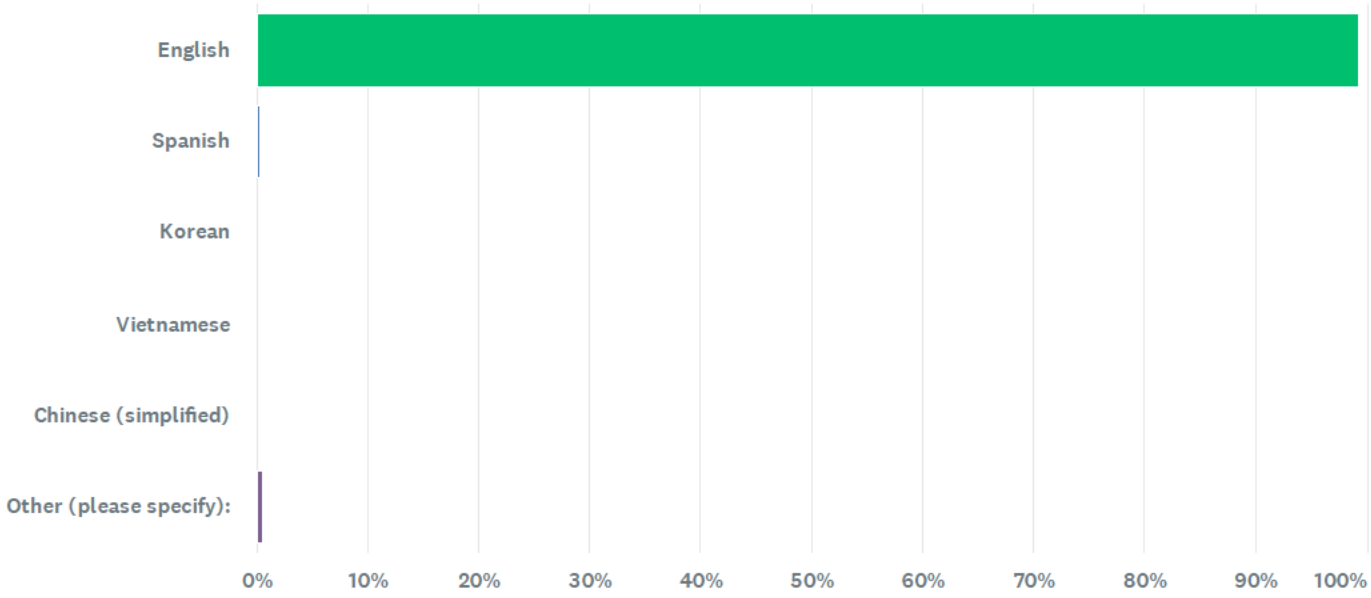
Answer Choices	Percentage	Responses
Quarterly Newsletters (aka Journal)	18.75%	258
Webpage Updates	1.09%	15
Mass Emails to Licensees	78.13%	1075
Social Media (Facebook, X, and LinkedIn)	0.15%	2
Other (please specify):	1.89%	26
Total		**1376**

#	OTHER (PLEASE SPECIFY):	DATE
1	USPO regular letter mail	8/14/2026 12:30 PM
2	I do not have any kind of social media because I am a forensic psychologist. PLEASE do not rely on ANY kind of social media for communication to licensees. Social Media communication is far less secure than email, which is my preference. Thank you!	8/10/2026 9:44 AM
3	E-Mail and USPS Mail please.	8/7/2026 12:42 AM
4	email followed by a text heads up	8/6/2026 4:40 PM
5	Mass emails & quarterly newsletters.	8/5/2026 8:49 AM
6	Whats App	8/3/2026 8:10 PM

7	receiving information from California Psych Association	8/3/2026 2:16 PM
8	Stop sending emails to deceased people	8/3/2026 9:48 AM
9	paper copies	8/2/2026 3:21 PM
10	paper; don't use internet	8/1/2026 1:59 PM
11	Email	7/31/2026 3:49 PM
12	Texts	7/31/2026 3:38 PM
13	Paper mail.	7/31/2026 2:47 PM
14	Regular mail to notify my renewal license along with the form by regular mail	7/31/2026 2:14 PM
15	I phone	7/31/2026 1:16 PM
16	Mail	7/31/2026 1:09 PM
17	This question is too simplistic. It depends on the type of information being communicated.	7/31/2026 11:29 AM
18	Text messaage	7/31/2026 11:20 AM
19	Social media is a very strong second to email. The BBS posts on their social media and it's super helpful. Our board is behind the times.	7/31/2026 11:10 AM
20	No social media please. Quarterly newsletters helpful.	7/31/2026 11:05 AM
21	Emails	7/31/2026 10:38 AM
22	Text	7/31/2026 10:17 AM
23	email:	7/31/2026 10:15 AM
24	I prefer the first 3	7/31/2026 10:14 AM
25	Mass email with monthly updates	7/31/2026 10:13 AM
26	Quarterly newsletters and mass emails.	7/31/2026 10:11 AM

Q2 1378 responses

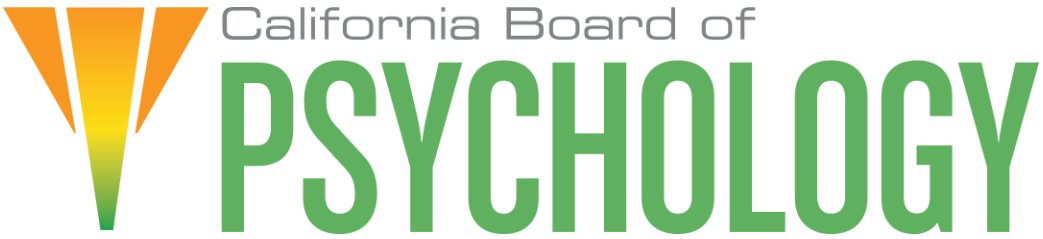
The languages below have been identified by the Department of Consumer Affairs as the most commonly used languages in California. Which of the following is your preferred language for receiving Board communications?



Answer Choices	Percentage	Responses
English	99.27%	1368
Spanish	0.29%	4
Korean	0%	0
Vietnamese	0%	0
Chinese (simplified)	0%	0
Other (please specify):	0.44%	6
Total		**1378**

#	OTHER (PLEASE SPECIFY):	DATE
1	I do not receive communications through any social media accounts.	8/1/2026 10:13 AM
2	Hebrew	7/31/2026 6:02 PM
3	English is my preferred language. But I want to register my extreme displeasure with the Board. I spent three months getting through to the Board to correct an inaccurate listing of my license as expired--almost three months after my check cleared and all forms had been filed.	7/31/2026 11:15 AM

	Had to contact complaints line to speak to a human being. Board was unresponsive to repeated phone messages and emails.	
4	There is no reason to use any other language other than ENGLISH	7/31/2026 11:11 AM
5	I prefer English but it should be a setting in Breeze so each person can select their preferred language.	7/31/2026 10:12 AM
6	English only in all cases.	7/31/2026 10:06 AM



California Board of Psychology

Action Plan

2024 to 2028

Prepared by:

SOLID Planning Solutions

Department of Consumer Affairs

Contents

Goal 1: Licensing 3
Objective 1.1 3
Objective 1.2 4
Objective 1.3 5
Objective 1.4 6
Goal 2: Continuing Professional Development 7
Objective 2.1 7
Goal 3: Policy and Advocacy 8
Objective 3.1 8
Objective 3.2 9
Objective 3.3 10
Goal 4: Enforcement 11
Objective 4.1 11
Objective 4.2 12
Objective 4.3 13
Objective 4.4 14
Goal 5: Outreach and Communication 15
Objective 5.1 15
Objective 5.2 16
Objective 5.3 17
Objective 5.4 18
Objective 5.5 19
Objective 6.1 20

Goal 1: Licensing

Objective 1.1

Reduce the processing time for the initial review and licensure of new psychologist and psychological associates.

Success Measure: Shortened timelines and increased use of BreEZe.

Due Date: Q1 2028

Task #	Task Description	Responsible Party	Due Date
1.1.1	Create and post application checklist(s) for psychologist applicants on the Board's website.	Licensing Manager, Licensing and BreEZe Coordinator	~~Q2 2024~~Complete
1.1.2	Create and post application checklist(s) for psychological associate registration applicants on the Board's website.	Licensing Manager, Licensing and BreEZe Coordinator	~~Q4 2024~~Complete
1.1.3	Develop and configure additional psychologist applications to be available through BreEZe.	Licensing Manager, Licensing and BreEZe Coordinator	Q2~~1~~ 2027~~6~~
1.1.4	Update forms that were incorporated by reference to allow for online submission of psychological associate registration applications.	Licensing Manager, Licensing and BreEZe Coordinator	Q4 2027
1.1.5	Develop and configure psychological associate applications to be available through BreEZe.	Licensing Manager, Licensing and BreEZe Coordinator	Q1 2028

Objective 1.2

Pursue adequate staffing to improve the quality and consistency of customer service and the processing time for applications.

Success Measure: New staff are hired and trained.

Due Date: ~~Q2 2025~~6 Complete

Task #	Task Description	Responsible Party	Due Date
	Submit budget change proposal FY 2025-2026.	AEO, Licensing Manager, and Legislation and	~~Q3 2024~~Complete
1.2.2	Once fully staffed, conduct customer service training refresher.	Licensing Manager	Complete~~Q2 2026~~5

Objective 1.3

Establish a pathway for the new licensing types to provide a smooth, transparent implementation process.

Success Measure: [Board is] ready for implementation [of new licensing types].

Due Date: Q1 202~~6~~7

Task #	Task Description	Responsible Party	Due Date
1.3.1	Develop and configure BreEZe functionality for new categories.	Licensing Manager, Licensing and BreEZe Coordinator	~~Q4 2024~~Complete
1.3.2	Create new website with pages which have instructions and checklists.	Licensing Manager, Licensing and BreEZe Coordinator	~~Q4 2024~~Complete
1.3.3	Share new resources through email and social media.	Licensing Manager and Special Project Analyst	~~Q4 2024~~Complete
1.3.4	Promulgate regulation packages for implementation.	AEO, Licensing Manager, Legislation and Regulation Analyst	Q1 2027~~6~~

Objective 1.4

Promote the use of electronic processes in licensing to increase efficiencies and improve responsiveness.

Success Measure: Videos have been created and posted.

Due Date: Q2 202~~6~~7

Task #	Task Description	Responsible Party	Due Date
1.4.1	Work with Office of Public Affairs to create short video tutorial on psychologist licensure application process.	Licensing Manager	Q4 202~~5~~6
1.4.2	Work with Office of Public Affairs to create short video tutorial on psychologist exam applications process.	Licensing Manager	Q1 202~~6~~7
1.4.3	Work with Office of Public Affairs to create short video tutorial on psychological associate application process.	Licensing Manager	Q2 202~~6~~7
1.4.4	Work with Office of Public Affairs to create short video tutorial on psychological associate notification process.	Licensing Manager	Q2 202~~6~~7

Goal 2: Continuing Professional Development

Objective 2.1

Refine communication channels to ensure that licensees receive clear and timely updates on the new CPD guidelines.

Success Measure: Fewer repeats of the same CPD questions; Webpage updated to the add FAQs.

Due Date: Ongoing

Task #	Task Description	Responsible Party	Due Date
2.1.1	Use social media more, e.g., get new LinkedIn page.	Central Services Manager, CPD Coordinator, and Special Projects Analyst	~~Ongoing~~ Complete
2.1.2	Update addresses on record where possible.	CPD Coordinator	~~Ongoing~~Complete
2.1.3	Conduct additional webinars.	Central Services Manager and CPD Coordinator	~~Ongoing~~ Complete
2.1.4	Make sure website current with relevant information.	Central Services Manager and CPD Coordinator	Q4 2025 and Ongoing

Goal 3: Policy and Advocacy

Objective 3.1

Communicate the Board's stance on the Psychology Interjurisdictional Compact (PSYPACT) to explain the consumer protection challenges PSYPACT poses.

Success Measure: California remains outside of the PSYPACT.

Due Date: Q3 2024 and ongoing

Task #	Task Description	Responsible Party	Due Date
3.1.1	Newsletter article.	AEO	Completed
3.1.2	Advocate opposition to legislative efforts.	AEO and Legislation and Regulation Analyst	Q3 2024 and Ongoing

Objective 3.2

Seek partnerships to help advance the Board's legislative goals.

Success Measure: Increased partners listed on legislative efforts.

Due Date: ~~Q2 2025~~Ongoing

Task #	Task Description	Responsible Party	Due Date
3.2.1	Update and maintain stakeholder list to enhance partnership opportunities.	Special Projects Analyst and Board Members	Ongoing~~Q2 2025~~

Objective 3.3

Monitor and prepare for the changing landscape of psychology to protect consumers and promote safe practices.

Success Measure: Board proactively acting on emerging issues.

Due Date: Ongoing

Task #	Task Description	Responsible Party	Due Date
3.3.1	Monitor legislation, news, and complaints about emerging trends impacting consumers and related psychological services.	EO and All Managers	Ongoing

Goal 4: Enforcement

Objective 4.1

Improve communication to licensees involved in the enforcement process.

Success Measure: Initial contact letter templates for licensees updated.

Due Date: Q1 2027

Task #	Task Description	Responsible Party	Due Date
4.1.1	Review initial contact letters to licensee and [make sure the letters] explain investigative steps.	Enforcement Manager	Q1 2027
4.1.2	Explain complaints are not public information.	Enforcement Manager	Q1 2027

Objective 4.2

Expand licensee and consumers' understanding of the enforcement process to reduce confusion, provide better customer service, and improve relationships with stakeholders.

Success Measure: Brochures created [and distributed].

Due Date: Q1 2027

Task #	Task Description	Responsible Party	Due Date
4.2.1	Create brochure for licensees for when there's a complaint against them (what to expect, FAQs, probation, hiring an attorney, timeframes, etc.).	Enforcement Manager	Q1 2027

Objective 4.3

Provide complaint filing instructions and forms in multiple languages to maximize accessibility and make the complaint process more inclusive.

Success Measure: Complaint instructions and forms are more inclusive based on assessment.

Due Date: Q4 2027

Task #	Task Description	Responsible Party	Due Date
4.3.1	Work with Office of Public Affairs to access complaint filing instructions and forms in multiple languages.	EO, Enforcement Manager, and Office of Public Affairs	Q3 2027
4.3.2	Once determination is made [for language translations needed], work with Office of Public Affairs to update instructions and forms.	EO, Enforcement Manager, and Office of Public Affairs	Q4 2027

Objective 4.4

Build a larger pool of enforcement subject matter experts to increase knowledge of specialties and reduce turnaround times for enforcement cases.

Success Measure: Subject matter expert pool increased.

Due Date: ~~Q2 2025~~Ongoing

Task #	Task Description	Responsible Party	Due Date
4.4.1	Contact psychological associations and see if BOP can recruit with their assistance.	Enforcement Manager	~~Q1 2026~~Ongoing
4.4.2	Send letters to licensees that have been licensed over 5 years.	Enforcement Manager	Ongoing~~Q1 2026~~
4.4.3	Ask current experts for referrals.	Enforcement Manager	Ongoing~~Q4 2025~~
4.4.4	Include enforcement statistics in newsletter (very few cases result in discipline through a hearing).	Enforcement Manager	Ongoing~~Q4 2025~~
4.4.5	Have quotes or letters with input from existing experts about their own experiences and how they prepare for the hearings and the support that they get.	Enforcement Manager	Ongoing~~Q1 2026~~

Goal 5: Outreach and Communication

Objective 5.1

Educate the public about the differences between psychologists and other health care professionals to increase clarity regarding the different roles and to better inform consumers.

Success Measure: Meeting has been held and resources have been created.

Due Date: Q4 2028~~5~~

Task #	Task Description	Responsible Party	Due Date
5.1.1	Cohost stakeholder meeting with Board of Behavioral Sciences and Commission on Teacher Credentialing.	EO and Licensing Manager	Q4~~1~~3 2028~~6~~5
5.1.2	Create informational resources.	EO, Licensing Manager, and Office of Public Affairs	Q4~~3~~4 2026~~5~~

Objective 5.2

Increase access to the Board's informational materials.

Success Measure: Materials are being accessed on website.

Due Date: Q1 2025

Task #	Task Description	Responsible Party	Due Date
5.2.1	Utilize social media and other platforms to publicize informational materials.	Special Projects Analyst	Ongoing
5.2.2	Assess language needs to reach larger audience.	Special Projects Analyst and Office of Public Affairs	~~Q1 2025~~ Complete

Objective 5.3

Increase Board and staff attendance and engagement at events to elevate the Board's accessibility.

Success Measure: Board and staff attendance has increased at events.

Due Date: Ongoing

Task #	Task Description	Responsible Party	Due Date
5.3.1	Increase participation in outreach with stakeholder groups.	EO, AEO, Central Services Manager, Licensing Manager, and Enforcement Manager	Ongoing

Objective 5.4

Expand the Board's outreach efforts by using a variety of communication methods.

Success Measure: Internal assessment of current communication methods complete, and new communication method(s) developed if necessary.

Due Date: Q3 2026

Task #	Task Description	Responsible Party	Due Date
5.4.1	Do an internal assessment of current communication methods.	EO, Central Services Manager	~~Q1 2026~~ Complete
5.4.2	Survey licensees on their favorite communication method.	EO, Central Services Manager, Office of Public Affairs, and Special Projects Analyst	~~Q2 2026~~ Complete
5.4.3	Develop additional communication methods if appropriate.	EO, Central Services Manager, and Office of Public Affairs	Q3 2026

Objective 5.5

Increase communication regarding the Board's objectives and achievements.

Success Measure: Communication has increased regarding the Board's objectives and achievements.

Due Date: Q4 2028

Task #	Task Description	Responsible Party	Due Date
5.5.1	Identify platform(s) to communicate board objectives and achievements.	Outreach and Communications Committee	Q4 2028

Goal 6: Board Operations

Objective 6.1

Establish an onboarding process for new licensees to increase understanding of the Board's role and strengthen relations.

Success Measure: Welcome letter has been written and license anniversaries are being recognized.

Due Date: Q1 2028

Task #	Task Description	Responsible Party	Due Date
6.2.1	Create welcome letter template for new licensees listing resources for maintaining licensure.	All Managers	Q4 2027
6.2.2	Recognize license anniversaries (10 year, 25 year, etc.), check other board practices.	EO and Central Services Manager	Q1 2028

California Board of Psychology

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MEMORANDUM

DATE	October 19, 2026
TO	Psychology Board Members
FROM	Cynthia Whitney Central Services Manager
SUBJECT	Agenda Item #20(b): Social Media Update

Background:

a) Instagram – The Board has recently added an Instagram account @capsychboard.

b) YouTube Webinar Videos
- March 27, 2026 – CPD Webinar – 527 Views

c) Board/Committee Meeting Webcast Views:

2026

Board Meetings
- February 13th – 201 Views
- May 15th – 139 Views
- August 14th – 71 Views

Legislative and Regulatory Affairs Committee
- April 24th – 76 Views

Licensure Committee
- January 30th – 221 Views
- July 10th – 93 Views

2025

Board Meetings
- February 27th – 348 View
- February 28th - 91 Views
- April 17th – 42 Views
- May 9th – 162 Views
- August 22nd – 65 Views
- November 6th – 62 Views
- November 7th – 62 Views

Legislative and Regulatory Affairs Committee

- April 11th – 29 Views
- June 6th – 30 Views

Licensure Committee

- January 31st – 42 Views
- August 8th – 30 Views

Outreach and Communications Committee

- September 19th – 28 Views

Action Requested:

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

California Board of PSYCHOLOGY

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MEMORANDUM

DATE	October 19, 2026
TO	Psychology Board Members
FROM	Cynthia Whitney Central Services Manager
SUBJECT	Agenda Item #20(c): Website Statistics

Website Background:

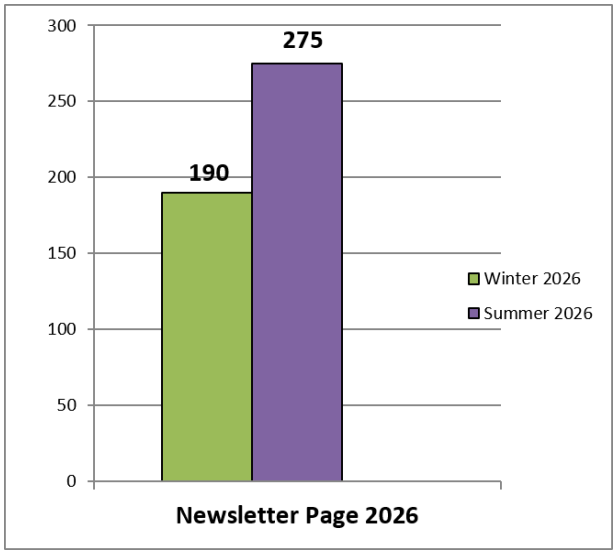
Website: www.psychology.ca.gov

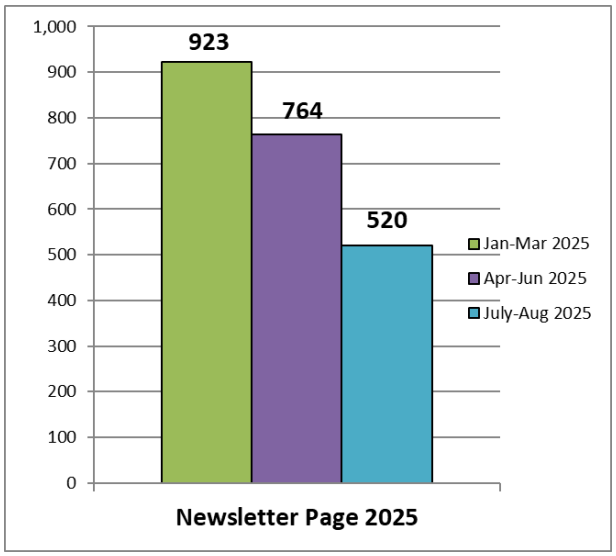
Below are the top five web pages viewed between January 1, 2026, and August 31, 2026. The total number of views are listed for 2025 if that page was in the top five last year.

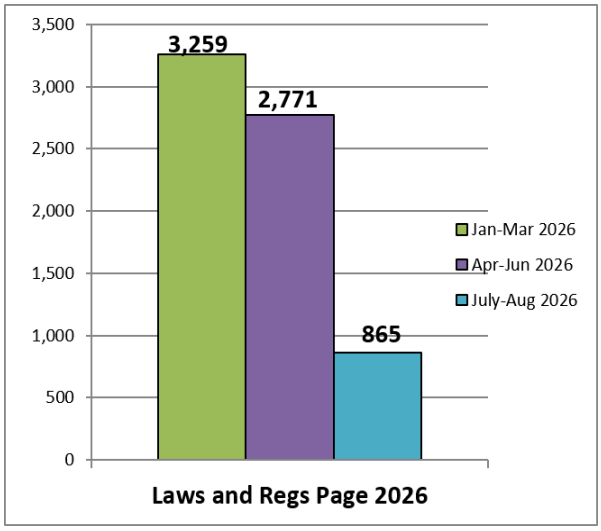
TOP FIVE PAGES	# OF VIEWS	CONTENT
/licensees/index.shtml	2026 – 21,384 2025 – 28,123	Licensee and Registrant Information Page
/applicants/psychologist.shtml	2026 – 19,421 2025 – 22,920	Psychologist Applicant Page
/licensee/faq.shtml	2026 - 16,970 2025 – 23,828	Licensure as a Psychologist – Frequently Asked Questions Page
/applicants/licupdates.shtml	2026 – 16,598 2025 – 20,140	Application Processing Timeframes
/licensees/ce_faqs.shtml	2026 – 15,801 2025 – 20,499	Continuing Professional Development Information Page

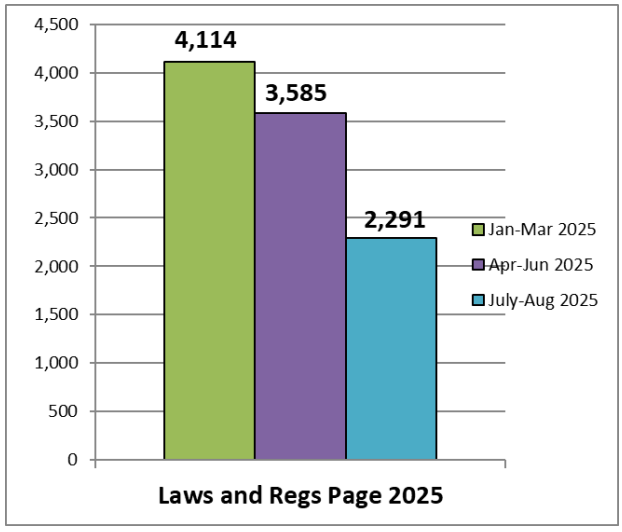
Below please you will find the 2026 and 2025 viewings for the following pages by quarter (through August 31, 2026):

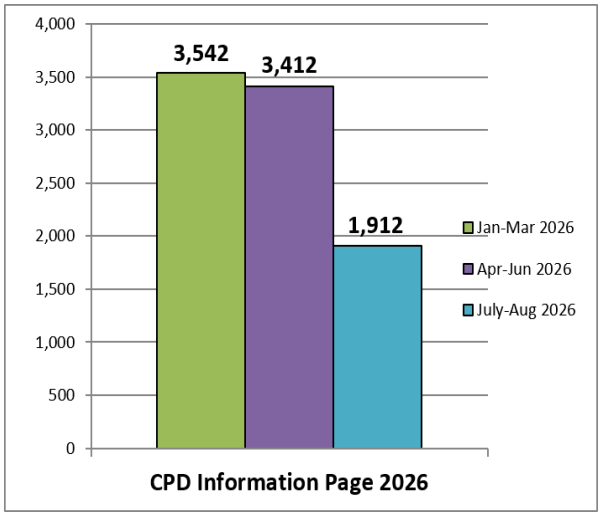
- Newsletter Page
- Laws and Regulations Page
- Continuing Professional Development Information Page
- Filing a Complaint Page
- Applicant Information Page
- Disciplinary Actions Page

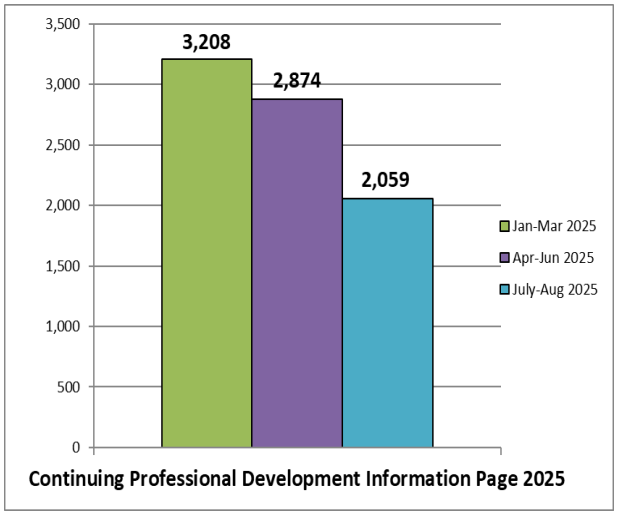

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190
275
Winter 2026
Summer 2026
Newsletter Page 2026

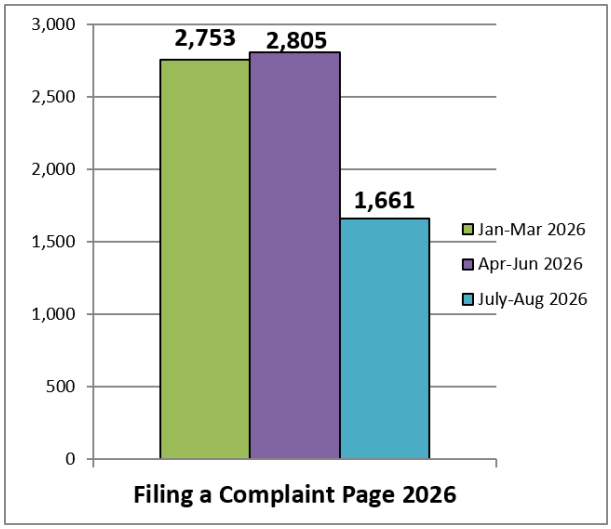

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Jan-Mar 2025
Apr-Jun 2025
July-Aug 2025
Newsletter Page 2025

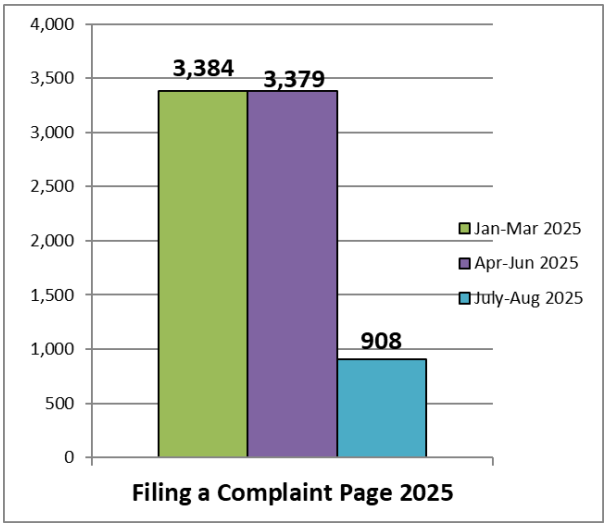

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Apr-Jun 2026
July-Aug 2026
Laws and Regs Page 2026

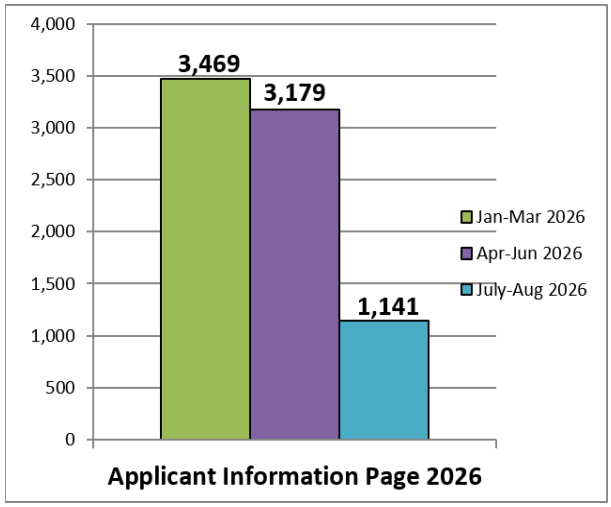

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Apr-Jun 2025
July-Aug 2025
Laws and Regs Page 2025

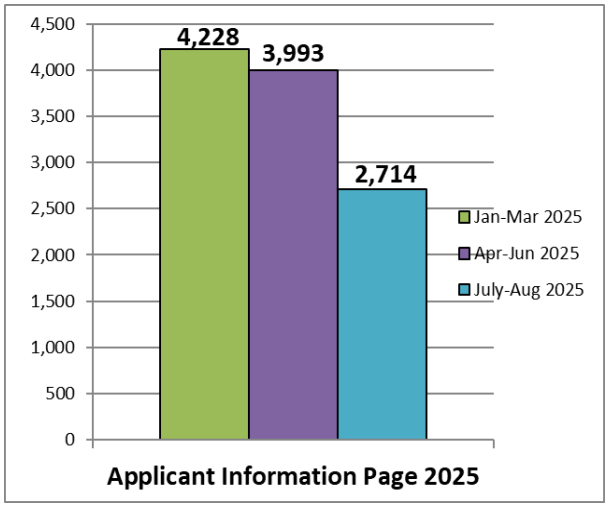

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Apr-Jun 2026
July-Aug 2026
CPD Information Page 2026

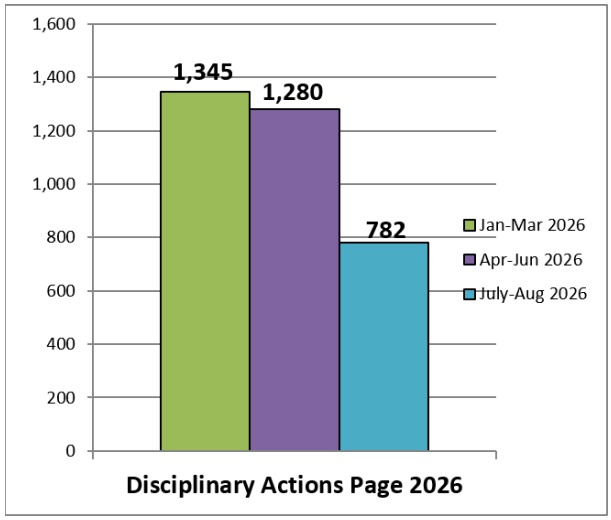

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Apr-Jun 2025
July-Aug 2025
Continuing Professional Development Information Page 2025

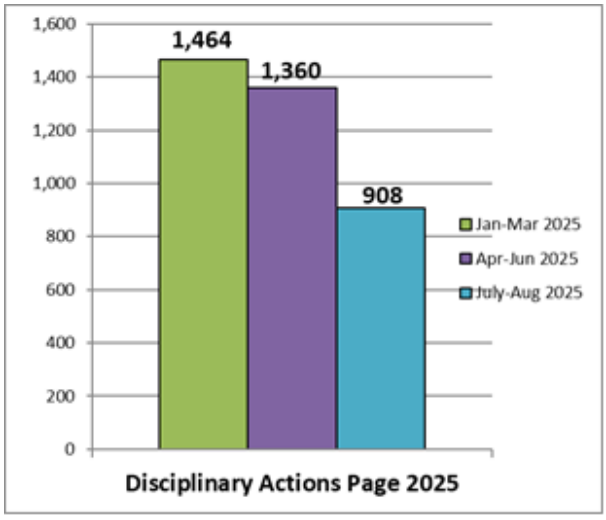

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Jan-Mar 2026
Apr-Jun 2026
July-Aug 2026
Filing a Complaint Page 2026


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Jan-Mar 2025
Apr-Jun 2025
July-Aug 2025
Filing a Complaint Page 2025


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Jan-Mar 2026
Apr-Jun 2026
July-Aug 2026
Applicant Information Page 2026


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1,500
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Jan-Mar 2025
Apr-Jun 2025
July-Aug 2025
Applicant Information Page 2025


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1,000
800
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400
200
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Jan-Mar 2026
Apr-Jun 2026
July-Aug 2026
Disciplinary Actions Page 2026


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1,200
1,000
800
600
400
200
0
1,464
1,360
908
Jan-Mar 2025
Apr-Jun 2025
July-Aug 2025
Disciplinary Actions Page 2025

Legislative Advisories	**Views to Date 2026**	**Views to Date 2025**
AB 282 Advisory	890	N/A
SB 775 (Ashby) – Board of Psychology and Board of Behavioral Sciences	1,157	N/A
AB 489 Advisory	266	N/A
AB 82 and SB 497 Advisory	179	N/A
SB 402 Advisory	224	N/A
Regulation Advisories	**Views to Date 2026**	**Views to Date 2025**
Update to TOEFL iBT Scoring Scale for Examination	23	N/A
Inactive Status of Psychological Associate Registration Advisory	336	807
Psychological Associates (2016 Sunset Conforming Changes) Advisory	63	807
Retired License Regulation Advisory	522	594
Continuing Professional Development Regulation Advisory	2,830	3,861
Fee Increase Regulation Advisory	358	355
Telehealth FAQ	5,149	6,451
Standards of Practice for Telehealth Regulation Advisory	1,902	1,373
AB 2138 (Chiu) – Licensing Boards: Denial of Application (Regulation)	295	251
Verification of Experience Regulation	1,382	1,179
Uniform Standards, etc.	548	256
Filing of Addresses Regulation Advisory	358	3,861

Action Requested:
This item is for informational purposes only. No action is required.

California Board of PSYCHOLOGY

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MEMORANDUM

DATE	October 21, 2026
TO	Psychology Board Members
FROM	Jon Burke Executive Officer
SUBJECT	Agenda Item 20(d) – Update on Newsletter

The Board's Fall Newsletter has been published and is available at https://psychology.ca.gov/forms_pubs/updates.html

Action Requested:

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

California Board of PSYCHOLOGY

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MEMORANDUM

DATE	October 20, 2026
TO	Psychology Board Members
FROM	Joseph Ruiz, Legislative and Regulatory Affairs Analyst
SUBJECT	Agenda Item 21(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 continued to monitor the following bills 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.

   Status: On August 14, AB 277 failed to meet the deadline pursuant to Rule 61(b)(14).

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.

   Status: On August 14, 2026, AB 346 failed to meet the deadline pursuant to Rule 61(b)(14).

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.

Status: On August 31, 2026, AB 667 failed to meet the deadline pursuant to Rule 61(b)(17).

Action Requested

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

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MEMORANDUM

DATE	October 20, 2026
TO	Psychology Board Members
FROM	Joseph Ruiz, Legislative and Regulatory Affairs Analyst
SUBJECT	Agenda Item 21(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.

On September 30, 2026, the bill was vetoed by the Governor, and has been returned to the Senate, where it is scheduled to be heard on the November 30th calendar.

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

Senate Bill No. 903

Passed the Senate August 31, 2026

_____

Secretary of the Senate

Passed the Assembly August 30, 2026

_____

Chief Clerk of the Assembly

This bill was received by the Governor this _____ day of _____, 2026, at _____ o'clock ___M.

_____

Private Secretary of the Governor

CHAPTER _____

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, 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 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 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 an individual, corporation, or entity from allowing artificial intelligence to perform certain acts, including making therapeutic decisions or detecting emotions or mental states, as specified, 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.

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.

(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.

(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 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 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 educational psychologist, a licensed psychologist, or a licensed physician and surgeon

certified in psychiatry, as specified in 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.

(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.

(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.

(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.

(h) "Psychotherapy services" means services provided to diagnose or treat an individual's mental health or substance use

disorder. “Psychotherapy services” does not include religious counseling or peer support.

(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.

(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.

(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.

4989.83. (a) Except as otherwise provided in Section 4989.84, 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 the use of those tools or systems is 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.

(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 used in connection with the provision of psychotherapy services or conducting triage or screening, an individual, corporation, or entity shall not allow artificial intelligence to do any of the following without review and approval by a licensed professional:

(1) Make 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.

(4) Detect emotions or mental states.

(5) Perform triage or screening.

(c) (1) If a licensed professional uses artificial intelligence in connection with psychotherapy services or triage or screening, the licensed professional shall be responsible for 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.

(2) A licensed professional shall not be subject to discipline or any other enforcement action under this chapter for a violation that results solely from any feature, configuration, function, or other element of an artificial intelligence tool or system that is not within the control of the licensed professional if use of the tool or system was expressly or effectively required by the licensed professional's employer or contracting entity, including a violation that results solely from a function or element that prevents the licensed professional from using the tool or system in compliance with this chapter. For purposes of this paragraph, the licensed professional's required use of the tool or system shall not be considered a cause of the violation.

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

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

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

(e) Nothing in this chapter shall be construed to prohibit, or to require prior review and approval by a licensed professional of, the use of artificial intelligence to do any of the following:

(1) Recommend, in response to an individual's articulated expression of serious mental health concerns, that the individual discuss their need for psychotherapy services with a licensed professional.

(2) Administer a standardized screening questionnaire to an individual, collect the individual's responses, score them in accordance with the instrument's standardized scoring rules, and transmit the responses and any resulting score to a licensed professional for review, provided that the artificial intelligence tool or system does not use the responses or score to assess, evaluate, advise, inform, or make any decision regarding the condition of the individual or the urgency, clinical nature, or appropriate level of the individual's need for psychotherapy services.

(3) Schedule, confirm, cancel, or send reminders regarding appointments, or provide logistical information in preparation for

a visit, provided that those functions do not involve psychotherapeutic communication and do not constitute triage or screening.

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.

(e) If jurisdiction is unclear, the Director of the Department of Consumer Affairs or their designee shall determine the appropriate health care professional licensing board or enforcement agency.

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 of Technical Requirements for Pharmaceuticals for Human Use, or human subject protection requirements of the United States Food and Drug Administration.

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.

Approved _____, 2026

_____

Governor

California Board of PSYCHOLOGY

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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

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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

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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.

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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

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MEMORANDUM

DATE	October 20, 2026
TO	Psychology Board Members
FROM	Joseph Ruiz, Legislative and Regulatory Affairs Analyst
SUBJECT	Agenda Item 21(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.

On September 20, 2026, the bill was vetoed by the Governor.

Action Requested

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

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

Assembly Bill No. 2164

Passed the Assembly May 21, 2026

_____

Chief Clerk of the Assembly

Passed the Senate August 25, 2026

_____

Secretary of the Senate

This bill was received by the Governor this _____ day of _____, 2026, at _____ o'clock ___M.

_____

Private Secretary of the Governor

CHAPTER _____

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, 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 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.

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 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 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.

Approved _____, 2026

_____

Governor

California Board of PSYCHOLOGY

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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

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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

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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

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MEMORANDUM

DATE	October 20, 2026
TO	Psychology Board Members
FROM	Joseph Ruiz, Legislative and Regulatory Affairs Analyst
SUBJECT	Agenda Item 21(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.

On August 14, 2026, the bill failed to meet the deadline pursuant to Rule 61(b)(14).

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 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.

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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.

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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)

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MEMORANDUM

DATE	October 20, 2026
TO	Psychology Board Members
FROM	Joseph Ruiz, Legislative and Regulatory Affairs Analyst
SUBJECT	Agenda Item 21(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.

On September 26, 2026, the bill was signed by the Governor and chaptered by Secretary of State - Chapter 469, Statutes of 2026.

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

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

STATE OF CALIFORNIA
LEGISLATIVE COUNSEL BUREAU
AUTHENTICATED
ELECTRONIC LEGAL MATERIAL

Senate Bill No. 934

CHAPTER 469

An act to amend Sections 865, 865.1, and 865.2 of the Business and Professions Code, relating to sexual orientation or gender identity change efforts.

[Approved by Governor September 26, 2026. Filed with Secretary of State September 26, 2026.]

LEGISLATIVE COUNSEL'S DIGEST

SB 934, Wiener. Sexual orientation or gender identity change efforts.

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, during the provision of mental health services, to direct a patient toward a predetermined sexual orientation or gender identity, as specified, and would apply the prohibitions described above to such efforts. The bill would exclude specified practices, including age-appropriate interventions to address unlawful conduct or unsafe practices that do not seek to direct the patient toward a particular sexual orientation or gender identity, from this definition.

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, which is a person's internal understanding of their gender, 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.

(c) In 2021, the American Psychological Association (APA) adopted resolutions on sexual orientation change efforts (SOCE) and gender identity change efforts (GICE) concluding that SOCE and GICE are harmful and ineffective and calling for their elimination. The APA stated that "consistent with the APA definition of evidence-based practice, the APA affirms that scientific evidence and clinical experience indicate that SOCE put individuals at significant risk of harm." The APA also stated that "consistent with the APA definition of evidence-based practice, the APA affirms that scientific evidence and clinical experience indicate that GICE put individuals at significant risk of harm."

(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) In 2023, the United States Joint Statement (USJS) Against Conversion Efforts was ratified. The USJS is a consensus statement of 28 professional medical and mental health associations. Signatories to the USJS include the American Academy of Child and Adolescent Psychiatry, American Academy of Family Physicians, American Academy of Nursing, American Academy of Pediatrics, American Association for Marriage and Family Therapy, American College of Physicians, American Counseling Association, American Medical Association, American Psychiatric Association, American Psychoanalytic Association, American Psychological Association, Clinical Social Work Association, and National Association of Social Workers, among others. The USJS states that "[d]ecades of research findings and clinical expertise have revealed that variations in sexual orientation and gender identity are a normal part of human development across race, ethnicity, and socioeconomic status" and that "[r]esearch and experience shared by scholars, clinicians, and patients have shown conversion efforts have not changed sexual orientation or gender identity or expression and are harmful."

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

(g) 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.

(h) 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.

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 clinical social work intern, 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 or gender identity change efforts" means any practices of a licensed mental health provider that seek, during the provision of mental health services, 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 suppressing or constraining the patient's gender identity or expression.

(2) "Sexual orientation or gender identity change efforts" does not include any 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.

(C) Counseling, psychotherapy, or other supportive services, provided in a manner consistent with the applicable standards of care, that respects the gender identity of the patient, as experienced and defined by the patient.

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

865.1. A mental health provider may not engage in sexual orientation or gender identity change efforts with a patient under 18 years of 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 the mental health provider to discipline by the licensing entity for that mental health provider.

SEC. 5. 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.

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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

This Message Is From an External 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

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].

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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].

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[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.

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[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.*

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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.

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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)

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MEMORANDUM

DATE	October 20, 2026
TO	Psychology Board Members
FROM	Joseph Ruiz, Legislative and Regulatory Affairs Analyst
SUBJECT	Agenda Item 21(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.

On September 30, 2026, the bill was vetoed by the Governor.

Action Requested

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

Attachment #1: Bill Text – Weblink
Attachment #2: 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

Assembly Bill No. 2575

Passed the Assembly August 31, 2026

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Chief Clerk of the Assembly

Passed the Senate August 31, 2026

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Secretary of the Senate

This bill was received by the Governor this _____ day of _____, 2026, at _____ o'clock ___M.

_____

Private Secretary of the Governor

CHAPTER _____

An act to add Section 1714.48 to the Civil 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, Ortega. Health care services: artificial intelligence.

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. The bill would require the Labor Commissioner to enforce these provisions, as specified.

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.

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 artificial intelligence system that produces a prediction, classification, recommendation, evaluation, or analysis that aids clinical decisionmaking related to timing of care, diagnosis, or treatment. It does not include booking, canceling and rescheduling appointments, appointment reminders, patient education and previsit materials and preparation, and payment processing, to the extent the independent performance of these activities by the system does not require a professional license.

(4) "Generative artificial intelligence" has the same meaning as defined in Section 1339.75 of the Health 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.

(3) Evidence that the defendant took reasonable precautions to prevent harm, including providing clear and conspicuous disclosures and disclaimers regarding the intended use, scope, known risks, and limitations of the system to the health facility, clinic, physician's office, or office of a group practice.

(d) This section does not apply to an action described in Section 340.5 of the Code of Civil Procedure against a person providing direct patient care who is licensed or certified pursuant to Division 2 (commencing with Section 500) of the Business and Professions Code or licensed pursuant to the Osteopathic Initiative Act or the Chiropractic Initiative Act.

SEC. 2. 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 artificial intelligence system that produces a prediction, classification,

recommendation, evaluation, or analysis that aids clinical decision-making related to timing of care, diagnosis or treatment. It does not include booking, canceling and rescheduling appointments, appointment reminders, patient education and pre-visit materials and preparation, and payment processing, to the extent the independent performance of these activities by the system does not require a professional license.

(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) (A) This subdivision does not affect a worker's duty to do any of the following:

(i) Meet the applicable standard of care.

(ii) Act within their scope of practice as outlined in Division 2 (commencing with Section 500) of the Business and Professions Code.

(iii) Comply with Section 125.6 of the Business and Professions Code.

(iv) Exercise independent professional judgment in providing direct patient care.

(v) Follow standard operating procedures or other written policies established by the employer or by a California governmental department or agency.

(vi) Comply with Section 70215 of Title 22 of the California Code of Regulations.

(vii) Comply with the bylaws, rules, and regulations described in Section 70703 of Title 22 of the California Code of Regulations.

(B) A policy, procedure, or protocol that requires a worker to accept, defer to, or refrain from overriding the output of a clinical decision support system is not a duty described in this paragraph.

(3) (A) In enforcing this section, the Labor Commissioner shall determine whether an employer retaliated or discriminated against

a worker in violation of paragraph (1). The Labor Commissioner may consider evidence relevant to the reasons the employer took the action alleged to be retaliation or discrimination, including evidence supporting alternate reasons for the action, such as an alleged failure by the worker to satisfy a duty described in paragraph (2).

(B) This section does not require the Labor Commissioner to adjudicate or make a final determination of whether a worker met or failed to meet a duty described in paragraph (2). A determination under this section is not determinative of any legal action for professional negligence or malpractice or disciplinary action against a professional license. This section does not limit the authority of an appropriate licensing authority or a court under existing law.

(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.

(d) The Labor Commissioner shall enforce this article, including investigating an alleged violation, ordering appropriate temporary relief to mitigate a violation or maintain the status quo pending the completion of a full investigation or hearing through the procedures set forth in Section 98, 98.3, 98.7, 98.74, or 1197.1, issuing a citation against an employer who violates this article, and filing a civil action. If a citation is issued, the procedures for issuing, contesting, and enforcing a judgment for a citation and civil penalty issued by the Labor Commissioner shall be the same as those set out in Section 98.74 or Section 1197.1, as applicable.

Approved _____, 2026

_____

Governor

California Board of PSYCHOLOGY

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

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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

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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.

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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)

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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.

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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

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MEMORANDUM

DATE	October 20, 2026
TO	Psychology Board Members
FROM	Joseph Ruiz, Legislative and Regulatory Affairs Analyst
SUBJECT	Agenda Item 21(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.

On September 30, 2026, the bill was signed by the Governor and chaptered by Secretary of State - Chapter 854, Statutes of 2026.

Action Requested

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

Attachment #1: Bill Text - Weblink
Attachment #2: Bill Analysis
Attachment #3: Letter of Support Senate Committee on Health
Attachment #4: Letter of Support Senate Privacy, Digital Technologies, and Consumer Protection Committees

STATE OF CALIFORNIA
LEGISLATIVE COUNSEL BUREAU
AUTHENTICATED
ELECTRONIC LEGAL MATERIAL

Assembly Bill No. 1979

CHAPTER 854

An act to add Chapter 25.5 (commencing with Section 22758.5) to Division 8 of the Business and Professions Code, and to amend Sections 56.05 and 56.06 of the Civil Code, relating to health care services.

[Approved by Governor September 30, 2026. Filed with Secretary of State September 30, 2026.]

LEGISLATIVE COUNSEL'S DIGEST

AB 1979, 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 makes a violation of these provisions that results in economic loss or personal injury punishable as a misdemeanor. 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. Because the bill would expand the scope of a crime, it would impose a state-mandated local program.

(2) 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 of a group practice to 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 in their care of a patient whenever that care is informed by the output of a clinical decision support system, as defined. The bill would prohibit a health facility, clinic,

physician's office, or office of a group practice from using or deploying a tool, system, or device that includes artificial intelligence to independently perform any clinical function that is required by law to be performed by a person with a professional license. The bill would make a violation of these provisions by a physician subject to the jurisdiction of the Medical Board of California or the Osteopathic Medical Board of California. The bill would also 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.

(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.

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

SECTION 1. Chapter 25.5 (commencing with Section 22758.5) is added to Division 8 of the Business and Professions Code, to read:

Chapter 25.5. AI Clinical Decision Support

22758.5. (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 provider, acting within their scope of practice, retains the ability to exercise independent professional judgment in their care of a patient whenever that care is informed by the output of a clinical decision support system.

(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 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 physician is subject to the jurisdiction of the Medical Board of California or the Osteopathic Medical Board of California, as appropriate.

(2) 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.

(3) Nothing in this section limits the authority for a health care professional licensing board or enforcement agency to pursue any remedy otherwise authorized under the law.

(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 of the Health and Safety Code.

(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 of the Health and Safety Code.

(4) "Clinical decision support system" means an artificial intelligence system that produces a prediction, classification, recommendation, evaluation, or analysis that aids clinical decisionmaking related to timing of care, diagnosis, or treatment. It does not include systems that provide appointment management such as booking, canceling and rescheduling appointments, appointment reminders, patient education and pre-visit materials and preparation, and payment processing, to the extent the independent performance of these activities by the system does not require a professional license.

(5) "Generative artificial intelligence" has the same meaning as that term is defined in Section 1339.75 of the Health and Safety Code.

(6) "Health care provider" means a person licensed or certified pursuant to Division 2 (commencing with Section 500).

(7) "Health facility" has the same meaning as defined in Section 1250 of the Health and Safety Code.

(8) "Office of a group practice" has the same meaning as defined in Section 1339.75 of the Health and Safety Code.

(9) "Physician's office" has the same meaning as defined in Section 1339.75 of the Health and Safety Code.

SEC. 2. 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. 3. 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. 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.

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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.

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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)

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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)

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MEMORANDUM

DATE	October 20, 2026
TO	Psychology Board Members
FROM	Joseph Ruiz, Legislative and Regulatory Affairs Analyst
SUBJECT	Agenda Item 21(c)(1) - 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.

On September 26, 2026, AB 1775 was signed by the Governor and chaptered by Secretary of State - Chapter 854, Statutes of 2026.

Action Requested

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

Attachment #1: Bill Text – Weblink

STATE OF CALIFORNIA
LEGISLATIVE COUNSEL BUREAU
AUTHENTICATED
ELECTRONIC LEGAL MATERIAL

Assembly Bill No. 1775

CHAPTER 467

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.

[Approved by Governor September 26, 2026. Filed with Secretary of State September 26, 2026.]

LEGISLATIVE COUNSEL'S DIGEST

AB 1775, 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 extend the requirement and authorization for the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board, commencing June 1, 2027. 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, regardless of discharge status, who are able to demonstrate that their less than honorable characterization of service was connected to a behavioral 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. 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, regardless of discharge status, who are able to demonstrate their less than honorable characterization of service was connected to a behavioral 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.

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, and except as provided in subdivision (e), 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.

(e) The requirement pursuant to subdivision (a) involving those who received a discharge solely as a result of Executive Order No. 14183 issued on January 27, 2025, shall begin on June 1, 2027, for the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board.

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, regardless of discharge status, who are able to demonstrate their less than honorable characterization of service was connected to a behavioral 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.

(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, regardless of discharge status, who are able to demonstrate their less than honorable characterization of service was connected to a behavioral 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.

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MEMORANDUM

DATE	October 20, 2026
TO	Psychology Board Members
FROM	Joseph Ruiz, Legislative and Regulatory Affairs Analyst
SUBJECT	Agenda Item 21(c)(2) 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.

On August 14, 2026, the bill failed to meet the deadline pursuant to Rule 61(b)(14).

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

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MEMORANDUM

DATE	October 20, 2026
TO	Psychology Board Members
FROM	Joseph Ruiz, Legislative and Regulatory Affairs Analyst
SUBJECT	Agenda Item 21(c)(3) - 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.

On September 30, 2026, the bill was signed by the Governor and chaptered by Secretary of State. Chapter 863, Statutes of 2026.

Action Requested

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

Attachment #1: Bill Text – Weblink

STATE OF CALIFORNIA
LEGISLATIVE COUNSEL BUREAU
AUTHENTICATED
ELECTRONIC LEGAL MATERIAL

Senate Bill No. 1159

CHAPTER 863

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.

[Approved by Governor September 30, 2026. Filed with Secretary of State September 30, 2026.]

LEGISLATIVE COUNSEL'S DIGEST

SB 1159, 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 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.

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:

(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 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. 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:

(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 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. 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:

(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 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. 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:

(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 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. 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:

(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 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. 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:

(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 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. 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:

(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 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. 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:

(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 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. 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:

(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 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. 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:

(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 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. 13. The Legislature finds and declares that Section 2 of this act, which amends Section 7920.520 of the Government Code, and Section 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.

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California Board of PSYCHOLOGY

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MEMORANDUM

DATE	October 20, 2026
TO	Psychology Board Members
FROM	Joseph Ruiz, Legislative and Regulatory Affairs Analyst
SUBJECT	Agenda Item 21(c)(4) - 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.

On September 27, 2026, the bill was signed by the Governor and chaptered by Secretary of State - Chapter 528, Statutes of 2026.

Action Requested

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

Attachment #1: Bill Text – Weblink

STATE OF CALIFORNIA
LEGISLATIVE COUNSEL BUREAU
AUTHENTICATED
ELECTRONIC LEGAL MATERIAL

Assembly Bill No. 1598

CHAPTER 528

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, to repeal Sections 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.

[Approved by Governor September 27, 2026. Filed with Secretary of State September 27, 2026.]

LEGISLATIVE COUNSEL'S DIGEST

AB 1598, 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.

This bill would incorporate additional changes to Section 4980.41 of the Business and Professions Code proposed by SB 1445 to be operative only if this bill and SB 1445 are enacted and this bill is enacted last.

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

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

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

SECTION 1. Section 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. 6.5. 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 4990.26.2 and any regulations promulgated thereunder.

(3) A minimum of 10 contact hours of training or coursework in human sexuality as specified in Section 4990.26.1, 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.

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, before initiating any professional services, inform each client or patient that the trainee 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.

(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.

(2) That the trainee is a marriage and family therapist trainee.

(3) The name of the trainee's employer or, if not employed, the name of the entity for which they volunteer.

(4) That the trainee is supervised by a licensed person.

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. 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. 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. 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. 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. 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. 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. 18. Section 4992.07 of the Business and Professions Code is repealed.

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. 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. 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. 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. 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. 24. Section 4996.13 of the Business and Professions Code is amended to read:

4996.13. (a) Nothing in this 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.

(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) An applicant or registrant shall inform each client or patient before initiating any professional services that the applicant or registrant is unlicensed and is 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. 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. 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. 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 initiating any professional services, that they are unlicensed and under 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. 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.

(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. 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. 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. 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. 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. 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. 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. 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. 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. 41. Section 6.5 of this bill incorporates amendments to Section 4980.41 of the Business and Professions Code proposed by both this bill and Senate Bill 1445. That section of this bill shall only become operative if (1) both bills are enacted and become effective on or before January 1, 2027, (2) each bill amends Section 4980.41 of the Business and Professions Code, and (3) this bill is enacted after Senate Bill 1445, in which case Section 6 of this bill shall not become operative.

SEC. 42. 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.

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California Board of PSYCHOLOGY

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MEMORANDUM

DATE	October 20, 2026
TO	Psychology Board Members
FROM	Joseph Ruiz, Legislative and Regulatory Affairs Analyst
SUBJECT	Agenda Item 21(c)(5) 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.

On August 31, 2026, the bill failed to meet the deadline pursuant to Rule 61(b)(17).

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.

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MEMORANDUM

DATE	October 20, 2026
TO	Psychology Board Members
FROM	Joseph Ruiz, Legislative and Regulatory Analyst
SUBJECT	Agenda Item 21(c)(6) – 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.

On September 27, 2026, the bill was signed by the Governor and chaptered by Secretary of State. Chapter 549, Statutes of 2026.

Action Requested

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

Attachment #1: Bill Text – Weblink

STATE OF CALIFORNIA
LEGISLATIVE COUNSEL BUREAU
AUTHENTICATED
ELECTRONIC LEGAL MATERIAL

Assembly Bill No. 1811

CHAPTER 549

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.

[Approved by Governor September 27, 2026. Filed with Secretary of State September 27, 2026.]

LEGISLATIVE COUNSEL'S DIGEST

AB 1811, Rogers. Health professionals.

(1) Existing federal law requires the Secretary of Health and Human Services to designate health professional shortage 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 currently 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. The bill would authorize the Department of Health Care Access and Information to revoke designations, as specified.

(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, except as specified. 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.

(4) This bill would incorporate additional changes to Section 502 of the Business and Professions Code proposed by SB 1271 to be operative only if this bill and SB 1271 are enacted and this bill is enacted last.

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 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) (A) 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 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) Notwithstanding subparagraph (A) and until July 1, 2027, the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board is not required to request workforce data at the time the license or registration is issued. On and after July 1, 2027, the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board shall request the workforce data at the time the license or registration is issued.

(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) 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.

(10) Languages spoken.

(11) National Provider Identifier.

(12) Hours worked providing direct outpatient primary care services.

(13) Race or ethnicity.

(14) Type of employer or classification of primary practice 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.

(17) Work hours.

(18) Sexual orientation.

(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 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.

SEC. 1.1. 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 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) (A) 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 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) Notwithstanding subparagraph (A) and until July 1, 2027, the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board is not required to request workforce data at the time the license or registration is issued. On and after July 1, 2027, the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board shall request the workforce data at the time the license or registration is issued.

(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) 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.
(10) Languages spoken.
(11) National Provider Identifier.
(12) Hours worked providing direct outpatient primary care services.
(13) Race or ethnicity.
(14) Type of employer or classification of primary practice 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.
(17) Work hours.
(18) Sexual orientation.
(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 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.

(h) (1) Pursuant to the workforce data collection requirement in paragraph (2) of subdivision (a), the Medical Board of California shall, by April 1, 2027, request all of the following, as applicable, from a licensed midwife in the form and manner prescribed by the board:

(A) The licensed midwife's eligibility to serve as a clinical preceptor for student midwives enrolled in a midwifery education program approved by the Medical Board of California, including whether they have met the minimum requirements to become a clinical preceptor.

(B) If the licensed midwife responds that they are eligible to serve as a clinical preceptor pursuant to subparagraph (A), both of the following:

(i) Whether the licensed midwife is currently available, or anticipates becoming available within the next two years, to serve as a clinical preceptor for student midwives.

(ii) The primary practice setting or settings in which the licensed midwife would offer to serve as a clinical preceptor, including, but not limited to, home births, freestanding birth centers, hospital-based or integrated maternity settings, rural or frontier community settings, or federally qualified health centers, as defined by Section 1396(d)(*l*)(2) of Title 42 of the United States Code.

(C) If the licensed midwife responds that they are currently available pursuant to subparagraph (B), the maximum number of student midwives the licensed midwife is currently able to supervise concurrently and the county or counties in the state in which the licensed midwife currently practices and within which they would be available for clinical preceptorship.

(D) If the licensed midwife responds that they are not currently available pursuant to subparagraph (B), the primary reason or reasons for their unavailability.

(2) (A) The Medical Board of California shall maintain the confidentiality of the information it receives from licensed midwives under this subdivision and shall only release information in an aggregate form that cannot be used to identify an individual other than as specified in subparagraph (B).

(B) The Medical Board of California shall quarterly provide the individual licensed midwife data it collects pursuant to this subdivision to the Department of Health Care Access and Information in a manner directed by the Department of Health Care Access and Information for the purpose of statewide midwifery workforce planning, analysis, and public reporting. The Department of Health Care Access and Information shall maintain the confidentiality of the licensed midwife information it receives and shall only release information in an aggregate form that cannot be used to identify an individual licensed midwife.

(C) On or before June 30, 2029, the Department of Health Care Access and Information shall submit a report to the Legislature, pursuant to Section

9795 of the Government Code, detailing the findings of the Department of Health Care Access and Information based on the information received pursuant to subparagraph (B).

(3) A licensed midwife shall not be required to provide the information requested in this subdivision as a condition for license renewal, and a licensed midwife shall not be subject to discipline for not providing the information requested in this subdivision.

(i) This section shall become inoperative on June 30, 2029, and, as of January 1, 2030, is repealed.

SEC. 1.2. Section 502 is added to the Business and Professions Code, 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 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) (A) 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 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) Notwithstanding subparagraph (A) and until July 1, 2027, the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board is not required to request workforce data at the time the license or registration is issued. On and after July 1, 2027, the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board shall request the workforce data at the time the license or registration is issued.

(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) 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.
(10) Languages spoken.
(11) National Provider Identifier.
(12) Hours worked providing direct outpatient primary care services.
(13) Race or ethnicity.
(14) Type of employer or classification of primary practice 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.
(17) Work hours.
(18) Sexual orientation.
(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 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.

(h) This section shall become operative on June 30, 2029.

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 state law or regulation, "health professional shortage area" means all of the following:

(1) A health professional shortage area currently 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) 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 paragraph (2) or (3) of subdivision (a).

(c) Notwithstanding any other law, and for purposes of this code and any other state 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).

(d) 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 Sections 1, 1.1, and 1.2 of this act, which amend Section 502 of the Business and Professions Code, impose 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.

SEC. 4. Sections 1.1 and 1.2 of this bill incorporate amendments to Section 502 of the Business and Professions Code proposed by both this bill and Senate Bill 1271. Those sections of this bill shall only become operative if (1) both bills are enacted and become effective on or before January 1, 2027, (2) this bill amends Section 502 of the Business and Professions Code and Senate Bill 1271 amends, repeals, and adds Section 502 of the Business and Professions Code, and (3) this bill is enacted after Senate Bill 1271, in which case Section 1 of this bill shall not become operative.

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MEMORANDUM

DATE	October 20, 2026
TO	Psychology Board Members
FROM	Joseph Ruiz, Legislative and Regulatory Affairs Analyst
SUBJECT	Agenda Item 13(a-d) – Status Review of Regulations in Development

The following is a list of the Board of Psychology's (Board) regulatory packages, and their status in the rule-making process:

a) Update on 16 CCR sections 1395.2 – Disciplinary Guidelines and Uniform Standards Related to Substance-Abusing Licensees

Preparing Regulatory Package	Initial Departmental Review	Notice with OAL and Hearing	Notice of Modified Text and Hearing	Preparation of Final Documentation	Final Departmental Review	Submission to OAL for Review	OAL Approval and Board Implementation

Final Stage. This phase includes submission of a final regulation package to the Office of Administrative Law (OAL). The 45-day comment period concluded. On August 14, 2026, the written public comments were presented to the Board Members. The Board Members reviewed the written public comments as well as the responses and agreed the concerns expressed were addressed in the Initial Statement of Reasons. For this reason, the Board agreed to proceed without making any changes to the text.

At its August 18, 2023, meeting, the Board voted to adopt proposed regulatory language amending the Disciplinary Guidelines, which were last amended in April 2015. The Board's vote included amendments to the document incorporated by reference and the addition of uniform standards related to substance-abusing licensees. Following the Board's adoption, the regulatory package underwent multiple reviews by Budget staff and Regulatory Counsel. Budget staff and Regulatory Counsel recommended that the Board review and adopt revised proposed regulatory text and the updated document incorporated by reference.

At the August 22, 2025, meeting, the Board reviewed the revised proposed regulatory text and updated document incorporated by reference and voted to refer the Disciplinary Guidelines to the Enforcement Committee for further review and additional revisions. The revised package was subsequently presented to the Board at the November 6–7, 2025, Board Meeting. The Board voted to adopt the updated Disciplinary Guidelines.

On March 27, 2026, the regulatory package was approved by Agency and sent to OAL for approval of publishing. The regulatory package was approved for publishing by OAL on April 3, 2026. The 45-public comment period started on April 10th.

b) 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 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.

d) 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.

California Board of PSYCHOLOGY

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MEMORANDUM

DATE	October 14, 2026
TO	Board Members
FROM	Mai Xiong Licensing/BreEZe Coordinator
SUBJECT	**Agenda Item 24** 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	24,074
Registered Psychological Associate***	1,446	1,361	1,344	1,348	1,450	1,744	1,827	1,810	1,842	1,917
Psychological Testing Technician******	N/A	N/A	N/A	N/A	N/A	N/A	24	107	129	148
Research Psychoanalyst*******	N/A	N/A	N/A	N/A	N/A	N/A	N/A	74	49	55
Student Research Psychoanalyst*******	N/A	N/A	N/A	N/A	N/A	N/A	N/A	22	23	26

*Includes licensees who are in Current, Inactive, Retired, Military Inactive, and Military Active status
**As of October 14, 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 October 14, 2026, there are 24,074 licensed psychologists, 1,917 registered psychological associates, 148 registered psychological testing technicians, 55 research psychoanalysts, 26 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 April 2026 through September 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 45 psychologist applications, 26 registered psychological associate applications, 10 psychological testing technician applications, and 43 psychological testing technician notifications, and an increase of 22 registered psychological associate notifications, 2 research psychoanalyst applications, and 7 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.

Supervised Professional Experience Issue

During the months of June and July 2026 there was a period where a number of applicants received notice that their supervised professional experience (SPE) hours were being denied based on violation of California Code of Regulations (CCR) 1387.5.

A procedural change within the Licensing Unit resulted in staff being directed to interpret CCR 1387.5 regarding SPE logs in the strictest sense regarding deficiencies. Consequently, hours were denied if SPE logs were found to be deficient in any of the items listed in CCR 1387.5. After the impact of this new direction became known to Executive Management through complaints and escalations to the Department action was taken and the Board reverted to its previous procedures. All impacted applicants were given the opportunity to submit supplemental documentation addressing the deficiencies and the overwhelming majority of the previously denied hours have been approved.

Currently, SPE logs that do not include all of the requirements of CCR 1387.5 do not automatically result in the denial of hours due to that particular deficiency, however, hours may continue to be denied for violation of regulations that SPE logs reveal (e.g. receiving less than required supervision, etc.).

An amendment to CCR 1387.5 is being proposed that would streamline and clarify the process for staff, and applicants, when there are deficiencies or discrepancies with SPE logs or verification documents. The amendment would include a request for supplemental documentation (e.g. a letter signed under the penalty of perjury, etc.) to be provided from the primary supervisor that contains very specific information. The proposed language formalizing the ability to cure deficiencies will be presented to the Board's Licensure Committee for review in January 2027.

Attachments:

A. Licensing Population Report as of October 14, 2026
B. Application Workload Reports April 2026 – September 2026 as of October 14, 2026
C. Applications and Notifications Received October 2025 – September 2026 as of October 14, 2026
D. Average Application Processing Timeframes – May 2026 to October 2026 as of October 14, 2026

Action:

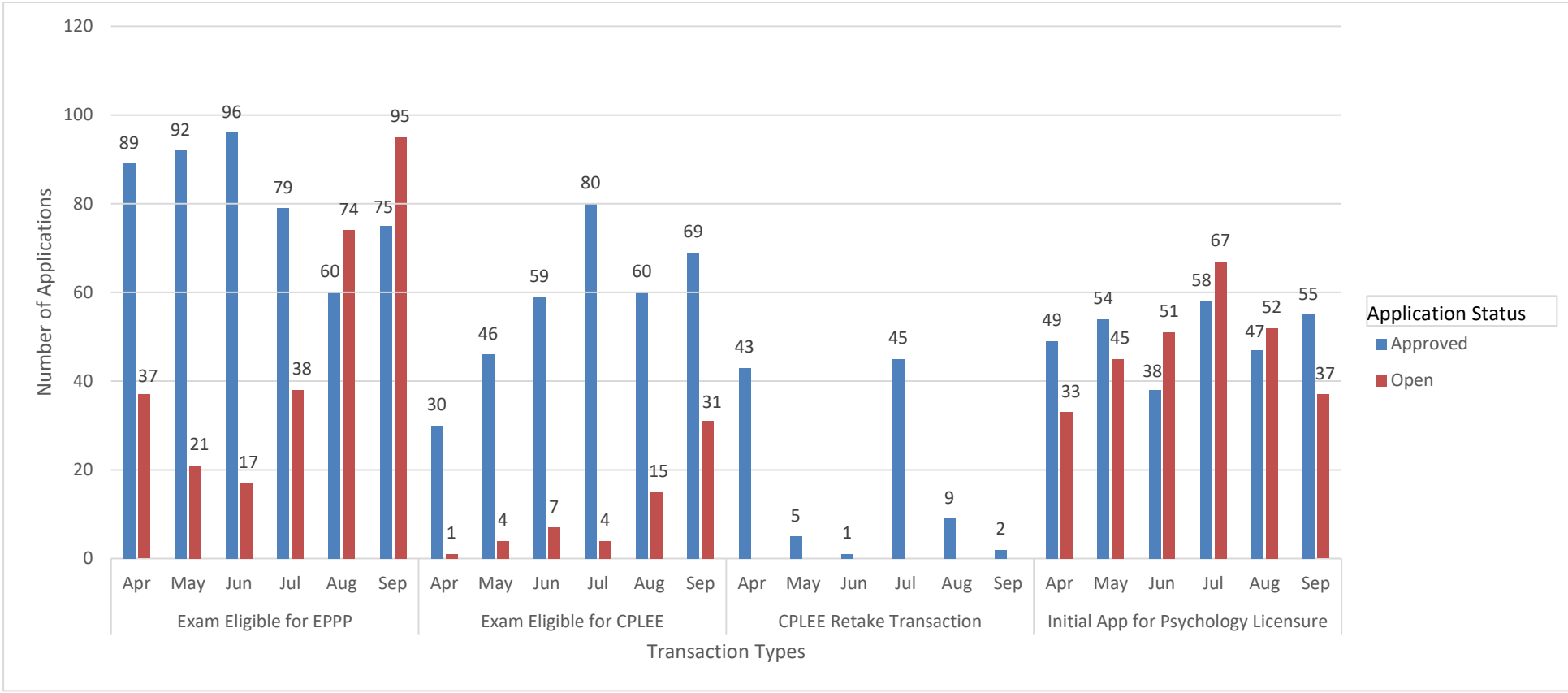
This is for informational purposes only. No action is required.

STATE DEPARTMENT OF CONSUMER AFFAIRS
BREEZE SYSTEM

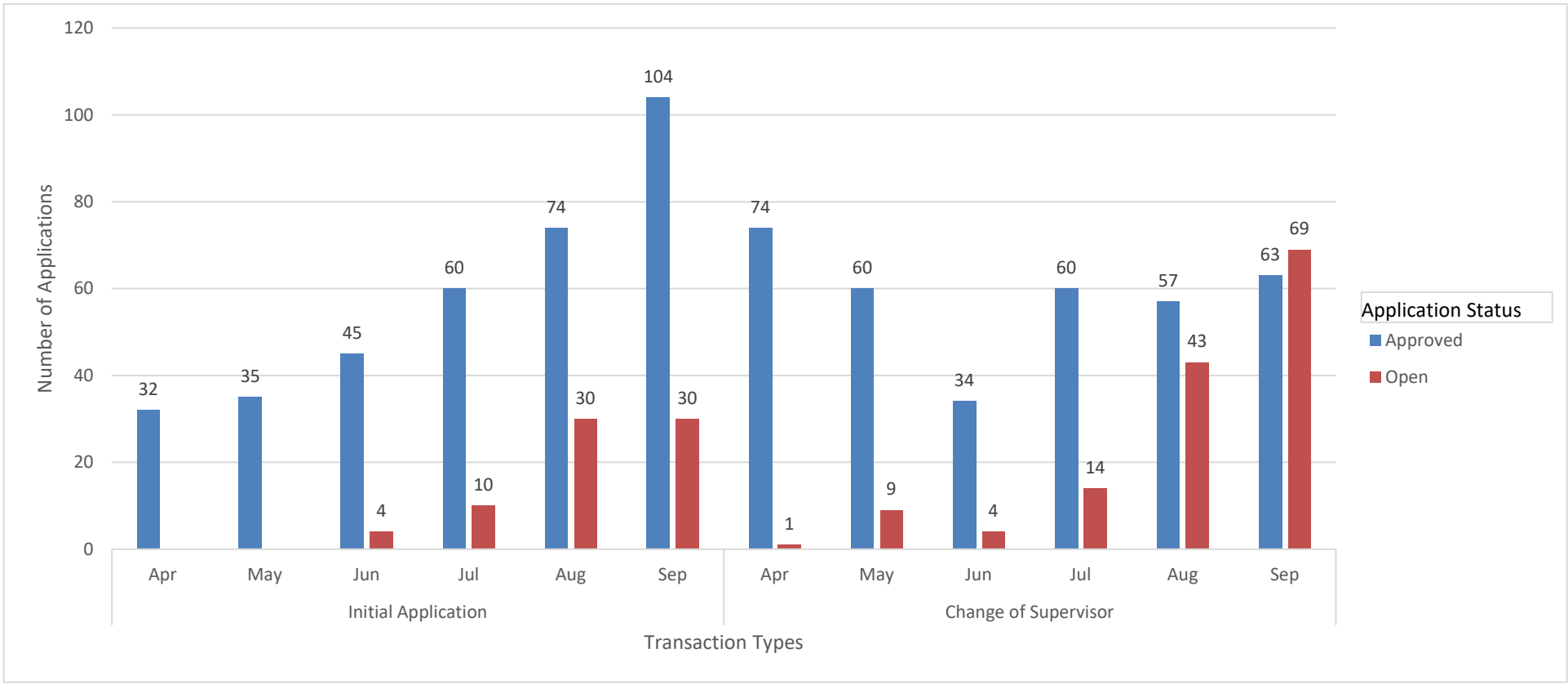
LICENSING POPULATION REPORT
BOARD OF PSYCHOLOGY
AS OF 10/14/2026

License Type	License Status											Total
	Licensing								Enforcement			
	Current	Inactive	Military Inactive	Military Active	Delinquent	Cancelled	Retired	Deceased	Surrendered	Revoked	Revoked, Stayed, Probation	
Licensed Psychologist	21,283	1,701	0	0	1,341	9,284	1,090	1,104	293	170	132	36,398
Registered Psychological Associate	1,844	73	0	0	120	25,754	0	8	16	8	20	27,843
Psychological Testing Technician	148	0	0	0	4	86	0	0	0	0	0	238
Research Psychoanalyst	55	0	0	0	36	30	0	5	0	1	0	127
Student Research Psychoanalyst	26	0	0	0	10	39	0	0	0	0	0	75
Temporary Out-of-State Psychologist	271	0	0	0	0	10	0	0	0	0	0	281
Total	23,627	1,774	0	0	1,511	35,203	1,090	1,117	309	179	152	64,962

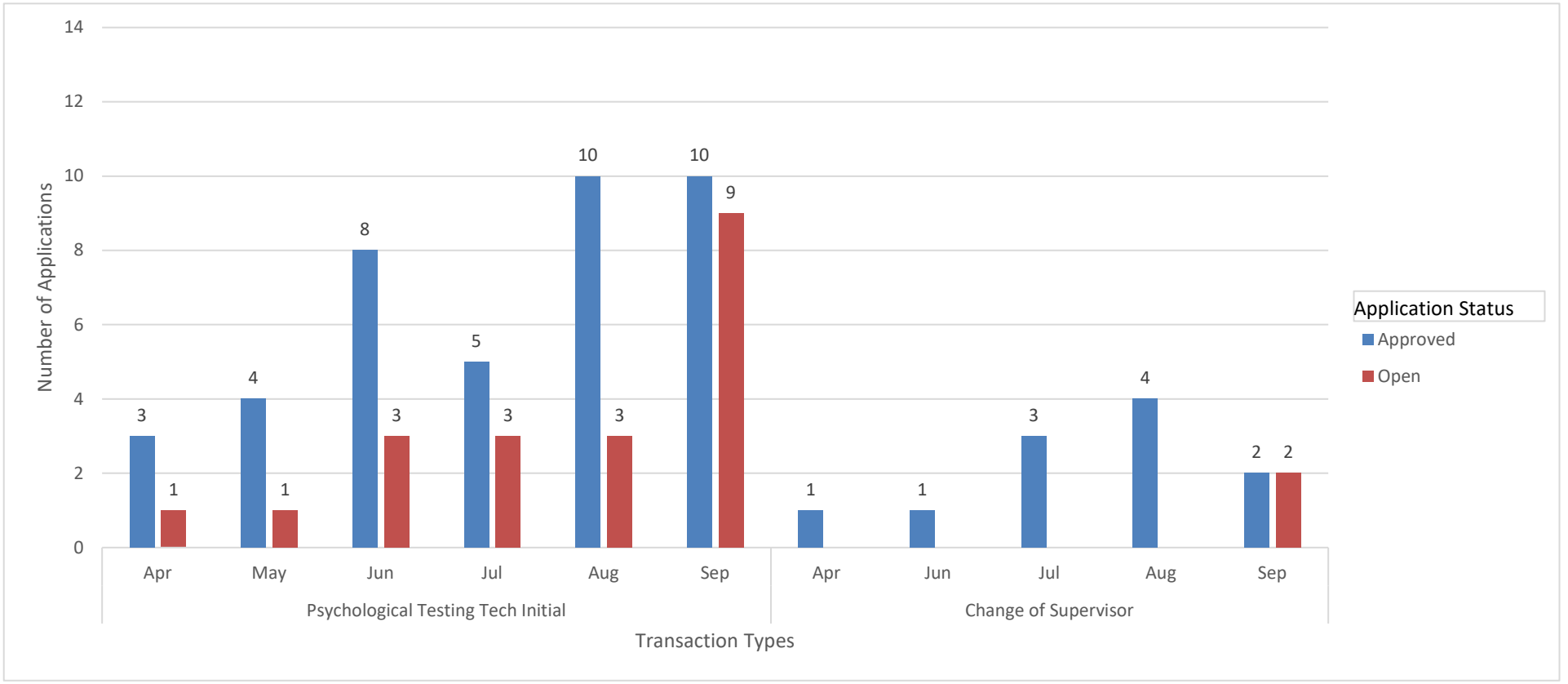
Psychologist Application Workload Report
April 1, 2026 to September 30, 2026
As of October 14, 2026



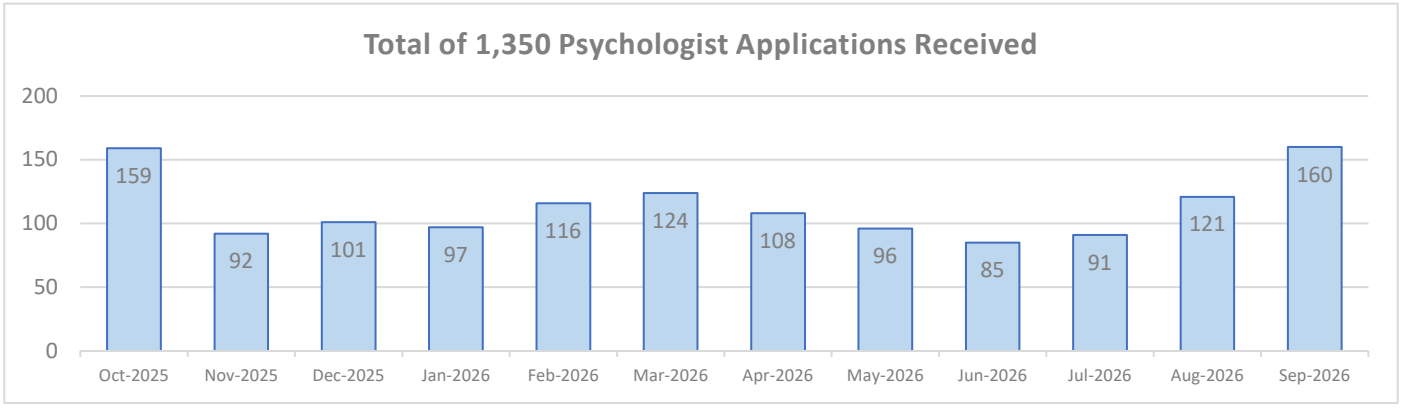
Registered Psychological Associate Application Workload Report
April 1, 2026 to September 30, 2026
As of October 14, 2026

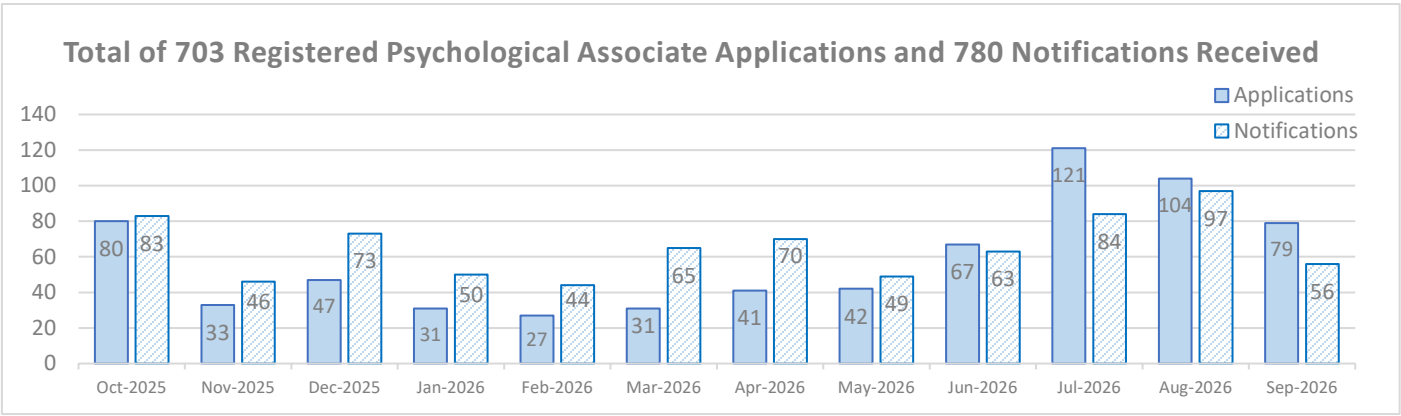


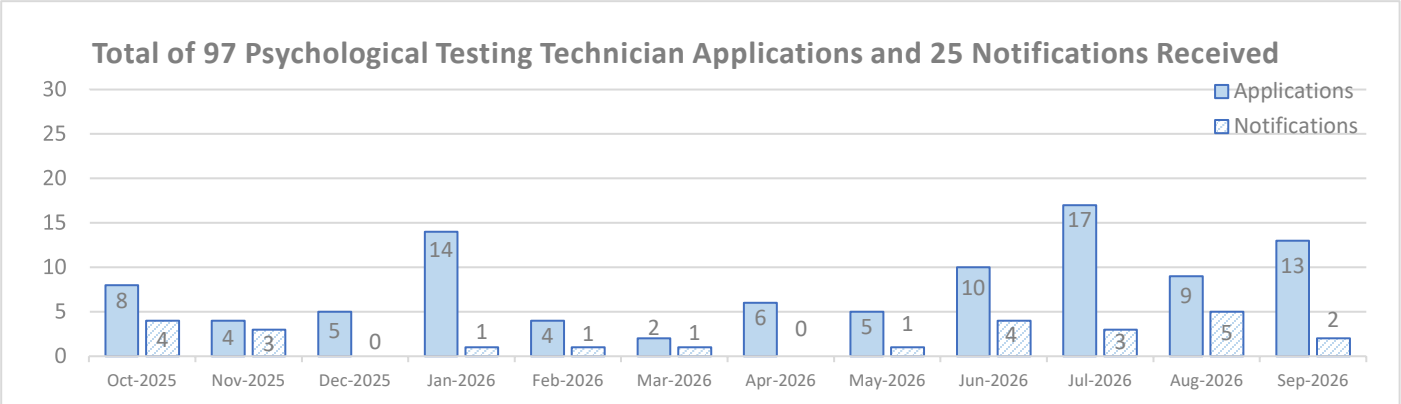
Psychological Testing Technician Application Workload Report
April 1, 2026 to September 30, 2026
As of October 14, 2026

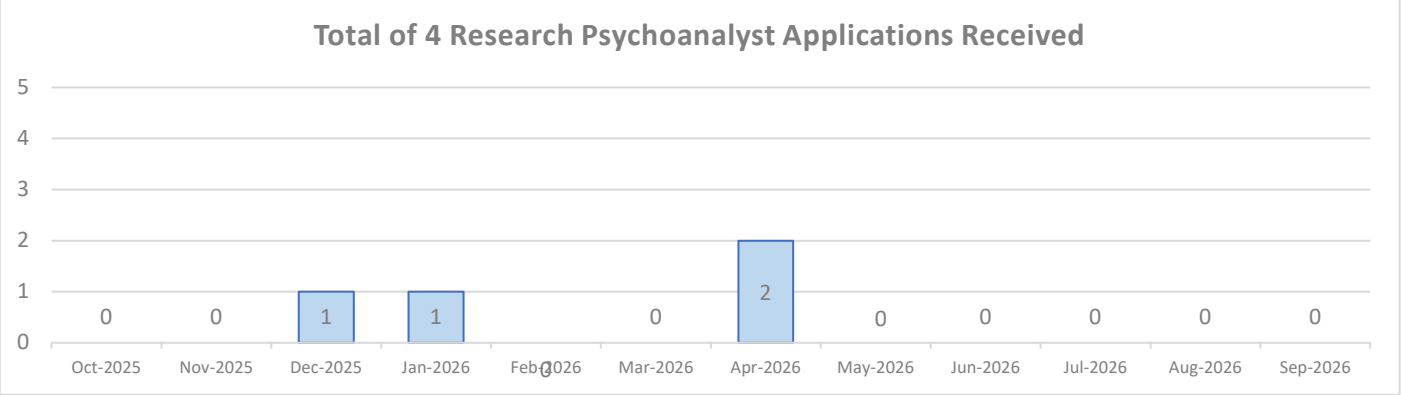


Applications and Notifications Received from October 2025 to September 2026
As of October 14, 2026

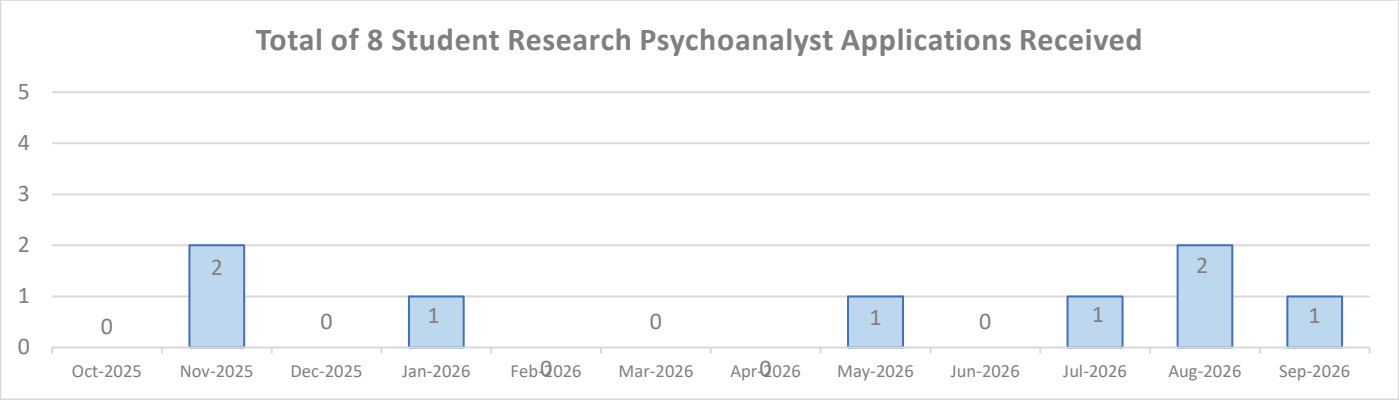


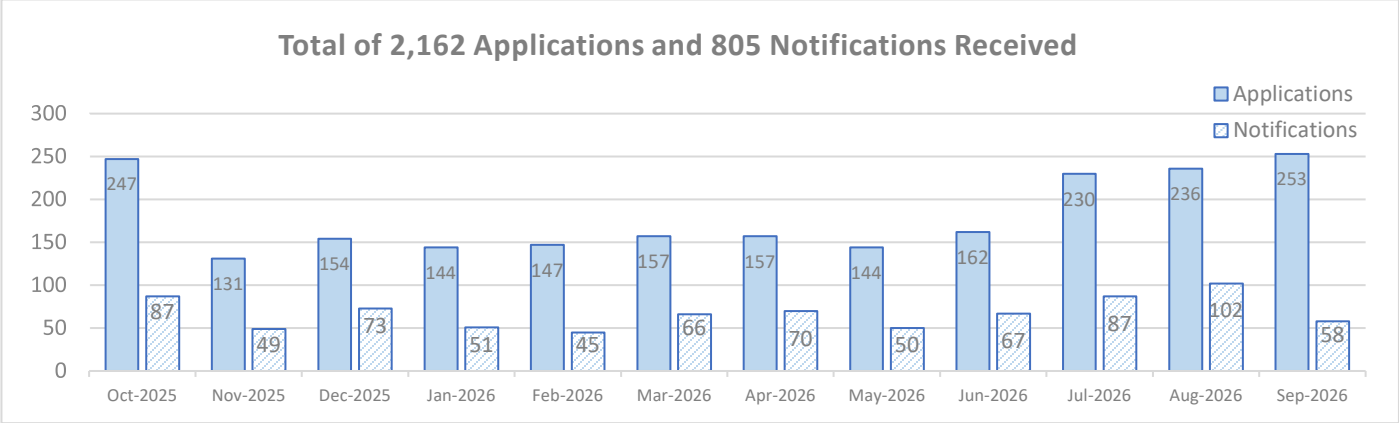




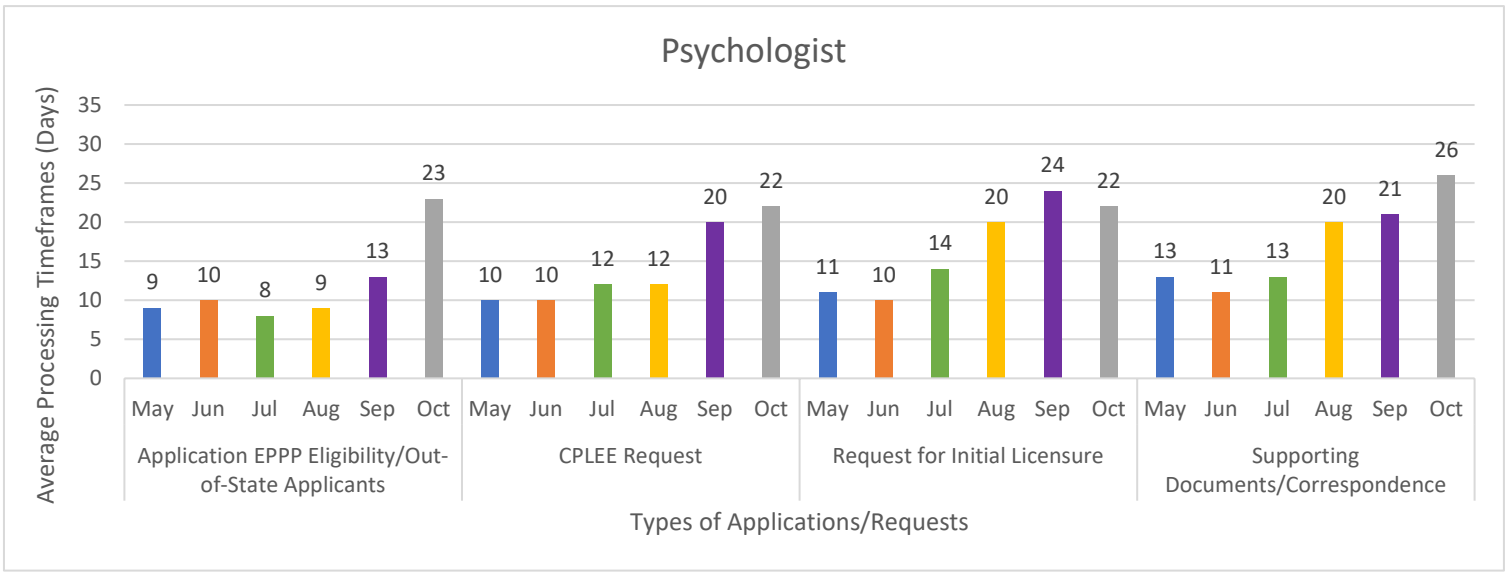


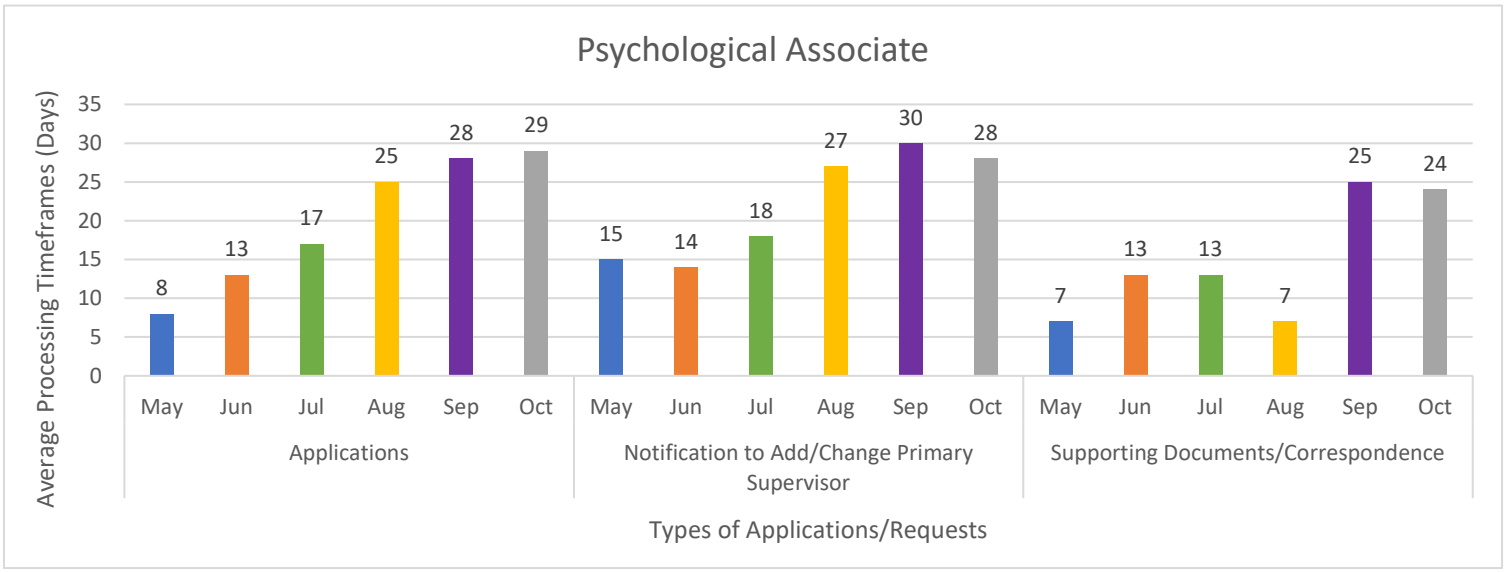
Applications and Notifications Received from October 2025 to September 2026
As of October 14, 2026

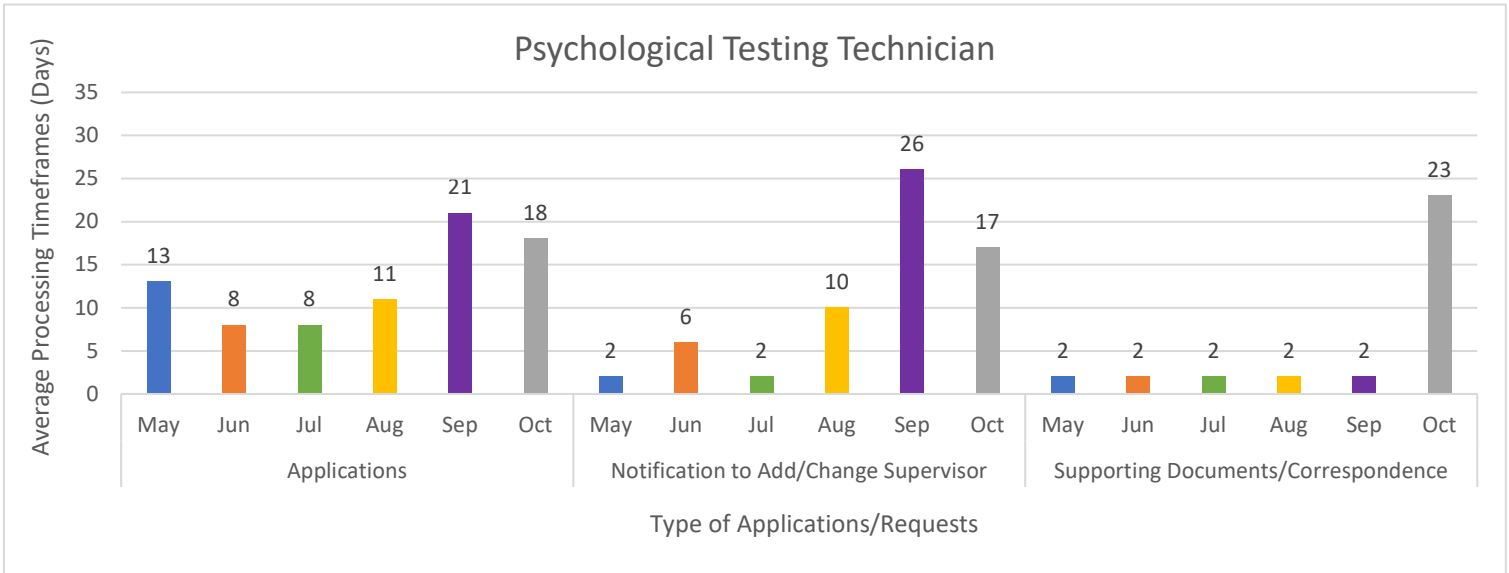




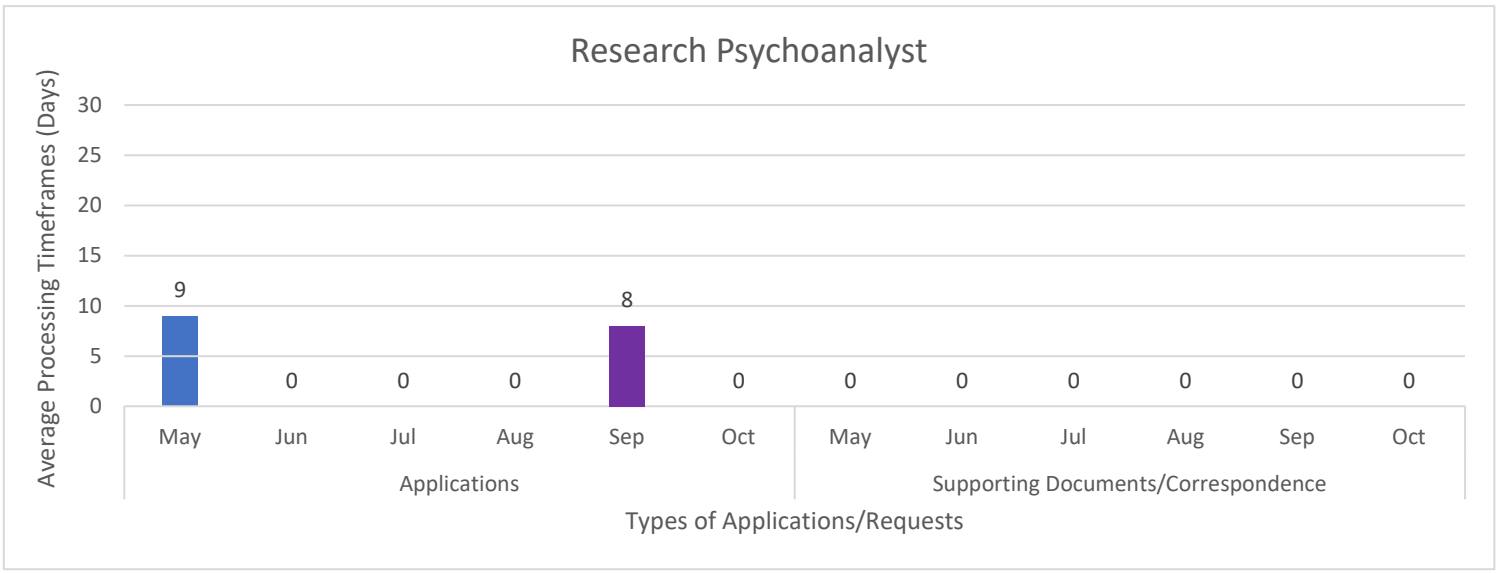
Average Application Processing Timeframes from May 2026 to October 2026
As of October 14, 2026

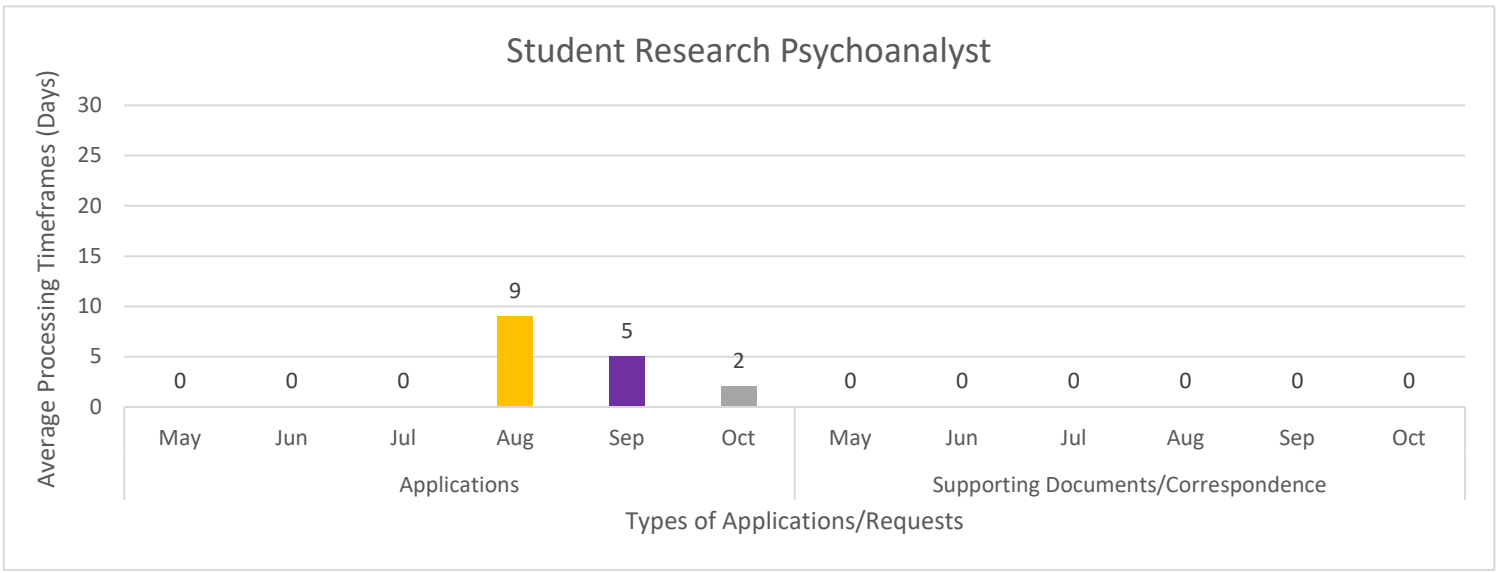






Average Application Processing Timeframes from May 2026 to October 2026
As of October 14, 2026





California Board of PSYCHOLOGY

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MEMORANDUM

DATE	October 13, 2026
TO	Board Members
FROM	Susan Hansen Examination Coordinator
SUBJECT	**Agenda Item 25** Examination Report

Examination Statistics

EPPP Monthly California Examination Statistics for January through September 2026

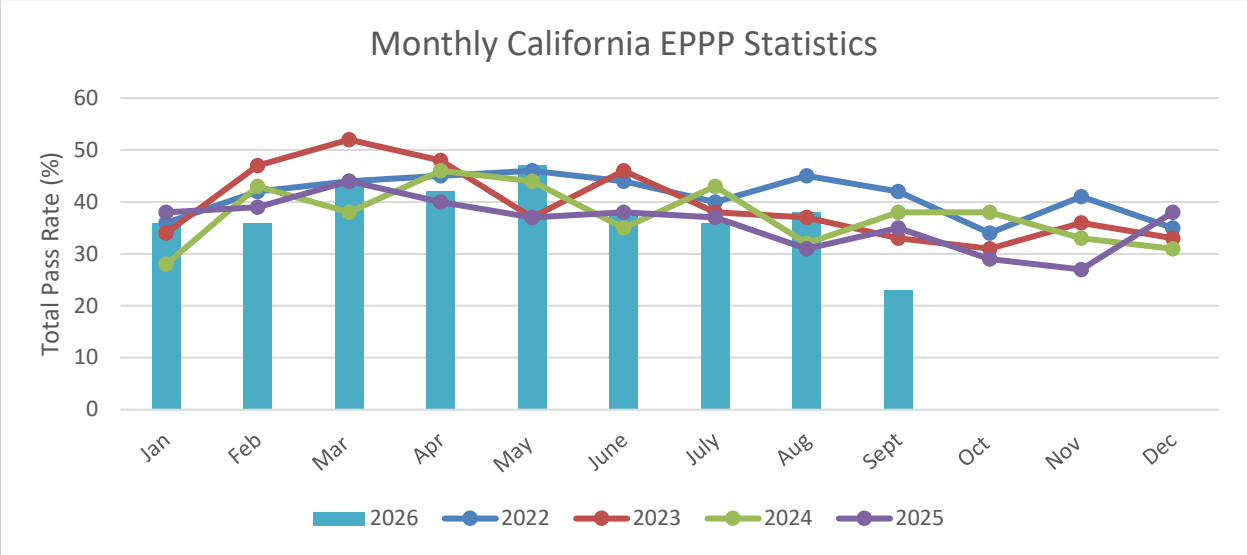
The Examination for Professional Practice in Psychology (EPPP) is the national exam developed by the Association for Provincial and Psychology Boards (ASPPB) and administered by Pearson Vue. The exam tests candidates' general knowledge in psychology. EPPP is one of the required exams for licensure in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

Currently, the overall pass rate is 38.1%, with an overall first-time pass rate of 60%. 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	126	45	35.71%	46	27	58.70%
February	157	56	35.67%	70	38	54.29%
March	194	83	42.78%	77	55	71.43%
April	152	64	42.11%	73	44	60.27%
May	186	87	46.77%	84	53	63.10%
June	156	60	38.46%	66	42	63.64%
July	206	74	35.92%	80	49	61.25%
August	150	57	38.00%	53	30	56.60%
September	128	29	22.66%	39	15	38.46%
Overall - Total	**1,455**	**555**	**38.14%**	**588**	**353**	**60.03%**

The chart below depicts California pass rate statistics of the EPPP for the past four years compared with the statistics for 2026. Pass rates are varying from month to month in 2026 with a 16% decrease from August to September.



CPLEE Monthly Examination Statistics for January through September 2026

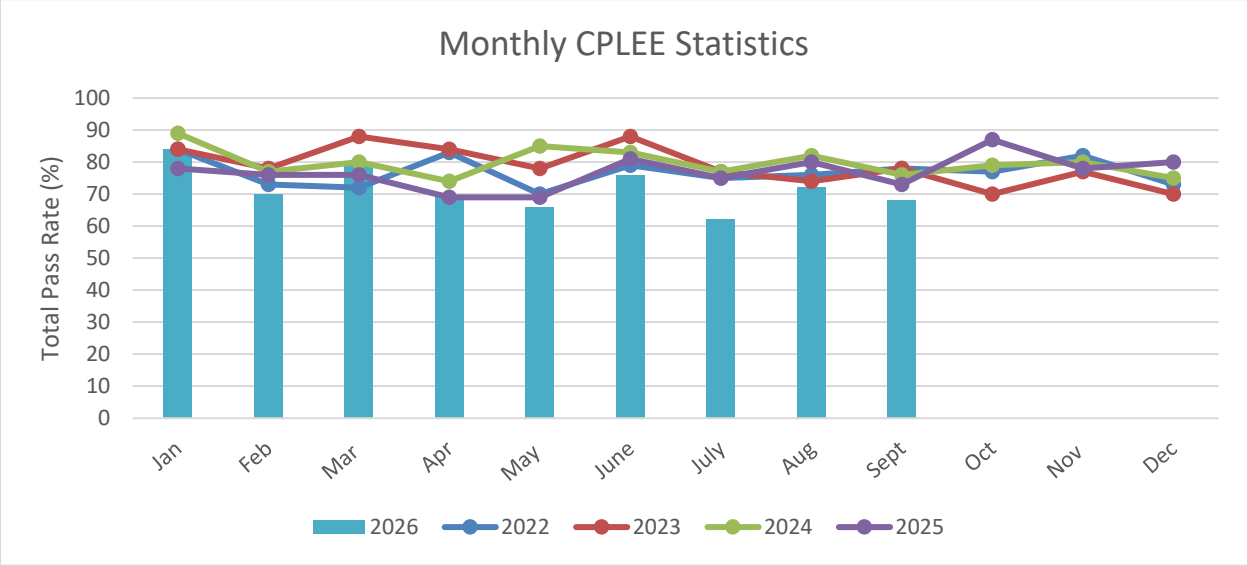
The California Psychology Laws and Ethics Exam (CPLEE) is a state-owned exam developed by the Department of Consumer Affairs, Office of Professional Examination Services (OPES) and administered by PSI, Inc. The exam tests candidates on their knowledge of APA Code of Conduct and the Board's laws and regulations.

Currently, the overall pass rate is averaging 71.8% in 2026, with the overall first-time pass rate of 72.9%.

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%
June	99	75	75.76%	84	64	76.19%
July	76	47	61.84%	60	38	63.33%
August	108	78	72.22%	85	66	77.65%
September	139	95	68.35%	117	78	66.67%
Overall - Total	**769**	**552**	**71.78%**	**602**	**439**	**72.92%**

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 is running lower than previous years overall.



New ASPPB EPPP Registration Portal

ASPPB changed vendors for EPPP registration services, from Certemy to the new portal Clarus, on September 29, 2026. There are currently technical difficulties uploading new eligibility records and retake eligibility records into Clarus. At this time the Board is needing to manually create a new eligibility file and a retake eligibility file each week in order to upload eligibilities into Clarus. Board staff is working with ASPPB, BrightLink and DCA IT staff to identify and resolve technical limitations on both ends to try and eliminate the need for manual intervention.

Action:

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

California Board of PSYCHOLOGY

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MEMORANDUM

DATE	November 12, 2026
TO	Psychology Board Members
FROM	Troy Polk, CPD/Renewals Coordinator
SUBJECT	Agenda Item 26– Continuing Professional Development (CPD) and Renewals Report

Between January 2026 through September 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 10 percent of the monthly applications. Psychological Testing Technicians, Research Psychoanalysts and Student Research Psychoanalysts account for approximately 1 percent of renewals.

On September 1, 2026, a total of 28 letters were sent to Research Psychoanalyst and Student Research Psychoanalyst who did not renew with the Board. Four Research Psychoanalyst's and two Student Research Psychoanalyst's renewed after receiving the letter. The Board did not receive a response from 19 registrants, and three of the letters were returned to the Board.

A total of 233 CPD audits were sent out for August 2025 through August 2026. The current pass rate is 78 percent with 16 percent of those audits still waiting for submission of CPD documentation, and 5 percent are pending review of CPD documentation. Currently, 1 percent of the audits have failed.

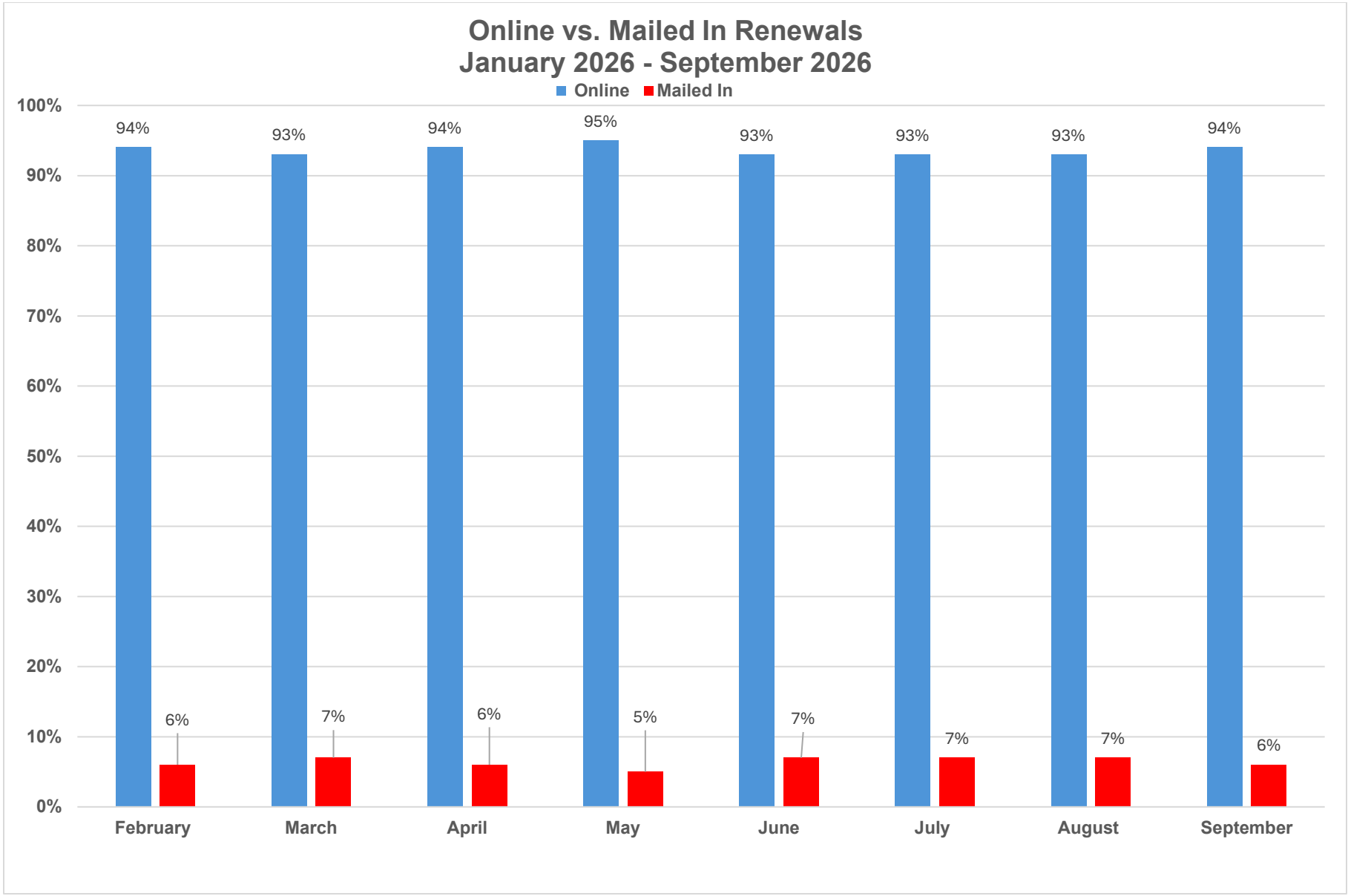
In reviewing the completed and passed audits for August 2025 through June 2026, the most used activities to complete the CPD requirements continue to be Sponsored Continued Education and Peer Consultation, followed by Self-Directed Learning however, there was increase in the activity for Attendance at a Board of Psychology meeting.

Action Requested

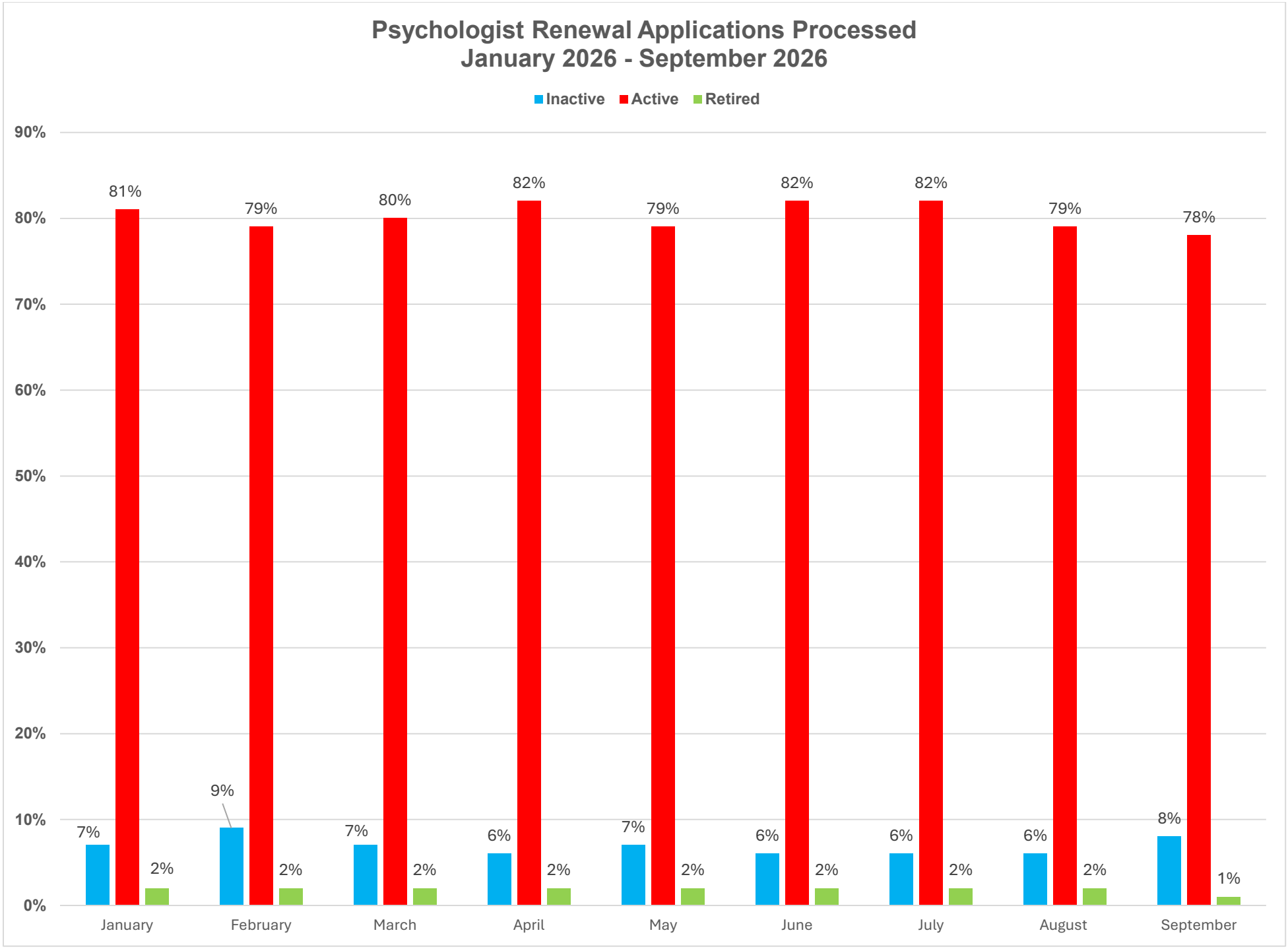
This item is for informational purposes only. There is no action required at this time.

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

Attachment A



Attachment B



Attachment C



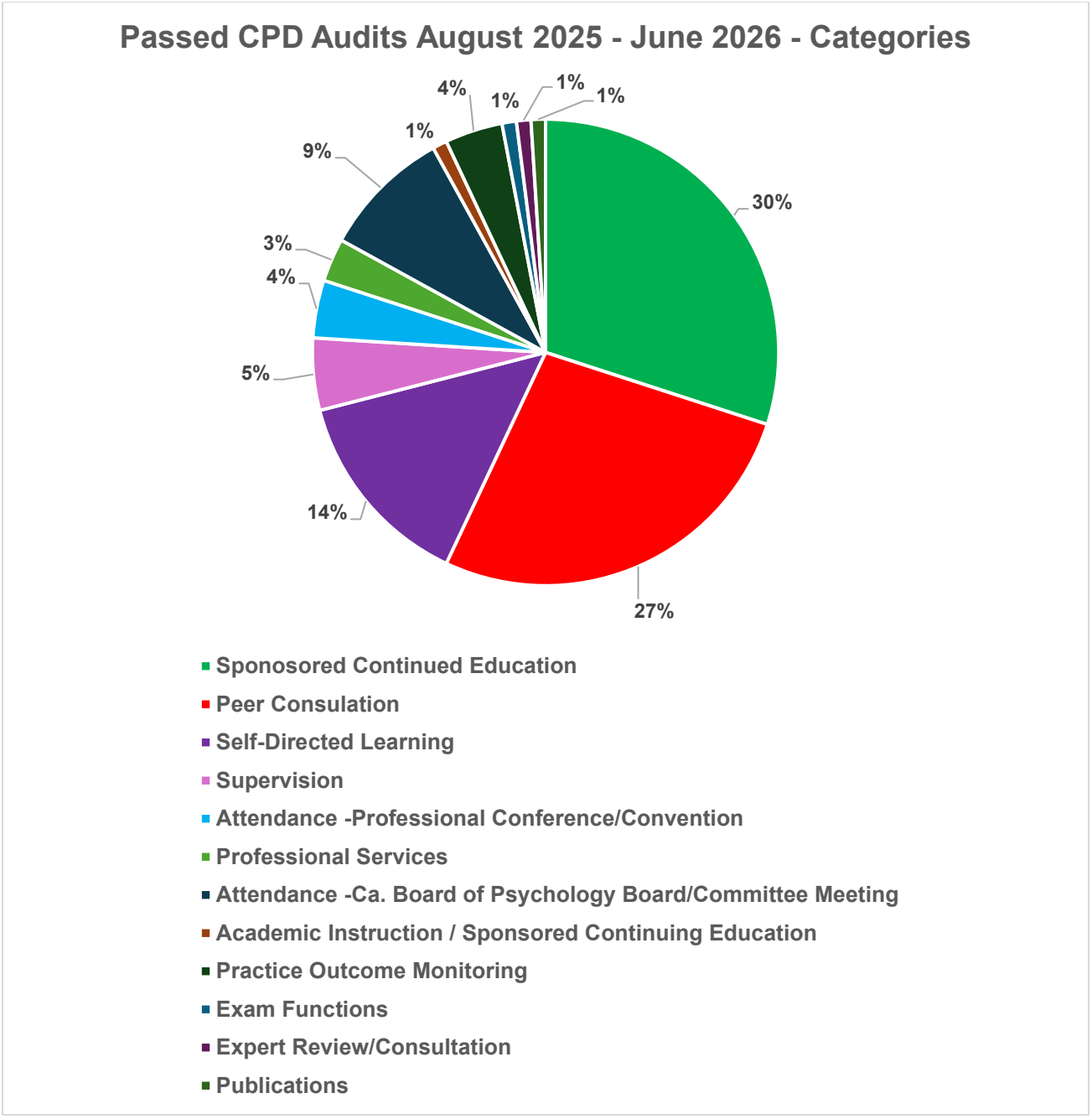
Continuing Professional Development Audits
August 2025 – August 2026

Month	Total # of Licensees Selected for Audit:	% Passed:	% Deficient	% Pending Review:	% Not Yet Received	% Failed:
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**	100%	0%	0%	0%	0%
April (2026)	**24**	95%	0%	0%	0%	5%
May (2026)	**19**	100%	0%	0%	0%	0%
June (2026)	**20**	25%	5%	65%	5%	0%
July (2026)	**20**	0%	0%	0%	100%	0%
August (2026)	**16**	0%	0%	0%	100%	0%
Totals:	**233**	**78%**	**0%**	**5%**	**16%**	**1%**

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

Of the of 233 audits sent out; the current pass rate is 78%. 5% of the audits are pending review of the documentation received. 16% 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

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MEMORANDUM

DATE	October 9, 2026
TO	Psychology Board Members
FROM	Daniel Phillips, Enforcement Program Manager Board of Psychology
SUBJECT	Agenda Item 28, 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 325 complaints. All complaints received are open and assigned to an enforcement analyst.

Citation Program
Since July 1, 2026, the Board has issued 14 enforcement citations. Citations and fines are issued for minor violations.

Discipline Program
Since July 1, 2026, the Board has referred nine (9) cases 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.

Attachment 2:
Attachment #2: Performance Measures current as of July 20, 2026.

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	317
Arrest Reports Received	32	34	14	31	17	15	8
Investigations Opened[2]	788	761	610	877	663	657	202
ENFORCEMENT OUTCOMES							
Total Citations Issued	37	31	30	29	24	2	14
Total Cases Referred to AG	60	52	29	29	11	3	9
Accusations	32	29	17	10	9	9	9
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	9
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	2
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	2
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	3
Repeated Negligent Acts	25	17	17	25	28	6	3
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	3
General Unprofessional Conduct	26	25	16	21	20	10	3
Probation Violation	7	5	0	5	3	0	0
Sexual Misconduct	7	8	4	6	8	5	1
Conviction of a Crime	10	8	1	8	4	9	1
Discipline by Another State Board	2	2	3	0	3	0	1
Misrepresentation of License Status	1	3	0	2	1	1	1

****Enforcement data pulled on October 9, 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.

FY2025/26 Q3 Enforcement Analysis

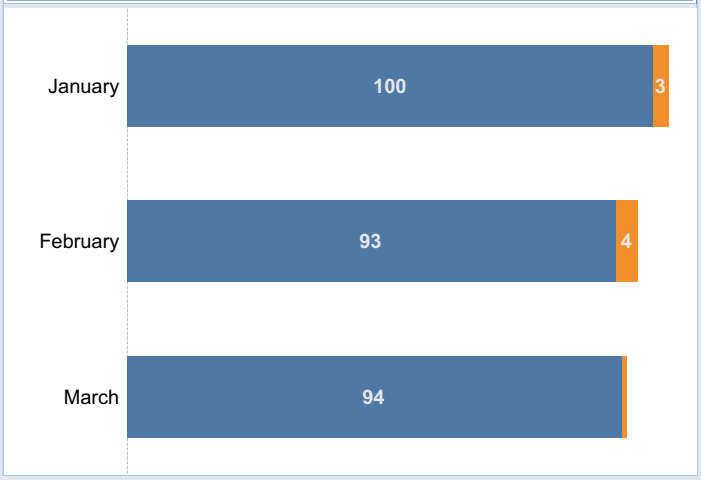
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State Fiscal Year	Quarter	DCA Entity
FY2025/26	Q3	Board of Psychology

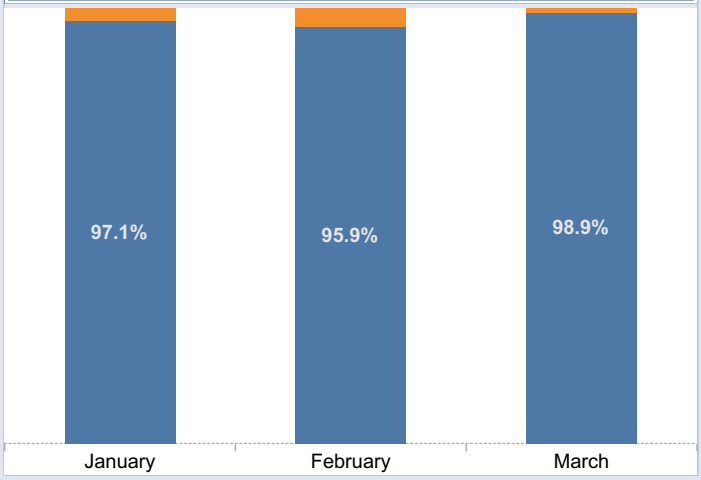
Board of Psychology New Cases Summary

Complaints Volume	Conviction/Arrest Volume	Total Volume
287	8	295

Case Volume



Case Volume % Distribution



PM1: Case Volume - Total number of complaints and conviction/arrest noticesreceived within the specified period. **(Complaints Volume | Conviction/Arrest Volume)**

FY2025/26 Q3 Enforcement Analysis

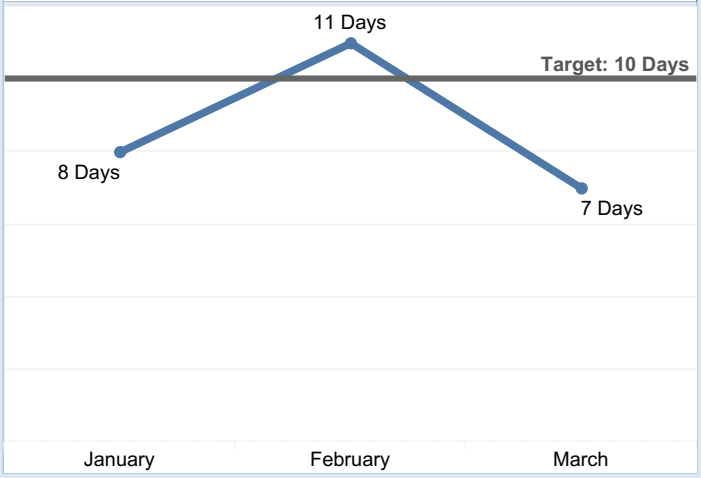
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State Fiscal Year	Quarter	DCA Entity
FY2025/26	Q3	Board of Psychology

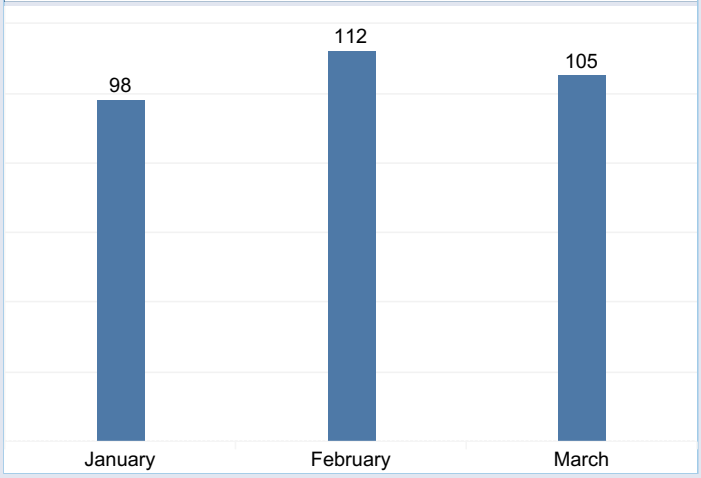
Board of Psychology PM2 Performance Summary

Case Volume	Target	Actual	Variance
315	10 Days	9 Days	▼ -1 Days

PM2 Intake Cycle Time



PM2 Volume



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

FY2025/26 Q3 Enforcement Analysis

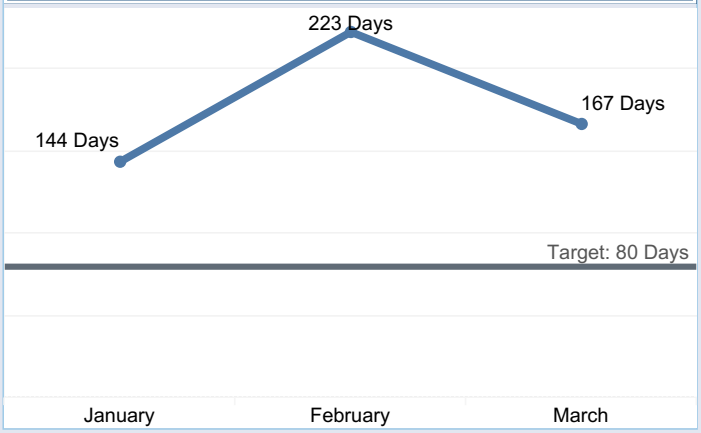
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State Fiscal Year	Quarter	DCA Entity
FY2025/26	Q3	Board of Psychology

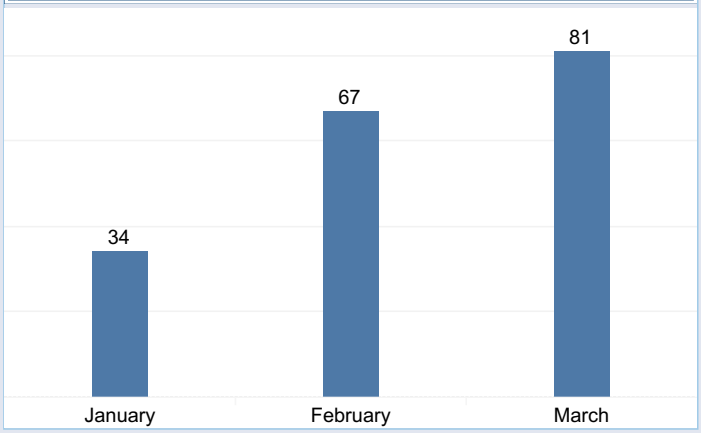
PM3 - Performance Summary

Case Volume	Target	Actual	Variance
182	80 Days	183 Days	▲ 103 Days

PM3 - Investigations Cycle Time



PM3 - Volume



Performance Measure 3 (Investigation)
Volume: Total number of cases closed that went to investigation but were not referred to the Office of the Attorney General for disciplinary action during the specified period.
Cycle Time: Average number of days from received date to closed date for completed investigations that were not referred to the Office of the Attorney General for disciplinary action during the specified period. (**Actual Below Target | Actual Above Target**)..

FY2025/26 Q3 Enforcement Analysis

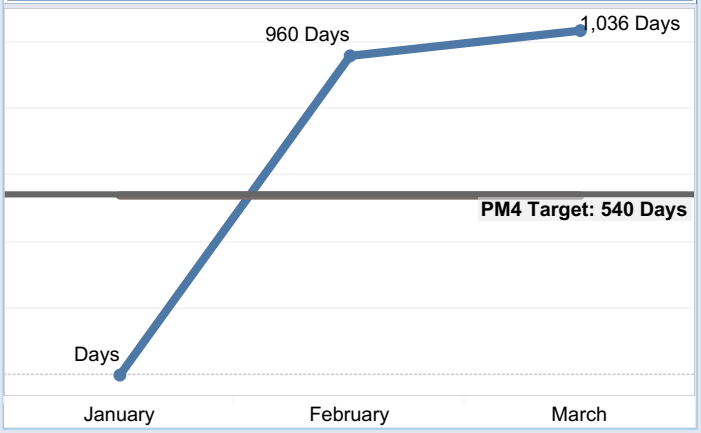
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State Fiscal Year	Quarter	DCA Entity
FY2025/26	Q3	Board of Psychology

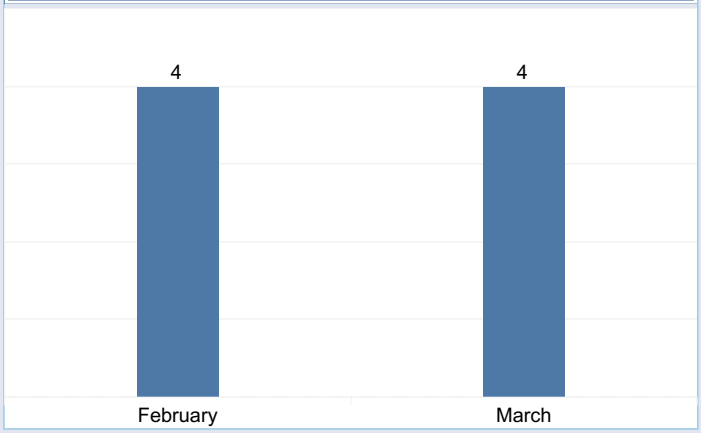
PM4 Performance Summary

Case Volume	Target	Actual	Variance
8	540 Days	998 Days	▲ 458 Days

PM4 - Formal Discipline Cycle Time



PM4 - Volume



Performance Measure 4 (Formal Discipline)
Volume: Total number of cases closed that were referred to the Office of the Attorney General that resulted in discipline, accusation withdrawn, dismissal, etc. during the specified period.
Cycle Time: Average number of days from received date to discipline imposed, accusation withdrawn/dismissed, etc. for cases closed during the specified period.
(**Actual Below Target** | **Actual Above Target**)

FY2025/26 All Enforcement Analysis

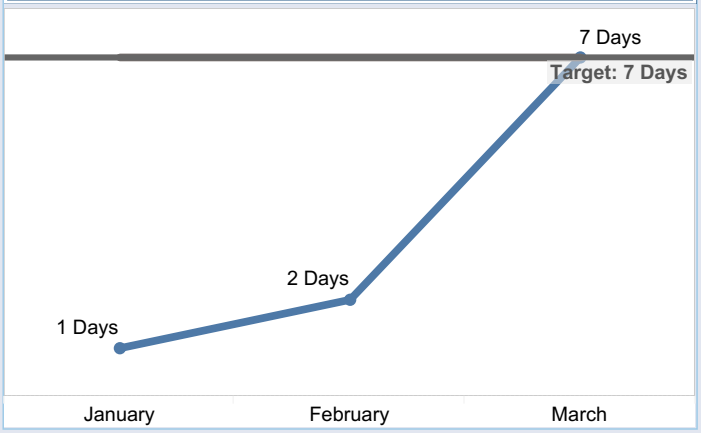
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DCA Entity	State Fiscal Year	Quarter	Performance Measure
Board of Psychology	FY2025/26	Q3	PM7

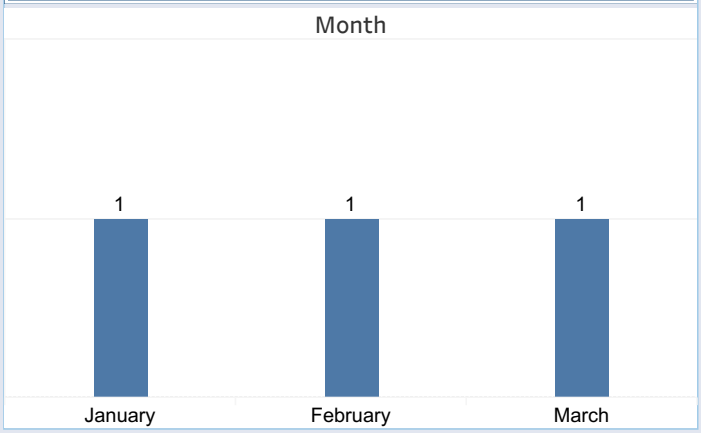
PM7 Performance Summary

Case Volume	Target	Actual	Variance
3	7 Days	3 Days	▼ -4 Days

PM7: Probation Intake Cycle Time



PM7: Probation Cases



Performance Measure 7 (Probation Case Intake) – Total number of new probation cases and the average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.
Performance Measure 8 (Probation Violation Response) – Total number of probation violation cases and the average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

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FY2025/26 All Enforcement Analysis

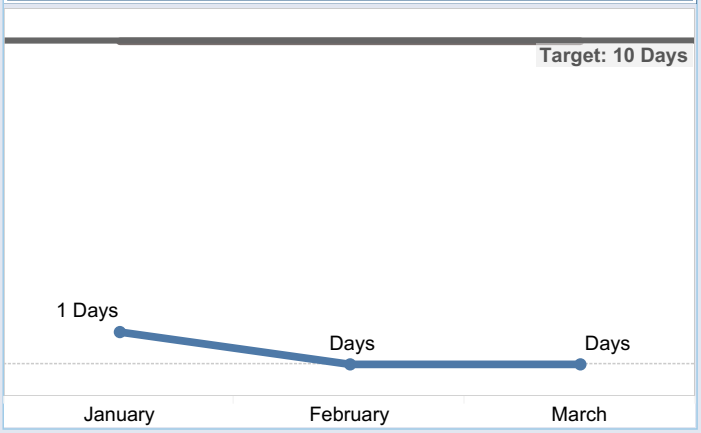
DCA Entity: All | Date Last Refreshed: 7/20/2026 8:36:52 PM

DCA Entity	State Fiscal Year	Quarter	Performance Measure
Board of Psychology	FY2025/26	Q3	PM8

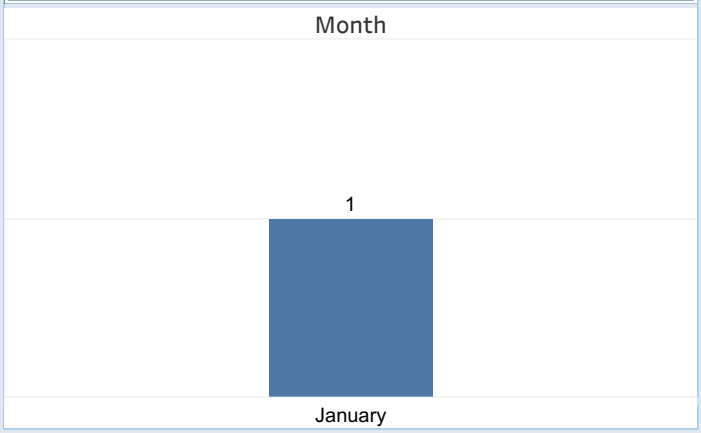
PM8 Performance Summary

Case Volume	Target	Actual	Variance
1	10 Days	1 Days	▼ -9 Days

PM8: Probation Violation Response Cycle Time



PM8: Probation Violation Cases



Performance Measure 7 (Probation Case Intake) – Total number of new probation cases and the average number of days from monitor assignment, to the date the monitor makes first contact with the probationer.
Performance Measure 8 (Probation Violation Response) – Total number of probation violation cases and the average number of days from the date a violation of probation is reported, to the date the assigned monitor initiates appropriate action.

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