



## POLICY AND ADVOCACY COMMITTEE MINUTES

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. Call to Order and Establishment of Quorum**

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

**2. Introductions**

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

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

Correction noted on page 1, line 21.

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

**M/S: Strack/Jones**

Public Comment: None

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

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

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

***Agenda item 4 was tabled.***

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

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

- Anticipated year of retirement
- Practice area or specialty
- City, county, and zip code of practice
- Birth date

- Educational background/highest level attained
- Gender or gender identity
- Hours spent in direct patient care, including telehealth, training, research, and administration
- Languages spoken
- National provider identifier
- Race or ethnicity
- Type of employer or classification of primary practice site including clinic, hospital, managed care organization, or private practice
- Work hours
- Sexual orientation
- Disability status

#### Author's Intent

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

#### Discussion/Comments

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

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

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

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

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

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

#### Author's Intent

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

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

Staff's Comment: Consider Clarifying Allowable Settings

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

Discussion/Comments

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

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

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

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

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

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

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

Staff's Comment: Coursework Content Already Permitted

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

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

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

Staff's Comment: Relevance of Menopausal Physical Health

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

Discussion/Comments

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

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

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

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

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

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

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

Staff's Comment: Coursework Content Already Permitted

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

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

### Discussion/Comments

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

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

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

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

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

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

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

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

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

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

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

### Author's Intent

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

### Staff's Comment: Who Qualifies as an LPC?

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

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

### Staff's Comment: Potential Education Discrepancies

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

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

### Staff's Comment: California-Specific Coursework Requirements for Out-of-State Applicants

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

### Staff's Comment: Fiscal Impact Unclear

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

### Staff's Comment: Delegation of Board's Authority

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

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

Staff's Comment: Supervision of Associates

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

Discussion/Comments

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

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

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

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

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

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

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

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

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



## 10. Discussion and Possible Recommendation Regarding Assembly Bill 2651 (Bains) Alcohol Drug Counselors

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

### Author's Intent

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

### Staff's Comment: Title Act Versus Practice Act

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

### Staff's Comment: Single Modality License

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

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

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

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

### Staff's Comment: Permitted Activities of the Board

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

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

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

### Discussion/Comments

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

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

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

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

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

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

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

### Author's Intent

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

### Staff's Comment

Funding source not identified.

### Discussion/Comments

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

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

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

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

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

*This item was tabled.*

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

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

Author's Intent

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

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

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

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

Staff's Comment: Arguments in Support and Opposition

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

Discussion/Comments

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

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

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

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

Staff's Comment: Inclusion of LPCCs

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

Discussion/Comments

Atkins, CAMFT: CAMFT is still analyzing this bill.

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

**M/S: Sovec/Jones**

Public Comment: None

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

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

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

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

Staff's Comment: Acceptable Settings Unclear

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

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

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

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

#### Staff's Comment: Board Impact

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

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

#### Discussion/Comments

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

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

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

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

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

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

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

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

1. Amendments to requirements regarding the physical display of a license or registration
2. Clarifying who qualifies as a "supervisee"

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

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

Staff recommends the following amendment:

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

2. Change "seeing clients" to "rendering professional services"  
BPC §§4980.31, 4989.48, 4996.7, 4999.70

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

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

Discussion/Comments

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

Helms will look into the appropriateness of the recommendation.

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

**M/S: Jones/Sovec**

Public Comment: None

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

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

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

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

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

Allowance of Supervision via Videoconferencing in all Settings

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

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

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

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

#### Temporary Practice Allowance

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

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

#### Discussion/Comments

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

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

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

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

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

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

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



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

#### Specifying Experience Requirements in Greater Detail

Staff proposes the following clarifications:

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

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

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

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

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

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

Discussion/Comments

Jones: In favor of the proposed changes.

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

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

**M/S: Jones/Strack**

Public Comment

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

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

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

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

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

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

Discussion/Comments

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

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

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

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

**M/S:** Jones/Sovec

Public Comment: None

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

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

21. Discussion and Possible Action to Consider Recommendations for the Following (16CCR §§1811 and 1880; and BPC §§4980.03, 4980.44, 4980.48, 4989.49, 4992.2, 4996.15, 4996.18, 4999.12, 4999.36, 4999.46.1):
  - a. Approval of Implementation Plan to Seek Changes to Advertising and Other Disclosure Requirements in the Board’s Statutes and Regulations, and
  - b. Initiation of a Rulemaking to Amend Title 16, California Code of Regulations Section 1811 (Advertising)

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

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

- Delete references to MFT Referral Services.
- Delete use of the title “Registered Associate CSW”.
- 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.

Discussion/Public Comment

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

**Motion:**

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

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

- (1) Direct staff to submit the text in Attachment A-1 to the Director of the Department of Consumer Affairs and the Business, Consumer Services, and Housing Agency for review and if no adverse comments are received, authorize the Executive Officer to take all steps necessary to initiate the rulemaking process, make any non-substantive changes to the package, and set the matter for a hearing if requested.**
- (2) If no adverse comments are received during the 45-day comment period and no hearing is requested, authorize the Executive Officer to take all steps necessary to complete the rulemaking and adopt the proposed regulations as noticed for title 16, California Code of Regulations section 1811.**

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

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

**Attachment A-3 – 16 CCR §1880**

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

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

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

**M/S: Sovec/Strack**

Public Comment: None

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

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

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

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

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

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

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

**23. Update on Board Rulemaking Proposals**

**Disciplinary Guidelines**

Status: Preparation for DCA Initial Review Process.

**Unprofessional Conduct**

Status: Public comment period ended March 25, 2024.

**Telehealth**

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

**24. Suggestions for Future Agenda items**

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

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

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

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

## **26. Adjournment**

The Committee adjourned at 4:30 p.m.