

POLICY AND ADVOCACY COMMITTEE MINUTES

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A recorded webcast of this meeting is available at:

<https://dca-meetings.webex.com/recording/service/sites/dca-meetings/recording/085e90a9db1c103c85a5f609e9ba0dcd/playback>

DATE April 12, 2024

TIME 10:00 a.m.

LOCATIONS

Primary Location Department of Consumer Affairs
1625 North Market Blvd., #S-102
Sacramento, CA 95834

Alternative Platform WebEx Video/Phone Conference

ATTENDEES

Members Present at Remote Locations

Christopher Jones, Chair, LEP Member
Wendy Strack, Public Member
Abigail Ortega, LCSW Member
John Sovec, LMFT Member (*at 12:40 p.m.*)

Staff Present at Primary Location

Steve Sodergren, Executive Officer
Marlon McManus, Assistant Executive Officer
Rosanne Helms, Legislative Manager
Christy Berger, Regulatory Analyst
Sabina Knight, Legal Counsel
Christina Kitamura, Administrative Analyst

Staff Present at Remote Location

Kristy Schieldge, Legal Counsel

Other Attendees

Public participation via WebEx video conference/phone conference
and in-person at Department of Consumer Affairs

1 **1. Call to Order and Establishment of Quorum**

2
3 Christopher Jones, Chair of the Policy & Advocacy Committee (Committee)
4 called the meeting to order at 10:00 a.m. Roll was called, and a quorum was
5 established.

6
7 **2. Introductions**

8
9 Committee members introduced themselves during role call; staff and public
10 attendees introduced themselves.

11
12 **3. Consent Calendar: Discussion and Possible Approval of January 19, 2024**
13 **Committee Meeting Minutes**

14
15 Correction noted on page 1, line 21.

16
17 **Motion: Approve the January 19, 2024 Committee meeting minutes as**
18 **amended.**

19
20 **M/S: Strack/Jones**

21
22 **Public Comment: None**

23
24 **Motion carried: 3 yea, 0 nay, 1 absence.**

Member	Vote
Christopher Jones	Yes
Abigail Ortega	Yes
John Sovec	absent
Wendy Strack	Yes

25
26
27 **4. Discussion and Possible Recommendation Regarding Assembly Bill 941**
28 **(Waldron) Controlled Substances: Psychedelic-Assisted Therapy**

29
30 ***Agenda item 4 was tabled.***

31
32 **5. Discussion and Possible Recommendation Regarding Assembly Bill 1991**
33 **(Bonta) Licensee and Registrant Records**

34
35 AB 1991 would require healing arts boards under the Department of Consumer
36 Affairs (DCA) to collect the following data from licensees and registrants at
37 renewal:

- 38 • Anticipated year of retirement
- 39 • Practice area or specialty
- 40 • City, county, and zip code of practice
- 41 • Birth date

- 1 • Educational background/highest level attained
- 2 • Gender or gender identity
- 3 • Hours spent in direct patient care, including telehealth, training, research,
- 4 and administration
- 5 • Languages spoken
- 6 • National provider identifier
- 7 • Race or ethnicity
- 8 • Type of employer or classification of primary practice site including clinic,
- 9 hospital, managed care organization, or private practice
- 10 • Work hours
- 11 • Sexual orientation
- 12 • Disability status

13
14 Author's Intent

15 This bill will provide the Department of Health Care Access and Information
16 (HCAI) with the information necessary to determine whether the loan repayment
17 programs they administer are having the intended effect of increasing diversity in
18 health care workforce and encouraging providers to work in underserved areas.

19
20 Discussion/Comments

21 Strack: The bill seeks answers to sensitive questions. Suggested watching this
22 bill.

23
24 Ortega: Agrees that some questions are sensitive; some questions are too
25 challenging to answer (i.e., anticipated retirement date). Asked if answering
26 these questions is optional.

27
28 Shanti Ezrine, California Association of Marriage and Family Therapists
29 (CAMFT): CAMFT is still assessing the bill; concerned about provider's time with
30 the data requirements listed in the bill.

31
32 **The Committee did not take a position; directed staff have a discussion**
33 **with the author and request more information.**

34
35 **6. Discussion and Possible Recommendation Regarding Assembly Bill 2142**
36 **(Haney) Prisons: Mental Health**

37
38 AB 2142 establishes a 3-year pilot program at the California Department of
39 Corrections and Rehabilitation (CDCR) to provide access to mental health
40 therapy to all incarcerated persons, regardless of whether they are classified as
41 having a mental health disorder or not.

42
43 Author's Intent

44 To establish a pilot program to provide access to mental health therapy to all
45 incarcerated persons in CDCR. CDCR only provides therapy to the most severe

1 cases of mental illness, which are those assigned to one of four classifications.
2 Those who are not classified, do not have access to mental health care at all.

3
4 Staff's Comment: Consider Clarifying Allowable Settings

5 PC section 2693(a) establishes that the pilot program must provide incarcerated
6 persons access to mental health therapy in two types of settings: 1) virtual
7 therapy, and 2) contracted licensed or registered mental health providers. The
8 setting for "contracted licensed or registered mental health providers" is unclear.

9
10 Discussion/Comments

11 Jones and Ortega agreed that mental health services to incarcerated individuals
12 are important.

13
14 Ortega: Concerned that the currently limited resources will be stretched due to
15 the number of providers in the prisons, and questioned how it will be addressed.
16 The intent is great, but there is already a shortage.

17
18 Cathy Atkins, CAMFT: In response to Ortega regarding resources, telehealth
19 would be utilized. In response to the shortage of clinicians and how it will work,
20 Atkins emphasized that this is a pilot program to be tested in 2 prisons and will
21 gather information regarding cost, the burden on the workforce, if it's working and
22 how it's working, whether it can be fixed, etc. CAMFT is willing to work with BBS
23 to make improvements to the bill.

24
25 Ortega: Requested information regarding the number of providers employed by
26 CDCR, and an estimate of the number of providers that will be needed.

27
28 **The Committee did not take a position. Staff will have a discussion with**
29 **CAMFT to request more data and information.**

30
31 **7. Discussion and Possible Recommendation Regarding Assembly Bill 2270**
32 **(Maienschein) Healing Arts: Continuing Education: Menopausal Mental and**
33 **Physical Health**

34
35 AB 2270 would require the Board to consider including a course in menopausal
36 mental or physical health in its continuing education (CE) requirements.

37
38 Staff's Comment: Coursework Content Already Permitted

39 The Board's licensing laws currently permit any continuing education coursework
40 that is in or relevant to the practice of that profession. The Board would currently
41 accept a course in menopausal mental health toward CE requirements.

42
43 There is a variety of CE courses available to the Board's licensees covering
44 topics in a wide range of specialties that pertain to the practice of the Board-
45 regulated professions. Aside from the California law and ethics CE course

1 requirement, the Board leaves it to the licensee to determine what CE course
2 topics are most relevant and beneficial to them in their practice.

3
4 Staff's Comment: Relevance of Menopausal Physical Health

5 This bill specifies the Board must consider including a course in menopausal
6 mental or physical health in its CE requirements. While mental and physical
7 health can be interrelated, it is debatable whether a course that solely covered
8 menopausal physical health, with no inclusion of mental health, would be relevant
9 to the practice of the professions the Board regulates.

10
11 Discussion/Comments

12 Strack: This does not seem to fit the standard CE course. Specifically required
13 courses should be generally applicable across specific treatment areas.

14
15 Ortega: This is important for those who treat children because the provider is
16 also working with the family. This bill could be optional, but more in favor for a
17 bill that encompasses overall female health. Currently, this is an emerging topic.

18
19 Jones: Does not feel that the Board needs to make a requirement of
20 menopausal mental and physical health.

21
22 Atkins, CAMFT: CAMFT normally takes an opposed position on all CE
23 requirement bills. Since this bill is permissive, CAMFT will not take a position.
24 The additional CE does not necessarily provide additional safety to the
25 consumer. Providers know where they need growth and assistance in their
26 practice area. There's too much that gets added to CE every year.

27
28 **The Committee did not take a position.**

29
30 **8. Discussion and Possible Recommendation Regarding Assembly Bill 2581**
31 **(Maienschein) Healing Arts: Continuing Education: Maternal Mental Health**

32
33 AB 2581 would require the Board to consider including a course in maternal
34 mental health in its CE requirements.

35
36 Staff's Comment: Coursework Content Already Permitted

37 The Board's licensing laws currently permit any continuing education coursework
38 that is in or relevant to the practice of that profession. The Board would currently
39 accept a course in maternal mental health toward CE requirements.

40
41 There is a variety of CE courses available to the Board's licensees covering
42 topics in a wide range of specialties that pertain to the practice of the Board-
43 regulated professions. Aside from the California law and ethics CE course
44 requirement, the Board leaves it to the licensee to determine what CE course
45 topics are most relevant and beneficial to them in their practice.

1 Discussion/Comments

2 Jones and Strack: Although this is an important topic, it is not necessary to
3 require it.

4
5 Ortega: This is different from the last bill discussed because it could lead to
6 death or harm to a child. This bill is worth considering.

7
8 Atkins, CAMFT: CAMFT will not be taking a position on this bill because it's
9 permissive. The additional CE does not necessarily provide additional safety to
10 the consumer. Providers know where they need growth and assistance in their
11 practice area.

12
13 Elyse Springer, California Chapter of Postpartum Support International (PSI-CA):
14 Shared her experience; did not have knowledge of perinatal mental health
15 disorders, nor did her therapist. Misdiagnosis can have devastating
16 consequences. Perinatal mental health training needs to be mandated in the
17 same way that child development, human sexuality and other trainings are
18 mandated.

19
20 The following attendees shared their experiences and urged the Board to
21 consider the bill: Meri Levy, PSI-CA; Daniella Bermudez, PSI-CA; Angelica
22 Quezada, Postpartum Health Alliance; Paulina Medina.

23
24 Atkins, CAMFT: CAMFT will not be taking a position on this bill for reasons
25 stated on the last bill discussed (AB 2270). Also encouraged members of the
26 public who are testifying on this matter, to reach out to their associations.
27 CAMFT is always looking for relevant content for their articles and newsletters,
28 as well as speakers for their conferences.

29
30 Ortega: This is a consumer protection matter. All clinicians should know about
31 this, and it's not readily available to clinicians. Supports maternal mental health
32 course as a CE requirement.

33
34 **Ortega: Moved to recommend to the Board to support AB 2581.**

35
36 **No second taken; the motion did not move forward. AB 2581 will move to**
37 **the Board for further discussion.**

38
39 **9. Discussion and Possible Recommendation Regarding Assembly Bill 2566**
40 **(Wilson) Healing Arts: Counseling**

41
42 AB 2566 would establish California as a member state in the Interstate
43 Counseling Compact (Compact), which permits a licensed professional counselor
44 in a member state to practice in other member states, if specified conditions are
45 met.

1 Author's Intent

2 The author states that the Compact will allow LPCCs in California to fully practice
3 in other member states in person and via telehealth and will allow licensed
4 counselors in other member states to practice in California.

5
6 Staff's Comment: Who Qualifies as an LPC?

7 There is a title disparity between the bill's licensed professional counselors (LPC)
8 and the Board's licensed professional clinical counselors (LPCC).

9
10 The broadness of 4999.133(p), which defines an LPC, raises the question of
11 whether individuals who are not equivalent in scope and experience to LPCCs
12 would be able to practice under the terms of the compact. Currently, the Board
13 requires out-of-state LPCCs to be licensed at the highest level for independent
14 clinical practice. Additionally, there are other types of licensed mental health
15 professionals that independently assess, diagnose, and treat. It is not clear if
16 they qualify as LPCs under the compact.

17
18 Staff's Comment: Potential Education Discrepancies

19 To qualify for its LPCC license, the Board requires the qualifying doctoral or
20 master's degree to be a single, integrated degree program that is counseling or
21 psychotherapy in content. This bill permits 60 semester or 90 quarter units of
22 graduate course work that is not necessarily gained in a completed master's
23 degree in counseling.

24
25 Additionally, the specific coursework topic areas that must be covered do not
26 cover all the Board's 13 required core content areas.

27
28 Staff's Comment: California-Specific Coursework Requirements for Out-of-State
29 Applicants

30 This bill permits jurisdictions to require applicants to meet jurisprudence
31 requirements. However, the Board would not be permitted to require these
32 applicants to take any California-specific coursework.

33
34 Staff's Comment: Fiscal Impact Unclear

35 The estimated number of LPCs nationwide and the percentage of LPCs that may
36 seek a privilege to practice in California is unknown; therefore, an accurate fiscal
37 impact cannot be determined.

38
39 Staff's Comment: Delegation of Board's Authority

40 The bill requires that member states comply with the Compact Commission's
41 rules and its actions, which are binding. Each member board gets one delegate
42 on the commission who has one vote regarding adoption of rules, regardless of a
43 state's market share or number of licensees. This could potentially affect the
44 Board's ability to act autonomously to accomplish its public protection mission.

45
46 The Commission could also vote to have member boards incur additional costs.

1 Staff's Comment: Supervision of Associates

2 It is unclear whether licensees holding a privilege to practice would be permitted
3 to supervise associates.
4

5 Discussion/Comments

6 GV Ayers, California Association for Licensed Professional Clinical Counselors
7 (CALPCC): Provided an overview on what this bill would do for the profession:
8 greater access to California, removes barriers to practice, will expand workforce,
9 continuity of care for patients who move out of state, military personnel and
10 spouses that relocate, preserves and strengthens regulatory oversight. What the
11 compact does not do: impact scope of practice, replace California counselors
12 with out-of-state counselors, diminish counselor wages, diminish BBS' licensing
13 and enforcement authority.
14

15 Atkins, CAMFT: Portability efforts are important, however, CAMFT is not taking a
16 position on this bill.
17

18 Ortega asked questions relating to supervision, compact rules versus licensing
19 board's laws and potential confusion when crossing state lines. Ayres responded
20 that the compact is silent on supervision and further clean-up legislation is likely
21 to happen.
22

23 Kristy Schieldge: Concerned that the bill does not allow the Board to have
24 authority to promulgate rules in how the program is implemented. The bill states
25 that the member states must following the rules of the commission.
26

27 Sabina Knight: Agreed with Schieldge. The Board is very limited on what it can
28 do with the compact's statutory language.
29

30 Jones: Concerns: 1) training outside of California – uncertain if that will meet
31 threshold of consumer protection. 2) California is a big state and only having 1
32 vote in the compact is problematic.
33

34 Strack: Also had similar concerns. 1) turning over authority to an organization
35 that is still working through this; 2) unknown cost; 3) LGBTQ communities and
36 other states. There is a lot of work to do before California can participate in this.
37

38 Ortega: Expressed concern regarding the quality and consistency of the
39 education and experience requirements for those practicing under the Compact.
40

41 **The Committee did not take a position. AB 2566 will move to the full Board**
42 **for further discussion.**
43

1 **10. Discussion and Possible Recommendation Regarding Assembly Bill 2651**
2 **(Bains) Alcohol Drug Counselors**
3

4 AB 2651 creates the Licensed Alcohol Drug Counselor Board under the DCA, for
5 the purpose of licensing alcohol drug counselors.
6

7 Author's Intent

8 Seeks title protection for licensed alcohol drug counselors. Establishment of the
9 license would provide for consumer protection mechanism and allow licensed
10 alcohol drug counselors to participate in Medicare reimbursement for their
11 services.
12

13 Staff's Comment: Title Act Versus Practice Act

14 This bill is currently written as a title act. However, the bill does not appear to be
15 a practice act. It avoids stating that a license is required to engage in alcohol
16 and drug counseling. It also states that a person employed or volunteering at a
17 certified outpatient treatment program or licensed residential treatment facility is
18 not required to obtain a license.
19

20 Staff's Comment: Single Modality License

21 This bill would create a license to treat only one type of diagnosis. An alcohol
22 and drug counselor would therefore have to be able to differentiate between an
23 issue that is solely attributed to alcohol and drug abuse problems and symptoms
24 and issues that may be attributable to a diagnosis outside of their scope of
25 practice.
26

27 Staff's Comment: Protection of BBS Scopes of Practice – LPCCs not Included.

28 This bill specifies in BPC §4457(c) and §4467) that the defined practice of
29 alcohol drug counseling is not intended to constrict or limit persons licensed by
30 any of the specified practice acts, provided they don't use the title "Licensed
31 Alcohol Drug Counselor." However, in both sections, the LPCC Act is left out.
32

33 LPCCs are also excluded from BPC §4469(b) of the bill.
34

35 Staff's Comment: Permitted Activities of the Board

36 BPC §4465(b) of the bill lists permitted activities of the board, two of which are:

- 37 • Assisting the relevant committee in reviewing and making determinations
38 about sunrise review applications for emerging behavioral health license
39 or certification programs; and
- 40 • Referring complaints about licensed and certified behavioral health
41 workers to appropriate agencies and private organizations, and cataloging
42 complaints about unlicensed behavioral health workers.
43

44 This brings into question of potential implications for the BBS and its regulatory
45 authority.

1 Discussion/Comments

2 Strack: Not clear as to why it is necessary to create a full board for a single
3 modality. Alcohol and substance abuse issues are often tied to other mental
4 health conditions; therefore, creating a license that only treats a portion of the
5 problem does not fully serve the consumer.
6

7 Ortega: Wants to know more about the current landscape, why this bill is coming
8 forward, and why have past attempts failed. (In response to Ortega, Helms
9 provided a brief historical summary of previous bills.) Expressed the need for
10 more information.
11

12 **The Committee did not take a position. AB 2651 will move to the full Board
13 for further discussion.**
14

15 **11. Discussion and Possible Recommendation Regarding Assembly Bill 2862
16 (Gipson) Licenses: African American Applicants**
17

18 *This item was tabled while staff awaits background information on AB
19 2862.*
20

21 **12. Discussion and Possible Recommendation Regarding Senate Bill 26
22 (Umberg) Mental Health Professions: CARE Scholarship Program**
23

24 SB 26 would create a scholarship program to incentivize those seeking licensure
25 as a marriage and family therapist, clinical social worker, professional clinical
26 counselor, or psychologist to work in a county behavioral health agency in
27 support of the Community, Assistance, Recovery, and Empowerment (CARE)
28 Act.
29

30 Author's Intent

31 The recent establishment of the CARE Act and the CARE Court program will
32 create a need for more behavioral health professionals to work in county
33 behavioral health agencies. The scholarship program incentivizes mental health
34 professionals to work in a county behavioral health agency.
35

36 Staff's Comment

37 Funding source not identified.
38

39 Discussion/Comments

40 Caldwell: Urged the Committee to recommend to the Board an oppose position.
41 Tethering a new graduate student to 3 years of employment in an underpaid
42 setting, several years into the future when they achieve licensure, is not
43 beneficial. It's exploitive of graduate students' immediate financial needs.
44

45 Ortega: Would like to know what the dollar amount would be and if more
46 information could be provided.

1 Strack: Considering the state deficit, it's possible that this bill does not get far.

2
3 **The Committee did not take a position; it directed staff to get more**
4 **information.**

5
6 **13. Discussion and Possible Recommendation Regarding Senate Bill 294**
7 **(Wiener) Health Care Coverage: Independent Medical Review**

8
9 *This item was tabled.*

10
11 **14. Discussion and Possible Recommendation Regarding SB 402 (Wahab)**
12 **Involuntary Commitment**

13
14 SB 402 would include licensed mental health professionals in the list of
15 professionals that a county may designate to take someone into 72-hour custody
16 if there is probable cause that they are a danger to themselves or others, or are
17 gravely disabled as a result of a mental health disorder.

18
19 Author's Intent

20 To expand the mental health professionals who may be permitted to place 5150
21 holds to non-county mental health providers. The author's office states that "the
22 decision-making phase of initiating a 5150 does not always include the active
23 involvement of mental health experts" and that "5150 initiations are limited to
24 peace officers and county-designated individuals." Mental health professionals in
25 private practice are limited in their abilities to support their clients in crisis.

26
27 Staff's Comment: Definition of a Licensed Mental Health Professional

28 The bill defines a "licensed mental health professional" as a psychiatrist,
29 psychologist, LCSW, LMFT, or LPCC who has completed all required supervised
30 clinical experience and who is designated by the county.

31
32 It is unclear if the requirement for a licensed mental health professional to have
33 "completed all required supervised experience" is referring to supervised
34 experience that may be required by a county, or if it refers to the hours of
35 supervised experience required by a board for licensure.

36
37 Staff's Comment: Arguments in Support and Opposition

38 There are numerous arguments in support and opposition. A link to the
39 arguments was provided in the meeting materials.

40
41 Discussion/Comments

42 Jones: Would like to see LEPs included on the list of professionals.

43
44 **The Committee did not take a position; it directed staff have a discussion**
45 **with the author and request to include LEPs.**

1 **15. Discussion and Possible Recommendation Regarding SB 1012 (Wiener)**
2 **The Regulated Psychedelic-Assisted Therapy Act and the Regulated**
3 **Psychedelic Substances Control Act**
4

5 SB 1012 establishes the Regulated Psychedelic Facilitators Act and creates the
6 Board of Regulated Psychedelic Facilitators under DCA. The bill establishes the
7 Regulated Psychedelic-Assisted Therapy Act, which would control and regulate
8 the provision of psychedelic facilitation and the production, distribution, quality,
9 and sale of regulated substances for use in conjunction with that facilitation.

10
11 Staff's Comment: Inclusion of LPCCs

12 The bill includes LMFTs and LCSWs in BPC §§3211(a) and (c), where LPCCs
13 should likely be included as well.

14
15 Discussion/Comments

16 Atkins, CAMFT: CAMFT is still analyzing this bill.

17
18 **Motion: Recommend to the Board to support SB 1012.**

19
20 **M/S: Sovec/Jones**

21
22 Public Comment: None

23
24 **Motion carried: 3 yea, 0 nay, 1 recusal**

25

Member	Vote
Christopher Jones	Yes
Abigail Ortega	Recuse
John Sovec	Yes
Wendy Strack	Yes

26
27 **16. Discussion and Possible Recommendation Regarding SB 1067**
28 **(Smallwood-Cuevas) Healing Arts: Expedited Licensure Process: Medically**
29 **Underserved Area or Population**
30

31 SB 1067 would require DCA's healing arts licensing boards to expedite the
32 licensure process, giving priority review status to an applicant who intends to
33 practice in a medically underserved area or serve a medically underserved
34 population.

35
36 Staff's Comment: Acceptable Settings Unclear

37 The bill relies on the definitions of "medically underserved area" and "medically
38 underserved population" in HSC §128552.

39
40 HSC §128552 defines those terms for purposes of the California Physician Corps
41 Program, which consists of a loan repayment program and a volunteer program

1 for physicians in the state. The section’s definition of a “medically underserved
2 area” references Federal Regulations, 42 CFR Part 5, Appendix A. However,
3 this definition appears heavily focused on primary care physicians, and it is
4 unclear if it is appropriate to use the definition as it relates to other healing arts
5 practitioners, or if a more tailored definition is needed.
6

7 HSC §128522 also states in its definition of a “medically underserved area” that it
8 includes an area of the state where unmet priority needs for physicians exist as
9 determined by HCAI. Although no explicit definition appears on HCAI’s website,
10 they have mapped acceptable areas for purposes of their Physician Corps Loan
11 Repayment Program. However, it is unclear if underserved areas for physicians
12 will always match underserved areas for other healing arts practitioners.
13

14 Staff’s Comment: Board Impact

15 This bill could have a detrimental impact on Board processing times if the
16 Board’s evaluators must spend a large amount of time determining whether
17 someone’s intended work setting qualifies for expedited licensure.
18

19 Success of this bill could lead to numerous other proposals to expedite licensure
20 for valid reasons, which could end up increasing processing times overall as staff
21 spends increasing amounts of time determining expedite eligibility and fielding
22 applicant questions regarding eligibility.
23

24 Discussion/Comments

25 Jones: Ideally, the best thing is to have faster processing times for all applicants.
26

27 Sovec: This could be a positive way to direct this issue, however, leans away
28 from the idea of expediting to create more access-to-care in communities that
29 need it. The Board’s strategic plan is attempting to address access-to-care
30 issues at a more granular level.
31

32 Ortega: Everyone needs to work when they get out of school. Just because they
33 are not working in a specific setting, their applications won’t get processed as
34 quickly. Prefers that everyone is expedited.
35

36 Caldwell: Urged the Committee to recommend to the Board an oppose unless
37 amended position, with the amendment being a more clearly defined and
38 significantly scaled back eligibility of those who would qualify for expedited
39 processing. Board statistics suggest that about a fifth of associates are working
40 in federally qualified health centers, and a significant number are likely working
41 with uninsured populations in various settings. If everyone who states an intent
42 to serve some uninsured clients gets expedited, then it’s possible that most
43 applicants would qualify. In addition to equity concerns, this would be
44 impractical.
45

1 Atkins, CAMFT: CAMFT has not taken a formal position on this bill. Expressed
2 concern about how this could impact current processing delays. Expressed
3 concern about similar bills that propose expediting application processes for
4 specific populations.
5

6 **The Committee did not take a position; it directed staff to have a**
7 **discussion with the author regarding definitions.**
8

9 **17. Discussion and Possible Recommendation Regarding Proposed**
10 **Amendments to Board Sponsored Legislation: SB 1024 (Ochoa Bogh)**
11 **Healing Arts: Board of Behavioral Sciences: Licensees and Registrants**
12 **(BPC §§ 4980.31, 4980.32, 4980.43.2, 4980.43.4, 4989.17, 4989.48, 4996.7,**
13 **4996.8, 4996.23.1, 4996.23.3, 4996.75, 4999.46.2, 4999.46.4, 4999.70, and**
14 **4999.71)**
15

16 SB 1024 proposes the following changes to the Board’s practice acts:

- 17 1. Amendments to requirements regarding the physical display of a license
18 or registration
- 19 2. Clarifying who qualifies as a “supervisee”
20

21 The Board has received feedback suggesting two amendments be made to
22 further clarify the bill. Based on feedback, staff is recommending the Board
23 consider the following amendments:
24

- 25 1. Number of persons supervised per supervisor in non-exempt settings
26 BPC §§4980.43.4, 4996.23.3, 4999.46.4
27

28 Staff recommends the following amendment:

29 *(c) ~~Supervisors of supervisees in a nonexempt setting~~ At any one time,*
30 *supervisors in nonexempt settings shall not serve as individual or triadic*
31 *supervisors for more than ~~six supervisees at any time~~. ~~Supervisees may~~*
32 *~~be registered as associate marriage and family therapists, associate~~*
33 *~~professional clinical counselors, associate clinical social workers, or any~~*
34 *~~combination of those registrations~~. *a total of six persons who are not fully**
35 *licensed at the highest level for independent clinical practice and who are*
36 *receiving supervision for providing clinical mental health services in a*
37 *nonexempt setting.*
38

- 39 2. Change “seeing clients” to “rendering professional services”
40 BPC §§4980.31, 4989.48, 4996.7, 4999.70
41

42 The Legislative Counsel suggested changing the term “seeing clients” to
43 “rendering professional services.” The use of this term is more consistent
44 with other similar references in law to the act of providing services.
45

1 *A licensee shall display ~~his or her~~ their license in a conspicuous place in*
2 *the licensee’s primary place of ~~practice~~ practice when ~~seeing clients~~*
3 *rendering professional services in person.*

4
5 Discussion/Comments

6 Sovec: Suggested “rendering professional clinical services” instead of “rendering
7 professional services” in the 2nd proposed amendment.

8
9 Helms will look into the appropriateness of the recommendation.

10
11 **Motion: Direct staff to examine utilizing the term “rendering professional**
12 **clinical services” and determine if that would be appropriate in the context**
13 **of the law and report back in May; and bring this proposal to the Board at**
14 **its May meeting for consideration as amendments to SB 1024.**

15
16 **M/S: Jones/Sovec**

17
18 Public Comment: None

19
20 **Motion carried: 4 yea, 0 nay**

21

Member	Vote
Christopher Jones	Yes
Abigail Ortega	Yes
John Sovec	Yes
Wendy Strack	Yes

22
23
24 **18. Discussion and Possible Recommendations Regarding the Board’s**
25 **Sunsetting Statutory Provisions (BPC §§4980.11, 4980.43.2, 4996.16.1,**
26 **4996.23.1, 4999.23, and 4999.46.2)**

27
28 The Board has two key provisions in statute that will be sunset on January 1,
29 2026. The two sunset provisions are as follows:

- 30 1. Allowance of supervision via videoconferencing in all settings
31 2. Temporary Practice Allowance

32
33 Allowance of Supervision via Videoconferencing in all Settings

34 In 2022, the Board sponsored AB 1758 to allow supervision to take place via
35 videoconferencing in all settings. AB 1758 requires the supervisor to assess
36 each supervisee within 60 days to determine the appropriateness of the
37 supervisee for supervision via videoconferencing.

38
39 At the time when AB 1758 was enacted, there was limited research regarding the
40 effectiveness of supervision via videoconferencing. The bill included a sunset

1 date on the allowance of supervision via videoconferencing so that it could be
2 reassessed when more information was available.

3
4 In review of publications (publication references were provided), staff noted
5 benefits and challenges with tele-supervision. The publications also noted the
6 need for more research, better quality and consistent training, and for ethical
7 guidance on tele-supervision.

8 9 Temporary Practice Allowance

10 In 2023, the Board sponsored AB 232, which provides a 30-day temporary
11 practice allowance to qualifying therapists licensed in another U.S. jurisdiction to
12 continue treating existing clients who are visiting California or relocating to
13 California. The bill included a sunset date of January 1, 2026, so that the
14 allowance could be re-evaluated as part of the Board's sunset review process.

15
16 Since implementation in 2024, the Board has issued approximately 5 temporary
17 practice allowances per week, for a total of 53 between January 1st and mid-
18 March. Staff recommends extending the sunset date of this law so that more
19 data and feedback can be gathered.

20 21 Discussion/Comments

22 Sovec: There's not enough concrete evidence on this form of supervision.
23 Finding ways to gather information is important, but most will be anecdotal.
24 Perhaps conducting polls and surveys on social media could be explored.

25
26 Caldwell: Cautioned against reliance on anecdotal data. A more direct measure
27 can be obtained through data that already exists via the Board's complaints. Has
28 there been an increase of complaints since the allowance of video supervision in
29 private practice settings, and if so, what were the outcomes of those complaints?
30 Did the Board of Psychology also adopted this allowance. Did they experience
31 any significant issues?

32
33 Atkins, CAMFT: CAMFT has received mixed feedback on this issue, but not
34 enough for CAMFT to take a position. More time is needed to gather data.

35
36 **The Committee directed staff to examine the following:**

- 37 **1. Survey questions on social media.**
- 38 **2. Gather data and evaluate the existing survey**
- 39 **3. Board of Psychology**
- 40 **4. BBS complaints**

41 42 **19. Discussion and Possible Recommendations Regarding Licensing** 43 **Requirements for Licensed Educational Psychologists (BPC §4989.20)**

44
45 Staff proposed amendments to the statute that specifies licensing requirements
46 for licensed educational psychologists (LEP):

- 1 1. Specifying experience requirements in greater detail
- 2 2. Clarifying requirements for in-state versus out-of-state school
- 3 psychologists
- 4 3. Adding an age limit to a passing score on the LEP exam

5

6 Specifying Experience Requirements in Greater Detail

7 Staff proposes the following clarifications:

- 8
- 9 • To clarify the required experience as a credentialed school psychologist,
10 which is currently required in one-year or two-year increments, staff has
11 referenced a definition of “full time” and “equivalent to full time”. References
12 are in Education Code §22138.5(b), which defines “full time” for pre-
13 kindergarten to grade 12 as a minimum of 1,050 hours per year. Education
14 Code §22138.6 defines “full-time equivalent” as days or hours of service that
15 a part-time employee would be required to perform in a school year if they
16 were employed full-time.
 - 17
 - 18 • Specifying that all required experience as a credentialed school psychologist
19 be gained over a period of at least one or two school years.
 - 20
 - 21 • Specifying that all required experience as a credentialed school psychologist
22 be no more than 6 years old prior to filing the application for licensure.
 - 23
 - 24 • Clarifying that the required year of supervised professional experience in an
25 accredited school psychology program must be 1,200 hours, which aligns
26 with the field experience requirement of the Commission on Teacher
27 Credentialing for a Pupil Personnel Services Credential in School Psychology.

28

29 Staff also specified that experience gained as a credentialed school psychologist
30 may be gained in either public schools or another school setting as specified in
31 regulations. Statute needs to state that regulations may specify when experience
32 in non-public school settings is allowed to establish that regulatory authority.

33

34 Clarifying Requirements for In-State Versus Out-of-State School Psychologists

35 Staff proposed language to specify that if the required two years of experience as
36 a credentialed school psychologist was not gained with a California credential, an
37 additional one year of experience must be gained with a California credential and
38 under the direction of either a California-licensed LEP or a California-licensed
39 psychologist.

40

41 Adding an Age Limit to a Passing Score on the LEP Exam

42 Staff suggests specifying an age limit on the exam score for public protection
43 purposes.

44

1 Discussion/Comments

2 Jones: In favor of the proposed changes.

3
4 Sovec: In favor of adding an additional year for those coming from out-of-state.
5 Agrees with consistency regarding the 7-year age limit of the exam passing
6 score.

7
8 **Motion: Direct staff to draft corresponding regulations and bring both**
9 **statute changes in Attachment A and the companion regulations back to**
10 **the Committee for consideration.**

11
12 **M/S: Jones/Strack**

13
14 Public Comment

15 Jennifer Strong: reported that after speaking with a number of LEPs, they were
16 opposed to making licensure more restrictive for outside providers in other states
17 and urged the Committee to take that into consideration before taking a vote.

18
19 **Motion carried: 4 yea, 0 nay.**

Member	Vote
Christopher Jones	Yes
Abigail Ortega	Yes
John Sovec	Yes
Wendy Strack	Yes

20
21
22 **20. Discussion and Possible Recommendations Regarding the Board’s Retired**
23 **License Requirements (BPC §§ 4984.41, 4989.45, 4997.1, 4999.113)**

24
25 At its January 2024 meeting, the Committee discussed amendments to the
26 Board’s retired license requirements. Staff has drafted a proposal with the
27 following features:

- 28 • Requires a license to be current and active or capable of being renewed.
- 29 • Limits a retired license to a one-time reactivation.
- 30 • A retired license can be reactivated within 7 years without meeting
31 additional examination or education requirements.
- 32 • If retired for more than 7 years, the retired licensee may do one of the
33 following to reactivate:
 - 34 o Pass the licensure exams, or
 - 35 o Provide evidence of holding a current, active, and unrestricted license
36 in another U.S. jurisdiction and completes a minimum of six hours of
37 CE in California law and ethics.

1 Discussion/Comments

2 Sovec: Suggested requiring passage of the Law and Ethics exam for those
3 whose licenses were retired 7 years or more.

4
5 Atkins, CAMFT: The language looks good, but agrees with Sovec’s comment
6 regarding law and ethics.

7
8 There was some discussion about reinstatement of a license within 7 years and
9 requirement of the passage of the Law and Ethics exam. The Committee agreed
10 to requiring passage of the Law and Ethics exam if reinstatement of a retired
11 license is over 3 years.

12
13 **Motion: Direct staff to makes discussed changes and draft language for
14 the other 3 license types and bring to the Board for consideration.**

15
16 **M/S: Jones/Sovec**

17
18 Public Comment: None

19
20 **Motion carried: 4 yea, 0 nay**

Member	Vote
Christopher Jones	Yes
Abigail Ortega	Yes
John Sovec	Yes
Wendy Strack	Yes

21
22
23 **21. Discussion and Possible Action to Consider Recommendations for the**
24 **Following (16CCR §§1811 and 1880; and BPC §§4980.03, 4980.44, 4980.48,**
25 **4989.49, 4992.2, 4996.15, 4996.18, 4999.12, 4999.36, 4999.46.1):**

26 **a. Approval of Implementation Plan to Seek Changes to Advertising**
27 **and Other Disclosure Requirements in the Board’s Statutes and**
28 **Regulations, and**

29 **b. Initiation of a Rulemaking to Amend Title 16, California Code of**
30 **Regulations Section 1811 (Advertising)**

31
32 **Advertising Regulations (16 CCR §1811) (provided as Attachment A-1 in**
33 **meeting materials)**

34 Technical amendments are proposed to the Board’s advertising regulations:

- 35 • Delete references to MFT Referral Services.
- 36 • Delete use of the title “Registered Associate CSW”.
- 37 • Replace gendered pronouns with gender-neutral pronouns.

- Add subdivision (g) permitting the use of a nickname or former legal name in an advertisement.
- Add a requirement that registrants must include in an advertisement that they are supervised by a licensed person.

Statute for Associates *(provided as Attachment A-2 in meeting materials)*

Staff proposed language that requires all applicants and registrants to inform each client that they are unlicensed and under the supervision of a licensed professional. It also requires applicants and registrants to provide the name of their employer or if not employed, the entity for which they volunteer.

At the October 2023 meeting, the Committee directed staff to strike BPC §4980.44(b) and add it to the advertising regulations in 16 CCR §1811, applying to all associates.

Statute for Trainees/Interns *(provided as Attachment A-3 in meeting materials)*

Staff suggested the following revisions BPC §§4980.48(a), 4996.15, and 4999.36:

- Require trainees to inform each client of the following prior to performing services:
 - That they are unlicensed
 - That they are under supervision (MFT trainees: That they are under supervision of a licensed professional)
 - The name of their employer or entity for which they volunteer.
- Social workers: Strike the client disclosure requirement in regulations and move it to statute. Remove the requirement in regulations that a social work intern inform their client that they are under the supervision of a licensee.

Staff suggested consolidating the language in §4980.48(b) and (c) as follows:

- Remove the requirement that MFT trainee advertisements must contain the supervisor's license designation and license number. Instead, require that an advertisement for an MFT trainee must contain:
 - Their name
 - That they are an MFT trainee
 - The name of their employer or entity for which they volunteer
 - That they are supervised by a licensed person

Amendment of Advertising Definition *(provided as Attachment A-4)*

Staff recommends amending §4999.12 to incorporate §651's definition of a "public" communication. Staff also recommends several technical amendments to make the wording of the advertising definition consistent in each practice act.

1 Discussion/Public Comment

2 The Committee did not have any suggested changes to the proposed language
3 provided in Attachments A-1, A-2, A-3, and A-4. No public comment.
4

5 **Motion:**

6 **Attachment A-1: 16 CCR §1811 – Advertising Regulations**

7 **Recommend to the Board approval of the proposed regulatory text in**
8 **Attachment A-1 and recommend the Board consider all of the following**
9 **actions:**

10
11 (1) **Direct staff to submit the text in Attachment A-1 to the Director of**
12 **the Department of Consumer Affairs and the Business, Consumer**
13 **Services, and Housing Agency for review and if no adverse**
14 **comments are received, authorize the Executive Officer to take all**
15 **steps necessary to initiate the rulemaking process, make any non-**
16 **substantive changes to the package, and set the matter for a**
17 **hearing if requested.**

18
19 (2) **If no adverse comments are received during the 45-day**
20 **comment period and no hearing is requested, authorize the**
21 **Executive Officer to take all steps necessary to complete the**
22 **rulemaking and adopt the proposed regulations as noticed**
23 **for title 16, California Code of Regulations section 1811.**
24

25 **Attachment A-2 and A-3 - Statute for Associates and Trainees/Interns**

26 **Direct staff to make any discussed changes, and any non-substantive**
27 **changes, and recommend that the Board consider as a legislative**
28 **proposal, to be run after the amendments in Attachment A-1 become**
29 **effective.**
30

31 **Attachment A-3 – 16 CCR §1880**

32 **Direct staff to make any discussed changes, and any non-substantive**
33 **changes, and recommend that the Board consider as a Section 100**
34 **regulation proposal, to be run after the amendments in Attachment A-1,**
35 **A-2, and the statutory amendments in A-3 become effective.**
36

37 **Attachment A-4 – Amendment of Advertising Definitions**

38 **Direct staff to make any discussed changes, and any non-substantive**
39 **changes, and recommend that the Board consider as a legislative**
40 **proposal.**
41

42 **M/S: Sovec/Strack**

43
44 **Public Comment: None**
45

1 **Motion carried: 4 yea, 0 nay**
2

Member	Vote
Christopher Jones	Yes
Abigail Ortega	Yes
John Sovec	Yes
Wendy Strack	Yes

3
4 **22. Update on Board-Sponsored Legislation**

5
6 **SB 1024 (Ochoa Bogh) Healing Arts: Board of Behavioral Sciences: Licensees**
7 **and Registrants**

8 Status: SB 1024 passed the Senate Committee on Business, Professions,
9 and Economic Development and is now in the Senate Appropriations
10 Committee.

11
12 **SB 1526 (Senate Business, Professions and Economic Development Committee)**
13 **Consumer Affairs (Omnibus Bill Proposal)**

14 Status: This bill was introduced on March 18, 2024.

15
16 **23. Update on Board Rulemaking Proposals**

17
18 **Disciplinary Guidelines**

19 Status: Preparation for DCA Initial Review Process.

20
21 **Unprofessional Conduct**

22 Status: Public comment period ended March 25, 2024.

23
24 **Telehealth**

25 Status: Approved by the Board at its March 1, 2024 meeting.

26
27 **24. Suggestions for Future Agenda items**

28
29 Ortega: A discussion on the criteria the Board uses to determine which CE
30 courses are mandated.

31
32 Elyse Springer: Wants to know if there is a public forum where determinations
33 for CE units might be held.

34
35 **25. Public Comment for Items not on the Agenda**

36
37 Caldwell: Praised Rosanne Helms on her bill analyses and her clarity.
38

1 **26. Adjournment**

2

3 The Committee adjourned at 4:30 p.m.